

Together Through Tough Times



The power of community to support mental wellbeing across the UK

October 2021



in partnership with





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Charity Partners' Foreword



Paul Farmer CBE
Chief Executive, Mind

Mind, the leading mental health charity in England and Wales, provides advice and support to empower anyone experiencing a mental health problem and campaigns to improve services, raise awareness and promote understanding.



Billy Watson
Chief Executive, SAMH
(Scottish Association for Mental Health)

SAMH, Scotland's national mental health charity, provides local mental health support and always accessible information, listens to what matters in each local community, and campaigns nationally for the changes that make the big and little differences in life.



Kerry Anthony MBE
Group Chief Executive, Inspire

Inspire is a charity and social enterprise that works together with people living with mental ill health, intellectual disability and addictions across Northern Ireland, to ensure they live with dignity and realise their full potential.

1 in 4 of us will experience a mental health problem in any given year. That's around 14 million people in the UK – someone in every family, workplace and friendship circle.

In 2019, Mind, SAMH (Scottish Association for Mental Health) and Inspire were delighted to launch a partnership with Co-op to improve mental wellbeing across the UK. Our collective mental health expertise, influence and established networks across England, Wales, Scotland and Northern Ireland, complement Co-op's nationwide reach and established community networks. The partnership aims to improve community resilience across the UK, helping people develop the skills needed to support their own, and others' mental wellbeing.

We know communities play a key role in supporting wellbeing, social connection and empowerment to increase people's resilience – the ability to cope with the ups and downs of life. We wanted to explore how this was manifesting in communities experiencing higher-than-expected wellbeing outcomes based on indicators such as deprivation. This thought-provoking and insightful research will shape brand new resilience-based community services and underpin advocacy and campaigning work to secure lasting impact as a result of this partnership.

This report sheds new light on the crucial factors that contribute to community resilience. It also grows our understanding of the link between resilient communities and mental wellbeing – whether that's about maintaining and improving overall mental wellbeing or creating safe and supportive environments for people to access support for their mental health.

We were particularly struck by the power of community to support wellbeing, particularly around three important protective factors for community resilience - talking about mental wellbeing, supporting community hubs, and developing strong, collaborative community and voluntary sectors. These factors are central to Mind's, SAMH's and Inspire's approaches.

Firstly, we know talking about mental wellbeing helps fight mental health stigma, which is imperative for the dignity and respect of all of us. We welcome new understanding from this report that demonstrates how an open culture around mental health and mental wellbeing is linked to stronger community resilience. Breaking down stigma within communities also increases opportunities for providing early support and intervention.

The report also emphasises the importance of accessible community hubs to provide a place where people can access informal support, share identities, interests and experiences, and create meaningful connections with others. These are vital factors that support good mental wellbeing, and offer important opportunities for prevention of, and early intervention in developing mental health problems. As a partnership, we will directly respond to this insight by creating bespoke services, developed with and tailored for local communities.

Finally, it's clear from this report that organisations working together increase their individual and collective effectiveness. This partnership wouldn't be possible without the close collaboration between Mind, SAMH, Inspire and Co-op at a national level. At a local level, many of the new services will rely on community organisations, including Co-op's own community networks, working together and sharing their collective resources and skills to thrive.

We would like to thank Traverse for their thorough research and flexibility in delivering this research in the face of a global pandemic - at a time when people's mental wellbeing has been tested more than ever. We would also like to thank those communities, the residents and local organisations within them who took part in this study for their engagement and valuable insight.

Finally, a huge thank you to the people and organisations already doing transformative work in communities throughout the UK.



Co-op Foreword



Steve Murrells
CEO, Co-op

The Co-op is one of the world's largest consumer cooperatives, owned by over 4.5 million members. We're the UK's leading convenience retailer with more than 2,500 stores and 1,000 funeral homes across the UK. As a member-owned organisation we have the unique ability to connect and understand how we can best support the 1,500 communities we serve.

Community has always been a fundamental part of being a co-operative. Concern for Community is one of our Co-op principles. That's why supporting mental wellbeing is a big part of our vision of 'Co-operating for a fairer world'.

The last eighteen months, since the Coronavirus pandemic began, has been tough for many people and more of us than ever have been making the most of our local communities to support our mental wellbeing.

Findings of this report confirm that communities have a key role to play in good mental wellbeing, with networks of people and hubs creating strong community resilience, which in turn creates the conditions where both individuals and communities can prosper.

We're proud to be working in partnership with Mind, SAMH and Inspire to bring communities together to support mental wellbeing. Our colleagues, members and customers are raising £8m to support community wellbeing, including funding new community mental wellbeing services across the UK, which respond to the report's findings.

In addition, Co-op is supporting communities with their mental wellbeing, through our Local Community Fund, our Member Pioneers and Co-operate - our online community centre.

All of which support those vital networks and hubs described in the research. Our businesses also respond with our food stores providing a place for people to connect, our insurance business partnering with Neighbourhood Watch to support people to look out for each other and our Funeralcare business supporting those who are bereaved.

This report highlights that, even in resilient communities, some are at risk of being left behind such as young people or those from ethnic minority communities. It was clear to me when I visited our services that our partnership isn't delivering a one size fits all approach, it's tailoring responses to the needs of local communities. It cannot be right that where you live or where you come from determines the support or the opportunities you can access.

Thank you to the communities that took part in the research allowing us to better understand how we can all work together to support mental wellbeing.

1. Introduction

The Co-op is partnering with Mind, SAMH and Inspire to bring communities together to support mental health and wellbeing, and build resilience.

To understand how resilience can be developed, supported and maintained in communities across the UK, the Partnership commissioned this research to understand why some communities already appear more resilient than we might expect, based on the presence of risk factors such as deprivation and unemployment. This builds on Co-op's development of the Community Wellbeing Index (CWI), which measures wellbeing across the UK.

The research included identifying specific approaches and protective factors within such communities that help to mitigate the impact that these risk factors would otherwise have, examining who these approaches work for and who is at risk of getting left behind. The Partnership were particularly interested in the experiences of two groups within these communities; people who had been bereaved and young people.

The research was carried out in four locations: Bilston (England), Haverfordwest (Wales), Yoker (Scotland) and Portadown (Northern Ireland). Separate place-based case studies for each location are provided separately to this report, and should be read alongside the findings within it.

It should be noted that the research was commissioned just before the coronavirus pandemic, which meant the fieldwork was undertaken entirely remotely and in the context of recurring local and national lockdowns.

Please refer to the appendix for a full description of the research methodology with key terms and definitions.



Figure 1: Overview of research locations

Portadown, Armagh

A rural/suburban area with a population of 22,000.

Links the old town of Portadown to the newer town of Craigavon.

Research focus

Recently bereaved.

Haverfordwest, Pembrokeshire

An urban area - surrounded by countryside - with a population of 14,474.

The county town of Pembrokeshire - the local administrative and commercial hub for a large rural area.

Research focus

Young people (16-24).

Yoker, Glasgow

An urban district in north-west Glasgow with a population of 12,295.

Situated on the Dumbarton Road Corridor and on the bank of the River Clyde - a former shipbuilding community.

Research focus

Young people (16-24).

Bilston, Wolverhampton

A market town in Wolverhampton's suburbs with a population of 32,000.

A diverse area with 25% of the population from ethnic minorities.

Research focus

Recently bereaved.



