



Gofal Cymdeithasol **Cymru**
Social Care **Wales**



Approaches to community resilience

Communities Connected Consultancy Ltd

October 2018



Noddir gan
Lywodraeth Cymru
Sponsored by
Welsh Government

Contact details

Social Care Wales

South Gate House
Wood Street
Cardiff
CF10 1EW

Tel: 0300 3033 444

Minicom: 029 2078 0680

Email: info@socialcare.wales

socialcare.wales



@SocialCareWales

© 2018 Social Care Wales

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior written permission of the Social Care Wales. Enquiries for reproduction outside the scope expressly permitted by law should be sent to the Chief Executive of Social Care Wales at the address given above.

Further copies and other formats:

This document is available in Easy Read, large text or other formats, if required.

Copies also available in Welsh.

Approaches to community resilience

Summary

This report develops our understanding of community resilience. It gathers evidence from multiple sources and makes good practice in what works in building community resilience easily accessible. Increasing community resilience supports the delivery of a key part of the Social Services and Well-being (Wales) Act (2014) (the Act). This and the Well-being and Future Generations Act (2015) (Future Generations Act) offer the potential for a strong co-ordinated approach to improve the well-being and resilience of communities across sectors in Wales.

The report is presented in four key sections.

Section 1: Literature review

This section summarises evidence gathered from a wide range of literature. It explores what the evidence says about how resilience is defined and the emerging good practice themes that underpin approaches to building community resilience. Some of the leading approaches highlighted in the literature reviewed are then presented. These include Community Development, Co-production, Connecting People Initiatives, Local Area Co-ordinators, Anchor Organisations, Time banking, self-help and beyond. The role that local authorities and other organisations could play to support greater community resilience is also considered.

Section 2: Evidence from practice and case studies

Following interviews with key professionals/leaders in the field, citizen focus groups and the gathering of key case studies, we have summarised emerging good practice themes. We outline what is meant by community resilience from a practice point of view alongside learning about approaches to community resilience. How we know these good practice approaches are making a difference is also discussed.

A series of case studies are drawn from practice and literature. The first part captures in-depth information about four initiatives which current build community resilience in Wales. The second part presents a cross section of summary case studies from Wales and beyond. These offer further insight about approaches being used across the UK.

Section 3: Discussion and draft principles for building community resilience

All the emerging themes of what builds community resilience are brought together and discussed in this section. Key themes include the importance of focusing on promoting well-being, for example through the use of the Five Ways to Well-being (New Economics Foundation (NEF, 2013) and the need to help people find ways to socialise and connect with others within their community. Other themes include increasing public engagement and for professionals to work with local people to co-produce the services they need in the future. Participants in the research contributed their views on what good practice principles underpin the successful building of community resilience. Their learning reflects best practice highlighted in literature and we developed a set of key principles to guide others in strengthening communities.

Section 4: Conclusion and recommendations

We present conclusions from across the research and recommendations, for Social Care Wales and their key partners to consider, from the breadth of research findings.

Acknowledgement

Our very grateful thanks go to all the individuals from the organisations, groups or communities who contributed in some way or other to achieving this research and its findings.

Thank you all.

See Appendix A for list.

Einir Roberts, Leanne Teichner and Bethan Webber

Associate Consultants, Communities Connected

Communities Connected Consultancy Ltd is a Wales-wide network of experienced consultants with a range of different specialisms who work collectively across Wales.

Communities Connected can be contacted via: dawndavies@communitiesconnected.org.uk

<http://www.communitiesconnected.org.uk>

(Associate Consultant profiles are shown on the website.)

Social Care Wales.

Contents

Introduction	7
1. Section 1: A review of literature	8
See Section contents page	9
2. Section 2: Evidence from practice and case studies	30
2.1 Introduction and methodology	31
2.2 What do we mean by community resilience - a view from practice	31
2.3 Case studies from practice in Wales.	32
2.4 Summary case studies (Wales and beyond)	44
3. Section 3: Discussion and principles for building community resilience . .	48
3.1 Discussion	49
3.2 What have we learnt from practice about using different approaches to community resilience?	59
3.3 Draft Principles	60
4. Section 4: Conclusion and recommendations	63
4.1 Conclusion.	64
4.2 Recommendations	65
Bibliography	67
Appendices	74
A List of contributing organisations, groups and communities .	74
B Five ways to well-being.	75

Introduction

Building strong and resilient communities is identified as important to support the delivery of a key part of the Social Services and Well-being (Wales) Act (2014). The Well-being and Future Generations (Wales) Act (2015), also offers 5 key ways of working and clear potential for developing a co-ordinated response. Beyond well-being, both focus on citizen involvement, citizen-centred responses, prevention and early intervention and Co-production.

In this report, Communities Connected, contracted by Social Care Wales, explore approaches to building community resilience, based on current literature, the views of key practitioners in the field and citizens. This provides an accessible evidence base to inform and guide practice in Wales.

To add insight, case studies were developed, which share learning from the field and encourage the use of a range of approaches. Underlying principles, based on good practice of what works in building community resilience from Wales and beyond, have also been drafted for wider consultation.

We explore approaches that can promote community resilience, well-being and quality of life. This is in keeping with what citizens report wanting i.e. to remain living independently at home/within their community (Windle and Bennet, 2012; Older People's Commissioner; Roberts, 2010). These approaches can also help prevent or delay the need for statutory service interventions and reduce care costs.

This report is presented in a form to aid accessibility rather than overwhelm readers with scientific and theoretical constructs. It aims to widen and increase people's understanding of the evidence base and learning from practice.

Terminology - In this report you will find:

- The term **approaches** is used in its broadest sense.
- **Project** or **initiative** is used for ease but represents a wide range of organised activity or programmes in communities.
- **Professional** or **practitioner** is used for ease and includes anyone undertaking a professional role, whether paid or unpaid.
- **People** is used for ease and includes: individuals, people who access support, carers, public.
- **Third sector** includes the voluntary and community sectors.
- **Support services** includes services provided by public, third or private sectors.

Other things to note:

- Quotes are shown in *italics*

Approaches to community resilience

Section 1: A review of literature

Contents

1.1	Introduction and methodology	11
1.2	Defining community resilience	11
1.2.1	Definition of resilience	11
1.2.2	What is the distinction between well-being and resilience?	12
1.2.3	Defining community	13
1.3	What does the reviewed literature tells us about community resilience?	13
1.3.1	What are the key themes (from literature) in building community resilience?	13
	Local knowledge and information.	13
	Community networks and relationships	13
	Community assets	14
	Engagement.	14
	Community projects	15
	Working together – communities and service providers (Co-production)	15
	Effective communication	16
	Community facilitator.	16
	Addressing loneliness and isolation.	16
	Tackling inequalities	16
	Promoting health	17
	Resources and economic investment.	17
	Collaborative multi-agency working	18
1.3.2	Cautions and caveats	18
1.3.3	A summary of how some of the different elements fit together	18
1.4	Different approaches to community resilience	19
1.4.1	Community development and co-productive approaches.	19
	Connecting People Intervention (CPI)	19
	Asset Based Community Development (ABCD)	20
	Local Area Coordinators (LAC).	21
	Time Banking	22
1.4.2	Community led approaches	23
	Kindliness and Neighbourliness.	23
	Self-help groups	24
	Community Anchors	24

1.4.3	Service led approaches	25
	Social Prescribing	25
	Social and Micro-Enterprises	26
1.4.4	Volunteering.	27
1.4.5	Caveats.	28
1.5	The role of public bodies in supporting community resilience	28
1.6	Section conclusion	29

1.1 Introduction and methodology

An increasing body of research identifies the importance of strengthening or building community resilience, particularly in a time of growing demands and tightening public sector budgets.

We undertook a time limited search for relevant peer reviewed and grey literature during January 2018. The search was as wide as possible using key search engines such as Google Scholar and Pub Med, and websites such as SCIE (Social Care Institute for Excellent), NICE (National Institute of Health and Care Excellence) and Global Community Development Exchange. Key words (resilience, community resilience, resilience and well-being, Social Services and Well-being (Wales) Act 2014 and resilience and citizen centred) identified potentially relevant sources. Contacts known to Social Care Wales or Communities Connected provided other sources of information, such as local or national reports.

The literature search aimed to identify examples or evidence of good practice in approaches and projects or activities which build or sustain community resilience. A range of relevant literature was critically reviewed. All publications reviewed were written in English. No results were found in searches specifically about resilience and the Act, with the exception of the Anatomy of Resilience Toolkit (Social Care Wales and Blood, 2017). This, provides further useful evidence of what contributes, particularly to individual resilience for older people. Although its focus is different to this research, links are made where possible.

1.2 Defining community resilience

1.2.1 Definition of resilience

Resilience is not easily defined. Traditionally, it has mainly been associated with “bouncing back” after a traumatic event such as an environmental disaster (Patel et al, 2017; Walker, 2015; Iparragirre, 2015). But current literature describes resilience as much more than this, as a concept for everyday living for both individuals and communities.

Windle (2011) provides a useful broad definition from which to build:

Resilience is the process of negotiating, managing and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and ‘bouncing back’ in the face of adversity. Across the life course, the experience of resilience will vary.

One review presents what it considers to be the *most agreed upon definition* of resilience. This it defines as “*successful adaptation of life tasks in the face of social disadvantage or highly adverse conditions* (cited in Harrop et al, nd. p4). However, in its simplicity it fails to acknowledge factors such as resilience varies over time or during a person’s life and the context of community resilience, which are increasingly considered important (Harrop et al, nd).

The concept of *community* resilience moves away from ‘survival’ resilience associated with disaster to more ‘adaptive’ resilience, though a mix of both is often aimed for. The elements outlined below influence how the term community resilience is used within this report and in later discussions with practitioners and citizens. These include:

- a **resource** on which people can draw (Iparragirre, 2015).
- a product of an organization’s (or person/community’s) **capabilities interacting with its**

environment (Gibson cited in Patel et al, 2017).

- resuming previous shape after being subject to pressure, it's beyond coping, it's **getting back up on your feet** or even **flourishing** (Iparragirre, 2015).
- the ability for the community to cope well in times of challenge and hardship through the **means that are at their disposal** (Fisher, 2016)
- stress resistance (Gaugler et al, 2007).
- a community's capacity, skills and knowledge that allows it to **participate fully** in the recovery from disasters (Norris et al cited in Patel et al, 2017).
- being able to **recover** quickly or easily from, or **resist** being affected by, a misfortune, shock, illness, etc.; robustness, adaptability (The Oxford English Dictionary).
- adaptive resilience is the capacity of local areas to **respond** to immediate crises, to build their **resources** and **adapt** to changing circumstances in the future (Walker, 2015; Oxfam, 2016; Walker, 2015; Harrop et al, nd).

In one study (Mguni et al, 2012), resilience was strongly identified (by community members) with:

- *having friends/family around for drinks or meals*
- *being capable of making decisions*
- *regularly stopping and talking with people in my neighbourhood*
- *being able to make up my own mind about things*
- *feeling like I could overcome difficulties.*

There is a growing view that resilience should be seen more as a process than simply a trait or outcome (Harrop et al, nd). Resilience is considered something that can potentially be built up over time through both reducing risks and vulnerability and increasing protective factors, for example, through engaging in Community Development activities. This, to promote well-being and increase resistance to stress and adversity (Harrop et al, nd; Norris et al, 2017).

Resilience is almost invariably viewed as positive. As Patel et al (2017) found across 80 reviewed papers, it is associated with increasing local capacity, social support and resources, and decreasing risks, miscommunication and trauma.

1.2.2 What is the distinction between well-being and resilience?

The Act focuses predominantly on well-being describing it as underpinning the whole care and support system and makes links to the role that early intervention and prevention can play in its promotion. It also recognises that people can be empowered by information, advice and assistance and by being involved in designing and running services (the Act Well-being handout, 2016).

The difference between community resilience and well-being is usefully captured by Mguni et al (2012):

***Well-being** describes and captures a psychological state at a point in time. Well-being is a complex concept, which varies in different contexts and from individual to individual. It bundles together a number of different, but linked, psycho-social factors from fulfilment, to happiness and resilience, or mental toughness.*

Resilience however is less about a point in time and is dynamic, taking into account the past and the future, a person can build resilience before they hit crisis and be more likely to cope with problems that may be around the corner (Mguni et al, 2012).

1.2.3 Defining community

It is important that communities are not only seen as existing in defined geographical locations but as wider concepts where people can self-select which community they may belong to. They may be defined by some identifiable common factor such as age, sex, sexual orientation, race, religion, language or culture.

1.3 What does the reviewed literature tell us about community resilience?

1.3.1 Key themes in building community resilience

This section identifies emerging key elements, recommendations and cautions from the literature. The evidence reviewed shows many recurring themes. These are core components in supporting resilient communities.

Local knowledge and information

Local knowledge is regarded as a key cornerstone in building community resilience. It is the knowledge that the community itself holds, for example about training and education, and how effective local communication is (Patel et al, 2017; Walker, 2015; Fisher, 2016; SMG, 2015). It is important to build on the local context (Miller and Whitehead, nd).

Evidence shows that unpaid carers' resilience can be increased by helping them to access information about support sources and services (Windle and Bennet, 2012).

Community networks and relationships

There is strong evidence that individuals and communities are "hugely more resilient" where people are connected to each other through strong social networks (or bonds), and they form a cohesive whole (Patel et al, 2017; Walker, 2015, Blood, 2017). Strong social networks protect people against the impact of stressors (mental or physical) and confer resilience (Fisher, 2016; NIHR, nd; NEF, 2013). James and Cutts (2017) report an increase in individuals' well-being, empowerment and involvement as a result of living in a mutually supportive community, where people are willing to help and support each other. Community members sometimes express this connectedness as stopping and talking with people in the neighbourhood (Mguni et al, 2012).

There is some evidence to suggest that it's also the "quality" of human relationships that makes a difference (Fisher, 2016). Perceptions of the availability of support, and satisfaction with the quality of support, are more consistent predictors of well-being in unpaid carers than the network size and the level of actual support given (Windle and Bennet, 2012). Factors determining the nature of a strongly connected community include trust, shared values and respect (Patel et al, 2017; Fisher, 2016; Haslewood, 2016).

Evidence shows that social capital (the value of social relationships and networks that facilitates collective action for the common good within a community), can be built in the short term through capacity building (Fisher, 2016). Social capital and community resilience can be further enhanced by

supporting groups to extend their links beyond immediate networks (Oxfam, 2016; Weingärtner et al, 2017).

Community assets

Supporting communities to use their assets effectively is crucial (Walker, 2015). Recognising the assets that exist within a community, including the skills and knowledge of the people themselves, and making use of existing networks is important in building community resilience (Walker, 2015; Fisher, 2016). Investing time to understand the availability or absence of a person's networks, both important individuals and groups, highlights sources of existing support and gaps for development (Haslewood, 2016).

Individual level resources for resilience may not be activated unless the environment (legislation, policy and services) facilitate opportunities to negotiate, manage and adapt (Windle and Bennet, 2012; Blood, 2017).

For planning and commissioning to become asset-based (rather than asset-aware) *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. 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.... Focus needs to be whole life and community outcomes, and community and organisations' assets.* (Field and Miller, 2017).

This can be achieved where:

People and communities;

- *produce outcomes with organisations via co-production and through self-help*
- *are equal decision-makers, full cross sector and supplier involvement*
- *are co-commissioners, fully engaged suppliers, extensive within and cross-sector supplier-supplier collaboration, wide-scale system leadership.*

Commissioning processes;

- *proactively use the assets of people, communities and organisations*
- *support new relationships*
- *use devolved, multi-level commissioning.* (Field and Miller, 2017).

Engagement

It is crucial that professionals develop the *skills and competence to engage with citizens* (Fisher, 2016). Genuine engagement and co-production with communities and professionals are seen as an *essential core factor in the community strengthening process* (Miller and Whitehead, nd). If people are engaged with, they often grow in confidence and begin to participate in wider community activities, which builds well-being and resilience.

Evidence shows that *empowerment and engagement initiatives can produce positive outcomes for the individuals directly involved including: increased self-efficacy, increased confidence and self-esteem, personal empowerment, improved social networks; a greater sense of community and security and improved access to education leading to increased skills and paid employment.*

Research also reports significant health benefits for individuals actively involved in community empowerment/engagement initiatives including improvements in physical and mental health, health related behaviour and quality of life (Fisher, 2016). High self-esteem and positive self-concept are also reported to be protective against the effects of adversity and promote positive outcomes (Harrop et al, nd).

Community projects

Community Development projects promote community participation and strengthens informal social networks by facilitating people coming together around common causes or interests e.g. the environment or caring. They use empowering approaches to build self-esteem and confidence, identifying and using untapped skills (Fisher, 2016; Murray and Wright-Bevan, 2015). All of which promote community well-being and resilience.

Working together – communities and service providers

Co-production

The aspirations of the Community Development approach have evolved into co-productive (or joint working) principles within public health, social work and Community Development. Fisher (2016) summarises what co-production is about:

Individuals, communities and public service organisations having the skills, knowledge and ability to work together, create opportunities and solve problems. The central idea in co-production is that people who use services are hidden resources, not drains on the system, and that no service that ignores this resource can be efficient.

Governance and leadership needs to support strengthening of community resilience. Actively listening to and involving community stakeholders in planning and changing services is essential to increase local people's ability to effect change (Walker, 2015; Fisher, 2016; Patel et al, 2017). It is important that individuals can influence change where they live and participate in decision-making about services and facilities (Phillipson, 2015), as these services and facilities influence their quality of daily life.

