

Asset-Based Commissioning

'Better Outcomes, Better Value'



Summary

Richard Field and Clive Miller

Introduction

Increasingly the talk of public sector commissioners is of asset-based community development, coproduction, whole systems leadership and latterly, asset-based practice and commissioning. As ever, the meaning attached to these ideas and associated practices varies.

This paper introduces asset-based practice and commissioning, explains why the language and practice of commissioning is changing and identifies two emerging variations: asset-aware commissioning and asset-based commissioning. The case is then made for the adopting the later, the main implications of which are outlined. The following content is drawn from *Asset Based Commissioning, Better Outcomes, Better Value*, a text written by Richard Field and Clive Miller, freely available from <http://www.ncpqsw.com/free-publications/asset-based-commissioning/>¹

Why the new language?

Across the land there is a visible, ever-growing gap² between demand for conventional practice based, publicly-funded services and allocated state resource. The existence of such a gap, and that it is increasing, is not a surprise. What is surprising, however, is the time it has taken for public sector leaders to realise that no matter how much they try, traditional ways of bridging this gap are not the answer. Further 'salami slicing' of budgets, eroding pay rates, shaving outcomes and 'managing' demand, through waiting lists and raising eligibility criteria, simply will not cut the mustard.

Now is the time to face up to the unpalatable truth that demand is growing and the resources devoted to providing conventional services, are insufficient. There is a gap, and it will get worse. Yet there remains a political unwillingness to seriously consider increasing taxes, or to be honest with citizens regarding the support they can expect when they have accidents, fall ill, become increasingly frail, or indeed how they might live their last few weeks or months of life. The focus on resource and demand management is also masking a more fundamental truth. We have now reached the limits of the effectiveness and efficiency of conventional practice based, public services. It is this that is fuelling current interest in asset-based practice.

The above leaves commissioners casting around for new 'gap-bridging' possibilities, a popular one being to draw assets outside their control into outcome production. This is an interesting development but hardly new – in practice very few outcomes are delivered without some contribution by people and communities. Schools rely on active engagement of pupils and parents to improve educational outcomes; the police are reliant on the public to report crime and provide information so that they can apprehend offenders. However, despite the reality that most existing services draw on a mix of assets from people, communities and organisations (see Figure 1) the dominant concern is to make best use of organisational assets. The use made of assets under the control of people and communities is mostly implied or unrecognised. Hence, existing conventional practice fails to make best complementary use of these assets alongside those of organisations.