Main findings

Community resilience is supported and sustained in a number of ways and is experienced differently by different groups of people living within these communities.

The research identified four themes, which were common across the four locations and appeared to be the main protective factors that helped these communities look and feel like resilient places:

Community hubs and voluntary sector networks



- Community hubs allow people to form meaningful connections, be active in their local area and achieve a sense of purpose. They also provide key access points for formal and informal sources of support for mental health and wellbeing.
- A strong and collaborative network of voluntary sector organisations and local leaders sharing resources, assets and knowledge, enables communities to signpost effectively and coordinate responses to unexpected and everyday challenges.

Actively participating and making connections within communities



- Public space provides opportunities for people to build social connections with one another, foster pride in the area, relax and reflect.
- Through informal neighbourliness and community organising and formal volunteering opportunities, people are able support their own and others' resilience, and improve the accessibility, use, look and feel of the public space they share with one another.

The existence of open and supportive environments to talk about mental health and wellbeing



- An 'open door culture' in all settings for people to talk about mental wellbeing and share personal experiences helps reduce stigma and frame mental health as something that affects everyone.
- For young people, schools, colleges and the wider community have a supportive role to play in developing a positive ethos around mental health and wellbeing. Schools, colleges and the wider community also have a role in equipping them with the tools to look out for each other.

Identities and belonging



- Community identities and collective narratives that establish a shared sense of belonging help people to feel secure and connected to their community.
- People are able to feel more invested in their community if they believe there is something special or unique about where they live.
- Narratives that help communities overcome challenges and build resilience tend to involve notions of friendship, tolerance and openness.

These themes provide valuable learning and practical examples for thinking about what contributes to community resilience. They help us consider how community resilience can be developed and maintained, and extended to others in the community who may be left behind or to other geographical communities.

The findings are particularly pertinent in the context of the coronavirus pandemic, which would have informed how people were feeling about their communities when fieldwork for this research took place.

However, the research also found that some groups had more limited access to the protective factors identified within these four themes and so were at risk of being left behind.

Children and young people in particular had a different experience of where they lived, feeling little ownership of or connection to their communities.

Some groups had more limited access to the protective factors identified within these four themes including children and young people, newcomers, people from minoritised ethnic communities and people living in poverty. This was in contrast to people who were bereaved who did not report a difference experience of these protective factors.

Newcomers and people from minoritised ethnic communities were also identified as at risk of getting left behind, especially where social bonds and values in communities appeared exclusive of 'outsiders', alongside people living in poverty. Some also acknowledged that community leaders, who played important roles in community hubs and local voluntary sector network were risking burn-out, when communities did not always see new leaders emerging.

Some protective factors are driven by community approaches - things which communities have agency over and can build for themselves. However, some protective factors are impacted by structural or historical factors, which will either support or hinder communities in their efforts.

These latter factors can only be changed through broader influencing, advocacy and campaign work to change policy and levels of investment.

This all requires collaboration and partnership across systems, in order for community resilience to be established, sustained and extended.

The research findings give a clear message that community resilience activity should be driven by locally defined needs rather than top-down initiatives. However, this does not mean that responsibility for resilience sits with residents and communities alone.



2. What makes communities resilient?

This chapter explores the four main themes identified through the research and the protective factors that sit within each, which were common across the four locations.

The themes set out in the introduction are explored in turn, in more detail. The chapter concludes with specific insights related to young people, people who have experienced bereavement and the impact of the coronavirus pandemic on the resilience of these communities.



Community hubs and voluntary sector networks

Community hubs and voluntary sector networks played an important role in community resilience across all sites. Community hubs were places that offered people a shared space to connect and services that the community needed. Some were open access – like a community centre, and others were more closed – for example a workplace was a hub for its employees but not the wider community.

Voluntary sector networks were groups of local charities and non-profit organisations that worked together to deliver services in the community. These networks were often supported by umbrella organisations or local leaders that brought different organisations together.

Hubs and voluntary sector networks helped residents maintain their mental wellbeing and provided assets to enable the community to respond to challenges.

Individual wellbeing and community hubs

Community centres, religious centres, schools and colleges, workplaces, pubs, local shops and local WhatsApp groups all performed the same ‘hub’ function in supporting community resilience. They had built bonding and bridging social capital (for a definition of bonding and bridging social capital see ‘Social Capital’ on [page 43](#)) through shared activities that offered an opportunity for people to come together and establish regular connections with other community members. Sometimes this was forged through a common identity (for example Portadown had an Eastern European community centre), and other times a shared interest (for example a sports club).

“I could be busy every day of the week with church. I go to church on Sunday, sing in the choir, help young people, I run on Monday night the basketball, Wednesday morning – run a men’s prayer meeting – it’s not a holy joe thing. Then we have breakfast [at a local supermarket] and sort the world out, which is [a] real thing.”

Male resident, 65-75, Portadown

Community centres, youth clubs and churches hosted a range of activities and events for people across the community, such as exercise

classes, drop-in cafés, or gardening groups. Pubs hosted quiz nights, dominoes and darts. Through these regular activities people met other members of the community, and looked out for each other. They noticed when people did not turn up. They also built a routine through these shared activities.

“With singing it makes you feel happy, and all the people there, trying to remember the words. We have a good choir; the people are lovely, and everyone enjoys [it]. We usually get there earlier and have a chat, at the end of the night, some of us have a drink.”

Female resident, 55-64, Bilston

Interest-based hubs were particularly important for fostering bridging social capital. Sports and interests provided a common language of connection and place to meet new friends. In the wellbeing and resilience map workshops, people expressed a desire for more interest-based hubs as they found it difficult to find people in the local area who shared their experiences and interests. This highlights the importance of establishing a range of community hubs that are accessible for as many people as possible.

Regularly attending a community hub fostered a feeling of togetherness, and made people feel part of something bigger than themselves.



How people described that feeling of togetherness varied. Active members of sports clubs, activity groups and workplaces described the benefits of teamwork and the camaraderie they feel when achieving things together. They also described the benefits of a shared sense of humour and 'banter'. Religious hubs described a different collective experience of praying together that was more about connecting with a shared faith. Local WhatsApp groups that emerged during the coronavirus pandemic made people feel part of their immediate neighbourhood through helping with neighbourly favours.

“I found the online prayer meetings really helpful. A lot of people in the church community are nurses/carers, it was a source of hope for them, the church community coming together to pray for them, for strength and support for them to be courageous and not lose hope.”

Female resident, 16-18, Haverfordwest

Hubs offer a place for some people to be understood. They are built on shared experiences and challenges, and support resilience through offering space for people to share experiences with others who will understand those experiences. In Bilston, the bereavement support worker encouraged people to create their own WhatsApp group

so that they could offer each other ongoing support. In Yoker, a young carers group and parents group offered support for people facing similar challenges.

“It’s definitely about getting parents and carers together. It’s such a stressful time having a young child, to be able to meet other people going through the same thing is amazing.”

Female resident, 25-34, Yoker

Hubs also provide a space for people to find meaning and purpose. This helps maintain resilience by giving people strength to continue during difficult times, as well providing a sense of achievement. Some interviewees gained strength through sharing their faith and had continued to do this via Zoom during lockdown. For others, work and volunteering provided meaning and purpose through helping others and finding things that they are good at. In this way, hubs had made people feel worthwhile.