Co-design

People need to be actively involved in designing local initiatives such as activities, projects or services (Murray and Wright-Bevan, 2015). This, in turn, creates a sense of ownership and control and increases the likelihood of continued participation. Inclusive community projects, especially those that actively engage people in their design, boost participation (Murray and Wright-Bevan, 2015); genuine engagement is important (Older People's Commissioner, nd; Miller and Whitehead, nd). Organisations (or service providers) need to be willing to share the burden of risk and failure with communities, working fully on collaborative, equal and respectful partnership terms (Haslewood, 2016).

Co-delivery

Neighbourhoods can play a vital role in the implementation of community-based support and care (Phillipson, 2015; Oxfam, 2016). Successful co-design and co-delivery of services through community participation will depend on how well service providers value and work with local people (SMG, 2015).

Effective communication

Effective communications at all levels is considered essential (Patel et al, 2017; Fisher, 2016; Blood, 2017). This can take place within communities themselves, between organisations and communities (e.g. engagement and joint decision making about changes in, or the proposed development of, new services), between service providers, decision-makers, commissioners, local government, across sectors and beyond. Effective communication includes clear, accessible and appropriate language (including Cymraeg Clir and Plain English).

Community facilitator

A community facilitator, with the right skills, who can work with and inspire people is an important catalyst in developing community networks and projects (Fisher, 2016). Evidence confirms that having time for Community Development and facilitation is essential (James and Cutts, 2017). By way of illustration, one study of community arts found that older people were excited by the opportunity provided, but they were also anxious about being left to run the group themselves. Through participation in community activities like this, people can grow in confidence, not only about their creative ability but also about their more general capacity and ability to engage in social interaction (Murray and Wright-Bevan, 2015).

Addressing loneliness and isolation

Many people, including older people, families with young children, people with mental health issues and carers can experience social isolation and loneliness within their communities, especially if they feel fear of others or are resistant to change or apprehensive about taking part in new activities (Murray and Wright-Bevan, 2015; Hill et al, 2007; Windle and Bennet, 2012). Developing effective community activities (or other interventions) depends on understanding the complex interplay of factors contributing to isolation and loneliness, and that the experience and needs of different groups of people will vary markedly (Victor, 2015). For example, a lack of opportunity to forge friendships can pose extra difficulties for young carers, and potentially render them isolated and lonely (Windle and Bennet, 2012). Creating easily accessible (physically and emotionally) opportunities open to all within the community can help address this.

Intergenerational projects and all-age facilities have been successful in promoting engagement (Murray and Wright-Bevan, 2015). Neighbourhoods that are 'old age' friendly are friendly for all ages, and can realise benefits for communities across environmental, social and economic dimensions (Phillipson, 2015). Rather than focusing on individual socially isolated older people, the design of community projects needs to be inclusive. Initially they may attract the more socially active but they are designed to draw in others who may be more anxious about participation (Murray and Wright-Bevan, 2015).

Psychological resources and education are also reported to play a role in resilience, particularly to address loneliness (Iparraguirre, 2015; Blood, 2017).

Tackling inequalities

There are many studies clearly linking inequality and poverty with reduced well-being and resilience, although the difficulty of addressing the major causes of poverty is also recognised (Fisher, 2016; Welsh Government, 2015).

Research in Glasgow (GoWell) *demonstrates that in disadvantaged but settled communities there*

is a strong relationship between social networks and people's level of well-being whilst other studies (JRF) on parenting and children's resilience in disadvantaged communities illuminate the coping mechanisms adopted by parents and children reinforcing the importance of informal networks to risk prevention strategies even in adverse circumstances (The Scottish Community Development Centre (SCDC), 2011; Kendre and Younge, nd).

Increasing the social and emotional well-being of vulnerable children and young people (through increasing supportive environments, building community and school networks) is one way to help address inequalities and mitigate Adverse Childhood Experiences (NICE, 2013; Harrop et al, nd; Bellis et al, 2015; PHW, 2017; Save the Children, nd).

SCDC (2011) advise that *stable, well-functioning and mature communities are, almost by definition, resilient, healthy and engaged in co-production. It is the divided, transient and disorganised communities that are most in need of intervention to build their capacity and social capital.* Others also identify the need to focus on those most disadvantaged or marginalised communities (Welsh Government, 2015; Samaritans, 2017; Save the Children, nd).

Promoting health

Some reviews argue that being in good health (both physical and mental) before a disaster or traumatic event enhances resilience (Patel et al, 2017). The Act recognises the need to prioritise the promotion of well-being for all citizens as part of the wider prevention agenda. From the evidence presented it is clear that community participation (e.g. taking part in community activities, having a voice and influencing decision making about services, volunteering) can increase self-esteem and confidence. Also, that other factors such as having strong social networks are, by their nature, health promoting and so also build community resilience. Fisher (2016) confirms that health can be improved by building social capital within communities.

Mental health, is a growing concern in our society today (PHW, 2017; Samaritans, 2017). Austerity, financial and social pressures are adding to existing difficulties experienced by those living in socio-economically disadvantaged areas. Poor mental health can appear in many forms including being lonely and isolated which can lead to "hidden" issues such as depression or anxiety. It can affect people in many different circumstances including parents of children, carers, and young people (Hill, et al 2007; Samaritans, 2017).

Neighbourhoods are seen as having far-reaching influence on health and well-being, particularly for older people (Phillipson, 2015). Loneliness and isolation should not be seen as normal parts of ageing. Hennessy (2015) reports, that detachment from social participation in older age can have negative impacts on health and well-being, including depression, physical and cognitive decline, and increased mortality. In this context, a lack of social ties confers vulnerability and so this aspect needs attention (Victor, 2015). Mental well-being in later life is linked to health, recovery from illness and maintaining independence (Gale 2015). The Five Ways to Well-being (NEF, 2013) provides evidence of what is effective in promoting mental well-being.

Resources and economic investment

Investment is essential to support community projects and activities (Patel et al, 2017). Limitations of facilities can be a real issue (James and Cutts, 2017). Attention needs to be given to non-traditional, non-medical services and support forms (Billingham and McEleney, 2016; Welsh NHS Confederation, 2017).

This includes local facilities, for example transport and public toilets. Older people (and others) can become vulnerable through a lack of transport, services, facilities, opportunities for social engagement, and fear of crime in their area (Phillipson, 2015; Older People's Commissioner, nd).

Recent evaluations of Connecting People Interventions (Goat, 2012) reported that policy makers, commissioners and senior managers in provider services need to re-orientate social and health care services to be more focused on the communities in which they are located. While this appears to be the intention of many agencies, this study found that statutory services are some way from achieving this goal (NIHR, nd). Also highlighted, in small scale exploratory research of community projects, is the potential outcome of reduced need for care and support delivered by adult social care services (James and Cutts, 2017).

Collaborative multi-agency working

Better co-operation and reduced competitiveness is needed to improve collective focus on increasing community resilience. This can help align and co-ordinate the delivery of seamless services across different sectors and identify the need for new services together (Polley et al, 2017; Broad et al, 2015).

The quality of public services response to people who need care and support is also identified as crucial to individuals and unpaid carers (Fisher, 2016; Windle and Bennet, 2012).

1.3.2 Cautions and caveats

- Community networks and groups should not be treated as a gateway to support, but a "middle" connecting layer between diverse social networks, community strands and organisations to develop and maintain reciprocal relationships (Haslewood, 2016).
- Caution is needed in framing people as "in need of help" or "vulnerable". Notions of dignity need to be managed alongside vulnerability *'Doing no harm' in the context of language and public discourse means not making it difficult for people to accept help until damage has already occurred, or until needs have become acute. Wrapping offers of help in the language of dependency and vulnerability (such as 'help is given here to the lonely') is unlikely to make it attractive to the people who the offer is aimed at* (Haslewood, 2016).
- Although important, finances and good health can only support resilience to a small extent (Iparraguirre, 2015).
- Allmark et al (2014) advise a move away from "resilient" terminology as it can be self-limiting – move toward "as you should be" understanding rather than "as you were".
- Of particular importance to note is that minority groups are reported to be under represented in research on resilience (Harrop et al, nd).

1.3.3 A summary of how some of the different elements fit together

SCDC (2011) have usefully outlined how different elements of a community approach interlink.

SCDC propose that as a community development or health improvement approach, community resilience and co-production can be understood as end points, with engagement and empowerment being the processes through which these endpoints can be reached, while capacity building and community / voluntary activity being the starting point on which the other processes and outcomes

are based. The whole process can be described as asset-based in that it starts with and builds on the human and resource assets of the community in question.

1.4 Different approaches to building community resilience

Numerous approaches, models and tools have been piloted in the UK and beyond in response to the growing need to enhance community resilience, particularly in response to sustainability issues and the context of public sector austerity. This section gives a summary of some of these approaches, alongside what is considered good practice, and their evidenced impacts. Some do not fit easily under one heading as a mix of approaches are often used. Variety also exists in how approaches are applied as the local context, who leads the initiative and other drivers vary and influence how approaches are delivered on the ground.

Some of the approaches inform the case studies explored in Section 2 of this report

1.4.1 Community development and co-productive approaches

Community development

Community development covers a wide range of activities, projects and frameworks that work toward building communities' resourcefulness and resilience and enhancing their ownership over individual, family and community well-being (SCIE, 2017; Fisher, 2016; Broad et al, 2015). The National Occupational Standards for Community Development define it as:

A long term value-based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion. The process enables people to organise and work together to: identify their own needs and aspirations; take action to exert influence on the decisions which affect their lives; improve the quality of their own lives, the communities in which they live, and societies of which they are a part (NOS, 2009)

All community development projects promote community participation and strengthen informal social networks by facilitating people coming together around common causes or interests. As outlined above, there is considerable evidence of the value of creating strong social networks in promoting well-being and increasing community resilience (Fisher, 2016; NIHR, nd; NEF, 2013). Community development projects recognise and promote people's abilities, build self-esteem and confidence, identify skills and make use of forgotten or unexplored talents (Fisher, 2016; Murray and Wright-Bevan, 2015). Some suggest that it's their non-threatening and life-affirming approach that is most important (Murray and Wright-Bevan, 2015).

Community development is the basis of many approaches used to strengthen community resilience, including **Co-production** (see 'Working together' above). Co-production has more of an emphasis on service involvement, with communities (already empowered through Community Development) working as equal partners with service providers.

The following three models rely heavily on community development and co-productive principles.

Connecting People Intervention (CPI) (Social Network)

Connecting People is a social work intervention (CPI) that involves two people (or worker and family) working together in a team to co-create objectives, decision making and action planning together. It uses co-production principles and practice to enhance well-being and encourage isolated individuals to gain more informal support by increasing their social participation. (The team can

consist of any two individuals working together, for example, a worker and service user, or two peers supporting one another.) A direct result is increased access to supportive social networks (Goat, 2012).

Good practice and recommendations

To maximise the CPI's potential, NIHR (nd) and Webber et al (nd) found that:

- statutory staff need to be authorised to engage in Community Development tasks and work;
- social care and health need to re-orientate their focus, with an emphasis on "communities";
- the approach needs to be person-centred (focus on goals, strengths, resources etc.);
- comprehensive and formalised implementation of the model leads to better outcomes at no further cost;
- strong local knowledge is essential to bolster individuals' access to support networks.

Impacts on community resilience and well-being

Where CPI was fully implemented, NIHR (nd) found that:

- People felt more included within their community and their mental health recovery was resultantly supported
- People had more access to local advice, information and resources
- Individual cost decreased for all participants involved in the CPI model.

Asset based community development (ABCD)

The Social Marketing Gateway (SMG) (2015) describe ABCD as:

... a process of community building that starts by locating the assets, skills, and capacities of residents, citizens' associations and local institutions. Once neighbourhood assets and capacities have been identified, ABCD seeks to connect those assets and to build strong relationships and reciprocal social networks. The ultimate aim is to mobilise local people to act on the things they care about and want to change.

Although developed in a Community Development context rather than a health or social care one, the SMG (2015) recognise that the processes involved in ABCD offer a strong basis for improving community resilience and well-being.

Good practice and recommendations

The SMG (2015) found that ABCD needs to be understood as an adaptable set of principles rather than a fixed or standard model to support the needs of diverse communities. They also encourage prioritising disengaged community members over already active community members, to address their lack of connectedness and improve mental health. The Older People's Commissioners' (nd) research on older people's experience of public services and Blood (2017) provide another perspective: as well as social projects and networks, older people viewed public services and resources, such as leisure facilities, public seating and transport as essential community assets that can support community resilience.

Impacts on community resilience and well-being

Limited empirical evidence exists on the impacts of an ABCD approach (SMG, 2015; Nesta, 2015). The recorded impacts include:

- Activities support well-being (SMG, 2015; Fisher 2016))
- The links that connect people with communities provide a source of resilience through access to support (Nesta, 2015)
- The social networks positively affect social capital (Nesta, 2015)

Local Area Coordination (LAC)

LAC is a tool aiming to reduce the demand on health and social care services by nurturing and capitalising on inclusive and resourceful communities (Billingham and McEleney, 2016; Broad et al, 2015). It employs a preventative, person-centred approach toward developing individual and family resilience by supporting people to connect with and navigate communities, networks and services to support their well-being and goals. This all takes place against a backdrop of a supportive one-to-one relationship with a Local Area Coordinator (Roderick et al, 2016).

Good practice and recommendations

A cited strength of LAC is the non-necessity of eligibility and assessment criteria. The local area coordinators (LACs) can work autonomously and gain awareness of families or individuals in need of support through their community connections, which supports a preventative approach (Billingham and McEleney, 2016). Supporting this, Broad et al (2015) highlight the importance of LACs being strongly embedded in the local community.

Billingham and McEleney (2016) point out that local communities need to be supported to adopt a central and leadership role to maximise the impacts of LAC on community resilience. While the accepted thinking is that emphasis needs to be on non-service solutions, Broad et al (2015) advise that a close working relationship is cultivated between social work staff and LACs to support social work time and case load. According to Billingham and McEleney, (2016) it is vital that LACs sit within existing statutory services and are framed within the full range of public support for marginalised people. Roderick et al (2016) describe the UK LAC learning network as a pivotal learning resource that is integral to the full realisation of LAC potentials.

Impacts on community resilience and well-being

Broad et al (2015) and Billingham and McEleney (2016) list a wide range of evidenced impacts, in areas where LAC is operating:

- Improvement of individual, family and community resilience
- Reduction in GP, accident and emergency, adult care, mental health and safeguarding visits, and other NHS services; the balance of care transferred to more informal support systems
- Improvement in inclusion and citizenship, reduction in isolation and loneliness
- Avoided house evictions
- Public health costs are 35% lower compared to areas where there is no LAC

- Better resourced communities
- Improved access to specialist services
- Crises prevention through earlier intervention

The NEF (2013) research has found that the social and community connections supported through interventions like LAC can support physical, mental and emotional well-being.

Time banking

Time banking originated from Japan (1950s), was further developed by Edgar Chan in America (1980s) and has been operational in the UK since 1998 (Bretherton and Pleace, 2014). It enables people and communities to exchange services, support, goods, using time as money and works by allocating one Time Credit for each hour an individual voluntarily contributes to the community. Each Time Credit can then be spent accessing an hour of activity provided by signed up community, council or business partners or they can be gifted to others (Bretherton and Pleace, 2014; SP!CE, nd)

Good practice and recommendations

SP!CE's Time Credit scheme is underpinned on five basic fundamentals:

1. Working within the system;
2. Valuing people and their time equally;
3. Facilitating partnership working across boundaries;
4. Engaging the many;
5. Changing attitudes and building new skills (SP!CE, nd).

In their study of skills time banking programmes in York, (Bretherton and Pleace, 2014) participants said they valued being able to exchange time for opportunities to access education and training. Time banking also increased people's capacity for employment and life skills especially where when contributing to causes they found interesting or meaningful. Project staff say it's useful for engaging with marginalised groups (such as people who are homeless, isolated or minority groups) and that it increased their participation in local public, third and community project delivery. SP!CE (nd) advocates a co-design and co-delivery model between third sector providers, community members and the public sector to maximise time banking's community empowerment and development potentials.

Impacts on community resilience and well-being

SP!CE's most recent evaluation (2017) showed the significant impact time credits has had in England and Wales. People reported an improvement in their:

- Mental health
- Quality of life
- Feelings toward the future
- Isolation and loneliness with levels having decreased
- Ability to (afford to) participate in more recreational activities
- Ability to share their skills with others

Also:

- Over 35,000 people volunteered their time
- There was a growth in community groups and networks that can be linked directly to the scheme's existence
- It has had a direct impact on community and individual esteem

1.4.2 Community led approaches

The following approaches remain true to Community Development principles, but do not have a community facilitator who acts as a catalyst. Instead, community led approaches rely on the community itself having ownership over initiation, implementation and sustainability of activities.

Kindliness and neighbourliness

"Kindliness" and "Neighbourliness" are terms associated with the informal or organised support people can provide to one another in community, neighbourhood, or sheltered housing settings (James and Cutts, 2017). Existing resources within communities, families and individuals are drawn on to support people in need of support, and the helping process or transaction is led by the community or individuals involved. Haslewood (2016) proposes that kindness or neighbourliness can involve, *a smile and 'good morning' in passing, taking in a parcel, sitting down and listening over a cup of tea, giving a lift, or babysitting for someone once a week* which all make lives more "liveable" and has a wide impact on individual well-being (Haslewood, 2016, p2; NEF, 2013; Sholl, 2011). Haslewood (2016) also characterises this support as practical and mundane but central to community resilience.

