

Healing Communities to Heal Schools

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Abstract

Since student trauma is often rooted in inequitable conditions, trauma-informed practices need to reach whole communities.

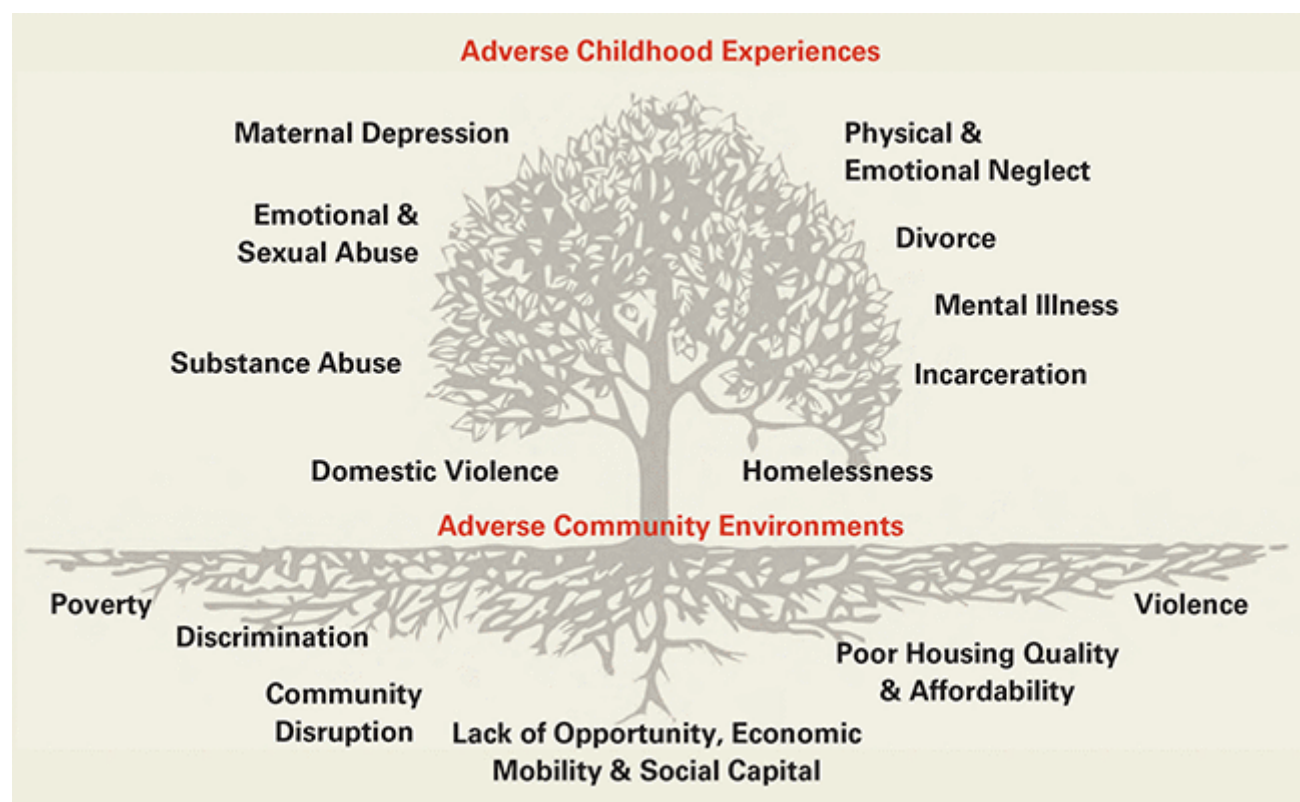
Ellis describes the Building Resilient Communities process, which in facing trauma, considers not only "adverse childhood experiences," but also adverse community environments—inequitable conditions within a community that feed trauma. In BRC networks, partners from various community sectors—schools, healthcare, criminal justice, etc.—collaborate to identify and work to improve unjust or traumatizing local conditions. Check out the examples of networks in action.

In today's classrooms, the effects of trauma and inequity may not be a part of the lesson plan, but they impact how well our students learn and adapt. The experience of poverty—while not recognized as one of the defined adverse childhood experiences (or "ACEs") that researchers have identified as causing lasting trauma—contributes to stress for children and families. Not knowing if you'll have enough food or other resources—or even a home—is of course an individual stressor, a painful, scary experience. And poverty is associated with more traditional ACEs, such as maternal depression, child abuse, or having a parent in prison (Larkin, Felitti, & Anda, 2014).

