



**Children's
Neighbourhoods
Scotland**

**Moving from vulnerability
to resilience in the COVID-19
recovery phase:
A review of resilience-building
for children, young people and
families
October 2020**

Children's Neighbourhoods Scotland

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1 Introduction

The impact of the COVID-19 crisis has been widespread and has been felt most keenly by groups and communities which are often deemed to be 'vulnerable'. The Scottish Public Health Observatory (ScotPHO, 2020) has developed a 'vulnerability' index in which areas in Scotland are categorised according to how vulnerable they are to the adverse effects of the crisis. Across Scotland there has been a significant response to mitigate the impacts of the pandemic at national government, local authority and community levels. This review presents evidence to support a continued shift in focus from 'vulnerability' to 'resilience' which will positively shape the long-term approach to COVID-19 recovery.

This report begins by outlining the concepts of vulnerability and resilience as they apply to both individuals, communities and systems. It then discusses some key areas identified in the literature as contributing to individual and collective resilience. The report then highlights examples of projects and initiatives, locally and internationally, that are moving from working with vulnerability to building resilience. Finally, key principles for prioritising resilience are identified, and the report concludes with points for further consideration by policymakers and practitioners working on the medium- to longer-term response to the COVID-19 crisis.

2 Vulnerability and resilience: a rapid review of the literature

2.1 Vulnerability

In academic research the concept of vulnerability is used in particular ways across a range of disciplines. Originating in the environmental sciences, the concept often appears in relation to the impact of disasters on human populations (Virokannas et al., 2018), while in population health and the social sciences, vulnerability is frequently used to discuss adversities, social disadvantage, poverty and inequalities (Walsh et al., 2016; Brown et al. 2017; Forbes-Mewett and Nguyen-Trung 2019). For example, in research looking at refugee integration, Strang et al. (2016) discuss vulnerability in the context of being vulnerable *to* something, i.e. destitution or deprivation, suggesting an idea of risk. In the context of the COVID-19 crisis, Harkins (2020) defines communities and population sub-groups with additional vulnerability, including socioeconomically disadvantaged communities, people with disabilities, black and minority ethnic groups, and people experiencing homelessness. Indeed, ScotPHO's (2019) COVID-19 community vulnerability index utilises a range of indicators comprising clinical, social and demographic factors.

From a policy perspective, Brown et al. (2017) argue that the use of vulnerability as a concept suggests deviation from the 'norm' in some way. They also argue that it can in fact reinforce the idea that vulnerable individuals are different, resulting in the displacement of the agency or power individuals have over their own lives and their sense of control. Identifying the vulnerability of an individual or group is often required in order to obtain access to particular support or services (McLaughlin, 2012), although focusing on individual deficit or vulnerability risks ignoring wider systemic issues which often

contribute to the need for support in the first place (Brown et al., 2017). In one research study about community vulnerability and resilience in response to flooding in Wales, the authors reported that individuals and communities are expected to be self-sufficient in emergencies and responsible for their own recovery. However, the authors also stated that insufficient thought in UK policy is given to the cumulative impact of insecurity and other types of ‘chronic crisis’ on individuals’ and communities’ ability to prepare for and manage risk (Wright, 2016). Shifting responsibility for resilience to individuals and/or communities, therefore, risks masking the wider social, economic and political determinants of vulnerability.

As such, a distinction can be drawn between individual vulnerability and systemic vulnerability. Some scholars have argued that individual vulnerability – the idea that a person is more susceptible to harm in some way – presents people as deficient (Virokannas et al., 2018). Whereas systemic vulnerability can be defined as the vulnerability or ‘state of susceptibility’ (Adger, 2006, p.269) of physical or social systems to change or pressure. Other literature notes that that social theories of vulnerability demonstrate a connection to the concept of ‘assets’, human, social or physical strengths, capacities and resources that contribute to dealing with adversity (Kretzmann and McKnight, 1993), as well as ‘*the capacity of institutional practices to cushion the effects of negative events*’ (Brown et al., 2017, p.503). Table 1 provides an overview of definitions of key types of vulnerability as conceptualised within this report.

