Measuring health-related community resilience

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4 priority areas for policy action

• investing in health through a life-course approach and empowering people
• tackling the Region’s major health challenges of noncommunicable and communicable diseases
• strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response
• creating resilient communities and supportive environments.
Aim and policy question

Aim: To identify measurement strategies for community resilience as a population health strategy, focusing on measurement at a national level, or with potential to be scaled.

The main review question was:

- What quantitative and qualitative methods have been developed to measure health-related community resilience at a national level?

HEN report summarising best available evidence for policy makers
Health-related community resilience

Emphasises:

- **social dimension** of resilience: social cohesion, trust, connectedness and collective control
- linked to an **asset-based approach** to health, building on the social resources to be found within communities
- **place-based approach** to population health and creation of supportive local environments
Health-related community resilience
what to measure?

Community Resilience

- Social
  - Local services
- Economic
  - Skills & education
- Environment
  - Civic participation
- Community safety
  - Local services

Case study 1 – using neighbourhood datasets, Sheffield

**Key learning point**
A good understanding of what makes a resilient neighbourhood can be obtained by combining routinely collected quantitative data with qualitative interviews focused on community strengths.

**Stressors**
- Deprivation
- Unemployment
- Low income

**Outcomes**
- Community Safety and Cohesion
  - crime rate
  - ASB rate
- Health & Well-being
  - life expectancy
  - premature mortality
  - mental health admissions
- Inclusion
  - Voting
  - truancy
  - education attainment

Source: Platts-Fowler D, Robinson D. Neighbourhood resilience in Sheffield: getting by in hard times. Sheffield: Centre for Regional Economic and Social Research, Sheffield Hallam University; 2013.
Case study 2 – Intersectoral approach, Arizona

**Key learning point**

Extensive data collection across multiple sectors can provide a high-level summary of regional vulnerabilities and assets as a "strategic lens" to inform intersectoral action on community resilience.

Source: Building community resilience in Maricopa County. Institute for Sustainable Communities; 2016.
Case study 3 - Exploring community resilience in a Norwegian village

Key learning point
Qualitative methods can provide an in-depth understanding of how social resources can strengthen community resilience and well-being in a small rural community experiencing change.

6 dimensions of Community resilience

1. Community resources
2. Community networks
3. Institutions and funding including community volunteering
4. People–place connection.
5. Active agents (people who make things happen)
6. Learning

Policy considerations

• Embed measurement of resilience within public health planning frameworks and link to actions that strengthen communities
• Collect data across multiple socioeconomic domains
• Frame as community capacities or capitals (social, human, economic, cultural and environmental)
• Contextualise quantitative population data with qualitative case studies
• Involve citizens in assessment & build shared understandings with marginalised communities
Scaling up community-centred public health

Jude Stansfield, National Adviser: Public Mental Health
Professor Jane South, National Adviser: Healthy communities
Why communities matter for health

What influences health:

- Control over our lives
- Social connections and relationships
- Sense of belonging and place
- Communal capabilities and resilience

WHO Europe (2013) Review of social determinants and the health divide

Community-level factors are protective of good mental and physical health and can buffer against stressors across the lifecourse.\(^5,6\)

Weak social networks and lack of social support are associated with higher health risks. \(^7,8\)
The family of community-centred approaches shows the range of evidence-based options for working with communities. A whole system approach would involve commissioning across the four strands of the family strengthening communities, building capacity and skills for volunteer and peer roles, forming collaborations where solutions are developed jointly and improving access to community resources e.g. social prescribing.
What do we mean by community-centred?

✓ Promotes health and wellbeing or reduces health inequalities in a community setting, using non-clinical methods.

✓ Uses participatory methods where community members are actively involved in design, delivery and evaluation.

✓ Measures are in place to address barriers to engagement and enable people to play an active part.

✓ Utilises and builds on the local community assets in developing and delivering the project.

✓ Develops collaborations and partnerships with individuals and groups at most risk of poor health.

✓ There is a focus on changing the conditions that drive poor health alongside individual factors.

✓ Aims to increase people’s control over their health and lives.
How to scale? Learning from localities

- Interviews with 12 local areas
- Literature review and survey with PHE People’s Panel (n=342).
- Roundtable with stakeholders

Q. What are the principles and elements of whole systems approaches?
Q. What are the enablers and challenges?
Q. What steps can other areas take?