But it's not just adverse experiences at the individual level that we must consider when thinking about our students. Compounding stressors at the *community* level, including violence, racism and discrimination, and lack of economic mobility, report to class with our kids. In my research and work developing an approach that builds community strength, I term barriers to a good life that exist at the community level *adverse community environments* (another "ACE"). Within the Building Community Resilience process I developed as part of my doctoral research at the Milken Institute School of Public Health at the George Washington University Center for Community Resilience, we call this double aspect of trauma—adverse childhood experiences *and* adverse community environments—the "Pair of ACEs."

As an example of the compounding effect of trauma, consider the image in Figure 1: The branches and leaves on this tree represent the outcomes an educator might observe in a child's behavior. Around the upper part of the tree are listed the traditional ACEs from a student's home life, such as parental incarceration, which are often more noticed by concerned teachers than are inequities in the community, such as poverty or substandard housing. Yet in this figure, adverse community environments are shown as the roots of the tree. These root inequities often drive and exacerbate adverse conditions or traumatic events within families, and thus the behavioral issues that bloom in the classroom.

Figure 1. Pair of ACEs Tree

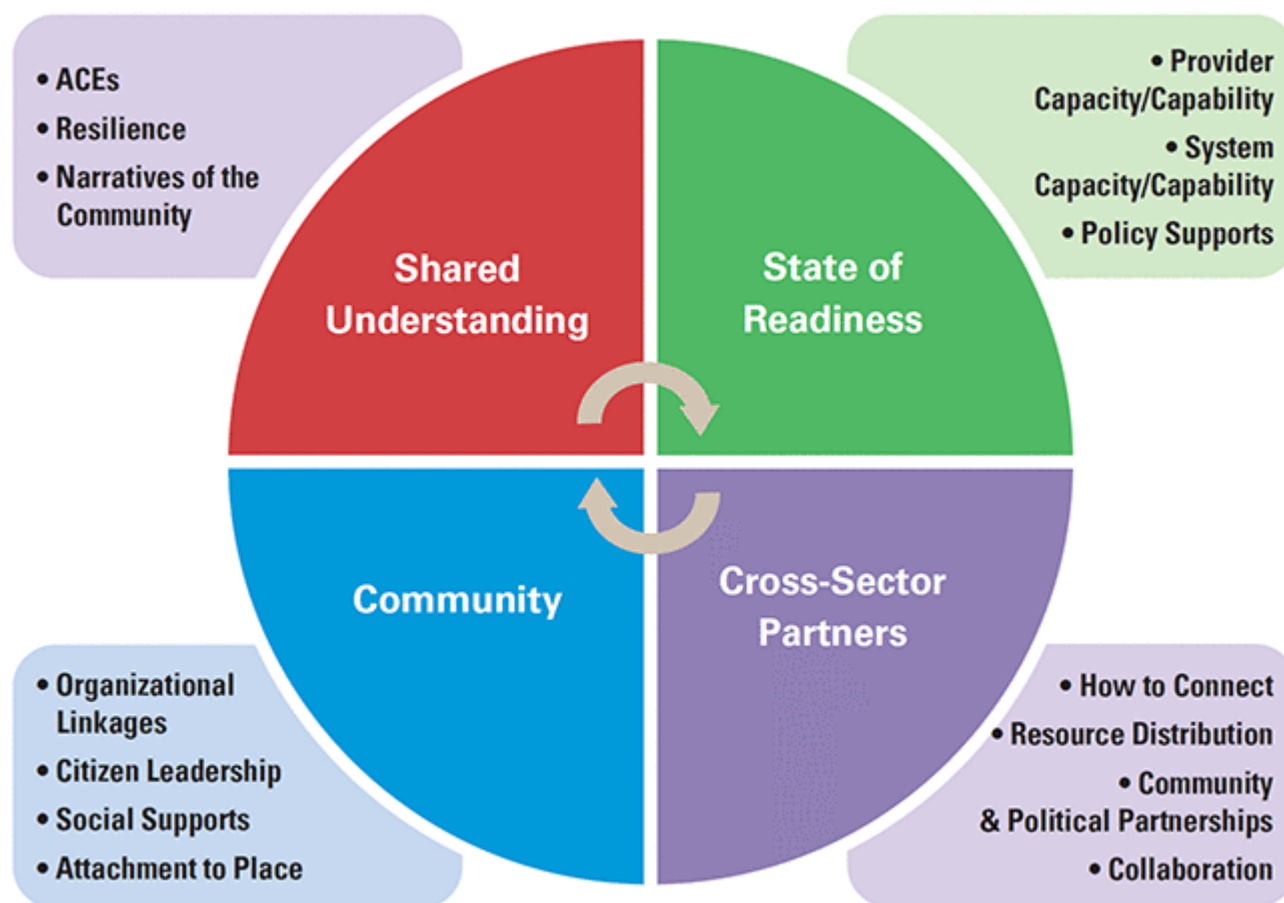


Source: Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*, 17 (7S), S86–S93.

