What is Community Resilience and Does it Matter?

Abstract

Health difficulties correlate with social inequality, which has been increasing in recent years. The importance of resilience in communities is therefore ever more pertinent. This article considers and critiques our understanding of community resilience, social capital, social support, social action, sense of community, empowerment and participation, and the survival of community organisations. Implications for practice are made.

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Full-Text

What is Community Resilience and Does it Matter?

Hannah C. Waters and Sarah Davidson

SUMMARY: Health difficulties correlate with social inequality, which has been increasing in recent years. The importance of resilience in communities is therefore ever more pertinent. This article considers and critiques our understanding of community resilience, social capital, social support, social action, sense of community, empowerment and participation, and the survival of community organisations. Implications for practice are made.

KEYWORDS: Inequality, social capital, health, mental health, poverty, community, resilience

There is a correlation between socio-economic status and morbidity (Williams, 1990). Well-being is closely linked to structural and relational factors, for example, socio-economic status, social exclusion, and adverse life events (Pickett & Wilkinson, 2010) and deprivation relates to distress. Importantly, empirical findings suggest the absence of mental disorder is not indicative of well-being (Keyes, 2005). Indicators of positive mental health have been linked to indicators of better physical health and employment, enhanced quality of life, supportive relationships, and positive health behaviours (Friedli, 2009). Protective factors include quality of the physical environment, services provided, and area reputation (Friedli, 2009).

Positive mental health in situations of disadvantage is linked with structural, social, emotional, and cognitive social capital and higher levels of social capital (as measured by reciprocity, trust, and civic participation) correlate to lower mortality rates (Friedli, 2009). Research suggests social capital indicators, such as social support and participation, are associated with a reduced risk of common mental health problems and better self-reported health (Friedli, 2009), and signify

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community wellbeing (Morgan & Swann, 2004). Social isolation, marginalisation, and aspects of physical environments and neighbourhood cultures are all risk factors for both deteriorating mental health and suicide (Friedli, 2009). Moodie and Jenkins (2005) argue that tolerance, a sense of belonging, and social relationships promote wellbeing. Aspects of the built environment can also have a positive impact on wellbeing, in particular access to open spaces and quality building design (Farrell, 2014).

UK socio-political context

Despite a number of government policies aimed at encouraging local voluntary and community action, such as the Big Society (Conservative Party, 2010, 2015) and the Localism Act (2011), figures indicate that levels of volunteering have not maintained a sustained increase, peaking in 2005 (Cabinet Office, 2014). Third sector funding cuts of an estimated £3.3 billion have meant most voluntary organisations have had to reduce what they can offer (National Council of Voluntary Organisations, 2012). Muir and Parker (2014, p. 3) call for a 'relational state', which requires 'deep relationships instead of shallow transactions' to form between state and community, facilitated by trust and citizen participation. They argue that third sector organisations are integral due to their existing relationships with communities and genuine motivation.

The recognition at a political level that good mental health starts in our communities through community-led initiatives, rather than the 'hospital or the treatment room,' continues to gain ground (O'Brien, et al., 2015, p. 13). Consistent with community psychology the report of the taskforce on mental health in society (O'Brien, et al., 2015) frames mental health as a population public health issue affected by social inequalities, and offers guidance on how society needs to change to focus on prevention of mental health problems and promotion of good mental health and resilience. Perhaps unusually the value of supporting people with mental health problems to access *mainstream* social activities (e.g. community centres) is highlighted.

Community resilience

When considering the process of a community coming together, and potential benefits, resilience is a particularly relevant construct. Community resilience definitions emphasise a capacity to adapt to adversity (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008) and highlight its transformational characteristics (Norris et al., 2008). Resilience is more effectively conceptualised as an ability or process, rather than as an outcome (Pfefferbaum, Reissman, Pfefferbaum, Klomp, & Gurwitch, 2005) and as adaptability rather than stability (Waller, 2001). Resilient

communities may have healthier people (Carver, 1998) but a collection of resilient individuals does not equal a resilient community (Pfefferbaum et al., 2005).

