

Community Resilience Through a Functional Capabilities Lens: The CHAMPSS Framework

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EnRiCH

ENHANCING RESILIENCE AND CAPACITY FOR HEALTH
PROMOUVOIR LA RÉSILIENCE ET LES RESSOURCES POUR LA SANTÉ

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An Overview of EnRiCH

EnRiCH is a collaborative initiative focused on enhancing resilience amongst high-risk populations, using a function-based approach. The keystone project was designed with the intention of bridging the fields of health promotion and disaster management as an approach to enhance community resilience through upstream investment in activities to promote connectedness, inclusive engagement and awareness. The premise is that upstream investment promotes healthy, vibrant communities, which are better able to adapt when downstream response is needed during a disaster (Kickbusch & Sakellarides, 2006).

An advisory panel, consisting of 18 members from across Canada, was established in 2009. It included representatives from diverse sectors and types of organizations, including different levels of government, non-governmental organizations, community associations that support people with functional limitations, and academia. Over a period of 2 years, the advisory panel expanded to include over 40 members, increasing the diversity and opportunities for participation, and expanding the activities of this collaborative network.

Five geographically-defined communities in Canada participated as pilot sites for The EnRiCH Community Intervention (Gatineau, Quebec City, Truro, the Region of Waterloo, and Calgary) between 2010 and 2013. Partnerships with Canadian Red Cross, community associations, and municipal/regional emergency management departments were established and provided the foundation for the design, implementation and evaluation of the collaborative asset-mapping intervention in each community.

The components of the EnRiCH Community Intervention included 1) an asset/need assessment, 2) an orientation session to introduce the CHAMPSS framework and provide instruction of how to use the online collaborative tool, 3) an 8-10 week online collaborative asset-mapping task, and 4) a follow up table top exercise to test the asset database developed in each community. A detailed explanation of the intervention is provided on the project website as part of the EnRiCH Community Toolkit (O'Sullivan et al., 2013; www.enrichproject.ca).

The asset/need assessment was oriented toward identifying strengths, weaknesses, opportunities and threats that were influencing adaptive capacity in each community. These community consultations were facilitated using the Structured Interview Matrix (SIM) technique (O'Sullivan et al., 2013). Based on the feedback from the pilot communities, it was apparent that some of the difficult challenges in disaster management are to 1) identify who is most at-risk during a disaster, 2) know how to reach them and 3) anticipate in advance what their needs will be.

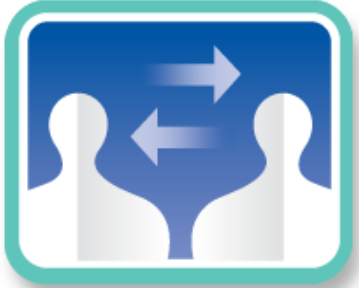
To address these challenges, the advisory panel recommended the next steps focus on mapping assets and needs within each community, and to enhance awareness of

who might need unique supports during a disaster. An important part of this process is to determine who is available to provide those supports, if needed, and to involve them in the asset-mapping process. Therefore the collaborative asset-mapping task focused on the creation of an asset database in each community. The CHAMPSS framework was developed as the structure for the asset-mapping intervention, which is outlined in the EnRiCH Community Intervention Manual (O'Sullivan et al., 2013). The framework provides categories for community groups to use to map the available assets, and to specify which functional capabilities the assets support. The remainder of this document focuses on providing a detailed explanation of each of these categories.

What is CHAMPSS?

The *CHAMPSS Functional Capabilities Framework* was developed as an extension of previous frameworks designed to promote a function-based approach in disaster management. Kailes and Enders (2007) presented C-MIST (communication, medical, independence, supervision, and transportation) as categories of functional needs that should be considered in efforts to promote disaster preparedness. While this seminal work was enthusiastically received in the field of disaster and emergency management in Canada, in practice, several of the categories proved to be difficult to use for asset-mapping during the early phases of EnRiCH.

The Center for Emergency Preparedness and Response and the British Columbia Coalition for Persons with Disabilities expanded on C-MIST by separating the medical category and including an additional category labeled 'psychosocial'. While this revision simplified some of the coding, we still encountered a dilemma with respect to some of the categories reflecting levels of functioning, rather than types of functional needs (eg. independence). Through consensus with advisory panel members, the revised framework became CAMPSS, and one of the EnRiCH pilot communities added the 'H' for housing, to make it CHAMPSS. The acronym stands for the following categories of functional capabilities: Communication, Awareness, Mobility/Transportation, Psychosocial, Self-Care & Daily Tasks, and Safety & Security. Each of these categories is described below, and examples of the types of assets that can be classified within each category are provided.