Blackburn with Darwen, Bracknell Forest, Devon, Dudley, East Sussex, Gateshead, Hull, North East, North Yorkshire, Oldham, Tower Hamlets, Wirral
A whole-systems approach

A local Whole Systems approach responds to complexity through an ongoing, dynamic and flexible way of working that enables local stakeholders to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long term change.

Source: PHE, Whole systems obesity IN DRAFT
Findings

What is driving change?...starting points for scaling

- Rising health inequalities and the need for a radical change in approach. Recognition that traditional services/ ways of working aren’t working.
- Knowledge, experience and belief in community resilience as a solution for improvement.
- The need to reduce demand on health & care services.
- The need to make cuts to other services.
- Communities driving change bottom-up.
Elements of a whole-systems approach

- Bold ambition and direction
- Integrated place-based delivery
- Community-directed change
- Capacity across the system

Elements of a whole-systems approach:
- Power
- Relationships
- Equity
- Trust

Community-centred public health – developing a whole-system approach
Integrated place-based delivery:

• Scaled-up community-centred prevention approaches as part of integrated commissioning.
• Social Value: Commissioning and planning for local social value across all sectors.
• Transferring community assets and resources to meet community needs.
• Coproduction across all services
• Hyper-local neighbourhood working.

Enabler: Access to finances - start-up funding or through de-commissioning.

Challenge: The impact of cuts and austerity and importance of financial inclusion.
Bold ambition and direction:

- Shared strategic ambition and narrative for community resilience and empowerment.

- Leadership to shift from traditional service models.

- Flexibility that recognises the time needed to build community capacity, with realistic short-term milestones.

- Action on the social determinants of health that impact on communities.

Enablers: CEO/ DPH leadership, elected members and community-centred enablers of change

Challenge: culture of traditional service provision.
Building capacity across the system:

• A thriving VCSE sector, valued and supported by other sectors.
• A skilled workforce in working with and empowering communities.
• Community-centred ways of working embedded into core services.
• Strong relationships and high levels of trust between and amongst communities and partners that foster empowerment.

Enabler: Building on a history of active communities and community assets, including strong relationships and high levels of trust between communities and partners.
Community-directed change:

- In-depth insight into community needs, assets and solutions
- Community engagement mechanisms for participative decision-making and shared ownership.
- Outcomes based on meaningful community factors that lead to good health.
- Active and empowered communities, supported by community development where needed and volunteering opportunities.

Challenge: Balancing the differing goals of communities and services. Pressure to produce outcomes/outputs whilst not losing sight of the importance of bottom-up community outcomes and sticking to these as key determinants/protective factors for health.
Dudley, a story of stories:

How we are starting to scale up and measure community resilience

Deborah Harkins
Chief Officer Health and Wellbeing (Director of Public Health)
#HOME

OF WARM WELCOMES AND CLOSE-KNIT COMMUNITIES

A place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future.
Empower people to be independent, self-reliant and well, through growing strong, connected, resilient communities
Story telling
Outcomes

Opportunities to learn
A sense of autonomy and control
A sense of purpose
Relationships and connections with others
Being active
A sense of belonging and community
Opportunities to contribute and give back
Doing things differently!
Voluntary sector innovation fund

From

- Competition
- Dependency
- Focus on money rather than using current assets

To

- Building resilience
- Share skills
- Collaboration
- Utilising resources

The Five Ways to Wellbeing: Connect > Be Active > Take Notice > Keeping Learning > Give

Dudley
...the historic capital of the Black Country
# Measuring community resilience