Much of the literature about community resilience comes from disaster literature (McFarlane & Norris, 2006). However, this literature can be applied equally well to 'other types of collective stressors and adversities' (Norris et al., 2008, p. 128). Examples might include key contextual adversities that comprise economic deprivation and/or being collective victims of distressing political decisions (e.g., demolition of local historical housing or location of a waste incinerator). A broader focus allows consideration of the role of community resilience in preventing mental health problems and promoting well-being, rather than as a predictor of responses to crises. This emphasis takes discussion beyond making plans for disasters, to building strengths in communities that 'will facilitate the process of resilience when needed' (Sherrieb, Norris, & Galea, 2010, p. 245).

Norris et al. (2008) argue the resilient process of 'linking adaptive capacities' (p. 130) following a disturbance can apply across all levels, including grassroots organisations, such as community centres. In a similar vein to Adger's (2000) conceptualisation of community resilience, Norris et al. (2008) suggest three dynamic properties of resilient communities (or 'resources'): robustness (resource strength), redundancy (resource diversity, e.g., larger social networks or alternative ways to solve problems) and rapidity (capacity to achieve goals in a timely manner, minimising disruption). In addition, they incorporated mobilisation into rapidity to reflect how quickly resources can be accessed following adversity. Of relevance to community resilience is the idea of 'conservation of resources', suggesting 'individuals strive to obtain, retain, protect, and foster those things they value', (Hobfoll, 2006, p. 217), which requires a level of commitment. Norris et al. (2008) described this in relation to disasters, but it is salient to communities who have experienced other adversities and inequalities, as a number of resources may be threatened including object resources (housing), personal resources (safety, optimism), social resources (companionship, secure job) and energies (money, free time), which limits the protection they can offer. Such resources are considered to be part of an essential resource base for a resilient community (Norris et al., 2008).

Another significant model is that by Kulig, Hegney, and Edge (2009) who conceptualise resilience in terms of mutual influences between the community's interactions as a collective unit (particularly leadership, community problem solving, sense of belonging, mentality/outlook and ability to cope with change) and expression of a sense of community, the impact of stressors from outside the community and community action in preparation and response. Related to this, are the concepts of sense of community and citizen participation, which are thought to be characteristics of resilient communities and dimensions of community capacity (Pfefferbaum et al., 2005). When defining community

resilience, influences of economic vitality and possibility have been highlighted (Blishen, Lockhart, Craib, & Lockhart, 1979). Buikstra et al. (2010) studied an Australian rural community with an aim to link individual and community level understandings of resilience. They concluded that the same factors contributed to the two different understandings of resilience, albeit to differing extents. This study provided support for earlier research, recognising environmental, lifestyle and economic factors (e.g., diversification and innovation), and infrastructure and support services (e.g., access to water), as enhancing resilience (Cutter et al., 2006). Buikstra et al. (2010) also concluded that resilience was enhanced by social networks and support, early experiences (e.g., socialisation to work ethic), embracing difference, strong leaders in adversity and individual resilience factors such as sense of purpose, and positive outlook.

Challenges for researchers are the identification of mechanisms of resilience, to ensure resilience enhancing interventions are evidence based (Luthar & Cicchetti, 2000), and the unification of methodology and definitions, as these challenges hinder the resilience approach in the mental health field. Canvin, Marttila, Burstrom and Whitehead (2009) warned against conceptualising resilience out of context. They interviewed adults subject to material adversity. The study highlighted the value of dynamic transitions for building resilience, such as growth in self-esteem or opening up life changes by moving into education, which often occurred contrary to their own, and others' expectations. Canvin et al. (2009) suggested these stories could be overlooked by service providers due to their perceived 'unremarkable' (p. 245) nature, which logic suggests could extend to researchers.

Social capital

Community resilience can also be conceptualised of as a collection of capacities; one of which is social capital (Norris et al., 2008). Definitions of social capital vary but most focus on social relations that have productive benefits (Orford, 2008). Social support captures family and friendship networks, but social capital also includes relationships at a neighbourhood and community level, including sense of community, place attachment and citizen participation (Norris et al., 2008). Some studies have used more indirect indices to determine social capital, such as proportion of migrants (Lindstrom, Moghaddassi, & Merlo, 2003).

