Resilient Communities (Summary Report)

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Cheshire and Merseyside Public Health Intelligence Network

Developing Resilient Communities:

Identification of Approaches and Evidence for their Effectiveness

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February 2018

SUMMARY REPORT

One page summary

Building community resilience

Identifying approaches and assessing their effectiveness

Definition: Community resilience is *'the capacity of communities to respond positively to crises …. to adapt to pressures and transform'* (p.27) (GCPH, 2014b).

Context: There have been recent changes in the political climate, involving welfare reform and cutbacks to public services, alongside an ageing population and changing job opportunities. The importance of community resilience in coping with these sources of adversity is becoming increasingly recognised.

This report: This piece of work was commissioned by Champs (the Cheshire & Merseyside Public Health collaborative). The aim is to identify and describe different models/ approaches to developing resilient communities and to assess their effectiveness. The approaches identified are summarised below. The full report also includes a comprehensive selection of case studies and a set of recommendations. A literature review was carried out, with searches of various databases, grey literature and information obtained via peer review and from stakeholders. The literature review confirmed that the wider impacts of approaches to building community resilience are difficult to measure and evidence is limited. However, the available evidence is broadly supportive of the potential of such approaches to achieve wider outcomes such as those identified below.

Approaches

promoting social networks
e.g. health champion schemes

enhancing environmental assets
e.g. access to green spaces, good quality affordabe housing

promoting a healthy economy
e.g. ensuring financial security, good quality local jobs, local supply chains

supporting community engagement
e.g. community budgets and community led commissioning

developing measures of community resilience
e.g. 'WARM' (Wellbeing and Resilience Measurement)

developing workforce skills
e.g. training in community centred health approaches for public health & other professionals

Outcomes

improved social cohesion and social capital

strong and stable families and social networks

buoyant local economy

reduced crime & delinquency

improved employment prospects & conditions

improved health & wellbeing, and reduced pressure on NHS

Summary Report

Background

There have been recent changes in the political climate, involving welfare reform and cutbacks to public services, alongside an ageing population and changing job opportunities. The importance of community resilience in coping with these sources of adversity is becoming increasingly recognised. Resilience is undermined by inequality, with a community's ability to recover linked to levels of poverty and deprivation (Penn, 2011). Reducing inequalities and poverty will strengthen the ability of communities to demonstrate resilience.

The Cheshire and Merseyside Directors of Public Health commissioned this report through the Public Health Collaborative (Champs), with the aim of identifying possible approaches to developing community resilience and assessing their effectiveness. The report provides definitions, models and case studies of approaches to developing resilient communities, a consideration of their effectiveness and recommendations for action.

Definitions of community resilience

A broad view of community resilience is taken in the report, based on models of social capital, focusing on a range of features that make up and strengthen a sense of community.

Community resilience has been defined as *'the capacity of social groups and communities to recover from, or respond positively to, crises'* (Penn, 2011). Building community resilience involves developing the social capital of a community (Wilding, 2011), paying attention to the seven types of capital: natural (e.g. access to green space), cultural, human (e.g. skills and education), social (e.g. social support networks), political, financial (e.g. income) and built (e.g. access to amenities) (Flora and Flora, 2008). As pointed out by Zautra et al, developing community resilience is not a 'quick fix', as sustainable resilience capacities need to be built over time (Zautra et al., 2010b). Communities will naturally develop their own resilience to setbacks, but there are various approaches that can be taken to assist them in this process.

Models of approaches to developing resilient communities

Encouraging inter-community collaboration/social network development

Social network interventions focus on improving informal and formal social networks.

Identifying key individuals in the community

Various schemes involve the identification of key individuals to work to build resilience in their communities through strengthening social networks:

- *'Community connectors'* (both paid and unpaid) are recruited to identify and connect with people who are not already engaged with groups and activities, to build relationships within communities that will lead to long-term engagement and to support and develop community initiatives (Age UK, 2015).
- *'Community health champions'* are usually volunteers who are trained and supported to motivate people to get involved in healthy social activities and sign post them to relevant support and services (Altogether Better, online). Health champions have more of a behaviour change focus, but the forming and strengthening of social networks, is still an important aspect of the role (Woodward, 2012)*.

- *'Local area coordinators' (LACs)* similarly work directly with people in the community to guide them to local solutions.
- *'Community navigation'* is a model used in conjunction with social prescribing, to guide people to help and support in their local communities, with referrals from GPs.