Concept	Definition
Individual vulnerability	The idea that a person possesses certain characteristics that make them at greater risk of harm or adversity, upon which access to certain types of support, e.g. social welfare systems, is often based (McLaughlin, 2012).
Social vulnerability	‘Combinations of social, cultural, economic, political, and institutional processes’ that shape how different socioeconomic groups experience and recover from crises or hazards (Spielman et al., 2020).
Systemic vulnerability	‘States of susceptibility of physical and social systems’ to change, harm, pressure and powerlessness (Adger, 2006).

Table 1. Definitions of vulnerability

The relationship between vulnerability and resilience has been explored, with some scholars finding similarities with social vulnerability, in particular (Brown et al., 2017). Social vulnerability, as defined in Table 1, is a concept that understands the range of factors, including social, economic, and institutional processes, that influence the ways in which hazards or crises are experienced or overcome (Spielman et al., 2020). Indeed, vulnerability has been defined as ‘*the state of susceptibility to harm from ... the absence of capacity to adapt*’ (Adger, 2006, p.268). In this way, vulnerability to a crisis or challenge and resilience to overcome it can be viewed as two sides of the same coin, suggesting that it is possible to achieve a shift from vulnerability to resilience by strengthening the latter.

2.2 Resilience

Resilience is one of the *'dominant tropes in contemporary policy, practice and academic debate'* (Pugh, 2014, p.313). Like vulnerability, the concept of resilience can be found in academic fields ranging from psychology (Norris et al., 2008; PreConga et al., 2020), to geography and international development (Brown, 2016), to community development (Pugh, 2014). Though it is a prevalent concept, some scholars have criticised the language of resilience for placing responsibility on an individual to change and adapt, rather than the *systems or contexts* within which they are situated (Sims-Schouten and Edwards, 2016; McRobbie, 2020). Distinctions have been drawn between individual, collective and systemic resilience, although scholars emphasise that the different levels are interconnected and support one another (Seaman et al., 2014).

Seaman et al. (2014) define resilience for public health as *'the capacity for populations to endure, adapt and generate new ways of thinking and functioning in the context of change, uncertainty or adversity'*. Unlike some definitions of resilience which suggest 'bouncing back' or a return to a pre-crisis state or resistance to change (Welsh, 2013), other definitions emphasise the importance of *adaptation to change* (Seaman et al., 2014; Ramos and Hynes, 2020). There is therefore an opportunity for recovery from a crisis to bring about positive change.

In relation to **individual resilience**, Strang et al. (2016) explored the ways in which individual refugee clients resisted the idea of being vulnerable through research examining resilience within a refugee integration service in Scotland. Instead, participants focused on developing resilience through what they viewed as a journey to independence, including accessing employment and building confidence. The idea of a 'journey' to resilience is supported by Seaman et al. (2014, p.31) in their assertion that *'to support individual resilience, it is most useful to consider resilience as a process or pathway rather than a trait'*. Other research highlights how resilience *'can, and should, vary greatly ... and may have many different appearances'* (PeConga et al., 2020, p.1). This is relevant for the COVID-19 context as it emphasises that there is no one correct type or manifestation of resilience in response to the pandemic.

According to Seaman et al. (2014), **collective resilience** is understood in terms of levels above that of the individual, including communities, cities, regions or national and international levels. The authors explored different understandings of collective resilience, including social, ecological and urbanist perspectives. Social models or explanations for resilience are relevant to this review and are described in the literature, including the role of social capital¹, community cohesion and civic and political participation (Kadetz, 2018; PeConga et al., 2020; Poortinga, 2012). Importantly, it is emphasised that resilience is not something you either 'have or do not have'. Instead, resilience is learned and developed through communities and networks and is in fact a *typical* response to trauma, with some scholars suggesting that long-term resilience will be the most common outcome of the pandemic (PeConga et al., 2020).

¹ Though the term social capital has multiple definitions and interpretations, it is typically used to describe the social networks and relationships between families, individuals, groups or communities that facilitate cooperation and increase access to certain resources.

It has also been argued that collective resilience necessitates a move from deficit-based to asset-based models of practice (Seaman et al., 2014). In other words, it is important to understand the resilience individuals and communities already possess, rather than focusing on what they may be lacking, or ways in which they may be ‘vulnerable’. This is echoed by Harkins (2020), who recommends that, in the context of COVID-19 recovery, the input of communities, vulnerable populations and groups in the design and implementation of community recovery initiatives be ensured.

