Psychological insights for facilitating community resilience to respond to consequences of the Covid-19 pandemic

Participation from communities is crucial in reducing the spread of Covid-19, mitigating the negative psychosocial effects of the lockdown measures, and enabling recovery. Community resilience is a concept which refers to the capacities of communities to provide this necessary participation in times of crisis.

Community resilience has been defined as ‘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’. Community resilience should be understood as more than simply the absence of vulnerability; rather it is ‘a process linking a network of adaptive capacities… to adaptation after a disturbance or adversity’.

Linking this network of adaptive capacities will enable authorities and communities to collaborate towards ‘overcoming adversity, whilst also potentially changing, or even dramatically transforming, (aspects of) that adversity’.

PURPOSE OF THIS GUIDANCE

This guidance document brings together core concepts, principles, and evidence from community and social psychology that can assist local authorities, local resilience forums (LRFs), heads of services, and community groups in their efforts to facilitate community resilience specifically in the context of Covid-19 crisis as described above. It is part of a range of outputs from the BPS Covid-19 Community Action and Resilience workstream.

It is intended to complement relevant official guidance, in particular the Community Resilience Development Framework. Many local authorities, LRFs, heads of services, and community groups are already acting in line with these principles.

The document is intended to provide a short scientific rationale for existing good practice and to help communities and those who work with them understand what works and why. For further reading and resources please see page 5.
PSYCHOLOGY OF COMMUNITY RESILIENCE IN CRISES:
KEY CONCEPTS

The psychology of community resilience can be understood through certain key concepts. First, there are different types of communities, ranging from those based on long-standing connections (e.g. geographical communities) to those which emerge spontaneously within crises (‘communities of circumstance’). In crises, long-standing communities draw upon existing bonds of trust – known as social capital – to meet their needs. For emergent communities, bonds of trust develop in and through the shared experience of the emergency or disaster itself. Second, collective identities allow communities to act as one. These comprise shared definitions of who ‘we’ are and they specify group norms (appropriate conduct for our group). Third, capacities, which refers to the psychological resources gained by having a collective identity, in particular the social support – practical, informational, emotional – that people give each other. Support from our community is the basis of collective efficacy and empowerment. Fourth is the principle of co-production or inclusion; given that communities have the capacity to act significantly on their environment, they need to be treated as a partner in emergency planning and response. With the cuts to services, the community often simply is the response. Fifth, communication is more than public information: it means dialogue with and listening to communities.

RECOMMENDATIONS

Based on these concepts, the British Psychological Society recommends the following to facilitate community resilience:

1. **For communities:** Form a community group. It can help for the group to have a name, a web-presence (e.g. a Facebook group), and other signifiers of collective identity. Local authorities, officials, and professional responders can be invited to be part of these groups, but they will still need to be led by community members.

2. **Listen to and learn from at-risk communities.** Communication in the form of listening is a key element in models of community resilience since it enables understanding of those areas where social support is needed. Local authorities should consider how to organise structures and processes to enable this to happen. Participatory methods are a way of achieving this – including communities in research can build confidence and capacity in itself. Listening also allows the local authorities and professional groups to get to know the identities, values and norms of the communities in question. Those professionals working with the public should develop sufficient cultural competence not only to understand community priorities and capacities (e.g. who has the respect locally to act as a leader) but also to recognise when some emergency management procedures are problematic for particular communities.

3. **Build collective identity between communities and local authorities during crisis response.** Inclusive practices, such as involving the public in planning and response, function to display the authorities’ trust that the public can self-organise. This display of trust can foster shared identity between the parties and therefore encourage ownership and collective efficacy around a resilience plan. Therefore, include the public in resilience planning, by re-organising existing structures of consultation and input to better accommodate the needs of community members and enable their abilities to be included.

4. **Accommodate community attempts to help.** People in communities affected by a crisis will try to help each other (whether or not they have specialist expertise). Such involvement builds unity and trust. Not only is such community participation necessary, it can also enhance wellbeing among those involved. An obvious example is the proliferation of community support.
and mutual aid groups that arose during the Covid-19 pandemic. Local authorities should find practical ways to support and complement these groups, yet without co-opting them. A simple example would be giving them storage space or loaning them high-visibility vests.

5 Keep the emergent community alive. The emergent communities that arise in crises often run out of energy and resources, and too often their agency is undermined by interventions by the authorities anxious to restore top-down ‘command and control’\textsuperscript{15,16.}. For many crises and disasters, secondary stressors continue to cause distress long after the initial impact\textsuperscript{17}. Examples include the problems people have with insurance to fix their houses after flooding. Members of emergent communities need to keep the group alive as they recover in the months after the disaster, in order to provide the emotional, practical and informational support that people need\textsuperscript{18}.

6 Resource the community. A fundamental requirement underlying all these recommendations is to put resources into communities. Keeping a community alive to meet the needs of its members during a pandemic needs resource such as space and facilities. A regular place to meet, such as a café or social centre, creates the opportunity for interaction, and helps concretise the group as an entity. Therefore the authorities should help communities create meeting places and resource online meeting places. There are many factors which make it difficult for groups in deprived/marginalised communities to sustain themselves (e.g. residential turnover, ill-health of members, multiple trauma and life events, and the off putting nature of the administrative complexity of current systems). Letting communities control a community hub and moving resources to support community action – for example paying for Zoom licences to enable group members to network – builds agency and empowerment.
This guidance was produced by the British Psychological Society’s Covid-19 Community Action and Resilience Working Group

CONTRIBUTORS

Professor John Drury, Professor of Social Psychology, University of Sussex

Dr Carl Harris, Clinical & Community Psychologist, Birmingham

Sanah Ahsan (she/they), Liberation & Community Psychologist, Trainee Clinical Psychologist

Dr Rebecca Graber, Senior Lecturer in Psychology, University of Brighton

Dr Sally Zlotowitz (she/her), Community and Clinical Psychologist & Community Activist

Suzanne Wilson, Research Fellow in Social Inclusion and Community Development, University of Central Lancashire

Cheryl Hunter, Trainee Clinical Psychologist, University of East London

Dr Sue Northrop, Director, Dementia Friendly East Lothian CIC, Community Psychologist & Activist

Professor Carolyn Kagan, Professor Emerita, Community Social Psychology, Manchester Metropolitan University

Dr Anne Douglas, Consultant Clinical Psychologist, BPS Crisis, Disaster and Trauma Section

Rachel Morley, Consultant Clinical Psychologist

Dr Carl Walker, Reader in Psychology, University of Brighton
REFERENCES

14 Drury et al. op. cit.