Some theoretical definitions place the focus on investments in reciprocal social relations (Bourdieu, 1986; Coleman, 1990). Harpham et al. (2004) distinguished between two types of social capital: structural (networks, connectedness, associational life and civic participation) and cognitive (perceived support, trust, social cohesion and perceived civic engagement). Baum and Ziersch (2003) extended the cognitive component of social capital to 'trust' (p. 321) and

delineated trust between familiars, strangers and institutions. A culture of trust and tolerance can lead to the emergence of extensive networks of voluntary associations (Inglehart, 1997).

McKenzie, Whitley and Weich (2002) and Szreter and Woolcock (2004) defined social capital as trusting relationships interacting across power gradients in society (vertical or linking social capital) leading to social inclusion; relationships within families (horizontal bonds); and relationships between people sharing similar social identities. Szreter and Woolcok (2004) extended the definition to include relations of respect and mutuality between people who perceive themselves as dissimilar in terms of some demographic (age, gender). McKenzie et al. (2002) suggest research has neglected vertical social capital.

Carpiano (2006) suggests social capital is 'social cohesion' (p. 170). He argued social capital is the potential to access resources through the social network. In this model social capital embraced 'social support', 'neighborhood organization participation', 'informal social control', and 'social leverage'. Social cohesion embraced two forms, which were 'connectedness' and 'values'. At an individual level, attachment to neighbourhood developed through social cohesion and social capital effects health and wellbeing.

The concept of social capital is valuable as it highlights micro and macro level patterns of relations (Schuller, Baron, & Field, 2000) and the need to devolve power and responsibility downwards in society, in order to encourage linkages between different sectors and to give decision making to communities. Despite debates about the role the state should play in society, participation in 'civil society' (often called civic participation, social participation or proactivity) is usually considered vital to social capital (Orford, 2008). Schuller et al. (2000) suggest social capital illuminates the importance of considering values within scientific discourse.

Researchers have considered how social capital is generated and how it grows, particularly in communities with less material resources. Social capital seems especially important within materially-deprived communities as it can overcome social exclusion (Baum & Ziersch, 2003) and act as a buffer to social inequalities (Uphoff, Pickett, Cabieses, Small, & Wright, 2013). Cattell (2001) connected a sense of pride to community reputation and found that residents who were lifelong inhabitants (predominantly elders) seemed to have longstanding sources of support to buffer stress. In both studies people who were socially excluded were subject to the influence of poverty and lack of social relationships the most clearly. Those involved in local activities valued resultant friendship networks, sense of achievement, confidence, and feelings of being in control. Altschuler, Somkin, and Adler (2004) carried out focus groups in USA neighbourhoods and stated that trust and feelings of belonging were key illustrators of bridging social capital.

Chamlee-Wright and Henry Storr (2011) studied an area devastated by Hurricane Katrina. They found that social capital in the form of collective narratives celebrating the community's history of overcoming challenges and their ethic of hard work, gave them confidence to take self-reliant collective action. Narratives included being a close knit (even insular) community, family oriented and hard-working (bonding rather than bridging social capital), and perceptions of being an independent and 'neglected' community.

However, despite producing a richness of hypotheses the concept of social capital has been viewed as being too broad and ambiguous to capture the interaction between individuals and society, and how that interaction might help improve health and happiness. Some critiques of social capital see it as an attempt to conceal the withdrawal of support from society (Watts, 2010). Ransome (2011) suggests deprived communities in greatest need of regeneration may become further marginalised, as they may be least well placed to raise local resources (e.g., volunteering). As Putnam (2007) puts it, not all networks have the same effects. Friends may improve wellbeing, whereas civic groups strengthen democracy, and social benefits are not guaranteed, for example, successful lobbying against the provision of community mental health facilities by social capital rich communities (Joaquim & Menezes, 2009; Orford, 2008). There may be too large a burden placed on community participation as a cure-all and we should consider limitations.