Finally, the concept of **systemic resilience** focuses on the idea that key social and economic systems are resilient to shocks or crises, and this concept in relation to individual and collective resilience. An OECD report notes that ‘*the [COVID-19] pandemic has reminded us bluntly of the fragility of some of our most basic human-made systems*’ (Ramos and Hynes, 2020), and it has been suggested that to be able to build collective resilience, communities require adequate and equitably distributed economic resources (Norris et al., 2008). Similarly, Seaman et al. (2014, p.34) argue that collective resilience is influenced by a wide range of factors or systemic vulnerabilities, noting that ‘*enduring resilience cannot reasonably be expected at a collective level within a population living at the sharp end of structural inequalities*’. In order to fully promote individual and collective resilience it is therefore necessary to ensure that social and economic systems are adequately prepared to provide the required support.

Figure 1 is an example of a resilience model developed by Daly et al. (2009). The model presents a selection of different indicators across different levels – personal, community and institutional – and the relationships between them, and this provides a useful basis for our understanding of the interconnected nature of resilience.

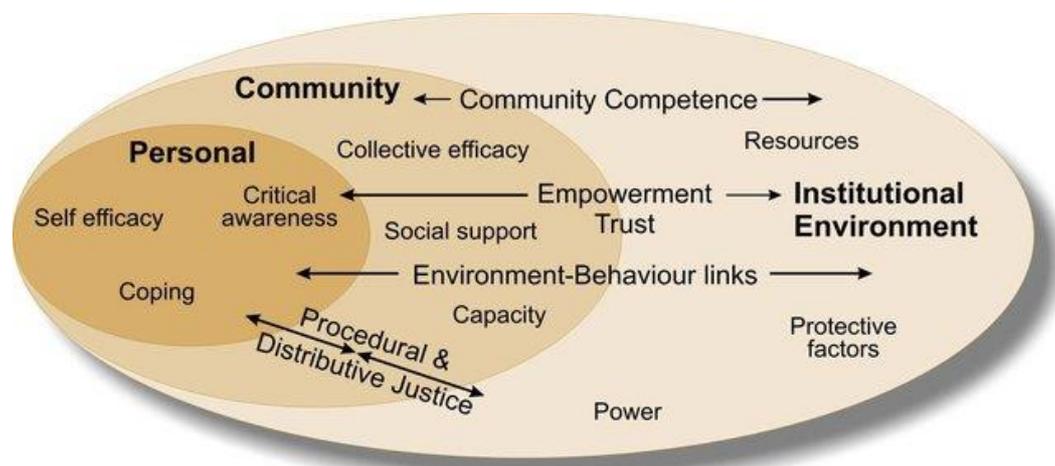


Figure 1. Model of community resilience (Daly et al., 2009)

2.3 Childhood, family and educational resilience

The COVID-19 crisis has had both direct and indirect impacts on the lives of many children and families in Scotland. As a result of the unique context of the pandemic and associated ‘lockdown’ measures, particular manifestations of vulnerability have been exacerbated, with evidence showing certain groups have been disproportionately affected (Douglas et al., 2020). These are evident in many domains, including poor housing, mental health and wellbeing, food poverty and educational

inequalities (Poverty & Inequality Commission, 2020; The Poverty Alliance, 2020; The Sutton Trust, 2020; UNICEF, 2020; Children’s Neighbourhoods Scotland, 2020a). While this review will not examine these vulnerabilities in detail, it is important to consider the multi-dimensional impacts of the pandemic from the perspective of children and families and for recovery planning.

There is a wide range of international academic literature which deals with the concept of vulnerability and resilience in relation to children. The study of childhood resilience first began as a way of understanding why some children could adapt more positively to stressors than others (Garmezy, 1993; Kolar, 2011; Shean, 2015; Mowat, 2019). Research has since highlighted different examples of resilience-building approaches amongst children, including those who are vulnerable. These include fostering childhood resilience through ‘frontline’ healthcare practitioners, educators and caregivers (Masten and Barnes, 2018), supporting children to cope with threats and ‘positive stress’ in order to better deal with further adversity (Center on the Developing Child, Harvard University), and acknowledging the complexity of different systems involved in promoting tailored resilience amongst children (Shean, 2015; Mowat, 2019).

