



## Report of Findings from the Community Survey September 2016

*The mission of the Foundation is to devote itself to furthering and supporting operations and activities which address the short-term and long-term unmet needs of individuals and the Newtown community arising from the tragic events at Sandy Hook Elementary School on December 14, 2012.*

This report has been prepared and released by the Distribution Committee of the Sandy Hook School Support Fund based on solicitation of public input into the current individual and community needs as it relates to the tragedy on 12/14/12.

The Distribution Committee is comprised of nine Sandy Hook/Newtown residents who represent perspectives from many different impacted groups including victims, surviving children, surviving teachers, emergency responders, Sandy Hook parents, community members, and the faith community. It is the responsibility of the Distribution Committee to solicit public input in order to better understand the needs and gaps that exist in the community as well as the strengths so that they can be built upon for long-term sustainable recovery.

For background on the history and formation of the Newtown-Sandy Hook Community Foundation, Inc. and the Sandy Hook School Support Fund or information about funds spent to date please visit [www.nshcf.org](http://www.nshcf.org).

### Methodology

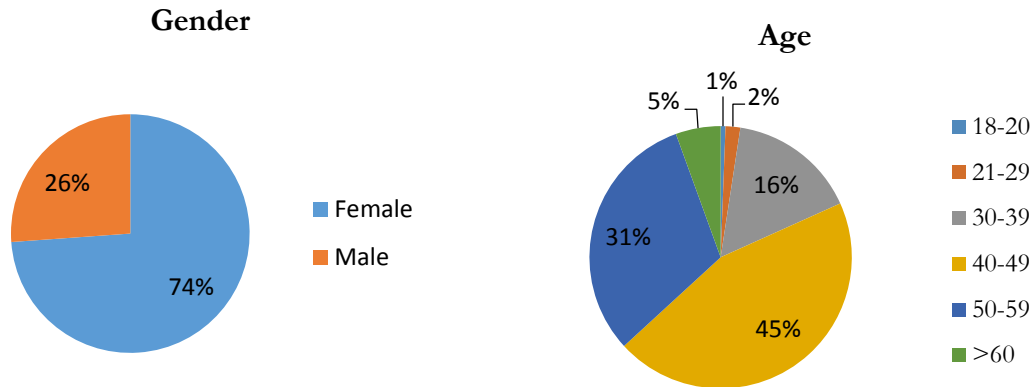
This year the Foundation chose to utilize a statistical methodology in the community assessment to have a better understanding of correlations between groups of individuals and how best to provide services and assistance to those groups. An anonymous on-line survey was released to the public on May 10, 2016 and remained open until June 9, 2016. The survey was disseminated through the Newtown Public Schools (Superintendent's office), the Newtown Bee (May 12<sup>th</sup>), the Danbury News Times (May 26<sup>th</sup>), social media, and the internal distribution lists of the Foundation. The survey generated 945 responses compared to 999 in 2015 and 1,633 in 2014. It is understood by the Distribution Committee that this survey represents only a small percentage of the overall community. Input is continuously sought through on-going dialogue with community groups and individuals.

### Key Findings

The survey focused on better understanding the strengths of the community, what has been helpful in the 12/14 recovery, what barriers or challenges remain, and what impact the tragedy continues to have on various segments of the community.

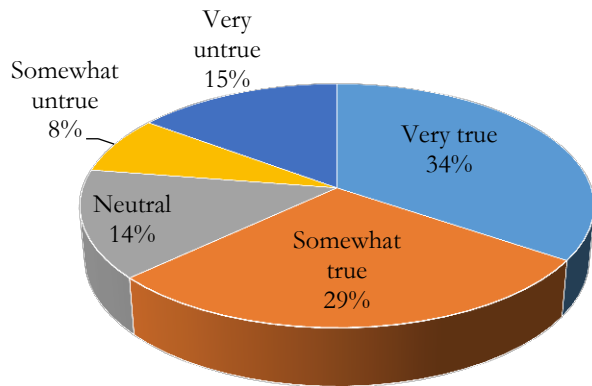
Data from the survey is presented in the following pages using charts and visual graphics to depict the results in order to help the reader get an overall sense of the responses. A summary of findings and analysis can be found at the end of the report.

