WARWICKSHIRE HEALTH AND WELLBEING STRATEGY 2014 - 2018

EVIDENCE REVIEW – COMMUNITY RESILIENCE

WARWICKSHIRE HEALTH AND WELLBEING BOARD

This evidence review supports the Community Resilience chapter of the Warwickshire Health & Wellbeing Strategy (2014-18).

What is community resilience?

There is no standardised definition or general consensus as to the meaning of community resilience. There are many different views, which fall broadly into three themes:

1. The ability to cope with an adverse effect but to positively adapt to change and build capacity for the future. (Young Foundation, 2012; Platts-Fowler and Robinson, 2013)

2. The ability to cope with an adverse effect and bounce back from it to their original state (Omand, 2005; Edwards, 2009).

3. The resilience and ability of communities to help themselves during emergency situations and disasters in a way that complements the emergency services. This includes the planning, coping and surviving in these situations e.g. flooding, outbreaks, earthquakes, (Cabinet Office, 2011; Scottish Government, 2013).

In Warwickshire, theme number one is the closest fit to how we see the strength and positivity of our communities. The definition detailed in the strategy 'the ability of communities to be stronger and empowered to support themselves, particularly in times of pressure' uses this theme as a basis, along with comments and feedback raised at workshops and through the consultation.

Why is community resilience important?

Community resilience is about how people living in a particular place deal with economic, social and environmental problems. Going beyond just coping, resilient communities can become stronger and more adaptable over time as they adjust to the problems occurring. This may be by acquiring new skills, strengthening social connections and developing new physical resources (Cinderby et al, 2014).

Deprived communities with insufficient economic capital are more reliant upon other resources to maintain good health (Poortinga 2011). Whether individuals are resilient or not depends on personal attributes and skills, but also on the resilience of the community. This includes the nature of relationships between citizens and neighbours, local authorities, housing associations, voluntary groups and has an impact on quality of life and the capacity of the community to contribute to positive social change (Young Foundation, 2012).

Communities are important for physical and mental health and wellbeing. Thriving communities are those where everyone has someone to talk to, neighbours look out for each other, people have pride and satisfaction with where they live and feel able to influence decisions about their area. Residents are able to access green and outdoor space, feel safe and there are places and opportunities that bring people together *(Foot and Hopkins, 2010)*.

The Coalition government's 'Big Society' aims to put more power and opportunity into communities hands, for families, networks, neighbourhoods and communities to be bigger and stronger, take more responsibility, take an active role in their community and support social enterprises (Cabinet Office, 2010).

It is suggested that a range of assets and resources are needed for a community to thrive and that healthy communities have a combination of:

1. **human capital (e.g. skills and education)**
2. **social capital (e.g. social networks)**
3. **built capital (e.g. access to amenities)**
4. **natural capital (access to green space)**
5. **economic capital (e.g. income)**

Asset-based approaches - There is growing recognition that although some disadvantaged social groups and communities have a range of complex and interrelated needs, they also have assets at the social and community level that can help improve health, and strengthen resilience to health problems (Kings Fund, 2013). Assets can be any factor or resource which enhances the ability of individuals, groups, communities, populations, social systems and/or institutions to maintain and sustain health and well-being and to help to reduce health inequities (Nelson et al, 2011). Asset-based approaches look to strengthen wellbeing at individual and community levels, helping to increase resilience to the wider effects of the social determinants of health and risky behaviours. It values the capacity, skills, knowledge, connections and potential in a community. Instead of starting with the problems, it starts with what is working, what makes us feel well and what people care about (Foot, 2012). Taking an asset-based approach supports a community to do things for itself and fosters greater confidence and self-esteem. It can build resilience, local confidence, capacity and capability to take action as equal partners with services in addressing health inequalities.

One way to do this is for local authorities to work with other public services to develop their asset-based community development approach, and map with local community assets as well as need. (Kings Fund, 2013). An evaluation of 15 specific community health champion projects found that they delivered a social return on investment of between around £1 and up to £112 for every £1 invested (Hex and Tatlock 2011).