Communication as a functional capabilities category refers to a person's capacity to send and receive information, and interact socially with his/her environment through the use of verbal and/or non-verbal communication. This involves both comprehension and expression; speaking, writing, hearing, vision and understanding language. This factor includes literacy, English as a second language, and the use of information and communication technologies such as telephones, computers, and assistive devices or systems.

Communication can be dominant or supportive. It involves sending and receiving specific content in messages. Supports to address communication needs can be separated according to whether they provide direct assistance with sending or receiving a message.

Communication supports include programs to promote literacy, provision of accessible information (eg. multiple formats, appropriate level of language, easy to find), communication skills training, and assistive devices to enable communication or alert emergency services.

For example, speech therapy is available in most communities to assist individuals with developing or regaining speech, alternative modes of communication when speech is not possible, and social skills to promote positive communication exchanges.

Literacy programs are available for children, adults and families to develop skills for daily life activities. Early intervention programs identify young children who are at risk for delayed development and assist families by providing communication training for the child or alternative modes of communication to promote healthy development.

Accessible newsletters (eg. provided in Braille or as sound files, multiple languages, or in large font) or resource libraries provide direct communication supports for people with sensory limitations or families who require specific information about a condition.

Assistive technologies can replace speech to facilitate communication, and programs such as Lifeline provide a direct link to emergency services when urgent assistance is needed.

Examples of Community Assets for Communication:

- Literacy programs
- Technology literacy programs
- Speech therapy
- Communication and social skills development – for children, their parents, and anyone else in need of assistance
- Sign language and second language teaching capacity
- Interpreting and translating services
- Assistive devices for communication – teaching users how to use and customize their equipment
- Ethno-cultural services
- Alternative learning programs for children and adults
- Lifeline – to call for urgent assistance
- Early intervention programs – (including assistive communication technologies) for children with developmental disabilities
- Emergency medical communications (24hr) – emergency response, referral to emergency health care professionals and emergency services – to activate the chain of survival
- Amateur radio operators and radio hobby groups – have access to and knowledge about radio broadcasting and may already have pre-established social networks that can be leveraged in an emergency
- Professional development courses for emergency managers and community leaders about effective communication



Housing as a functional capabilities refers to the adequacy of a person's housing. This may include access to physical shelter, or the stability of housing, and whether it is safe, secure and universally accessible.

The types of housing supports that can be included in this category include having appropriate shelter which meets building codes and accessibility laws. In the context of a disaster, houses and apartment buildings may not be safe to return to. Therefore people who do not typically have transitory housing needs may find themselves in need of temporary shelter.

Examples of Community Assets for Housing:

- Retirement homes, nursing homes, respite facilities, convalescent care facilities
- Halfway houses for those integrating back into society after incarceration
- Housing cooperatives (e.g. collective bargaining groups for affordable housing)
- Low income, off-reserve housing funds for Aboriginal Canadians
- Domiciliary hostels – housing for adults who live in the community and who have certain functional limitations that make it difficult for them to live on their own
- Second stage housing – shelters for abused women, children, and adolescent runaways
- Transitional housing – new city residents searching for stable accommodations
- YMCA/YWCA
- Housing support programs to help people find suitable housing
- Emergency shelters for small- and large-scale disasters – schools, community centers, sports complexes, etc . . . Red Cross initiatives and agreements with local government to provide shelter during and after a disaster
- Habitat for Humanity – housing projects for those who cannot afford to pay for or maintain housing
- Home assistance programs that offer help with home maintenance and repair and emergency home repair
- Adoption agencies and foster homes – finding homes for children waiting to be adopted or taking care of said children
- Ronald McDonald House - place for families to stay while their child undergoes treatment out of town



Awareness as a functional capabilities category refers to an individual or a population's degree of consciousness about risk and the actions needed to cope with the impacts of an adverse event or emergency (Enarson et al., 2003). This includes knowledge to strengthen people's sense of control, autonomy, and capacities during adverse situations and in everyday functioning in their community, to promote resilience.

The awareness category is comprised of programs and services which improve functioning through education, and sharing of knowledge and experiences, with the objectives of dispelling myths, reducing negative stigma toward specific groups in the population, and influencing societal attitudes. For example, community support groups and faith-based groups can provide a sense of belonging, emotional support and self-confidence.

