COMMUNITY INITIATIVES LEARNING COMMUNITIES

2018-2019

HEALING COMMUNITIES:
Trauma-Informed Approaches To Community Development

NeighborWorks® AMERICA

HEALING COMMUNITIES:
Trauma-Informed Approaches To Community Development

BACKGROUND

Between 2018 and 2019, NeighborWorks America brought together six community development organizations to form a learning community on trauma-informed community development. The NeighborWorks Trauma and Healing Learning Community collaborated, shared and grew together over an eight-month period. Together, we built the capacity of our organizations to prevent and respond to trauma. And we also created a guidebook to support other community development organizations adopting trauma-informed practices.

The Learning Community explored ways to incorporate keystone elements of trauma-informed approaches across community development strategies, including community building and engagement, home-ownership, real estate (e.g. asset management, resident services and property management), economic development, as well as health and social services. We also addressed ways to develop self-care initiatives for staff.

Trauma can result from a variety of causes, including abuse and neglect, family conflict, poverty, life-threatening illness, repeated and/or painful medical interventions, accidents, violence, grief and loss, racism, discrimination and discriminatory policies. Applying a trauma-informed lens requires change at the individual, interpersonal, organizational and community levels. While trauma-informed care has been adopted in behavioral health settings for a decade, it is newer for most community development organizations. As a result, there are limited resources available to help incorporate a trauma-informed lens into the community development setting.

Our learning community was informed by multiple models, including the BRIDGE model from Oakland, California and the Sanctuary Model in Philadelphia, Pennsylvania. New Kensington Community Development Corporation (NKCDC) and Impact Services are in the process of developing a community toolkit for trauma and healing. In addition, NeighborWorks America's Healthy Homes & Communities Initiative completed a case study on NKCDC's work to build healing communities in Philadelphia.

The goal of our Learning Community was to develop a comprehensive approach to address trauma that can be integrated and infused across the entire organization to better serve and partner with community.

Our final product is a guidebook that synthesizes most of the outcomes above in support of developing and implementing of a trauma-informed approach from the perspective of a community development organization. The guidebook addresses what, why and how of trauma-informed community development.

This guide represents the early collective thoughts of our learning community. We welcome feedback as we continue our journeys towards being more trauma-responsive.

Participants

MOVING FORWARD

We consider our learning community and guidebook to be the beginning of our collective work to support more trauma-informed, healing-centered community development. Individual organizations are encouraged to deepen commitment to and adoption of a trauma-informed lens, through new policies and practices as well as through staff, Board and community engagement. This guidebook is a critical resource.

NeighborWorks America and other national organizations should continue and deepen their commitment to trauma-informed practices by:

- embedding trauma-informed practice across investments, training, convening and other capacity-building strategies;
- encouraging national and local organizations make the engagement of residents a priority during the creation of trauma-informed strategies.

We are excited about developing new learning communities, courses and convenings at NeighborWorks America that will provide opportunities to field-test this guide, support community-level practice changes—all while refining our guidebook to support national scaling. As we expand this work, learning community members can serve as thought partners.

WHY READ THIS GUIDE?

Trauma-informed practice has become an important tool for mission-oriented agencies and organizations, especially in the health, social service, and education fields. Increasingly, non-profit organizations are adopting strategies to prevent trauma and promote healing.

In our new guidebook, we explain:

· what trauma-informed practices are,

· why community development organizations are adopting these practices, and

· five ways to adopt healing-centered approaches in your organization, in partnership with residents and other community organizations.

INTRODUCTION

For decades, community development practitioners across the country have worked to revitalize low-income neighborhoods through comprehensive strategies that include affordable housing development, workforce development, youth engagement community building, housing counseling, economic development. While working in communities that have experienced high levels of poverty, structural racism, violence, and disinvestment, the goal of practitioners has been to advance our services through strengths-based approaches that put the community first, eliminate barriers to entry and sustainably strengthen communities.

Even as community development practitioners problem solve and innovate, the struggles and challenges we face are eerily similar:

- Low client retention rates
- No shows
- High staff turnover
- Staff and volunteer burnout
- Emotionally heated meetings and client interactions
- Low participation in community meetings and planning efforts
- Resistance to change in the community, even when for the common good
- Lack of trust in community development corporations and other organizations

Examining a growing body of evidence from the public and behavioral health fields, community development practitioners have come to link many of these challenges to the pervasive impacts of toxic stress and trauma experienced by the residents and communities we serve.

Several organizations have successfully started to implement trauma-informed, healing-centered approaches to community development. This guide will define trauma, explore ways to acknowledge trauma and promote healing and identify ways to incorporate healing practices in community development.

What do we mean by trauma-informed community development?

There are several types of trauma including:

- Acute trauma (most often a singular event)
- Repetitive or chronic trauma
- Complex trauma
- Vicarious trauma
- Trauma due to cultural, historical, racism, discrimination or other systems-level failures

Trauma can be caused by a variety of situations, including abuse and neglect, family conflict, poverty, life-threatening illness, repeated and/or painful medical interventions, accidents, witnessing acts of violence, grief and loss, societal inequities, failed policies, structural racism.