Mental health support and community hubs

Informal support was associated with community centres, pubs, churches and hairdressers. People working or volunteering in these hubs saw themselves as available for more meaningful, emotional conversation. These were particularly important for people at risk of isolation.

Hubs provided access to formal and informal mental health support. They provided space for residents to talk and share emotion, as well as signposting to more formal support.

“At the community café, pre-Covid-19, we’d serve old people who came, now we give food parcels. Older people always want to talk, I love talking to them. I listen to their stories. They are alone – often they like being heard, someone taking an interest in them.”

Bilston, wellbeing and resilience map workshop participant



Community organisations in Bilston, Portadown and Yoker spoke of an 'open door' approach to mental health within their work.

While people in these communities often approached community centres or organisations for practical support, a fundamental part of their role also involved ensuring that there was space for that person to have an informal 'chat' over a cup of tea.

People's trust in community workers was identified as a key reason this approach worked.

"It's easier to ask something practical. They wouldn't say 'let's go for a chat'. Even though that is what they want. They will ask for something practical – translating a form that they understand already."

Community organisation (migrant support), Portadown

This space was often enough in itself to help people cope with individual challenges, but in other cases these organisations were then well-placed to guide people towards other sources of support.

A potential role for mental health charities is to support hub leaders to know when and how to signpost people to more formal support. More training for hub leaders around providing mental health support and knowing when to signpost people can strengthen the role of hubs in community resilience.

Collaborative Voluntary Sector network

Community hubs appeared to be most effective when supported by the presence of a strong voluntary and community sector (VCS) network.

The VCS networks in each community established an infrastructure to provide ongoing mental health and wellbeing support, shared resources, signposted effectively and fostered local leaders. Formal and informal network organisations (such as voluntary sector networks or community partnerships) played an essential role in supporting collaboration between community organisations.

"We work closely with the local authority, with health colleagues, with west Wales mental health networks – we're very well linked into that work. We support citizens and organisations, bring them together in various forums."

Community network organisation, Haverfordwest



Community hubs and voluntary sector networks

Across all four research sites these networks supported information-sharing and collaboration through regular meetings between community organisations and groups of all types and sizes, to explore solutions to community challenges. They also facilitated cross-sector connections and closer working partnerships between community organisations and local authorities or statutory services. For example, a Community Connectors scheme in Haverfordwest that linked statutory and voluntary services also helped coordinate responses to crises when community organisations found themselves under significant service delivery pressures, such as the coronavirus pandemic response.

This collaboration was also felt to contribute to community resilience through helping local community groups and organisations to specialise in the support they provided. This meant communities had a richer (and less duplicated) landscape of services suited to different needs within the local area.

Across all four research sites the networks of VCS organisations also established 'sharing economies' that enabled communities to make the best, most efficient use of the resources available to them.

Multiple services and activities were delivered via (or emerged out of) community hubs in Yoker, Bilston and Haverfordwest, and supported a 'family feel' between projects that fostered collaboration over competition, while residents could access more services in one place.

Local organisations also shared assets such as community transport, and knowledge such as governance policies and procedures.

A strong VCS network also established well-known and inspiring local community leaders in each location. Across the four communities the visible, trusted status of individuals and organisations – such as community representatives, religious leaders, community centres or group-specific organisations – meant that residents could readily approach them when they needed support or were concerned for a neighbour or friend.

“Yoker has this unofficial network between people. It’s not about prying into people’s lives, but people do know each other’s stories. If they’re aware of somebody struggling, they may actively seek out someone in the community who can help.”

Place of worship, Yoker

These leaders and organisations were well-placed to respond directly or, based on their knowledge of the community and resources in it, signpost towards or alert the most appropriate organisation to help.

Some residents and organisations reported concerns that they were not seeing new leaders emerge to replace older leaders in their communities – and that one solution to this might be to look at different, less traditional community leadership models.

“We’ve been looking at how to create new community leaders. We need to [start by] redefining leadership.”

Yoker, community analysis workshop participant



Actively participating and making connections within communities

Active community participation supported resilience across all sites through strengthening connections between residents, building local capacity, and empowering people to improve the public space they share with one another. Through this participation, public spaces became important ways to maintain resilience through providing spaces to connect, feel pride in the area and relax.

Neighbours played a key role in helping people overcome individual challenges. Sometimes this was overt, such as supporting the costs of a funeral in Yoker. However, more often, this referred to someone's ability to draw on their knowledge of a neighbour to notice changes in their behaviour or routines, to spot signs of stress, or anticipate how they might be affected by a specific set of circumstances.

Informal participation

Informal participation at a street, neighbourhood and community level supported resilience through forming local, reliable support networks between residents.

At the simplest level, residents participated in community life through acts of neighbourliness. This included saying hello and looking out for each other (19 of 36 residents interviewed spoke with their neighbour at least once or twice a week), but also involved supporting each other with everyday tasks to help, for example, bringing the washing in if it rains or putting the bins out.

“People are neighbourly – we know each other and help out. I know everyone who lives on my street. At Christmas we all do Christmas cards... our neighbours do our bins – we all help. Acts of neighbourliness.”

Community centre, Bilston

Acts of neighbourliness supported the development of bonding and bridging social capital in all sites. Many residents felt that the fact that their neighbourhood was populated by long-term residents brought a feeling of stability and fostered a close-knit community of people with long-established ties to the area. This contributed to the resilience of the neighbourhood as a whole, as people knew that there was a safety net of trusted, reliable people to support them when needed.

Neighbourliness also provided opportunities to build bridges, especially during the

coronavirus pandemic. Some residents reported spending more time at home and getting to know neighbours that they hadn't previously. This was particularly true for newer members getting to know more established community members. This was sometimes facilitated by street level WhatsApp groups that were created during lockdown.

“I live on an estate where people are kind and friendly. We're very chatty people. My neighbours either side are Eastern European. It was new for me - I'm used to living with people from my community but during lockdown we've had more time to chat. They have the same family emphasis and they bring my bin in.”

Female, 25-34, Portadown

In addition to supporting with everyday tasks, neighbours also played a key role in helping people overcome individual challenges. Sometimes this was overt, such as supporting the costs of a funeral in Yoker. However, more often, this referred to someone's ability to draw on their knowledge of a neighbour to notice changes in their behaviour or routines, to spot signs of stress, or anticipate how they might be affected by a specific set of circumstances.



Actively participating and making connections within communities

“At the moment... I can’t go to my friend’s house like I would do every Christmas. My neighbour knows that and has invited me to spend Christmas with her and her family. During tough times, the people around you can be there for you if you need.”

Male resident, 35-44, Yoker

The ethos of informal support is extended to the community level through informal organising in response to challenges. This was often facilitated through social media. During the coronavirus pandemic, mutual aid groups were organised at neighbourhood level through WhatsApp and Facebook. Residents also provided examples of local community organising through Facebook to provide support to individual families – giving the residents confidence that local people will help each other.

“A house was set on fire and one of them put [that] on social media and got [the] house put together by community. The mum couldn’t believe it. As soon as something is on Facebook then Portadown people help. We’re very good at helping – we help each other.”

Female resident, 25-35, Portadown



Social media also helped residents raise, discuss and propose action against issues in or proposed changes to their community. Across three of the four communities there were examples of residents coming together to campaign against planned changes to their communities, such as the closure of the local hospital in Haverfordwest or nursery in Yoker. While not always successful, community action in Bilston had forced the local Council to reconsider its planned sale of community recreation space.

