Chapter 7

Community Asset Mapping: An Ethical, Strength-based Approach to Co-production and Inclusion

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Abstract

Community asset mapping (CAM) is a strength-based approach to re-engaging with and re-developing communities through research. The approach aims to identify and document a community's existing resources whilst recognising that people within a community hold valuable knowledge about the assets in their area. Generating knowledge and mapping resources from people who represent different parts of a community focusses on the area's strengths rather than its deficits. In this chapter, we report and reflect on our use of CAM whilst exploring the concept of 'recovery' within a local authority area in the North East of England. In doing so, we describe and critically appraise our own practices as we seek to co-produce and implement the research. However, we also report positively on our research and the ways in which we promote and achieve inclusion

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and implement an anti-stigma approach within our methods. We conclude this chapter by making suggestions for those who are considering this topic or type of research.

Keywords: Community asset mapping; marginalised communities; stigma; carers; strength-based approaches; ethics and inclusion

Introduction

The local authority we were commissioned by were incorporating Marmot city principles alongside an inclusive recovery city (IRC) framework and approach to improve health outcomes and reduce inequalities. As a basic concept, an IRC is defined as a city where recovery is promoted, is visible, challenges stigma, and champions multiple pathways of drug and alcohol recovery (Best & Colman, 2019). As part of their underpinning work, the Public Health Team in the city had also continued to support the city's Service User and Carer Forum and the development of a lived experience recovery organisation (LERO). LEROs have several distinguishing features: they generally endorse a rights-based approach to involvement in, and co-production of developing and facilitating community-based recovery services. Crucially, LERO's act independently but are also usually involved in working with traditional forms of drug and alcohol treatment providers. LEROs act in response to the needs and aspirations of their community, 'recognising and employing the assets and competences that already exist' (College of Lived Experience and Recovery Organizations [CLERO], 2024). When developing recovery-orientated care (Office for Health Improvement and Disparities [OHID], 2023), it is important for traditional treatment providers and commissioners to support the development of a LERO and recovery support services. Both a recovery-orientated care system (ROCS), and the support offered by treatment and recovery support services, are considered to be important to a person's recovery. The interaction of both services and the local community contributes to the effectiveness of a ROCS.

Our research was conducted in a large city in the United Kingdom. Within the city, there is a well-established drug and alcohol treatment system and recovery community; therefore, a lot was already known about different communities within the locality, such as their characteristics and their experiences whilst accessing formal treatment. Less was known about the recovery community and for the context of our research, recovery assets explored included: individuals known as leading recovery agendas and planning; organisations commissioned or who support people using drugs and alcohol and/or family members of people using substances; groups supporting people in recovery; and the recovery community's perspectives regarding prior and current efforts to create and sustain recovery assets. There was recognition in the city that some recovery groups were well established, but little was known about smaller community-led organisations and other services that offer peer-led and non-affiliated (not part of a national group or movement like alcoholics Anonymous or Narcotics Anonymous) groups. Our CAM project was undertaken in the context of the project addiction, diversion, disruption, enforcement, and recovery (ADDER), a specialist-funded project by the Office for Health Improvement and Disparities (2023), aimed at reducing drug-related crimes, drug prevalence, and drug-related deaths. As a research group, we focussed on inclusion and inequality, the perceptions, hopes, and aspirations of these groups, and how they contribute to the broader aim of building an IRC. Our key concerns aligned with project ADDER, insofar as we wanted to engage with and raise the profile of marginalised communities and make them and their needs more visible to commissioners and services. We also wanted to utilise a strength-based approach and methodology, which enabled us to challenge negative societal perceptions of people who used substances. But also to help others understand more about the contribution that people in recovery made to the communities, health, and social care services, and priorities.