A large body of research evidence highlights the importance of the early childhood years for positive development of social and cognitive skills and resilience (Masten et al., 2013). Though resilience is viewed as an attribute that can be developed in children, it has been argued that using the term resilient as an adjective (as in ‘resilient children’) suggests that resilience is a personal trait (Luthar, 2013). Instead, childhood resilience can be based on various assets, and ‘*resilience is not an all-or-nothing phenomenon, nor is it fixed in time*’ (ibid., p37). Nonetheless, key resilience factors amongst children have been identified in the literature (Figure 2). Like the academic literature on resilience more generally, the factors highlighted represent resilience factors at the individual, collective and systemic levels, whilst also placing importance on social bonds and relationships.

<p><i>Individual</i></p> <ul style="list-style-type: none"> • Self-control skills, behavioural and emotional • Self-efficacy, positive views of self and identity • Agency, motivation and problem-solving skills • Purpose and a sense of meaning in life <p><i>Family</i></p> <ul style="list-style-type: none"> • Parents/carers who provide warmth, expectations, structure and consistent caregiving • A sense of family cohesion and belonging • Family routines, rituals, and cultural traditions • Socioeconomic resources <p><i>Relationships outside the family</i></p> <ul style="list-style-type: none"> • Support of friends • Support from teachers, mentors, and other competent, caring adults <p><i>In community and culture</i></p> <ul style="list-style-type: none"> • Safe, effective schools with strong leadership, student support, and teaching • Support from religious and community organizations • Community resources (e.g. libraries, childcare, health care, parks, recreation) • Safe neighbourhoods

Figure 2. Shortlist of Resilience Factors for Children and Youth (adapted from Masten, 2018)

Elsewhere, research has explored the relationship between resilience and Adverse Childhood Experiences (ACEs)². Building resilience has been highlighted as an important aspect of improving the outcome of ACEs, including through mechanisms such as targeting *‘the development of specific skills that are needed for adaptive coping, sound decision-making, and effective self-regulation in children and adults’* (Couper and Mackie, 2016, p.20). Other research suggests that the mitigation of the negative impact of ACEs may be linked to stronger community resilience; this includes *‘being treated fairly, supportive childhood friends, being given opportunities to use your abilities, access to a trusted adult and having someone to look up to’* (Bellis et al., 2018). Although ACEs can have a neurobiological impact on young people, it has been suggested that the role of adults in schools and early learning settings may help to mitigate their negative impact (NHS Health Scotland, 2017). Research highlights that children who display resilience despite experiencing ACEs often have a positive, stable relationship or ‘attachment’ with an adult in their life, and this can include teachers as well as parents and carers (National Scientific Council on the Developing Child, 2015; Svendsen et al., 2020).

Indeed, education, including schools and early learning settings, play an important role in resilience-building for children and young people. The Scottish Government’s Getting it Right for Every Child (GIRFEC) framework provides wellbeing resources that build on research promoting childhood resilience (Scottish Government, 2017). In addition, one of four capacities of Scotland’s Curriculum for Excellence (CfE), the national curriculum for Scottish schools for learners from the ages 3–18 years, is to enable all young people to become effective contributors who possess resilience (Education Scotland, n.d.). Specific guidance for educators on CfE during the COVID-19 recovery phase recommended *‘maximising opportunities for communication and dialogue with children, young people and their families and continuing to build relationships and resilience’* (Scottish Government, 2020). The Scottish Government’s guidance on preparing for the start of the August 2020 school term also emphasises that children and young people may be affected by trauma and adversity and recommends that schools be prepared to provide additional emotional support to young people.

The role of education and educational settings in supporting young people to build resilience has also been explored in the academic literature. The evidence suggests that educational settings function as a form of psychosocial intervention. They can improve the resilience of children and young people by teaching the cognitive and socioemotional skills that enhance lifelong resilience and by providing opportunity for positive peer interaction (Taket et al., 2014; Masten, 2018; Ungar et al., 2019). Given the particular importance of early childhood development, the key role educators play in supporting children’s emotional development and modelling positive emotional behaviour, as well as teaching it, has also been highlighted (Kitzmann, 2012; Nolan et al., 2014; Archdall and Kilderry, 2016). Although this research is largely focused on formal educational settings, positive attachments and relationships with adults outside of the family environment can also promote resilience in children and young people.

