

# Building Community Resilience

Toolkit Series Volume I



 Strategies 2.0

Growing Knowledge and Networks for Professionals Working with Families





## Our Vision

A world in which children are cherished, families are engaged and strengthened, and communities thrive.

# About the Authors

**Strategies 2.0 is a partnership between The Child Abuse Prevention (CAP) Center, Children’s Bureau of Southern California, and the San Diego State University Social Policy Institute (SDSU SPI).** As a collaborative effort, Strategies 2.0 is committed to: (1) growing the capacity of the family and community strengthening field to deliver high-quality services; and (2) partnering with communities to transform the conditions in which families live.

**Vision:** A world in which children are cherished, families are engaged and strengthened, and communities thrive.

**Mission:** Strategies 2.0 is a catalyst for the professional skills, organizational structure, and community relationships necessary to mitigate the risk factors for child abuse and neglect, and to promote child, family, and community well-being.







Strategies 2.0 recognizes that a strong field will leverage the knowledge, resources, and capacity needed to make a bigger impact.

**Driven by our vision and mission, and in support of the strategic plan of California Department of Social Services Office of Child Abuse Prevention (CDSS OCAP),** the overarching purpose of Strategies 2.0 is to empower professional organizations and individuals in the field of family and community strengthening to help prevent child abuse and neglect as well as promote child, family, and community wellness. Strategies 2.0 recognizes that a strong field will leverage the knowledge, resources, and capacity needed to make a bigger impact.

**With generous support from the CDSS OCAP, Strategies 2.0 is able to offer all services at no cost to the family and community strengthening field.** These services include: training, consultation, peer learning, and other professional development opportunities both in-person and online. Strategies 2.0 services are designed to help grow the knowledge and networks for professionals working with families to mitigate the risk factors of child abuse and neglect in California.

Suggested citation: Pimental, K., Mendoza, N., Keeney, A.J., & Clarke, L. (2018). Building community resilience toolkit series: Volume I. San Diego State University, Social Policy Institute, San Diego, CA.





October 2018

Dear Family and Community Strengthening Partners,

Thank you for the important work you do every day to help children and families thrive by building protective factors to prevent child abuse and neglect. As Chief of the Office of Child Abuse Prevention (OCAP) here at California's Department of Social Services, I actively support programs that reflect the latest research and provide the necessary resources and tools needed to further strengthen families and the communities they live in.

This volume is a good example and I hope that you will take the time to review the Building Community Resilience Toolkit, and that you will incorporate the knowledge, skills and resources into your organization, network, community parents, and partners. This work reflects the dual role of family strengthening—to partner in working with families, and also to help change the conditions in which they live.

The Building Community Resilience Model is an innovative, transformative approach developed by Wendy Ellis and William Dietz. The Building Community Resilience Toolkit Series is based on their work as organized into four volumes, each focusing on a different part of the model: shared understanding; state of readiness; cross-sector partners; and engaged community. In this first volume you will find resources that will assist you to build a shared understanding of what it takes to build community resilience in light of the "Pair of ACEs" (Adverse Childhood Experiences and Adverse Community Environments).

The tools provided in this volume will complement and validate much of the work you are already doing. It will also provide additional pathways to the common language, common approach, and common outcomes that are so critical to our working together to prevent child abuse and neglect. I look forward to hearing of your success in using these tools to strengthen the communities in which you live and work.

Angela Ponivas, MSW

Bureau Chief, Office of Child Abuse Prevention  
California Department of Social Services

# Table of Contents

Introduction to the Building Community Resilience Toolkit Series	8
The Four Volumes At-A-Glance	10
Volume I: Shared Understanding: Working Together Suggestions for Use	12
Overview of Resilience-Related Topics	14
The Pair of ACEs	16
Community Resilience and the Pair of ACEs	18
Building Community Resilience Key Concepts	19
Why Shared Understanding is Needed for Building Community Resilience	25
Importance of Shared Understanding	30
Shared Understanding in Family and Community Strengthening Organizations	32
Tool 1: Organizational Perceptions of the Community Environment	34
Tool 2: Understanding Community Priorities	29
Tool 3: Framing Community Needs: Listening to Community Narratives	35
Looking Ahead: State of Readiness	40
Additional Resources	43
References	44
	47

# Introduction to the Building Community Resilience Toolkit Series

**The Building Community Resilience (BCR) Toolkit Series is part of a comprehensive continuum of education and professional development intended to help train, as well as orient, new and veteran frontline workers, supervisors, and administrators in the family and community strengthening field.**

Within the toolkit series, when making reference to communities, we are referring to geographically defined place-based communities (see full definition in key concepts on p. 19) unless otherwise specified. We recognize that “community” is a broad term given the technological advances of current society, however, our focus is essentially the neighborhoods where children and families live, eat, work, and play.