Social support

Tse and Liew (2004) emphasise self-help and mutual support as constituents of community resilience. Social support has mostly been viewed as helping resources that support people to remedy pathogenic effects associated with negative and stressful life events, such as death, divorce, and illness, which enhances their health and longevity (Cohen, 2004). More specifically social support can play a role in reducing depression (Fowler, Wareham-Fowler, & Barnes, 2013). Rosenbaum (2006, p. 59) used grounded theory to illustrate how 'third places', such as coffee shops, can provide social support in people's lives. They defined third places as public spaces that are locally owned, independent, small scale, run by people who are well known within the community and receive regular customers who may treat it as their 'home'. The study supported the importance of third places for elders, who may rely more on non-traditional people, such as retail employees, for social support and to reduce loneliness. The author highlighted the value of a personal staff approach (e.g., learning names) and also the potential of alienating customers with less tolerant attitudes towards marginalised groups.

Sense of community

The term 'sense of community' was developed to capture the feelings people have about the communities of which they are a member. Sarason (1974) viewed sense of community as the 'overarching criterion by which to judge any community effort' (p. 4). The concept is complicated by evidence suggesting people in the UK define the place they live and belong as their immediate locality, overlapping with a series of maps, which vary in significance (Puddifoot, 1995) and also by geographical territory or a common identity. Puddifoot (1995), therefore, suggested a multi-dimensional model of perceptions of community identity, which contained six elements including: residents perception of boundaries; distinctiveness; identification (e.g., emotional connectedness); orientation (e.g., personal investment and involvement); evaluation of quality of community life (e.g., community spirit); and evaluation of community functioning (e.g., their ability to influence decisions). McMillan and Chavis (1986) suggested 'membership' involved partaking of a 'common symbol system', (e.g., a 'landmark'), which has meaning 'bestowed upon it by those who use it' (White, 1949, p. 22).

Lewicka (2005) argues that in addition to social ties a locally based social network is needed to convert emotion into action. This is consistent with research into social capital and civic engagement (Perkins & Long, 2002), and the importance of informal interactions for participation and community organisation (Berkowitz, 2000).

Group cohesiveness suggests members are more attracted to a community in which they feel they can be influential (McMillan & Chavis, 1986). Public spaces (e.g., community centres) facilitate public discourse, which is the practice of citizenship. Glover (2004) posited that a sense of community leads to naturally taking responsibility, which in turn leads to participation. He suggested voluntary behaviour may demonstrate an already existing strong sense of community and resultant sense of responsibility. These findings connect to Coleman's (1990) focus on reciprocal actions (part of social capital) as resulting in a sense of conditional altruism.

Sense of community has been much critiqued, for example, for its focus on homogeneity or an ideal, which can mask diversity, and conflicts with core values of community psychology (Wiesenfeld, 1996). Brodsky, Loomis and Marx (2002) called for the conceptualisation of sense of community to recognise its negative, yet productive aspects, for example, resilient mothers bringing up daughters in risky neighbourhoods with a low sense of community that served them well. Brodsky et al. (2002) and Wiesenfeld (1996) argued for the need to expand the idea of sense of community to consider overlapping communities and the possibility of a person being involved in several concurrently.

Social action

Community resilience needs authentic grassroots leadership (Ganor and Ben-Lavy, 2003). Pilisuk, McAllister and Rothman (1996) argued grassroots social action was more about conflict than consensus, with a focus on direct action and the aim of organising a disadvantaged or aggrieved group to take action on their own behalf. In contrast, locality development was a slower process where a network of lasting relationships was created so that people could come together, share supportive interests and resources, and experience a sense of belonging to their community. 'Capacity building' was vital for both, and Orford (2008) links this to social capital.

Individual agency and social capital are both needed to bring about meaningful change in a community (Newman & Dale, 2007) and respond to impacts beyond community control. The literature indicates the value of not being bound by pressure to conform, and being able to take risks and sustain trust in innovative behaviour (Reuf, 2002). Dale and Sparkes (2010) argue that social action needs connectors, a degree of openness, structural resilience of networks, capacity to resolve conflict, social capital, identification to place, and a reason to act (trigger). Ling and Dale (2013) found key nodes (individuals acting as connectors) were 'activated' (p. 12) by the reason to act, which linked existing networks. They argued that enhancing the opportunities for individuals to develop personal security, confidence, skills, and social capital builds resiliency and adaptability.