² ACEs are stressful events occurring in childhood that can negatively impact a child’s development, and can include abuse, neglect and household dysfunction. ACEs can lead to reduced educational attainment, mental and physical health problems.

A variety of practical resources are available to education settings to support the development of resilience. One example *'Your Resource for Improving Children and Young People's Understanding of Their Wellbeing'*, commissioned by the Scottish Government and developed by the national organisation Children in Scotland (2019) supports teachers and practitioners working with young people to help improve 'children and young people's understanding of their wellbeing'. Resilience is listed as one competency – along with self-esteem and interpersonal skills – that can be built in order to help children and young people achieve and develop healthy behaviours. The resource comprises a range of activities aimed at children from early years up to the earlier stages of secondary school. By developing activities that enable children to understand different emotional responses to stressful or unpleasant situations, this resource supports the development of adaptive coping skills and resilience-building at an individual level. This helps children and young people to adapt and respond in a healthy way to change and crisis.

The role of families in fostering childhood resilience has also been explored in the research. While the literature demonstrates that ACEs, for example, can be linked to family-based risk factors, trauma and stress within families (NHS Health Scotland, 2017; Labella and Masten, 2018), the family unit can also play a significant role in supporting resilience-building (Walsh, 2016). One American study found that greater family resilience was linked to higher levels of 'flourishing', the concept of flourishing loosely equating to a concept of wellbeing, and 'family resilience' defined in the study as how a family copes with problems (Bethell et al., 2019). This includes families talking to their children about issues, working together to solve problems, staying hopeful in difficult times, and knowing they have strengths to draw on.

Other academic literature has outlined the protective factors – the *'internal and external resources and capabilities that help children, adults, and families overcome adversity'* (Lietz, 2013, p.158) – that can foster family resilience. This comprises internal protective factors, e.g. a sense of purpose, problem solving, autonomy and social skills, and external factors, e.g. social support and spirituality (ibid.). Family protective factors like structure, routine and parental warmth have also been shown to influence the behaviour of children and to buffer the effects of negative experiences (Ozer et al., 2015; Labella and Masten, 2018), mirroring the factors outlined in Table 2. Moreover, research has highlighted the impact of external social and economic factors, including poverty, on the ability of families to cope with adversity – and the impact on children within families (Labella and Masten, 2018). Indeed, inadequate material or financial resources has an adverse effect on family life, childhood development and the conditions in which families can successfully foster resilience (Maholmes, 2014).

However, research has also shown that despite experiencing adversity in the form of economic disadvantage and poverty, many families continue to possess and demonstrate significant strengths, assets and protective factors (ibid.). As explored elsewhere in relation to the concepts of vulnerability and resilience, evidence suggests that practitioners could usefully employ a strength- or asset-based approach in order to focus on the ways in which families already demonstrate and foster resilience, both as a family unit and in relation to children. For example, one Australian study (Taket et al., 2014), having found that parents employed a range of techniques to support their child's resilience, argued that techniques used in the home environment should be used in schools and other community

settings. It is also important to consider the contextual and cultural aspects of caregiving, as what may be considered a positive relationship with a caregiver may vary depending on the needs of the child (Peterson and Yates, 2013). Similarly, each family will have different and often unique experiences of adversity, meaning the resilience required to overcome this adversity may also differ (Walsh, 2016).

3 Key principles

Although it is clear that experiences of vulnerability and adversity can be diverse and unique, the findings of this review highlight some key areas for developing and increasing individual and collective resilience, and reducing vulnerability to, current and future crises. The following themes or principles are present throughout the literature, and provide a useful basis for identifying and developing good practice in the area:

- Building social capital amongst individuals and communities.
- Developing community cohesion and bonds.
- Fostering stable, committed relationships with adults in a child's life, both within and outside of formal education.
- Supporting the development of adaptive coping and socioemotional skills for children that can support lifelong resilience and adaptation.
- Enabling collective action, decision-making, and civic and political participation.
- Providing adequate and equitable economic resources to support resilience amongst vulnerable communities.
- Enabling adaptation in response to change and crisis, particularly at the systemic level, and acknowledging the role of systems in supporting resilience-building.

A small number of examples of projects and programmes have been identified which demonstrate these key principles in practice. Although there are many examples of work directed at resilience-building, both nationally and internationally, this illustrative sample of case studies were selected based on their national or international significance and potential to support recovery from the COVID-19 pandemic.

