Community Resilience: Rolling up our sleeves

December 8, 2021 | 9:00 - 10:30 am





Agenda

- Housekeeping
- Land acknowledgement
- Welcome & introductions
- What is the Alliance for Healthier Communities?
- What is community resilience?
- Discussion
- Next steps



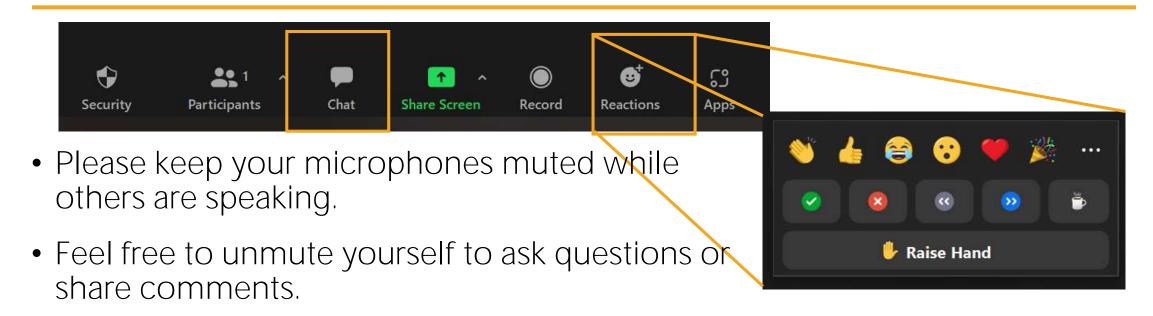
Panelists

- Sarah Haanstra, Manager, Toward Common Ground (Guelph)
- Kate Vsetula, Director of Community & Organizational Development, Guelph Community Health Centre
- Wendy Vuyk, Director, Community Health, Kingston Community Health Centre

Housekeeping







- If you prefer, you may use the chat function for questions or comments.
- Open the "reaction" button to access "raise hand" and other tools.
- We'll also be using Google Jamboard to facilitate the conversation today.



Acknowledgement of Indigenous Territory

The work of the Alliance and our members takes place on traditional territories of the Indigenous nations who have lived on these lands since time immemorial. The land settlers call Ontario is covered by 46 treaties, agreements, and land purchases, as well as unceded territories.

The Alliance is located in Toronto, on lands that are the traditional homes of the Anishinaabe, the Mississaugas of the Credit, the Huron Wendat and the Haudenosaunee. This is Dish with One Spoon treaty territory.

This land is now home to many Indigenous people who live here alongside settlers, newcomers, and people whose ancestors were enslaved across the Americas and the Caribbean. We are grateful to live and work here, and we acknowledge the impacts of our colonial history and those that our continued presence and activities here have on the Indigenous nations for whom this is home.

Doing this in a meaningful way means making commitments to sharing and upholding responsibilities to all who now live on these lands, the land itself, the water, the animals, and the resources that make our lives possible. It means considering the impacts of our words and actions on those who were and continue to be marginalized by colonialism. In our work, let us be mindful of these commitments.



Getting Acquainted

Your Facilitators:

- Sarah Haanstra, Manager, Toward Common Ground (Guelph) sarahhaanstra@gmail.com
- Kate Vsetula, Director of Community & Organizational Development, Guelph Community Health Centre kvsetula@guelphchc.ca
- Wendy Vuyk, Director, Community Health, Kingston Community Health Centre wendyv@kchc.ca

You: Change your screen name to reflect how you want to be called.

▶optional: include organization or community.



Getting Acquainted (cont.)

- Share in the chat (one or both):
 - An experience in your life (something that happened yesterday, last year or many years ago) that is an example of community resilience.
 - Something you have done to build community resilience, which you are proud of.
- Share aloud:
 - What would you like most like to learn from today's session?
 - What are you hoping to take with you?

Learning Objectives

- What is community resilience?
- Examples of successful initiatives supporting community resilience.
- Discussion questions:
 - What would it look like for the health system to contribute to community resilience?
 - What examples can you share of where a health provider or organization has gotten it right? Or wrong?
 - What is the one thing you would like your healthcare provider or team to know about community resilience?