Trauma-informed community development is the organizational process of gaining an understanding of trauma, training community development staff on appropriate responses to trauma, educating the community about trauma and available resources and creating an environment to support and nurture healing.

Our Learning Community has drawn on many best practices and frameworks. The first is described by the Substance Abuse Mental Health Services Administration (SAMHSA) and the second is described by the Sanctuary Model.

> A basic tenant of trauma-informed community development is "do no harm".

SAMHSA defines trauma-informed programs, organizations, and systems as those which "realize the widespread impact of trauma and understand the potential paths for recovery; recognize the signs and symptoms of trauma in clients, families, staff and others involved with the system; and respond by fully integrating knowledge about trauma into policies, procedures, and practices and seek to actively resist re-traumatization".

SAMHSA identified Six Key Principles of a Trauma-Informed Approach: 1) safety, 2) trustworthiness, 3) peer support, 4) collaboration, 5) empowerment, and 6) cultural, historical and gender issues.

Sandra Bloom developed the **Sanctuary Model** during the 1980s and 1990s, based on perspectives of therapy and human rights as well as her work with adults who were traumatized as children. The Sanctuary Model is intended to function within and alongside programs designed to treat trauma, but it is not a treatment program itself; rather, it is an approach to organizational change and perspective. To achieve meaningful change, the Sanctuary Model proposes seven "commitments" to act as guiding principles that may support this change.

Six key principles of a trauma-informed approach

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, voice and Choice
6. Cultural, Historical, and Gender Issues

Figure 1: Six key principles of a trauma-informed approach, as identified by the Substance Abuse and Mental Health Services Administration

The seven commitments of the Sanctuary Model are:

1. **Non-violence:** build safety skills, trust, and inspire a commitment to wider socio-political change;

2. **Emotional intelligence:** teach emotional management skills and expand awareness of problematic cognitive-behavioral patterns and how to change them;

3. **Social learning:** build cognitive skills, improve learning and decisions, and create/sustain a learning organization;

4. **Open communication:** overcome barriers to healthy communication, discuss the undiscussables, increase transparency, develop conflict management skills, and reinforce healthy boundaries;

5. **Democracy:** develop civic skills of self-control and self-discipline, learn to exercise healthy authority and leadership, develop participatory skills, overcome helplessness, and honor the voices of self and others;

6. **Social responsibility:** harness the energy of revenge by rebuilding social connection skills, establishing healthy attachment relationships, and transforming vengeance into social justice; and

7. **Growth and change:** work through loss in the recognition that all change involves loss, and to envision, skillfully plan, and prepare for and be guided by a different and better future.

What does a trauma-informed approach look like?

Building healing-centered communities requires building safety, support and resident engagement across four levels: 1) individual, 2) interpersonal, 3) community, and 4) systems. Individuals need a trusting relationship with another individual to have the confidence to step outside their comfort zone to begin to join with community.

Below are some strategies and examples that organizations can use to approach change, using a trauma-informed lens. These strategies were informed by BRIDGE Housing Corporation's report on trauma-informed community building.

Individual Level

- Provide opportunities for physical activity, art, fun, joy and laughter
- Provide opportunities for mindfulness, healing circles and other self-care activities
- Provide opportunities for consistent, frequent interactions and trust-building to develop authentic relationships
- Meet residents, customers, and clients where they are. Make sure there is a low barrier to entry
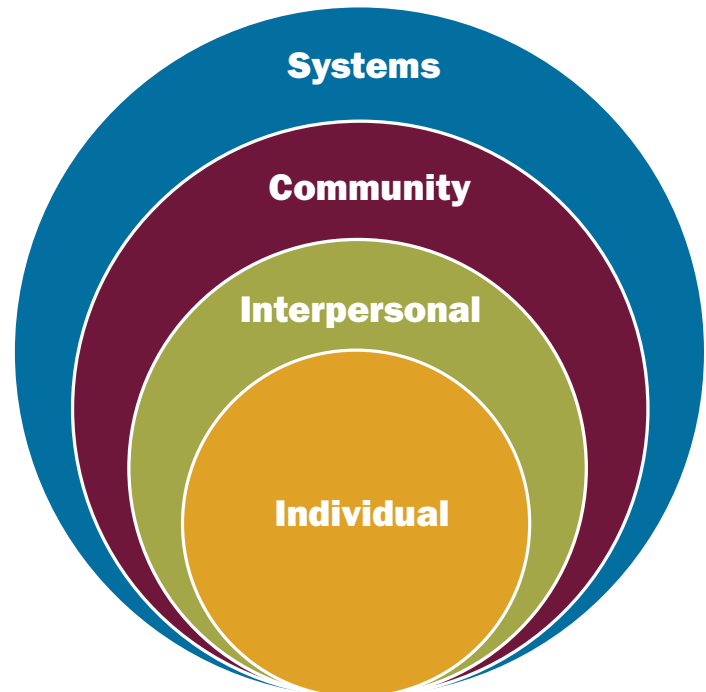- Set realistic expectations and never over-promise