“Some large playing fields in residential area of Bilston, apparently there for recreation of residents, council was going to sell for housing, what the people of Bilston did was rallied, got MP involved. Council backed down. People do organise when things matter enough.”

Community centre, Bilston



Formal participation

At a community level a healthy, active network of volunteers helped the community respond effectively to challenges such as the coronavirus pandemic.

Where residents across the four sites volunteered in their local area, they tended to volunteer through community hubs (for example, churches and community centres). In Yoker, Portadown and Bilston churches and community organisations relied in part on the services of volunteers to deliver projects, while the presence of an existing volunteer base also helped the community centre in Yoker respond quickly to additional needs as a result of the coronavirus pandemic.

Some residents spoke about how volunteering had helped them to improve their self-esteem and confidence, while others reported that volunteering gave them a sense of reward or made them feel good.

Volunteering opportunities supported individual resilience through building skills and confidence and strengthening people's local connections in their community.

“I also help with foodbank. I load up the van, and help unload the van. [That] helped me to talk to new people... people’s faces look so happy when [they] receive the food that feels good.”

Female resident, 35-44, Bilston

Formal volunteering opportunities also strengthened existing bonds and built new bridges between community members. This included residents meeting new people from different parts of the community through volunteering in the same space, which was particularly beneficial for children and young people whose social life was otherwise school-oriented. Formal volunteering also contributed to community resilience through providing people newer to the community with an easy way to build connections with others.

Participating in public space

Well-maintained, safe public spaces provided places to build connections as well as relax and reflect. All locations experienced significant challenges in their public spaces and residents identified increased community participation as a way to improve this.

The high street, the bus shelter and the local park were all places where residents felt people would smile and say hello. Some residents also spoke about children playing together in the street or socialising in front gardens as important spaces to form connections.

“Regulars we always say hi and bye and asking how you are it gives you positivity, people who want to chat to you, a woman we got to know via buses, I saw her, she still recognises [me], we just talk, stop and chat.”

Female resident, 45-54, Bilston

Well maintained green space helped residents maintain resilience through providing space to reflect and de-stress. This was particularly important for people in lockdown – canal walks in Portadown and escaping to the Pembrokeshire countryside in Haverfordwest highlighted the mental health benefits of green space in rural locations.

However, it was in their shared public spaces that residents were reminded of the biggest challenges facing their areas, which could feel stressful and impact negatively on their wellbeing. In Bilston and Yoker residents were concerned about crime, which made public space feel unsafe at times. In Portadown the legacy of the Troubles could be felt in shared open space through murals or religious imagery. A further challenge across all locations was anti-social behaviour. This was seen through litter, public substance misuse and some residents feeling threatened by the behaviour of others.



Actively participating and making connections within communities

“People are starting fires, setting things alight, throwing fireworks off bridges during bonfire night... There’s quite a lot of fighting, murders, whatever goes on; It’s just not a community that feels safe to live in.”

Male resident, 16-18, Yoker

In response to these challenges, community-led initiatives had sought to improve public space through cleaning and public art. Community knitting groups in Bilston and Haverfordwest (known as ‘yarn bombers’) improved the feel of the high street by decorating public space with colourful knitting.

“Instead of fresh flowers, what Bilston did was crochet and knitted flowers. Decorated the high street with those, on remembrance Sunday decorate everything with poppies, also knitted Black Country flags. A lot of people get involved. Therapeutic to do that. Knitting is good for wellbeing.”

Female resident, 45-54, Bilston

The importance of connecting in public space was evident in the four community analysis workshops, with three groups advocating for inclusive public celebrations (like street parties). These could be one-off events that establish traditions of celebrating together and taking care of public space, organised at the community level, with some support from statutory partners and national charities. They could also have a more explicit mental health focus – as shown in Haverfordwest - with the annual mental health focused public celebrations that already take place. This would support community hubs to adopt a more explicit mental health focus.



The existence of open and supportive environments to talk about mental health and wellbeing

All communities reported an increase in talking about mental health and wellbeing in recent years. This shift to increased openness supported communities in understanding mental health as something that impacts everyone.

Sharing experiences

In all communities, residents emphasised the benefits of sharing how they felt and acknowledging the day-to-day challenges they faced.

Sharing with someone who has similar experiences or circumstances was also important in some instances.

Increased openness around mental health was often developed through community hubs, which provided informal opportunities to talk about mental health and wellbeing without being branded as the main reason people were using them.

For example, young people talked about the importance of sharing feelings with other young people, and so did people who accessed certain closed hubs like work.

“I’m very close with a couple of [my colleagues]... they know what you’re talking about ‘cause they’re going through the same thing. There are things you’d tell your colleagues that you wouldn’t even tell your best friends. It’s definitely a good support network, not just a working relationship. You can trust them.”

Portadown, wellbeing and resilience map workshop participant

The workshops highlighted the importance of bonding social capital when it came to sharing their experiences with others. Residents often saw family members and long-established friends as a starting point for talking about their mental health and wellbeing. Many residents felt safe sharing vulnerability with people they shared a strong bond with. Close family and long-established local friendships were often felt to be the foundation of resilience in this respect.

However, residents did acknowledge that reliance on close bonds alone has limits and sometimes outside perspectives are more beneficial.

“With your family you’re connected, with friends you’re connected in a different way... you’re just you, you can be yourself, you don’t have a label... different groups of friends... some I would say all things to, others I would be a bit more filtered.”

Portadown, wellbeing and resilience map workshop participant

Social media was identified by residents from across sites as a place where they could speak more openly about their wellbeing – and share feelings that they might not otherwise share in the ‘real world’. Through sharing their own feelings and witnessing what others shared online, they felt less alone. For some residents this was heightened during the pandemic where they felt able to share when they had difficult days with other local residents who they would not have normally been so open with. This was particularly the case for young people and women. Some residents also felt more comfortable talking about mental health problems such as anxiety or depression in an online setting.



“It’s talked about a lot [mental health]. They set up a mental health Facebook page. People can talk to each other and share down days and try and solve problems.”

Female resident 25-34, Bilston

Reducing stigma

Haverfordwest had taken a more proactive approach to creating a community-wide narrative around mental health, which went beyond talking openly about mental health and wellbeing to actually educating the community around different mental health problems and support. An annual Mind-led ‘Break the Stigma’ festival and other public mental-health focused events were felt to raise awareness of mental health in this community.

Residents often commented that historically mental health problems were not talked about and had been ‘swept under the carpet’, but that attitudes had improved in recent years.

Despite this, residents did acknowledge that stigma still existed, with men in particular appearing to use humour or an attitude of ‘toughness’ as a way to deflect or avoid talking openly about their mental health and wellbeing. These localised narratives are explored more in the identities and belonging ([see page 22](#)).



“It’s a stereotypical thing, but intensified because of a West of Scotland vernacular, tough men who didn’t do anything and just got on with it... that kind of toxic masculinity teaches boys that they can’t be emotional.”

Male, Community organisation, Yoker

There were also examples of where specific stories or events within communities had helped to fundamentally shape attitudes towards mental health and wellbeing. For example, in both Haverfordwest and Portadown, more open attitudes towards mental health and wellbeing were linked to when communities had experienced suicide or a number of suicides.