Figure 1: The asset-mix continuum³

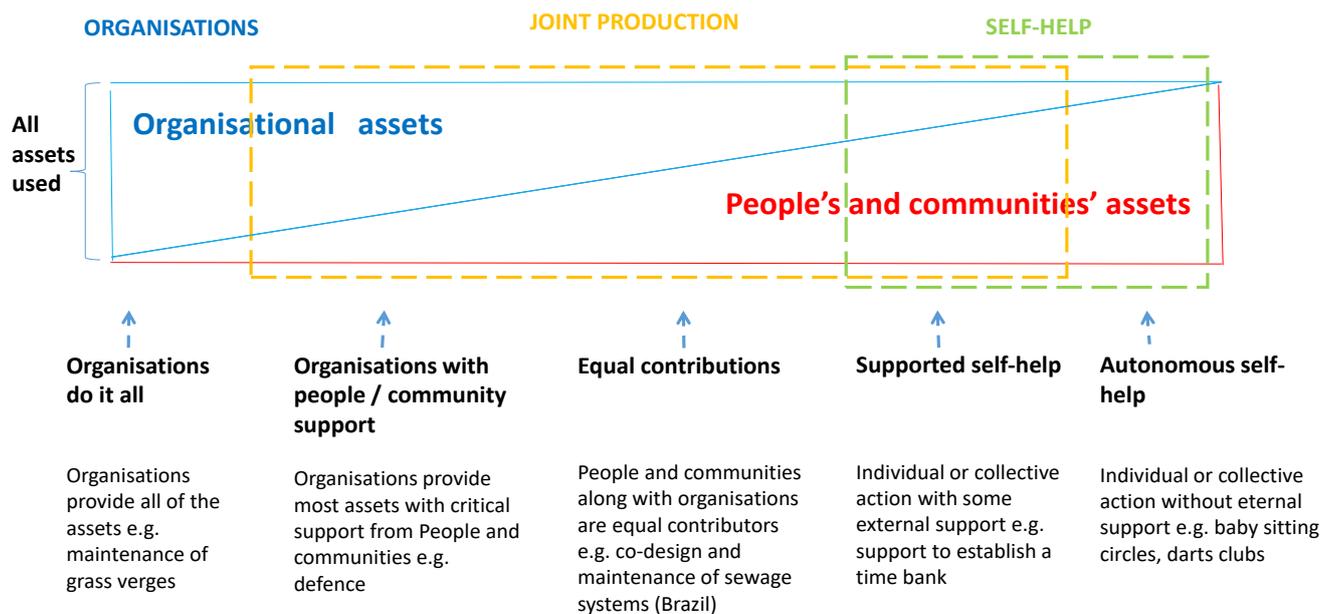


Figure 1 depicts different combinations of assets in the form of an asset-mix continuum. The left-side depicts one or more organisations providing all the assets required to produce outcomes, while at the other end, autonomous self-help produces outcomes without state assets or state involvement. In between these two extremes varying proportions of assets from organisations, people and communities combine to produce outcomes.

At present, there is a general push to move outcome production further to the right of this figure. For many commissioners this is an adaptive, incremental and sometimes even unconscious response to the pressures faced. Typically, this leads to the assets of people and communities being used as substitutes for those of organisations while maintaining existing conventional practice e.g. recruiting volunteers to help in libraries. This is what we refer to as asset-aware commissioning.

While asset-aware commissioning can improve outcomes and value, the scope for this is very limited. Instead, a step change from conventional to asset-based practice and commissioning is now needed to realise the combined potential of the assets of organisations, people and communities. Asset-based practice is much more significant than just substituting the assets of people and communities for those of organisations. Instead it involves re-engineering what organisations do to fully complement the assets that people and communities already contribute and beyond this to complement those that could ultimately be brought into play. Asset-based commissioning supports this by changing the focus, relationships, processes and structures of commissioning.

Asset-Based Practice

Asset-based practice recognises the reality that it is what people and communities do, supported or otherwise by services that produce outcomes. Services delivered without some level of self-help and/or coproduction rarely deliver outcomes. Think Local, Act Personal define coproduction as being:

*'not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, coproduction involves people who use services being consulted, included and working together from the start to the end of any project that affects them. When coproduction works best, people who use services and carers are valued by organisations as equal partners, can share power and have influence over decisions made'*³

Both self-help and coproduction entail the use of assets outside of state ownership and control. These assets, which are wide ranging and freely available, include physical ones such as homes, cars, computers and phones as well as personal ones such as time, energy, knowledge, experience, skills and personality. Some of these assets lie within communities and others rest with individuals. Recognition that outcomes are produced by people, communities and organisations working together is vital, as is the nature of the relationships between these stakeholders. Conventional practice treats individuals as passive consumers waiting to be served or told what to do, with practitioners doing things ‘for’ or ‘to’ them. Asset-based practice treats people and communities as equals with organisations in both decision-making and the coproduction of outcomes.

The value of shifting from conventional to asset-based practice has been recognised by the Five Year Forward View, the NHS transformational, strategic plan.