Social prescribing

Social prescribing or 'community referral' describes the way in which primary care services can refer patients with a variety of health and wellbeing needs to local, non-clinical services. It enables healthcare professionals to refer patients to a link worker (sometimes referred to as a community navigator) who will then connect people to non-medical sources of psychosocial and practical support within the community (Champs, 2014). Interventions can include creative activities, shared reading and books on prescription, physical activity for wellbeing, learning, befriending, volunteering, supported self-help as well as information and advice (Bickerdike et al., 2017; Champs, 2014; Freidli, 2009).

Developing innovative community schemes and supporting volunteering

Volunteering has an important role in building social capital and utilising community-based assets. Volunteering is beneficial for health and wellbeing and can reduce social isolation, exclusion and loneliness (King's Fund, 2013). However, levels of participation in volunteering generally decrease as the level of local deprivation increases (NICE, 2016). Befriending mentoring and peer support schemes focusing on connecting people with activities and support can allow them to grow networks that can support them now and in the future (SCIE, online). Such schemes provide opportunities for socialising, helping to strengthen neighbourhood ties and increase community pride (SDC, 2010; Zautra et al., 2010a).

Using digital media to promote social connections

Assistive technology can support people's social participation (Cheshire East, 2016) as well as providing opportunities for a diversity of perspectives to be heard. In addition, it provides 'ground-up' perspectives to support practitioners and inform policy (GCPH, 2014a). However, low-income groups and older people are amongst those facing inequalities in access to digital media. Digital inclusion interventions are required to help to address these inequalities.

Promoting community governance and levels of control

Approaches to developing community resilience should all be underpinned by involving communities in planning and decision making processes. Five steps on an arc of citizen engagement have been identified: inform, consult, involve, collaborate and empower. Empowering communities in decision-making can increase resilience (MHF, 2016; Wallerstein, 2006). As a result of recent political changes and a programme of austerity, a number of initiatives have led to opportunities for more community/service user involvement and a focus on assets (Meads et al., 2016).

A recent 'Think Local Act Personal' briefing described how an asset based public body has *citizens* rather than customers, and *partners* rather than providers (Fox, 2017; SCIE, 2012). *Partners* share responsibility for system design and the best use of resources, with co-production of outcomes. Collaboration between users, practitioners and communities to co-create services needs to be spread as a way of working and embedded in new settings, and included as standard in service governance (Nesta, 2013). Cheshire East is one of the pilot areas for the 'Delivering differently in Neighbourhoods' government programme (DCLG, 2014), which includes assessing how communities can become more engaged in service delivery and policy, and how this can influence priority and budget setting (Cheshire

East Council, 2017). Other examples of community-led approaches to developing systems resilience and addressing health inequalities include the CLAHRC[1] Neighbourhood Resilience Programme and the Poverty Truth Commission in West Cheshire (The Poverty Truth Commission, 2016).

Enhancing environmental assets

Social cohesion and health and wellbeing can be enhanced through environmental factors such as green space, affordable good quality housing, tackling air pollution, improving shared spaces and promoting active travel, especially in areas of deprivation (SDU, 2014). Good planning and design is important (Hart, 2008). Innovative approaches include the development of healthy new towns (including Halton Lea in Runcorn) (NHS England, online); community land trusts (Wilding, 2011); the '100 Resilient Cities' programme (Lipper, 2016); and dementia friendly communities (Foot, 2012; Miller and Wilton, 2014).

Economic approaches to developing community resilience

A thriving local economy, which provides good local jobs for local people and local supply chains, is an important feature of community resilience (Wilding, 2011). Actions to promote resilience include schemes to revitalise high street shopping areas; support for small businesses in poorer areas; purchasing policies that create local jobs; the provision of education, training and job opportunities for young people; and the promotion of responsible employment practices (CLAHRC, 2016; PHE, 2014; Wilding, 2011). Local economies can develop resilience by stewarding their own assets and institutions as far as possible. An example of this is the credit union movement, which has the effect of contributing to building the resilience of the local economy, as well as the resilience of local population groups (Wilding, 2011).

There is a need for proactive policies to ensure 'inclusive growth', so that the advantages of increased wealth and wellbeing can be distributed fairly across society (Warrington Borough Council, 2017). Local authorities should use the Social Value Act 2012 to steer broader commissioning and procurement to drive these changes (Department for Education, 2014; Fox, 2017). Seven out of ten councils in the UK now report using the Social Value Act when commissioning or procuring services, according to the results of a local government survey (LocalGov, 2017). Halton Council, for example, aspires to include one social value outcome within every procurement exercise.

Health at work is another important area. Work may be an important source of social relations and sense of connectedness, depending on the quality of relationships that employees have with colleagues (Baum and Ziersch, 2003).