The existence of open and supportive environments to talk about mental health and wellbeing



“There’s loads of facilities and people we can talk to about our mental health... I’m a mentor – it means I help kids in lower year groups with mental health issues... we have Wellbeing Fridays – we go home early... to ensure that people weren’t overworking.”

Female resident, 16-18, Haverfordwest

Younger residents in the research also reported that they spoke openly about their mental health with – and sought support from – their friends and family. However, their attitudes and experiences may not reflect those of other young people in the community who lack those networks.

Mental health in schools

Schools were an ideal environment for promoting and extending open attitudes towards mental health, and building awareness of mental wellbeing in a supportive environment.

Residents and community organisations in Haverfordwest and Portadown spoke of the importance of school or college-based support to build individual resilience through helping young people to recognise their own feelings and triggers, and develop coping mechanisms.

“In our school one of the younger kids [took their own life]... our school came together when that happened, people talked about their mental health more, they didn’t want it to happen again.”

Female resident, 16-18, Haverfordwest

This included activities from mental health awareness days, peer mentoring schemes, teacher support and/or school counsellors when needed.

It is important that communities do not over-rely on schools to provide this support and provide spaces in other community hubs for young people to access support outside of their school social circle.



Identities and belonging

Residents in all four locations identified strongly with their local area and felt their communities were made more resilient through the collective narratives they could share in.

Belonging and identity

Many residents felt strongly that they belonged in their local area and believed that many of their fellow residents felt the same way. These residents tended to have grown up in the area or nearby – and often spoke of local narratives that underpinned communities such as ‘friendliness’ and the ability to overcome adversity.

This feeling of belonging provided a sense of security and comfort and a belief that fellow residents were equally committed to the area.

“A sense of belonging, this is where they are from a sense of place, a shared history, especially amongst the older generation.”

Community centre, Bilston

The experiences of newer community members also highlighted the strong relationship between a sense of belonging and wellbeing. The migrant organisations in Portadown pointed to identity as the main challenge for the children of Eastern European migrants in the town, who struggled to define themselves as being from both Northern

Ireland and Eastern Europe. An English woman in Portadown also talked about unspoken rules and norms which had made it difficult for her to integrate.

However, residents who had moved into Bilston and Haverfordwest from elsewhere did report feeling accepted into these communities. One Ethiopian migrant in Bilston explained that they had established their connection to the area via the local community centre, which had helped them tap into the local community narrative of friendliness.

Friendly, open and supportive

Participants across all sites identified their area as friendly. This was often described in opposition to communities that residents perceived to be larger and more anonymous – the perception that you get things in Haverfordwest that you do not in Cardiff, or in Bilston that you do not in Wolverhampton.





“One of the things that I love about living here is that you can talk to anybody. Even if it’s just, “isn’t it great that there’s a vaccine now – how have you been keeping?” People will respond to that. London for example, people are not as friendly, busy, things to do, don’t have time to stop and chit chat.”

Female resident, 55-64, Yoker

In Portadown and Haverfordwest, interviewees linked friendliness to having an openness around difference. In Portadown this related to increasing tolerance between the two religious communities in recent years, and an acceptance of the growing migrant population of mostly Eastern Europeans in the last fifteen years. In Haverfordwest a few residents spoke about tolerance in a broader sense – of different beliefs and ways of life.

“We all have each other’s interests in mind. We appreciate if someone’s different from another, we make sure everyone is involved. Like if they have a different mindset, disabilities. Not all disabilities are visible, we just involve everyone with everything we do.”

Female resident, 16-18, Haverfordwest

In all sites residents felt that friendliness reflected a genuine desire to support all community members – new and old. This belief supports resilience by giving residents confidence that help is available locally when they need it.

“I love Bilston and want to stay. People are friendly. Any situation you have you get support. It’s a small town. Happy faces.”

Female resident, 35-44, Bilston

Bouncing forwards

Many residents across all sites have a belief that their community would recover when difficult things happened. In Portadown, Bilston and Yoker this belief was underpinned by local narratives of collective resilience through struggle. This was not evident in Haverfordwest, and may be because there was not a shared historical struggle that residents identified with, or their culture of openness may support a different way to recover.

In Bilston and Yoker the collective memory of overcoming the challenges of de-industrialisation gave residents confidence that the community can stick together and overcome drastic change. In Portadown the violence and division of the Troubles was felt to be both the cause of ongoing mental health problems and the underpinning of community resilience.





“There’s a lot of hardened people in the community – years back drugs ripped the heart out of the community; community is recovering from that now. Built new houses, tore down the worst in the area. Stronger people.”

Male resident, 45-54, Yoker

An over-reliance on narratives of toughness and endurance may have potential negative consequences if it supports an understanding of resilience which is about ‘not showing vulnerability’. This was particularly associated with men in Yoker, Portadown and Bilston.

“Tough men who didn’t do anything and just got on with it, didn’t cry, didn’t talk, didn’t show emotion, replicated across all communities.”

Community representative, Yoker

Some local residents felt that the different conversations about mental health may be shifting these local resilience narratives into acknowledging pain and vulnerability, as well as toughness. There is therefore an opportunity for these narratives to have stronger focus on mental health and wellbeing.





Community resilience for young people

The specific experiences of young people were explored in Haverfordwest and Yoker.

Neither community was typically described as resilient by (or for) young people. Young people in both communities said that they mainly drew on their family and close friends for support, and that there was an overall lack of protective factors in the community. This was partly driven by a feeling that they did not feel that they had influence over – or support from – their communities.

"Everyone in my age group has got to those two or three years where there is nothing for us to do... we need more facilities for people aged 18-20 to get out and do things, meet each other."

Male resident, 16-18, Haverfordwest

Young people in both communities said that they mainly drew on their family and close friends for support, and that there was an overall lack of protective factors in the community.

This view was shared by some community organisations, who felt that this could lead to feelings of boredom and behaviour that could be perceived as anti-social by the community.



Several young people did not feel welcome in community spaces such as local cafes, or safe in public spaces with other young people.

Young people in Yoker highlighted the two local youth groups and young carers branch as key sources of support.

Where young people spoke positively of community hubs, they often mentioned closed hubs that were focussed on people of a similar age or shared similar experiences.

Young people in Haverfordwest spoke of the local skate park (where the local authority had a portacabin hub to engage young people in different activities) and local library as places where they could relax.

Several young people spoke of volunteering in their community - from being involved with the local youth forum in Haverfordwest to influence and inform local-decision making, to charity shop volunteering in Yoker. Volunteering provided young people with a sense of reward, recognition (useful for CVs), helped them to build connections with like-minded young people and practice speaking with members of the public.

Use of public space was more complicated. Community organisations also spoke of how some young people's access to places and spaces in communities or surrounding areas was dependent on parental income or access to transport.

School or colleges were a key source of support for most of the young people interviewed. This included informal support in the form of empathetic teachers that fostered positive, trusting relationships with pupils, through to more formal, layered support such as pastoral care teachers, student welfare services and youth workers.

Several of the young people interviewed said that they also felt comfortable talking to their friends about how they were feeling in person, but would not speak more openly in the community unless it was via social media.

Young people in Haverfordwest described it in a similar way to adults - a 'small', 'selfless' community where people kept each other's interests in mind. Young people in Yoker, however, did not make reference to the historical narratives that underpinned many adults' description of the area and framing of mental wellbeing.