# Demographics

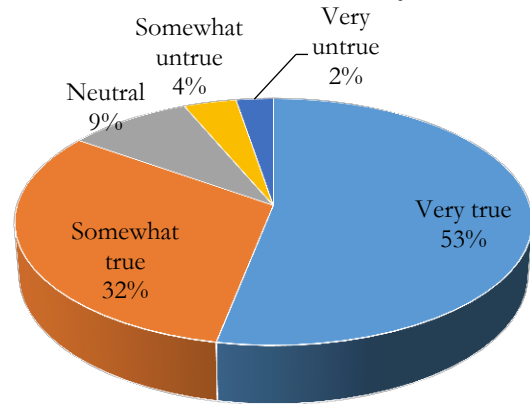


<b>Survey Respondents</b> <i>Note – respondents were able to select up to three categories in which they identified themselves (i.e. parent as well as a teacher or clergy as well as concerned member of the community, etc.).</i>	<b>Response Percent</b>	<b>Response Count</b>
Family member of a child or adult who died on 12/14/12	1.6%	15
Parent of a child enrolled at Sandy Hook School on 12/14/12	15.2%	144
Parent of a child enrolled in another Newtown schools (public or private) on 12/14/12	54.8%	518
Parent who did not have children enrolled in a Newtown school on 12/14/12 (i.e. children too young, already graduated, enrolled in a school out of district/ in another community, moved to community since 12/ 14, etc)	18.0%	170
Teacher or staff member employed at Sandy Hook School on 12/14/12	3.6%	34
Teacher or staff member in another Newtown school (public or private) on 12/14/12	16.2%	153
Police (Newtown PD, State, or other responding community)	1.0%	9
Fire (Newtown or other responding community)	1.2%	11
EMS (Newtown Volunteer Ambulance Corps, Danbury or other responding community)	1.1%	10
Other responding professional on 12/14 (medical, crisis responder)	0.6%	6
Faith Community (clergy)	0.3%	3
Administrator, Public Official, or Town Employee	6.1%	58
Mental Health or other Community Service Provider	2.9%	27
Spouse, parent, or child of an adult witness/survivor (teacher, emergency responder)	2.6%	25
Member of the Business Community (employee/employer Newtown/Sandy Hook)	5.2%	49
Resident of the Newtown/Sandy Hook community that does not fit any of the other criteria (i.e. this is the only applicable answer for this questions)	5.2%	49
Other (please specify)		72
<b>answered question</b>		<b>945</b>
<b>skipped question</b>		<b>0</b>