3.1 Individual resilience

Within the academic literature, individual and collective resilience are interrelated and the distinction between them is often fluid. For example, increasing individual resilience and skills can often be achieved within the context of building social networks or collective empowerment. Nonetheless, building the resilience of individuals is an important feature of many programmes and projects. The examples below represent a small sample of the types of activity taking place in Scotland to support children and young people to build confidence and resilience.

Children's Neighbourhoods Scotland

Children's Neighbourhoods Scotland (CNS) is a community-based approach to improving outcomes for all children and young people in neighbourhoods with high levels of poverty. CNS works in partnership with children and young people, their families, local public, private and third sector organisations to support efforts and services to reduce poverty, increase participation and capacity within communities, and to help tackle the issues currently making it difficult for children and young people to live happy and healthy lives (Children's Neighbourhoods Scotland, 2020b). Working with individuals and communities, and within and across systems, CNS promotes the building of individual and collective resilience by supporting local collective action, developing activities to support participation and community cohesion and adding value to existing local action. Individual resilience is further fostered by supporting children and young people to identify their wellbeing goals, with a focus on enabling children and young people's voices to be heard in the planning of activities, services and policies that concern them (Ward et al., 2019). Through active collaboration and partnership working with local organisations, across services and sectors, CNS supports practical developments on the ground within communities whilst researching and evaluating activity. In response to COVID-19 pandemic, CNS developed a programme of rapid response research to explore and understand the impact of COVID-19 on families with children, and how services and organisations are responded to it to inform national and local policy, practice and planning relating to COVID-19 (Children's Neighbourhoods Scotland, 2020a).

Children's Parliament

The Children's Parliament in Scotland provides children with an opportunity to have their voices heard and to develop positive participation and engagement in their communities (Scottish Government, 2019, pp.36-37; Children's Parliament, 2020a). Individual resilience is fostered by enabling young people to develop the confidence and skills to successfully participate in civic and political society, as well as knowledge of their own rights. The organisation also promotes collective resilience by enabling children and young people to play a role in the wider community, both locally and nationally, and by involving young people in projects and consultations. This in turn supports the development of social capital, community cohesion and bonds, while encouraging young people to be active participants in the political sphere and in collective decision-making. The Children's Parliament have also undertaken work in response to the COVID-19 crisis. They have gathered data to understand the impact the crisis has had on children's lives (Children's Parliament, 2020b) and have developed a rights-based 'Back to School' resource for school staff to support children's wellbeing and resilience during COVID-19 recovery (Children's Parliament, 2020c). Resources such as these promote the development of adaptive coping and socioemotional skills that contribute to a child's overall development of resilience.

MCR Pathways

MCR Pathways is a school-based mentoring programme that was founded in 2007 and works in 12 local authorities across Scotland. The organisation's vision is that 'every care-experienced and disadvantaged young person in the country gets the same education outcomes, career opportunities and life chances as every other young person' (MCR Pathways, n.d.). A mentor spends one hour per week listening to and encouraging a young person by discussing their goals. Through this, the young people have a safe space to focus on their aspirations and have the opportunity to develop a stable and committed relationship with an adult outside of their family environment. As such, the mentor's role in the young person's life promotes the development of resilience and adaptation to external shocks and crises. A recent independent evaluation showed that MCR Pathways participants were more likely than care experienced non-participants to stay on at school, move on to a positive destination after leaving school and have increased self-confidence (Biggs et al., 2020). Mentors come from a range of professional and educational backgrounds, but it is through developing a long-term and stable relationship with the young person, developing their social capital and increasing social bonds that individual resilience-building is enabled.

3.2 Collective resilience

There are many programmes that also work to develop collective resilience, or the concept of groups or communities being equipped with the resources and knowledge to cope with adversity. These examples of practice at national and international levels demonstrate in action the key principles of collective action, participation and the development of community cohesion and strong local bonds as identified within this review.