Community resilience for recently bereaved people

The specific experiences of people who had been recently bereaved were explored in Bilston and Portadown, though participants in Haverfordwest and Yoker had also experienced bereavement.

This research did not identify any unique or different experiences of community resilience amongst recently bereaved people. These participants accessed similar support mechanisms as other community members. Residents who were asked where they would go for bereavement support consistently said they would draw on the support of family, friends or people in roles they were familiar with, as they were people who understood them.

“There was a youth worker, she was around my age, she knew exactly what I was going through. Really helpful. My family as well, they were very supportive when I lost my grandfather. It was the people who weren’t necessarily trained to fix you, but the people who were always there, who understand me.”

Haverfordwest, wellbeing and resilience map workshop participant

Some residents had spoken with counsellors to help with the grieving process, accessed through work or local health services. The benefits of this support were described as speaking with someone neutral and experienced in support.

In Bilston, a local pub organised fundraising events following the suicide of a member of the community. In Portadown, people often congregated at local residents’ associations. Trusted community leaders could also play a key role in offering lower level mental health support around bereavement, including community centre workers in Bilston and teachers for young people in Haverfordwest and Yoker.

Communities have a role to play in supporting bereaved people, including through specific activity such as coming together to talk about bereavement, and activity in the community that offers connection and social support that isn’t bereavement specific.



The bereavement coordinator in Bilston highlighted the importance of organised support groups to help people share their grief with others in similar circumstances. These groups were encouraged to be peer-led and self-sustaining over channels such as WhatsApp to enable people to continue to support each other. Bereavement groups in Portadown existed to connect people experiencing particular types of bereavement - namely suicide and neo-natal bereavement.

Community resilience during the coronavirus pandemic

The pandemic created unprecedented levels of social and economic challenges for communities and the people who live within them. Residents identified challenges from increased loneliness and social isolation, financial stressors, a rise in hidden problems such as gambling or substance misuse, and bereavement. Residents also reported stress and anxiety about getting or passing on coronavirus and the effects of it on their communities.

While some protective factors in communities were temporarily or permanently impacted by public health restrictions (for example, closure of public spaces), residents and organisations spoke of how different

The pandemic created unprecedented levels of social and economic challenges for communities and the people who live within them.

protective factors had helped them adapt to the sudden onset of these challenges.

Many residents spoke of the importance of maintaining contact with family – both for emotional and practical support (for example, help with shopping) – though people without this felt particularly lonely.

Neighbours provided a wide range of direct and indirect support, for example picking up shopping or checking in. This often built on pre-existing relationships, but there were also examples of where residents felt that neighbours had become more mindful and supportive since the pandemic. Lockdown restrictions forced many residents to spend more time in their local area than they normally would, improving connections between neighbours.

Community-wide responses were often coordinated through community centres; this included volunteer management. Community organisations also mitigated social isolation by establishing WhatsApp or telephone support groups between people.



While some protective factors in communities were temporarily or permanently impacted by public health restrictions (for example, closure of public spaces), residents and organisations spoke of how different protective factors had helped them adapt to the sudden onset of these challenges.

Community hubs such as churches also provided more specialised support with bereavement. The increased role of community hubs placed strain on local community leaders, and in the analysis workshops community workers highlighted the risk of burn-out for local leaders.

“Community groups have had to step back. Workers have had to take time for their own self-care. It’s emotionally draining to work from home, to communicate things through the computer and zoom.”

Analysis workshop community organisation, Portadown

Access to outdoor space to exercise or spend time in a green environment also helped maintain wellbeing. Activities as simple as going for a walk were felt to be beneficial – more so in greener locations such as Haverfordwest.

Many community organisations and schools also shifted activities online to help maintain social connection. For some, this increased their reach. Social media was also a key space for people to share their emotions with others.

Communities’ coronavirus pandemic response was coordinated by a local umbrella body in some locations.

Community-wide responses were often coordinated through community centres including volunteer management, responses to loneliness and specialist support such as with bereavement. The increased role of community hubs placed strain on local community leaders increasing the risk of burn-out.





3. Who is at risk of being left behind?

This report has explored how community resilience consists of a complex web of community approaches, structural factors, and identities and cultural narratives, which help mitigate the impact of risk factors that would otherwise threaten the resilience of those communities.

However, not everyone has necessarily benefitted from these protective factors. This chapter presents the main groups that residents, organisations and groups in the four communities identified as potentially being 'at risk of being left behind' - and why.

Newcomers

Close-knit communities with strong social bonds could appear problematic for newcomers, who may be viewed as 'outsiders' with weaker attachments to the local area and identity. This perception could persist for years after people had moved into an area.

The effects of this for newcomers in Bilston, Portadown and Yoker were two-fold. Several interviewees highlighted that long-term residents could be less open towards newcomers; this could limit the development of social bridging in communities.

"It's difficult as an outsider. The community is close-knit... I think people know each other and it's hard to break in and get to know them. I feel like I'm talking and talking and not finding out much about them."

Female resident, 35-44, Portadown

Weak social bridges between newcomers and long-term residents in communities also made it more difficult for newcomers to find out about and join community hubs and activities.

Migrants and people from minoritised ethnic communities often faced particular challenges in this regard, which had in some sites contributed to the formation of groups and activities specific to those groups.

Minoritised ethnic communities

"I have a problem in my council flat that needs a repair. A Scottish national might have the same problem, but they can make me wait longer. They need to change their treatment of people from different backgrounds here."

Male, 45-54, Yoker

While several interviewees referenced the presence of specific community groups led by/for people from minoritised ethnic communities, beyond this, residents and

People from minoritised ethnic communities could also feel like 'outsiders' in communities, especially in rural areas such as Haverfordwest that lacked diversity. This could be perpetuated by experiences of racism within statutory services, such as local education and housing services.

community organisations acknowledged that people from racially or ethnically minoritised communities could face multiple challenges to participation.

This ranged from a lack of appropriate community hubs (for example Yoker did not have a local mosque) through to a lack of representative leadership within communities, which was felt by some interviewees to limit the range of activities delivered or desired for people.

"Across all projects in Yoker, everyone's white, 90% of the population is white, there is nothing wrong with that, but because there isn't that diversity that contributes to reluctance [to participate] as well. Communities do need diversity in that sense."

Community representative, Yoker

Migrants who spoke English as an additional language and/or were not confident in their language abilities also faced additional barriers to participation in local activities. Interviewees also felt that men from certain backgrounds - such as, in the case of Portadown, those born in Northern Ireland or Eastern Europe - were also less likely to access wellbeing and mental health support due to enduring stigma around mental health.

Specific age groups

Residents of different ages faced varying barriers as to how they could contribute to or benefit from the protective factors in their communities.

People who worked full-time and/or working parents were identified by residents and community organisations as at risk of being 'time poor' and less able to participate in (and draw benefit from) activities such as formal volunteering.

“I don't volunteer due to time... if I'm not working, I'm looking after both of my kids as I've used my babysitting up. If I had time I would.”

Female resident, 25-34, Yoker

Community groups and organisations also identified older people who were at an increased risk of social isolation due to digital exclusion (see right) and lack of access to transport, especially in semi-rural or rural areas. Older people were also viewed as less likely to speak about mental wellbeing due to mental health stigma.