‘One of the great strengths of this country is that we have an NHS that -at its best -is ‘of the people, by the people and for the people.’ Yet sometimes the health service has been prone to operating a ‘factory’ model of care and repair (..) As a result we have not fully harnessed the renewable energy represented by patients and communities’⁴

One current drive is to improve the health and overall quality of life of people with long-term health conditions such as diabetes and chronic back pain through supported, condition self-management. The conventional short consultation with a GP resulting in a prescription that the patient is then expected to follow, is changing. Instead, there will be longer consultations and the provision of a range of supports that engage patients as active agents of change, to tap into their lived experience about what works for them and complement this with professional expertise. Evidence shows that this approach improves health outcomes and reduces demand for services, the combined effect of which covers the cost of the extra support and produces further savings.

Whilst asset-based practice is a relatively new term it draws upon practices and principles, some of which have been around for many years. These include community development, coproduction, innovation by user-led organisations and personalisation. Based on five principles of asset based practice, Table 1 shows how asset-based differs from conventional practice

Table 1: The differences between conventional and asset-based practice⁵

	CONVENTIONAL PRACTICE	ASSET-BASED PRACTICE PRINCIPALS
WHOSE ASSETS	Explicit use of solely organisational assets. The use of those of people and communities is either implied or unrecognised.	All assets of people, communities and organisations are explicitly taken into account in service design and the production of outcomes.
WHO DECIDES	Organisations take the final decisions, with or without consultation with people and communities.	Citizen driven - people and communities are equal decision makers
ROLE OF COMMUNITIES	Taken for granted or not mainstreamed	Strong, inclusive communities - development and support of communities that are open and supportive of all is central
OUTCOMES FOCUS	Organisationally or sector determined	Whole life - people and community centred outcomes and collaborative action
ROLE OF UNIVERSAL SERVICES	Designed for the ‘average citizen’	Everyone - universal services are redesigned to benefit all.

Examples of asset-based practice that illustrate each of its key principles are:

- **All assets** – all people and communities have assets on which they can, and do, draw and build. Throughout society there are many examples of personal and community assets that are not utilized, valued or even recognised. In every situation the aim should be to make best complementary use of personal and community assets alongside those of organisations. As an example, John, a crack darts player, initially dropped out of his team as his dementia made it difficult for him to continue participating, as a consequence of which he and the team lost out. It was only when the team worked out that it was the scoring, and deciding which numbers to aim for, that were preventing John from participating that things changed. Helped by team members to get oriented in front of the board, he was once again able to use his skills. John is now back in the team and the team is winning again. Everyone benefits from focusing on assets.
- **Citizen driven** – everyone is a citizen and has the right to self-determination. People and communities should be enabled to be equal decision-makers, alongside organisations, in the design of services and supports, choosing what works for them and producing outcomes through co-production and self-help. An example of this is patient self-management of long-term health conditions which improves people's health and lives and reduces health service costs. Critical to its success is shared decision-making, patients having an equal voice with practitioners in health management and expert patients training others in self-management.
- **Strong and inclusive communities** – improve outcomes by providing practical help, information, emotional support, and opportunities to contribute. Activities can take many forms, including, for example, neighbours organising and participating in closing off their streets for street parties where they share food and take part in a range of fun activities. A survey found, 50% to 80 % of people take part, including from 'hard to reach' groups, because the event is right outside their door.
- **Whole life** – people should be in control of, and live, full and independent lives. Organisations should focus on whole lives and communities rather than on single or narrowly defined sector-specific outcomes. As an example, at an individual level, community circles are a way of facilitating whole life focus. These start with a person and a purpose e.g. make new friends. A trained volunteer facilitator brings together people in that person's life, to help the person develop and carry out an action plan. The focus person gets the help that is just right for them. Everyone in the circle gains by being part of something shared and often life changing.
- **Everyone** – universal services, whether state funded, commercially or independently provided are essential to the daily life of everyone, yet many are only designed for the 'average citizen'. To be truly inclusive it is essential that proper provision is made for the needs of everyone. An example of this is the central library in Bradford which has a specially adapted toilet and changing place for disabled people. This enables disabled people who rely on such facilities, like everyone else, to both take part in educational and other activities in the library and get out and about in the centre of the town.