The Glasgow Centre for Population Health (GCPH) noted the need to move beyond traditional approaches to measuring economic prosperity, recognising that equity and connectedness make an important contribution to economic resilience (GCPH, 2014b). Alternative measurement frameworks include an index developed in the West Midlands, which features a social domain, measuring existing barriers to employment such as the availability of local jobs (AWM, 2010).

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[1] CLAHRC NWC: Collaboration for Leadership in Applied Health Research and Care North West Coast http://www.clahrc-nwc.nihr.ac.uk/about-us.php

Developing asset based mapping and other measures

Local authorities can work with other public services in their local area to develop an asset-based community development approach. This would involve mapping assets, to complement needs based assessments such as JSNAs (joint strategic needs assessment) (King's Fund, 2013; SCIE, 2017). Asset mapping should be community and citizen-led, using and working with knowledgeable local people and organisations (SCIE, 2017a). The Social Care Institute for Excellence (SCIE) noted that mapping needs to be live and dynamic, as assets are changing and subjective.

Various indicator sets and frameworks are of relevance to measuring community resilience. The WARM (Wellbeing and Resilience Measurement) tool has recently been developed and used by local authorities in benchmarking and to inform service configuration and investment in community capacity (Foot, 2012; Young Foundation, 2010). Accurately identifying the assets and also vulnerabilities such as social isolation, helps estimate the capacity of a community to withstand shock and pinpoint where support should be targeted (Foot, 2012). Measures relating to community resilience have been identified in a project funded by the What Works Wellbeing Centre that has compiled and indexed community wellbeing indicators used in the UK (Bagnall et al., 2017). Communities should be involved in identifying appropriate outcomes and defining success. They are likely to have a better understanding of impacts, and moreover empowered communities may value alternative outcomes from those identified by professionals (South and Phillips, 2014).

Developing workforce skills in promoting community resilience

With the growing recognition of the importance of mental health and wellbeing and the linked concept of resilient communities, the need for workforces in the public and voluntary sectors to acquire relevant skills has been noted (PHE, 2016). For example, this would include training public health staff in asset mapping and community development as such asset based approaches require different skill sets to the traditional deficit approaches (GCPH, 2014a). In 2012, Champs produced 'Top tips for getting started in asset based working', which was a product of collective learning (Champs, 2012) and can be used by organisations to inform their workforce on approaches to measuring community assets.

The Social Care Institute for Excellence (SCIE) and local voluntary service co-ordinating organisations can play an important part in helping to develop the skills needed for community resilience approaches. For example, Liverpool CVS (LCVS) run training courses in 'recruiting volunteers' (LCVS, online).

Case studies of approaches to developing resilient communities

A total of 58 local and national case studies of approaches to developing community resilience were identified and are presented in the main report, with a summary table in the Appendix.

The Wellbeing Enterprises Community Interest Company (WE CIC), based in Halton, provided several examples of the work they are involved in to build community resilience. They deliver services to support social prescribing for a range of people referred by GPs in Halton, St Helens and Knowsley. WE CIC also run social action projects (volunteering; social entrepreneurship, asset mapping and asset based community wellbeing projects) and provide consultancy and training in community centred methods across Cheshire and Merseyside and the UK.

The 'Delivering Differently in Neighbourhoods' programme in Cheshire East has similarly employed various approaches to developing community resilience (Cheshire East Council, 2017). These include

a community connectors scheme in Crewe; neighbourhood resilience building in Macclesfield (through for example the enhancement of outdoor spaces and developing community links); promoting community networking in communities of interest (for example around substance misuse); and participatory budgeting.

The CLAHRC[2] Neighbourhood Resilience Programmes in Ellesmere Port (Cheshire) and Old Swan (Liverpool) are still in their developmental stages. Local residents and other stakeholders are working to identify how to build resilience and address economic inequalities in their neighbourhoods (CLAHRC, 2016).

In West Cheshire, the Poverty Truth Commission brings together some key decision makers with those living at the sharp end of poverty. They work together as equal commissioners to overcome poverty, which is a key step in resilience building (The Poverty Truth Commission, 2016).

In Halton Lea in Runcorn, NHS England are working with Halton Borough Council to build a connected, Healthy New Town based on several of the community resilience building approaches identified in this report, *'connected by its people; …. connected by its environment'* (Champs, 2017; NHS England, online).

The various strands of the 'Delivering Wellbeing in Bewsey and Dallam' (Warrington) programme include supporting volunteering through 'Investing in People' and community-led improvements in the physical environment (Warrington Borough Council, 2017).

Case studies that illustrate supporting resilience in the economy include schemes to enhance employability (e.g. Knowsley Works, Talent Match, and Employability projects in Warrington).