Figure 2, Social-Ecological Model
Source: Emily Weinstein, Jessica Wolin, and Sharon Rose, Trauma Informed Community Building: A Model for Strengthening Community in Trauma Affected Neighborhoods (San Francisco: BRIDGE Housing, Health Equity Institute: 2014)

Interpersonal Level

- Build mutual accountability and reliance on each other
- Cultivate opportunities for shared experiences
- Honor lived experiences and acknowledge individual and collective trauma
- Support mentorship and multi-generational connection
- Create safe spaces for interactions and sharing
- On page XX, we provide strategies for building 'safety'

Community Level

- Communicate often, in a consistent and inclusive way
- Cultivate formal and informal leadership opportunities for residents
- Engage community members in creating and designing programs, policies and other investments
- Provide visible activities that reflect community change
- Celebrate early wins and show appreciation

Systems Level

- Acknowledge historical and current failures by the community development sector that caused harm to communities (e.g. urban renewal projects that demolished existing neighborhoods and disrupted community life)

- Improve community development systems to better reflect community priorities and prevent underlying causes of trauma (e.g. racism, discriminatory housing policies, lack of economic opportunity). For example, community development organizations can help welcome returning citizens by not using criminal background checks as residence requirements in rental communities, where appropriate.

- Only enter communities if our organizations have a long-term commitment to those communities. Communities that have traditionally experienced disinvestment have seen many nonprofits come into their communities to 'save' them and then leave after a year or two.

- Use our influence and relationships as community development organizations to elevate resident concerns with more powerful institutions, addressing structural racism and other underlying root causes of trauma. These efforts may tackle both small and large challenges. A small scale example would be community development organizations helping community members request speed bumps or traffic calming devices on unsafe streets near rental communities they own or manage. Larger scale, community development organizations can join residents to provide input into land use decisions, help form community land trusts, or host non-partisan candidate forums.

At the community level, organizations can develop processes that provide residents with opportunities to co-design strategies and investments in partnership with your organization.

In Philadelphia, New Kensington Community Development Corporation (NKCDC) and Impact Services co-designed their trauma-informed community development curriculum with residents, over the course of two years. Now, resident leaders are employed as community health workers and are sharing their knowledge of trauma and its impacts with neighbors. You can read more about this work in a NeighborWorks' case study, available here.

Why trauma-informed community development matters

1. **It allows us to more authentically build community.**

2. **It places people at the forefront of our work.**

3. **It provides a shared language within organizations and across sectors.**

4. **It's informed by research.**

Applying a trauma-informed lens to our work as community development practitioners allows us to more authentically build community—by acknowledging historical and current traumas, supporting resident engagement, and placing people at the forefront of our work. Increasingly, there is evidence that trauma and toxic stress are linked to long-term health outcomes and that trauma-informed approaches can benefit individual and community health and well-being.

1. It allows us to more authentically build community.

Multiple community development organizations—including members of our learning community—have begun to implement a trauma-informed, healing-centered approach to community development. Across diverse business models, different geographies and diverse communities, these organizations and their community partners have found that acknowledging trauma and honoring lived experiences leads to more authentic relationships and deeper trust between and among residents and community-based organizations. In turn, the community development organizations have strengthened their approach and commitment to inclusive engagement—resulting in greater resident influence over real estate development decisions. Ultimately, this lens is supporting more authentic, inclusive and impactful community development.

2. It places people at the forefront of our work.

A trauma-informed approach places people at the forefront of our work. Considering the impact of trauma on physical and emotional health helps staff empathize with and understand behaviors—leading to more effective communication and relationship-building. As we shift our mindset from *"What's wrong with you?"* to *"What happened to you?"*, we display greater compassion towards clients, customers and residents.

Ultimately, a trauma-informed approach requires community development organizations to examine how each decision affects not just buildings, but the people who live in those buildings and neighborhoods. For example, a trauma-informed response requires property management to think not only about how to repair the broken elevator, but how planning and communication around that broken elevator impacts residents. The principle of "don't overpromise" means property management needs to carefully calibrate expectations around repair timelines.

3. It provides a shared language within organizations and across sectors

A trauma-informed lens provides a shared language both within the community development field and across other sectors (e.g. behavioral health, housing, education, healthcare, financial, justice systems, etc.) As fields outside of community development adopt trauma-informed practices, this framework and language may help community development practitioners collaborate with cross-sector partners in health, education and social service fields.

Within the community development field, a trauma-informed strategy requires alignment across all business lines and programs—from home-ownership to real estate, and from property management to resident services. Without an organization-wide trauma-informed approach, there is the potential for greater resident conflict, eviction, hospitalization and/or incarceration. Similarly, the toll on staff may include vicarious trauma, stress, burn out and fatigue.

4. It's supported by an expanding body of research.

Across the United States of America, 51 percent of women and 61 percent of men report exposure to at least one traumatic experience. An expanding body of research shows that cumulative trauma raises long-term physical and behavioral health risks.