Good practice and recommendations

In the Five Ways to Well-being report, NEF (2013) list giving and connecting with people as an integral ingredient in individual well-being. Haslewood (2016) adds that the relationships formed in helping transactions (e.g. volunteering) should not be treated solely as support giving channels, but as potential by-products of "help" that can be strengthened or eroded by kindness acts. She outlines how reciprocity and its relationship to the dignity of receivers of help are important factors that need constant consideration to strengthen kindness' potentials. Research on how kindness manifests in different communities instructs how help is a flexible phenomenon that can and should adapt to different cultures; for example, the self-organising formal support networks that tend to appear in middle-class, affluent communities, and the informal helpful networks established in working-class environments (Haslewood, 2016). For community networks to become "helping" sources, facilitating organisations need to be willing to share the risk associated with such responsibility, which has at times caused community groups to shy away from formally taking on helping roles and identities (Haslewood, 2016). James and Cutts (2017) promote the use of creative methods with community members and residents to draw out common understandings of what kindness constitutes, including kindness workshops, performance poetry and forum theatre.

Impacts on well-being and resilience

- Haslewood's review found that there is concrete evidence on the positive impacts of help and kindness on emotional well-being (Allen et al, 2015; Anderson et al, 2015a, 2015b in Haslewood, 2016)

- James and Cutts (2017) research on kindness in sheltered housing environments showed that it lessened staff members' workload as a result of resident mutual support; increased resident well-being, empowerment and involvement; created a more cohesive community; reduced the need for adult social care support; and improved people's health, decreasing the need for NHS services.

Self-help groups

Self-help groups (SHGs) traditionally bring together people who have a common issue, need, or identity and are often used as an empowering tool for socially marginalised groups (Weingärtner et al, 2017; Koch, 2010; Wright 2004). They are mutually supportive environments that rely on the skills, knowledge and resources of the group members (Koch, 2010). They are self-organising, and members are given the opportunity to share experiences, which:

enables them to give each other a unique quality of mutual support and to pool practical information and ways of coping (Wright, 2004)

Good practice

Wright's research (2004) offers practical guidance in running self-help groups. Clear aims and objectives are essential in their success, as well as group members being encouraged to contribute and share responsibility equally. Active participation of members with mental health issues is seen as an advantage over other therapeutic interventions, with group member ownership over the management and sustainability of the group a priority (Wright, 2004). Weingärtner et al's research (2017) shows that the group members' social capital can grow if groups are established with the intention of helping them strengthen connections with each other, external groups and influencers, such as service providers and policy makers. Seebohm et al (2013), suggest that policy makers create a dialogue with local people and invest adequate financial resources to support the development of bespoke self-help or support groups that are relevant to the needs of different communities.

Impacts on resilience and well-being

- Rani ad Radhika's study (2014) on women's self-help groups in Telangana revealed that women in these groups had higher self-efficacy, psychological empowerment and resilience than women not in them. They also found that people who were traditionally marginalised felt more empowered and included in their communities.
- Weingärtner et al's research (2017) showed that the group members' social capital was enhanced as a result of their participation in self-help groups.
- Seebohm et al's (2013) research into mental health self-help groups displayed their positive role in improving members' mental well-being, sense of control, resilience, self-esteem and confidence levels.

Community anchors

Community anchors are community-led organisations based in a building owned or managed by the community. This means they can respond to local needs as well as being an asset that can generate income. They are multi-purpose organisations that provide holistic solutions to local problems and challenges, and their general aim is to improve things for the whole community, rather than individual groups or sections of the community (Community Alliance, 2009). They are

there for the long term, not the quick fix and are often a driving force in local community renewal. Community need governs their work and priorities rather than national strategies or other priorities (Jackson and Fielder, nd).

Good practice and recommendations

According to Community Alliance (nd), community anchors can provide local services or act as a gateway to other services that people need to access; they have the potential to introduce local income and opportunities to communities from local authorities, external funders and agencies. If supported to do so, community anchors can take on a community advocacy role, challenging policy and practice and catalysing change in public services and regeneration programmes by mobilising local people and groups to have a voice about local issues and services. Community anchors can also strengthen local Community Development by providing capacity building tools, support, and representation opportunities to other local groups and networks. Community Alliance (2009) point out that strong community anchors are creative, ever-evolving and flexible entities that bend to community need. Jackson and Fielder (nd) suggest they retain the strength and identity by not being distracted by national or other strategies, and remaining focused on local need; being speedy and responsive to local need and minimising red tape; encouraging local people's participation; focusing on what they **can** change; and firmly exercising community ownership over their management and delivery.

Impacts on community resilience and well-being

Debenham Project (Jackson and Fielding, nd) and The Me Myself & I projects (see Case Studies) are examples of community anchor projects that have improved the options available to local people living with dementia and their families (Dementia Engagement and Empowerment Project, nd). Their benefits include:

- Raising local awareness of dementia
- Local training and education
- Local person-to-person support to individuals and families
- Volunteer and employment opportunities
- Person-centred bespoke, flexible support
- More ably meeting local nuanced need than public services
- Strengthened local communities ability to cope with health pressures
- Decreasing reliance for social care intervention and support

1.4.3 Service led approaches

At the heart of the following interventions is community engagement and service user voice. However, their management and leadership is usually through service providers (e.g. local authority or third sector) which is different to the approaches discussed above.

Social prescribing

Social prescribing involves GPs and other NHS frontline staff referring patients to a link worker to develop a relationship within which the patient is supported to co-design personalised solutions

to health problems or well-being needs. This often includes accessing non-traditional support via the third and private sector, as well as linking with community support groups, networks and projects (Polley et al, 2017). Although initiated by frontline NHS staff, the process promotes self-care and social inclusion, and valuing community assets and non-mainstream support (Welsh NHS Confederation, 2017).

Good practice and recommendations to support well-being

For social prescribing to be effective, the Welsh NHS Confederation states the importance of a networked, fluid approach that moves away from a “top-down” delivery approach to patients. This includes a non-medical approach that promotes patient independence and personal responsibility. They also urge link workers to build and maintain trusting relationships with patients (Welsh NHS Confederation, 2017). Polley et al (2017) emphasise the importance of budgets that follow patients on their health journey; skilled link workers; and effective cross sector working. They inform that social prescribing may need to take different forms in different areas, and advise that area-specific models are produced.

Impacts and difference made to community resilience and well-being

The Welsh NHS Confederation (2017) note the dearth in research evidence on the benefits of social prescribing and recommend that these schemes be continually evaluated. They refer to a case study in Rotherham which identified the following improvements:

- 20% reduction in accident and emergency attendees
- 21% reduction in outpatients
- 21% reduction in inpatients
- The potential cost savings were estimated to be anything between £1.41 for every £1 invested to £3.38 for every £1 invest
- enhanced self-esteem, improved mood, opportunities for social contact, increased self-efficacy, various transferable skills and greater confidence

Brandling and House (2009), observed an improvement in health activity engagement levels, such as weight loss and exercise schemes.

Social and micro-enterprises

A social enterprise is a third sector organisation involved in trading, usually locally. (N.B. Some can grow from “bottom up” Community Development activity in which case these may be community (not service) led.) They have social aims and objectives with any surplus profit being reinvested for further social purpose (British Council, 2015). A micro-enterprise can share these social aims or alternatively be set up as a micro-business. Micro-enterprises are restricted in its size, with an upper limit of 9 employees and although are sometimes set up by, they are independent of larger organisations or authorities (Needham et al 2015 and Stanley, 2014). In a care setting, micro-enterprises can provide a range of services including prevention, such as encouraging taking part in community activities; promoting independence; employment support; and creative interventions such as dog training for people with mental health difficulties (Stanley 2014).

Good practice and recommendations

In their evaluation of micro-enterprises as a social care intervention in England, Needham et al (2015) found that their strength lay in their ability to offer more personalised, bespoke support than larger providers; they promote patient satisfaction by supporting people to do the things they enjoy and value and their diversity and flexibility allows them to produce better innovative services than larger providers. To enhance micro-enterprises' sustainability, Needham et al (2015) advised that organisations with a strong understanding of the care sector dedicate start-up and development support to them. They also describe the powerful role local networks can play in helping with marketing and sharing information. However, they also call for a balance between retaining an independent status and partnership working with key partners such as local authorities. This independence increases the credibility of micro-enterprises locally.

Impacts on community resilience and well-being

Following a systematic review, Roy et al (2014) found that social enterprises are effective ways of increasing participation within communities. However, there is still a *significant gap in knowledge of how and to what extent social enterprise led activity impacts on well-being*. They argue that, with the growing recognition of the importance of social relationships, community networks and the wider social context in producing health and well-being, further research is needed to better understand and evidence of how social enterprise can impact on longer term health outcomes. However, there is considerable evidence of the holistic benefits of participating in social enterprise activity, such as:

- a positive impact on mental health
- increased self-reliance and self-esteem
- reduced stigmatisation
- extending social capital (Roy et al, 2014).

Needham et al (2015) found that micro-enterprises providing care offer better value for money than larger providers due to a lower hourly rate. People using micro-enterprises also had greater control over their lives than those relying on larger service providers (Needham et al 2015).

1.4.4 Volunteering

There are many different models of volunteering. Although it was not possible to fully explore this aspect, one study conducted by Home-Start gathered evidence of volunteers building resilience within communities (Kenkre and Young, nd).

This was a model of semi-formal volunteer led home based family support. Its evaluation reports that:

- The Home-Start model for volunteer support for vulnerable families is based on the theory of change
- The well-being of parents is improved in families provided with social support [a protective factor] in a structured supervised way
- Feelings of parental self-competence increased
- Parental behaviour becomes more adaptive and child behaviour improves as a result.

Impacts on community resilience and well-being

The study provides quantifiable evidence of the effective contribution volunteer-based family support makes to parent and child outcomes, including among families with complex and multi-faceted needs (Kenkre and Young, nd).

1.4.5 Caveats

- It should be noted that community projects cannot mitigate the effects of poverty (Fisher, 2016) or lack of recognition of emotional problems within communities (James and Cutts, 2015).
- Only those studies published fitting the research criteria and accessible within the limited timeframe could be included and discussed. Therefore, there are inevitably gaps such as community co-operatives.
- Larger, often state funded, projects or approaches are more strongly represented in published evidence than low resourced community projects.

1.5 The role of public bodies in supporting community resilience

What can public bodies, commissioners and service providers do to help build community resilience?

Walker (2015) reflects the reality that... *councils can't make resilience happen, but they can help to create the conditions that enable resilience. They can do this by developing strategies that draw together the institutions, communities, and citizens in the areas they are responsible for.*

Researchers at Leeds University identify 4 types of support that councils can offer to build community resilience:

1. Holding the line (providing stability: survival resilience);
2. Bouncing back (assisting recovery: survival resilience);
3. Owning a need to change (adaptive resilience);
4. Adjusting to a new normal (adaptive resilience) (Walker, 2015).

They continue: resilience strategies only work effectively if they are part of a holistic approach that connects citizens, communities and institutions across the public realm (Walker, 2015).

Walker (2015) points out the potential dangers of taking an overly simplistic view of community resilience. It involves people, communities, complex networks and interactions made up of thousands of lives being lived together.

Fisher (2016) warns that local authorities should not view citizens as customers (i.e. adopt a business model) as citizens can easily become alienated from their government, feeling that it's an impersonal approach which loses its sense of public accountability. This brings into focus the nature of the power relationships that exist between any organisation (local authority or otherwise) and those they serve and how the power imbalance can undermine all good intentions (Nice and Broodie cited in Fisher, 2016).

Much of the literature talks of the need to consult, actively engage and work equally with communities. The Act and the Future Generations Act have at their heart the development and

delivery of citizen centred services and the need to value citizens as more than stakeholders but as partners. In order to work as equal partners with citizens, Fisher (2016) argues the need to reduce the *dominance of professional cultures and ideologies*.

Walker (2015) recommends that local authorities consider their future activity and interventions in terms of:

- *building the knowledge, understanding, and networks that are necessary in preparing for future shocks, stresses and crises*
- *responding to events with a view to strengthening the assets, frameworks and community ties*
- *adapting to changing circumstances by working with communities, civil society and citizens in new ways.*

Another aspect likely of interest to local authorities (and others) is the concept of Social Return on Investment (SROI) (Fisher, 2016). Here, social value created through community projects is quantified in terms of return value in comparison with the investment, for example, for each £1 invested in supporting parent carers over £5 in social value (or saving to the public purse) is returned (Mantell Gwynedd, nd).

Based on the evidence, there is clearly a role for commissioners and service providers across sectors to promote community resilience in the way they work. Later sections of this report will provide further insight and guidance.

1.6 Section conclusion

It is clear that there is much that can be done to build community well-being and, in turn, resilience. The literature identifies the need to re-examine the way in which some service providers and commissioners, particularly local authorities, work *with* communities. There is evidently scope to co-design and co-produce services with citizens and for this to benefit both the community (by being valued and empowered through the process) and the commissioners/service providers who can expect greater uptake of services as a result of greater local ownership and better design to fit the local need. The strength of evidence shows that having some of the core elements in place (such as enabling more people to participate in community activities, strengthening community connectedness and reducing isolation) can increase people's well-being and quality of life. Although early days, there is some tentative evidence to show that demand for statutory services may also reduce as a consequence (James and Cutts, 2017).

Social Return on Investment (SROI) may also warrant further investigation. Multi-agency partnership working needs to be further increased to support the desired outcome of resilient communities.

Approaches to community resilience

Section 2: Evidence from practice and case studies

2.1 Introduction and methodology

This section presents the evidence from practice across Wales (and beyond) to deepen our understanding and add first-hand experience to inform the Draft Principles and Case Studies later presented.

Multiple research methods were used, including one-to-one stakeholder interviews, case study interviews and citizen focus groups. Participants shared their insights and learning about interventions within their fields which improve community well-being and resilience.

Stakeholder interviews: Semi-structured interviews were held with sixteen key professionals from social care, health, housing, community development, public health, academia and key third sector organisations. They were asked to share their experiences of how community resilience is built, good practice, and their understandings of the principles which underpin and foster community resilience. Recommendations on how Social Care Wales could further support community resilience were also gathered.

Case studies: Interviews were held with key participants or leaders of 4 current Welsh projects that aim to enhance community well-being and resilience. These interviews provided a real insight and overview of each project's story, from challenges to solutions, and drew out factors and practices that were integral to their specific project's success.

Focus groups: These (one in North and one in South Wales) were held to gain an insight into what builds resilient communities from a citizen perspective. The participants had experience of long term initiatives which engage and empower local people. They reflected on what resilience means to them and how it occurs or not in their localities. They were also asked to reflect on factors that do or could improve their community's resilience. They openly shared what works well for them and why, challenges faced, successes and stories relating to community resilience.

Other: During the research three other key pieces of evidence came to light that were particularly useful. These highlighted local experiences and learning and so their perspectives are also added where appropriate. The three were: Well London (See Case Study), The Story of the Debenham Community Project, Suffolk (Jackson & Fielder, nd) and Monmouthshire Social Services and Care Council (now Social Care Wales): Getting in on the Act learning resources (2014).

2.2 What do we mean by community resilience? - A view from practice

Self-sufficiency and independence were the terms most professionals and citizens attached to community resilience. This involves a community's awareness and use of its own assets which allows it to become self-reliant, and fosters an independent culture. Many participants viewed reliance on public services as a potential block to independence and described it as a *system* that undermines community confidence and resilience. Three participants commented on this culture, with one saying, "*So many people now rely on social services and the Council. It's a dependence culture fostered over the last 40 years...*". They thought that this resulted in community wisdom and knowledge not being harnessed which weakened communities' potential to become self-sufficient: "*Experience is not passed on, it's disappeared*". Participants thought that the *ability to take opportunities and to cope or withstand* hardship was closely related to self-sufficiency. They viewed this as being able to *respond* to challenges with the *contingencies* and reserves that independent communities have put in place preventing them from "*spiralling into chaos*". One professional

thought an ability to respond to or withstand pressure requires a considerable amount of *flexibility* within communities, challenging the use of the word *resilience*, which is often associated with *defensive, protective and rigid* responses to environmental crises or emergencies.

Being together was another practical understanding of community resilience. People thought that communities who worked *collectively* and *collaboratively* nurtured resilience and created a sense of *belonging* for individuals. A focus group participant described how knowing you can “*knock on anyone’s door and you’re not alone, they’ll help*” supported a feeling of *togetherness* and *robustness*. Participants made links between this sense of belonging and mental well-being, with some stating that *happiness* and *feeling better* in spite of facing challenges was a sign of resilience.

Finally, many participants saw a close connection between community well-being, community resilience and community *strength*. This moved beyond surviving and *coping* in times of hardship to remaining strong at those times, and becoming *stronger* as a *result* of living through hardships, or at minimum, being *stronger* than they were during the crises:

And that’s all about resilience, it’s not necessarily about taking all the problems away, not going to create a culture where everyone’s in a good place, but can just help everyone to be a little bit stronger (ACE).

From a practice perspective we can conclude that resilient communities, with high levels of well-being, are self-sufficient and resourceful. They are able to cope with challenges and hardship by relying on their own assets and working together. Their strength demonstrates that they have progressed from surviving to thriving after or during challenges, and their sense of community nurtures a collective feeling of belonging which has far reaching benefits on people’s mental and emotional well-being.

