

Improving Health and Reducing Health Inequalities through a Systems Resilience Approach

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INTRODUCTION – SYSTEMS RESILIENCE

The concept of resilience has informed a diverse range of disciplines and been applied to a multitude of different policy contexts.¹ Common to these various usages and interpretations of resilience is the notion of bouncing back from adversity or critical event(s).² Other conceptualisations of resilience go beyond the immediate goal of creating a condition where individuals, systems or communities return to a state of equilibrium, by emphasizing the potential opportunities for renewal, systemic change and enhanced levels of adaptability over time arising from the ‘transformative processes’ that emerge in response to both the anticipated and real impacts of disruptive events.^{3,4} In other words, resilience should not be conceived as a static condition or state but as a dynamic and continually evolving process of adaptation by complex systems⁵.

In recent years, resilience inspired thinking has begun to exert an increasing influence over the development of both health and public health policy agendas in the United Kingdom (UK). Policy documents and health journals are replete with references to resilience, for instance, in the context of patients’ as they seek to manage their chronic conditions or in relation to disadvantaged communities as they cope with significant socio-economic hazards to health that are affecting their neighbourhoods.⁶ Typically, however, these interpretations are narrowly framed, in that resilience is understood as a specific property of individuals, communities, organisations or systems (e.g. the health system). An individual or one-dimensional approach to building resilience assumes that people and organisations are largely independent of the wider socio-economic, environmental and governance context in which they live and function. Rather than an individualised property, an alternative conceptualisation is to understand resilience in a multi-dimensional and interconnected sense, as a collective characteristic of all individuals, actors and agencies living, working and operating within a certain place or geography. Seen from this perspective, resilient communities are those that possess the capability to take ‘intentional action to enhance the personal and collective capacity of its citizens and institutions to respond to and influence the course of social, economic and environmental

change’.⁷ From both theoretical and empirical standpoints, this definition is useful because resilience is understood as a shared property of both individuals and ‘collectives’ and it locates communities (of place or interest) in the same ‘system’ as institutions. It also suggests that resilience is not only a state or condition but also a dynamic process or ‘programme of action’ that connects and utilises all the ‘adaptive capacities’ available to a community. This points towards a ‘whole systems’ understanding of resilience, which we have called a systems resilience approach.

The NIHR Collaboration for Leadership in Applied Health Research and Care for the North West Coast (CLARHC NWC) is undertaking an innovative programme of work known as the Neighbourhood Resilience Programme (NRP). The programme aims to shift the policy and practice focus beyond the resilience of people living in disadvantaged neighbourhoods, to engagement with neighbourhoods as *systems* and how the collective resilience of those living/working in neighbourhoods and that of the public, private and voluntary organisations, can be enhanced. Just promoting individual or community resilience alone is not enough to improve the social determinants of health, rather enhancing resilience at a systems level is essential to release the collective capabilities of residents and the people providing and commissioning the services they rely on.

DEVELOPING THE CLARHC NWC NEIGHBOURHOOD RESILIENCE PROGRAMME

Reviewing resilience policies

The NRP operates in ten ‘Neighbourhoods for Learning’ (NsfL), chosen by our nine local authority partners⁸ as ward-sized neighbourhoods with relatively poor health. The primary objective of NRP is to contribute to enhancing ‘systems resilience’ in these neighbourhoods, to improve the social determinants of health inequalities. As a starting point we developed a resilience framework comprising four domains (Figure 1) based on the findings from a *rapid evidence review of local authority policies/initiatives* aimed at enhancing resilience at a systems level.

