Community Resilience and Co-production
Getting to grips with the language

A briefing paper
Introduction

Community resilience and co-production are among an array of terms gaining currency in debates about the way communities function, how they can support residents and enhance well-being, and how public bodies can best engage with them. Some of the terms are contested or used to mean different things; others are used as a form of shorthand for more complex ideas. They all relate to each other at some level. In this paper we offer a working definition of each of these terms and raise some questions for discussion. Disadvantaged communities can and do evolve networks and systems that help people and families build the resilience and support needed to deal with the everyday challenges and risks faced by families in need. Where there are strong community relationships and connections, and where a neighbourhood is alive with activity and cross-cut with networks of relationships providing informal support and mutual aid, people will be much better able to cope with pressures and will have a better quality of life.

Such an understanding challenges the view that disadvantaged families are passive recipients of health and social services, supported by paternalistic ways of working that encourage dependency and reliance. Rather, through involvement in community affairs, families will gain new insights into their own health improvement and that of the wider community. Opportunities will be created to unlock existing knowledge, build confidence, resilience, contacts, ideas, enthusiasm and energy.

The current economic climate has renewed the focus on community resilience with a growing interest from the public health sector. Asset-driven work can have a transformative effect on individuals, on social relations between and among people, and with external agencies and organisations. This transformative effect lays down some of the conditions required for the structural changes that allow a more equitable distribution of, or access to, resources.

Research in Glasgow (GoWell) demonstrates that in disadvantaged but settled communities there is a strong relationship between social networks and people's level of wellbeing while 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.

Community resilience

This term is used in three main ways. Internet searches suggest that the most widespread use of the term is in the context of preparation for, and responses to potential disasters such as fire, flood or climate change. The UK government for example defines community resilience as ‘Community
resilience is about communities and individuals harnessing local resources and expertise to help themselves in an emergency, in a way that complements the response of the emergency services. More broadly it is associated with economic and social vitality, typically in response to an economic downturn or crisis. For example, the Canadian Centre for Community Renewal has produced a community resilience manual which identifies 23 characteristics of resilient communities organised under ‘people’, ‘resources’, ‘organisations’, and ‘community processes’. Yet another interpretation is related to defence from violent extremism. The Improvement and Development Agency (I&DeA) in association with Communities and Local Government published a set of case studies entitled ‘Cohesive and Resilient Communities’ describing projects designed to combat extremism.

In the ‘The Well-Connected Community’, Alison Gilchrist argues the importance and value of building networks within communities that results in individual, families and the wider community building a ‘resilience’ leading to a sense of wellbeing and greater quality of life. Community networks enhance people’s ability to cope with difficulties and disasters – networks of necessity are crucial mechanisms for survival and sustenance of poor or oppressed groups. They comprise communities of shared interest or political identity. Forming (such) communities can be seen as a device for collective empowerment (Gilchrist p3).

Related concepts: community cohesion, social capital

Co-production

Co-production essentially describes a relationship between service provider and service user that draws on the knowledge, ability and resources of both to develop solutions to issues that are claimed to be successful, sustainable and cost-effective, changing the balance of power from the professional towards the service user. The approach is used in work with both individuals and communities. The New Economics Foundation has developed a work stream focusing on the theory and practice of co-production, seeking to ‘transform public services by building in co-production so that they become sustainable and produce better outcomes. It builds models of co-production around a set of core values: recognising that people have assets not just problems; redefining work so that unpaid activities are valued and supported; building reciprocity and mutual exchange and strengthening and extending social networks.’

NEF conceives co-production as involving collaboration over both the decisions on what to do, and taking mutual responsibility for agreed actions. Others define the process of involving users in service design as ‘co-creation’, reserving the term co-production for the involvement of people service
delivery. In Scotland NHS Tayside has played a leading role in embedding co-production into its health equity and wider policies\textsuperscript{vii}, and is currently seeking to establish a practice network on co-production.

**Related concepts:** Partnership; community engagement

**Community reassurance and intergenerational practice**

Essentially an approach to practice in communities concerned with ‘building confident communities that emphasize a culture of respect and understanding, using approaches that build on the positive contributions that people are able to make’\textsuperscript{viii}, intergenerational practice seeks to build dialogue between older and younger community members to allay fears and prejudices, to build respect and to share experience. The Beth Johnson Foundation has a leading role in advocating and supporting intergenerational practice and produces toolkits and other resources. It conducts research, provides information, commission's projects, delivers support and encourages involvement to benefit all of Scotland's generations, by working, learning, volunteering and living together. In Scotland, Generations Working Together, a project developed by the Scottish Centre for Intergenerational Practice, conducts research, provides information, commission's projects, delivers support and encourages involvement to benefit all of Scotland's generations, by working, learning, volunteering and living together and lists some 100 local projects.