From conventional to asset-based commissioning

Moving to asset based commissioning requires a paradigm shift, away from conventional practice based services to asset-based practice, supported by a parallel change from conventional to asset-based commissioning.

Three models of conventional commissioning, 'embryonic', 'outcomes-focused' and 'asset-aware' are currently common. The 'embryonic' model focuses on narrow sector outcomes and making best use of within-sector, organisational assets in pursuit of conventional practice based services. The 'outcomes-

focused' model uses conventional based services to target wider and more embedded outcomes by drawing in cross-sector organisational assets. The 'asset-aware' model extends the outcomes-focused approach by explicitly drawing on the assets or people and communities. However, it mostly employs these as substitutes for, or augmenters of, organisational assets within conventional practice based services.

Asset based commissioning is a relatively new term that we define as:

*'Enabling people and communities, together with organisations, to become equal co-commissioners and coproducers, and also via self-help, make best complementary use of all assets to improve whole life and community outcomes.'*¹

Asset Based Commissioning represents a radical break with convention. It embodies the key principles that underpin asset-based practice and differs from conventional commissioning in six key ways (see Table 2). There is a focus on whole life outcomes, using all assets rather than just organisational ones, employing coproduction, explicitly recognising and supporting self-help, involving people and communities as equals in decision-making and changing the relationships and roles of key players. Commissioning is recognised as occurring at several levels and this multi-level commissioning is actively supported. There is a shift from just stimulating and reshaping the organisational supplier market to also reshaping the roles played by people and communities as self-helpers and coproducers of outcomes.

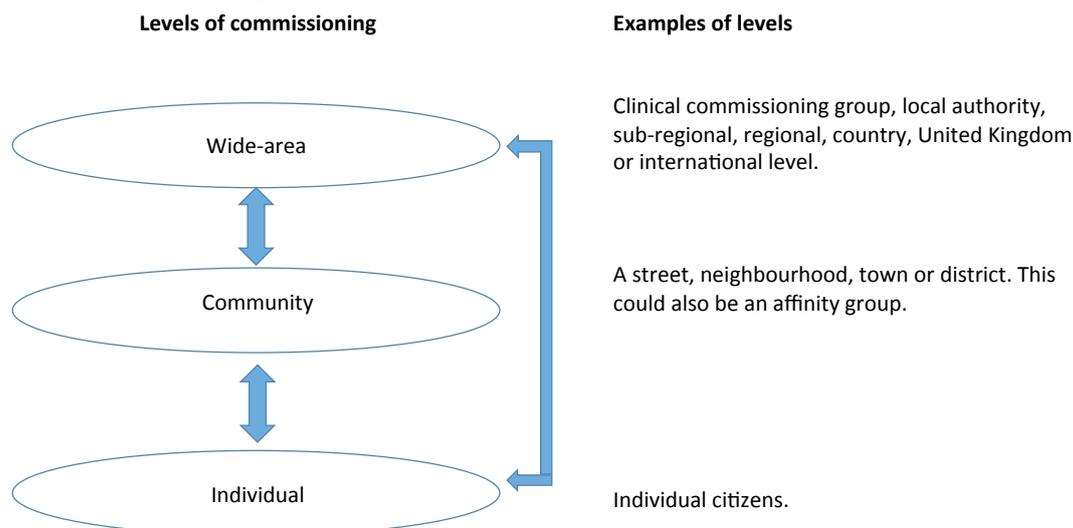
Table 2: The differences between conventional and asset-based commissioning

	CONVENTIONAL COMMISSIONING	ASSET-BASED COMMISSIONING
FOCUS	Organisational and sector outcomes and assets	Whole life and community outcomes; people's, communities' and organisations' assets
HOW OUTCOMES ARE PERCEIVED TO BE PRODUCED	Produced by organisations	People and communities produce outcomes, with organisations via coproduction, and through self-help
DECISION-MAKING	Organisations may consult but then make the final decisions	People and communities as equal decision-makers, full cross sector and supplier involvement
RELATIONSHIPS	People and communities as 'consulted customers'; organisational suppliers at arms length, competitive	People and communities as co-commissioners, fully engaged suppliers, extensive within and cross-sector supplier-supplier collaboration, wide-scale system leadership
COMMISSIONING PROCESSES	Mostly centralised, wide area level commissioning	Everyone - Asset-based principals embedded, devolved multi level commissioning, new relationships supported
STIMULATING AND RESHAPING	Development and management of the organisational supplier market	Proactive use of all assets of people, communities and organisations, via full range of commissioning levers