CAM and Co-production

CAM enables researchers to move beyond traditional methods (interviewing and focus groups) to embody a strengths-based approach to engage and develop communities through research (Luo et al., 2023). The aim of CAM is to identify and document a community's existing resources whilst recognising that people hold valuable knowledge about the (sometimes intangible) assets in their area (Luo et al., 2023). Generating knowledge and mapping resources from people who represent different parts of a community focusses attention on the area's strengths rather than on the deficits (Luo et al., 2023). The ethos of co-production is embedded within CAM work. Co-production is a strength-based approach increasingly used by researchers invested in 'egalitarian, democratic or transparent' ways of working (Williams et al., 2020, p. 3). As a methodological tool it is an umbrella term that 'locates power and worth with citizens in order to address issues of social justice' (Williams et al., 2020, p. 3). Co-production is also a value-based approach encouraging people who share common values to come together and take ownership in facilitating change (Cahn, 2011). Co-produced research is valuable when researchers wish to work with a range of stakeholders to generate knowledge about an agreed focus and ultimately, bring about change (Tembo et al., 2019). Stakeholders, including People With Lived Experience (PLWE) public citizens or practitioners), policy makers, funders, and researchers bring their unique perspectives about their community, enhancing the richness of the project (Luo et al., 2023; Tembo et al., 2019). Honouring transparency means being clear about the roles and responsibilities of all involved in the research, which we outline in the section below. Defining co-production is challenging because of the myriads of similarities and differences across and within communities that will determine the agenda for this research. The ambiguity of co-production's multiple methodological designs, and the ubiquity of its use within communities means that there is no 'gold standard' (Williams et al., 2020) that we must adhere to. Rather, it is the principles and values based on philosophical concepts of equity, empowerment, respect, inclusivity, and democratic ways of working, that are foundational to its design (Pettican et al., 2023). The measure of quality within a project is the transformative possibilities for PWLE and its ability to affect social change (Cook, 2012). Co-production work is challenging and requires constant reflective and reflexive practice, it is something that will look and feel different on every occasion. Therefore, rejecting a gold standard notion of co-production enabled us to appreciate the opportunity to co-design a project, acknowledging the unique skill set brought by different partners, and the right of each to engage in different ways.

Issues of tokenism can arise in co-produced research when prior consideration is not given to the power dynamics and relationships between the stakeholders, particularly for people who are marginalised by their perceived status. Our definition of tokenism is drawn from Hahn et al. (2017, p. 291), who state it is the 'difference between … the empty ritual of participation and having the real power needed to affect the outcome'. This has been referred to as a 'genuine – token continuum' where attempts at engagement are those that seek bidirectional partner engagement throughout the project and tokenistic attempts are more unilateral, aligned with consulting and informing (Hahn et al., 2017, p. 291). Following the co-productions' philosophical values of empowerment, respect, inclusivity, and democratic processes, we strove to make attempts to engage from the early stages of the project (Pettican et al., 2023). This involved ethical considerations about our working practices, including reflecting on our positionality even before we entered the research field. We paid attention to the power dynamics that are inherent in any research project, including co-production, by utilising a reflexive approach to consider our positionality. Our endeavour for genuine co-production was incorporated into the research aims.

Implementing Co-production Principles

We implemented our research with the already existing community resource 'Service User and Carer Forum', which was both central to the research process and to the communities we were seeking to work with. In our attempts to be inclusive and avoid tokenism, we developed a semi-structured programme of work which involved consultation sessions. In developing the content and the focus of the sessions, we worked with colleagues, forum leaders, and researchers to consider what the sessions should include and how they should be delivered. What we were essentially doing was 'sense making' and considering our own positionality, in relation to what we needed to do, and then allowing others to help us by participating in a sympathetic critical appraisal of our ideas and practices. Here, we were primarily concerned with starting a dialogue with different stakeholders.