What is community resilience?

- Dr. Michael Ungar's definition
 - Video: What is resilience? (2017)
 - Video: What resilience is and isn't (The roots of Empathy, 2017)
- Overview of resilience from the Harvard Centre for the Developing Child (focus is more on individual):
 - Resilience Overview
 - In Brief: Resilience (video series)

What is community resilience (cont.)?

- Concrete examples shared on <u>Day 2 of the Community</u> <u>Resilience Summit</u> – videos to come!
- More resources:
 - ACES & Resilience Training from ACES Coalition of Guelph & Wellington (one module focused on resilience)
 - Community Resilience International
 - Resilience Research Centre
 - _Handout: Resilience on the Job and Home (Dr. Michael Ungar)

Nurturing Neighbourhoods

Partnership to strengthen our community













Provide Support

Enhance protective factors and access to social determinants of health

Emotiona
Support
Someone to
talk to; a
person to
"vent" with;
people feel
heard

Directed Support

Work with people on specific issues: anxiety, depression, anger, grieving, safety planning

Parenting Support

Coping mechanisms & strategies; tips, ideas; develop skills; some to listen on tough parenting days; entry to parenting supports

Support Parents to Develop Skills*

Supporting education, effective job searching, volunteering; supporting parents to develop children's skills

Support for Healthy Child Development

Support access to specialized services, nutritious food & recreation program; identify and fill program gaps; emotional support for children; reinforce parents' positive messages











Build Relationships

Relationships are built and strengthened by: trust, safety, comfort; non-judgment; gentle encouragement; making people feel noticed; local outreach; holistic scope.



Connect Parents with

System navigation; info

transportation, form

POW endorsement

about programs and services,

completion, accompaniment,

Services



Connect Parents with other Parents

Encouragement to participate in and hosting community events, drop-in, Neighbourhood Group activities; deliberate introductions



Connect Parents with their community

POW facilitated volunteering; participation in Neighbourhood Group; community events, dinners; Parent-facilitated volunteering

Connect

Enhance protective factors and access to social determinants of health

Outcomes

- Priority families are accessing POW Program
- Families have increased social capital and positive informal supports
- Families experience increased mutual aid
- Families have improved awareness of and use of formal supports
- Children have access to early assessment and support
- Families have increased access to basic needs
- Families are empowered to meet their needs
- Formalized services are experienced as more accessible, responsive and effective
- Neighbourhoods are stronger, safer and more resilient

^{*} Early evidence/examples for this

What We Do:

- Work one on one with Parents and caregivers who have children 0-18 years of age
- Provide early help and intervention for families
- Build relationships & trust with families
- Connect families to formal supports, to each other and to their community
- Help families to "build their village"!



Neighbourhood Groups

- Each NG works autonomously and at a grass-roots level
- Staffing and Leadership teams
- Services and programs that meet the needs of the community



The Benefits of Being Placed in the Neighbourhood Groups

- LOCATION
- Being visible and accessible
- Ability to foster friendships and mutual aid
- Help to eliminate barriers to accessing formal services
- Community Involvement & Giving back

What's Working Well

Increased Community Safety

Since they started working with their Outreach Workers...



of participants said they felt more responsibility to create a safe and welcoming neighbourhood.



said their neighbours were more willing to help each other out.



of participants reported feeling safer in their neighbourhood.



said that the neighbourhood had become a better place for their families.

What's Working Well

Greater Awareness of and Access to Formal Services and Supports

Many participants shared stories of receiving support from Outreach Workers to access and navigate formal services. The most commonly mentioned were: Family and Children's Services, Ontario Works, healthcare systems, mental health supports and counselling, legal proceedings and the education system.

Information and Referrals



Last year, Outreach Workers connected 239 families with 2700 services and supports in Guelph.

(Oct 2015 - Sep 2016)

93% of participants said they can get advice from their Outreach Worker about where to go if they need help.

Since they started working with their Outreach Worker, 92% of participants have used services or supports that they did not know about or would not have used before.