Multi-level commissioning

Currently much commissioning occurs at quite high-levels, government departments, local authorities, clinical commissioning groups, etc. However, there are two other levels at which commissioning does and can occur (see Figure 2). Devolved commissioning is an essential support for asset-based practice.

Figure 2: Multi-level commissioning ¹



Working up from the foot of the figure the three levels are;

- **Individual** - commissioning by, or on behalf of, individual citizens as with meeting individual outcomes in health and adult social care. People with social care needs use the process of self-directed support, backed by devolved personal budgets to decide how to make best use of their own as well as their communities' assets, complementing these with services and supports purchased using their personal budgets.
- **Community** - commissioning designed to benefit a particular road, neighbourhood, town, district, etc, targeting outcomes such as cleaner streets, faster yet safer car journeys. This can be greatly assisted by devolving community budgets to local partnerships, supporting people and communities to act as equal co-commissioners and using community development to enable communities to identify their existing assets and decide how to make best use of, and further develop them. Community commissioning can focus on affinity groups as well as geographical communities.
- **Wide-area** - including commissioning by a clinical commissioning group, local authority or at a sub-regional, regional, country, United Kingdom or international level. This is appropriate where, wholly or in part, outcomes have ramifications beyond individuals or communities, as for example with major transport infrastructure. At the wide-area level asset-based practice can be facilitated by, building the principles of asset-based practice into all contract specifications, requiring all bids to be developed with the people or communities they are designed to benefit as equal co-commissioners and redesigning the commissioning process to support their engagement.

Five key benefits arise from adopting a devolved multi-level commissioning process, namely:

- **Co-commissioner engagement** - devolution makes it easier for people and communities to more easily take part in commissioning e.g. locally or in their own homes.
- **Better informed** - draws on a much wider range of knowledge or expertise, much of which is specific to particular communities and individuals e.g. their lived experience.
- **Tailored** - enables the tailoring of services and supports to the particular circumstances of different people and communities.
- **Buy in** - by engaging people, communities and organisations in planning and decision-making the likelihood of committed buy-in to the resulting changes to services, supports and self-help increases.
- **Speed** - devolution when accompanied by appropriate decision-making powers can speed up decision-making and action.

Asset-based examples

There are many examples of practice that in certain respects, at least, is asset-based. Asset-aware commissioning is becoming quite common, while examples of full blown asset-based commissioning are still relatively rare. The later is hardly surprising given asset based commissioning is at the edge of developing practice and involves a paradigm shift.

Asset-aware commissioning - Example

Asset aware commissioning can be found in an increasing number of local authority library services. A perceived need to reduce the level and cost of organisational assets devoted to library provision, coupled with vocal public support for this service has lead politicians and officers to seek easy, acceptable solutions including for example, substituting paid staff with volunteers. The aim of the library service, target outcomes, range of services, opening hours and operating model are left broadly untouched as state assets are quietly withdrawn and replaced by volunteers. Unfortunately, this is likely to be accompanied by library users and/or the wider citizen population being treated as passive service recipients and volunteers being organisationally directed rather than engaged as active co-commissioners and coproducers.

Asset Based Commissioning- Example

In 2012, Queen's Park ward, City of Westminster, was chosen to be a neighbourhood community budget pilot, part-funded by the Department of Communities and Local Government. At an early community meeting residents chose 'early years' as a focus, the aim being to progressively reduce risk for these children. Residents were concerned that service design traditionally took place largely unseen by the community, that such services were fragmented leading to local families falling through the cracks in the service, not helped by providers who did not always collaborate with each other or work in a spirit of co-production with the population. These concerns are quite common with conventional practice based, publically-funded services.