We were mindful that PWLE are less likely to be included in discussions about matters that impact their daily life (Luo et al., 2023; Williams et al., 2020). Additionally, platforms for the production and sharing of knowledge may previously have been limited or non-existent for PWLE who are marginalised and stigmatised (Cotterell & Buffel, 2023; Kulmala et al., 2024). Invisibility of marginalised groups is harmful because it perpetuates misrecognition, stigmatisation, and embedded social and political inequalities resulting from the limited understanding about different ways of living (Gordon, 2008). Embedding the ethos of co-production in CAM is a way to engage with PWLE who have typically been left out of discussions about their life (Cotterell & Buffel, 2023; Luo et al., 2023). In striving for an inclusive and transformative approach (Cook, 2012) we recognised this as ethical practice, enabling the generation of different perspectives and increasingly nuanced understanding of lived experiences. The reciprocal benefits of engaging with PWLE includes enhancing the quality of the knowledge generated (Tembo et al., 2019), enhancing feelings of empowerment, and instigating change at a local and/or national level (Heard, 2022). The potential for change in co-production is dynamic and can impact those on the inside of research partnerships, and equally it can extend to those in the public domain; particularly when PWLE are engaged publicly in sharing and disseminating their knowledge. Gordon (2008, p. 7) refers to the concept of 'haunting' to explain that when a marginalised and stigmatised hidden group becomes visible to others, this visibility enables pathways to 'seeing' the trauma, inequalities and social injustice. Gordon and Bengal (2018) explain that publicly seeing PWLE and hearing their accounts offers greater potential for their stories to 'haunt', leaving a lasting impression with the audience. The potential for change is greater because these voices carry the messages more powerfully than those without similar lived experience. When we engage with marginalised communities, we need to be mindful that we are not labelling, stigmatising or being tokenistic towards the groups we work with in co-production. Anti-stigma and trauma informed approaches (see Adams and Ramsay in this collection) also need to underpin all aspects of research conceptualisation, design and implementation. Therefore, we adopted an ethical stance to the idea of 'haunting'; on the one hand, we understood the importance of platforming unheard voices, whilst on the other, we were mindful that it can be tokenistic without facilitating change. The notion of change was embedded in the co-production work, therefore throughout the project, we embraced Gordon's (2008) notion of 'haunting' by engaging with PWLE of substance use to make visible and map the services and resources relating to recovery.

Workshops

We convened four formal workshops during the project. Workshop members were initially recruited via an advertisement shared with the city's service user and carer forum. We utilised this approach because we wanted to provide an opportunity to all forum members to participate. We were, however, mindful that we did not want to waste forum time and involve members when they did not feel inclined to work with us. Individuals who were interested in developing and supporting the research were asked to fill in a form outlining their motivations to be involved, what they thought they would bring to the research, and what they hoped to achieve by being involved. As we have seen in other chapters in this collection (Bidmead et al., 2025), community groups and organisations can become weary of research and do not always benefit from their involvement with research. Most of those we recruited, however, expressed a desire for more visibility of services to better help people looking for recovery and improve the way services are ran in the community to benefit others.

Three members participated in the first workshop session, and four attended the second workshop session. An additional 27 members of the wider forum attended the third workshop, and 13 attended the fourth and final workshop. Each member of the Public Involvement and Community Engagement (PICE) group was paid in relation to the time they spent in groups and activities: £40 per session (sessions one and two only in line with National Institute for Health and Care Research [NIHR] Guidance, 2024). Those in workshops three and four were paid £10 as a gesture of goodwill for listening to and engaging in discussions about the mapping process. Workshop members were informed via email of when the sessions were to take place. The workshops were organised to directly follow the already established service user and carer forum and were conducted in the same venue to facilitate ease of access. PICE members were given information about the study, and each signed a Public Involvement Group Consent Form. Data from the discussion was fed into the CAM process and later into the topic guide for the semi-structured interviews and focus groups.