As this connection becomes increasingly clear, trauma-informed approaches are a crucial aspect of high-quality mission-oriented organizations. As documented by the Center for Health Care Strategies, trauma-informed approaches can increase staff, resident and community engagement, improve outcomes, and lower costs for both the health care and social service systems.

How does trauma and healing work relate to racial equity, diversity and inclusion?

Our learning community explored the relationship between trauma-informed practices and work to promote racial equity, diversity and inclusion. We are still wrestling with this question, but we are sharing some early thoughts with humility and a desire to continue to engage on this question.

Our early thoughts on the relationship between trauma-informed practices and the promotion of racial equity, diversity and inclusion:

· A trauma-informed lens acknowledges structural inequities, promotes inclusion, and encourages organizations to tackle the underlying causes of trauma, such as racism and discrimination.

· Trauma-informed practices may support healing from traumas caused directly or indirectly by racism and other discrimination.

· It is important, however, that organizations recognize that a trauma-informed lens is not a substitute for an intentional focus on racial equity, diversity and inclusion.

We are still early in our exploration of this question, and welcome ideas, reflections and insights.

How can we incorporate a trauma and healing approach?

1. How can we build safety?

As community development professionals, we often think of safety from one perspective—physical safety. A trauma-informed approach challenges us to explore safety in our workplaces and in the communities we serve from a broader perspective. The Sanctuary Model articulates four dimensions of safety: 1) physical, 2) psychological, 3) social, and 4) moral and spiritual safety.

Four dimensions of safety

- Physically safe from harm

Physical

Psychological

- Ability to keep oneself safe in the world (includes self-discipline, self-awareness; to have one's identity and rights respected)

Social

Spiritual and Moral

- Ability to be safe with other people in relationships and in social settings

- Ability to maintain a set of standards, beliefs, and guiding principles that are consistent, guide behavior, and are grounded in a respect for life

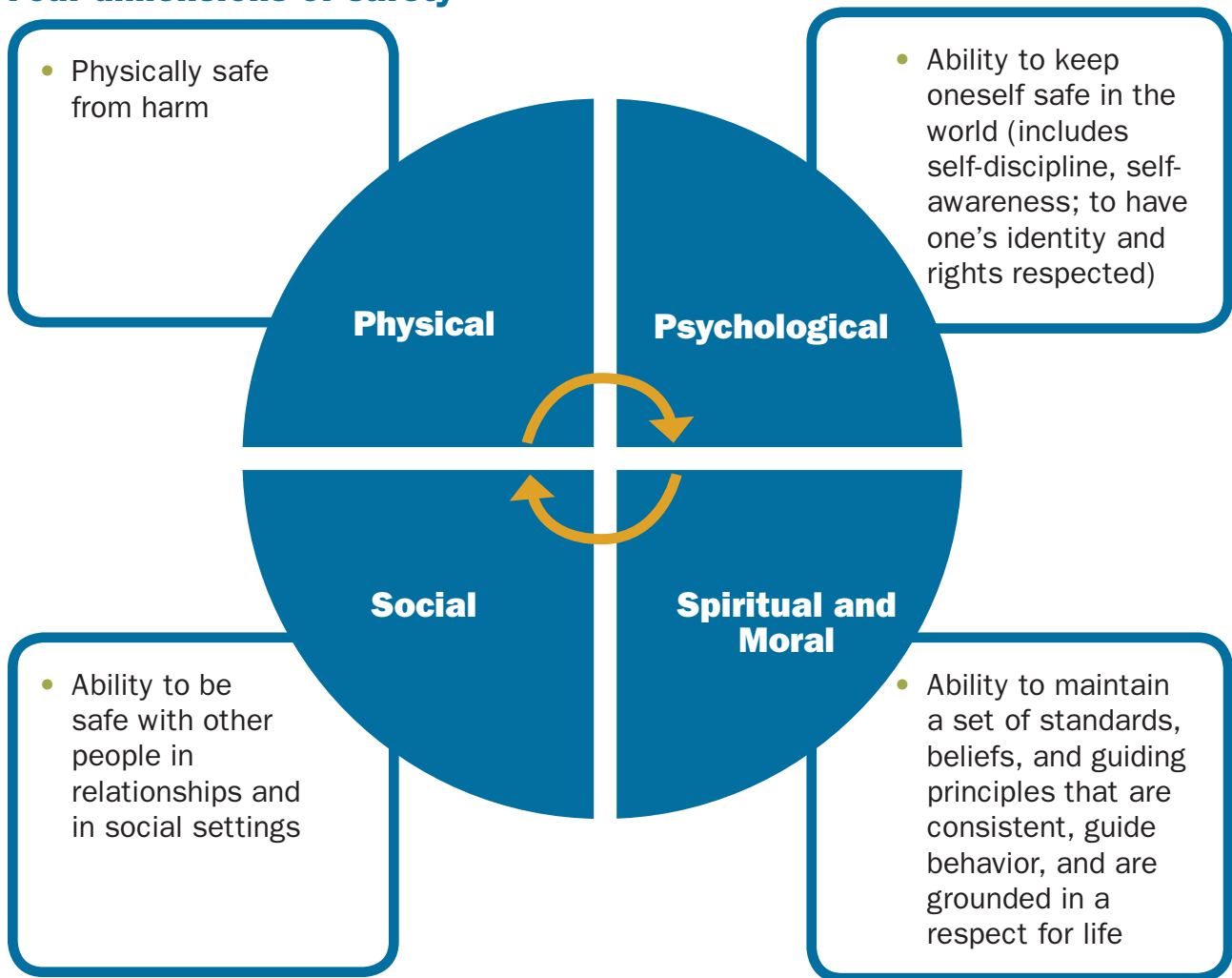*Figure 3: Four dimensions of safety, as articulated by the Sanctuary Institute.*

