The Application to Policy and Practice

The research suggested that resilience planning needed to recognize the potentially active role of the crowd rather than assume it to be either mindless or passive. While there were already a number of concepts available to explain social behaviour in disasters – such as social network and social capital – these tended to apply to structured or geographically located communities where people already have interpersonal social bonds. The innovation of the social identity approach to collective resilience was that it applied to ad hoc crowds. Further, the social identity concept offered a new way of thinking about both survivors as a group and the relationship between such groups and professional responders; it served to make sense of those existing practices (such as public information and good communication) that practitioners knew worked well and to justify the extension of such good practice in a theoretically-grounded way.

There were a number of specific ways that recommendations based on the social identity approach could inform the relationship between survivors and responders in order to facilitate the active role of the crowd in emergencies. First, emergency planners needed to recognize the public urge to help. As well as being necessary, this could build unity and trust. Second, in order to have collective agency, the crowd requires information to act. People caught up in emergencies want information and feel anxious without that information. Third, trust was necessary. In the research on chemical incidents, the more professional responders were seen as legitimate by members of the public, the more the public came to share a social identity with them. This trust and identification led members of the public to internalize and ‘own’ the guidance that they were given. They then became active participants not passive recipients of care. The result was a much more effective and efficient emergency response – which could in practice save lives in incidents where speed is the essence.

Did it make a Difference?

The findings on the emergent group bases of collective resilience were included in the research informing new guidance on psychosocial care for people in emergencies. Thus, the NATO Stepped Model of Care builds on psychosocial capacities rather than assuming them to be ill or helpless, and recommends practical support rather than psychiatric care for most people affected by emergencies. The capacities of crowds are included in this. The Department of Health Emergency Preparedness Division’s 2009 NHS Emergency Planning Guidance draws upon the social identity concept of collective resilience in advice on the role of group support in coping with a flu pandemic. The research on mass decontamination has been used to inform hospital/patient decontamination ‘best practice’ guidance documents in the UK and North America. In each of these cases, practices have been transformed by the recognition of the potential pro-active role of ad hoc crowds of survivors based on the notion of a shared social identity. This has resulted in a step change in emergency response and recovery planning procedures. The notion that crowds can be sources of resilience is not an argument that people should be simply left to fend for themselves when disaster strikes. But it does suggest that people have certain capacities as a collective in such circumstances and that emergency services need to enable this.

References