**Related concept:** community philosophy\textsuperscript{x}

**Asset-based approaches**

‘Asset based’ can have two different meanings. First, the social and human resources within communities, and second the ownership of material assets such as land and buildings by the community and for community benefit. The first meaning is more relevant to discussion of resilience and co-production. As a community development approach it seeks to build on the existing strengths of a community – its social capital, its networks, its motivation and its capacity. As such it is contrasted with the ‘deficit’ approach which is characterised as focusing on negatives such as deprivation, disorder and need. Good practice would normally draw on a deficit model to identify where and when to intervene, but adopt an assets approach to inform how to work for change.

Most of us would agree that the nature of the community we live in can have a profound effect on our health and wellbeing. Thus, a basic proposition in adopting a community asset approach is that there is a connection between community conditions and health outcomes. If this is true, then there is a
case for engaging with and seeking to improve community wellbeing as a core component of health improvement. Such engagement recognises existing human and social assets (or capital) and seeks to build on them, leading to new relationships and stronger bonds and ties. Not only are these assets health enhancing in themselves, but they also open up the possibility of pursuing co-production and community-led approaches to service design and delivery.

This assets approach is also an equalities strategy. Communities with limited horizons will tend to score poorly on the index of multiple deprivation and within such areas the focus, if done properly, should be on the most disengaged and disempowered. Moreover, the approach identifies and recognises deficiencies in capacity, motivation and opportunity for change as inequalities in themselves.

A community asset based approach which emphasises the importance of building capacity (especially in capacity-poor communities) and effective, purposeful engagement helps enable cohesive, sustainable and resilient communities to emerge. Such communities can exercise more control, realise their social and material assets, and develop co-production responses to health and other risks or opportunities.

Scotland’s Chief Medical Officer has been talking at various conferences and events about how we tackle some of the seemingly intractable health challenges Scotland faces - exacerbated by factors such as poverty, Scotland's relationship with alcohol, unemployment, and poor physical and social environments. To create and improve our health and wellbeing he encourages a move away from a glass half empty (deficit model) to a glass half full (asset model). Taking forward assets approaches in Scotland will require changes in mind set and approach within Scottish Government, local public services, Third Sector and communities themselves. As a starting point, the Scottish Government in partnership with the Scottish Centre for Community Development (SCDC) and Long Term Conditions Alliance Scotland recently organised an event to initiate an Assets Alliance Scotland.

**Social capital**

There is an extensive academic literature on the definition, meaning and value of social capital. In practice it is generally understood to embody concepts of trust and reciprocity in groups and communities, and is seen to enhance health and wellbeing where it is in place. In more detail, and following Putnam², it includes Bonding: strong supportive ties which occur within a group, e.g. a family, circle of friends, club, religion, ethnic group etc. Bridging: weaker ties that connect people across group boundaries, for example with work colleagues, acquaintances, individuals from different communities etc. These are critical to providing access to new ideas, resources, communities
and cultures. Linking: connections between those with different levels of power or status. They connect people that may have similar ideals but who move in different social classes and circles. Linking ties are important for strategic outcomes, and for increasing the ability of individuals and communities to influence change.

The Health Inequalities Standing Group of Edinburgh community health partnership has produced a Social Capital, Health and Wellbeing planning and evaluation toolkit which describes social capital as ‘one way to tackle the health inequalities that result from social isolation, low levels of support and low self-confidence’ and identifies the ‘protective health factors that can result from strong networks, good levels of support and positive relationships that help integrate individuals and communities’. The toolkit provides a framework and tools for assessing levels and nature of social capital as well as for planning and evaluating change interventions.

These networks and relationships are important in another sense: they are the foundation upon which all other community activities are built. Where they are absent or incomplete there is little prospect of community-led initiatives emerging, and little prospect of health improvement strategies that engage with the community succeeding, unless they incorporate a significant amount of attention to encouraging the formation and growth of informal social networks.

Community capacity and capacity-building

The better connected a community is the greater will be its capacity to respond to opportunities, resist threats, protect its interests and solve problems. A well-connected community is thus the cornerstone of what is often described as the community assets approach to development. But building community capacity involves more than this: there needs to be understanding, skills and confidence; a firm commitment to equalities both within and between communities (otherwise we will encourage inequality and the misuse of power); a well-developed network of organisations in touch with each other both within and out with the community; and the ability to engage with and influence decisions and policies in the wider world. Community capacity building is essentially concerned with:

Building organisation – There must be investment in the ways that support organisations help to build community and voluntary groups, developing their strength and organisational capacity. These groups could take the forms of development trusts, housing agencies, community forums, neighbourhood councils or similar community ‘anchors’. They provide the ‘platform’ from which community members can shape and take part in public services.

Building skills – Resources should be directed towards ways in which support organisations build the skills, knowledge and confidence of
community members to enable them to be effective in achieving their aims and influencing decisions that affect them.

**Building equality** – Larger organisations and agencies need support in order to help to build equality within community and voluntary groups and the communities in which they work. Without such equality participation in public services might end up unfairly as the preserve of some people while the most disadvantaged are excluded.

