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Title

The 'resilience' of community organisations during the COVID 19 pandemic: absorptive, adaptive and transformational capacity during a crisis response

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Authors

Chris Dayson¹, Emma Bimpson¹, Angela Ellis-Paine², Jan Gilbertson¹ and Helen Kara³

¹Centre for Regional Economic and Social Research, Sheffield Hallam University

²Third Sector Research Centre, University of Birmingham

³We Research It

Abstract

This Research Note applies the concept of resilience to explore how the Leeds Neighbourhood Networks – 37 local community organisations supporting older people - responded to the COVID 19 pandemic. It highlights how understanding resilience as a capacity that can be absorptive, adaptive or transformative helps describe the response of community organisations during the pandemic, highlighting a process of ongoing adjustment and innovation as the pandemic evolved. We suggest that the concept of resilience is helpful in this context for understanding *how* community organisations responded to the emergent nature of the crisis, but it is less effective at revealing *why* that may have been the case. This limitation notwithstanding, we argue that absorptive, adaptive and transformative capacity ought to be desirable attributes of community organisations if they are distributed equitably and enable them to fulfil their mission and contribute to social change.

Key words

Community organisations; COVID 19; Resilience; Neighbourhoods.

Introduction

Community organisations – by which we mean charities, voluntary organisations, community and mutual aid groups, social enterprises, and other social purpose organisations, operating at the level of or serving a particular community of place and/or interest – have been at the forefront of local responses to the COVID 19 pandemic in the UK (McCabe et al, 2020a). From the formation of hyper-local neighbour-led mutual aid groups, to long established community hubs co-ordinating food aid and supporting digital inclusion, community organisations have played a vital and highly visible role identifying and responding to local needs. This occurred initially during ‘lockdown’ (March-June 2020) when the whole of the UK population was ordered by government to stay at home, and then during the period of gradual ‘unlocking’ (July-September 2020) when restrictions were eased to enable the re-opening of society and the economy (Dayson and Damm, 2020).

This Research Note draws on evidence collected through a ‘Real Time Evaluation (RTE)’ of ‘Neighbourhood Networks’ in Leeds during the COVID 19 pandemic and explores how the concept of resilience (after Bene et al, 2012, 2016) can help understand how community organisations responded during the first few months of the crisis. We proceed by outlining our methodology before setting out Bene et al’s explication of resilience, how this could be useful for understanding how community organisations responded to the pandemic, and the research questions we intend to address. We then present the main findings before reflecting critically on our adaptation of Bene et al’s resilience framework and discussing how it may be useful in further research into the role of community organisations during the COVID 19 pandemic and beyond.

Methodology

We draw on a case study of the ‘Leeds Neighbourhood Networks’ (LNNs) that was developed through a ‘Real Time Evaluation’ (RTE) of their response to the COVID 19 pandemic. The LNNs are independent community organisations that aim to support older people (referred to as their ‘members’) to remain living independently and to participate in their communities through a range of activities and services that are provided at a neighbourhood level. There are 37 LNNs covering the whole of Leeds, a northern city in the UK with a socially, economically and ethnically diverse population of approximately 790,000

people. The form, function, activities and services of LNNs are diverse, but they also share some key characteristics. First, they are all run with the involvement of older people. Second, although the activities provided vary, they typically include a combination of information and advice, advocacy, activities to improve health and wellbeing, and social opportunities and activities. Finally, they have each been commissioned by Leeds City Council to address four main outcomes for older people: reduce social isolation and loneliness; increase contribution and involvement; increase choice and control; and enhance health and wellbeing (Dayson et al, 2020).

RTE is an evaluation approach developed to aid humanitarian crisis response (see for example Herson and Mitchell, 2005). It involves a flexible, rapid cycle of research with regular, accessible and actionable reports to aid response planning and decision making. A key feature of RTE is that feedback is usually provided during the evaluation fieldwork, rather than afterwards. The LNN RTE was undertaken between June and September 2020 with the following aims:

- To understand and share learning about the LNN response to the COVID 19 pandemic, focussing on what was working well and what could be improved.
- To understand and monitor the impact of the COVID 19 pandemic and its consequences for the LNNs as community organisations.
- To understand what role the LNNs could play within the COVID 19 pandemic 'recovery'.

This Research Note draws on the following RTE data:

- a) A review of key documents and wider material (including social media) about the COVID 19 pandemic response in Leeds.
- b) Interviews with 5 local stakeholders with an overview of the LNN activities during the pandemic (representatives from social care, public health and voluntary sector organisations).
- c) Initial interviews (in June-July) with leaders (paid staff) from 22 LNNs operating in a variety of different social-economic and geographic contexts.
- d) 8 LNNs also each participated in two follow-up interviews (in August-September) to monitor progress and change.