To create a culture of safety in your workplace, you can have conversations with staff and community on what safety in these four domains means to staff and residents, clients and customers. From these conversations, you can make recommendations for changes in your staff resources, policies and practices that help create a culture of safety.

Tools to create a culture of safety:

1. Safety Plans

Safety Plans are a powerful tool for staff, residents and clients. Once created, participants can keep safety plans to promote a safe environment where people can take the time to take care of themselves.

Steps for creating a safety plan:

- Think of a time where you felt at an emotional 10. Take some time to think of what you could have done in the moment to bring yourself down to about a 6 or 7.
- On a notecard or something that you can carry with you, write down 3-5 simple things you can do in the moment to keep yourself and others safe.
- At least 2 of these things should include activities that don't require you to leave wherever you are when you deploy the safety plan in the future.

2. Check-ins and Check-outs at Community and Staff Meetings

Check-Ins and Check-Outs are a great way to build supportive community and establish safety in the workplace during team meetings or sessions with clients.

To start group meetings or sessions with a Check-In, you can ask the following questions:

- How are you feeling?
- What is your goal for today or this session?
- Who can you ask for support?

To end a group meeting or session with clients, ask the following questions:

- How are you feeling?
- What's one appreciation you have for the group or our session?

2. How can my organization promote healing internally and in the community through organizational policies?

By establishing policies with a trauma-informed lens, organizations can reduce the emotional and physical trauma experienced by clients and staff and help to develop healing-centered, healthy communities. **As in all policy development, resident engagement is critical.**

Policies can be implemented over time as the organization develops its trauma-informed culture and provides training to staff and community members. Ultimately, becoming trauma-informed is a process and not a destination.

Some domains to consider for policy implementation:

- **Leadership Commitment:** Leadership commitment is critical to trauma-informed services and approaches—it can be reflected in a value statement, policy statement and/or the organization's mission statement. As an example, leadership at Volunteers of America set forth the following policy statement: **"Over the next five years, Volunteers of America intends to build a cross-affiliate system that ensures children, youth, and families served by Volunteers of America receive the necessary supports to successfully cope with trauma".**

In addition to leadership commitment, front line staff, residents, and partners can establish a "change team" team whose work is devoted to helping the organization become trauma-informed.

An excellent resource for implementing a "change team" can be found here.

♦ **Training:** All staff can be trained to promote healing-centered communities. From a policy perspective, organizations can adopt policies to require training of staff in trauma and healing practices at a standard interval. Training can be provided as an in-kind service donation from local community partners. **Neighborhood Housing Services of Cleveland**, for instance, formed a partnership with a local non-profit that will provide staff training on trauma theory and ways to promote healing-centered communities. In addition to staff training, community training is also recommended. Community training can be co-designed and/or co-led by community residents. In Philadelphia, for example, **New Kensington Community Development Corporation** and **Impact Services** worked with residents to co-create a trauma-informed training curriculum.

♦ **Hiring and Human Resource Practices:** To promote healing, human resources staff can acknowledge the existence of secondary trauma on staff members and incorporate policies that alleviate its burden. Job descriptions can reference trauma-informed practices. While trauma work can be very rewarding, it can also be very painful and stressful. Finding self-care practice for healing from or managing these stressors is essential to staff wellbeing—among colleagues, as well as those our work supports in the community. At **HDC Mid Atlantic** in Pennsylvania, the management team has established a self-care team to support staff and promote healing. The team supports and encourages efforts to reduce stress, including beginning meetings with a "check-in". Other stress reduction activities might include breathing exercises, short focused intervals of relaxation and centering, taking time for a walk, stretching or yoga.

An excellent resource to build hiring and human resources practices is the "Policy Guidance for Trauma Informed Human Resources Practices", available here.

♦ **Service Delivery and Procurement:** Organizational policies and procurement can be reviewed and revised to reflect the new trauma-informed approach. For example, some organizations—including **New Kensington Community Development Corporation**—are in the process of developing a trauma- informed lens to use in developing and reviewing policies. Other organizations are examining policies and contracts to require outside property management providers to be trauma-informed. In Philadelphia, **Impact Services** is creating a list of principles that contractors and service providers are expected to support in their work with Impact Services and community members.