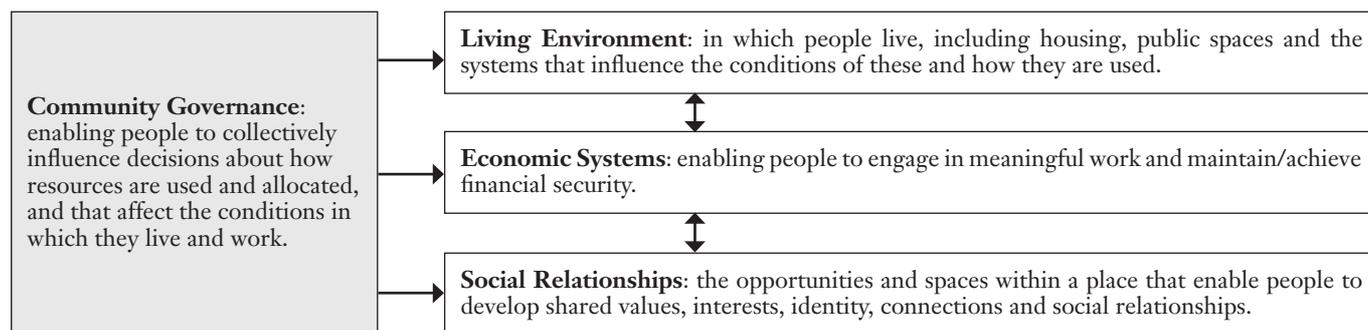


Figure 1: The systems resilience framework

Resilience-related initiatives underway within our ten NsFL, such as those shown in Table 1 below, were then mapped across these four domains and a 'Resilience Profile' was produced for each neighbourhood. Next, we conducted a series of rapid evidence reviews as a capacity building and decision-making tool. The first three focused on resilience-related topic areas selected by representatives for the ten NsFL including staff and councillors from our local authority partners:

1. Interventions aiming to reduce vulnerability to debt, e.g. increasing access to credit unions and debt advice.
2. Interventions aiming to improve the quality of privately rented accommodation e.g. selective licensing of landlords.
3. Interventions aiming to improve social relationships e.g. combatting isolation/loneliness.

Council partners nominated ten staff members to work on the reviews alongside the academic team. Based on the review findings, resources have been produced to inform subsequent decision-making within our neighbourhoods, including policy briefing papers and an academic paper.

Engaging in the neighbourhoods

Early in 2016 we started engaging with residents and stakeholders in the NsFL. The programme is being implemented in two 'waves' to facilitate iterative learning. A member of the academic team works with the relevant local authority representative and stakeholders to develop engagement strategies and conduct exploratory conversations with NsFL residents. Initially informal groups developed the work but over time formal Local

Oversight Groups (LOGs), which include residents, council, NHS and third sector representatives have become established with responsibility for designing and implementing local resilience initiatives.

In each neighbourhood, a third sector organisation has been contracted to employ a facilitator to recruit residents as advisers to the resilience programme and support their continued involvement. Together these organisations and the resident advisers have formed a Community Research and Engagement Network (COREN) in each neighbourhood.

Designing and implementing the local resilience initiatives

As area interventions are context dependent, there are no 'silver bullets' for the process of identifying the focus for the local work. Taking an inductive approach to inquiry, co-production and engagement, the lead researcher in each neighbourhood has engaged in conversations with a range of stakeholders and residents to develop the process.

Neighbourhoods are at different stages of this process. In one neighbourhood, the topic (population transience and the quality of privately rented accommodation) was agreed at an early stage without much additional information gathering. In most areas, however, residents have been or are being supported to conduct 'participative enquiries', focusing on issues which residents and stakeholders feel are affecting the resilience of their neighbourhood. These enquiries have, for example, focused on access to debt advice services and factors affecting the use of community facilities. In some neighbourhoods, the results of these enquiries have now been considered by members of the LOG and they are beginning to re-design and plan the

<p>Living Environment</p> <ul style="list-style-type: none"> • Using planning to increase the amount, quality and use of open spaces; • 'Healthy Homes-style' initiatives; • Fuel poverty reduction; • Investment in affordable housing; • Selective licensing of private landlords; • Collective purchasing of energy to reduce the costs to low income families. 	<p>Economic Systems</p> <ul style="list-style-type: none"> • Welfare and debt advice; • Action against loan sharks; • Establishing Credit Unions in disadvantaged neighbourhoods; • Living wage policies; • Public sector procurement initiatives promoting employment; • Support for small businesses.
<p>Social Relationships</p> <ul style="list-style-type: none"> • Community clubs/associations; • Community arts projects; • Interventions to reduce social isolation; • Volunteering. 	<p>Community Governance</p> <ul style="list-style-type: none"> • Neighbourhood partnerships, boards or forums; • Councillor devolved ward budgets; • Participatory budgeting; • Community Asset Transfer.