Health and wellbeing - People's opportunities for a healthy life are closely linked to the conditions in which they are born, grow, work and age. The motivation and capacity of people to choose healthy behaviours is strongly influenced by mental wellbeing and often influenced by social isolation, unemployment, housing, financial or relationship problems (MIND, 2013). The New Economics Foundation Report (2008) says that wellbeing is 'feeling good' and 'functioning well' and recommends the five evidence based actions that make up the 'Five Ways to Wellbeing' that can support improved wellbeing. Communities can create the right conditions for improvements in health and wellbeing, as well as shaping existing or new services that can encourage behaviours that promote 5 ways to wellbeing. Resilient and empowered communities respond proactively to new or adverse situations, prepare for economic, social and environmental change and cope better with crisis and hardship. Communities that remain disadvantaged and disempowered have disproportionately poor outcomes, in terms of both health and other social determinants (WHO).

Every organisation should be supporting its community to take part in activities that promote wellbeing, build social connections and improve psychological coping skills, thereby building community resilience. MIND (2013) recommends that a targeted approach is needed to support people living in the most difficult life circumstances. To be successful, public mental health must reach a whole community and involve the whole community in both their development and delivery.

Education and employment - Growing up and/or living in deprived conditions may limit education and employment opportunities, increase experienced stress, and may affect individual's self-esteem, social status, and social support, all of which have been linked to poorer health outcomes (Poortinga 2011). Education and learning is important for longer-term resilience and is closely associated with health and wellbeing throughout life.

In 2012/2013, 44.9% of children in Warwickshire achieved school readiness, that is they had a good level of development at the end of reception. In children with free school meal (FSM) status, only 26.2% achieved school readiness (Public Health England, 2013). The GCSE attainment is above the England average but there is a large gap in attainment between those who receive free school meals (FSM) and those that do not. Pupils receiving free school meals have a lower educational attainment and will also be experiencing other issues that may also affect their health and wellbeing. Overall 65% of pupils in Warwickshire achieved 5 or more A*-C grades at GCSE, including English and Maths. When comparing FSM eligibility, those who were eligible for FSM only 35% achieved 5 or more A*-C grades at GCSE, including English and Maths compared to 68% of those that not eligible for FSM (Warwickshire County Council, 2014a). It is also important to be able to continue with learning and education throughout our lives to further build our capacity and resilience (OECD, 2007)

Access to services and resources - are an important part of a community's resilience. In Warwickshire 121 SOAs are ranked in the top 30% most deprived SOAs in England in terms of difficulty of access to key services (Warwickshire County Council, 2013). Some people are more vulnerable, these may include those that are socially isolated, young people, older people, those living in rural areas, or with long term health conditions. Communities and individuals that are better able to look after themselves and support each other within the community, leads to less reliance on statutory services.

Where health needs can only be met through public services, services need to be effective, accessible and targeted efficiently to those that need it the most, particularly in times of reduced capacity and budget cuts. Interventions to achieve universal improvements in health are required, but ideally they should have a disproportionately large impact on those currently with the poorest outcomes. Those that are targeted at those with the poorest outcomes will be able to reduce gaps and inequalities gradients (O'Mara et al, 2013).

Community participation - The extent of people's participation in their communities and the added control over their lives that this brings, has the potential to contribute to their psychosocial wellbeing and, as a result, to other health outcomes. Active communities can have a positive impact on health outcomes by improving services and influencing the governance of health services (NICE, 2008). On average only one in three residents across Warwickshire feel that they can influence decisions affecting their local area (Warwickshire County Council, 2013).

A number of models of community engagement suggest that 'empowerment' is the ideal form. Community empowerment is 'the outcome of engagement and other activities. Power, influence and responsibility is shifted away from existing centres of power and into the hands of communities and individual citizens' (I&DeA, 2010). It is the ideal form of engagement because it is considered socially desirable and equitable, and because it addresses some of the social determinants of ill health and thus will also result in improved health and reductions in health inequalities (O'Mara et al, 2013). True community empowerment needs to begin within the community. Approaches where communities are supported and encouraged to work as equal partners to co-design, co-produce and deliver public services may lead to more positive health and wellbeing outcomes.

Social capital - Social capital, "the links, shared values and understandings in society that enable individuals and groups to trust each other and so work together" (OECD 2007) is important as greater interaction between people creates a greater sense of community spirit. Higher levels of social capital are associated with better health, higher educational achievement, better employment outcomes, and lower crime rates, which all contribute towards a more resilient community.