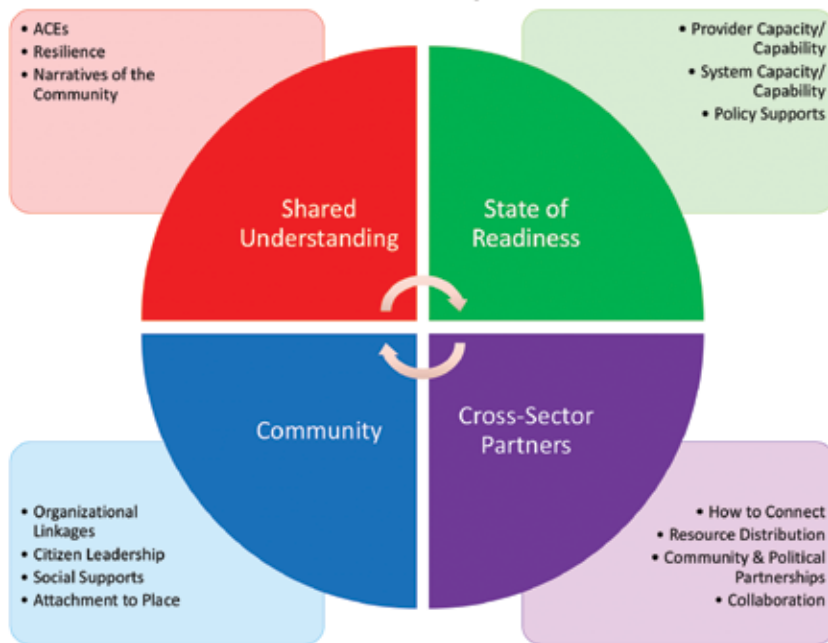
**Based upon the Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model by Wendy Ellis and William Dietz (2017).**

The Building Community Resilience Toolkit series is designed to guide family and community strengthening organizations in the necessary balance between ideas grounded in research and data with the community’s own lived experience and perceptions of adversity and assets.



**This model is a transformative approach to foster collaboration and build community resilience as well as promote healthy communities.** It is a circular process of assessment, readiness, implementation, and sustainability (Ellis & Dietz, 2017), as illustrated below. Independently, each part of the process builds toward community resilience, however, community resilience is not achieved until all areas of focus are present, working interdependently, and continually being maintained.

**Building Community Resilience:  
Process of Assessment, Readiness, Implementation & Sustainability**



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

**There are four toolkits in the series.** Each volume of the Building Community Resilience Toolkit focuses on a different part of the process and provides in-depth tools and resources to promote organizational effectiveness in addressing the daily conditions that contribute to health and well-being outcomes of individuals and communities.

# The Four Volumes At-A-Glance

## Volume I:

### **Shared Understanding: Working Together to Build Community Resilience**

This toolkit provides a succinct description of the core concepts of the BCR Model as well as tools to: (1) assess understanding of organizational and community factors related to building community resilience; and (2) to build a shared understanding of these factors through collaborative learning, both within the family and community strengthening organization and the communities they serve.

## Volume II:

### **State of Readiness: System and Provider Abilities to Respond and Build Supports**

The second volume in the series describes the organizational capacity needed for a shared approach to building community resilience within the organization or network. The tools in this volume will assist organizations in: (1) assessing their level of readiness to implement BCR efforts; and (2) identifying the steps needed to increase readiness for building community resilience based on assessment results.

## Volume III:

### Cross-Sector Partners: Connecting and Collaborating

This toolkit provides an in-depth exploration of the importance of cross-sector partners in building community resilience. The tools will guide organizations in engaging, expanding, and strengthening cross-sector partnerships.

## Volume IV:

### Sustaining Community Resilience

The final toolkit in the series offers a pathway towards sustaining community resilience with tools to explore components of community resilience including: information and communication, community competence, social capital, economic development, and resident leadership training.



# Volume One

## Shared Understanding: Working Together to Build Community Resilience

**Volume One** aims to provide foundational knowledge to family and community strengthening organizations serving those who have experienced, or been affected by, trauma. This first volume supports the cultivation of shared community narratives, mindsets, and expectations as well as the steps needed to build resilience at the community level.

“Shared understanding” has been referred to in many ways. The available literature describes organizations or networks with established shared understanding as:

- Coordinating behavior toward a common goal based on mutual knowledge, beliefs, and assumptions;
- Promoting individual and collective ownership of a new perspective accepted by the group;
- Knowing the spirit, culture, and protocol of a community;
- Creating a new knowledge through participation and collaboration;
- Moving from individual perspectives to a joint perspective that emerges from collective contributions.

Foundational to building shared understanding, the tools in this volume will help organizations articulate common language when discussing trauma, resilience, and the Pair of ACEs. Organizations will also be able to explain the importance of developing a shared understanding of community resilience concepts.



## Suggestions for Use

The Building Community Resilience Toolkit was developed more as a guide, and less as a “recipe”. Whereas a recipe calls for “ingredients” to be combined in a specified sequence in a specified way with specified amounts and methods, a *guide* sets the stage for the user to bring their strengths, experience and particular needs to shape what is provided for their own purposes.

**As a starting place, it is suggested that users:**

- 1** Skim through the entire volume to gain a sense of topics and tools included;
- 2** Read through in detail, adding to your existing knowledge base;
- 3** Make note of which concepts are (or are not) already part of the organization’s shared understanding;
- 4** Provide training opportunities to all staff that focus on resilience-related concepts that are not already part of shared understanding;
- 5** Determine which tools are the best fit for your organization’s current needs;
- 6** Try out the tools as provided, adapting if need be for a better fit with your organization;
- 7** Take the initiative to further build shared understanding by discussing with colleagues and/or others to spark ideas and cultivate interest.



# Overview of Resilience-Related Topics

**Trauma is widespread and pervasive for families and communities in the United States.** People can experience the effects of trauma at all stages of their life. Numerous research studies, such as the Adverse Childhood Experiences (ACEs) by Vincent Felitti and Robert Anda (1998), suggest that approximately 75% of the United States population has experienced at least one adverse childhood experience. Adverse childhood experiences are further detailed under “key concepts” (p. 19) and are often related to extremely stressful or traumatic events within the family or home environment. To provide the most effective care and interventions, while promoting health and well-being, organizations must have a strong understanding of the wide-ranging health and social consequences of ACEs. This knowledge is foundational to the prevention of child abuse and neglect by strengthening families and communities.