Table 1: Combined matrix of resilience initiatives in NWC neighbourhoods across the four domains (2015)

delivery of the local resilience initiative. It is important to stress that there is no new investment available; rather the NRP is aiming to 'redesign' existing resilience-related initiatives, improving them on the basis of diverse evidence. These improvements are then being implemented and evaluated.

EVALUATION

A *process evaluation* is already underway. This involves the production of reflective notes at regular intervals by members of the academic team and interviews with the local authority members of the Programme Management Group, which will be repeated after 12 months. Interviews with the COREN Facilitators, members of the LOG and resident advisers are also underway.

An *impact evaluation* will also be conducted. Baseline data are being collated for each neighbourhood comprising data from the 2015 CLAHRC NWC Household Health Survey, which provides data on aspects of mental and physical health and wellbeing, as well as *measures of economic, environmental, social and governance components of resilience*. Routine data, some of which will be specific to each neighbourhood, are also being collated, for example local data on debt levels. Much of the routine data is longitudinal. The household survey will be repeated during the summer of 2018. Taken together, we will use these data to develop a suite of indicators of 'systems resilience' across the four domains of the Resilience Framework (i.e. social, economic, environmental and governance). Our analysis will investigate how these indicators change over time in each neighbourhood, compare patterns across different NsFL and consider the likely impact of changes in these indicators on health outcomes.

Our qualitative work is highlighting some early positive impacts of the NRP. For instance, one of the COREN facilitators stated that: "The LOG meetings have attracted a number of 'added value' projects to the area as a result of bringing different partners to the table." These include: a local organisation that sourced six computer workstations for the local community centre; the council agreeing to promote their fuel poverty scheme in the neighbourhood; and the local branch of the Halifax offering financial literacy presentations to local schools. The programme is also bringing benefits for those directly involved. One member of local authority staff, for example, noted that the NRP offered a "huge variety of opportunities for staff to train and get involved in cutting edge research", whilst two residents highlighted the social opportunities the programme had created for local people "to get out of the house, make friends, and contribute to improve their local area".

SHARING LEARNING

Based on our inclusive and collaborative approach, the lessons learned about the effective development and implementation of neighbourhood resilience initiatives are being shared with partners, residents and other local stakeholders on a regular basis. There are regular programme development sessions involving our Programme Management Group consisting of representatives from our council partners, residents,

COREN facilitators and other stakeholders. Reports on the evidence reviews have been shared with partners and as findings from the evaluation become available these will be disseminated widely within and beyond CLAHRC NWC.

REFERENCES

1. Walker J, Cooper M. Genealogies of resilience: from systems ecology to the political economy of crisis adaptation. *Security Dialogue*, 2011;41(2):143-160.
2. Martin R. (2012) Regional economic resilience, hysteresis and recessionary shocks. *Journal of Economic Geography*. 2012;12(1):1-32.
3. The Rockefeller Foundation (2014, updated 2015). City Resilience Framework. Available at: <https://www.rockefellerfoundation.org/report/city-resilience-framework/> (accessed 28.2.18).
4. Rodin J. (2014) *The resilience dividend: being strong in a world where things go wrong*. New York: Public Affairs.
5. Joseph J. Resilience as embedded neoliberalism: a governmentality approach. *Resilience*. 2013;1(1):38-52.
6. Amery F. (2017) Gender and resilience-thinking in the UK: New policy paradigm or neoliberal orthodoxy? *In: European Conference on Politics and Gender*, 2017-06-08 – 2017-06-10, University of Lausanne.
7. Colussi MM. (2000) *The Community Resilience Manual*. Canadian Centre for Community Renewal.
8. Our nine local authority partners are: Lancashire County Council, Cumbria County Council, Blackpool Borough Council, Blackburn with Darwen Borough Council, Halton Metropolitan Borough Council, Knowsley Metropolitan Borough Council, Sefton Metropolitan Borough Council, Liverpool City Council and Cheshire West and Chester Council.

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