The first workshop was an introductory and initial mapping session. In this session, we engaged in open discussions and reminded the group that they were not obligated to share experiences with us, but also that we were prepared to listen and support their involvement and experiences. In this session, PICE members were simply asked to consider and map out their own recovery journey and then to reflect on their needs and record the types of services they considered important to recovery. This session was also used to discuss and explore participants' perceptions of the types of organisations (e.g., peer support groups, non-affiliated services, etc.) that needed to be mapped as part of the research.

We wanted workshop members to have ownership over the mapping process and to be involved in the research. We knew that each of the forum members we engaged with was actively involved in their own communities and that they were tied into extensive recovery networks and communities. Armed with this knowledge and prior to session two, workshop members were asked to engage with their own extended recovery networks and communities and then to identify and record with them the different types of services that were utilised by the wider recovery community in the area. During workshop session two, members were asked to consider their experiences of accessing services and to identify what did and did not work for them and what they considered to be gaps within the current recovery community and provision in the city.

In the third workshop, an update was given to the wider service user and carer forum (n = 13 women; n = 14 men) on study progress, and an illustrative map of recovery services was shared, discussed, and reviewed to sense check the findings in relation to relevance and future uses. At this point, we wanted to bring the data we had generated back to the wider group and to start to involve the service user and carer forum again, and to keep the wider group involved in the research. Moving from the smaller group to the larger group was key for us to understand the varying perspectives of those involved directly or indirectly.

The fourth and final workshop involved sharing interim findings from the interviews with the service user and carer forum members (n = 8 women; n = 5 men). Findings were presented creatively in a poster format in which forum members were asked to discuss their thoughts around the findings; in particular, if they agreed or disagreed with anything that was presented. This helped the research group to sense check their findings from the wider reach work (interviews with individuals) and with those navigating recovery in the community.

Interviews and Focus Groups with Recovery Organisations and Services

In this project, it was key for us to bring the perspectives of PWLE and professionals together to explore their perceptions of the community assets that existed in the city. Interviews were conducted simultaneously with the workshops. The purpose was to invite those involved in delivering services to take the time to consider the positive attributes of the recovery community, their visibility, and role, in supporting their service and the wider community. In keeping with the strengths-based approach, any criticism was responded to by refocussing the interview to areas for improvement rather than what was wrong 'with recovery'. We engaged in semi-structured interviews and focus groups with those working in recovery organisations and services. A number of these were also PWLE working in the recovery community, but also accessing services. These individuals were practitioners who self-identified as 'being in recovery', and they were a valuable resource for us: not only had they navigated services themselves, they had also supported others who were going through the recovery process. About 13 semi-structured interviews and two focus groups (n = 5 participants in focus group 1; n = 6 in focus group 2) were conducted to further explore staff perspectives of the recovery community. Practitioners and service providers working in recovery were recruited using purposive sampling via the research teams' pre-existing networks. Professionals as representatives of the drug and alcohol treatment system were also invited to take part if they were working in the recovery community in any capacity. Our 'hands off' approach to recruitment meant that we were more likely to engage professionals who volunteered to come forward, either because they had something to say and/or because they wanted to join us in celebrating and championing the recovery work.

CAM As an Anti-stigma Approach

Stigma is a key determinant of exclusion and, whilst being an avoidable harm, it is associated with the maintenance of various forms of social and health-related harms and structural inequality (Addison et al., 2023). Stigma is conceptualised as a process of excluding and marginalising individuals or groups based on deficit perceptions of their characteristics, behaviours, motivations, acts, and attributes (Butler-Warke, 2020). Stigma is acknowledged to be a harmful act and can be a social factor of an individual's health, their sense of worth, belonging, and inclusion (Stockdale et al., 2022). Stigma occurs when people have an emotional response to a negative perception of others, and the subsequent prejudice they have leads to discrimination or the withholding of services and support from people. People who use substances (PWUS) are amongst the most stigmatised groups in society. Research and reviews have identified that PWUS are known to experience stigma in many forms, be these institutional, societal, public, and/or private (Cazalis et al., 2023; McGovern et al., 2024). The stigmatisation of PWUS is highlighted as being weaponised to justify exclusion from involvement within society (Addison et al., 2023). This impedes opportunities for PWUS to engage and benefit from health and social care services, hindering opportunities for involvement in the support and development of health, and substance-specific treatment and recovery services (Cazalis et al., 2023).