**% who have participated in community events and/or activities related to 12/14 over the past year.**

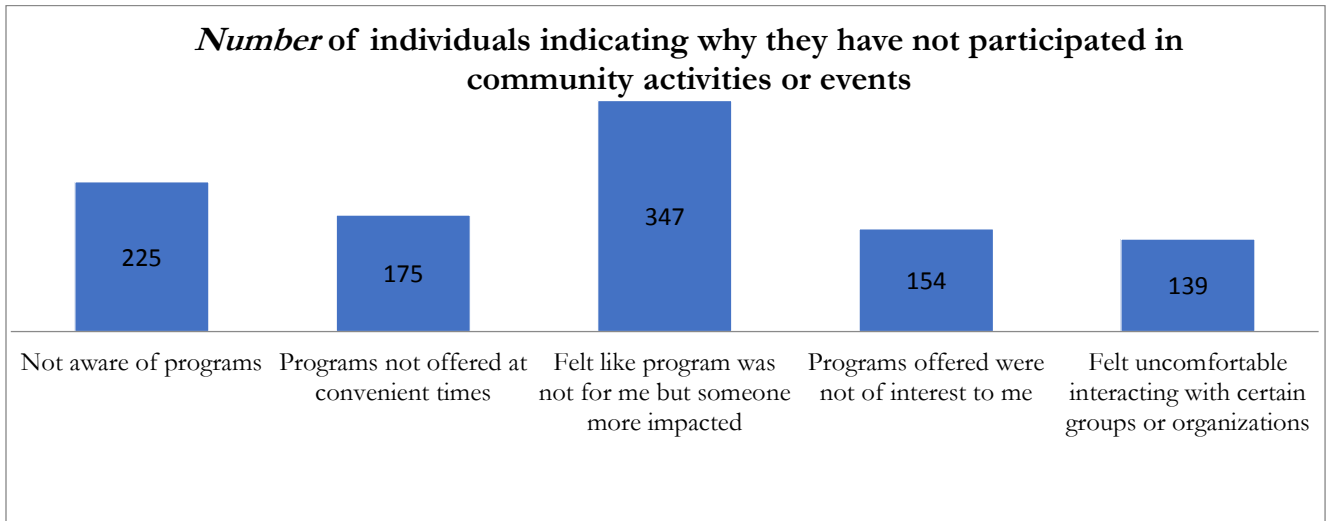


**% who report feeling connected to the Newtown/Sandy Hook community.**



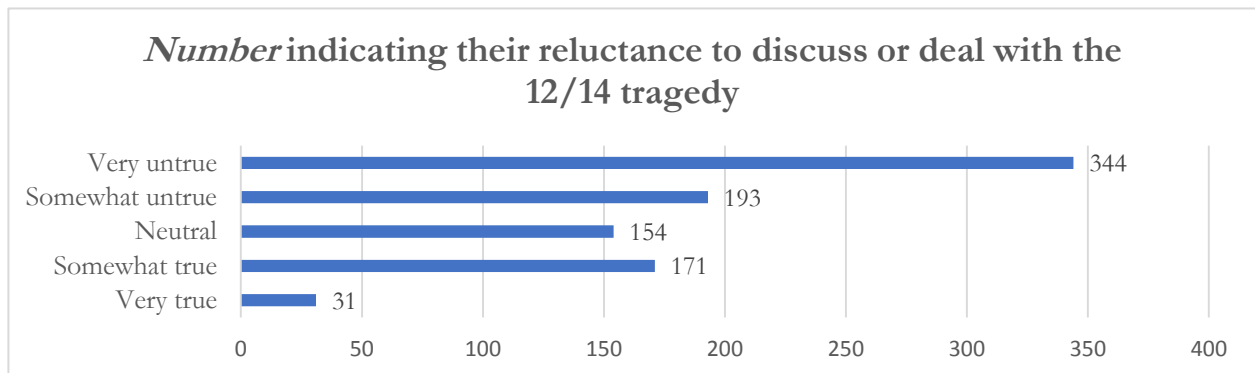
\*It is noteworthy that family members of loved ones killed on 12/14 reported not feeling connected to the community. They were the only subgroup that showed this statistical correlation.

**Number of individuals indicating why they have not participated in community activities or events**

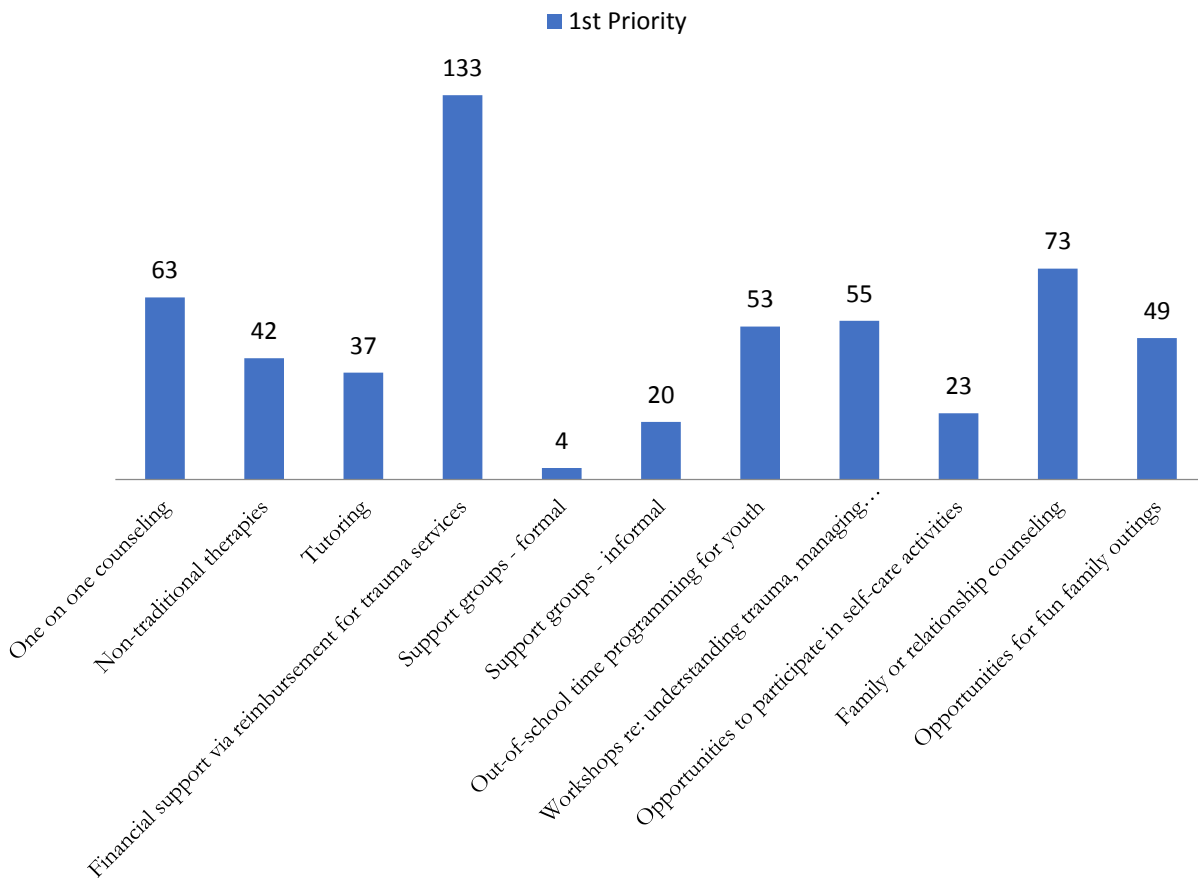


There was statistical significance with the families who had loved ones killed on 12/14/12 feeling uncomfortable with certain groups. This was also true for parents of students enrolled at SHS and teachers & staff from SHS. SHS parents showed statistical significance with feeling the programs were not of interest but did feel, along with SHS staff, that the events were designed for their level of impact.