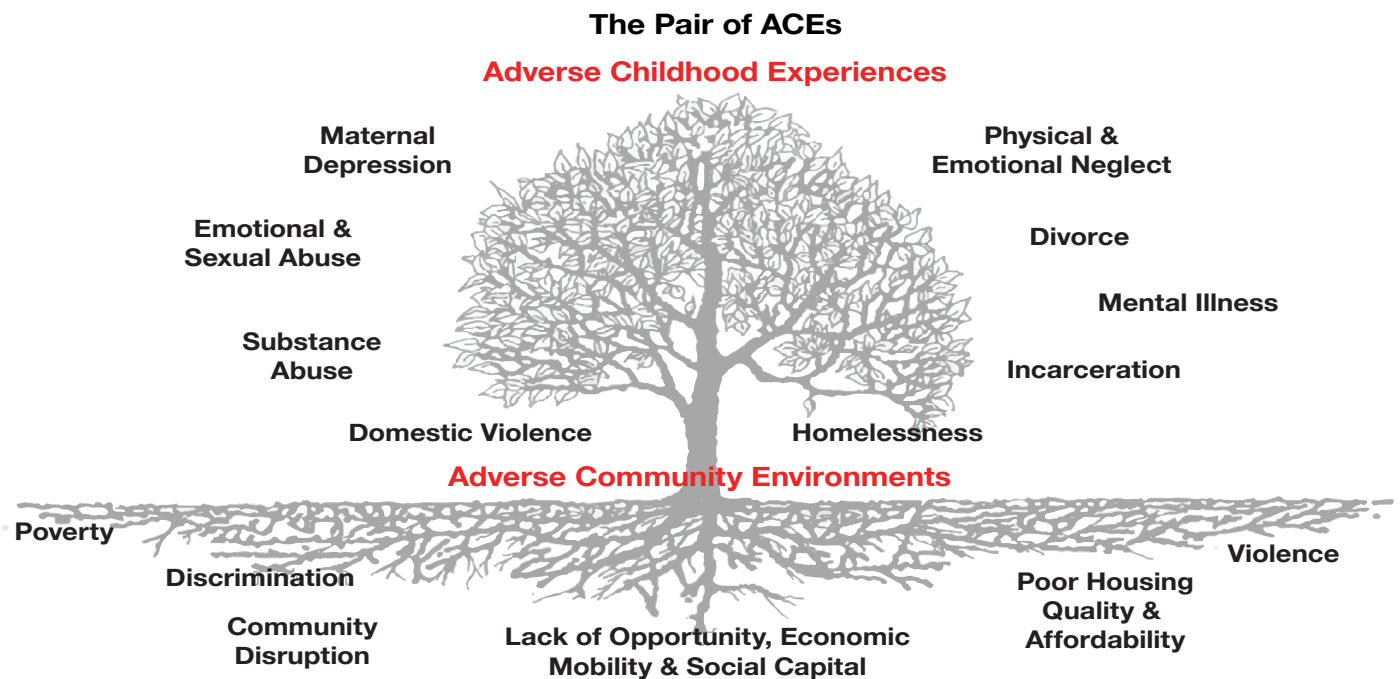


**Trauma is not solely an individual phenomenon.** Living in an environment which reinforces adversity and trauma can affect a family's ability to "bounce back" (Ellis & Dietz, 2017). Significant health and well-being inequalities exist among children and adults living in adverse community environments. Community environments that lack opportunity, have limited economic mobility, community violence, widespread poverty and joblessness, lack of affordable and safe housing, and/or discrimination often need positive buffers that promote resilience. Practitioners and community members in high violence neighborhoods report that the entire community (e.g. children, youth, and adults) are psychologically and emotionally affected by the adverse community environment, with many exhibiting the symptoms of trauma and posttraumatic stress disorder (PTSD) (Pinderhuges, Davis, & Williams, 2015).

**When addressing adversity and trauma, it is important to recognize that family and community strengthening organizations must target program intervention at an individual, organizational, and community-level to affect real change for an individual or family.** Building community resilience is viewed as an important factor in preventing childhood adversity and strengthening healthy communities. Focusing on community resilience allows for agencies to understand as well as address the daily environmental conditions that contribute to toxic stress and threaten individual health and well-being. By combating the adversity of a community environment, family and community strengthening agencies help create communities of resilient adults who have the capacity to raise resilient children (Ellis & Dietz, 2017).

# The Pair of ACEs

To facilitate the building of community resilience, there must be a shared understanding of the factors that may hinder a community from flourishing. The “Pair of ACEs tree” was developed to help illustrate the interconnectedness of adverse childhood experiences and adverse community environments (Ellis & Dietz, 2017). Refer to the image below.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



**The surrounding soil is steeped in systemic inequities, robbing the tree of necessary nutrients to support a thriving community.**

**The tree's roots symbolize the aspects of adverse community environments such as a lack of affordable and safe housing, community violence, discrimination, and limited access to social and economic opportunity.**

**The branches of the tree represent adverse childhood experiences, such as substance abuse in the home, domestic violence, or the incarceration of a family member.**

**Finally, the leaves on the tree are the health indicators, or symptoms, of adverse childhood experiences, such as liver disease, poor attendance at school and work, or anxiety (Ellis & Dietz, 2017).**

The impact of adverse childhood experiences is compounded when they occur in the context of adverse community environments. For example, in areas of concentrated poverty where public policy, business, and economic investment decisions influence systemic inequities in communities, there also exists a disproportionate concentration of chronic conditions such as heart disease and obesity – outcomes associated with adverse childhood experiences (Pinderhughes et al., 2015). These environments often lack positive buffers that promote resilience, such as safe neighborhoods and parks, social supports, affordable and stable housing, thriving and diverse retail, opportunities for employment, and creative expression.