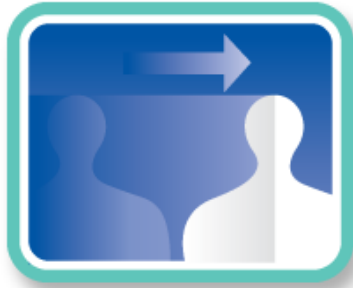
Supports in this category provide positive influences on societal perceptions and awareness, such as developing and maintaining relationships between the disability and emergency management sectors. They also include awareness training for the public, people with functional limitations and their families, and the emergency management sector. This category also focuses on knowledge of how to create safe home and work environments, and initiatives to promote healthy, independent living; therefore training programs focused on these topics are considered supports for developing awareness as a functional capacity.

For example, in Brandon Manitoba, there are concerted efforts to promote networking between the disability, social services and emergency management sectors, to promote awareness, relationships, and coordination when providing supports for people with functional limitations (eg. people with emotional illnesses, dementia, or people who have limited capacity to communicate). Specific disability awareness programs for emergency managers and for the general public can facilitate reduced stigmatization, and enhanced confidence among responders and volunteers with respect to how to interact with or assist people with functional limitations. These types of programs also promote inclusion in emergency planning, response and recovery initiatives. Identification of groups with limited functional capacities is not focused on specific disabilities, but instead relates to a specific type of functioning which may require supports. For example, awareness is needed to identify the unique support needs of lone parents with limited financial resources,

people with no access to transportation and limited social networks, people with post-traumatic stress syndrome, etc. to enhance resilience on a day-to-day basis, and during adverse events at the family or community level.

Examples of Community Assets for Awareness:

- Disability awareness training programs for emergency managers; other awareness programs focus specifically on the workplace to educate all employees and HR personnel
- Disabled Consumers Society to raise awareness and influence the community's commercial and service industries to provide goods and services that are useable by those with various functional limitations
- Awareness programs for employers to inform them of the benefits of hiring someone who has an intellectual limitation, and how to provide support through accommodations in the workplace
- Sensitivity training to enhance awareness about language, stereotypes of people with disabilities
- Community outreach to raise awareness about particular conditions or functional limitations; development of public awareness tools
- Seacom International's emergency preparedness consulting and training program – evaluates existing plans and creates new plans for employee and organizational readiness to respond to disasters
- Third Age program to encourage interaction between older and young generations
- Mental health week – campaign to raise public awareness about mental health
- Wrap around (family) – for single parents – to increase family communication and strengthen problem solving skills
- Community Information and Connectedness Program - to respond to specific requests for information and connect families with appropriate resources
- Saint John's Ambulance first aid courses
- Prenatal parenting and health classes



Mobility and Transportation as a functional capabilities category refers to actions involving moving the body from one place to another such as walking, wheeling, or moving between two chairs or within the home or community (Tornquist & Sonn, 1994). It also refers to the use of public and private transportation. During a disaster, individuals may be required to evacuate an area and issues may arise for individuals, such as seniors, who may experience a lack of mobility in their everyday lives.

This category of supports includes the programs that provide transportation for people who have mobility limitations or those who do not have access to transportation. They may not have access to transportation because they are too young, have lost their driver's license for legal reasons or due to a medical condition, or have limited financial resources. Examples of transportation programs include accessible buses or taxis for people with mobility limitations (e.g. Handi-bus), subsidized transportation for children so they may attend programs, and ride programs where volunteer drivers assist people by providing transportation to appointments. Patient transportation services are also included in this factor (e.g. heli-transport and mobile emergency care). Specialized parking permits for people with disabilities facilitate independent transportation, as well as guide/service dogs who can assist people with visual or auditory limitations to use walking as a mode of transportation.

Examples of Community Assets for Mobility/Transportation:

- Programs aimed at promoting mastery for moving around the home or place of residence independently or with minimal assistance
- Vehicle assessment and modification services
- Book a ride – program for seniors for transport around town
- Driving assessment for people with dementia
- Parking permits designated for people with disabilities
- Travel assistance programs for reduced fare on VIA rail
- Patient care and transportation (e.g. Heli-transport, mobile emergency care)
- Handi-Bus – transportation and wheelchair lending program
- Health Bus – mobile health and social services

- Guide / service dogs – facilitates independent walking for people who have visual or auditory limitations
- Bicycle customizing for those who cannot ride standard bicycles
- Programs to promote the availability of accessible transportation
- Boys and Girls Clubs – transport children to and from the activities offered by the clubs; subsidized after school care



Psychosocial as a functional capabilities category refers to people's ability to cope, their motivation for preparing for an emergency or taking steps to improve their social networks, and their judgement regarding preventive health behaviours and preparedness activities. This category also includes influences of gender and culture on resilience and aspects of functioning such as connectedness, social capital, and resiliency toward economic influences.