Social support is also important in increasing resilience and promoting recovery from illness and strong social capital can improve the chances of avoiding lifestyle risks such as smoking (Kings Fund, 2013). A lack of social support, networks and chronic loneliness produces long-term damage to physical health through raised stress, poorer immune function and cardiovascular health. Loneliness also makes it harder to self-regulate behaviour and build willpower and resilience over time, leading to engagement in unhealthy behaviours

(Cacioppo and Patrick 2009). In the most deprived communities, almost half of people report severe lack of support, making people who are at greater risk less resilient to the health effects of social and economic disadvantage (Kings Fund, 2013).

Across Warwickshire, one in three people responded that they did not know their neighbours and nearly 39% of respondents felt that they didn't belong very strongly with their surrounding immediate area (Warwickshire County Council, 2013). This varied at a local level, there is a notable difference in terms of neighbourliness and the strength of belonging to the local area between the urban and rural parts of the County. Residents know their neighbours least and feel they have the weakest sense of belonging to their local neighbourhood in the urban areas of South Leamington, Rugby Town North and Arbury & Stockingford. In contrast, residents knew their neighbours best and have the strongest affinity to their local neighbourhood in the more rural areas of the County, particularly Rural Rugby South and Studley & Henley.

Sectors and community resilience

Research by the Young Foundation (2012) suggests that community resilience is built through relationships, not just between members of the community but also between organisations, specifically between the voluntary sector, the public sector and the local economy.

Voluntary Sector - The voluntary and community sector provides essential services to particularly vulnerable groups (e.g. those with chronic health conditions, elderly people) and those struggling to meet basic needs. The Young Foundation (2012) found that voluntary sector organisations play an important part in building the social networks and ties (both strong and weak) that are required for a community to be resilient to change and cope with crises.

Local authority - Local authorities (Districts, Boroughs and County councils) have a role to play in helping individuals and communities to develop social capital. There is growing recognition that although disadvantaged social groups and communities have a range of complex and interrelated needs, they also have assets at the social and community level that can help improve health, and strengthen resilience to health problems (Kings Fund, 2013).

District and Borough councils provide a number of services that are vital to promoting health and independence and increasing resilience, such as leisure and cultural services, community support, green spaces, planning and housing.

Local authorities also have responsibility for implementing the Care Act 2014 and this includes the duties on promoting wellbeing. It is about changing the way we care for people and central to the Act is the concept of wellbeing. First and foremost councils will now have a duty to consider the physical, mental and emotional wellbeing of the individual needing care. They will also have a new duty to provide preventative services to maintain people's health.

Warwickshire County Council's (2014b) One Organisational Plan has set out its vision that it 'will be an organisation that can develop and sustain a society that looks after its most vulnerable members, that delivers quality services at the right time, and seeks opportunities for economic growth and innovations'.

Clinical Commissioning Groups (CCGs) - CCGs are responsible for buying hospital and other services for patients, including acute and community services. The 5 year vision for services across Coventry and Warwickshire includes improving community resilience – 'Communities and individuals take responsibility for their health and wellbeing, with the support of voluntary organisations.' Commissioning intentions are published that summarise what the CCG plans to deliver over 12-18 months and all three Warwickshire CCG's Warwickshire have an element of community resilience within them.

Conclusion

There are many factors that affect community resilience and a range of organisations that can support and empower individuals and communities to become more resilient, build capacity and improve their health. It is important that communities are involved in co-producing services, targeted services are provided in areas of most need, social capital and networks are supported and the assets of communities are utilised. Public health interventions that employ community engagement approaches can be effective across a range of outcomes and beneficiaries. This includes in enhancing health behaviours, health consequences, self-efficacy, social support, skills and future employment.

References

Cabinet Office (2010) Building the Big Society [online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/78979/building-big-society_0.pdf

Cabinet Office (2011) Strategic national framework on community resilience [online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/60922/Strategic-National-Framework-on-Community-Resilience_0.pdf

Cacioppo, JT and Patrick, W (2009) Loneliness: human nature and the need for social connection (p 336). London: WW Norton & Company.