# Community Resilience and the Pair of ACEs

**The Pair of ACEs may help communities focus on areas for intervention or service need.** For example, communities may invest in creating safe public places for children and youth to play which can reduce the poor developmental outcomes children often experience from residing in disadvantaged and high crime neighborhoods. When efforts are made to address adverse community environments, children and families' overall health and well-being tend to increase, which in turn, may result in lowered adverse childhood experiences and greater community resilience.

**Family and community strengthening organizations need to partner with stakeholders and communities to utilize their existing strengths** (e.g., community pride, strong leadership, support of youth and families) to build resilience and alleviate adverse experiences and environments. According to the authors of the Building Community Resilience Coalition Building and Communication Guide (2018) developed by Spitfire Strategies and the Center for Health and Health Care in Schools at The George Washington University, "By fostering collaboration and developing strategic partnerships, multiple sectors can come together in an effort to build stronger, healthier and more resilient communities" (p. 3).

# Building Community Resilience

## *Key Concepts*

**We recommend establishing a shared understanding of the resilience concepts in order to maximize your agency's efforts to build community resilience.** For your convenience, the concepts are laid out here and listed in alphabetical order; they should be understood well enough to influence choices in policy and practice. It is recommended that family and community strengthening organizations, together with their partners, review the following and reframe in language that mirrors their own (individual or agency based) understanding and expectations.

### **Adverse Childhood Experiences**

Adverse Childhood Experiences (ACEs) can derail a child's development and lead to a lifetime host of social and health challenges that can negatively impact their quality of life (Felitti, 1998; Garner, Forkey, & Szilagyi, 2015). Adverse experiences include physical, emotional and sexual abuse, neglect, and a range of household dysfunction such as witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord/divorce, or parental incarceration. ACEs have been linked to risk taking behaviors, chronic health conditions, reduced life span, and early death.

## **Adverse Community Environments**

Adverse community environments are environments that fail to provide buffers to facilitate resilience and can create conditions in which adverse childhood experiences can occur. Communities with limited economic mobility, lack of opportunities, community violence, widespread poverty and joblessness, lack of affordable and safe housing, and discrimination are all examples of adverse community environments.

## **Community Narratives**

Every community member has a story or “narrative” about how the community they live in helps or hinders their ability to overcome adversity and/or achieve goals for themselves and their children. The collective and collaborative narrative of the community describes the needs, strengths, and perspectives of the community. The narrative of the community is told by the community and for the community.

## **Community Resilience**

Traditional definitions of community resilience commonly incorporate terms of recovery from crises and change, such as natural disasters and public health challenges. The BCR framework broadens the traditional view of resilience to encompass resilience in the daily adversities that communities may face (e.g. insufficient access to social services, poor housing conditions, systemic racism) (Ellis & Dietz, 2017). Community resilience involves transformation from adverse environments to those that support and facilitate family health and wellness without losing the community’s unique identity and essential characteristics.



## **Community Trauma**

Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma from exposures to traumatic events. There are manifestations, or symptoms, of trauma at the community level that require healing to promote wellness and resiliency among communities (Pinderhughes et al., 2015). Therefore, in the context of community trauma, building resilience means putting the conditions in place in which the community can heal from past trauma and be protected against the impact of future trauma (Pinderhughes et al., 2015).

## **Organizational Resilience**

Organizational resilience typically integrates factors such as strategy, leadership, flexibility learning and change processes into competencies and processes that organizations utilize to overcome adversity (Gibson & Tarrant, 2010).

## **Place-Based Community**

Place-based communities are geographic locations where people are connected because of their residence, occupation, or where they spend a majority of their time. In resilience-building efforts, a place-based community can be a rural town or a large city. The people inhabiting a certain place-based community are “defined by their interpersonal relationships, cultural patterns, economic and governance structures, and shared memories and aspirations” (Lerch, 2015, p.7).

### **Family and Community Strengthening Organizations**

These organizations provide a vital lifeline to individuals and families who lack access to resources, and whose needs and interests are complicated by the societal conditions in which they live. Family and community strengthening organizations are often family-focused, culturally competent, strengths-based, and holistic and seek to implement programs and services that build upon community assets, while reducing risk factors or vulnerabilities for an identified problem. For example, program services in child abuse and neglect prevention can include (but not limited to): home visiting, parenting education, and family support services. These programs are typically community-based and offer a continuum of social, educational, supportive, and therapeutic services for both parents and children.

### **The Six Foundations for Building Community Resilience**

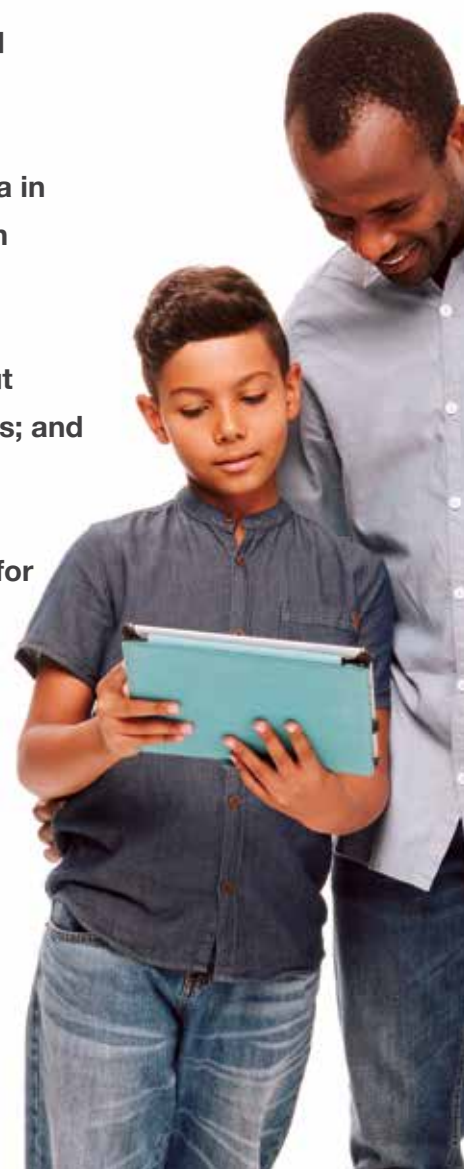
Communities are unique and varied, therefore, no single resilience-building framework or approach works for all communities. However, the Post-Carbon Institute has identified six foundations for building community resilience that are essential to any resilience building effort and can be used regardless of the selected framework or the unique challenges the community faces. The six foundations of building community resilience are: people; systems thinking; adaptability; transformability; sustainability; and courage (Lerch, 2015).

