**Title:** Towards Transformative Resilience: community, neighbourhood and system responses during the COVID-19 pandemic

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**Abstract**

Issues presented by COVID-19 to community resilience are located at individual, community and system level. In this paper, we reflect on WHO Europe propositions on what makes resilient communities, and explore how communities and systems with varying capacity have responded to the pandemic by absorbing and adapting to challenges.

In our research we are seeing local responses at all three levels, which challenge current assumptions about the respective roles of citizen, local voluntary sector and state. This paper presents opportunities and challenges to translating this reactive social movement into proactive resilience-transforming change in how local systems work in the future.

**Introduction.** In this commentary paper, we reflect on community resilience in the context of the COVID-19 crisis, drawing on our ongoing experiences as researchers in the field of health promotion. We consider World Health Organization (WHO) propositions on what makes resilient communities (Ziglio, 2017), reflecting on ours and others' experiences  of how UK communities and systems with varying resource and capacity  have responded to the pandemic. However, at this early stage it is important to be cautious about how much these community responses may represent a 'game changer' in terms of strengthening resilience and creating a significant paradigm shift in the relationship between citizen, community and state.

Community resilience can be defined as the capacity, intentionally developed by communities, to respond to and influence change, sustain and renew the community and develop new trajectories for the future, so they can thrive in a changing environment (Magis, 2010).

Evidence tells us that a small number of disadvantaged communities are more resilient than others, despite severe deprivation (Bartley, 2011). This could be due to many factors, but active citizenship, in the context of mutual respect and participation in community life (Hoskins & Mascherini, 2008) may be one. After the pandemic, it will be important to understand whether these communities fared better than others in their pandemic response. There has been a significant media focus in the UK and Europe[1] on how civil society has come together in response to the COVID-19 crisis.At this stage, although the scale is becoming clear, it is hard to judge its impact, particularly among communities  experiencing both socioeconomic disadvantage and particularly severe health effects of COVID-19 (Marmot, 2020).  Health inequalities could increase further if community-based responses are weakest in socioeconomically disadvantaged areas and no support is forthcoming from other parts of the system (Friedli, 2013).

 We argue that the most important test with regard to the relevance of citizen and community responses to the pandemic is the potential for longer-term impact on both community resilience and health inequality, achieved through action on transformative resilience within local health and public health systems. Through adopting a health assets[2] approach citizens, communities and local system agencies can seek to promote action that strengthens resilience whilst addressing inequalities (South et al., 2018).

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[1] WHO Europe (2020) http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread

[2] broadly defined as the factors that protect health, notably in the face of adversity

**Defining Resilience.**

The World Health Organisation (WHO) proposes resilience operating at three levels – the individual, the community and across a system, and having four capacities - Adaptive (ability to adjust to disturbances and shocks), Absorptive (ability to manage and recover from adverse conditions using available assets), Anticipatory (ability to reduce disturbance and shocks by proactive action to minimize vulnerability) and Transformative (ability to develop systems better suited to change, uncertainty and new conditions) (Ziglio, 2017). Strengthening resilience across these domains is crucial for implementation of Health 2020 targets (priority 4: creating resilient communities and supportive environments) and Sustainable Development Goals (SDG 11: sustainable cities and communities). Based on a literature review, Ziglio (2017) reported that community resilience is associated with social relationships and activation of local resources, while system resilience is the capacity of a system to adapt, absorb, anticipate and transform when exposed to external threats.

In our experience as researchers in the field of health promotion, in ongoing community-based research projects we are seeing local responses at all three levels:

• Individual – including neighbourhood self-organising mutual aid networks - often with specific concerns for vulnerable people.

• Formal voluntary and community sector - including direct service provision and reorganisation of local (neighbourhood or city level) infrastructure.

• Local system - health services, social care, housing etc. (city level)


**Responding to the pandemic.**

Given the unexpected pandemic and its impact across all social structures it is too early to report fully on actions that have been taken toward the four capacities for resilience; however we have seen some emergent examples of the adaptive and absorptive elements of the model within our ongoing research.

**Adaptive and Absorptive Resilience**

We have seen a wealth of responses from communities to the pandemic; as diverse as self-organising at neighbourhood and street level, organising food and medication deliveries, dog walking, and wellbeing checks on those who may be vulnerable. We also have seen a shift to participating in more formally organised and sponsored responses -  e.g. the NHS Volunteer Scheme. In the context of building resilient communities this could be seen as developing adaptive capacity.