Understanding Resilience

Resilience is an interdisciplinary concept that seeks to explain human capacity to respond positively to a setback or shock in a variety of contexts (Hickman, 2018), including the ability of voluntary and community organisations to cope and respond positively to internal and external crises (Pape et al, 2020). Although some researchers of communities and community organisations have been critical of the term for its emphasis on ‘coping’ and ‘survival’ (McCabe et al, 2020b), and the possibility that it masks “the uneven distribution of material resources and the associated inability of disadvantaged groups and communities to access the levers of social change” (MacKinnon and Derickson, 2013, p263), it has also been successfully applied within policy and practice to understand and learn from how systems and their components (such as organisations, communities, households and individuals) to recover (or not) from the impacts of humanitarian crises or natural disasters.

Some of the criticism of resilience stems from early technical perspectives which focussed on concepts such as ‘capacity to recover’ and ‘degree of preparedness’ (Bene et al, 2012) associated with ‘engineering definitions’ of resilience as resistance to change and conservation of existing structures (see for example Callister and Rethwisch, 2012) and ‘ecological definitions’ of resilience as the ability to absorb a variety of variables and changes of parameter and still persist (see for example Holling, 1973). Framed in this way, it is suggested, resilience may provide a smokescreen for governments to shift the onus onto individuals and communities to take care of their own problems whilst withdrawing funding and investment that may help address social and economic disadvantage (Bene et al, 2012; MacKinnon and Derickson, 2013). More recent conceptualisations of resilience, however, have been more elaborate (Bene et al, 2016), focussing on resilience as an emergent property which brings two additional dimensions to the fore: ‘adaptive capacity’ to learn and combine experience and knowledge to adjust responses so and continue operations (Berkes et al, 2003); and ‘transformative capacity’ to change when events, structures or processes mean that the existing ways of working become untenable (Walker et al, 2004). Framed, in these terms resilience is a way of explaining a series of complex and dynamic processes through which different types of capacity may lead to different sorts of short-term response: *absorptive capacity* may lead to persistence, *adaptive capacity* may lead to incremental adjustments and adaptation, and *transformative capacity* may lead to more widespread and lasting change (Béné et al, 2012).

Although Bene et al focus their attention on resilience as a property that can support a complex, multi-dimensional community or system-wide response to a humanitarian crisis we believed that their underpinning framework may be initially useful in helping to describe how the LNNs responded to the COVID 19 pandemic (or not). Whilst other nonprofit scholars have applied the concept of resilience in broad terms as “the ability to respond productively to significant disruptive change and transform challenges in to opportunities” (Witmer and Mellinger 2016: 255–256), we found the Bene et al’s disaggregation of resilience into different capacities more useful. The term capacity is frequently used to describe the resources community organisations draw on to perform their activities or functions (Cairns et al, 2005) and the concepts of absorptive and adaptive capacity have been applied by scholars from a range of disciplines interested to explore how organisations change (or not) in response to external stimuli (see for example Anderson et al, 2020). Furthermore, we believed that concept of transformative capacity would enable us to focus on LNNs’ role as agents of social change during the recovery from the pandemic, a feature missing from much of the wider literature on nonprofit resilience which tends to focus on internal processes and change.

In our exploration of how the Leeds Neighbourhood Networks (as community organisations) responded to the COVID 19 pandemic we sought to test the applicability of Bene et al’s ‘three capacities’ resilience framework in a narrow organisational context by considering the following questions:

- i. To what extent did the LNNs demonstrate *absorptive capacity* to moderate or buffer the impacts of the COVID 19 pandemic? Were they able fulfil their missions by continuing to support local older people in the ways they did prior to the pandemic?
- ii. To what extent did the LNNs demonstrate *adaptive capacity* during the COVID 19 pandemic? What changes and adaptations did they implement in order to continue functioning in response to the pandemic, and to what extent did these result in qualitative changes to their operating model, mission or purpose?
- iii. To what extent did the LNNs demonstrate *transformative capacity* during the COVID 19 pandemic? Is there a need for change on larger more systemic scale following the pandemic and what is the capacity of the LNNs to contribute to this?

We considered that if this framework proved useful in understanding how community organisations like the LNNs responded to the COVID 19 pandemic it could later be extended to help understand the wider multi-dimensional community or system-wide response to the pandemic as Bene et al originally intended.

Findings: the resilience of the Leeds Neighbourhood Networks during the COVID 19 pandemic

Following the decision to put the whole country into 'lockdown' on 23rd March the initial response from LNNs was to focus on the needs of their members and how they could continue to be met. This was, in effect, evidence of the LNNs quickly working through what their *absorptive capacity might be* in light of the restrictions that were in place and the likely impact of these on their members. Their focus was on sustaining their core mission and operating model: supporting vulnerable older people in the community to stay healthy and socially connected through community-based support. Most LNNs began by contacting members by telephone to assess what their immediate needs might be and work out what they could do to meet those needs.