## Trauma-Informed Care

Trauma-informed care is the adoption of principles and practices that promote safety, empowerment, and healing. Trauma-informed care recognizes trauma has to be addressed in a safe and sensitive way and may be practiced in any setting (e.g. family resource center, health care, law enforcement, education, mental health).

**According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a trauma-informed approach:**

- 1** Realizes the widespread impact of trauma and understands potential paths for recovery;
- 2** Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- 3** Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- 4** Seeks to actively resist re-traumatization (i.e. recurring exposure to ACEs) (National Center for Trauma-Informed Care, 2012; SAMHSA, 2014).



## **Trauma-Informed Organizations**

Organizations that are trauma-informed have adopted an approach to delivering care that considers an individual's emotional response to trauma in relationship to their life experience. It refers to recognition of the pervasiveness of trauma and a commitment to identify and address it early, whenever possible.

Restructuring to become a trauma-informed organization requires a comprehensive review and redesign of every aspect of an organization's operations with strong commitment from leadership, active engagement of consumer survivors, and buy-in from stakeholders at every level (Hodas, 2006).

## **Social Determinants of Health**

Social determinants of health are “the conditions in which people are born, work, live and age, and the wider set of forces and systems shaping the conditions of daily life” (World Health Organization [WHO], 2017, para. 1). Economic stability; neighborhood and built environment(s); social and community contexts; health and health care; and education are the five key areas that have a direct impact on health outcomes (e.g. life expectancy) (SAC, 2010).

# Why Shared Understanding is Needed for Building Community Resilience

## Importance of Shared Understanding

Mobilizing people to work together to strengthen families and communities collectively can be a difficult task. Creating a shared understanding begins with collaborative conversations where everyone explores possibilities, reflects, and learns together. Momentum begins to occur as organizations and their partners test assumptions and align language so that important words mean more or less the same thing to everyone. Shared understanding of the definitions and connections between core topics (e.g. social determinants of health, ACEs, and resilience) across partner networks is a key success factor in the Building Community Resilience model (Ellis & Dietz, 2017).

This allows everyone within the organization, in all roles and at all levels, to align around a common agenda and collective action. Mindsets begin to shift from what is intractable, to hope that positive change is possible. Without shared understanding, internal and external partners run the risk of working at cross purposes (at best) or being ineffective in serving their families and communities (at worst).

## **Shared Understanding in Family and Community Strengthening Organizations**

The Building Community Resilience Framework aligns with the family and community strengthening fields' understanding that single organizations cannot effectively and independently change the daily conditions that contribute to health and well-being outcomes of individuals and communities. McCroskey and Meezan (1998) assert:

***No single service program can provide all that is needed to support and strengthen every family. A system of well-coordinated, accessible, family-centered services must rest on a foundation of a healthy community that affords adequate basic services and opportunities for education, housing, and employment. (p.55)***





If interagency and cross-systems collaboration did not exist, there would be lost opportunities for prevention and resilience. In order to create shared understanding within and outside of the agency, there must be opportunities for discussion. Shared understanding requires family and community strengthening organizations to establish mutual knowledge, beliefs, and assumptions within the organization and with the community they are serving (Bittner & Leimeister, 2012).

***Protective factors for families can occur at both the individual and community level, therefore adding to the strength and resiliency of a community (Kimple & Kansagra, 2018).***

Working with community stakeholders to establish a shared understanding is a primary goal in building community resilience. According to Agbodzakey (2012), a shared understanding of the problem facing the community must be achieved through a collaborative approach which generates a sense of collective urgency towards ensuing actions. When stakeholders have this shared understanding, it forms the basis for shared urgency – when the organization and stakeholders agree on the importance of an issue, and recognize that speedy changes need to be made to improve the existing condition (Kotter, 1996).

# Tools for Creating Shared Understanding

**There are many tools available that are specifically designed to build shared understanding.** We believe the following three are a good starting place to develop a shared understanding among those in your organization. Use the three tools together to connect the perceptions of those who work in your organization with narratives of the surrounding community.

## Tool One

Organizational Perceptions of the Community Environment

1

Create understanding and facilitate dialog around agency's perceptions of community adversity and assets

## Tool Two

Understanding Community Priorities

2

Increase awareness and facilitate discussion on how your agency views community priorities.

## Tool Three

Framing Community Needs: Listening to Community Narratives

3

Assess community members' perceptions.

# TOOL

# 1

## Organizational Perceptions of the Community Environment

We recommend that you ask several people in your organization to complete the following checklist and then meet to discuss. As you develop a shared understanding among yourselves, you will be able to assess the sociocultural, economic, and physical environmental impacts within your community. Identifying the characteristics that impact the community you serve is a key first step in developing community resilience efforts.

The following is a checklist of community characteristics that may apply to your community. Consider additional characteristics that relate to your community and add any that are not listed.