**Building involvement** – There are real barriers to even the smallest amount of public participation. Public bodies and partnerships can create conditions in which communities are more able to be involved, and enabled to exert influence over decisions and priorities. The National Standards for Community Engagement are a helpful guide to what can be done here.
Community engagement

The National Standards for Community Engagement\(^x\) define this as:

‘Developing and sustaining a working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences’.

Community engagement is now an established term and is used to describe modern participatory governance practice. Since the 1990s public policy and policy guidance has recognised that the involvement of citizens in public service planning is key to delivering better designed and more effective services.

A useful way to define community engagement is to use the ‘ladder of participation’,\(^1\) developed by Sherry Arnstein in 1969;

\[\text{Giving away decision-making, resources and control} \\
\text{Clear lines of accountability and two-way communication with those giving away the power.} \]

\[\text{Two-way communication essential} \\
\text{Direct involvement in decision-making and action. Clear roles, responsibilities and powers – usually for a shared common goal.} \]

\[\text{Two-way communication} \\
\text{Participants have an active role as shapers of opinions, ideas and outcomes, but final decision remains with the agency.} \]

\[\text{Can be two-way communication} \\
\text{Asking opinions, collecting views but final decisions are made by those who are doing the consulting.} \]

\[\text{One-way communication} \\
\text{Informing the public of their rights, responsibilities and options. Includes provision of feedback of decisions} \]

‘If we ‘educate’ the public they will change their ill-informed attitudes and they will support our plans.’

Community engagement relates to the top three rungs of the ladder and is concerned with shared decision making, shared action and support to

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independent action on behalf of communities themselves or, as described in
the ladder, citizen control. It is therefore a process, a relationship and a
dialogue focusing in particular on excluded and disadvantaged groups. It is
essentially the process (at community level) on which co-production can be
built.

**Community development**

Community development seeks to empower individuals and groups of people
by providing these groups with the skills they need to affect change in their
own communities. These skills are often concentrated around building political
power through the formation of large social groups working for a common
agenda. Community developers must understand both how to work with
individuals and how to affect communities' positions within the context of
larger institutions.

Community Development Exchange defines community development as:
"both an occupation (such as a community development worker in a local
authority) and a way of working with communities. Its key purpose is to build
communities based on justice, equality and mutual respect."

Community development involves changing the relationships between
ordinary people and people in positions of power, so that everyone can take
part in the issues that affect their lives. It starts from the principle that within
any community there is a wealth of knowledge and experience which, if used
in creative ways, can be channelled into collective action to achieve the
communities' desired goals.

Community development practitioners work alongside people in communities
to help build relationships with key people and organisations and to identify
common concerns. They create opportunities for the community to learn new
skills and, by enabling people to act together, community development
practitioners help to foster social inclusion and equality.

In Scotland, community development is adopted as a general approach in a
wide range of policy areas, including regeneration, health improvement,
environmental improvement and community safety. It is part of the broader
field of the community learning and development function of Scottish
Government, defined as: "Community learning and development (CLD) is
learning and social development work with individuals and groups in their
communities using a range of formal and informal methods. A common
defining feature is that programmes and activities are developed in dialogue
with communities and participants...(CLD's) main aim is to help individuals
and communities tackle real issues in their lives through community action
and community-based learning."
Volunteering
Volunteering can be described as unpaid and 'uncoerced' activity that is of benefit to others – and typically to the volunteer as well. As such it can be seen to encompass a very wide range of possible actions and roles. In relation to questions of community resilience and coproduction, voluntary activity of some sort by members of the community in question are essential to both. Such voluntarism is perhaps better described as community activity or community action, essentially because the activity is of benefit to the community of which the volunteer is her/himself a member.

Community empowerment
The Scottish Government and COSLA have agreed the following definition:

"Community empowerment is a process where people work together to make change happen in their communities by having more power and influence over what matters to them."

Communities who feel a sense of control over what happens at a local level know exactly what empowerment is. Fundamentally, it is about people taking collective action to make change happen on their own terms. Community empowerment is a highly complex process to achieve and requires the active understanding and commitment from a wide number of stakeholders to achieve it. Community empowerment can be a slow, gradual process which involves continual learning and the constant building of a community's capacity to take on more - there is no finite end point in the process of community empowerment.

Understanding the interplay
The concepts described above are sometimes used almost interchangeably and to a certain extent they do indeed describe closely related ideas. SCDC would 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. 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 their social capital.
i http://www.gowellonline.com/
ii http://umbr4.cabinetoffice.gov.uk/ukresilience/communityresilience.aspx
iv http://www.localinnovation.idea.gov.uk/idk/aio/12915120
v Alison Gilchrist (2009), The well-connected community: a networking approach to community
development, Policy Press
vi http://www.neweconomics.org/projects/co-production
viii Beth Johnson Foundation, Towards more confident communities
ix Seeley C and Porter S 2008; Promoting intergenerational understanding thorough community
philosophy, Joseph Rowntree Foundation