Link Up (Inspiring Scotland)

Link Up is a national programme working in twelve communities across Scotland. It aims to build resilience at both individual and collective levels through applying an asset-based³ approach and creating environments where people can connect, increase and build their social capital and social networks, and further develop community cohesion and bonds (Inspiring Scotland, n.d.). Link Up believes the power for change lies within communities in its people, assets and resources. Link Up workers are embedded in the community and work directly with local people to harness this, many of whom belong to marginalised groups. They create a welcoming and supportive environment where people can come together to get to know each other and provide individual support to help build resilience and adapt to change. Link Up workers also support local people to establish community groups and communities of interest, which they have ownership of and facilitate to varying degrees. This allows people to develop confidence and skills, and, in turn, strength and community resilience, whilst empowering people to increase their civic participation.

³ Asset-based approaches value the skills, strengths and successes of individuals and communities, recognising the importance of achieving a balance between service delivery and community building, as well as meeting people's needs and nurturing their strengths and resources (McLean, McNeice and Mitchell, 2017).

Centrestage

Centrestage is a charity that uses food and the arts to engage people, bring people together and to create a positive environment (Centrestage, 2020). Centrestage offers a dignified approach to food provision by framing food provision as ‘*a transaction between equal parties*’ (Nugent and Escobar, 2017, p.2). By enabling people to ‘pay forward’ meals, learn how to cook, and volunteer, Centrestage builds both individual and collective resilience by emphasising dignity and participation in local communities. The sustainability of the organisation is inherently resilient in terms of promoting the ability to withstand to future shocks and crises, and by building food provision into a wider programme of activities, this fosters community empowerment, helps to broker connections and develops social capital and networks. An evaluation of the charity’s food provision demonstrated how the organisation enables individuals and communities to be part of the decision-making process, design and delivery of their own services rather than simply recipients of support (Nugent and Escobar, 2017).

REE-CALL (Oxfam)

Resilience through Economic Empowerment, Climate Adaptation, Leadership and Learning (REE-CALL) is a development programme led by Oxfam. The programme worked with partner community-based organisations (CBOs) and non-governmental organisations (NGO)s and aimed to improve resilience and disaster preparedness amongst communities in Bangladesh (Oxfam International, 2017). REE-CALL developed a model whereby communities lead on addressing their own vulnerabilities, including through the strengthening of local food systems and the promotion of economic empowerment. Oxfam reported that the programme enabled communities to further develop resilience, decision-making capacities, and human and social capital, while also improving preparedness for possible disasters amongst CBOs and local government authorities. The programme’s emphasis on collective action and civic participation means that both individuals and communities are more resilient and can have greater control over their own ability to respond to future crises.

3.3 Systemic resilience

There are also a range of programmes which have aimed to address systemic resilience, or the idea that social systems and processes are prepared for *shocks or crisis*. The two examples presented promote collective action and localised decision-making. While different in scope and topic, the organisations advocate for and work to ensure more equitable resources and social systems for vulnerable communities.

A Menu for Change

A Menu for Change is a three-year project managed by Oxfam Scotland, Poverty Alliance, Child Poverty Action Group in Scotland and Nourish Scotland. It aims to support an evolution in Scotland’s response to food insecurity by:

“...encouraging a shift away from emergency food aid as the solution and towards preventative and rights-based measures which increase the incomes of people facing crises and support them to feel able to access food in a dignified way. It is also working to address

the underlying causes of the income crises which fuel food insecurity” (A Menu for Change, n.d.).

A Menu for Change works to contribute to systemic resilience through policy and advocacy work designed to improve welfare and social security systems. The project worked intensively with partners and stakeholders in three localities – Dundee, Fife and East Ayrshire – using an action learning method to identify actions to address food security and to remove barriers to accessing support. Recommended outputs included involving people with lived experiences of food insecurity in decision-making and policy processes, and the development of a ‘What do I do if...?’ resource to enable all practitioners to quickly identify and refer people to appropriate services, thereby removing some of the barriers to accessing support (Marshall and Hilber, 2019). By producing research and evaluation that aims to improve the systems that are fundamental to vulnerable communities, the project advocates for the provision of resources that can support community and individual resilience on the one hand, and tries to build into social systems greater resilience to shocks and crises on the other.