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Performance indicator</th>
<th>Examples of how to measure</th>
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<tbody>
<tr>
<td>Increased sense of belonging and community</td>
<td>Percentage of people attending the sessions regularly</td>
<td>Participant attendance record</td>
</tr>
<tr>
<td>Number of people reporting they had made new friendships in the group</td>
<td>How much do you agree with the following statement: Since being involved in the project/sessions I have made new friendships in the group 5 point scale (strongly disagree, disagree, undecided, agree, strongly agree)</td>
<td></td>
</tr>
<tr>
<td>Percentage of participants sharing their skills or knowledge with others during their participation in the group</td>
<td>Observation of activity with description. How much do you agree with the following statement: I feel that I regularly share my skills and knowledge with other members of the group 5 point scale (strongly disagree, disagree, undecided, agree, strongly agree)</td>
<td></td>
</tr>
<tr>
<td>Number of people reporting they are participating more in local activities or accessing local places</td>
<td>Before and after question asked retrospectively: Following your involvement in the project/sessions, how regularly do you get involved in activities in your local area 5 point scale (Never, Rarely, Occasionally, Frequently, Very Frequently) Before your involvement with the project, how regularly did you get involved in activities in your local area 5 point scale (Never, Rarely, Occasionally, Frequently, Very Frequently)</td>
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| Increased sense of social connection to others | Level of participation between members of the group | How much do you feel that you have actively participated in the project/sessions? 4 point scale (Not at All, Very Little, Somewhat, To a Great Extent) |
| Number of people talking to each other | Observation, audio or photographs |
| Number of people reporting that had made new friendships in the group | How much do you agree with the following statement: Since being involved in the project/sessions I have made new friendships in the group 5 point scale (strongly disagree, disagree, undecided, agree, strongly agree) |
| Number of people reporting they meet up with each other socially outside the project | How regularly do you meet up with members of the group socially (outside the session) 5 point scale: (Never, Rarely, Occasionally, Frequently, Very Frequently) |
| Number of people reporting they had an increased sense of belonging to a community as a result of the project | How much do you agree with the following statement: Since being involved in the project/sessions I feel part of a community 5 point scale (strongly disagree, disagree, undecided, agree, strongly agree) |
| Whether or not people are accessing other groups or activities within the service | Attendance records and cross referencing |
Embedding community resilience approaches

Children's learning is understood developmentally including knowledge of key 'attachments'.

The classroom offers a safe base where they have fun.

Nurture is essential for the self-esteem of children.

Adults act as, “Human Bridges” helping children to ‘cross over’ their difficulties with support.
### Borough Vision: Forging a Future for All

A place of **healthy, resilient, safe communities** with high aspirations and the ability to shape their own future.

### Dudley Council Transformation Programme - Transforming for the Future

Empower people to be independent, self-reliant and well through growing strong, connected and resilient communities

#### Goals

<table>
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<tr>
<th>We want to feel productive, valued and in control of their lives</th>
<th>We want to have strong and enduring relationships</th>
<th>We want to feel secure, connected and independent where they live</th>
</tr>
</thead>
<tbody>
<tr>
<td>• We have a sense of purpose</td>
<td>• We are connected with others in our community</td>
<td>• We love where we live</td>
</tr>
<tr>
<td>• We invest in the future of our community</td>
<td>• There are good relationships in our community</td>
<td>• We have a sense of belonging in the community</td>
</tr>
<tr>
<td>• We build self-esteem and confidence</td>
<td>• We are resourceful and support each other</td>
<td>• We do things to make our community better</td>
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#### Listening to stories - What the community tells us the outcomes should be

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<td>• A sense of autonomy and control</td>
<td>• Being active</td>
<td>• Contribute and give back</td>
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<tr>
<td>• A sense of purpose</td>
<td></td>
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#### Delivery

- Restorative practice and approaches
  - Voluntary sector innovation fund – stimulating community action
  - Community wealth building commission – co-produced social value outcomes drive procurement
  - DVCS contract review

- Resilience to Adverse Childhood Experiences (e.g. Reflect)
- Transformation of Children’s Social Care
- Developing volunteering in the Council
- Development of Dudley Disability Service
- Transformation of domiciliary care
- Healthy weight deliberative enquiry
- Community information directory
- Connecting conversations campaign
- Developing community cohesion
- Shared Lives
- Inclusive growth corridor
- Innovation in Democracy – future of town centres
- Customer Connect – deliberative enquiry
- Living well feeling safe/ Falls prevention
- Voluntary sector advocacy, support, advice, independence project
Conclusions

• Community resilience contributes to the whole range of community wellbeing outcomes, not just public health

• Measure community resilience in ways that are consistent with the approach

• Co-produced outcomes can be more resilient to political change