**Community characteristics** are defined as qualities that may impact the lives of children and families residing in your community.

**Potential influencers** are issues that are not currently present in a community environment, but have the likelihood of developing and impacting the lives of children and families within your community.

## Part 1

### Step 1: Consider Impact

Consider the level of impact each characteristic has on your community. Impact refers to the effect or influence a community characteristic has on building community resilience.

For each characteristic, decide if the characteristic has an extreme, moderate, slight, or no impact on your community's ability to build resilience. For example, drug abuse may have an extreme impact, however public transportation is well established, so that has no impact. Place a checkmark in the appropriate column next to the characteristic.

### Step 2: Consider Potential Influencers

In the final column, consider the level the characteristic has on becoming a potential influencer in your community. Write low, medium, or high in the space provided. For example, you may have indicated community disruption as “no impact”, however recent current events in your community have the potential to have a “high” influence on the sociocultural environment.

## Part 2

### Step 3: Consider Assets and Strengths

Now list all of the assets/strengths your community has that are related to the sociocultural, economic, and physical environments. Next, identify the level of impact the asset has on your community. For example, you may have seen an increase of voter registration, which has moderately impacted the political landscape. When you meet with your colleagues, who also completed this tool, discuss how the community assets relate to the adverse community characteristics. Are there areas to build upon and strengthen? Did you see an asset a colleague did not?”

**Note:** At this point in developing organizational shared understanding, there is no need to retrieve current community data to answer these community characteristics. The intent of this exercise is to only facilitate discussion around the *perceived* adversities that impact your community in order to help establish shared understanding among your organization.

# Organizational Perceptions of the Community Environment

## Part 1: Sociocultural, Economic, and Physical Environments

Characteristics of <i>Sociocultural</i> Environment	Extreme Impact	Moderate Impact	Slight Impact	No Impact	POTENTIAL INFLUENCER
Discrimination					
Lack of community support initiatives/programs					
Gang presence					
Substance abuse					
Community disruption (e.g., riots, non-peaceful protests)					
Underperforming public schools/districts					
Violent crime					
Domestic violence					
Child abuse and neglect					
Juvenile crime					
Other:					

Characteristics of <i>Economic</i> Environment	Extreme Impact	Moderate Impact	Slight Impact	No Impact	POTENTIAL INFLUENCER
Poverty					
Children in poverty					
Food insecurity (e.g., SNAP recipients)					
Access to healthcare					
Median income/SES					
Unemployment					
Poor housing and affordability					
Homelessness (e.g., families, students)					
Other:					
Characteristics of <i>Physical</i> Environment	Extreme Impact	Moderate Impact	Slight Impact	No Impact	POTENTIAL INFLUENCER
Public transportation accessibility and quality					
Grocery store accessibility (e.g., food deserts)					
Other:					



# Organizational Perceptions of the Community Environment

## Part 2: Assets & Strengths

Assets	Extreme Impact	Moderate Impact	Slight Impact	No Impact

Characteristics of Highest Impact:

Characteristics of Highest Potential Influences:

Characteristics of Community Assets:

# TOOL

# 2

## Understanding Community Priorities

### **Six foundations are essential for building community resilience**

(Lerch, 2015). They include: people, systems thinking, adaptability, transformability, sustainability, and courage. We recommend that you ask several people in your organization to complete the following checklist and then meet to discuss together. As you develop a shared understanding, you will be able to identify areas your organization can build upon and/or strengthen in your community.

### **You may find variety in what your group views as community**

**priorities and that is ok!** The aim of this tool is to start a dialogue of shared understanding and increase awareness of your organization's perception of community priorities, which may or not be in alignment with the community your organization serves.

### **Directions:**

For the first five foundations, in the family and community strengthening organization column, check the area(s) you think need to be strengthened and/or supported in your community. In the community column, check the area(s) you think your community perceives as needing to be strengthened or supported. For example, your organization may view the community's political climate as an area that needs further support in order to build community resilience, whereas you may predict the community views this as a lesser priority.

People “Communities are products of human relationships”

	Family & Community Strengthening Organization	Community Prediction
Politicians		
Community member involvement		
Influential businesses		
Special interest groups		
Youth involvement/organizations/leadership		

Systems Thinking “Communities are integrated subsystems”

	Family & Community Strengthening Organization	Community Prediction
Economic features (e.g. high levels of unemployment)		
Cultural features (e.g. visible segregation in school districts)		
Environmental features		
Infrastructure (e.g. roads, buildings)		

## Adaptability “A community’s ability to respond to and learn from change”

	Family & Community Strengthening Organization	Community Prediction
Strong feedback loops (e.g. between community members and city council)		
Openness to change		
Diversity in community members		
Diversity in community leadership		
Community services are inclusive/ representative of community’s need		
Equal access		
Community services are interconnected		

## Transformability “A community’s ability to change its identity/ systems in response to fundamental change”

	Family & Community Strengthening Organization	Community Prediction
Community members’ recognition/ acceptance of the need for major change(s)		
Community leadership recognition/ acceptance of the need for major change(s)		
Community members or leadership are innovative or open to innovation		

# TOOL 2

## Understanding Community Priorities

**Sustainability** “A community’s ability to maintain itself and continue over time”

	Family & Community Strengthening Organization	Community Prediction
Adequate monetary resources		
Adequate social service programs/ organizations		
Adequate nonprofit and/or faith based organization community involvement		
Continuous and ongoing community leadership (e.g. formal and informal)		
Access to develop and support high levels of human and social capital		





**Indicate your level of agreement or disagreement on the following statements regarding courage, the last foundation essential for BCR efforts.** Courage is defined as a community’s ability to collaborate and tackle difficult issues (Lerch, 2015). When you discuss with those who also completed this tool, what aspect of courage stood out to you and why? Was your rating more similar or dissimilar with your colleagues? What does courage look like within your organization? How does your organization support courage within the community?