♦ **Design and Management of Buildings and Open Space:** Physical space, including buildings and outdoor spaces, similarly can be designed and maintained in ways that promote safety, healing and health. This certainly includes environmentally-friendly, healthy design and construction standards, e.g. LEED or Earthcraft. It also includes designing spaces so they support privacy of clients and staff. Many participants in our learning community expressed challenges around privacy. While new and redesigned facilities can provide a solution, many organizations are developing interim solutions. **Impact Services** is developing signs for staff to display indicating that their current work engagement requires privacy. In another example, **The Village Family Services in Los Angeles** installed glass doors in therapy rooms to provide transparency so children receiving therapy do not experience the trauma of being led into a private room. Blinds were installed on the glass doors and children are asked if it is okay to close the blinds for privacy or if they prefer the blinds open. Additionally, the organization wanted to ensure that LGBTQ youth felt safe, appreciated, and welcome. They placed "Safe Space" signs throughout their facility and printed the Pride Rainbow with "Safe Space" on all the employee badges.

Below are some suggested samples of policies:

♦ **Training:** All new staff is provided New Employee Orientation Training within [*time frame*] of employment with [*insert organization*]. This training is conducted by the Human Resources Department. Areas covered during the training include, but are not limited to EEO policy, Vision, Mission, Values, History of [*organization*], Agency Benefits, Employee Recognition, Introductory Period, Wellness, Employment Assistance Program, Safety, Secondary Traumatic Stress, Emergencies, De-escalation Procedures, general operating policies and procedures, information on understanding trauma in both children and adults. The ongoing training includes: trauma informed approaches, including identifying the types of trauma, symptoms of trauma, trauma triggers, appropriate interventions and secondary trauma. This training helps prepare employees to address the ways in which residents may experience cumulative trauma, resulting from daily stressors of concentrated poverty, as well as structural racism, discrimination and disenfranchisement. In addition to new employee training, staff will be provided with ongoing training that builds on the New Employee Orientation Training.

♦ **Culturally Relevant Services:** [*Organization*] understands that culturally relevant practice goes beyond a literal translation of [*Organization*] forms. It recognizes the importance of "a cultural translation" at all levels of service delivery. Cultural responsiveness requires that [*Organization*] be aware and respectful of the cultural norms held by the [*residents/customers/clients served/engaged*]. [*Organization*] recognizes the organizational and culturally based barriers that can hinder services delivery and has established a conceptual framework specifically targeted to working with its target population.

[*Organization*] trainings emphasize that culture includes a broader dimension that goes beyond "race and ethnicity." It recognizes that culture is inclusive of language, patterns of dress, foods, traditions, habits, worldview, vocation, career, common history, individual and community trauma, group affiliations, recreational/leisure activities, family roles and methods of child rearing. Staff and resource families have been trained to work with the LGBTQ community to deliver effective services surrounding sexual orientation, gender expression, gender identity, privilege, oppression, cultural humility, intersectionality and implicit bias.

♦ **Healing-centered practices and buildings:** [*Organization*] works collaboratively with community members to empower and enhance their well-being. All individuals need to be respected, informed, connected and hopeful regarding their own experience and healing while working to resist re-traumatization.

Our staff are educated on the effects of trauma and how to promote healing. We know there is an interrelationship with trauma and symptoms of trauma which includes substance use disorder, depression, eating disorders and anxiety. Staff are educated on the ways in which residents may experience cumulative trauma, resulting from daily stressors of concentrated poverty, as well as structural racism and disenfranchisement.

In addition to providing trauma-informed services and resident engagement, [*Organization*] also designs and maintains building and public spaces in ways that prevent trauma and promote healing and health.

SPOTLIGHT ON NHS OF GREATER CLEVELAND

NHS of Greater Cleveland provides social services to 5 different counties in and near Cleveland (Ohio). At NHS of Greater Cleveland, we offer financial management, homeownership counseling, home repair loans and reverse mortgage counseling. Over the years, we have recognized a growing need to respond to the underlying stressors and challenges facing our customers. As residents seek counseling to purchase a new home, repair their budget or build their credit score, our counselors are frequently confronted with the weight of individual and collective traumas shared by their clients.

The NeighborWorks Learning Community deepened our recognition of the cumulative traumas faced by clients and staff. As a result, we began working with Frontline Services and the Office of Youth Violence Prevention, Intervention and Opportunity. Located in the heart of Cleveland, Frontline Services has worked to end homeless, prevent suicide, and resolve behavioral health crises for over thirty years. They also provide training to organizations and agencies looking to share in this work.

We began to host small meetings with counseling staff to discuss commonalities and potential shared strategies. We later invited front line staff – including support staff – to share what they were experiencing and how were they responding. Through that process, we realized that not only were we not equipped to respond but that we also had different messaging across the organization. Each conversation re-enforced our decision to collaborate and learn from Frontline Services and the Office of Youth Violence Prevention.

