



# Perspectives of Community Resilience in Social Work Education and Practice

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# Community resilience

- ▶ An old concept, but relevant in these days more than ever
- ▶ It has an origin in ecological hazards and threats and was mostly popularized as ecological resilience as an approach to deal with climate change and natural disasters
- ▶ Today it goes beyond ecological paradigm and it is important for social workers in communities due to
  - ▶ Natural disasters
  - ▶ War and political conflicts
  - ▶ Migrations and forced migrations
  - ▶ Financial crisis
  - ▶ Global COVID-19 pandemic
- ▶ In current times, shocks and stressors occur more frequently and it takes less time to have an impact on the system

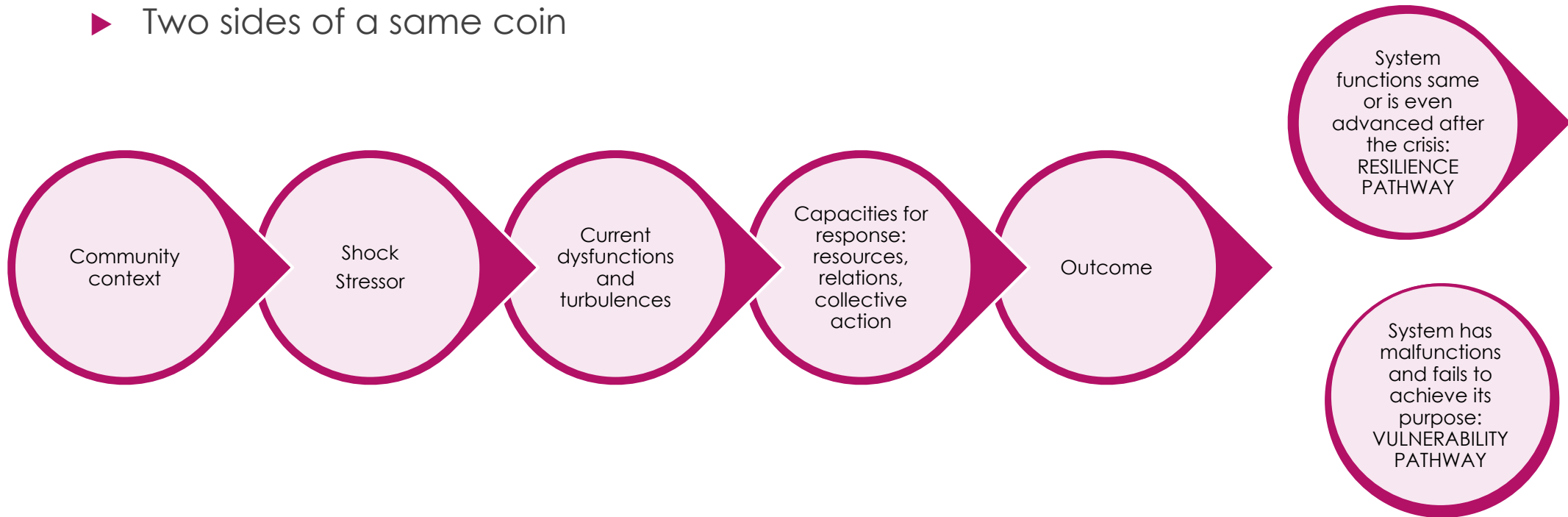


# Resilience

- ▶ Resilience is an outcome, but also a process
- ▶ Resilience is an inherent characteristic in person, family, community, society?
- ▶ Resilience is not something that happens, but rather something that we develop by raising resilience capacities
- ▶ Resilience is a result of capacities to
  - ▶ *Recover after the crisis*
  - ▶ *Learn, plan and collaborate during the crisis*
  - ▶ *Self-organize and be self-sufficient during the crisis*
  - ▶ *Build strong social ties in times of crisis*