A number of actions were taken that resulted in

- Local families having better access to the early years' service and improved levels of children's readiness for school
- 14 Community Health Champions being recruited from Queen's Park to help deliver important health messages, widen parent access to services, co-design local services and support local consultation activities
- A network of 'Maternity Champions', recruited and trained to support pregnant and new parents with babies up to one year.
- The community taking on a greater role, securing lottery funding to continue drop-in sessions for families at the children's centre.
- Service providers and residents working together to increase take-up of, and satisfaction with, local early years services in an effective and efficient manner

One of the keys to success was the establishment of the Queen's Park Community Council (a form of parish council), petitioned for by local citizens, with powers to raise money through a local precept. This was crucial to establishing effective multi-level commissioning. Also a co-design, Practice Group was established to provide residents with hands-on experience of planning and implementing an early-years project, with those involved being supported by training workshops that built capacity and confidence to engage in co-designing local services and supports.

This example illustrates a significant shift towards asset based practice and commissioning. A community with a degree of financial autonomy, local people deciding the issues they wish to tackle and being fully involved in co-commissioning and coproduction. A broad range of individual and community assets were recognised, valued and utilised and there was a considerable shift in relationships across the system.

A fuller analysis of the extent to which the principles of asset based practice and the key features of asset based commissioning underpin the Queen's Park experience are included in 'On the move – Early years' services in Queen's Park'⁶

All change

It is tempting to ask - 'If asset-based practice is so good why is it not widespread and embedded?' A mix of factors apply. For many practitioners, commissioners and politicians it is a completely new concept, hardly surprising as up until now⁷ the literature regarding asset-based practice and commissioning has been very dispersed with only a partial overview available. The need for asset-based practice to be local and tailored and therefore supported by multi-level commissioning, conflicts with the widespread assumption that standardisation and centralisation brings greater effectiveness and economies of scale. The challenge of power sharing by organisational suppliers, commissioners and local politicians, coupled with a need for coproduction and self-help to be valued is accompanied by the need for much more extensive cross sector collaboration. There is a need for a long-term view to be taken of the benefits of asset based practice, particularly those associated with prevention and well-being, which cuts across the current short-term focus on resource reduction. It is perceived to be politically less risky, to carry-on providing the same services, to the same people, in the same way, however well evidenced the asset-based alternative is.

Despite these difficulties or challenges, continuing growth in the development of asset-based practice, particularly in health, show that change is both possible and desirable.

Central to the shift to asset based practice and commissioning is the need for all stakeholders to change roles, how they relate and how they operate, in that:

- People and communities need to move from being passive customers and consultees to full co-commissioners, being in control of the development of self-help and equals in outcome co-production.
- Organisational suppliers need to move from working in isolation from one another, at arms-length from commissioning decision-making and delivering organisational commissioner prescribed specifications, to proactively linking with one another and engaging fully in the commissioning process.
- Practitioners and managers who previously perceived their roles as being solely suppliers of services and supports, need to realise that some of the tasks they used to perform, as well as new ones, are an integral part of individual and community level commissioning. They also need to discover that increasingly the way to enable outcome realisation is via support that enables people and communities to produce outcomes through self-help as well as through coproduction.
- Organisational commissioners need to move from being sole commissioners undertaking all the commissioning tasks to being co-commissioners with people and communities. They will increasingly facilitate the design and direction of the commissioning process, share decision-making and undertake some of the commissioning tasks.
- Local politicians need to move from being up front organisational leaders mostly focused

on making best use of public sector assets to community leaders working with people and communities to enable them to take the lead in deciding how to make best use of all assets. Where necessary, local politicians should lead from the front using their formal authority to either direct or influence the roles played by other organisational commissioners, public, private and voluntary sector contracted and non-contracted organisations.