Cinderby, S, et al (2014) Practical action to build community resilience. Joseph Rowntree Foundation [online] Available from: http://www.jrf.org.uk/publications/practical-action-build-community-resilience

Edwards, C (2009) Resilient nation. DEMOS [online] Available from: http://www.demos.co.uk/publications/resilientnation

Foot, J (2012) What makes us healthy? The asset approach in practice: evidence, action, evaluation [online] Available from: http://www.assetbasedconsulting.co.uk/uploads/publications/WMUH.pdf

Foot, J and Hopkins, T (2010) A glass half full: how an asset approach can improve community health and well-being [online] Available from: http://www.local.gov.uk/c/document_library/get_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2&groupId=10180

Hex, N and Tatlock, S (2011) Altogether better: Social return on investment (SROI) Case Studies. York: York Health Economics Consortium [online] Available from: www.altogetherbetter.org.uk/Data/Sites/1/sroiyhecreport1pagesummaryfinal.pdf

I&DeA (2010) The ideal empowering authority: an illustrated framework [online] Available from: http://www.cdf.org.uk/nep-microsite/files/resources/Guidance/Illustrated%20NEA%20framework.pdf

Kings Fund (2013) Improving the public's health: a resource for local authorities [online] Available from: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

MIND (2013) Building resilient communities [online]

Available from: http://www.mind.org.uk/media/436345/Briefing-Building-resilient-communities.pdf

Nelson, B, et al (2011) Development of a method for asset-based working [online] Available from: http://www.nwph.net/hawa/writedir/da0dNW%20JSAA.pdf

New Economics Foundation (2008) Five ways to wellbeing: the evidence [online] Available from: http://www.neweconomics.org/publications/entry/five-ways-to-well-being-the-evidence

NICE (2008) Community engagement. The National Institute for Health and Care Excellence [online] Available from: https://www.nice.org.uk/guidance/ph9/chapter/1-public-health-need-and-practice

O'Mara-Eves, A, et al (2013) Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Public Health Research 2013;1(4).

OECD (2007) OECD Insights: Human Capital: How what you know shapes your life [online] Available from: www.oecd.org/insights/humancapitalhowwhatyouknowshapesyourlife.htm

Omand, D (2005) Developing national resilience'. RUSI Journal 150.:4

Platts-Fowler, D and Robinson, D (2013) Neighbourhood resilience in Sheffield: getting by in hard times [online] Available from: http://www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/neighbourhood-resilience-sheffield.pdf

Poortinga, W (2011) Community resilience and health: The role of bonding, bridging, and linking aspects of social capital Health & Place 18 (2012) 286–295

Scottish Government (2013) Building community resilience [online] Available from: http://www.scotland.gov.uk/Resource/0042/00421210.pdf

Public Health England (2013) Public Health Outcomes Framework: Wider determinants of health [online] Available from: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/4/par/E12000005/are/E10000031

Scottish Government (2013) Building community resilience: Scottish guidance on community resilience [online] Available from: http://www.scotland.gov.uk/Resource/0042/00421210.pdf

South Warwickshire CCG (2014) Commissioning intentions (2015-16) [online] Available from: http://www.southwarwickshireccg.nhs.uk/About-Us/Publications-and-Policies

Warwickshire County Council (2013) Living in Warwickshire survey. Public Health Warwickshire.

Warwickshire County Council (2014a) Free school meal eligibility 2013. Business Commissioning Intelligence Unit.

Warwickshire County Council (2014b) One Organisational Plan [online] Available from: http://www.warwickshire.gov.uk/businessplan

WHO. Resilient communities [online] Available from: www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/about-health-2020/priority-areas/resilient-communities

Young Foundation (2012). Adapting to change: the role of community resilience [online] Available from: http://youngfoundation.org/wp-content/uploads/2012/10/Adapting-to-ChangeOctober-2012.pdf

Additional documents

RSPH (2014) The RSPH guide to commissioning for health improvement [online] Available from: https://www.rsph.org.uk/en/policy-and-projects/projects/commissioning.cfm

Shircore, R (2009) Guide for world class commissioners promoting health and well-being: Reducing inequalities. Royal Society for Public Health [online] Available from: https://www.rsph.org.uk/download.cfm?docid=36B243B7-B455-4893-8AB7157AB86353B9

Warwickshire Health and Wellbeing Board
Warwickshire County Council
PO Box 43, Shire Hall, Barrack Street, Warwick, CV34 4SX
Email: phadmin@warwickshire.gov.uk

http://hwb.warwickshire.gov.uk/