Community Resilience and Educators' Role

Mitigating the Pair of ACEs is at the heart of the Building Community Resilience (BCR) process. In BCR networks, which have been established in 10 sites around the United States so far, the various institutional systems and services set up to help students facing adversities, including representatives from K–12 schools, *collaborate* across sectors that are too often separated. Together, with the support of the Center for Community Resilience, they use a defined process (see fig. 2) to identify and take action in areas related to adversity and inequity.

Figure 2. Building Community Resilience: Process of Assessment, Readiness, Implementation & Sustainability



Source: Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*, 17(7S), S86–S93.

Our focus on both "ACEs," and on equity and prevention, has influenced local initiatives, public health practices, and local, state, and federal policy. The team at CCR works with each Building Community Resilience network site to support the development of local policy initiatives, strategic coalition building efforts, and workplans. CCR's technical assistance also supports the work of these local coalitions in identifying areas needed to build community resilience (such as communications, data collection and analysis, and coalition building, to name a few).

Each local network is led by a coalition of organization and community leaders who share responsibility in driving the work across sectors and developing priorities and programs. CCR facilitates this work by providing strategic planning support, data collection, and analysis to help track coalition progress toward goals. CCR also provides monthly learning sessions for the national network to facilitate cross-site learning and foster collaboration across partners.

Local networks meet regularly to address local needs of the network and the community they serve.

BCR employs a systematic approach based on four central components (see fig. 2), which stakeholders apply continually.

- Creating a shared understanding of childhood and community adversity. CCR has developed resources to help coalition members develop a shared understanding of the adversities facing particular populations, like schools or neighborhoods.
- Assessing system readiness. Coalitions map community assets and identify potential partners, fostering dialogue to understand what resources and services can be leveraged, locally, to address the Pair of ACEs.
- Developing cross-sector partnerships.
- Engaging families and community residents in a collaborative response to prevent and mitigate the Pair of ACEs.

Educators and community groups in BCR networks collaborate to address root causes of trauma in disadvantaged areas. They recognize there are multiple stakeholders in a student's education and development, all of whom play a role in supporting students worn down by traumatic conditions—and in changing practices and policies to prevent both individual painful life events and trauma-generating conditions. The people in our networks think about adversity at both the individual and community level in order to dismantle systemic inequities—and strengthen the resilience of the whole community.

In this process, educators can play a key role as change agents who foster community resilience. Access to a high-quality education is a fundamental component to securing health and well-being in America. Lack of educational attainment, particularly the failure to graduate from high school, is linked to many negative health and social outcomes. In addition to having limited employment opportunities, a high school dropout is more likely than a person with at least a high school diploma to have negative life outcomes. With more than 50 percent of public school children in the United States living below the federal poverty level, our education system is also increasingly called upon to do more with less (Southern Education Foundation, 2015). Educators are often tasked with filling the gaps where systems such as child welfare have failed.

We recognize that they cannot address these multi-sector issues alone. But educators—from district administrators to classroom assistants—are uniquely positioned to provide insight and expertise to coalitions working to mitigate systemic adversity. The following examples demonstrate how educators within BCR networks are joining other stakeholders in their localities to support student and community resilience by addressing the systemic drivers of inequities in our communities.

A Look at BCR in Action

School as a Wellness Hub

One initiative of the Building Community Resilience network is 3toPhD in Portland, Oregon, a consortium of education, social services, health care, and community service organizations that includes Concordia University; Faubion School (a public preK–8 school located next door to Concordia); the health care providers Kaiser Permanente and Trillium Family

Services (Oregon's largest provider of mental and behavioral health care); and Portland Public Schools.

Eighty percent of students who attend the Faubion School live in public housing or trailer parks. Roughly 20 percent of the student population is homeless or housing insecure. The 3toPhD initiative aims to help students thrive by empowering them and their families with the tools they need to learn and grow, including access to healthy foods, health care, and clothing. It reimagines the school as a wellness hub for the community, co-locating much-needed resources within the school.