2.3 Case studies from practice in Wales

Introduction and methodology

To complement the literature review, interviews and focus groups to evidence good practice and innovation in building community resilience, four case studies were drawn from more detailed interviews with projects. These offer a new and dynamic perspective to the literature review and sit alongside the later presented Principles which underpin the building of community resilience to provide a set of resources and tools for those involved in the planning and delivery of care and support, looking to work with communities to build resilience.

The case studies are:

1. Canolfan Pentre, Rhondda Cynon Taf
2. Pobl Seiriol, Anglesy
3. Ynysybwl Regeneration Partnership
4. Action in Caerau and Ely, Cardiff

Semi-structured face to face interviews were held with practitioners and community leaders on site for each case study. Interviews were based around a common set of questions to enable comparison across studies. Additional documentation was also provided and analysed where relevant. The case studies demonstrate community resilience in action.

Case study 1 - Canolfan Pentre, Rhondda Cynon Taf (RCT)

Overview

"We strive to be all things to all people all the time and if we can't we'll have a good try."

The village of Pentre used to be a thriving community, but over time lost a number of services and facilities, including shops, bank, post office, library, and finally the school. Canolfan Pentre is a community centre in the Rhondda Valley that's "open to everybody". Open just over two years, the Centre provides a range of opportunities for local people to get together, including learning, skills and employment activities, pre-school, mother and toddler, and older people groups.

What they did

Canolfan Pentre's founders initially set up a community support group to fight the closure of the school. They noticed a day centre for the elderly was up for sale and could see its potential and started work on a business plan and an asset transfer process. It hadn't been done in RCT before, and the process was long and hard, taking 18 months. There was a small amount of money left over from the fight for the school which they were able to use, but to get it open everyone contributed. They held a fete, and started applying for funding.

Having never done anything like it before, the learning curve was steep but they were fortunate that the people at Tower Regeneration, who oversee the Tower Fund (Tower Colliery), helped them by sharing their experience of getting funding, including how to complete application forms. Interlink, the County Voluntary Council in RCT, also supported them and they never looked back. The Canolfan Pentre team learnt the hard way, applying for funding only for many bids to be turned down, and found people would promise to provide support but would often not turn up:

"We stopped relying on the promisers and ... started relying on ourselves, and we've become quite self-sufficient." (Canolfan Pentre founder member)

Why it works

Canolfan Pentre's aim is to combat loneliness, not just for older people, but any age group, some as young as 7. The Centre gives them the tools they need to cope better.

It's all about engagement. They offer a wide range of activities, and there's never a time when they say no. They will open for one person alone. There is no hierarchy, it's a volunteer family where no one person is more important than another. They recognise the fine line between being professional and remaining informal. They have policies and guidance, hold team meetings and planning sessions.

The centre's main founder is seen by many as an inspirational leader, and she is fondly called a 'people collector'. Canolfan Pentre values each person and seeks to identify how everyone can contribute by drawing out and utilising their skills. For example, one member with excellent IT skills is helping with the website.

They engage all ages, drawing on all types of skills sets in their volunteers. They've built strong relationships with other organisations and services, including the local special needs unit, who bring groups of non-verbal children up to use the café as a mock working environment. 'I love those days. It's my favourite time.' (Canolfan Pentre founder member)

Another organisation brings vulnerable adults in to learn how to use the kitchen and teach them life skills. They've got a mental health group starting soon where people can come along, have tea and a chat and learn coping strategies informally. They charge people what they can afford to enable a variety of groups and organisations to use the facilities because they remember how it felt when they had no money and people did not want to help them.

'It's about connecting people. That's why we support other organisations because ... we can't achieve anything unless we support each other.'

Challenges

It's been a hard process to get where they are. Money was the main problem. They had a small amount of money to get started and were lucky to get some free support from within the community, for example, legal support.

Getting people out of the house has been difficult. They have tried various approaches, and have learnt it's about knowing what people like. People like 'quality company', varied events and they like a party. So they make their events and activities high quality; for example, they have organised a Suffragette day for the 100 year female vote.

Initially footfall was low, so they changed their approach and used different ways of raising awareness of the centre, such as a leaflet drops, and asking every single third sector organisation they knew to use the centre. They have a strong partnership with the third sector.

The council wanted to monitor footfall which the centre volunteers are happy with because they appreciate the need to show value for money. However, they don't focus on numbers, but are concerned with their impact on people:

"...we don't measure outcomes by numbers, I look at people when they leave, if they are smiling when they leave, then we know we've done our job. I think that's what builds strong communities, when people feel welcome somewhere, when people take part in something and they can see it building, they want to achieve." (Canolfan Pentre founder member)

A young boy said "The community centre gives people hope, it makes people feel good about themselves".

More information

<https://www.canolfanpentre.org/>

<https://en-gb.facebook.com/Canolfanpen/>

Case study 2 - Pobl Seiriol, Anglesey

Overview

Pobl Seiriol brings together the community within the Seiriol Ward and public and third sector organisations with an interest in the health and well-being of residents. In 2013, the Council recognised the need to deliver services differently, and asked Community Voice (based within the Community Voluntary Council (CVC), Medrwn Môn) to develop a community vision for the ward. Using Community Development principles and asset mapping they worked with local people and partners to establish the Seiriol Alliance (the Alliance) and develop a vision that reflected the needs and priorities of ALL sections of the different communities in the area.

The aim was to:

'...develop a co-production project, and process, which would enable partner organisations to work together with people living in the Seiriol Ward, to support them to live the lives they want.'

The Alliance aims to change the way decisions are made so the experiences of local people become an active part of the thinking, planning and delivery of services. They seek to shape preventative services to address real needs and create more independent and resilient communities, by encouraging joint working and sharing of resources.

What they've done

Informed by Community Development good practice, they:

- created open and transparent discussions between communities and service providers
- shifted the balance to create equal partners
- recognised that communities are experts in identifying what is important
- recognised the need to build local knowledge, skills and confidence
- created a structure for engagement that could be used repeatedly in different communities.

There was an existing foundation from which to build, local people had already taken over running the Leisure Centre – now a trading arm of the Alliance. They considered what the community could do for itself, all the assets it had, and how were they being used. They looked at what the community was doing but needed help with, alongside what services should be delivered.

In 2014 the Council had £20K Intermediate Care Funding (ICF) to develop the resilience of older people. By working with the community they agreed the funding would be used to develop three Community Hubs and buy a community minibus. Local people determined what was in the Hubs, with access to community nurses, mental health support, citizen's advice and social opportunities their top priorities. They asked for the funding to be given to the community to allocate and the Council agreed, with the Alliance facilitating the process. Decisions were informed by the mapping and identification of local needs already done. A minibus was bought to overcome people being unable to access activities. This is run as a social enterprise from the leisure centre when not in local use. Subsequent funding has been handled in a similar way.

In 2015 a local bespoke model of Local Asset Co-ordination was developed. (This is different to Local Area Co-ordinators (LAC) described in the Literature Review as its focus is on strengthening community assets). The first Local Asset Co-ordinator was appointed (seconded from Social Services) to match people's needs with activities or support available within the community. This was particularly aimed at people who were the hardest to engage with e.g. people who misuse alcohol, experience domestic violence or have brain injuries. Two more Asset Co-ordinators now work within the ward and are involved in considering what more could be achieved by pooling funding from IC, Anglesey Council, GP clusters and Medrwn Môn. The Alliance is also exploring, with CIW (formerly CSSIW), setting up their own unique model of care commissioning, Care to Co-operate (a community commissioning model with community driven outcomes). This aims to bring people together to pool finance and buy their own flexible care package collectively. Local people will also be recruited as service providers.

One lady who lived in a block of flats was disengaged from any support service, only seeing a Doctor or OT from week to week. Following support from the LAC she now has a circle of 5 or 6 friends who she regularly walks the dog with. 'It's one to one work like this that has supported what we were doing in Seiriol' (Project Manager).

Why it works

There's an open door policy, and *engagement is at the forefront of everything they do*. They won't work with any partner that isn't willing to use the National Principles for Public Engagement (Participation Cymru, 2011). Free choice to participate is important. They provide people with a voice but it's up to them to engage. It must be more than a talking shop too, people need to see things happening.

Co-production is key, it's about equal partners working together. It must be "bottom up" not "top down" – do *with* not *to*. Language is important, the *community don't relate to 'coproduction'*. Look at the assets in the community, identify what's strong and build on it. The principle is that everybody's got something to give and a part to play.

It has evolved organically based on what people in the community feel they need, and never pushed anything. Also, if there is something local people really want to do they help them do it.

Resilience is about making sure people have the tools. They had Asset Based Community Development training and Community Voice has developed a skills development toolkit which develops confidence by giving a process to follow.

Empowering people to negotiate, make decisions and try things is important. People are encouraged to reflect how things could be done differently if things haven't worked. This increases understanding including the responsibilities involved in decision making, and it builds capacity.

Challenges

The Council determined the project's boundary but people didn't identify with 'Seiriol ward'. People mostly identified their village or immediate area so to engage with them it was critical to focus on smaller areas.

It's resource intensive to start with. There can be pressure from the local authority to achieve more and sooner, and it can be difficult for organisations to understand the time required to build relationships which leads to action.

Social Services bought into Pobl Seiriol from the start but no other County Council departments or health. Establishing a strong relationship with the Council has not been easy but now the Council give funding to the Alliance to make local decisions.

Greater commitment from health and other local authority departments to building resilient communities is needed and reporting in so many different formats uses up time that could be spent building resilience!

On-going funding for LAC and other staff is an issue. (Current funding finishes in March 2018).

More information

<http://www.poblseiriol.co.uk/> <http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=96&mid=187&fileid=78>

Case study 3 - Ynysybwl Regeneration Partnership (YRP)

Overview

In 2017 YRP secured Big Lottery funding for a 7 year community regeneration project in Ynysybwl, in the Rhondda Valley. Community led, it seeks to utilise the existing village infrastructure to build upon and improve learning, employability, and health and well-being.

What they do

The project is looking at both the physical and personal assets within the community. They are looking at asset transfers to enable regeneration of the paddling pool, and the creation of a visitor centre and community hub. The long term aim is to create a social enterprise around tourism to draw upon the natural physical assets within the community, i.e. the forestry and the local business infrastructure.

They are seeking to tap into people's passions, looking past what service providers want which is often not what local people want. They now have a pony club, running club, rambling club, allotment group, Ti a Fi and youth groups, a vision group, and a drama group. All have grown organically and are led informally by people from the community who had an interest.

Why it works

Engaging the community is key, involving people and partners. They listen, are realistic and honest. Ways of working need to be adaptable and fluid to respond to issues as they change. People engage because they want to, but if you put too much formality around it you lose people. Community connectors are vital but it needs to be a naturally emerging infrastructure. They are careful not to overburden these connectors with reporting and bureaucracy, or it would undermine the community infrastructure. Community networks are fundamental – organisations should be facilitating the building of them.

It's important to have a facilitator who can broker relationships between the community and service providers. Organisations often approach them saying 'this is what we want to do' which immediately disengages people. A facilitator can broker the tensions and help overcome misinterpretations. If it becomes clear that the tensions can't be overcome, sometimes they have to stop organisations coming in. If organisations won't meet in the middle, it's key that the facilitator takes a stance that supports the community or they would lose their respect and trust. It's a privileged position to be in so they can't risk the community being undermined

Challenges

Talk of 'creating resilient communities' creates a tension as YRP believe communities are resilient, it's systems that undermine them. It's 'not my job to create a resilient community' but instead to help the community improve and regenerate and build upon what's already there. Systems and the withdrawal of services can undermine communities, but people find their own solutions. We need to empower people and communities to have a stronger voice and to navigate the systems. There's a sense that organisations are looking to community resilience as a means of resolving their own resource issues. Instead the focus should be on breaking down the barriers that prevent communities from doing it for themselves.

Systems and structures can undermine community resilience. Forcing corporate structures into the community won't work. 'Always put people first, not the services, systems, structures' (practitioner, YRP). Systems can create dependencies, sometimes people fail to see their own responsibilities. This cultural dependency on services to 'do for you' needs more exploration to determine where it comes from. If a dependency has been created we need to nurture change and support people to find their own creative solutions.

In terms of measuring success, you can see physical changes, for example, a housing stock upgrade. Key statistics can point to change, for example a reduction in the number of boarded up houses, and/ or an increased waiting list to live in the area can indicate positive impact. The issue is that everyone wants to measure something, but all too often not the right thing. Projects bend what they measure to funding requirements (because they have to). However this is often detrimental to what would be useful to measure. Quick wins are sought sometimes over long term outcomes.

In YRP they're determining what they will measure and they're considering how to record community activity and active citizenship, and how happy and engaged the community is. They aim to be realistic and fair in terms of the level of burden placed upon informal groups led by community members on a voluntary basis. Monitoring and evaluation can undermine a community.

There can be a lack of awareness amongst individuals of the improvement that's resulted from their own journey of change, but actually whether they know they've improved or not isn't the outcome being sought, yet so often is the one we're measured on.

New ways of working under the Act and the Future Generations Act should apply to everyone, but organisations don't fully understand or see the relevance to them. The values and approaches need embedding in all organisations (including third sector). Social Care Wales can lead by example in the way that it engages and works with communities by fully embedding the Future Generations Act, its principles and ways of working. They could work with the Future Generations Commissioner and others to push for it being embedded through everything and all ways of working. We all need to be more people centred, and understand the benefits of genuinely engaging people, and not fall back on bureaucratic systematic ways of working. It applies across organisations and across sectors. Embedding the five ways of working (Future Generations Act) becomes your system – and we should be measured on that (Project Manager).

The way funding is allocated in silo blocks to address specific needs forces communities to develop different individual projects – which is not joined up.

Investment is often based on turning poor villages into less deprived areas, but that might never happen for a range of reasons. It's inappropriate to measure that alone, or at all sometimes.

More information

Contact the project: Louisa@yrp.wales

Case study 4 - Action in Caerau and Ely (ACE)

Overview

ACE began with community development work to create of a thriving network of active individuals and community groups. The organisation formed in 2011 and in 2013 ACE took over the management of Communities First in the area.

They consider resilience through a number of interconnected lenses: including individual, family, and community resilience.

'The beauty of living and working in Ely & Caerau is that people are very open and honest - they openly tell you what's going on in their life and they love to talk! Building resilience ... is allowing people time and opportunity to talk about their circumstances, showing them that they are respected and valued and giving them space to find their own solutions' (project lead, ACE).

What they do

There are lots of examples of people developing personal resilience in a variety of ways. For example, increasing numbers of people presenting with mental health issues and a range of associated issues such as agoraphobia, depression, isolation, low self-esteem, disengagement from the community and not being in paid work. People come in at different points, and ACE tries to engage with them and support them on a journey towards greater confidence which can take all sorts of forms. They provide support around the practical side, for example helping people into work, building financial resilience or accessing food bank, as well as support to build confidence and emotional support. All sorts of groups and support groups meet there, and all sorts of relationships form.

It's about facilitating the creation of networks that go right out into the community, building people's capacity to help each other. These networks of support, where people step in when they see a neighbour struggling, are key. They start getting an infrastructure of participation and people cooperating which is fundamental to resilience. The spin offs aren't easily captured or measured.

Whilst there's a constant push on improving children's educational outcomes, when it comes to families ACE considers the barriers to achievement by looking at what's going on in families that might be having an impact in the classroom. They work with parents and children to identify what their needs are. It's often reciprocal, parents can often have same issues as their children in terms of low aspirations and confidence, and the need to feel valued. So they've introduced programmes to address adult support needs as well as children's. They run programmes where parents can do activities, such as building Lego, to build confidence due to never having had the opportunity as a child.

They are currently developing a project in the area as part of Cardiff Council's response to the Welsh Government's Children First programme. It will look to bring services, professionals and local people together to build upon relationships, involve people in designing the services they need in a way that's accessible to them. It will aim to enable people to find support that doesn't take away their privileged position of being the one that knows what the problem is, by

encouraging people to take greater ownership and to recognise they have more control than they think. Currently if a family has multiple issues people are swamped and easily lose control as support isn't holistic. They will also aim to have professionals talking to each other, and parents who know where to go. Face to face support, from someone speaking in language that they recognise, in a place that's accessible is key. Everybody needs help, but it's about how to provide it in a way that's empowering not disempowering.

ACE use a mix of approaches, but two theoretical concepts they cite a lot are:

- Co-production
- Asset Based Community Development work.

Why it works

Individual resilience, family resilience and community resilience are individual building blocks which feed each other. Work on personal resilience impacts your family, and stronger family has an impact on the community.

Resilience is about enabling people to be more in control of their lives and to respond positively to challenges so when things go wrong they don't fall apart. With strong networks people know they don't have to be strong at everything, because they know someone down the road who's good at this or that. They constantly ask the co-production question: not only what can people receive from ACE, but what can they contribute as well? The message given out all the time is that everyone has something to contribute, and if anyone (for any reason) is unable to contribute then everyone loses out. By using their skills to support others people find satisfaction.

They have created an environment where relationships can build, all their work is based on relationships of reciprocity and friendship. People gather around things they might want to achieve. Community hub organisations, such as ACE, are fundamental in mobilising activity, a central point for rallying people round a vision for their community. ACE always have the attitude that if people want to do something, unless there's a very good reason why not, they'll make it happen.