"We have 900 members and we all took lists of members to ring, we spent the first couple of weeks just ringing everyone and talking to them and finding out what they needed." (NN1)

Some LNNs made preparations and even adjusted services before lockdown was officially announced. One LNN (NN2) consulted service users through 200-300 phone calls made in a three-day period before lockdown, to ask what support people would need and provide reassurance.

"It's been quite overwhelming, the way the staff have used agility, flexibility and supported the [work of the LNN during the] pandemic. We very quickly a week before lockdown had a staff meeting which we made our decisions in advance of lockdown that we knew what was coming. We didn't want to be caught out and so we decided to consult our service users." (NN2)

Through this process of member engagement it quickly became clear to the LNNs that the needs of their members, and the types of support the LNNs would have to provide during

the pandemic, would be markedly different from what might be termed 'business as usual'. As such, each LNN had to quickly work out how to move from absorbing the initial effects of the pandemic to a process of *adaptation in order for these needs to be met*.

As mentioned previously, prior to the pandemic LNNs' focus was the provision of information and advice, advocacy, activities to improve health and wellbeing, and social opportunities and activities. Much of this involved face-to-face contact with and between older people in community venues. Peer-to-peer support was also provided through volunteers. The restrictions put in place during 'lockdown' meant that this type of interaction was no longer possible and LNNs had to adapt their operating models in response to new laws and guidance and based on an understanding of how needs had changed.

Firstly, this involved *adapting what type of support was provided*. Almost all LNNs offered some kind of food provision, particularly for members who were shielding (i.e. restricting all non-essential contact because they had been identified as clinically vulnerable) . This included shopping, food parcels, and/or hot meal deliveries. Most LNNs also picked up and delivered prescription medication for shielding members. The LNNs were also keen to ensure that vulnerable and isolated older people in their communities had access to social and emotional support whilst under lockdown or having to shield. Initially, contact was mostly made by telephone. An important task was clarifying members' understanding of the pandemic and restrictions in the face of confusion and anxiety caused by what were perceived to be as unclear and mixed messages from Government.

"I think the biggest kind of thing was first of all making sure everybody understood what was going on. I think for our first two weeks it was literally, you know, telephoning everybody, all of our members, to explain, you know, what was going on, why it was happening, did they understand what was being asked of them to stay at home and what that meant and you know, a lot of quite in depth conversations really because a lot of people just didn't get it, they didn't quite understand what they were being asked to do and still to this day some people don't, as much as we've tried doing everything that we possibly can." (NN3)

Telephone befriending services were expanded with the help of new volunteers so that those in greater need, for reasons such as loneliness or mental ill-health, could receive more frequent calls.

“We’ve gone from 4 telephone befrienders to 10, and staff are also telephoning cases that are more significant.” (NN7)

A number of LNNs also successfully encouraged their members to keep in touch with each other by getting their permission to share telephone numbers so they could contact each other, providing an additional layer of peer-to-peer support.

Second, it involved *adapting how support was provided*. As already mentioned, face-to-face contact was initially replaced by telephone calls, but digital inclusion quickly became part of many LNNs’ work, recognising that many people were unable to access essential information, services and support when face-to-face services or groups shut down and moved online. Key activities included loaning older people laptops and iPads with a paid for Wi-Fi facility to and the development of a toolkit to help people access online platforms such as Zoom. One LNN (NN10) moved their chair-based activity sessions onto their Facebook page and directed people there to help them to keep staying active. WhatsApp groups were used by some LNNs to share information, recipes, and photos, and to keep in touch and a range of social activities were organised to take place via Zoom. LNNs that were able to use social media effectively increased their reach beyond members to their families and carers.

Staff and volunteers of some LNNs also delivered weekly or monthly activity packs to some of their members. These have included a variety of options such as craft equipment, crosswords and puzzles, seeds and flowerpots.

“We’ve been looking at ways to try and keep people active by, and mentally or physically, by delivering activity packs out to people so they’ve got quizzes or exercise packs in - the latest one we do we’ve got like a card making kit, a craft kit or some flower seeds so they can grow little pots and things like that. We’ve got a little journal. So just little things each month.” (NN9)

The activity packs had to be adapted over time, according to personal interests, as a 'one size fits all' approach didn't work.

"We had a bit of a hiccup at first because we just kind of put anything in a box so we ended up having to be quite bespoke because, you know, not everybody wants knitting needles and crochet." (NN3)

Even where members did not want activity boxes (especially men) this exercise facilitated discussion and helped LNNs understand what less engaged members wanted but didn't feel they could ask for – often simply someone to talk to.