**Number indicating their reluctance to discuss or deal with the 12/14 tragedy**



**Number stating which of the services surveyed would they or their family benefit from OR that they believe would be most important to support through designation of funds or community efforts**

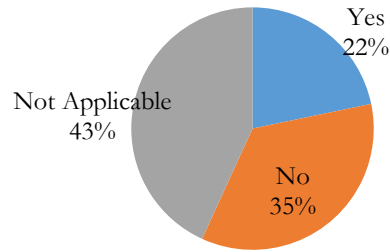


Are there services, programs, or funds (or gaps in those areas) that you would like to see available for a specific purpose that aren't listed in the previous question?

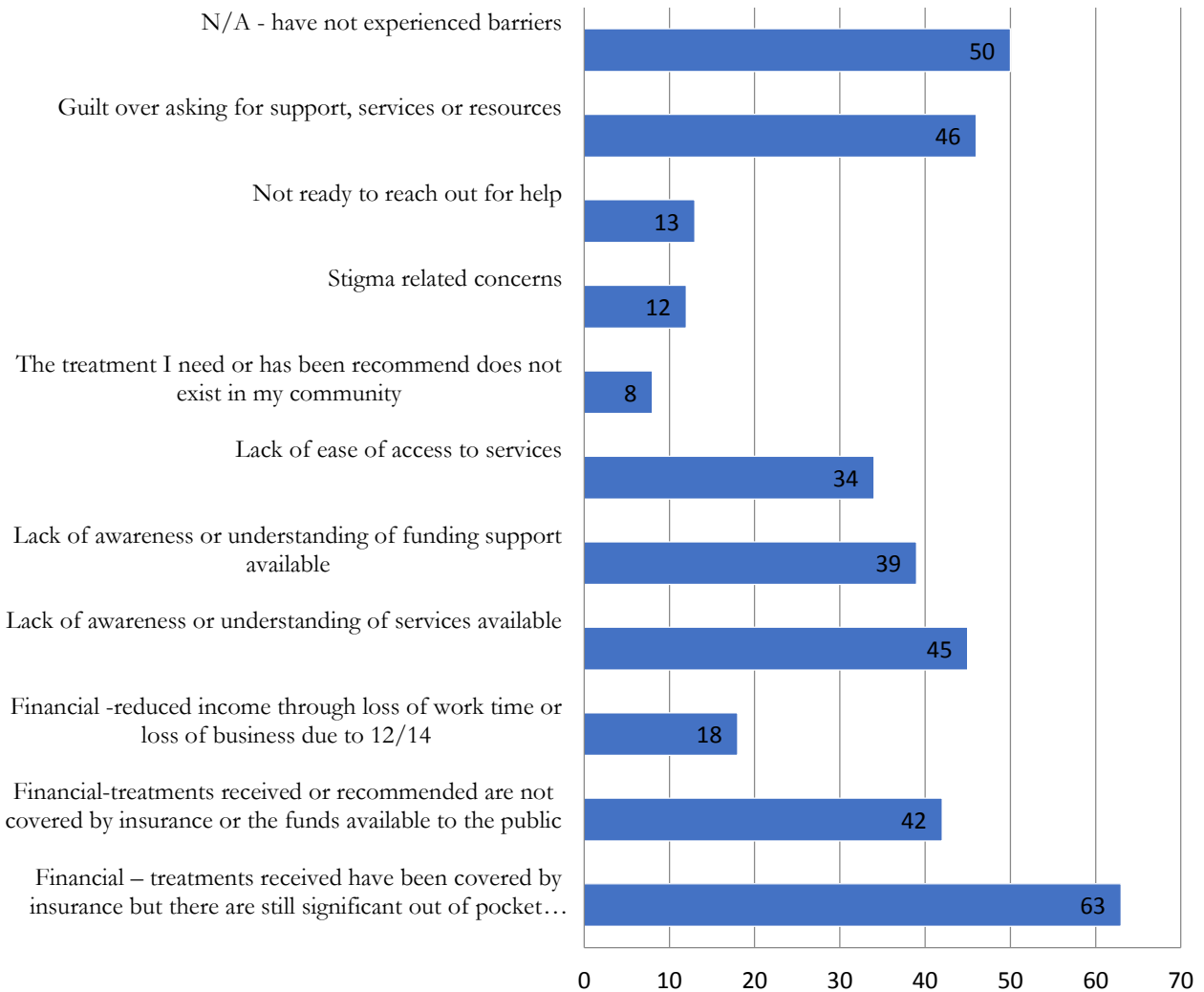
This narrative question generated 109 responses that were very diverse. Despite the variety of comments, there were two themes that emerged.