They've created a friendly, open and informal culture and done a lot of work blurring the traditional boundaries between professionals and people – which has been controversial. Lots of staff live in the area which is a real strength and gets rid of us and them mentality. It's a facilitative role providing the infrastructure to get things off the ground – they have all the policies, so can *'...take a hit on the dry bureaucratic stuff so people can get on with stuff safely under your umbrella...'* (Manager, ACE). They've created resources people can use, and run a range of activities and groups but also support local people to set up schemes using their own ideas (café, community shop, range of groups, community garden) with varying degrees of independence.

Sense of place, having a strong identity and pride in where you live – and wanting to stay there – is also seen as fundamental. They worked hard to overcome negative perceptions of the place and the stereotypes by looking at the assets they have in the area, such as the skills people have, local knowledge, buildings, land and networks. Extended family networks are key assets

which have big implications for resilience. They are working towards people feeling really proud of where they live, not stigmatised.

They've done a lot to look at, and engage people in, their local history, culture and heritage as assets. There's a long ignored Iron Age hill fort, a nationally significant monument, where they've carried out annual excavations with local people and uncovered an amazing history. It's had a big educational impact with people inspired to go on courses, even to study archaeology at university. They've just secured five scholarships for local people with Cardiff University. Five existing students from the area have been in touch as they want to come and give back to help other young people locally.

They're now looking at tourism and social enterprise opportunities, working with local people to set up a community heritage centre using Heritage Lottery Funding. It's something local people can have pride in, and as it develops has potential economic and social regeneration potential.

Leadership within the community is hugely important. The head of the new secondary school has had a big impact in terms of family resilience, valuing people and wanting parents and families to feel part of their child's education and part of the school, even enabling parents to set up a food bank and shop on site. He's driven a more consistent approach to supporting families across schools in the area. The school also has established a wider cultural and creative partnership with 9 organisations (including Wales Millennium Centre, BBC National Opera of Wales, BBC Cymru Wales amongst them). Local people are starting to see and feel that they're being valued and that makes people feel stronger and believe in themselves.

They try and communicate positively that people have a shared responsibility to influence how things can change for the better. Inviting people to be part of the solution rather than the problem, and if you get that right it's an exciting offer:

"Who doesn't want to be involved in something that has significance and leaves the world a better place" (manager, ACE).

The workers feel privileged to enter into the lives of people who live here. Across the community what ACE has been able to achieve is:

- respecting and valuing people
- empathising and understanding their difficulties
- seeing the positives in people, and supporting their ideas
- facilitating in a way that they can learn from it themselves.

Challenges

Reporting is a challenge. They report being stuck with Communities First monitoring and evaluation approaches which weren't capturing what they needed. They would welcome mapping the social connections and networks that run out into the community and see the impact they're having, but it would be very difficult.

Their Men's Shed project is aimed at men, mostly retired, who they'd previously struggled to engage with. Following its success a number of agencies have wanted to refer in but

with no resources, and that's a real challenge. The same thing is happening with social prescribing, doctors can refer to projects such as ACE, but how is it sustained? Who pays for it? Organisations want to tap in to their networks, for consultation/ focus groups etc., and ACE will facilitate because of benefits to the local area, but significant time, energy and resources have gone into developing the networks and building relationships and it needs resourcing if it's to continue.

They observe that a lot of money goes in to overarching organisations for research who then subcontract out to small charities trying to run local projects but get scant resources to do so. A lot of the models organisations are excited by depend on some sort of infrastructure within a community. The culture of big organisations, like social services, needs to change to recognise the need to invest in these kinds of interventions and projects.

The background work that's been done to date, everything that's underpinning where they've got to, came from Welsh Government funding under Communities First.

More information

<http://www.aceplace.org/>

<http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=96&mid=187&fileid=78>

2.4 Summary case studies

Summarised examples of some initiatives from Wales and beyond mentioned during the research are presented below. Information was gathered mainly from reports and websites and illustrate a range of approaches to community resilience.

Carers' Resilience Service

Example of Multi-agency partnership working

Location: Rotherham

Description: Rotherham Carers Resilience Service (CRS) is delivered in partnership by Crossroads Care Rotherham, Rotherham and Doncaster Alzheimer's Society and Age UK Rotherham on behalf of NHS Rotherham Clinical Commissioning Group. The CRS began in 2015 and provides information, advice and practical support to help carers of people living with dementia to care for the person at home for as long as possible. The 2016 service evaluation found that it has a positive impact on carers' life satisfaction levels, feelings of worthwhileness, happiness and anxiety. The carers involved in the evaluation reported feeling more reassured, supported, guided and informed.

Information source: Dayson and Bennet (2016), Centre for Regional Economic and Social Research (CRESER) (see bibliography).

Further information: CRESER: Chris Dayson; 0114 2253539; c.dayson@shu.ac.uk / For Crossroads: Liz Bent (Chief Executive); 01709 389516; Liz@crossroadsrotherham.co.uk

Learning: A multi-agency approach can lead to seamless and holistic support for people who need care and support and their families. Shared principles and messages (such as resilience development) between agencies can enhance outcomes for services users.

Debenham Project: The Four Mile Rule

Example of Community Anchor Organisation and Social Micro Enterprise (SME)

Location: Debenham, Suffolk

Description: The Debenham project provides community-based support to people living with dementia and their families. Its inception and growth has received considerable attention and is written up as a story.

They have strong well developed community-centred principles including:

- paying no attention to national or other strategies;
- being speedy and responsive to need rather than bureaucratic;
- focusing on what they can change;
- upholding the belief that anything beyond four miles is too far for people to travel for support;
- encouraging local people to influence their work and insisting on continued community ownership of the project.

They began as a basic advice and information centre and have now evolved into a fully functioning project with multiple services, including the Carers Club, the Fit Club, and a Carers Co-op. Their work looks to address the gaps mainstream services are unable to. The project now provides over 200 personal support sessions each month and has over 100 volunteers.

Information source: Debenham Project Team (Jackson and Fielding, nd).

Further information: <http://www.the-debenham-project.org.uk/contacts.shtml>

Learning: With adequate knowledge and skills, communities can become self-sufficient and develop community owned well-being and resilience enhancing activities. The upholding of community ownership principles is central to their success.

Ffrind i mi (Friend of mine)

Example of Peer support

Location: Aneurin Bevan Health Board region

Description: Ffrind i mi was established in 2017 to help address social isolation and loneliness. It aims to recruit as many local volunteers as possible to provide support for people at risk or experiencing isolation and develop compassionate supportive communities. It takes a partnership approach led by the local authority employed Community Connectors who talk with people in need and connect them to any local support services that match their needs such as a befriending network.

Information source: <https://www.ffrindimi.co.uk/>

Further information: ffrindimi.abb@wales.nhs.uk Tel: 01495 241257

Learning: Combating loneliness and isolation is a key element in building well-being and resilience. This is addressed through supportive relationships and networks. Local authorities and public services can play a facilitative role.

Me, Myself and I Club

Example of Community Anchor which is becoming an SME

Location: Briton Ferry, Neath Port Talbot

Description: The Me Myself & I (MMI) Club's initiation and development is written up as a case study by Wales School for Social Research. The club, registered as a Charitable Incorporated Organisation in 2013, provides *non-stigmatising peer and volunteer support* to people living with dementia and their families. It aims to challenge negative stereotypes of people with dementia by raising awareness and understanding of what it is like to live with dementia and providing guidance on how to be *helpful not hurtful*. The club has experienced an unanticipated amount of interest and has expanded from a small weekly coffee group to a service with its own building and volunteers. Its key achievements and services include: a day break service; person-to-person outreach service; Dementia care training to young people and the long term unemployed and much more.

Information source: Me Myself and I team, (nd) Wales School for Social Care Research, Dementia Engagement and Empowerment Project and Care to Co-operate (see bibliography).

Further information: <http://www.me-myself-and-i-club.co.uk> and Wales School for Social Care Research: Nick Andrews n.d.andrews@swansea.ac.uk & Anita Tomaszewski.

Learning: The importance of positive language in promoting a well-being culture. Community anchor organisations have the potential to deliver powerful campaigns and messages.

Rhondda Social Prescribing

Example of Social prescribing

Location: Rhondda Valley, Rhondda Cynon Taff (RCT)

Description: This social prescribing service provides one-to-one referral support to a range of community based health and well-being support activities via a local link worker. This role is hosted by Interlink (the CVC for RCT), who act as an umbrella organisation for over 500 community/voluntary group members. These members are a crucial resource, providing valuable community services, activities, advice and groups which people can be referred to. The link worker is also responsible for developing community projects, including Grow Rhondda - a gardening project, and Create Your Space, aimed at empowering local people and giving them better opportunities.

Information source: Rhondda GP Cluster Well-being Evaluation Report, April- December 2017. Available at: <http://www.interlinkrct.org.uk/wp-content/uploads/2016/01/GP-Wellbeing-Coordinator-Evaluation-Report-2018.pdf>.

Further information: Rhondda Social Prescribing or Interlink

Learning: The third sector can play a pivotal role in connecting people to community based and alternative well-being support activities. The third and public sector need to build strong connections to local groups and initiatives to maximise this role.

Well London

Example of Community Development, Community Asset Mapping, community engagement, Local Co-ordinators, Volunteer Delivery Teams

Location: Ten disadvantaged neighbourhoods in London including Tower Hamlets and Greenwich, Woolwich Dockyard Estate. (Well London is currently supporting similar developments in the North West and in North Wales (Well North Wales)).

Description: Set up in 2007, Well London provides a framework for communities and local organisations to work together to improve health and well-being, build resilience and reduce inequalities. The approach engages the most disadvantaged communities and empowers people to:

- build their individual and community capacity for health, well-being and resilience
- engage, shape and take action on specific health and well-being needs and issues.

Importantly, Well London integrates with and adds value to what is already going on locally to maximize resources and ensure value for money. The Well London framework comprises two types of activities:

1. Community Capacity Building activities and resources for all neighbourhoods.

2. Action on specific local needs and issues is taken forward through a portfolio of themed activities and projects. These are determined by the needs and issues identified by each community through the CEAD (Community, patient and stakeholder Engagement in needs assets Assessment, mapping and priority setting: Co-production in Design of the local programme) process. These can include, for example: local action to improve healthy eating, physical activity, mental health, local environments and cultural and arts activity.

Processes that stimulate ongoing community engagement, grow participation, volunteering, community networks and community cohesion are built into all Well London activities.

Information source: Well London <http://www.welllondon.org.uk/4/about-well-london.html>

Further information: Website (see above) shows wide information about the programme, personal stories and evaluation or Email: info@welllondon.org.uk

For information about the Well North Wales development contact Glynne Roberts: Glynne.Roberts@wales.nhs.uk

Learning: Build on pre-existing and natural community assets to facilitate health, well-being and resilience enhancing activities that are identified and implemented by communities. Taking the time and resources required to build community capacity can support these processes.

Approaches to community resilience

Section 3: Discussion and principles

3.1 Discussion

In this Section, evidence with a particular focus on the practice based research, will build upon the literature review to add a further dimension to our understanding. Where appropriate discussion about communities and professionals are alongside each other. Where the term 'evidence' is used, this refers to both the literature review and practice evidence unless shown differently. The anonymity of interviewees is preserved in this section whilst some of their words are reflected or presented (in italics).

3.1.1 Community assets

Community assets are much wider than sometimes thought and include a range of things from the easily identifiable buildings and services through to employment opportunities and the often forgotten, all-important, people themselves. People bring local and other knowledge, skills and ability (recognised or latent), networks, friendships, family and wider connections, their time, enthusiasm, motivation and much more. Their strong sense of local identity and sense of place including heritage, roots and how proud they feel of living there, are all assets and contribute towards building community resilience. It's important to recognise people's expertise in knowing what it feels like to live in an area, in that context and in their circumstances (often shared with others in the same community). Community asset mapping can be a good way of working in partnership to capture this. It can also start real community engagement and lead to transforming the **relationship and trust** between public service providers and local people as well as increase local empowerment and well-being. This process was used to develop initiatives such as Well London and Pobl Seiriol (see Case Studies).

Sometimes people don't recognise that they have **skills and abilities** until something happens to increase their self-belief, they find a voice and confidence, and help change things for the better in their community. Often it's through a local **community project** which uses Community Development principles to engage and empower local people. It can also be in response to a threat (or reality) of losing a valued local asset e.g. a school, library or leisure centre which becomes a binding force and common issue to galvanise community response. Although resilience as a term is somewhat contentious (see Literature Review) its element of response to a threat or challenge can be seen to be paralleled here. The term resilience was discussed by practitioners and people who identified its close connection with community strength and community mental well-being. **Individual and family resilience** were also confirmed as building blocks in strengthening community resilience.

Making the best use of existing **community information and knowledge** is key to making change locally and enhancing resilience. Local people have inside information about the community and 'connected' people openly share information with each other when there are informal opportunities to do so. Creating opportunities to socialise locally such as community events and local activities is important. They facilitate the growth of informal support networks, friendships, sense of belonging, shared experience, access to support and increase well-being by making people *feel better*. Social interaction enhances well-being and resilience - *people look and feel good*.

"We don't know what we don't know!" focus group participants.

3.1.2 Strengthening community connections and social networks

Strengthening **relationships**, increasing **social networks** and the **connectedness** people feel to each other within communities, where they are not already robust, is essential. Relationships with trust, reciprocity and shared *lived experience enables connections to be built* more easily. In many places the traditional 'community spirit' has been lost alongside an increase in *dependency on services*.

In Wrexham, Social Services have close links with local Community Hubs. From these, Community Workforce Agents work as a network of people who bring people together to support each other in the way the community used to in the past. There is a real need to connect people together... It's the only thing that works in building resilience.

As local people themselves identified, *if you're not connected you cannot be supportive to others*. This shows the importance of enabling people to give something back to the community, reflecting one of the Five Ways to Well-being to promote good mental health (NEF, 2013). Cormack Russel, a leader in the Community Development field, argues what others also identified, that *resilience can only be built in connected community* and to achieve this communities need to be *nurtured*.

The local **connecting people role** is important and skilled. This includes facilitating, encouraging and supporting people to take part in local activities. As one participant suggested: *Everybody's job should be to direct people to things (support, information etc.)*.

3.1.3 Engagement and participation

Engagement is widely regarded as the crucial first step to working with communities. From this **trust and confidence** can grow which spurs many on to become participants in helping to change things locally for the better. *People involved become empowered*. The National Principles for Public Engagement (Participation Cymru, 2011) are highly regarded and used in practice. One project refuses to work with any partner organisation that *won't sign up*. How professionals engage and avoid the 'disconnect' between what they think they are doing and how the community sees it is also important (see 'Working Together'). An 'Engagement Ladder' can be useful in explaining this (see Angel, 2006). How opportunities to consult or participate are presented makes a big difference to people's motivation and decision to take part or not. If people see a genuine opportunity to make their views heard, are respectfully going to be listened to and can affect the outcome of decisions they engage but not otherwise. *Who doesn't want to be involved in something that has significance and leaves the world a better place?*

3.1.4 Community infrastructure and community projects

The existence of a strong community infrastructure is *fundamental* to community resilience and *Councils should be facilitating them*. Community infrastructure includes community projects, groups and local organisations, some of which act as community anchor organisations. A very strong message from practice was to *always build on what exists* and not to undermine or remove it. Instead, recognise their value as new developments depend on community infrastructure being in place. *You just can't pick up a social prescribing programme and put it in a field where there's nothing*. Things can develop quickly because they build on what preparatory work has already been done by previous projects. *But funding is not on-going so the existing projects will come to an end*.

To strengthen community resilience, *an infrastructure of participation and people supporting and*

co-operating to help each other is needed. Projects using Community Development principles are integral to providing this as well as increasing community engagement and empowerment. These groups and organisations form the bedrock of the community. One professional expressed the *difficulty in finding out what there is and how to work with groups.* Others see County Voluntary Council as playing a crucial role. Dewis Cymru (a free national data base to support well-being) provides some access to information *but has its limitations.*

From practice, two caveats were highlighted. Community groups and organisations *have to be mature enough in terms of structure to be able to take it all on board.* That is, cope with people being signposted to them and potentially in large numbers. There needs to be investment in community groups to enable them to grow, if this is what people want to happen. Sometimes an influx of new people can change the dynamic of a group that people who set it up for themselves (e.g. as peer support) find their needs are no longer being met so they leave. There is also a crucial role in helping groups and the community itself develop a strong infrastructure so that they are more robust in themselves. The more sustainable examples of projects that build resilience *have some type of organisation.* The suggestion was made that this could possibly be a strengthened role for CVCs or community anchor organisation and would need resourcing.