People experiencing poverty

Interviewees reported that there were relatively few community hubs where people could gather to socialise for free (as opposed to going to a local café), or activities that were free to participate in.

Community organisations also reported that people experiencing financial challenges were also limited by not having the means to travel further afield. For rural residents, this included not having the money to travel to places with affordable community activities. For urban residents, this included limited ability to travel out of urban centres to the surrounding green spaces.

Young people said that they mainly drew on their family and close friends for support, and there was an overall lack of protective factors in the community.



People experiencing digital exclusion

Community groups and organisations identified residents in digital poverty as being at risk of not knowing what activities were taking place in their local area or, since the outbreak of the coronavirus pandemic, missing out on community hub activities or support that was being delivered online.

Specific groups included older people with low levels of digital literacy and/or access to digital equipment, and young people who did not have access to a smartphone, data or wifi at home.



People who struggle to leave their house

Community organisations and residents also felt that people who faced psychological or physical barriers to leaving their house were at risk of being left behind.

Social anxiety, complex needs, physical impairments, and caring responsibilities meant some residents struggled to access local hub activities or feel welcome and included in community decision-making.

They may also miss out on the benefits of neighbourliness or volunteering if they are not visible or known in communities.

“People who struggle to get out of the door – they could be struggling with their mental health, or don’t like going to big places like supermarkets or town centres, which can be quite intimidating for them.”

Female resident, 25-34, Yoker

Disengaged neighbourhoods

This included neighbourhoods with:

- weaker social bonds, which could limit neighbourliness;
- patterns of historic disengagement, which could limit the reach or effectiveness of voluntary and community sector services; and
- significant wealth inequality, which could mask the level of need and cause poorer areas to be overlooked by funders and other organisations.

Community organisations in Haverfordwest, Portadown and Yoker also highlighted a set of risk factors that could affect the resilience of specific neighbourhoods within communities.



4. Conclusions and further research

This section contains the conclusions and recommendations for all UK governments in response to the research findings.

The research took a place-based approach to exploring community resilience through the lens of mental health and wellbeing, to understand what was working well for communities that appeared to have better mental health and wellbeing than we might expect based on the challenges they were facing.

It identified a set of protective factors, at the level of community approaches, that were common across the four sites:



The residents, community groups and local organisations we spoke to described these various community approaches they had developed and the structural factors underpinning these. Their contributions to this research have provided valuable learning and practical examples for thinking about how to build community resilience in other places.

The research also highlighted how most groups living within these communities in practice had varying access to the protective factors that contribute to resilience. Some had more limited access and so were at risk of being excluded from the benefits and left behind.

The findings and insights from this research could be built on through further synthesis of learning from other place-based studies with different lenses, such as formal and informal volunteering and participation and community development.

The findings could also be complemented by further research to understand what community resilience looks like for specific populations, including children and young people, and to understand barriers to accessing protective factors among under-represented groups and those at risk of missing out and being left behind.

There is also the opportunity for further work to build on the Co-op Community Wellbeing Index (CWI) and this research, and develop a national level set of shared community resilience indicators that could be incorporated into a range of national initiatives and funding programmes.

Responding to the findings of this research

Partnership recommendations for all governments in the UK

Strategy and funding

- **National and local public health budgets and plans** to allocate adequate resources for mental wellbeing, with **more attention given to the role and capabilities of communities in promoting positive mental wellbeing.**
- **National funding and development programmes to prioritise mental wellbeing at community level**, ensuring they incorporate **flexibility and adaptability in local delivery** whilst continuing to provide **consistent levels of effective support.**
- **Community resilience to be at the heart of the planned National Resilience Strategy** which seeks to enhance the level of resilience across the UK.

Collaboration

- Local agencies to ensure support services enhance and support mental wellbeing and **are offered through local community hubs and include community organisations and groups.** Support should be local, without the need for referral and asset based. Support

should be tailored to the needs of both the individual and local community, especially disadvantaged communities, and should provide clear goals and pathways to good mental health and community resilience.

- Communities and individuals working in communities and front line services to encourage **open, public conversations at local level** on issues that affect mental health and wellbeing, with signposting to relevant local support services and community assets.
- Local organisations and agencies to **provide training, support (including peer support), resources and succession planning** (where appropriate) **to existing and emerging community leaders** to enable them to continue to play a vital role in building and bridging communities. National funding and development programmes to ensure adequate resources are provided for this work.
- **Local organisations, agencies and community leaders to prioritise the inclusion of those at risk of getting left behind and not currently benefitting from community resilience**, including children and young people, people from Black, Asian and minoritised ethnic communities, people living in poverty and newcomers to local areas.

Children and young people's mental wellbeing

- National and local government and education institutions to **promote positive mental wellbeing in children and young people** and either adopt or ensure delivery of a **Whole School Approach to mental health and wellbeing in a post-pandemic world**, to ensure the needs of pupils, teachers and school staff and parents/carers are also considered. Emphasis should be placed on the inter-dependency between academic achievement and mental health and wellbeing.
- **Education authorities to promote and champion positive mental health and wellbeing of children and young people in schools** by considering how decisions taken in relation to the curriculum (whether in relation to curriculum development, such as the selection of topics, or in relation to its implementation) impact on pupil's mental health and emotional wellbeing.
- **School inspections and government school inspection policies** to adopt or consistently deliver on existing commitments which value the interdependency between academic achievement and emotional and social development and support.
- Public, private and community and voluntary sector organisations to provide **targeted and ring-fenced grants and funding for community resilience support** designed to ensure a strong, supportive community becomes more of a protective factor for young people's wellbeing.

Specific partnership recommendations for governments in England, Scotland, Northern Ireland and Wales

England only recommendations

1. UK Government to invest in **community resilience and mental wellbeing** as part of its **levelling up** public policy agenda, including in its Levelling Up White Paper.
2. UK Government to **transform mental health care for children and young people by investing in early support hubs in every community across England**. This will provide vital, easy-to-access, drop-in support on a self-referral basis for young people aged 11-25 who don't meet the threshold for Child and Adolescent Mental Health Services (CAMHS) or who have emerging mental health needs.

Scotland only recommendations

1. Scottish Government to **expand psychological wellbeing support in communities** which can be accessed quickly through self-referral, community-based triage or GP referral.
2. Scottish Government to **ensure children and young people get help at the first time of asking**, without threat of rejection, by ensuring CAMHS is part of an expanded system of mental health support.

Northern Ireland only recommendations

1. The Northern Ireland Executive to **invest in building community resilience** by developing integrated responses to the health inequalities exacerbated by the coronavirus pandemic. In order to address the emotional trauma caused by the virus itself, as well as the social and economic impact of the pandemic, the Executive should **commit to investments in psychological, fiscal and societal recovery, supporting community-based mental health and resilience programmes** centred on treatment, support and intervention.
2. The Northern Ireland Executive to **build resilience throughout communities by considering the lasting psychological implications stemming from Northern Ireland's divided past**. The legacy of such division persists across a range of areas and is underlined by the Together Through Tough Times research. The Executive efforts must empower and support community groups and actors as they focus on the ongoing intergenerational trauma caused by conflict.

Wales only recommendations

1. Welsh Government to **recognise the positive impact community resilience has on good mental health in any future mental health strategy**, including the role played by community assets and networks.
2. Welsh Government to **develop a community strategy that seeks to promote social capital, invest in community assets and address barriers** faced by certain groups so that all can benefit from living in resilient communities.