- One involved parenting and teaching in a post-tragedy community. Respondents felt that parents and teachers needed to be better equipped to address anxiety and behavioral concerns of children/students.
- Another theme that emerged was the idea that the needs of those in the community who were not directly involved or at Sandy Hook on 12/14 have been largely ignored. This is supported by past surveys that have indicated that those who weren't directly impacted feel guilty about their symptomatology. As one respondent wrote, *“Programs for those on the periphery of this tragedy. I believe there is an entire group of silent sufferers. Those that aren't directly impacted by this tragedy but live here and feel the weight of this community's tragedy. We don't feel worthy to speak up because we know there are people suffering far beyond us. We grieve in silence. We push past our anxiety and fears alone. Creating a forum for this sub set of community members would be beneficial. It should be promoted specifically to us to give the “permission” to attend.”*

**% of individuals citing barriers to accessing the help or support they or a family member has needed**



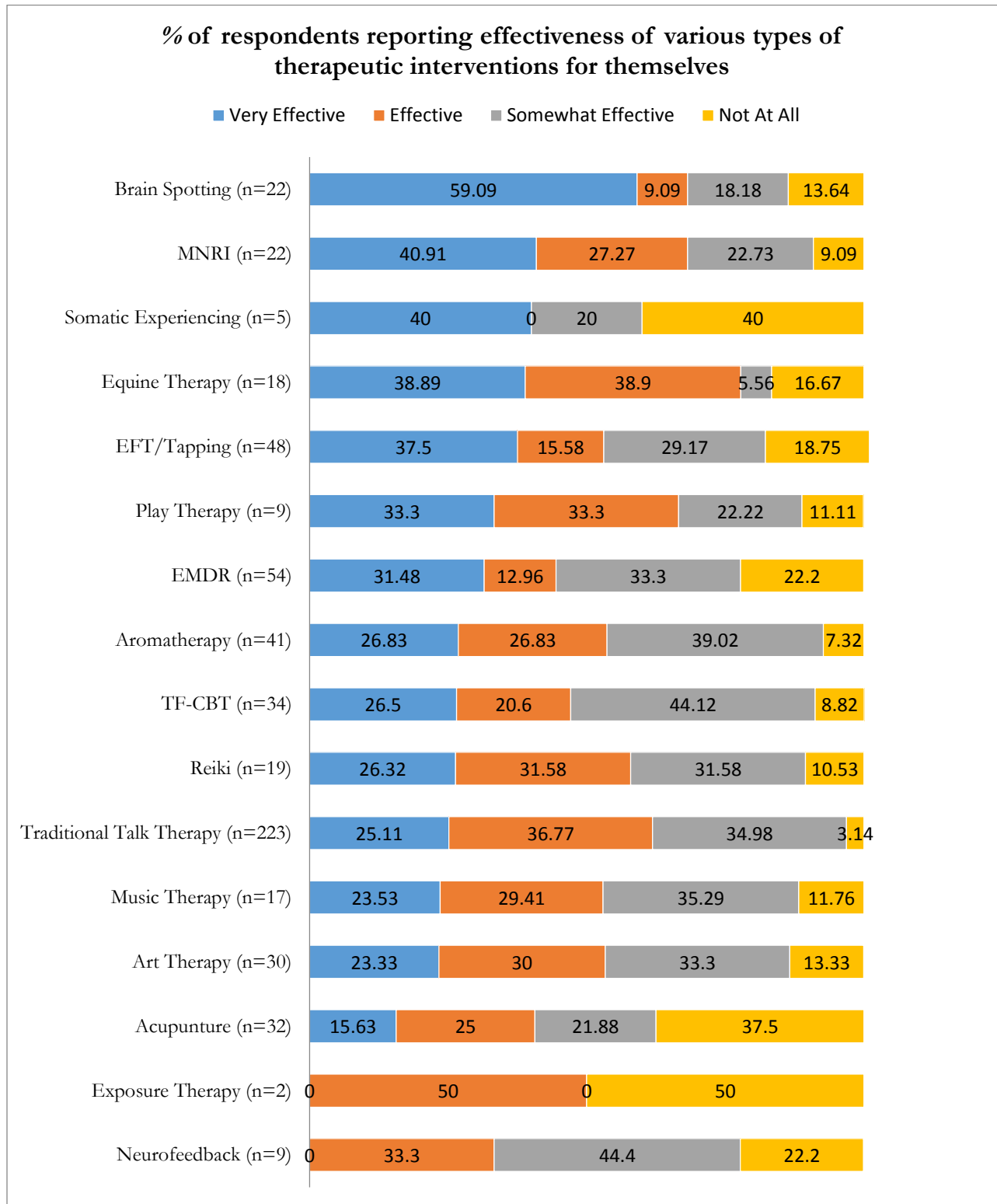
***Number reporting barriers to accessing services or support***