PWUS are known to be aware of stigma and inequality and privileging their perspective and lived experience in co-production research, and in our case, CAM, provides a unique standpoint from them about what best serves them (Kulmala et al., 2024; Mendon et al., 2024). What we learned on a personal level is that co-produced research like ours encourages inclusivity in practice and benefits the individual by combatting stigma through empowerment and providing a sense of inclusion, worth, and agency (Kulmala et al., 2024; Mendon et al., 2024). In addition, our research helped us to understand CAM as a meaningful and authentic collaboration between PWLE and other stakeholders, enhancing the quality and relevance of strategies designed to reduce inequality and promote the uptake of public services. However, despite the benefits associated with co-production research, the lived experience of minoritised groups, such as PWUS, has often been under-represented in research design and development (Cotterell & Buffel, 2023; Kulmala et al., 2024). Our research has shown extensively that people are stigmatised as they use substances (McGovern et al., 2022) whilst they are in recovery (McGovern et al., 2024) and after they disengage with services (Lochhead et al., 2024). Co-producing research with PWUS and engaging with them in research and the development of public services enables possibilities for reducing stigma and inequality and is associated with a multitude of personal, social, and societal benefits (Gronholm et al., 2024). CAM asks individuals and community members to consider their strengths and the strengths of individuals and groups that are often stigmatised. It is a process in which professionals can be challenged to build their own knowledge about groups, but also to reconsider any negative and/or prejudicial perspectives they may have. Finally, PWLE who are involved in CAM can build their own self-worth and esteem from involvement (if reports from our group are accurate) and also increase an individual's sense of meaning and belonging if people feel they are making an active contribution to their community/society.

Conclusion

If you are engaging in research with marginalised communities we would encourage you to utilise a CAM approach. In research CAM can be utilised to surface knowledge embedded in communities of people whose voices are often unheard, with the focus of generating knowledge and documenting the existing resources of recovery services in a local area. Our CAM approach was rooted in constructivism and this enabled us to develop a more in depth and deeper understanding of how PWLE constructed knowledge and made meaning of their experiences of using substances, recovery and accessing recovery services. It allowed us to move beyond the lived experience of PWUS and to explore the contribution they made to their communities and others in recovery. In our research, we were not seeking to 'reinvent the wheel', rather we were interested philosophically with understanding how the wheel turned and how it functioned (Golder & Bengal, 2018). Our approach enabled us to engage with and understand PICE members' knowledge and their real-world experiences whilst enabling us as a research group to hypothesise together and ultimately draw themes and conclusion from their experiences (Golder & Bengal, 2018; Jonassen, 1994). In future whilst we advocate for the use of co-production, we advise being mindful of tokenism by taking measures to reflect in and on co-designing research with others. One such measure is by embedding the use of anti-stigma and trauma informed approaches (see Adams and Ramsey this collection) in all aspects of the research activity. We argue that co-production that uses CAM encourages inclusivity by disrupting and reducing stigma and inequalities through democratic and egalitarian practices, creating opportunities for feelings of empowerment, worth, and agency.

Our ethical approach in researching with PWLE, co-designing safe spaces, and building trusting relationships was rooted in our desire for activism rather than tokenism. We recognise that PWLEs are best placed to share their knowledge about the services in their community. The voices of PWLE enriched the quality of the CAM project, including the outcomes, and their voices carry greater potential to leave a lasting impression on others through a sense of 'haunting' those in the public domain, calling for a 'something to be done' and creating a demand for visibility and change.

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