Living Rent

Living Rent is Scotland’s tenants’ union, a democratic organisation run by and for tenants which focuses on housing issues. Living Rent has campaigned for a range of different policy issues, including winter breaks on evictions, affordable housing, and, more recently, to support and protect tenants in the social and private rental housing sectors during the COVID-19 crisis (Living Rent, n.d.). By encouraging tenants across Scotland and in specific communities to work together and to challenge bad conditions and treatment, Living Rent is an example of a more radical approach to building collective and systemic resilience through collective advocacy. By promoting the idea of public and political participation, Living Rent attempts to build resilience by addressing systemic issues that lead to persistent vulnerability amongst different communities. The organisation increases social capital amongst its members and greater community cohesion more broadly through its work in localised areas. By responding to and campaigning for specific issues such as the impact of the current pandemic, Living Rent also functions as a means of adapting to crises and of working to ensure systems – in this case, housing systems – can continue to adequately support people and communities.

4 Discussion

The impact of the COVID-19 crisis undoubtedly presents a challenge for policymakers and practitioners who work with children and families. As we move into the recovery phase, the priority for many will be to ensure that people and communities are supported to be resilient to both this and future crises. This is supported by emerging research from the Trussell Trust (Weekes et al., 2020), which forecasts a 61% rise in need at food banks this coming winter, with figures already showing that families with children have been hardest hit during the COVID-19 crisis. Indeed, as demonstrated by research looking at the concept of vulnerability, chronic crises such as insecurity, austerity measures and reduced funding to social services have a direct impact on the ability of individuals and communities to respond to and prioritise recovery from new crises (Wright, 2016). Although emergency and short-term responses, such as the provision of food parcels are required, these do not always 'empower' people, families or communities to cope with adversity in the longer-term.

As such, while it is important to acknowledge the vulnerabilities present in our society and systems and the impact these have, particularly if they are to be addressed, research shows that building resilience is a way of supporting individuals, communities and wider systems to build on existing assets, to *'endure, adapt and generate new ways of thinking and functioning in the context of change, uncertainty or adversity'* (Seaman et al., 2014). There is therefore a clear benefit to prioritising resilience-building during the recovery phase.

This resilience literature explored in this review highlights the complexity of the concept, the describes the manifestation of resilience across different groups and levels and identifies common and connected characteristics. These characteristics comprise the individual level, such as supporting people to cope with adversity; the collective level, including strengthening social bonds and networks; and the systemic level, such as working to change the underlying issues that contribute to vulnerabilities. Moreover, the academic literature highlights the importance of developing resilience for children and young people. It emphasises that, despite the experience of ACEs, adversity within a family unit or social vulnerabilities, it is possible for children and families to possess and further develop resilience to future challenges or crises.

These key principles are relevant to the overall values and objectives of the Children's Neighbourhoods Scotland (CNS) programme. Working in a number of communities in Scotland, CNS promotes the participation and voices of children and young people, families and local organisations in identifying shared priorities for action, facilitating collaboration and aligning efforts to support change. This report provides a synthesis of learning in relation to vulnerability and resilience and insights into the principles underpinning resilience-building approaches which will inform ongoing programme development and future CNS activities.

The selection of illustrative examples presented in this review provides an applied understanding of some of the key theories and principles outlined in the academic evidence. Just as the academic research explores the importance of a holistic approach to resilience-building, policymakers and practitioners should continue to foreground resilience through a range of projects and programmes, at the individual, collective and, importantly, systemic levels.

In summary, this report offers the following points for consideration as to the ways in which resilience-building for children, young people and families can be embedded in the COVID-19 recovery phase and medium- to longer-term planning:

- Enabling individuals, groups and communities to be empowered and to develop coping skills, social capital and confidence through focusing on existing assets and strengths and future opportunities.
- Supporting children and young people to develop adaptive coping skills within and outside of educational settings, ensuring open communication enables their voices to be heard.
- Supporting families to cope with shocks and crises as a unit and, importantly, to provide the conditions for children and young people to develop their own resilience, particularly in early childhood.
- Encouraging community participation and empowerment, through volunteering, involvement in decision-making processes and service delivery and design, ensuring that the voices of those experiencing adversity inform future responses.
- Working to address the structural causes of vulnerability, including housing-related issues and food insecurity, and reducing the number of 'chronic crises' with which people must cope.

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Children's Neighbourhoods Scotland

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About us

A children's neighbourhood is an initiative that brings together people, resources and organisations in a neighbourhood area, so that all of those things can work together towards better lives for the children living there.

Children's Neighbourhoods Scotland is a collaborative centre, developed by Glasgow Centre for Population Health, Policy Scotland and Robert Owen Centre at the University of Glasgow.



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