In February of 2019, NHS of Greater Cleveland began a four week learning series around Trauma Informed Care, how we can help, and agency-wide messaging. Our goal is to create a policy that each staff member will understand and can put into practice when faced with an individual who may have experienced life changes that can hinder growth.

3. How do I get started?

Becoming trauma-informed is a process for individuals, organizations, communities and systems. As in the Missouri Model, organizations can start by becoming trauma aware, progress to trauma sensitivity, grow to be trauma responsive, and finally become trauma informed.

Learning community participants started this journey with a few common approaches, including 1) new training, 2) internal committees, 3) applying check-ins or other mindfulness approaches to their internal and community meetings, and 4) organizational self-assessments.

Stages of becoming trauma-informed:

1. Trauma-aware
2. Trauma-sensitive
3. Trauma-responsive
4. Trauma-informed

Below, we share some observations from learning community members about what these steps look like, as well, we provide two stories of early efforts from learning community members.

1. **Training:** Staff training is a common first step. Some organizations have been able to partner with local non-profit organizations to provide training for free or at reduced fees.

2. **Internal committees:** Some organizations created committees to support this work and infuse it across the organizations. **HDC MidAtlantic**, for example, developed a "self-care team," comprised of staff from across the organization, including resident services, asset management. The self-care team is in the process of designing strategies that will be incorporated across the organization to promote staff self-care, such as mentorship programs.

3. **Check-ins:** Using "check-ins" in internal meetings or community meetings was an important first step for many learning community participants. **Charlotte Mecklenburg Housing Partnership**, for example, incorporated "check-ins" at community meetings after learning about them from the Learning Community.

4. **Local partners:** Many organizations in our learning community started by identifying local allies and partners who ultimately contributed pro-bono services, technical expertise, and other resources.

5. **Organizational self-assessments:** We have included an organizational self-assessment form at the end of this guidebook, which is designed to help organizations at any developmental phase to advance their work promoting healing-centered practices. The self-assessment worksheet is designed to help organizations or communities assess their relevant strengths, gaps, and community partners. This assessment process also helps organizations and communities identify next steps and ultimately design an action plan to be more fully trauma-informed and healing-centered.

SPOTLIGHT ON CHARLOTTE-MECKLENBURG HOUSING PARTNERSHIP

The need for trauma-informed approaches and healing became apparent to **Charlotte-Mecklenburg Housing Partnership** after the city-wide upheaval in 2016 following the police-involved killing of Keith Lamont Scott. The community trauma that emerged in the aftermath of Mr. Scott's tragic death, along with Dr. Raj Chetty's Economic Mobility study that ranked Charlotte last among all U.S. metropolitan cities, caused CMHP to reflect on how we engage neighborhood leaders in our fragile communities. We started to take a closer look at our service delivery to ensure our staff and partners are respecting the life experiences of the residents living in our multi-family properties and potential homeowners in our homebuyer education classes.

Supported by our Executive Director, CMHP staff applied to participate in the NeighborWorks Learning Community on Trauma and Healing. Our deeper focus on trauma and healing has resulted in multiple changes at CMHP, while also setting the stage for larger shifts in the future.

After learning how to conduct "Check-Ins" through the Learning Community, we started this practice with the neighborhood leaders that reside in our communities. This simple exercise allows for shared power and responsibility of how the meeting is conducted, as well as our outcomes. Our targeted neighborhoods have been profoundly victimized by institutional racism, so we want to ensure a transparent and relational process toward neighborhood stabilization.

In addition, our Executive Director had the foresight to make the local Community Relations Committee's Fair Housing a re-established training for our partners that provide our property management. We are exploring the idea of coupling this training with a Trauma-Informed Approaches workshop. These are just two examples of how we've been able to implement Trauma-Informed Care into our organization.

4. How do we know that we're making progress? How can you think about measurement and evaluation?

To advance trauma-informed practice and measure impact, participating organizations adopted reflective practices to support self-assessment and implemented formal evaluative strategies.

Supporting and Assessing Progress

Assessment is a reflective process that gages progress over time. Our learning community has included a **planning worksheet** (Appendix A) as a tool for organizational assessment. The learning community filled out the document twice—when we started and when we concluded.

Organizations can begin the process by filling out the assessment. Then, at subsequent intervals (i.e., 3 months, 6 months, 12 months), the organization can reassess their progress toward creating a trauma-informed culture, organization and environment.

Organizations can also develop a survey for staff with questions framed around trauma-informed values and commitments. For example, **Impact Services** is working on a survey that includes questions that will help organizations determine how close they are the seven commitments of trauma-informed approaches (see page 5 for the seven commitments). The survey includes statements such as, "I don't always agree with my manager's decisions, but I know my input is carefully considered."

Measuring Impact

As organizations look to measure impact, one helpful resource is the framework and indicators developed by BRIDGE Housing Development in San Francisco. They have developed a suggested list of indicators of community strengths and how to identify them. Measurements are taken over a series of time, using stakeholder conversations.