Psychosocial supports address aspects of functioning such as coping with emotional trauma, feeling connected in a community (ie. social capital), culture, economic influence on a population, and public perceptions (such as fear). Individual needs for support to maintain health and well-being may involve informal and formal networks such as family, friends, neighbours, community groups, and health and social service organizations (Martin, 2009). Alternatively it may include the need for psychotherapy, to cope with emotional responses to a disaster, or the ongoing challenges some individuals face with emotional illness. In addition, this category also addresses the intersection of social determinants of health, such as housing, gender, disability and supportive relationships; all which influence disaster preparedness, response and recovery, and everyday resilience.

Psychosocial programs include respite services and rehabilitation services such as supports for children who are not able to be independent due to their age or maturational development, and adults and families managing limitations related to addictions, mental health problems, dementia or intellectual limitations. These supports are also relevant for families coping with illness, and/or receiving palliative care, counselling, sobriety treatment, referral programs for health and social services, advocacy support for people with disabilities, crisis lines, and other mental health services. For example individuals struggling with addiction can benefit from counselling and peer support programs. Other programs empower homeless and impoverished individuals by providing opportunities and teaching skills to find appropriate work and housing.

Examples of Psychosocial Community Assets:

- Advocacy support for high risk populations – to identify gaps in services and assist with finding employment
- Immigrant support services
- Social programs for various groups who have certain functional limitations in common
- Counseling for specific situations (e.g. addictions, Parkinson's) and grief
- Music therapy for those with depression
- Crisis lines and mobile mental health crisis units
- Mentors to support people with mental health problems who are living independently in the community; children having difficulty in school – providing positive interactions and role modeling
- First Link Alzheimer's programs – for people with dementia and their families – links to education, resources, services, group support programs, telephone assistance/support – introduced early on in the dementia trajectory
- Life skills programs for stroke survivors – confidence building, social programs, anger management, assertive communication and self-advocacy, awareness of functional limitations and strategies to assist with coping
- Rehabilitation and integration program for people with hearing impairments – to assess and provide supports related to communication, cognition, emotional adjustment, social integration (skills training, coping strategies, grief counseling, social integration into group settings)
- Wheels to Meals in Fredericton takes people who are socially isolated out for a lunch gathering every Tuesday to provide social interaction
- Collective kitchen – people with schizophrenia pool their money to buy supplies for a meal, cook it together, and enjoy a social meal
- Support programs for aging parents who have adult children with intellectual disabilities – to help them plan for independence and support as they age
- Appearance support – hairdressing and makeup for those who cannot afford it in order to get stable employment
- Caregiver support groups and respite services
- Big Brother, Big Sister child mentors – provides children with social activity and a positive role model



Self-care as a functional capabilities category refers to activities of daily living (e.g. bathing, grooming, dressing, eating, toileting, taking medication). This category includes resources, assistive technologies, and services to manage one's health, such as the use of portable oxygen, maintaining proper diet and monitoring blood pressure. **Daily living tasks** refer to activities people engage in as part of their home and community life, such as shopping, finances, meal preparation, cleaning and home maintenance (Spector et al., 1987).

Some people require supports to engage in self-care activities because of physical, cognitive or emotional needs, or social restrictions. Sample support programs in this category include nursing respite services, 24 hour live-in care for people who are medically fragile, home visits by rehabilitation specialists and other types of mobile services to provide accessible support for community living. The Lifeline program is a 24 hour alert system activated when people press a button on a device worn on the body to indicate they need urgent assistance. Home equipment (eg. bath safety devices, lifts, electric beds) also promotes resilience and supports independent living.

Resilience during personal or community disasters is influenced by an individual's functional independence. In fact, many emergency preparedness programs, such as the 'Are You Ready' campaign in Ottawa, suggest that people should anticipate that they will be on their own, without assistance for 72 hours during a large scale community emergency. For people who have functional limitations, daily independence in self-care and daily living tasks is facilitated by available supports. Some daily assistance programs promote resilience by assisting with meal preparation (eg. meal delivery to people living in the community), personal care, or home maintenance. For many people, home modifications and service animals can facilitate autonomy. In an emergency, however, if they need to relocate or are separated from their service animal, they will need additional supports to maintain autonomy and perform self-care or daily living tasks.