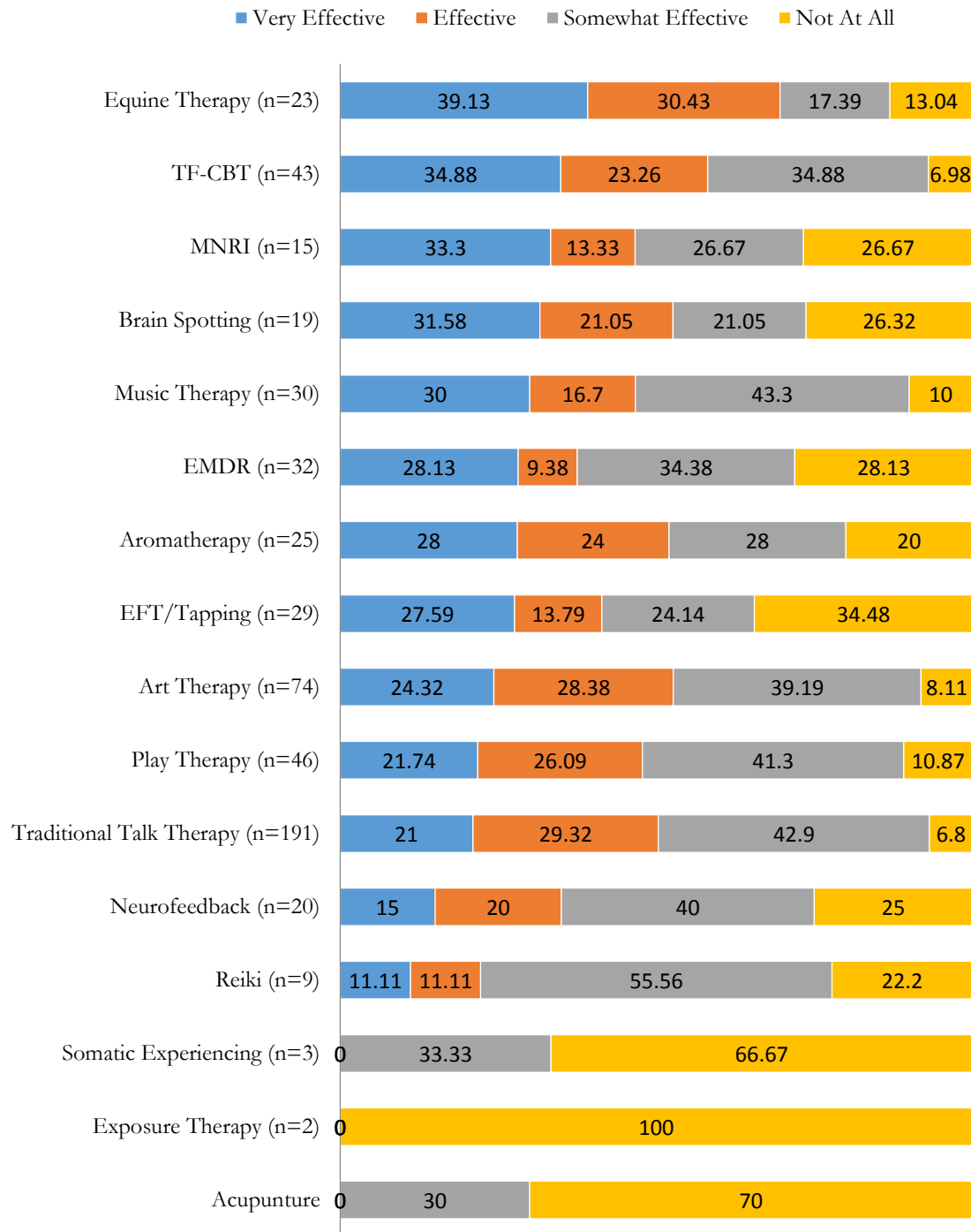
Barriers experienced to accessing services were noted to be statistically significant for family members of adults/children who were killed and parents of children enrolled at Sandy Hook School.