Making it happen

Even for those who are committed to developing and using asset-based practice and commissioning, moving from conventional to asset-based practice, the scale of change and challenge of the required commissioning paradigm shift can seem daunting. It is therefore useful to bear in mind a few basic, asset-based change principles

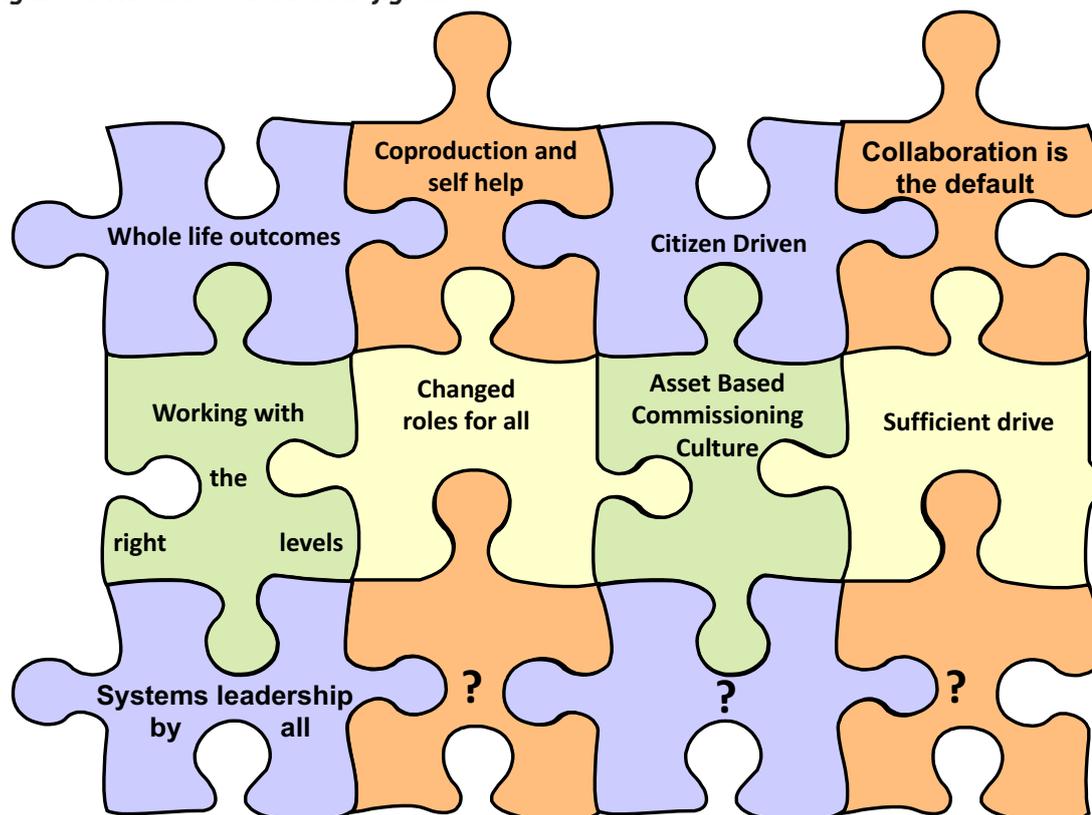
- Think assets – there are always likely to be some examples of people and communities, practitioners, organisational commissioners and politicians who are already moving in the direction of asset-based practice and commissioning. Identify and capitalise on these examples.
- Coproduce the change – recognise what people and communities currently do as coproducers. From the beginning, engage them as system leaders and equal co-designers. Engage collaboratively with organisational suppliers.
- Recognise that what you do, and the way that you do it is part of the required paradigm shift - this changes what people, communities, commissioners, organisational suppliers and politicians do, their relationships, and the culture. Design the change process to model the new asset-based culture.
- Accept that change often comprises small steps - value small changes but keep your eye on the prize – do not dismiss small advances as not being ‘the real thing’. Celebrate them whilst not losing sight of the ultimate goal.