Sample indicators include: community leadership and empowerment; network of responsive and high-quality services; self-efficacy and coping skills; personal support systems; social cohesion; vision for the future and hopefulness; stable and reliable environments; racially and socioeconomically integrated environment; trust of institutions; and personal and community pride.

Examples of identifying "self-efficacy and coping skills" are: 1) community members feel in control of their lives; 2) community members believe they have a voice in how to improve their community; and/or 3) community members feel positive about the future.

Sample questions to consider in identifying "self-efficacy and coping" include:

- What are your hopes and dreams? What goals do you have for yourself? Do you believe you have what you need in the community to achieve them? Why or why not?
- What are some of the hopes, dreams, and goals people in the community have for themselves? Do they believe they can achieve them? Why or why not?

Impact Services and New Kensington CDC in Philadelphia used a similar evaluation plan for their trauma-informed community engagement pilot program. Working with Dr. Natasha Fletcher of Rutgers University, the collaborative used a mixed-method approach in looking at the concepts of well-being, optimism, and collective efficacy. Baseline surveying and focus groups were held with over 150 community residents and community leaders. In addition to demographic data, the evaluation will use multiple indicators to better understand collective efficacy. Measures of collective efficacy include:

- Social cohesion
- Social control
- Neighborhood vigilance
- Social support/density of kinship
- Leadership
- Neighborhood activism
- Reciprocal exchange

The collaborative will perform post-evaluation after two years of the program pilot.

6. How can I learn more?

Here are some resources on trauma-informed approaches to community development:

1. *Trauma-informed Community Building: A Model for Strengthening Community in Trauma Affected Neighborhoods*. San Francisco: BRIDGE Housing, Health Equity Institute. Weinstein, E. Wolin, J. and Rose, S. (2014). Available online.

2. *Trauma Informed Community Development:* a TEDEx Pittsburgh Talk. Paul Abernathy. Available online.

3. T*rauma-informed Community Building and Engagement*. Metropolitan Housing and Communities Center, Urban Institute. Falkenburger, E., Arena, O. and Wolin J. (2018). Available online.

4. T*rauma-informed approaches*. What Works for Health. University of Wisconsin Population Health Institute. Available online.

5. *The efficacy of a trauma-informed methodology for Hopeworks 'N Camden, New Jersey*. Available online.

6. *Culture of Caring: Compendium of Self-Care Tools and Workforce Support Principles for Front-Line Staff in Service-Enriched Housing*. Stewards of Affordable Housing for the Future, April 2018. Available online.

7. *Creating a Trauma-Informed Organization*. Sera Kinoglu, Stephanie Nelson-Dusek, and Maggie Skrypek. Volunteers of America, January 2017. Available online.

APPENDIX A

Trauma & Healing Learning Community Planning Worksheet

STEPS	KEY QUESTIONS	RESOURCES & NEXT STEPS
STEP 1: ASSESS STRENGTHS		
Assess Your Current Culture	What are the top two or three core values that are held in esteem and carried out at your agency? (i.e. integrity, reliability, excellence, leadership, impact, diversity, transparency, collaboration, empowerment, connectivity, etc.) What steps has your organization taken to implement a healing-centered approach? What policies, procedures, and/or practices are currently in place?	
Identify Staff, Board, Volunteers, and Partners	Who are your champions for trauma-informed, healing-centered practices? Who can support future efforts?	
Take Stock of Organizational Strengths	What are your strengths and areas of focus in the community? What factors set your organization apart from other organizations in the community doing similar work?	

STEP 2: IDENTIFY GAPS		
Map Internal Issues	Are there missing core values or values that require greater intentionality?	
	Are there gaps in policies, procedures, and/or practices?	
	Are there gaps in training?	
	Where is your leadership in terms of understanding healing-centered practices? What about other staff?	
	Thinking about the principles of the BRIDGE Framework (do no harm, acceptance, community empowerment, reflective process) what else is needed to advance healing-centered practices internally?	
Map External Issues	Thinking about the principles of the Bridge Framework (do no harm, acceptance, community empowerment, reflective process) what is needed externally to advance healing-centered concept?	
	What is missing in efforts to prevent cohesive mental and physical healthcare, educational attainment, economic self-sufficiency, safety, and healthy child development, and equity in your community?	

STEP 3: UNCOVER OPPORTUNITIES		
Hone in on Partners and Opportunities	What relationships and/or partnerships do you have that might help facilitate healing-centered practices in your community?	
	Who within the community might be important to talk with and why?	
	What cues can you adopt within your physical work environment that would promote safety, transparency, and empowerment?	
	What efforts can you, your organization, and your community partners engage in to de-escalate chaos and stress, build social cohesion and foster community resiliency?	
	What funding opportunities are there on the horizon?	

STEP 4: FOSTER YOUR EFFORTS		
Move the Work Forward	What will success look like? Who is responsible for what? How will you sustain the work?	
Next Steps	What are your three highest priority next steps? 1. 2. 3.	
Reflections	What are three key reflections you want to share with the group? 1. 2. 3.	

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