# Resilience and Vulnerability

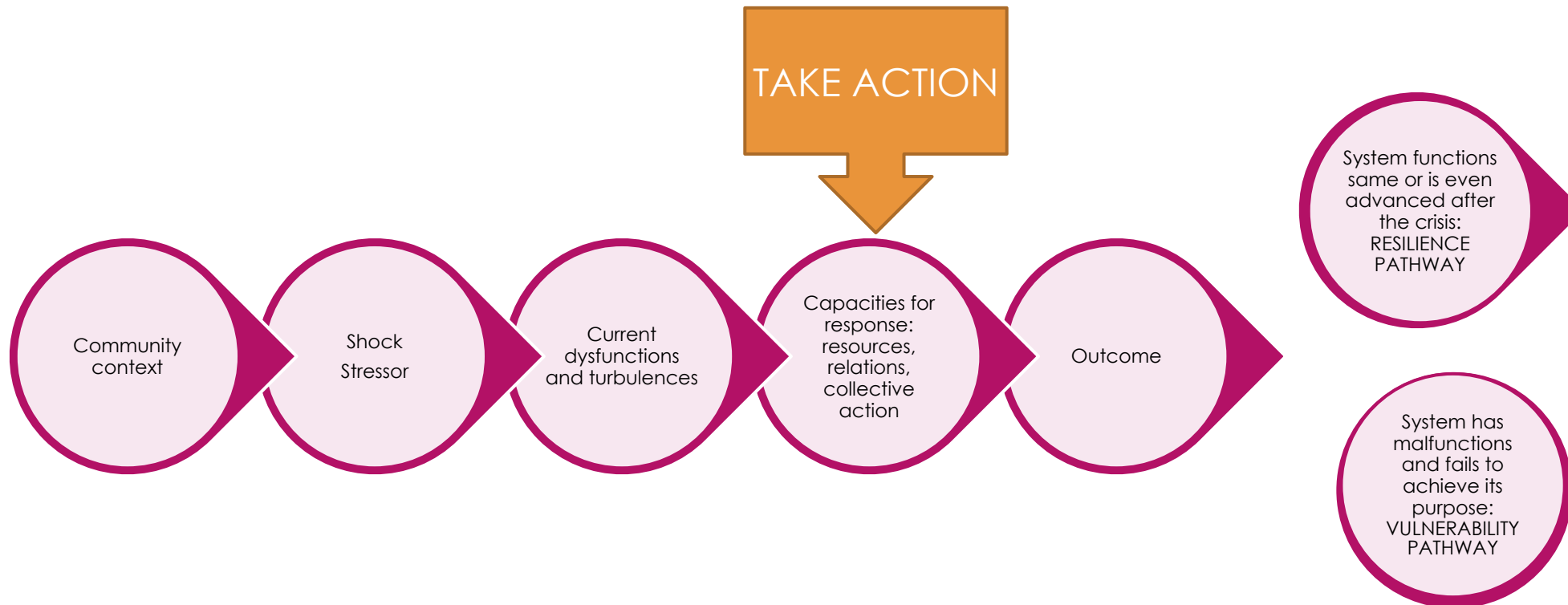
## ► Two sides of a same coin





# How to use crisis as an opportunity?

- ▶ Two sides of a same coin
- ▶ Resilience DOES NOT mean that crisis is not making an impact on a community



# Current crisis and its consequences

- ▶ Current crisis in Croatia:
- ▶ COVID – 19 epidemic was officially declared on March 11th 2020
- ▶ National lockdown from March 19th til May 4th 2020
- ▶ On March 22nd , Zagreb was hit by two strong earthquakes in early morning
- ▶ Direct consequences of two crisis:

Total of 103 718 people infected and 1353 people died due to corona virus

26 000 damaged building (10 000 family houses), 1 900 buildings completely not adequate for usage

More than 1 000 residents were displaced from their homes

GDP has decreased by 14.9% in second quarter compared to first quarter

20% of population had strong depressive symptoms, 18% anxiety and for 25% mental health got worse (representative reserach from Department of Psychology, [https://web2020.ffzg.unizg.hr/covid19/wp-content/uploads/sites/15/2020/06/Kako-smo\\_Preliminarni-rezultati\\_brosura.pdf](https://web2020.ffzg.unizg.hr/covid19/wp-content/uploads/sites/15/2020/06/Kako-smo_Preliminarni-rezultati_brosura.pdf))

APP 20 000 increased unemployment



# Possibilities of integrating resilience perspective in community work in Croatia

- ▶ RESILIENCE CAPACITIES 1: RESOURCES- Which already existing resources have we activated
  - i. **Human resources:** over-reliance on family resources (family members as teachers, caregivers), special vulnerability of families with member with disability, Roma families, families in poverty
  - ii. Social care system in times of crisis relies solely on expert resources and their efforts- there are no additional funds for their adjustment
  - iii. **Physical resources:** increased value of community green spaces and second houses. This could lift a little bit remote rural communities, but due to social distancing that didn't happened
  - iv. **Social capital:** in smaller communities, bonding social capital was activated (neighborhood support);
  - v. Those communities that had bridging or linking social capital, could benefit from that. But this is just small proportion of communities throughout the country. For example youth representatives in city council ; available public spaces for people with disability
  - vi. **Financial resources:** stable social transfers contributed to sense of security in times of crisis