## Brain Health & Wellness Services

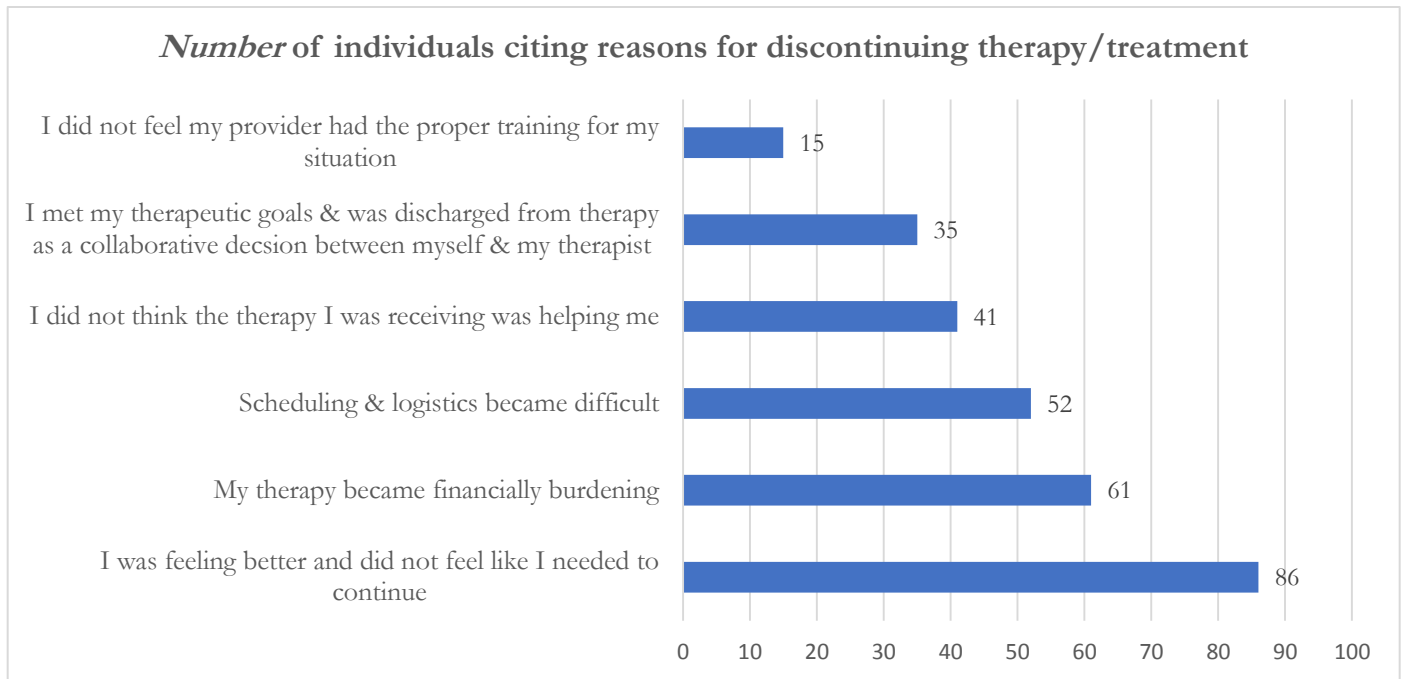
This year we asked a series of questions to get a better understanding of the types of therapeutic interventions used by respondents and the efficacy of the treatment.



## % of respondents reporting effectiveness of various types of therapeutic interventions for their children



Respondents were asked if they were in any kind of treatment and have stopped, why they stopped.



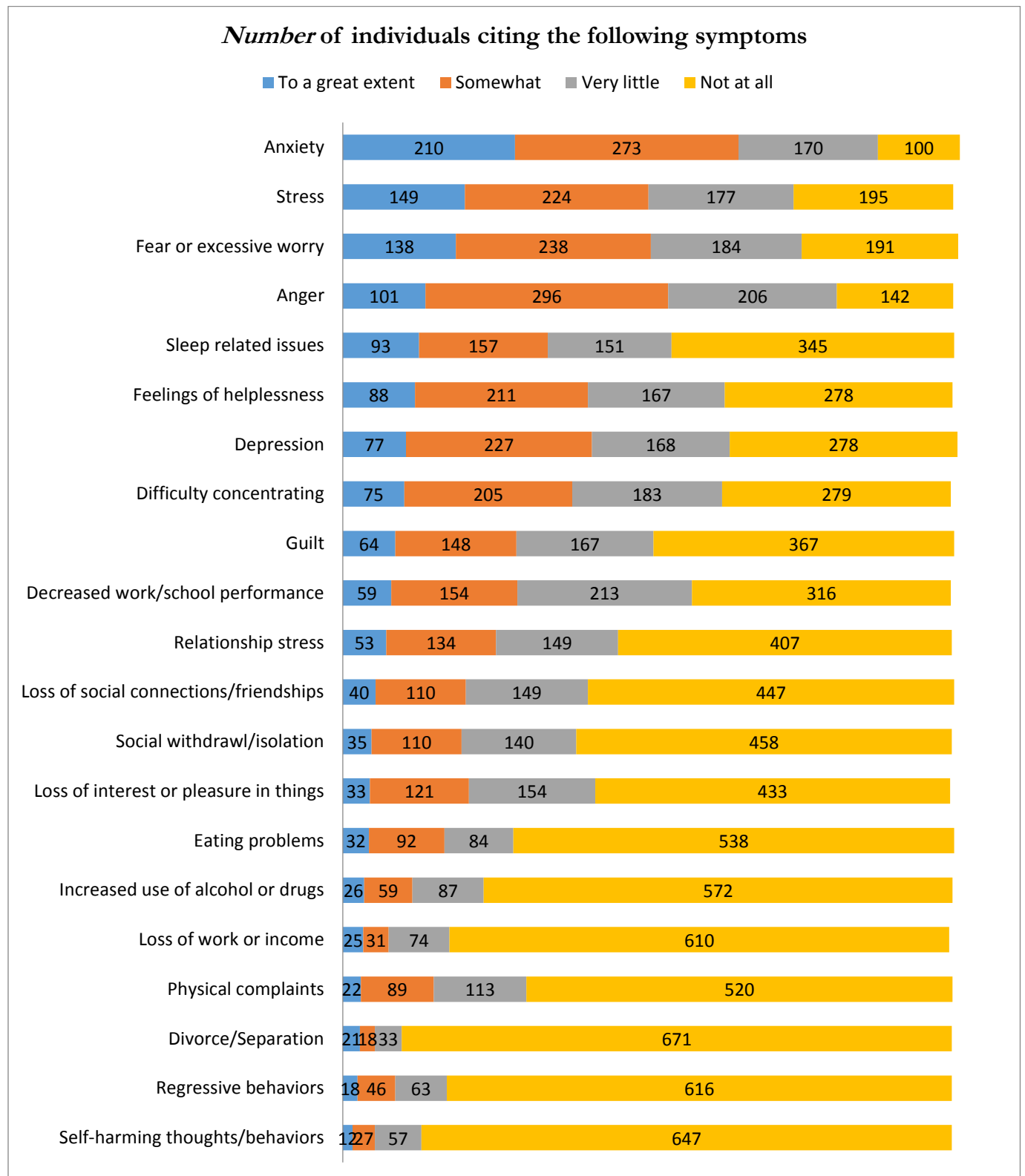
There was statistical significance for Sandy Hook staff/teachers discontinuing services due to scheduling and logistical difficulties, feeling that therapy was not helping, and that the provider did not have proper training for their situation. For parents of children enrolled in Sandy Hook on 12/14 there was statistical significance for discontinuing services in 4 out of the 6 categories listed above (everything except believing that therapy was not helping and that providers were not properly trained). No other groups showed statistically significant correlation.