The 3toPhD framework is focused on the education system, but actively engages external partners, including parents. Incorporating the BCR approach, the 3toPhD partners have fostered a culture of equity, safety, and "radical inclusion" for everyone in the broader school community who is taking steps to improve student outcomes.

Concordia University's participation illustrates the critical role colleges and universities can play as "anchor institutions"—institutions rooted in their community that use their resources to improve well-being in surrounding neighborhoods. Concordia applies its financial, intellectual, and human resources—including students, faculty, and staff—to support Faubion and the broader neighborhood. The university's role led to the 2017 opening of the new "Faubion + Concordia" building on Faubion's campus, which includes a 3toPhD Kaiser Permanente Wellness Center; mental and behavioral health care providers; a food club that accepts cash and electronic benefits; an early childhood education center; tutoring; and other "wrap around" services for children and families.

These services are funded by a mix of public and private resources and dollars, and all are free to Faubion students and their families. Concordia students complete coursework and training credits in relevant fields by providing tutoring, counseling, and other social and emotional support. Partners at Trillium Family Services use trauma-informed practices to work with students, families, and sometimes staff in need.

As part of this partnership, Faubion has moved to a positive rather than punitive system of responding to behavioral issues. Faubion now has a culture of self-care and collective support for students, teachers, and families. Students' reading scores, parent engagement, and attendance rates have all improved.

Toward Safe Spaces for Kids in Cincinnati

Spearheaded by the Mayerson Center for Safe and Healthy Children at Cincinnati Children's Hospital Medical Center and including over 50 organizations, another effective BCR network is Joining Forces for Children (JFfC). Cincinnati has one of the highest child poverty rates in the nation. Poor families and communities in the greater Cincinnati region face challenges that increase the likelihood of trauma and tragic life outcomes. These children experience frequent neighborhood violence or have had an incarcerated parent at more than double the national average rate (National Survey for Children's Health, 2016). And the Ohio Valley is ground zero for the nation's opioid epidemic.

One focus of JFfC is helping a significant number of people who work with local children, including teachers, become trained in using trauma-informed approaches, to understand, recognize, and respond sensitively to youth with experiences of trauma. This work involves creating safe school and after-school environments, where all faculty and staff understand

and use trauma-informed approaches. Key programs that work with children are supported to change their practices in ways that show an understanding of how trauma operates in children—or in the community through demoralizing conditions.

In addition, JFfC partners at Northwest Local School District (a district 12 miles from downtown Cincinnati that serves 9,000 students) chose a framework of "restorative practices" to build stronger relationships with students and their families. Several years after introducing this approach, the school district's culture and climate survey showed improved scores for students feeling listened to and welcomed. The school district is also building out wrap-around services to support children and families through a local partnership to establish access to mental and behavioral health professionals who provide therapy and case management services.

Widening Our Lens

To truly support children facing trauma, we must broaden our lens to understand the roles that *community* trauma and inequity play. Besides nurturing students, educators can play a part in building resilient communities, in which children and families not only bounce back from adversity, but also thrive. Working with governmental agencies, community development groups, social service providers, and law enforcement systems, educators can gain support to address the root causes of childhood trauma. In BCR networks, educators are at the table with community coalitions, amplifying assets at the local level.

The COVID-19 crisis has given BCR's focus even greater urgency. Communities face increasing adversity, even as educators navigate the enormous task of continuing instruction in the midst of a global pandemic. It took less than two months for a virus undetectable to the naked eye to lay bare what now lies in plain sight—long-standing inequities between different communities. The pandemic has revealed the stark contrasts between different communities with regard to access to resources. Meanwhile, the increased focus on racial and economic justice in 2020 has sparked an examination of how systemic inequities such as neighborhood-based limits on access to health care, healthy food, and quality education create conditions that engender both personal and community trauma (Center for Community Resilience, 2020).

Caring educators can be involved in community resilience-building work, even without becoming part of a BCR network. Start by asking, How might you engage with your community to better understand and serve both your students and others in the area where your school operates? What opportunities are there for collaboration with groups serving families and your community? How might you and community service providers share information about the systemic drivers of inequity in your communities and how they manifest in student behavior such as depression, anxiety, and anger?

The Center for Community Resilience provides free tools and resources to help teachers and administrators engage in these critical conversations. Together we can—and must—build a more resilient nation, one community at a time.

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