My Community has the...	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Courage to work with other people and share in taking responsibility for the community.					
Courage to tackle the complex, systemic issues we face.					
Courage to learn from experience and adapt our thinking and methods.					
Courage to accept uncertainty and make big transformations when necessary.					
Courage to commit to far-reaching and long-term resilience building that is truly sustainable for generations to come.					

# TOOL

# 3

## Framing Community Needs: Listening to Community Narratives

It is recommended that you “poll” some representatives of the community and compare and contrast results. This may provide additional insight into prioritizing the areas in your community that need to be strengthened and/or supported.

Understanding how the community views community issues, as well as its beliefs about the potential causes of these issues, will help determine the types of solutions your organization may develop (Rice, Burkhart-Kriesel & Trautman, 2012).

Framing community needs is a process of analyzing community problems and community members’ perceptions of the problem to help evaluate the benefits and drawbacks of a potential course of action while addressing a community issue (Rice et al., 2012). You can use the guide below for individual interviews or focus groups to obtain the information and primary data you will need to identify community priorities.

### Step 1: Decide Who to Poll

Select members of the community to participate in interviews or focus groups. It is imperative to include a variety of member voices. When identifying potential community members to poll, consider reaching out to the following groups:

- City council and local politicians
- Faith-based organizations
- K-12 schools, early childhood programs, and after school program staff

- Law enforcement
- Local business owners
- Parent groups (e.g. PTA)
- Other non-profit partners

Additionally, consider visiting community establishments to recruit community members who may not hold leadership positions within the community.

Community Member	Affiliation	Contact Information

## Step 2: Conduct polling interviews and/or focus groups

Below are potential questions that can be used to facilitate discussions with community members:

- 1 **What problem or issue is your community's biggest concern? Why is this a problem?**
- 2 **In your opinion, what are the causes of this problem or issue?**
- 3 **What are the consequences of this problem/issue?**
- 4 **On a scale of 1-5 (1= not a huge consequence, 5 = a very big consequence), how would you rank each cause or consequence in terms of importance?**
- 5 **Who is affected by this problem? How are they affected?**
- 6 **In your opinion, who gains or benefits from this problem/issue?**
- 7 **In your opinion, who is losing because of this problem/issue?**

## Step 2: Conduct polling interviews and/or focus groups (continued)

- 8 Is anyone doing something about this issue? Who? What are they doing?
- 9 Whose responsibility is it to solve this problem/issue?
- 10 What might be a realistic first-step toward solving this issue?
- 11 What community assets can you build upon to help address this issue?

(Rice, Burkhart-Kriesel & Trautman, 2012)

## Step 3: Review Results

After polling community members, take some time within your organization to review the responses. You may want to compare the results of your polling interviews and focus groups with information and insights gained from the other tools in this toolkit.

**Below are potential questions to facilitate an organizational discussion about community narratives:**

- 1 What are the main concerns among community members? Are there differences between community leaders and community members?
- 2 How do the concerns identified by the community align with our organization's perceptions of priorities?
- 3 Where can we adjust our practices to be more understanding of the community priorities?
- 4 How can we include community members in future discussions to promote shared understanding of these priorities?
- 5 What assets have been identified that we can build on when addressing the issue/problem?

# Looking Ahead: State of Readiness

Shared understanding is foundational for building community resilience. It allows organizations to balance evidence-based practices with the community's own lived experiences and wisdom (Sumner M. Redstone Global Center for Prevention & Wellness, 2017).

After using this toolkit to help develop shared understanding within your organization and community partners, it is time to assess your organization's state of readiness for implementing the BCR model. Once your organization and partners understand the need for building community resilience, your organization will focus on surveying the resources, talents, and opportunities that your organization has or will need to build provider and system capacity or capability and policy support (Ellis & Dietz, 2017).



## Additional Resources

The key concepts highlighted in this toolkit were to establish a baseline of knowledge and should not be considered exhaustive of the available literature regarding ACE's and Building Community Resilience. The following resources are recommended to further your understanding of the key concepts presented in this toolkit series.

### **ACEs Connection: AcesConnection.com**

ACEs Connection is a social network and safe space where members can share information, explore resources, and access tools that help the global movement toward recognizing the impact of adverse childhood experiences in shaping adult behavior and health. It connects members in working together to reform communities and institutions to create trauma-informed and resilient families, systems and communities.

### **ACEs Too High: AcesTooHigh.com**

ACEs Too High is a news site reporting research on adverse childhood experiences, including developments in epidemiology, neurobiology, and the biomedical and epigenetic consequences of stress. This includes reports on the research-based practices implemented in the field including how people, organizations, agencies and communities are utilizing best practice.

Center for Health Care Strategies. (2017). What is trauma-informed care? [webinar presentation]. Retrieved from: <https://www.chcs.org/resource/key-ingredients-trauma-informed-care/>





**“What is Trauma-Informed Care?”** is a fact sheet describing the key ingredients necessary for establishing a trauma-informed approach at the organizational and clinical level. Each key ingredient is further illustrated throughout the factsheet using tangible examples from six pilot sites participating in the national initiative Advancing Trauma-Informed Care.

Pinderhughes, H., Davis, R., & Williams, M. (2015). Adverse community experiences and resilience: A framework for addressing and preventing community trauma. Oakland, CA: Prevention Institute.