In emerging case studies of community responses to COVID-19 (Alakeson & Brett, 2020), and in our own experience as community-based researchers, we see local communities developing and managing a range of support networks, stepping into the space usually occupied by formal agencies such as voluntary and community sector (VCS), social enterprise or statutory organisations. Through this we see a new interface between community organisers and sector leaders emerging, negotiating at pace on shared resources and purpose, and taking responsibility for delivery of community support.

For example, in an ongoing project about community responses to social isolation, we have seen many community organisations refocusing their engagement with local people, towards supporting

emerging mutual aid networks by offering their physical space as a neighbourhood hub (such as turning a community cafe into a foodbank kitchen) and developing more digital presence, (such as providing English lessons for asylum seekers through Zoom or providing dementia carer support sessions via webinar) often coordinating volunteering and helping food banks source and deliver services. We have seen positive examples of increased cross-sector partnership working, particularly surrounding mental health support. We know of an NHS Trust that has repurposed pre-used computer equipment and made it available to local people experiencing mental health issues, as a means of securing social connections and building digital access in response to the challenges of lockdown and social distancing.

We are aware of Local Authorities supporting neighbourhood-led action to build immediate capacity and promote control and agency at individual and collective levels, for example, Leeds City Council's development of asset-based approaches through existing community centres  has proved a timely resource to frame support and community organising.

Developing supportive environments is a key feature of the Adaptive Resilience of a community. People across UK communities and neighbourhoods have taken an active role in adaptive responses and can/ need to play a role in embedding and developing these responses with  local system agencies who can support this through provision of access to physical spaces, transport, IT and communications.


However, these responses can also provide leverage  for developing transformative capacity to embed resilience in local systems. The existing arrangements between citizen and (local) State are a legacy of earlier paradigms - civic, state and market (Lent & Studdert, 2019), therefore a crucial debate in this transformative cycle is on current assumptions about the respective roles of citizen, local voluntary sector and state sector provision, and management in responding to future scenarios that challenge populations and communities. The ability of local system leaders to establish mechanisms for participation with stakeholders, representatives and communities is a crucial feature of early transformative development and when co-produced can be a platform for wider reform and a paradigm shift in the relationship between citizen and state that builds civic and social infrastructure.

There is great potential for rethinking and developing the relationship of communities and the local state system in the light of COVID-19, providing opportunities for improving system resilience.

We suggest these opportunities include:

- Taking deliberate actions to support (local) system reflection and review – toward transformative resilience capacity (e.g. Local Authorities commissioning a review of community led and sector agency collaborations during lockdown).

- Taking steps to further tackle inequalities and create action to support marginalised communities (e.g. encouraging public evidence-based debate through local Fairness Commissions).

- Developing evidence-based approaches to support community organising and citizen-led action (e.g. developing clearer frameworks that take an inclusive approach to community led and state led action).

**Toward Transformative Resilience**.

The adaptive and absorptive response which has been triggered by the COVID-19 pandemic could have wider ongoing potential for transformative capacity for communities. Now and in the near future is a good time to reflect on what aspects of this response we need to keep or change to foster community resilience as we move forward into a recovery phase. We suggest that there is a need for a debate about the balance between community, individuals and the state. In our view the proactive responses to COVID-19 that we have seen from community anchor organisations in areas of deprivation is key to mobilising community-level action.  There is some evidence that this is helped by a flexible response from local government, including relaxing funding conditionality and being open to a more inclusive approach to local planning and decision making.

We think that emerging evidence from the pandemic presents an opportunity to 'flip the narrative' of community, people and local state; in particular to look at how the power relationship between communities and the local state can be rebalanced (Unwin, 2020).

The transformative capacity generated by both local systems leaders and local people is crucial to this opportunity.

- **Transformative Capacity and Resilience – 3 Core Steps**

Taking action to define clear processes and approaches to building Transformative Resilience at a system level will not be linear and will need to address complex and often entrenched issues with communities.

1. New levels of learning and practice will need to address the interrelationship between different causes of disadvantage within systems if a marked shift is to be made toward resilience and new social infrastructures;

2. A health assets approach (e.g. building on existing community pandemic response) may provide a useful lens to address inequalities and wider determinants of health (such as poor housing or transport), strengthening community capabilities to identify problems and activate solutions (Bartley, 2011, p.3), but must be in addition to, not instead of, policy action on structural determinants of health inequalities (Friedli, 2013).

3. Creating opportunities that enable local people and communities to co-design (structural) resources can build a sense of agency and control.

Community-led responses to the pandemic present a number of opportunities and challenges to proponents of asset-based approaches to population health and wellbeing. While there has been a flowering of neighbourhood citizen-led actions it is not clear whether this has been universal across the socioeconomic gradient.

Going forward it will be important to use the evidence from this experience to consider the implications that this has for transformative capacities in communities and cities.

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