Navigating Services

"[My Outreach Worker] has helped greatly through the process of having my high needs children assessed for supports at school, she has been an advocate for me and my family... and has been an unbelievable support and caring friend through the struggles we have had over [the] last year."

Since meeting with their Outreach Worker:



96% of participants felt better about their ability to access services and supports.

95% of participants are able to get services and supports when they need them.

What's Working Well

Improved Family Functioning

40 families in Guelph are no longer involved with Family and Children's Services since receiving support from Outreach Workers.



Another 22 estimated families avoided interventions from Family and Children's Services by working with Outreach Workers.

"She is an amazing person and if it wasn't for her I don't believe that my family would still be together as she has helped us work through rough times." Since meeting with an Outreach Worker:

88% of participants said that they know more about where to go or who to talk to if they need help with parenting.

85% reported having more skills for helping their children learn and grow.

81% spent more time connecting with or doing special activities with their children.

79% of participants have a better idea of what to do to help their children when they are upset.

Working Together to Support our Clients



Thank you

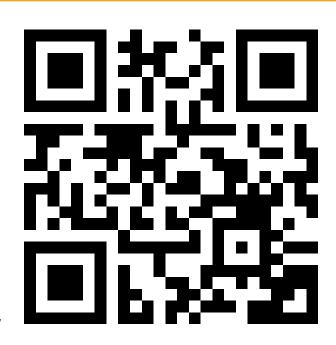


More Resources

- □ <u>Video about the Parent Outreach Worker Program.</u>
- □ More details about the program.
- □ ACEs Coalition Website

Using Jamboard

- We've populated our Jamboard with your learning objectives and goals for this session.
- Go to https://bit.ly/3y0lhy6 or use the QR code on the right to access the Jamboard.
- Use the arrows at the top of the page to move between pages.
- Use the tools on the left of the page to create sticky notes with your ideas. You can also use the pen tool to highlight or add checkmarks, stars, etc. to others' ideas.







Learning Objectives

What are your top two learning objectives for this session?

Ways to think about integrating staff, organizations, clients, and community with regards to community resilience work.

What others are doing that is working well to promote community resilience. How we are going to be managing an anti-oppressive framework that seeks to enhance health equity, particularly where the older adult population is concerned

Variety and layers of barriers that we face in creating better access in care For a further sessionco chair of the community developer network in Ottawa. We have limited project management tools, data and stats hard to capture to understand what people are looking for

Participating _ one or two timesperhaps less formal groups.

What would you like to come away with?

Ideas to bring back to my organization Ideas, inspiration, examples of positive community development, building and change ;)

Discussion What would it look like for our health system to contribute to community resilience? We need for ensuring people to have Culturally safe anti-oppressive Value placed a clear, easy care where framework in all our a culture work. on this type of and seamless everyone feels\ work/outcome continuity of safe, welcome. ensuring health of by OH and system is well and seen. care! listening networked with other funders other systems and businesses and organizations that Anti-racist/anti-oppres can create the sive HCPs who are network for families able to support clients People would not and provide feel judge or appropriate referrals stigmatized when accessing health There would be an care services understanding that resilience is often based on priviledge This needs to be on the All staff Ontario Health Start from the trauma We would look at Teams radar premise that wholistic health shifting informed. our system are access to the social perspectives, who determinants of benefits and who not equitable health, life loses- based on experiences, equity positionality and privledge

See it on Jamboard



Next steps

What might you do to advance resilience in What are you taking back with you? your communities? There need to be system change but at the same time The understanding Pursue navigation Common systems are slow we The 'Kingston trauma have to equip and language in model' of having individuals to informed negotiation the everyone trained navigate oppressive, and included in the community racist and unfair concepts re: community. systems. process resilience Compassionate Cities model - developed to support people at end of life or who are experiencing frailty or medical complexity but it's absolutely Need find language Ensuring staff and about training those and examples that One job One community leaders Training and bank tellers. resonate with resources on are trained on trip One hairdressers, etc. to people not working resiliency that are resiliency building recognize & respond. friend One in health care/social easily accessible (services provide day care, home honorariums, safe spaces) and not overly time consuming Hire more peers and folks with lived experience into all roles so that there is greater system change.

See it on Jamboard