Another caveat is that *stripping services away in one village and combining them in another doesn't make it easy for people to access them.* Although the financial pressure on the public sector is recognised, the message for building community well-being and resilience is to *keep things local.*

There is a need to develop support services which respond flexibly to reflect local needs and context. For example, a bespoke Local Asset Co-ordinator's service was developed in Anglesey (see case study). In Rhondda Cynon Taf a community project, Canolfan Pentre, changed how it approached its marketing because it didn't initially attract many people. Community projects can provide holistic support moving easily between physical and emotional support as needed. Canolfan Pentre's mantra is *'we strive to be all things, to all people, all the time and if we can't we'll have a good try'.*

3.1.5 Opportunities for socialising and taking part in community activities

Creating easily accessible opportunities open to all to socialise in local activities which are *not self-stigmatising by taking part in them* is of real importance in building community resilience. Social interaction *breaks down isolation* and for many people these opportunities are a lifeline, also *if you are isolated you can't ask for information or get help.*

Creating and sustaining these leads to the relationships, natural networking and connections previously discussed. Removing all things which might prevent access e.g. cost, or creating only low barriers (e.g. token cost) to taking part helps. Information about them also needs to be readily available and in a format that would make sense to people. Even with local opportunities on offer challenges remain, *getting people out of the house was difficult* but by outreaching, knocking on doors, leafleting, talking to people where they were (e.g. shops, pub, street) *we got people to come.* Debenham, a long standing evaluated community project in Suffolk, describes ...how the *'golden thread' lies in encouraging social interaction with peers, volunteers, and professionals in a wide variety of ways* (Jackson and Fielder, nd). Others also stress the need for variety in what is available to meet people's needs and interests. The way people are approached about activities also makes a huge difference. One project says *'We have a conversation with local people asking... Do you go to any clubs? Do you know about things going on locally? Then we direct them to things*

they have an interest in. However, investment is required to sustain these important grassroots activities.

3.1.6 Empowerment

Empowerment grows through “bottom up” approaches not “top-down” imposing, and a Community Development approach is central to this. Evidence shows that we need to *ask people themselves what they need*. Adopting an asset based co-productive approach of working with people rather than doing to them will ultimately strengthen community resilience. *Communities are experts in identifying what is important.*

People feel empowered when they can take decisions about their own community. Feeling ownership, shared common ambitions and aspirations all help this. Empowerment can grow when people feel part of information sharing, consultations and public meetings if it's done well, for example in a neutral venue, they feel comfortable and don't have to fit around other agendas. But they need support to grow confidence and to *empower them to believe they can do it!* Also, to find a *stronger voice and navigate the system.*

ACE empowers people to find the best way possible of reaching a solution to their needs. It provides support and help that doesn't take away from people their privileged position of being the one that knows what the problem is. We try to encourage people to take greater ownership of that and recognise they have more control than they think they have.

Empowerment is also about *independence*, increasing people's ability to make decisions based on **all** available options and think *what can we do for ourselves? We've stopped relying on the promisers and ... started relying on ourselves, and we've become quite self-sufficient. Independence is so important... it comes from our ability to make own choices e.g. about what services we want to use. It's quality of life.* Accessibility of services such as doctors, dentist, shops, and community activities so people can *get there themselves* is an issue. *Lack of independence leads to reliance!* Professionals *...need to make it easier for people to do the things they want to and do things for themselves* and recognising the importance of independence for well-being. *If you are within your own 4 walls, it's very difficult to be inspired and feel that it's worth getting up tomorrow.* People need to be able to access support that is *empowering not disempowering, that doesn't crush them and make them feel like a failure.*

The community centre gives people hope, it makes people feel good about themselves (young person from Canolfan Pentre).

3.1.7 Working together

Co-production

Evidence shows the value of using a Co-production approach. However, as one professional put it, *it's basically joint working. If I went to a community and said I'm here to Co-produce they would look at me oddly. 'Joint working' is clear and gives more understanding. It's about equal partners working together. The principle is that everybody's has something to give and a part to play, it doesn't matter how.* Professionals also have skills and expertise that the community need to access. Joint working with communities means *we need to work together to make improvements.* Genuine relationships

need to be developed with local people. *Blurring boundaries between professionals and people is important to achieving authenticity and trust.*

*We need to listen to and learn from each other. The community is better placed than professionals to make decisions about the communities' needs. We all have a shared responsibility. They add that if there is no joint working, no partnership approach, then there is no working in this area. It's got to be a partnership approach. Equal partners means **shared responsibility** and this is essential if things are going to change.*

We constantly ask that Co-production question: not only what can people receive from us, but what can they contribute as well? Everyone has something to contribute (ACE).

We try and involve people in designing what services they need in a way that's accessible to them. Establish and develop local services with the community. Services are then more likely to be owned, effective and meet local need.

Keep it local and local ownership

The importance of keeping things local and building local ownership were highlighted as key features in both the literature review and practice. *Community ownership is key. They mustn't be only passive recipients. Build, encourage and support local ownership. This empowers, promotes well-being and develops services more aligned to community need. Seiriol is a big place but when talking about everyday life we're talking about small local places. The whole ward was the boundary set by the local authority but it had to be changed or people wouldn't have engaged.* The importance of this local focus was also emphasised by focus group participants.

Communities need to own local economic opportunities - *resilient communities manifest themselves in the foundation economy; owning care offers potential for care becoming a local anchor organisation.* In this context, the Care to Cooperate, (which can follow different development models, such as: consortium, multi-stakeholder or as seen in Anglesey, a community commissioning model) offers a new way of providing locally owned flexible shared care services.

Local ownership is important when reflecting on community resilience. One professional argued that instead of community resilience being seen as a means of resolving an organisations resource issues, the focus should be on **breaking down the barriers** that prevent communities from doing it for themselves.

Change of culture

(i) Professionals

Despite all the rhetoric we are still in the post war culture of *doing things for people.* We need to change communities' *expectations of what state should provide and reduce this dependency.* We need to help people ask "*what can we do for ourselves?*" However, people need to be confident, empowered and supported to be able do things for themselves. *It still feels like a "tick box" exercise at present. Not much evidence of them (professionals) wanting to do things differently. Broader Council buy in is needed.*

A change of commissioner mind set is needed *to allow funding of less formal groups who support strengthening community resilience.* In many cases the degree of funding required is low. Groups need easier access to funding. Expecting them to tender is self-defeating.

Health and Social care professionals need greater understanding of *what there is in communities* and *more recognition of informal groups* and increased engagement between different stakeholders.

Bureaucracy and organisational systems do not always support community efforts to build the networks and connections that contribute to community resilience. One community partnership believes that *communities are resilient, it's systems that undermine them*. One local person talked about how she was trying to organise a street party to bring the whole community together and build connections but it was being constrained by the local authority.

A full view needs to be taken before making policy decisions. Policy links (national and local) between agendas need to be more closely considered e.g. transport, youth clubs, closing leisure centres and public toilets. *Conceptually people will recognise it* (that it impacts on community resilience) *but in policy terms there's a lack ... of practical links*. Systems thinking tell us that *if you change one thing it has an affect somewhere else*. To ensure community resilience, these connected aspects need to be thought through *before making a change*. Organisations need to understand the full impact of policy changes on community resilience.

Local people report that more thought about communities and meeting their needs is required in policy and the Local Development Plan. *We need more extra care housing, local shops, accessible services, community activities and good transport to be able to get there*. Poor transport links make it *impossible for many to reach services*. Public services need to use local knowledge. Focus needs to be *less on services and contracts – instead focus on how to get people together* to increase resilience and well-being.

Everybody says the right words (e.g. health, Council departments) but in practice for whatever reason Pobl Seiriol has had 100% buy in only from social services. Health and others say, "yes we need to build resilient communities" but they don't then engage. Despite an open invitation nobody comes to see what we do and talk to local people. That's how they would understand more.

What communities want might be totally different to what we (professionals) want or offer and that is an issue. Professionals need to see for real what is or isn't in the community, how the people living there see it, and recognise this disconnect. Well London put a lot of time and money into doing that, which is different to the norm. Following a local survey in Anglesey, a disconnection was found between what organisations think they are doing and what the community see them doing. Arnstein's 'Ladder of participation' was adapted locally to match how we engage. It helps explain to partners, you think you are doing this but you are actually doing this. (See similar ladder - Angel, 2006.)

To support this culture change, knowledge exchange events are useful. Cross-sector learning e.g. sharing innovative and creative ways that some sectors or organisations (such as housing associations and charities who rely on generating income) have to be innovative and creative. Public services need to be able to tap into and use local knowledge.

(ii) Communities

Community members need to be encouraged to take more responsibility, this *cultural dependency on services to 'do for you'* needs to change. *It's not looking after number one and the family only anymore but others too. We need to nurture this change and support people to find their own creative solutions. There's also a responsibility on them to take part too (e.g. in community consultations) - we say "you should have gone". We challenge them back. It's important that we throw it back to them because the money doesn't exist to do everything so there has to be that dialogue. We say if that's what you really want to see happen you've got to get involved in it then. BUT you have to make the*

effort and meet them half way.

Negotiating skills training has been useful when working with partners. Many people are *not ready to be part of the ownership process, they lack confidence*. We need to build people's capacity to be involved and to *help each other*.

All local people involved in Pobl Seiriol have had Asset Based Community Development training and Community Voice has developed a well-used skills development toolkit which develops local people's confidence by having a process to follow.

Communication

Evidence shows that it's essential to have meaningful effective dialogue in a way that people will understand (e.g. jargon free) in order to build relationships and community trust. Professionals must talk to communities properly and avoid being patronising. For people to contribute, they must feel listened to, respected, valued and be empowered.

This requires:

- Open honest and on-going two way communication.
- Always update and feedback on progress – local accountability is very important.
- Always act on promises - ***unmet promises breeds distrust, disbelief and apathy.***
- Ensure people have ***information and choice.***
- The language and terminology used can disempower and create barriers e.g. for minority ethnic young men needing to understand what services are available and how to access them.

Communication needs to be improved as *people report that they don't know how councils' work and are not aware of all health and care options open to them.*

3.1.8 Community facilitation and leadership

Community co-ordination and development doesn't happen "out of the blue". Someone always needs to support and lead engagement and Community Development. Facilitation is key to building community resilience. It's a powerful way of giving voice and control to others and empowering communities. Facilitation involves a relationship built on *trust, listening and believing in people* as well as *suggesting strategies to improve things but most of all allowing them to identify those things in their own way. Part of the job is helping people to believe in the qualities that they have.* Strong relationship needs to be formed with the community and mutual understanding needs to exist. Many suggest that greatest *authenticity* is held by a local person and *preferably employed by the community not Council to enable people to get things done and help make sense of what the Council does, so it's accessible for local people.* The facilitator must be *accountable to the community* and always represent community interest, otherwise they lose credibility and respect. Many professionals feel *it's a privileged position to be working with people in communities.*

Local people commented that you need a *leader with vision and determination, knowledge and skills, but not hierarchical* and that they are a *people collector who bring people with you.* Sometimes paid organisations take on this leadership role but there needs to be a mutual understanding and right skills for this to be effective.

Local leadership is hugely important... there is a headmaster who treats people like they're of value, wants parents and families to feel part of their child's education and part of the school, parents have set up a food bank and shop on site. He's already reaching out and saying we care about you, we know things are tough, what can we do to help?

3.1.9 Tackling inequalities

Professionals need to recognise the *real gaps* and target resources to *groups in real need*. Poverty and deprivation continue to be issues. Despite having networks, good community support infrastructure and connections etc., community resilience is still compromised in economically deprived areas - *still looking at disproportionately low incomes in some areas where people are struggling to make ends meet. No community's resilience can fully overcome that*. Poverty and deprivation are still strong. This reflects the need to continue to target the needs of those most disadvantaged. Tackling inequalities is the focus of several community initiatives including ACE, Get Your Kicks On and Well London (see Case Studies). There is also a recently established Well North Wales development aiming to tackle inequalities.

3.1.10 Promoting health and well-being

Overwhelmingly the focus of concern for well-being and the widely recognised knock on effect of community resilience, was poor mental health. This links to isolation and loneliness, not only for older people but for young men from both black, minority ethnic and white communities as well as children as young as seven. One local person summed up a wider feeling of the importance of *having a place to go and talk and switch off from the stresses, strains and anxieties of busy lives* (and that it) *really helped*. They described how they *would come to the community centre feeling stressed and leave feeling relaxed*. Friendship and listening were at the heart of it... *Feels like a weight has been lifted when you walk out of here*.

Local people also talked about *prevention being better and cheaper* for care and health services and that... *we need to shift budgets to do this*. They added... *a little support early on can save a lot of suffering, service need and cost later*. This view is perfectly in keeping with the Act. Increasing well-being is a cornerstone of the Future Generations Act (2015) too as well as giving voice and control to citizens and Co-production.

3.1.11 Investment and sustainability

Evidence shows that resources and economic investment are of key importance and that *if people are empowered to do things for themselves* – it's sustainable! Equally understood is that sustainability is needed to build resilience. Long term support is needed in communities to build resilience but funding is short term and often insecure.

We've had all kinds of agencies desperate to refer in to the project but with no resources to help us manage that, that's a real challenge. Same thing is happening with Social Prescribing, doctors can refer to projects, but how it's sustained is a real issue.

The culture of big organisations needs to change to recognise the need to invest in these kinds of interventions. Reliance on volunteers raises another issue linked to sustainability and resilience.

3.1.12 Multi-agency working

Evidence shows the need to increase multi-agency working, to establish joint working and to *work together using a holistic approach and in a coherent way*. We need to bring services together to *create a platform, a single point of contact that's accessible to everyone*. Pooling service resources is seen as a priority for local people and some professionals. More sectors working together including housing, health, councils, increasing communication and the pooling of resources is a pressing need which may help *reduce tension between health and social care budget payments*. Services not only need to work together but have the same objective of supporting people. Three questions were posed about the Act's implementation alongside the Future Generations Act:

- *Who can lead and make sure that their implementation is prioritised?*
- *There are gaps, where is the mechanism for developing a programme across the whole of Wales?*
- *At present both Acts are moving forward separately and there's a gap in the middle. There's a need to bring both together and implement jointly.*

3.1.13 Innovation and trying things out

Innovation and learning by trying needs to be encouraged at grassroots levels. *There is still too much focus on institutional innovation, and 'what we can give you'*. We need to think of other solutions to meet the communities need. *We must look at things differently. A local authority doesn't like experimentation but that's what's needed.*

There's a lot of noise about care at home but when you delve under the surface it means reconfiguring services and putting them out in a different format, then that's not going to help. A range of different approaches is needed - local solutions to local needs but *taking risks is not encouraged. People may be scared.*

We should allow people to try things out - *get on and do something! You will quickly know what is working or not. You won't have wasted time trying to decide what might be best when you could already be delivering the support you set up the project for.* (Debenham: Jackson and Fielding, nd).

We've evolved as we've gone on. We've never pushed anything. We've allowed things to grow organically, they are more likely to work (Pobl Seiriol).

3.1.14 Reporting, outcomes and evaluation

The evidence suggests that a change to more proportionate monitoring and evaluation which measures what is meaningful to local people is needed. There is some debate about how appropriate "top down" outcomes set by public bodies are, and their ability to capture change in community well-being and resilience, particularly given the relational nature of the work. Concern exists about *overburdening community connectors* with reporting and bureaucracy. Reducing this burden is an issue: *Dozens of different presentations and reports are produced. Unless you tell them exactly what they want they won't take it. At the end of the day if that community is resilient you've ticked everybody's boxes. Even a full scale evaluation only answers some things (e.g. for Integrated Care funding) but it won't tick other people's boxes. It uses up so much time that could be spent building resilience!*

How do we know it's making a difference?

Evaluating the success of projects in building community resilience presents some difficulties. What is published is inconsistent and makes any real comparison of approaches and their success difficult. Many identified projects are smaller scale, have only a limited amount published about them, often on their own website. This reflects the broader picture that emerged in the literature review that there is a natural imbalance in what is evaluated and published. Well published initiatives tend to be better resourced and often present what they have done or achieved, rather than the all-important learning. Few low level funded community projects are ever truly evaluated and so although strongly regarded as successful and demonstrating good practice, evidence is rarely available.

Statistical evidence and professional observation: Practitioners report that applying the building community resilience principles has wide benefits. Whilst some statistical evidence can be collected, and is often reported, it can be misleading or focus on the wrong things. Many professional and citizen observations are missed preventing access to powerful accounts of change through personal stories. These can offer real insight and demonstrate how applying these principles and approaches can impact on communities and individuals. They can also point to their impact on public service sustainability and potential cost reduction.

A senior leader in housing described how an extra-care housing development led to quicker support and emergency response times and less hospital admissions. This reduces hospital care costs.

A Green Prescription service leader (a project that encourages participation in outdoor recreational and well-being activities) described research linked to this service showing that people engaging in inexpensive accessible outdoor activities regularly were 30% less likely to develop mental health problems than those who do not.

One professional reported a dramatic increase in community engagement about public services with local authority co-ordinated citizen panels and consultations now attracting nearly 2,000 responses in comparison to the 200 they used to receive.

'Softer' outcomes: Participants reported changes in people's behaviour but that these were less easy to quantify. Two practitioners highlighted how having high participation targets can miss the radical change made to people's lives when only a small number seemingly engage in target driven projects. One volunteer leader respected the need for monitoring to show value for public money invested but explained she measured the difference she made in people's emotional well-being: *"... we don't measure outcomes by numbers, I look at people when they leave, if they are smiling then we know we've done our job. I think that's what builds strong communities, when people feel welcome somewhere, when people take part in something and they can see it building, (then) they want to achieve.* Others drew attention to the *ripple effect.*

Another practitioner spoke about the impact on skills development, with community members becoming more equipped and empowered to lead and manage productive Community Development projects, and work on collaborative, equal terms with service providers and decision-makers. These supportive processes facilitate, empower and encourage community ownership and participation: *"You do with someone, not to them....From Community Voice point of view we know that if you engage properly then rest fits into place.*

Well London, established 10 years ago, has a dedicated high level evaluation role, working

with local people to develop meaningful ways of representing the change that being engaged in community activity has made to them. Many personal stories are movingly captured on their website. (See Case Study.)