This adaptation continued as the first wave of the pandemic progressed. As lockdown restrictions began to be eased in June and July, some LNNs began to reinstate to face-to-face contact. This involved visiting more vulnerable or shielding members and having 'garden conversations'. Several other examples of how the LNNs proactively developed their services in response to the evolution of government guidance and restrictions were also identified. For example, NN10 restarted their allotment project, with staff taking a couple of members to the allotment at a time. NN11 started to do socially distanced outings, picking people up and taking them out for picnics. NN3 set-up a mobile library and started providing assisted shopping trips for members who may have become physically deconditioned during lockdown or felt less confident to go out under strange new conditions.

We found *less evidence of the LNNs possessing or being able to enact transformative capacity* in response to the COVID 19 pandemic. In part, this was because this type of capacity was not immediately needed by the LNNs. Despite the restrictions that were put in place their absorptive and adaptive capacity meant they were able to fulfil their primary mission of supporting older people's health, wellbeing and social connectedness by incrementally adjusting their provision. However, a number of LNNs were also looking beyond the initial timeframe of the pandemic and indicated that there was a need for more widespread *transformational change* as the economy and society begin to recover from the panic.

This need for change included some internal considerations for the LNNs relating to their long term sustainability, such as their funding model, including whether they could rely on core funding from Leeds City Council in the future; their governance, for whilst involving

older people as committee members was a strength of the LNN model, when these were made up solely of older people who had then had to isolate or shield through COVID 19, this was a weakness; and, for similar reasons, the diversity of their volunteers. But, perhaps more importantly, the LNNs expressed a need for change on a more systemic level. The COVID 19 crisis has been described as a 'syndemic' (Bambra et al, 2020), the effects of which have interacted with and exacerbated existing inequalities in health and the economy. The LNNs had experienced this first-hand throughout the pandemic and argued for change on a larger scale if society and the economy were to fully recover and prosper following the pandemic.

Discussion and conclusion

In this Research Note we have explored whether the concept of resilience framed in terms of absorptive, adaptive and transformative capacity (following Bene et al, 2012 and 2016) might be helpful for understanding how the Leeds Neighbourhood Networks, as community organisations, responded to the COVID 19 pandemic. Our analysis suggests that the resilience framework we applied provides an effective way of describing *how* the LNNs responded to the immediate effects of the crisis and its aftermath. In particular, we found the concepts of *absorptive* and *adaptive* capacity useful in helping us to describe the organisational actions and activities that were put in place to enact a crisis response and react to the ever-changing context within which the LNNs were operating. In practice, we found the boundary between absorbing and adapting quite blurred as discussions about 'how to continue operating' tended to morph into discussions about 'what else could we do' and 'how else could we do it' as the LNNs got to grips with the implications of the pandemic for their work. This highlights the emergent nature of resilience and how the LNNs needed to deploy different types of response depending on how the crisis was affecting their work in different ways at different points in time.

The concept of *transformative* capacity was a more challenging aspect of the framework to apply to our data. This was primarily because although the LNNs were able to make the case for transformational change at both the organisational, societal and economic level, its absence did not inhibit their pandemic response in the short-term. Furthermore, their capacity to contribute to the change needed was constrained by wider political factors such

as austerity and welfare reforms that have severely restricted their funding and the wider safety net provided by the state.

A further limitation of the framework, in our experience, was that it did not encourage discussion of *why* the LNNs responded in the way they did. Other scholars interested in using this framework for similar types of research should bear this limitation in mind and identify other ways of drawing out the factors that support a resilient organisational response. Analysis undertaken for this project identified a range of important enabling mechanisms that underpinned the LNNs' response to the pandemic and which are likely to be key to unlocking their transformative potential in the future. These included tangible factors such as the availability of sufficient human and financial resources to carry out their work with sufficient scale and reach and having well developed relationships with key stakeholders at the neighbourhood and city level to facilitate the flow of information about needs and possible responses within the community. They also included less tangible factors such as organisational strategy and leadership which enabled the LNNs to respond effectively and efficiently, their reach and embeddedness within the community that facilitated a deep understanding of need, and their guiding mission and values which necessitated they 'must' respond to the crisis when their beneficiaries needed them more than ever (see (Author Xb, 2020 for further discussion).

In conclusion, we argue that understanding community organisations' response to the COVID 19 pandemic in terms of absorptive, adaptive and transformative capacity can be helpful but further research in this vein is needed to test its applicability in different organisational, geographical and community contexts and to draw out the organisational factors and mechanisms that facilitated an effective crisis response. These limitations notwithstanding, our experience suggests that the framework may be useful in helping policy makers and funders of community organisations, and community organisations themselves, understand the value of community organisations during a crisis and to think about how they might foster a thriving population of community organisations once the pandemic is over. Although language and meanings of resilience remain contested, absorptive, adaptive and transformative capacity ought to be desirable attributes of community organisations if they are distributed equitably and provide them with the

resources, autonomy and flexibility they need to fulfil their mission and contribute to social change.

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