

6.5.3 Community resilience

Why is this issue important?

Resilience is the defining characteristic of communities that do better than expected in the face of adversity. Recent years have seen a growing body of academic research, plus support for building the resilience of individuals, families and communities from across the public health, social, economic and political arenas. Greater resilience has the potential to benefit physical and mental wellbeing, as well as economic development. At a time of growing financial pressure, increasing resilience is very attractive to the public and voluntary sectors, business and governments.

Community resilience is influenced by social relationships, networks and social capital, which affect a community's ability to cope during difficult times. Strengthening this resilience involves recognising strengths or assets within that community, building on these, and using them to help address the vulnerabilities that hamper a community's capacity and capability to do well in difficult times. This differs from traditional approaches to assessing and assisting communities which focus on deficits.

Key outcomes

- **Social connectedness (Public Health Outcomes Framework)**
- **Self-reported wellbeing (Public Health Outcomes Framework)**

Impact in Brighton & Hove

The evidence presented here is drawn from the 2010 Annual Report of the Director of Public Health¹ which used the Young Foundation's Wellbeing and Resilience Measure (WARM)² to map community resilience in Brighton & Hove. WARM uses available data to look at communities in a new way and assumes that boosting local assets while tackling vulnerabilities is the key to building resilience. As such this section of the report has not been updated in 2013.

¹ NHS Brighton and Hove & Brighton & Hove City Council. Annual Report of the Director of Public Health; 2010.

<http://www.bhlis.org/needsassessments/publichealthreports> [Accessed 25/08/2012].

² Mguni N, Bacon N. Taking the Temperature of Local Communities. The Wellbeing and Resilience Measure. The Young Foundation. 2010. http://www.youngfoundation.org/files/images/WARM_website_copy.pdf [Accessed 25/08/2012].

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WARM identifies and rates (red/amber/green) a community's strengths (social capital, confidence, quality of local services or proximity to employment) as well as its vulnerabilities (isolation, crime and unemployment) to enable more informed decisions about where to direct limited resources.

Where we are doing well

Life satisfaction: In Brighton & Hove, 96% of people were very or quite satisfied with their local area³ compared with 86% in England.⁴ In 2008, the highest satisfaction was seen in Hove Park, Wish, Rottingdean Coastal and South Portslade. Brighton & Hove is perceived as a lesbian, gay, bisexual and transgender-friendly city.

Education: As levels of education increase, so does wellbeing. Brighton & Hove has a low proportion of adults without any qualifications and a high proportion with high qualification levels.

Health: Health, both physical and emotional, greatly enhances resilience. Self-reported health in the city is good, and arguably better than expected given the measures of objective health and wellbeing. In 2008, 80% of people reported they were in good or very good health compared with 76% in England. LGBT people report good health.

Material wellbeing: The city has a relatively low exposure to debt and generally residents are unemployed for short periods (less than a year).

Economy: Employment, strong local networks and low commuting times all contribute to resilience. The city scores well, benefiting from its small size, accessibility, low travel times, relatively good public transport links and high vacancies. The LGBT population has above average economic activity.

Public services: The quality of public service responses to people facing problems is a key factor. The city scores well on accessibility by foot or public transport to GP practices, primary schools and further education. Services in the city facilitate carer engagement and involvement.

Infrastructure: Infrastructural resilience comprises features such as transport, schools and hospitals as

³ Brighton & Hove Strategic Partnership City Tracker, First Wave. April-May 2012.

⁴ Citizenship Survey 2010/11.

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well as community facilities. Residents express high levels of satisfaction with parks and green spaces.

Local inequalities

Education: The city has poor results at GCSE level - it ranked 128 of 150 local authorities in 2010/11. It has the second greatest gap in England between high working age qualifications and low GCSE results. There are indications of significant bullying relating to sexual/gender identity. Young carers have educational difficulties and school absence due to their caring responsibilities.

Health: The city has high rates of tobacco, alcohol and substance misuse and higher rates of sexual health and mental health problems. Queen's Park, Goldsmid, Moulsecoomb and Bevendean, East Brighton and Hangleton and Knoll all have red (WARM) ratings for self-reported health. LGBT people are at higher risk of drug misuse, mental ill health and suicide. One in four carers reports that caring has a significant impact on their health.

Material wellbeing: The city has a high level of claimants for income support and incapacity benefit. When exposed to debt, it is at higher levels than nationally. Moulsecoomb and Bevendean, Queen's Park, East Brighton, Westbourne and Hangleton and Knoll all have red ratings. In Westbourne, some older people experience relatively high deprivation. There are significant pockets of children in poverty, particularly in East Brighton and among those with lone parents.

Social relationships: Wards with red ratings in the east of the city have vulnerabilities in terms of lone parents, divorced residents and households with dependent children with no adults in employment. Large proportions of elderly people live alone and are potentially socially isolated. Hollingdean and Stanmer, East Brighton, Westbourne and Moulsecoomb and Bevendean show most vulnerability. LGBT people and particularly bisexual and transgender people are at a high risk of domestic violence.

Belonging: This is the only component where the city as a whole scores a red rating. Younger adults in particular feel less involved in the community. Residents of Portslade, Withdean and Rottingdean feel the greatest sense of belonging, and those in St Peter's and North Laine the least. Many carers and certain LGBT groups feel lonely and isolated.

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Infrastructure: Housing conditions affect all ages and many who are vulnerable. The central, coastal area - Central Hove, Brunswick and Adelaide and Regency - has high barriers to housing and services. Residents of outer areas have more assets. LGBT residents are least likely to be satisfied with council services.

Predicted future need

The recent global economic situation and subsequent fiscal policy are testing the resilience of individuals and communities. The number of people whose jobs are being threatened or lost has increased, the UK is currently seeing its highest level of youth unemployment and there are changes to the benefits system which are likely to hit the vulnerable hard. These factors are likely to impact on individual and community resilience.

What we don't know

The evidence base for community resilience is in its infancy. The concept is used more for individuals than populations, or to explore how communities respond to events/disasters. Measuring community resilience is complex, and there are issues with definition and measurement. A wide range of factors needs to be considered, some of which may be unknown, unmeasured or difficult to measure.

There is little information on the assets and vulnerabilities of groups other than LGBT and carers.

Key evidence and policy

The Annual Report of the Director of Public Health 2010 brings together the key evidence and policy.

Recommended future local priorities

The recommendations from the Resilience report include:

1. When deciding funding priorities, the statutory sector should take into account the lasting impact of community initiatives versus short term 'service reconfiguration'.
2. To help raise the academic achievements and aspirations of children, local universities should play a greater role with local secondary schools.

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3. Programmes to build health resilience should adopt an integrated approach rather than address groups individually.
4. Families should be supported to create and engage with social networks and contribute to economic activity.
5. There is a need to consider how students living in the city might become more engaged with the communities in which they live.
6. Attracting other large private employers to the city would help balance the dominance of the service and small business sector.

Key links to other sections

- Social connectedness
- Happiness and wellbeing
- Community assets

Further information

Brighton & Hove Annual Report of the Director of Public Health 2010: Resilience.

<http://www.bhlis.org/needsassessments/publichealthreports>

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