This more creative and co-productive way of measuring change, such as storytelling and narrative, is advocated by many practitioners. They see a need for change from prescribed targets and outcomes that might be useful to public sector organisations but to the community they are restrictive, distract from the locally determined course (in response to need) and even unintentionally undermine efforts to build community resilience.

Stories show impact

Feeling better

Two focus group participants shared stories about their involvement with the Pentre community centre (see Case Studies). They reported it increased their *feelings of happiness, well-being and relieved feelings of anxiety and stress when they were off work with ill health*.

A practitioner working for 'Get your Kicks on', an initiative that aims to increase mental health awareness and well-being among young minority ethnic men, shared one story. A young man was struggling with suicidal thoughts. His youth worker's efforts were not leading to quick enough change, so the youth worker involved the Get Your Kicks on practitioner. Together they talked with him, taking a holistic approach and offering further support. This resulted in him overcoming his suicidal thoughts and going to college to follow a life dream.

Connections

Many professionals and citizens shared examples of how applying the underpinning community resilience principles resulted in increased community connections, supportive networks and feelings of belonging. In one case it resulted in wider networks for a group of older women who were able to increase their friendship circles and social activities. In another it bridged intergenerational gaps with young people and children developing relationships with the older residents in their communities. *You can't put a price tag on it! ...seeing an older person come alive when taking part in activities with children.*

Stronger social connections led to one older person with bipolar disorder and dementia no longer needing annual six monthly stays in hospital. This was due to participating in social activities that supported and improved her well-being and helped her manage her health better.

All participants described how increased social connections reduce isolation and loneliness and increase people's well-being.

3.2 What have we learnt about using different approaches to community resilience?

From the practice perspective and clearly reflected in the case studies, one aspect of learning is that a **mix of approaches is often used** in highly regarded community based projects. So not one 'pure' approach but a more flexible model determined in response to the local context, community needs, what already exists e.g. community infrastructure, local assets, and level of community confidence (often dependent on previous projects and investment). Another frequently highlighted

issue was the need to be more innovative, to enable trying new approaches and not be so wedded to the narrow range of approaches often first considered. Some practitioners highlighted their own experiences where the approach had been *allowed to evolve* in an *organic* way directly in response to the community's needs. The aim was to increase well-being by empowering people to do things for themselves and setting a "top down" agenda would not have led to all the benefits visible today. *If we had gone in with a map of how it was all going to happen and with long term plans it wouldn't have worked, local people wouldn't have accepted it.*

More approaches were uncovered during the research (e.g. Care to Co-operate, Befriending, commissioners who are already making changes). This suggests further scope for research and for holding information exchange events to encourage and share information about innovative approaches alongside the learning from these.

Common **underlying principles for building community resilience** were strongly seen as the key to success, rather than adopting one particular approach over another (e.g. LAC or social prescribing). The clear advice from practitioners was that if the underpinning principles used to develop the initiative and the engagement is right then community resilience will be supported. (See draft Principles.)

Community well-being was considered to be strongly aligned to community resilience with some practitioners making the point that increasing well-being would always lead to strengthening community resilience. Also strongly suggested was that the focus should be on community well-being rather than community resilience as it was a more easily understood concept by all and has a recognised evidence base (NEF, 2013).

3.3 Draft principles

Introduction and methodology

Within the interviews, case studies and focus groups, participants were asked to reflect on the underlying best practice principles that support the building of community resilience. These findings were then considered (to check their validity), alongside insights gained from the literature review and summary case studies, to develop the Principles. The most highly regarded, prioritised best practice principles for successfully building community resilience are presented, and in as succinct a form as possible to ease their use. These strongly identified core building blocks show what needs to be done to build community resilience. The Principles are accompanied by a short explanation to help develop understanding and guide practice.

The Principles are purposefully left in draft format as further consultation with practitioners experienced in ABCD or similar was felt important prior to finalising these good practice Principles.

PRINCIPLES for building resilient communities

Draft

- 1. Make all information easily available, appropriate and jargon free.** Good quality understandable information can be passed on through community groups and networks increasing knowledge, understanding and empowering people to make decisions for themselves (which is what is aimed for).
- 2. Encourage and enable all to take part in local social and community activities, if they so choose.** Taking part in the community and activity of their choice breaks down isolation, develops a sense of belonging, creates friendships, makes people feel better, and opens up access to information, support and help.
- 3. Engage with people to make a difference.** Engagement gives a real chance to increase interest and involvement as well as influence policy, service design and delivery from an early stage. *See National Principles for Public Engagement in Wales.*
- 4. Recognise and always build on existing community assets.** The people themselves, their time, skills, knowledge and networks are the greatest asset a community has. Others include community groups and activities, places to meet, local services and buildings.
- 5. Increase and open up opportunities for local people to build relationships and connect with each other.** Activities need to be what people want, (rather than what “experts” think they need) low cost, offered in accessible venues and not self-stigmatising by taking part.
- 6. Work with people, don’t do things to them.** Work in a “bottom up” way, listening and responding to the community. Ask people what they need – they are best placed to know what is needed locally then work jointly with them to enable them to do things for themselves.
- 7. Encourage and support local ownership and decision making in service design and delivery.** People feel empowered when they can take decisions about their own community. Find new creative ways of working with communities to meet their needs. Start by building trust – take off the suits, go to them, listen and respect their contribution. Everyone has something to contribute.
- 8. Focus on promoting people’s well-being.** Following the ‘Five Ways to Well-being’ advice will promote good mental health for all.
- 9. Identify groups most at need and target and shape resources specifically for them.** Work in partnership with them to prioritise their needs and help them address these without undermining their control of what happens to them.
- 10. Develop appropriate and meaningful ways with the community to record and evaluate change.** Stories and narratives are powerful ways of showing change within communities. Some pre-set outcome measures and targets can distract and undermine efforts to build resilience.
- 11. Invest in community projects and build sustainability.** Commitment to long term stable funding for community projects and those who provide skilled support increases

sustainability by enabling the growth of people's confidence and participation at a natural community-led pace. Sustainability is truly achieved when a legacy of learning and capability is left within the community, so people can continue to do things for themselves, long after an initiative has finished.

12. Communicate progress and share the learning. Keeping everyone informed and always acting on promises are essential if people are to remain involved. Sharing lessons learnt as well as successes will increase reflection, learning and improve practice.

Approaches to community resilience

Section 4: Conclusion and recommendations

4.1 Conclusion

There are many things of note resulting from this research. Using a co-production approach underpinned by Asset Based Community Development principles is highly regarded, widely used and effective in engaging and empowering communities. Engagement is a key cornerstone of building resilience, as is creating connections and social networks within communities. Having a strong community infrastructure makes a difference to how much community resilience can be built and that relies on investment as well as skilled facilitation. There is a clear need for a culture change not just amongst professionals but also by communities. It will take both sides to move closer together to overcome the dependency culture that exists. Local people want change but need the support, encouragement to develop the confidence and self-belief that they can contribute to local decision making and service development. They also need to be equipped with the tools to speak publicly, develop partnership relationships and negotiate so that community needs are heard. They need to be treated with respect and listened to as they are the experts in what's important locally.

Professionals need to see local people as the assets that they are. People can change things with support but it needs to empower and enable them to do things for themselves. As one participant stated: *People need to be able to access support that is empowering not disempowering, that doesn't crush them and make them feel like a failure.* The 'disconnect' that can exist between what professionals think they are doing and what local people see them doing was reported. Without the real insight and knowledge of Community Development principles we may unintentionally be working against creating greater resilience. The Draft Principles created serve as a guide to best practice and opportunities to share learning and develop further thinking about approaches should be sought. One of the key reflections about approaches was the need to be flexible and not expect to deliver one 'pure' approach as sometimes described in literature. The reality is different as the case studies show. It's more about taking a mix of approaches and more importantly how you do it. Underpinned by the good practice Principles and developing things in partnership with local people, listening and responding to the local context, needs and building on what already exists is all important. Let local people guide the development and see your role as enabling them to do it – professionals also have the expertise communities need to make good decisions.

There are very good examples that we can learn from so we change what we do and what communities do for the better. We need to focus on promoting mental well-being through creating opportunities for and enabling people to socialise and strengthen their community connections. They also have to be able to get there independently, so making decisions in isolation in one part of the local authority, e.g. to reduce transport, may constrain community resilience. But with encouragement, opportunity and creativity people can come up with their own solutions. It's time to think and do things differently and the Act gives us a unique opportunity to take this on board and help create resilient communities. As one local practitioner said: *Who doesn't want to be involved in something that has significance and leaves the world a better place?*

4.2 Recommendations

Lead cultural change and embedding of the principles

Recommendation 1:

- i. Engage and consult with those who contributed to the initial research and a wider group of experienced practitioners (e.g. those with experience in ABCD or similar who are able to confirm best practice) and citizens to finalise the draft Principles for building community resilience.
- ii. Develop a facilitated programme of peer learning, information sharing and knowledge exchange events, with a view to:
 - engaging key people from across Wales and different sectors to discuss and share approaches, experience and learning
 - disseminating this report and the findings, sharing the principles and best practice

Recommendation 2: Work with communities and partners to develop co-produced, meaningful and appropriate methods for measuring the impact of community resilience initiatives. Encourage public sector bodies to support smaller scale community projects to be proportionately evaluated in a way that captures real change.

Increase learning and sharing best practice

Recommendation 3: Facilitate the sharing of learning from key professionals such as commissioners where a different approach is already being taken (e.g. Pembrokeshire and Monmouth) to widen perspectives on what can be done and how.

Recommendation 4: Establish a cross sector reference /working group to explore learning and disseminate findings from long standing well evaluated community projects such as Well London.

Increasing capacity

Recommendation 5: Work with health and housing partners to support professionals (at all levels) to better understand key elements of working with communities and promoting their well-being in an empowering way, including:

- Asset Based Community Development good practice principles
- The different levels and nature of effective engagement and participation in practice
- Five Ways to Well-being
- Principles for building community resilience

Recommendation 6: Explore with the Public Health Wales, Health Impact Assessment Team the potential for developing a community resilience impact assessment tool to support implementation of the Act across all public services (e.g. transport, housing, closing public toilets, social prescribing, ABCD).

Recommendation 7: Evaluate tools and frameworks for developing community resilience to identify effective tools which could be used or adapted for use in further supporting community resilience in Wales. Many were mentioned and some stand out (e.g. Well London's CEAD process

(Community, patient and stakeholder Engagement in needs assets Assessment, mapping and priority setting: Co-production in Design of the local programme)).

Supporting and strengthening community infrastructure

Recommendation 8: Work with public sector bodies/partners to give more recognition to community projects by, for example, offering an annual 'Making a Difference' event focused on how community well-being and resilience is being built in practice (perhaps with case studies and personal stories being shared and published following the event).

Recommendation 9: Work with public sector bodies to support and provide sustainable investment for community projects / community anchor organisations to facilitate community based support and care to build community resilience.

Joint working

Recommendation 10: Explore with partners the potential to develop and implement a Wales wide programme to increase community well-being and resilience.

Recommendation 11: Work with partners to facilitate the creation of systematic links between formal health and social care providers who work at community level (social workers, health visitors, GPs etc) and community based projects, underpinned by a local asset mapping exercise. (The information exchange events outlined could be help facilitate this.)

Bibliography

- Adams, K.B., Saunders, S., Auth, E.A. (2004) Loneliness and depression in independent living retirement communities: risk and resilience factors https://www.researchgate.net/profile/Kathryn_Adams/publication/8008453_Loneliness_and_depression_in_independent_living_retirement_communities_Risk_and_resilience_factors/links/00b4952bb3572e1ac1000000/Loneliness-and-depression-in-independent-living-retirement-communities-Risk-and-resilience-factors.pdf [Accessed (Abstract only accessible) on 3rd January 2018]
- Allen, M., Clement, S. and Prendergast, Y. (2014) A 'can-do' approach to community action: what role for risk, trust and confidence? Joseph Rowntree Foundation, available at: <https://www.jrf.org.uk/report/'can-do'-approachcommunity-action-what-role-risk-trust-andconfidence>. [Accessed on 4th January 2018]
- Anderson, S., Brownlie, J., Milne, E.J. (2015a) The Liveable Lives study: Understanding everyday help and support. York: Joseph Rowntree Foundation. https://www.jrf.org.uk/report/understanding-everyday-help-and-support* [Accessed on 6th January 2018]
- Anderson, S., Brownlie, J., Milne, E.J. (2015b) Between kith and kin and formal services: everyday help and support in the 'middle layer'. JRF Programme Paper, York: Joseph Rowntree Foundation. https://www.jrf.org.uk/report/between-kith-and-kin-and-formal-services* [Accessed on 6th January 2018]
- Angel, R. (2006) Engagement ladder (based on Arnstein's ladder of participation), SSIA. <file:///C:/Users/User/Desktop/Documents/SSIA%20Getting%20Engaged/Levels%20of%20Engagement/Ladder%20of%20Engagement.pdf> [Accessed on 6th March 2018]
- Allmark P., Bhanbhro S., Chrisp, T. (2014) An argument against the focus on Community Resilience in Public Health – summary. BMC Public Health. 2014 Jan 21; 14:62. <https://www.ncbi.nlm.nih.gov/pubmed/24447588> [Accessed on 3rd January 2018]
- Bellis, M., Ashton, K., Hughes, K., Bishop, J., Paranjothy, S. (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. PHW & Centre for Public Health Liverpool John Moores University. [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf) [Accessed on 16th January 2018]
- Bennet, K. (2015) Social Engagement Overview. In Age UK. Improving later life: vulnerability and resilience in older people. Age UK. pp 8-13.
- Billingham, L. and McEleney, M. (2016) Local Area Coordination: Catalyst for a system wide prevention approach. Local Area Coordination Network. Available at: <https://www.scie.org.uk/prevention/researchpractice/getdetailedresultbyid?id=a11G000000CTdP4IAL> [Accessed on 9th January 2018]
- Blood, I. (2017) The anatomy of resilience: Toolkit. Imogen Blood and Associates and Housing and Support Partnership. Social Care Wales.
- Brandling, J. and House, W. (2009) Social prescribing in general practice: adding meaning to medicine. *British Journal of General Practice: bringing research to clinical practice*. Volume 59. Issue 563.

- Bretherton, J. Pleace, N. (2014) An Evaluation of the Broadway Skills Exchange Time Bank. University of York. [Accessed on 26th January 2018]
- British Council. (2015) Social Enterprise: An overview of the Policy Framework in India. Overseas Development Institute and Social Enterprise UK. Available at: https://www.c.org/sites/default/files/social_enterprise_policy_landscape_in_india_british_council.pdf [Accessed on 22nd February 2018]
- Broad, R., Bartnik, E., Firsby, B. Billingham, L., Duffy, S. (2015) People, Places, Possibilities: Progress on Local Area Coordination in England and Wales. Local Area Coordination Network. The Centre for Welfare Reform. Available at: <https://www.centreforwelfarereform.org/uploads/attachment/463/people-places-possibilities.pdf> [Accessed 4th January 2018]
- Bostock, L. (2004) Promoting resilience in fostered children and young people. Social Care Institute for Excellence. Available at: <https://www.scie.org.uk/publications/guides/guide06/> [Accessed on 9th January 2018]
- Community Alliance slides: Engaging Communities - Transformation through Community Anchors [https://www.kcsc.org.uk/sites/kcsc.org.uk/files/documents/vofs/ec/Community_Anchors_pres%20\(1\).pdf](https://www.kcsc.org.uk/sites/kcsc.org.uk/files/documents/vofs/ec/Community_Anchors_pres%20(1).pdf) [Accessed 6th of February 2018]
- Dayson, C. and Bennett, E. (2016) Evaluation of Rotherham Carers Resilience Service. Final Report. Sheffield Hallam University. Centre for Regional Economic and Social Research.
- Development Trust Association Wales <http://www.dtawales.org.uk/community-anchors/> [Accessed 4th February 2018]
- Filed, M. and Miller, C. (2017) Asset Based Commissioning: “Better Outcomes, Better Value”. The National Centre for Post-Qualifying Social Work and Professional Practice, Bournemouth University. Available at <http://www.ncpqsw.com/publications/asset-based-commissioning/> [Accessed on 11th January 2018]
- Fisher, B. (2016) Community Development in Health Literature Review. *Health Empowerment Leverage Project*. Available at: <https://www.scie.org.uk/prevention/research-practice/getdetailedresultbyid> [Accessed on 4th January 2018]
- Gale, C. (2015) Mental Wellbeing. Age UK. Improving later life: vulnerability and resilience in older people. Age UK. pp72-76.
- Gaugler, J. E., Kane, R. L., Newcomer, R. (2007) Resilience and transitions from dementia caregiving. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, 62B (1), 38–44.
- Goat, M. (2012) Introducing the Connecting People Intervention. Retrieved from <https://connectingpeoplestudy.net/2012/04/10/introducing-the-connecting-people-intervention/> 12th April 2012. [Accessed 15th January 2018].
- Harrop, E., Addis, A., Elliott, E., Williams, G. (no date) Resilience, Coping and Salutogenic Approaches to Maintaining and Generating Health: A Review. Cardiff Institute of Society, Health and Ethics (CISHE) & Cardiff University.
- Haslewood, I. (2016) A summary of recent research on everyday help and kindness. Carnegie UK. Joseph Rowntree Foundation. Available at <https://www.carnegieuktrust.org.uk/carnegieuktrust/wp-content/uploads/sites/64/2016/09/Liveable-Lives-Summary.pdf> [Accessed 8th January 2018]