As soon as a conscious decision is made to adopt asset-based principles and move towards asset-based commissioning the paradigm starts to shift. As the pattern of current assets, extent of existing asset-based practice and commissioning varies from place to place, so will the best developmental route. There is therefore, no one single set of steps or approach to enable the change from conventional to asset-based commissioning. One approach is to use a fairly conventional systematic planning process, while a second, involves working in a more incremental, organic and opportunistic way, guided by a clear and shared high-level vision. In both cases the change process could be initiated at one or more of the three levels of commissioning. The shift from conventional to asset-based practice and commissioning cannot be achieved overnight, so early in the shift there is likely to be a preponderance of conventional practice and commissioning.

Helping co-commissioners maintain an overview of changing commissioning and front line practice, identifying sticking points and finding new ways forward will be a continuing challenge. A locally tailored Asset-Based Audit can be useful in supporting the continuing developmental process. Asset-Based Audits works best when used as a day-to-day checklist rather than solely as a tool for periodic overall appraisals.

The audit should comprise a mix of key areas for change and ways of delivering them that form a jigsaw of interlocking pieces (see Figure 3), any one of which, if missing, will reduce the chances of overall success. This puzzle contains several blank pieces allowing for the inclusion of other key issues when tailoring the audit to new circumstances, as they arise. Begin by involving co-commissioners in reviewing, editing and extending the set of jigsaw pieces to fit the local context.

Figure 3: The asset-based audit jigsaw¹



Key audit questions raised by the jigsaw are:

- **Whole life outcomes** - How far, and in which ways is the pursuit of whole life outcomes embedded in all aspects of practice and commissioning?
- **Co-production and self-help** - in which ways, and to what degree, does asset-based co-production and self-help feature in achieving outcomes?
- **Citizen driven** - How is the lived experience of people and communities being valued and how are they enabled to have an equal say in decision-making at all levels?
- **Collaboration is the default** - How far, and in which ways is commissioning supported by cross-sector collaboration focused on whole life outcomes thereby enabling an integrated experience for all?
- **Working with the right levels** - How far, and by using which means, does the devolution of commissioning enable people and communities to participate effectively at the individual and community as well as the wide-area levels of commissioning?
- **Changed roles for all** - To what extent, and in which ways, have each of the key groups of stakeholders made the role change from conventional to asset-based practice and commissioning?
- **Asset-based commissioning culture** - How far, and in what forms, has the culture changed from conventional to asset-based commissioning?
- **Sufficient drive** - Who is doing what to energise which groups of key stakeholders, to drive forward the change to asset-based commissioning?
- **Systems leadership by all** - To what extent, and in which ways, are all the key groups of stakeholders engaged and supported as asset-based system leaders at all levels of commissioning?

Conclusion

Asset-based commissioning enables the transformation of conventional practice and commissioning in a powerful way, to realise better outcomes by making best complementary use of all assets through personal and community self-help and coproduction. Asset-based commissioning requires a paradigm shift that touches all stakeholders, systems, behaviours and relationships. The way in which this shift occurs needs to be individually tailored to context and constantly reviewed.

Asset-based commissioning is new and many lessons will be learnt as we reflect on our experience over the next five years or so. We hope that blogs, articles, case studies, research, evaluation projects and thought-pieces will shape what in the long-term will become a developed body of knowledge. We offer this paper and the text on which it is based as a contribution.

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³ Think Local Act Personal – National Co-production Advisory Group
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⁴ NHS England. (2014) Five Year Forward View. Unknown: NHS England. Available at <https://www.england.nhs.uk/wp-content/uploads/2104/10/5yfv-web.pdf>

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⁶ Field, R Miller, C 'On the move – Early years' services in Queen's Park' (Forthcoming)

⁷ Fox, A. (2016) The asset-based council: blog Online: Shared Lives Plus Available at: <https://alexfoxblog.wordpress.com/page/3/> (accessed on 23 November 2016).

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