Examples of Community Assets for Self-care and Daily Living Tasks:

- Nursing respite services; 24 hr live-in care; or palliative care
- Rehabilitation services – physiotherapy, occupational therapy, speech therapy, sports / music / recreational therapy
- Mobile health services
- Mobility aids / home medical equipment
- Diabetic foot care services; also for non-diabetic elderly population
- Lifeline – to notify assistance when there is an emergency
- Meals on wheels (general and cultural, also freezable meals)
- Lunch programs for seniors; Food and nutrition programs for people at-risk
- Residential care and support services – personal care services, home helper services; running errands, personal shopping, etc . . .
- Support programs for people with persistent mental illness – transition support when moving from acute episode to independent living; and supportive discharge planning from institutional settings
- Prenatal classes and workshops, courses, and organizations that promote healthy behaviors in expecting mothers and couples
- Community kitchen programs that teach cooking skills
- Medication reminders – personal reminders to take medication
- Assistance with financial management (eg. paying bills)
- Pet care assistance
- Guide / service dogs
- Residential assessment and design (eg. for mobility issues in the home)
- Emergency sheltering (eg. Salvation Army Mat program) for people under the influence of alcohol or drugs
- Le Bunker night shelter for youth age 12-21 years; La Roulette mobile unit cruises the streets to offer food and assistance to youth on the streets
- Feed A Need / Essential Needs – food, shelter, clothing, household items to assist those living in poverty; Food banks; delivery to schools; mobile food banks for those who aren't mobile to go to a food bank
- Transition planning services for people with functional limitations – students leaving high school – community work, career development, summer employment
- Safe Seniors – safety, home security, fall prevention, how to connect with community services
- Provincial Telehealth service – home healthcare advice, medication, dosing, and drug interaction information



Safety and Security as a functional capabilities category refers to personal protection from risks and hazards in daily living, as well as during disasters. In some instances this may refer to supervision to protect the individual (eg. children or dependent adults) and in other instances this can refer to monitoring individuals who are at risk for re-offending when they are transitioning and re-integrating into society following incarceration.

Some individuals may require support or supervision to maintain their health, safety, and to meet their medical needs in the event of an emergency (eg. supervision may be required for persons with memory, cognitive or emotional impairment); as well as individuals who may deteriorate or experience loss of function as a result of an adverse or stressful event (Kailes & Enders, 2007). Safety and security supports are needed for persons who may be a risk to themselves or others, and for those who have lost assistance from family, friends or health providers.

Additional aspects of *Safety and Security* in a disaster context are acquired knowledge and actions people engage in to plan for personal preparedness. This can include development of personal preparedness plans and knowledge of the community such as resources to evacuate during a disaster, shelter location and accessibility, economic resources, communication systems for emergency, and the role of school or day care settings in preparedness.

Support programs which address safety and security needs include general or emergency respite care, such as live-in nannies for seniors who require supervision to ensure their safety. Larger communities have day support programs for adults, and many communities have Boys and Girls Clubs which offer subsidized before and after school programs to promote resilience among families with limited financial resources. Early intervention programs for children with developmental disabilities support families in finding appropriately qualified respite support, when they are unable to leave their children with regular babysitters or day care.

The programs in this category also include public education programs about emergency preparedness, tools to assist organizations and families with planning for emergencies, and networking initiatives between the disability and emergency management sectors for inclusive planning. Community partnerships, conferences,

emergency alerting programs, interdisciplinary table top disaster drills, and hazards review and assessment are also included in this category. Emergency management supports should also include education of response personnel about the needs of high risk populations and how to assist them.

Examples of Community Assets for Safety and Security:

- Regular or emergency respite care
- Nanny Canada live-in nannies for seniors and children
- Personal Care Homes – 24 hour accommodation for people with functional limitations
- Health care companions (company for seniors, people with functional limitations)
- Day Support Programs (eg. Supportive pathways dementia care)
- Early intervention for children with developmental disabilities – support for families to find qualified respite
- Parenting programs for people with mental health problems – Community Mental Health Association; young single mothers who are homeless or high risk; baby care programs
- Safely Home – wandering registry for people with dementia. Uses an ID bracelet for people with Alzheimer's to identify them if they go missing
- Monitoring programs for people in transition homes re-integrating into society following incarceration
- University campus escort programs – campus officers or employees of a protection service will escort the client home at night
- Sexual assault counseling centers and programs
- Support for children who have been victims of abuse

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