- Hennessy, C. (2015) Social participation. In Age UK. Improving later life: vulnerability and resilience in older people. Age UK. pp18-21. [Accessed on 8th January 2018]
- Hill, M., Stafford, A., Seaman, P., Ross, N., Daniel, B. (2007) Parenting and resilience. Joseph Rowntree Foundation. <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-resilience-children.pdf>
- Iparraguirre, J. (2015) Resilience. In Age UK. Improving later life: vulnerability and resilience in older people. Age UK. pp 80-83. [Accessed on 8th January 2018]
- Jackson, L. and Fielder, P. (nd) The Story of: The Debenham Project (The four mile rule and other lessons [file:///C:/Users/User/Documents/Work%20-%20Connecting%20Communities%20\(Social%20Care%20Wales\)/Phase%202a%20-%20Case%20Studies%20write%20up%20by%2026.2.18/Library%20documents/The%20Four%20Mile%20Rule%20\(PDF%20version\)%20\(3\).pdf](file:///C:/Users/User/Documents/Work%20-%20Connecting%20Communities%20(Social%20Care%20Wales)/Phase%202a%20-%20Case%20Studies%20write%20up%20by%2026.2.18/Library%20documents/The%20Four%20Mile%20Rule%20(PDF%20version)%20(3).pdf)) [Accessed on 8th February 2018]
- James, R. and Cutts, W. (2017) Kindliness – developing peer support within Sheltered Housing in Dorset. *Housing Learning and Improvement Network*. Case Study 143. [Accessed on 6th January 2018]
- Kenkre, J. and Young, E. (no date) Building resilience: volunteer support for families with complex circumstances and needs. Home Start UK and University of the South Wales.
<https://www.home-start.org.uk/building-resilience>
- Knapp, M. (2015) Overview and Financial Resources. In Age UK. Improving later life: vulnerability and resilience in older people. Age UK pp 26 -31.
- Koch, K. (2010) *Best Practice for Managing and Leading Self-Help Groups: A Manual for National MS Society Self-help Group Leaders*. National Multiple Sclerosis Society. Available at: http://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Documents/SHG_Leader_Manual_Rev_04_10_14pt_Font-1.pdf [Accessed on 17th January 2018]
- Mantell Gwynedd. (nd) Gwynedd Parent Carers Social Return on Investment (SROI) Evaluation Report. Mantell Gwynedd, Carers Outreach, Social Value Cymru, Gwynedd Council. http://www.mantellgwynedd.com/downloads/carers_outreach_service_gwynedd_parent_carers.pdf
- Mguni, N., Bacon, N., Brown, J.F. (2012) The wellbeing and resilience paradox. The Young Foundation. Available at: <https://youngfoundation.org/publications/the-wellbeing-and-resilience-paradox/> [Accessed on 9th January 2018]
- Miller, R. and Whitehead, C. (2016) Inside out and upside down: community approaches to social care prevention in a time of austerity. University of Birmingham.
- Monmouthshire Social Services. (2014) Changing Practice, Changing Lives: Adult Services Transformation – The Monmouthshire Journey. Care Council (now Social Care Wales): **Getting in on the Act** learning resource. (Presentation Swansea 6th November.)
- Murray, M. and Wright-Bevan, K. (2015) Community Engagement. In Age UK. Improving later life: vulnerability and resilience in older people. Age UK. pp 22- 25
- National Occupational Standards (NOS). (2009) A Summary of the 2009 Community Development National Occupational Standards. Lifelong Learning UK. Available at: <http://www.cdcymru.org/SiteAssets/publications/CD%20NOS%202009%20summary%204%20pages-1.pdf> [Accessed on 16th January 2018]

Nesta. (2015) Asset based approaches in a health and wellbeing context. Realising the Value Available at https://www.nesta.org.uk/sites/default/files/asset-based_approaches_in_a_health_and_well-being_context.pdf [Accessed 15th January 2018]

NEF (New Economics Foundation). (2013) Five Ways to Wellbeing. New applications, new ways of thinking. London: NEF. <http://neweconomics.org/publications/five-ways-to-wellbeing>

Newlin, M., Webber, M., Morris, D., Howarth, S. (2015) Social Participation Interventions for Adults with Mental Health Problems: A Review and Narrative Synthesis. *Social Work Research*, Vol 39, No3, Sept 2015. Available at: [file:///C:/Users/User/Documents/Work%20%20Connecting%20Communities%20\(Social%20Care%20Wales\)/Phase%201%20%20Literature%20Review%20%20Report%20by%202.1.18/Social%20Participation%20Interventions%20-%20a%20Review%202015%20Webber.pdf](file:///C:/Users/User/Documents/Work%20%20Connecting%20Communities%20(Social%20Care%20Wales)/Phase%201%20%20Literature%20Review%20%20Report%20by%202.1.18/Social%20Participation%20Interventions%20-%20a%20Review%202015%20Webber.pdf) [Accessed 8th January 2018]

National Institute for Health Research (NIHR). (no date) Evaluation of the Connecting People Intervention: A pilot Study (neighbourliness). NIHR. <http://www.sscr.nihr.ac.uk/PDF/Findings/RF3.pdf> [Accessed 12th January 2018]

National Institute for Health Research (NIHR). (2012) Introducing the Connecting People Study. Available at: <https://connectingpeoplestudy.net/2012/04/10/introducing-the-connecting-people-intervention> [Accessed 15th January 2018]

National Institute for Health and Care Excellence (NICE). (2013) Social and emotional wellbeing for children and young people Local government briefing Published: 25 September 2013. Available at <https://www.nice.org.uk/guidance/lgb12/resources/social-and-emotional-wellbeing-for-children-and-young-people-pdf-60521143067845> [Accessed 11th January 2018]

Needham, C., Allen, K., Hal, K., McKay, J., Glasby, J., Carr, S., Littlechild, R., Tanner, D. and Micro-Enterprise Project Co-Researchers. (2015) Micro-Enterprises: Small Enough to care? Economic and Social Research Council. Available at: <https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/research/micro-enterprise/Micro-enterprise-full-report,-final.pdf> [Accessed on 22nd February 2018]

Norris, F.H., Stevens, S.P., Pfefferbaum, B., Wyche, K.F., Pfefferbaum, R.L. (2007) Community Resilience as a Metaphor, Theory, Set of Capacities, and Strategy for Disaster Readiness. *Am J Community Psychol*. Volume 41. Available at <https://www.vistacampus.gov/sites/default/files/Community%20Resilience%20as%20a%20Metaphor%2C%20Theory%2C%20Set%20of%20Capacities%2C%20and%20Strategy%20for%20Disaster%20Readiness%20%28Norris%20et%20al%29.pdf> [Accessed 8th January 2018]

Oxfam. (2016) Adaptation and resilience in Vanatu. Oxfam & Stockholm Environment Institute Available at <https://globalcommunitydevelopmentexchange.files.wordpress.com/2017/10/oxfam-sei-2016-vanuatu-adaptation-resilience.pdf> [Accessed 6th January 2018]

Parkinson, M., Carr, S.M., Rushmer, R., Abley C. (2016) Investigating what works to support family carers of people with dementia: a rapid realist review. *Journal of Public Health*. Vol. 39, No. 4. [Accessed on 4th January 2018]

Participation Cymru (2011) National Engagement Principles for Wales <https://participation.cymru/en/principles/>

Patel S.S., Rogers M.B., Amlöt R., Rubin G.J., (2017) What Do We Mean by 'Community Resilience'? A Systematic Literature Review of How It Is Defined in the Literature. *PLoS Curr.* 2017 Feb 1;9. <https://www.ncbi.nlm.nih.gov/pubmed/29188132> [Accessed on 4th January 2018]

Phillipson, C. (2015) Developing age-friendly neighbourhoods. In *Age UK. Improving later life: vulnerability and resilience in older people.* Age UK. pp38-41. [Accessed on 8th January 2018]

Plough, A., Fielding, J.E., Chandra, A., Eisenman D., Wells K.B., Law G.F., Fogleman S., Magana A. (2013) Building community disaster resilience: perspectives from a large urban county department of public health. *American Journal of Public Health.* 2013 Jul;103(7):1190-7. Epub 2013 May 16. <https://www.ncbi.nlm.nih.gov/pubmed/23678937> [Accessed on 3rd January 2018]

Polley, M.J., Fleming, J., Anfilogoff, T., Carpenter, A. (2017) *Making Sense of Social Prescribing.* Technical Report. University of Westminster, London. Available at: <http://westminsterresearch.wmin.ac.uk/19629/> [Accessed on 9th January 2018]

Public Health Wales (PHW) website: <http://www.wales.nhs.uk/sitesplus/888/page/87553> [Accessed 18th January 2018]

Rani, J., and Radhika, S., (2014). Impact of Self Help Groups on Self Efficacy, Resilience and Psychological Empowerment of Rural Women in Telanga. *International Journal of Science and Research.* [Accessed on 4th January 2018]

Roberts, E. (2010) First Hand Report: Engaging local people in Gwynedd and their views about what can help support their greater personal independence, promote their quality of life and develop better health, social care and other community services. Welsh Government CCM Demonstrator Evaluation Report. NHS and Gwynedd Council.

<http://www.wales.nhs.uk/sitesplus/documents/829/CCMD%20Partners%20in%20Care%20Community%20Engagement%20Final%20July%202010.pdf>

Roderick, S., Davies, G.H., Daniels, J., Gregory, J. (2016). Local Community Initiatives in Western Bay. *Caring Together Western Bay.* Swansea University. <http://lacnetwork.org/wp-content/uploads/2017/04/FINAL-Local-Area-Coordination-Evaluation-Report-2017.pdf> [Accessed on 4th January 2018]

Roy, M.J., Donaldson, C., Baker, R., Kerr, S., (2014) The potential of social enterprise to enhance health and well-being: A model and systematic review, *Journal of Social Science and Medicine* Volume 123 December 2014 p182-193. <https://www.sciencedirect.com/science/article/pii/S0277953614004602> [Accessed 4th February 2018]

Samaritans. (2017) Dying from Inequalities: socio-economic disadvantage and suicidal behaviour. Summary Report. Samaritans. <https://www.samaritans.org/dying-from-inequality/report> [Accessed 18th January 2018]

Save the Children report on Children's Zones in England:

<https://www.savethechildren.org.uk/content/dam/global/reports/england-zones.pdf> [Accessed 17th January 2018]

Social Care Institute for Excellence (SCIE). (2010) Multi-agency working: Introduction. Retrieved from: <https://www.scie.org.uk/publications/nqswtool/multiagencyworking/> [Accessed 17th January 2018]

Scottish Community Development Centre (SCDC). (2011) Community resilience and co-production: getting to grips with the language. A briefing paper. Scottish Community Development Centre <http://www.scdc.org.uk/media/resources/assets-alliance/Community%20Resilience%20and%20Coproducton%20SCDC%20briefing%20paper.pdf> [Accessed on 17th January 2018]

Seebohm, P., Chaudhary, S., Boyce, M., Avis, M., Munn-Giddings, C. (2013) The contribution of self-help/mutual aid groups to mental well-being. *Health and Social Care in the Community*. 21(4). [Accessed on 4th January 2018]

Social Marketing Gateway (SMG). (2015). Learning from the AHEAD Project in Ayrshire Annual Report. Glasgow. Available at: <http://www.nurtureddevelopment.org/wp-content/uploads/2016/01/Ayrshire-Arran-AHEAD-Project-annual-Report-2015.pdf> [Accessed on 8th January, 2018]

Social Care Institute for Excellence (SCIE). (2017) Total transformation of care and support. Birmingham City Council, PPL, Nesta, Clenton Farquharson. Available at <https://www.scie.org.uk/files/future-of-care/total-transformation/transformation-of-care.pdf> [Accessed on 4th January 2018]

SP!CE (Time Credits) website: <http://www.justaddspice.org/about-us> [Accessed 6th February 2018]

SP!CE (nd) Positive Change in Challenging Times: How Time Credits are creating system change. Accessed on http://www.justaddspice.org/wp-content/uploads/2016/06/Final-System-Change-Report_Screen-Version_single.pdf [Accessed on 26th January 2018]

SP!CE time credits. (2017) Building Communities Together A year in Review. Available at: <http://www.justaddspice.org/our-impact> [Accessed on 26th January 2018]

Stanley, R. (2014) Nottinghamshire Micro-Enterprise Project Final Report July 2010 – March 2014. Nottinghamshire County Council. Available at: <https://www.communitycatalysts.co.uk/wp-content/uploads/2014/08/Nottinghamshire-Micro-enterprise-Project-Final-Report-July-2014.pdf> [Accessed on 22nd February 2018].

Stein, M. (2009) Promoting the resilience and wellbeing of young people leaving care: messages from research. EP20- LAC 12.1. Available at: <https://www.nice.org.uk/guidance/ph28/evidence/ep20-promoting-the-resilience-and-wellbeing-of-care-leavers-mike-stein-pdf-430130701>. [Accessed on 11th January 2018].

The Older People's Commissioner Report, (no date). The Importance and Impact of Community Services within Wales. Older People's Commissioner. Cardiff. Available at http://www.olderpeoplewales.com/Libraries/Uploads/The_Importance_and_Impact_of_Community_Services_within_Wales.sflb.ashx [Accessed on 6th January 2018]

Victor, C. (2015) Isolation and Loneliness. In Age UK. Improving later life: vulnerability and resilience in older people. Age UK. pp 14-17. [Accessed on 10th January 2018]

Walker, A. (2015) Resilience in Practice. *LGIU- The Local Democracy Think Tank*. Available at: <https://www.lgiu.org.uk/wp-content/uploads/2015/11/Resilience-in-practice-Final-251115.pdf> [Accessed on 8th January 2018]

Webber, M., Newlin, M., Reidy, H. (no date) The Connecting People Study (slides). University of Central Lancashire, Institute of Psychology and King's College London Available at: <http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/SSCRAnnualConfPresentations/Martin-Webber,-Meredith-Newlin,-Hannah-Reidy.pdf> [Accessed 11th January 2018]

Weingärtner, L., Pichon, F., and Simonet, C. (2017) How self-help groups strength resilience: A study of Tearfund's approach to tackling food insecurity in protracted crises in Ethiopia. Overseas Development Institute. Available at: <https://www.odi.org/sites/odi.org.uk/files/resource-documents/11625.pdf> [Accessed on 11th January 2018]

Well London <http://www.welllondon.org.uk/1/home.html> [Accessed on 3rd February 2018]

Welsh Government. (2015) Building resilient communities: taking forward the tackling poverty action plan. Cardiff. Welsh Government. <http://gov.wales/docs/dsjlg/publications/socialjustice/130703takeforpovactplanen.pdf> [Accessed on 14th January 2018]

Welsh Government. (2015) Well-being and Future Generations (Wales) Act (2015) <https://futuregenerations.wales/about-us/future-generations-act/>: Also, Third Sector link: [https://www.wcva.org.uk/what-we-do/the-future-generations-\(wales\)-act-all-you-need-to-know](https://www.wcva.org.uk/what-we-do/the-future-generations-(wales)-act-all-you-need-to-know)

Welsh NHS Confederation. (2017) Social Prescribing and health and well-being. Welsh NHS Confederation. Available at: <https://www.scie.org.uk/prevention/research-practice/getdetailedresultbyid?id=a110f00000NeHwdAAF> [Accessed on 9th January 2018].

Windle, G. and Bennett K.M. (2012) Caring Relationships: How to Promote Resilience in Challenging Times. In: Ungar M. (eds) The Social Ecology of Resilience. Springer, New York, NY <https://www.liverpool.ac.uk/~kmb/MyPublishedPapers/Windle&Bennett2011.pdf> [Accessed on 4th January 2018]

Windle, G. (2011) What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology*, 21, 152–169. [Accessed on 11th January 2018]

Wright, S. (2004) Self-Help Groups. The Mental health foundation. Available at: https://www.mentalhealth.org.uk/sites/default/files/self_help_groups.pdf [Accessed on 17th January, 2018]

Zamboni, L.M. (2011) Theory and Metrics of Community Resilience: A Systematic Literature Review Based on Public Health Guidelines. *Disaster Med Public Health Prep.* 2017 Dec;11 (6):756-763. <https://www.ncbi.nlm.nih.gov/pubmed/29280421> [Accessed on 3rd January 2018]

Other resources:

Extract from ABCD Institute Video by Cormac Russell <https://www.youtube.com/watch?v=y6EkaMpAgdE>

Appendices

APPENDIX A

List of organisations/groups who contributed to this research

(The names of contributing individuals are not shown to protect their anonymity within the research.)

Action on Caerau and Ely (ACE)

Aneurin Bevan University Health Board

Betsi Cadwaladr University Health Board

Building Communities Trust

Caia Park (trustee of Caia Park Partnership to December 2017)

Canolfan Pentre Community Centre and community members

Community Voice, Anglesey

Co-production Wales

Diverse Cymru

Flintshire Local Voluntary Council (FLVC)

Interlink, Rhondda Cynon Taff

Linc Cymru

Medrwn Môn

Pobl Seiriol Alliance

Pobl Seiriol community members

Public Health Wales

Social Care Wales

Well North Wales

Wales Co-op Centre

Wales School for Social Care Research

Wrexham Local Authority

Ynysybwl Regeneration Partnership

APPENDIX B

Five ways to well-being

A review of the most up-to-date evidence suggests that building the following five actions into our day-to-day lives is important for well-being:

Connect...

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

BEe active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

New Economics Foundation (NEF)