Empowerment and participation

There have been many ways of conceptualising empowerment and of understanding its significance. Dalton, Elias and Wandersman (2001) described intrapersonal empowerment (feeling of competence), which may facilitate participation in decision making, or formal empowerment (e.g., through government), which risks being experienced as disempowering. Dalton et al. (2001) found that individuals and organisations needed to be empowered to achieve desired outcomes.

Theories of empowerment have been criticised by Smail (1994) who argued that it was unclear whether empowerment represented a sense of power or actual power that was materially or politically significant. He suggested that community psychology needed to focus on actual power to understand distress. The research into collective action and empowerment has also been criticised for assuming social change can only occur from the efforts of the oppressed. However, Beaton and Deveau (2005) suggested advantaged group members may also join collective action, and this can offer support to those in less powerful positions.

Survival of non-profit community based organisations

The cost of living in the UK has risen rapidly since 2008 and the impact has been felt more by people on lower incomes (Davis, Hirsch, & Smith, 2010). Against this backdrop autonomous community organisations and networks have risen organically from the needs and concerns of local people. But even these micro-scale projects require a financial helping hand, know-how and capacity building, and are often unsustainable (Joaquim & Menezes, 2009).

Orford (2008) highlights the relative scarcity of research studies that focus on community organisations. However, Wandersman and Florin (2000) reviewed community centres and their sustainability. They found between one third and one half of the neighbourhood organisations included desisted a few years later. The authors suggested continued participation was more likely when members were more fully involved in clearly defined tasks, decisions were democratic, the atmosphere was positive and cohesive, and a clear leadership and structure was present, for example, committees. Walker and McCarthy (2010) found sustainability was linked to financial resources particularly those raised through grassroots sources, and that government grants reduced sustainability. The authors accounted for the superior effect of grassroots funding as a result of signalling local legitimacy through raising the organisations profile, and reminding the community of the need for their support (e.g., volunteering). They also suggested receiving grants may signal a reliance on outside financial support and impose conditions on how the centre should run.

Implications and recommendations

Very little literature has studied community organisations directly, instead preferring to consider concepts, such as social capital. Studies that focus on community projects tend to do so in affluent areas; or poor areas where the most vulnerable or disadvantaged have not benefited. In austere times, deprived communities suffer the highest impact because public services form a bigger share of overall resources and enduring patterns of deprivation are often reinforced. Research needs to focus on these communities and how they are coping; otherwise there is a tendency to consider only clinical populations and to pathologise.

The importance of more partnership working between NHS, statutory, voluntary, and community groups is indicated. This will help to share resources, work at a wider and more preventative level, and to facilitate access to the NHS where needed, through greater familiarity and reducing stigma. Clinical psychologists should work more with groups that are marginalised (e.g., the elderly) from mainstream services, to allow the voices of these 'dominated' (Martín-Baró, 1994, p. 28) groups to be heard. The need for collaboration as a

means to challenge oppressive practice within psychology is a key idea from liberation psychology. Collaboration supports the identification of strengths and resources available to disempowered groups, and facilitates acting collectively to make change. Clinical psychologists should critique psychological practice and services from an inside position and also from groups outside the NHS where there are fewer limitations (i.e., critical campaigning mental health groups). This may require clinical psychologists to move away from the centre of conventional services.

Clinical psychologists would benefit from pursuing resident driven initiatives that aim to improve the quality of life of those who are deprived. It would be valuable for psychologists to question definitions of 'expert' and 'resident' to advocate for the legitimacy of community action, and focus on using participatory research methods that give voice to residents' concerns. It would also be useful to use techniques that fuse 'expert' and 'local' and that document community initiatives to understand whether or not those initiatives are functioning progressively.

Community psychology ideas enhance clinical psychology practice, as they broaden our focus, remind us of the limitations of psychological therapy, and advocate for social change and collaborative work, especially with disempowered groups and communities. This underpins the overarching aim of community psychology to *prevent* psychological distress, to focus on people's strengths, and to develop alliances with marginalised groups and communities, so that collaborative work can challenge power imbalance. A critical community psychology approach aims to recognise how deep-rooted social injustices can impact on people's wellbeing and health, and to demonstrate the need for organisational and social change.

If psychologists would like communities to value the input of psychologists, they need to share and learn from them, and engage in a way that shows respect, modesty and humility.

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