Evidence for the effectiveness of approaches to developing resilient communities

The full report provides a detailed overview of the evidence available on the effectiveness of approaches to developing resilient communities based on a rapid evidence search. This search found that comparatively more evidence has been generated for social prescribing than for any of the other approaches considered in the report. By learning from these perspectives on social prescribing, we are able to draw out implications for how the broader evidence base for approaches to developing resilient communities should currently be viewed.

An important conclusion is that the evidence base is currently lagging behind practice. So while the literature on social prescribing has been described as not producing enough good quality evidence to support its effectiveness or cost effectiveness (CRD, 2015; UCL, 2017), the approach continues to generate considerable interest among practitioners, researchers and policy makers. It has been suggested that funding for evaluation is generally too short-term to offer scope for capturing the developmental nature of community engagement activity (South and Phillips, 2014) and that evaluations on wider outcomes are lacking (King's Fund, 2013; SDU, 2014). The evaluation evidence available for community development approaches has also tended to focus on behaviour change and the effects on health, rather than the effects on community resilience (e.g. the 2016 NICE report on community engagement) (King's Fund, 2013; SDU, 2014). Evidence reviews of asset based approaches

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commonly point to the lack of randomised controlled trials (RCTs) (Kimberlee, 2016), but they should not be seen as the only appropriate method of evaluation (South and Phillips, 2014). Diverse methodologies that include participative methods, such as action research, are also appropriate (Foot, 2012) and can help us to examine and better understand *process*.

Evidence on the economic paybacks of investing in community assets is also limited (GCPH, 2014a), but there have been attempts at economic analysis. For example, as part of the Building Community Capacity project, the London School of Economics (LSE) investigated community building initiatives and found that they not only had economic benefits but that these were generated 'in quite a short time period' (Knapp et al., 2011).

Progress needs to be made in the evaluation of approaches to developing resilient communities. Alongside the generation of more robust evidence about the effectiveness of these approaches, evaluations that generate much needed evidence about processes, social context, engagement and equity are also required.

Recommendations for action

Making community development approaches mainstream
1. *Support community development, asset-based approaches to become more mainstream and embedded in new settings, while ensuring they remain community-based and community-led*
2. *Make use of existing local partnership arrangements, established social networks and local business consortiums to deliver interventions*
3. *Use flexible definitions of neighbourhoods or areas to suit the approach being used*
4. *All approaches should be underpinned by involving communities in planning and decision making processes*

Supporting the voluntary sector
5. *Support, protect and strengthen the voluntary sector, including the Councils for Voluntary Service, which have a vital role to play in developing community resilience.*

Promoting social prescribing
6. *Carry out a mapping exercise in each local authority area to identify existing social prescribing schemes, including models used and commissioning arrangements*
7. *Develop a coordinated, joint integrated approach to the commissioning and evaluation of social prescribing, ensuring joint ownership / involvement from the NHS, council and voluntary sector*
8. *Ensure the voluntary sector is ready for the increase in referrals that is likely from the promotion of social prescribing schemes*
9. *Develop service level agreements between primary care and third sector organisations for social prescribing schemes addressing issues such as consultation times and audited outcome measures*
10. *Raise awareness amongst GPs and other health professionals of social prescribing schemes*
11. *Consider encouraging other professionals such as pharmacists, nurses and social workers to become involved in referring to schemes, not just GPs*

Developing environmental and economic approaches

12. Promote greater coordination among local authorities and partnerships with public and private stakeholders to develop resilience strategies
13. Develop frameworks to inform thinking on how economies and environments can promote resilience, for example by measuring existing barriers to employment
14. Use these frameworks to ensure that opportunities for building community resilience through economic and environmental approaches are being maximised.
15. Specific action around the economy and environment is wide-ranging, but would include:
    a. Developing partnership working between local businesses and other organisations, to encourage local supply chains and local jobs
    b. Using proactive policies to ensure inclusive growth
    c. Supporting employability schemes
    d. Ensuring employers and other agencies work together to provide good quality job opportunities and meaningful career development prospects
    e. Improving landscaping, street lighting and local parks and playgrounds
    f. Providing good quality affordable housing, with consideration of innovative approaches
16. Further investigate the evidence for environmental and economic approaches to developing community resilience

Asset mapping and resilience measurement in local areas

17. Carry out asset mapping in each local authority as standard practice, for example to complement needs based assessments such as JSNAs (joint strategic needs assessment)
18. Involve communities in identifying appropriate outcomes and defining success

Developing workforce skills

19. Ensure that the workforce in the public and voluntary sectors acquire skills relevant to developing community resilience approaches
20. Take steps to ensure that the workforce reflects the diversity of the population it serves

Measuring effectiveness

21. Evaluation of resilience building approaches should be carried out over as long a term as possible, using appropriate, participative methods and considering wider outcomes

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