# Possibilities of integrating resilience perspective in community work in Croatia (2)

- ▶ RESILIENCE CAPACITIES 2: Relations – How did communities respond to crisis?
  - i. **High level of preparedness** for COVID (low for the earthquake as expected): early warning signs, fast epidemic response. Homes for the elderly were very soon acknowledged as vulnerable places and high caution measures were taken; rapid information system, very early adapted on sign language (but not for other disability groups or ethnic groups)
  - ii. **Low flexibility of public institutions** (simple reduction of services, e.g. field visits), with the exception of NGO's that adapted very quickly (mostly replacing services with online services) and keeping the essential services (e.g. in house support).
  - iii. Very quick adaptation of education institutions, but neglected Roma children, minority children, children in poverty and no adequate response to digital divide (but fortunately, children were given tablets very soon because of education reform School for life), Difficulties in providing teaching assistance for children with disabilities
  - iv. Almost no access to health services during spring and limited access during autumn



# Possibilities of integrating resilience perspective in community work in Croatia (3)

- ▶ RESILIENCE CAPACITIES 2: Relations – How did communities respond to crisis?
- v. **Preparedness for teaching and innovation.** Social workers had to raise their knowledge of public health and health risks, and acquire advanced digital skills. There was no great resistance to digital transformation, but when it comes to innovation it is perceived solely as digitalization! (narrow focus)
- vi. **New forms of organizations-** occurrence of many humanitarian groups in the community based on neighborhood support (mainly for elderly); however, there were visible in first lockdown
- vii. No **diversification** of community nor institutional work – not enough different scenarios for users in isolation, for users with health risks; we can witness diversification only in times of increased and decreased epidemic risks (meaning old normal and new normal). Education system has A, B, C scenarios and is more flexible
- viii. **Principle of inclusivity** is taken into account only when it comes to community support for the elderly, and later there was an attention to possible high risk of family violence. Many other vulnerable groups aren't considered as particularly vulnerable (e.g. migrants, Roma community, children in homes, children in foster families that have decreased contact with their biological parents, etc.)
- ix. Many vulnerable groups are underrepresented in public media as well as in political processes

# Possibilities of integrating resilience perspective in community work in Croatia (4)

- ▶ RESILIENCE CAPACITIES 2: Relations – How did communities respond to crisis?
- x. **Messages about the future-** in first two months messages of solidarity, trust, faith, narrative of heroism; in May – messages of taking caution and personal responsibility; in summer- crisis was neglected as well as high numbers of infection; in autumn – lack of perspectives, insecurity, lack of trust, finding scapegoat, social polarizations, accusations; no messages about the future (the only future is connected to the vaccine)



# Possibilities of integrating resilience perspective in community work in Croatia (5)

- ▶ RESILIENCE CAPACITIES 3: Collective action: What can citizens count on?
- 1. **Concrete measures** were delivered for risk control and almost every organization has detailed epidemiological framework
- 2. There are **no mechanisms to deal with community conflicts**: new conflicts have arisen: pro/against vaccination, pro/against measures, pro/against COVID; private – public sector, elderly – youth;
- 3. Previous **social services and social benefits** are not at risk or endangered (social security), government has new benefits for employees and prevention of unemployment; there are new housing solutions for people affected by earthquake
- 4. Regarding **public institutions' management** – there is still not efficient planning of staff workload, there is no crisis budgeting, or adequate support from home-based work. The basic approach is an approach of endurance; Decrease of multisector collaboration

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In social care system there were new employments of apprenticeship so the system is strengthened; professional support is received immediately through developed online supervision model

# Integrating community resilience approach in education

- ▶ The course of community social work for the last 10 years is planned according to service-learning approach where students would enter the community, make community assessment, plan and conduct community project
- ▶ Due to online classes and changed situation, students learn community work through resilience approach and work in following way
  - a) In teams assess community resilience capacities based on research with experts, citizens and vulnerable groups
  - b) Develop an action plan to increase community resilience capacities
  - c) Make public promotion of their strategic plans and deliver plans to the community

This will give them an opportunity to learn about community resilience, community work, but also to give their contribution in this crisis

Case studies will be published at the end of semester as pioneering examples of community work practice for community resilience in Croatia

efficiently

# CONCLUSION

When it comes to community resilience capacities, we could notice number of absorptive and adaption capacities: **High level of preparedness** for COVID , **New forms of organizations, Concrete measures** for risk control , preserved **social services and social benefits, innovations through digitalisation**

**However, there are number of capacities to be developed not solely for overcoming the crisis, but also for contributing to the better communities after the crisis:** high flexibility of public institutions, greater **diversification** in community work (one size DOES NOT fit all, especially in crisis), including **principles of inclusivity** in public and political sphere; **mechanisms to resolve community conflicts** during and after the crisis; smart institutional management and crisis budgeting in order to preserve resources and use them more efficiently.





Thank you for your attention ☺

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