Appendix

This appendix outlines the research methods and key terms used throughout the report.



Research aims

Specifically, the research aimed to:

- Identify place-based geographic communities in each of the four nations that appear to have higher levels of mental health and wellbeing than might be expected given their risk factors;
- Spend time with these communities and understand if they feel 'resilient' to local residents, community groups and organisations; and
- Identify what is it that helps make these communities feel more resilient, and how this is built, supported and maintained.

Research questions

The research aimed to answer the following questions:

- What does community resilience look and feel like in communities where it is higher than expected?
- Why are these communities more resilient?
- What community and systems-level protective factors and mechanisms are in place?
- Who does resilience work for? Who is left behind? Why?
- How is community resilience developed, maintained or reduced?

Communities of experience

In answering these questions, the research also focused on two communities of experience: young people (16-24) and people who had been recently bereaved (in the last two years). These were identified by the Partnership as groups of particular interest, who were at risk of low wellbeing and may experience resilience in their communities differently.

Research methodology

The research methodology was designed to identify 'what works', for whom, why and in what circumstances, in regard to building and maintaining community resilience. This section summarises the methodology.

Research site selection

Four research sites were selected through a sampling approach that aimed to identify communities that showed higher levels of wellbeing and better mental health than might have been expected given risk factors such as deprivation and unemployment.

A blended approach brought together data from the Co-op's CWI and other national datasets, with local insights from Mind, SAMH and Inspire leads, and Co-op's Member Pioneers, who support local communities.

The final selection of sites was Bilston (England), Haverfordwest (Wales), Yoker (Scotland) and Portadown (Northern Ireland).



Four research sites were selected through a sampling approach that aimed to identify communities that showed higher levels of wellbeing and better mental health than might have been expected given risk factors such as deprivation.

Research methods

Semi-structured interviews were undertaken with:

- 39 residents across the four sites (including 5 young people and 6 people who had recently experienced bereavement); and
- 35 representatives of community groups, local organisations, community leaders and local authorities.

Eight community analysis workshops and resilience map workshops were also undertaken to further explore the insights emerging from the interviews.



Limitations and implications

The research findings are limited by the methods used and the context in which the research was conducted.

- **Lack of face-to-face methods.** The coronavirus pandemic and lockdowns prevented face-to-face data collection. This limited the ability of the research to collect additional layers of data such as observing everyday interactions in the places and spaces identified in the research. It is also possible that some insights were overlooked through the lack of contextual and non-verbal data in interviews.
- **Self-selection bias.** Participants were recruited via a range of methods and selected via a screener and set of eligibility criteria. However, it is likely that some of the people who responded were more interested in mental health, wellbeing or community participation than those who chose not to respond. The research also

focused on voluntary and community sector organisations over other local organisations (for example, local businesses). The research findings do not therefore present a complete picture of the communities.

- **Confirmation bias.** The research sought to identify places that were resilient and collect and analyse data alongside participants within this hypothesis. It is likely that this focus in resilience has influenced how people have recalled information about their communities and interpreted emerging findings in workshops.
- **Skewed focus on the coronavirus pandemic.** While participants were encouraged to think of challenges and protective factors prior to the coronavirus pandemic, many participants naturally focused on the challenges they and their communities face as a result of the coronavirus pandemic. The research findings are therefore skewed towards people's experience of the pandemic.

39 residents

across the four sites (including 5 young people and 6 people who had recently experienced bereavement)

35 representatives

of community groups, local organisations, community leaders and local authorities



Key terms and definitions

Some of the concepts explored in this research are subjective in terms of how individuals experience them. This section contains brief working definitions. Where concepts were used with research participants, they were clearly outlined to support consistent use.

Community

People living and working in the research site (place). Participants understood this definition, but also referenced sub-communities in terms of different ethnic groups (culture) and groups (purpose/interest) (Allmark et al., 2014).

Community hubs

Community hubs are one of the protective factors identified through the research. Hubs are places where community members can connect with each other. They can be open or closed.

- **Open hubs.** Often multi-purpose buildings or spaces that are accessible to the whole community and provide services that the communities want and need. They tend to be community-led – local people take part in decision making about how/what services are run.
- **Closed hubs.** Places and spaces used only by certain members of the community (for example workplaces or schools). They may sometimes lend their facilities to open access events, but are not drop-in spaces.

Community resilience

How and why some communities and groups of people respond to and recover from challenging circumstances that impact on their mental health and wellbeing (Mind, 2019). Participants typically understood this concept in terms of whether/how individuals had responded (in order to cope) and whether/how communities had responded to challenges.

Community Wellbeing Index (CWI)

The CWI is a measure of community wellbeing at a local level across the four nations. It provides an insight into what contributes to community wellbeing for over 28,000 communities. The research drew on data from the 2019 CWI to identify three key indicators to help select the research sites. These indicators align with Mind's previous work around individual resilience (see next definition).

- **Wellbeing** (linked to wellbeing). An overall score that groups together nine indicators across people, relationships and places.
- **Relationships and Trust** (linked to social connection). Family, social and community relationships.
- **Voice and participation** (linked to empowerment). Individuals having a voice and feeling involved in their community.

Individual resilience

Mind's previous work (2019) has shown that personal, or 'individual-level' resilience, has the following key components:

- **Wellbeing.** How people feel about their lives.
- **Social connection.** Feeling close and connected to others.
- **Empowerment.** Having authority, control or influence to do something, and psychological coping strategies to manage thoughts, feelings and actions.

Mental health

Technically this is a state of wellbeing that is more than just the absence of a mental health problem. This definition was not explicitly communicated to participants as part of the research. Participants tended to use the term as it is more commonly used in everyday speech, i.e. to refer to mild, moderate and severe mental health problems like depression, eating disorders and psychosis/schizophrenia.

Mental wellbeing

How people feel about their lives. This definition was not explicitly communicated to participants. Participants tended to use the term to describe day-to-day self-esteem, feelings and emotions.

Protective factors

Protective factors help communities to manage and/or reduce the effects of challenging circumstances. The research identifies several protective factors that were present in the communities studied:

- **Community approaches.** Actions or initiatives undertaken by local residents and community groups or organisations. These can range from self-organising, organic approaches, to more formal approaches led and/or implemented by local community organisations.
- **Structural factors.** Things that residents and community organisations are able to draw on and benefit from, but are outside of their control or may have developed over a long period of time. For example, built and green environments, local infrastructure, national investment.

Risk factors

Risk factors increase the likelihood that challenging circumstances will impact a community negatively. Risk factors to community resilience are often structural and long-term, such as deprivation.

Social capital

The social ties and networks between groups or individuals in a community (OECD, 2001; Scrivens & Smith, 2013). There are three main types of social capital (Aldrich, 2017).

- **Bonds.** Links to people based on a sense of common identity. For example, family, close friends and people who share a culture or ethnicity. Bonds help people 'get by' and provide the basis for collaborative action.
- **Bridges.** Links that stretch beyond a sense of common identity and bring together people who would otherwise not connect. For example, friends-of-friends or new work colleagues. Bridges can help people access new information or resources outside of their networks.
- **Linkages.** Links to people or groups further up or lower down the social ladder. For example, people from different socio-economic groups. Linkages can be used to access resources or power.





in partnership with