**Adverse community experiences and resilience:** A framework for addressing and preventing community trauma is a report providing a framework to understand the relationship between community trauma and violence. Based on interviews with practitioners in communities with high rates of violence, this report outlines specific strategies to address and prevent community trauma and foster resilience.

Porter, L., Martin, K., & Anda, R. (2016). Self-healing communities: A transformational process for improving intergenerational health. Princeton, NJ: The Robert Wood Johnson Foundation

**Self-healing communities:** A transformational process for improving intergenerational health is a report on the effects of the Self-Healing Communities Model (SHCM). SHCM builds the capacity of communities to intentionally generate new cultural norms and thereby improve health, safety and productivity for current and future generations. The model has demonstrated success in improving the rates of interrelated and intergenerational health and social problems by investing the people most at risk while reducing and preventing Adverse Childhood Experiences (ACEs).

Substance Abuse and Mental Health Services Administration.  
(2014). SAMHSA's concept of trauma and guidance for a  
trauma-informed approach. Substance Abuse and Mental  
Health Services Administration, Rockville, MD.

**SAMHSA's** concept of trauma and guidance for a trauma-informed approach is a manual which introduces the concept of trauma and offers a framework for becoming a trauma-informed organization, system or service sector. The manual provides key principles and implementation domains for ensuring the use of the trauma-informed approach.

Weinstein, E., Wolin, J., & Rose, S. (2014). Trauma-informed community building: A model for strengthening communities in trauma affected neighborhoods.  
Retrieved from: <http://BridgeHousing.com/PDFs/TICB.Paper5.14.pdf>

**Trauma-Informed Community Building:** A model for strengthening communities in trauma affected neighborhoods is a white paper presenting on the impact of trauma on community readiness for change and the use of the Trauma-Informed Community Building (TICB) model. The TICB model addresses the challenges trauma poses to traditional community building strategies and offers strategies to de-escalate chaos and stress to build cohesion and foster community resiliency over time.



## References

- Agbodzakey, J. (2012).** Collaborative Governance of HIV Health Services Planning Councils in Broward and Palm Beach Counties of Florida. *Public Organization Review* 12: 107–126
- Bittner, E. & Leimeister, J. (2013).** Why shared understanding matters - engineering a collaboration process for shared understanding to improve collaboration effectiveness in heterogeneous teams. *System Sciences (HICSS) 2013 46th Hawaii International Conference*, 1018-1027. Retrieved from <http://ieeexplore.ieee.org/stamp/stamp.jsp?tp=&arnumber=6479847>
- Ellis, W.R. & Dietz, W.H. (2017).** A new framework for addressing adverse childhood and community experiences: The building community resilience model. *Academic Pediatrics*, 17(7s), S86-S93.
- Felitti, V.J. et al. (1998).** Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 354-364.
- Garner, A., Forkey, H., & Szilagyi, M. (2015).** Translating developmental science to address childhood adversity. *Academy Pediatrics*, 15, 493-502.
- Gibson, C. A., & Tarrant, M. (2010).** A “conceptual models” approach to organisational resilience. *Australian Journal of Emergency Management*, 25(2), 6–12.
- Hodas, G. (2006).** Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care. *National Association of State Mental Health Program Directors*.
- Kansagra, S. & Kimple, K. (2018).** Responding to adverse childhood experiences: It takes a village. *North Carolina Medical Journal*, 79(2), 95-98. Retrieved from <http://www.ncmedicaljournal.com/content/79/2/95.full.pdf+html>
- Kotter, J. P. (1996).** *Leading change*. Boston, Mass: Harvard Business School Press.
- Lerch, D. (2015).** Six foundations for building community resilience. *Post Carbon Institute*, Santa Rosa, CA.
- McCroskey, J. & Meezan, W. (1998).** Family-centered services: Approaches and effectiveness. *The Future of Children*, 8(1), 54-71. Retrieved from [https://www.princeton.edu/futureofchildren/publications/docs/08\\_01\\_03.pdf](https://www.princeton.edu/futureofchildren/publications/docs/08_01_03.pdf)
- National Center for Trauma-Informed Care. (2012).** SAMHSA's National Center for Trauma-Informed Care: Changing communities, changing lives. *Center for Mental Health Services, National Center for Trauma-Informed Care*. Alexandria, VA.
- Pinderhughes, H., Davis, R., & Williams, M. (2015).** Adverse community experiences and resilience: A framework for addressing and preventing community trauma. *Prevention Institute*, Oakland, CA.
- Rice, T., Burkhart-Kriesel, C., & Trautman, K. (2012).** Framing the issue. *University of Nebraska-Lincoln Extension, Institute of Agriculture and Natural Resources*. Lincoln, NE. Retrieved from <http://extension-publications.unl.edu/assets/pdf/g2114.pdf>
- Secretary's Advisory Committee [SAC] on Health Promotion and Disease Prevention Objectives for 2020. (2010).** *Healthy people 2020: An opportunity to address the societal determinants of health in the United States*. Retrieved from: <http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm>
- Substance Abuse and Mental Health Services Administration. (2014).** SAMHSA's concept of trauma and guidance for a trauma-informed approach. *Substance Abuse and Mental Health Services Administration*, Rockville, MD.
- Sumner M. Redstone Global Center for Prevention & Wellness & Milken Institute School of Public Health. (2018).** *Building community resilience: Coalition building and communications guide*. Washington, DC: Island Press.
- World Health Organization [WHO], Commission on Social Determinants of Health. (2017).** *Closing the gap in a generation: Health equity through action on the social determinants of health*. Retrieved from: [http://www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en)



# Strategies 2.0

Growing Knowledge and Networks for  
Professionals Working with Families

[strategiesca.org](http://strategiesca.org)

[info@strategiesCA.org](mailto:info@strategiesCA.org)

(844) 359-7684