Qualitative analysis of treatments that have allowed for healing to take place were those that were supportive via group therapy, talk therapy with a judgment free therapeutic relationship, transcendental meditation/yoga, and brain based therapies such as Brainspotting, neurofeedback, and EMDR. Analysis of treatments that have not been helpful were talk therapy where it became a place to 'vent' and not necessarily resolve trauma issues, inconsistent therapy, poor therapeutic alliance, therapist not being a good fit, provider lacking trauma training, lack of experience working with children, a need for group therapy, and not receiving enough feedback from therapists.

It is important to note that while many non-traditional treatments were listed among the most helpful, there is a gap in the number of clinicians who are trained to provide such modalities. It may be prudent to do further investigation into some of the treatments listed and invest in building resource capacity for those that prove efficacious.



Respondents were asked to rate their symptomatology directly related to 12/14. Anxiety, stress, excessive fear/worry, and anger continue to persist with the most frequency. These symptoms were also reported by clinicians of their clients in a separate survey. There was higher statistical correlation for nearly every category for populations most directly impacted (parents of children enrolled at SHS, SHS staff/teachers, and family members of loved ones killed).



## Conclusion & Recommendations

The use of statistical analysis this year underscored the importance of using data to examine community needs and make informed decisions about funding and programming. The Committee was pleased that the assessment validated decisions previously made, such as the importance of supporting a wide range of trauma treatments and recovery services, including those considered by some to be ‘non-traditional’.

The Foundation is currently leading an effort to get systems and organizations within Newtown to develop and implement more effective data monitoring systems. Such systems would allow the Foundation, and others, to have a better understanding of aggregate trends with impacted populations throughout the community and respond accordingly. As recently reported by New York University (NYU) in a study of the community, *“data monitoring systems, particularly if integrated across a network of providers, can create coordinated services, reduce inefficiencies, document progress, and be used for continual learning and quality improvement. The absence of regular data tracking on services delivered and outcomes associated with specific services interferes with quality improvement efforts. The creation of a shared data monitoring system across agencies would strengthen the coordination and cohesiveness of the network. This should also be a tool used by the collaborative oversight coalition to monitor the community’s progress towards shared goals.”* Therefore, the Foundation sees this survey as just scratching the surface on what we can learn about how the community and those impacted by the tragedy are doing and what we can do to best support on-going recovery and community health.

The Distribution Committee will use the information in this survey along with continued research into best practices to make the best decisions possible while always upholding donor intent, the mission of the Foundation, and being compliant with IRS regulations governing non-profit organizations.

To date the Distribution Committee has been focused on using the resources of the Sandy Hook School Support Fund to assist individuals and the community as a whole based on continuous public input and on-going research. That has included the following;

- **Individual Brain Health & Wellness** – providing direct financial support to meet as many individual brain health & wellness needs and requests as possible.
- **Grants Program** – providing grants into the community to build capacity for long term recovery, expand access to alternative trauma treatments, host conferences and workshops to build knowledge and tools for helping, and develop opportunities to build compassionate and caring connections throughout the community.
- **Community Events** – supporting and sponsoring events in the community that provide opportunities to learn, share, and connect with one another.

We appreciate all of those who participated in this important survey and ask that you continue to provide feedback through both formal and informal opportunities so that we can be as responsive as possible to the needs that exist in our community. Committee members, as well as executive director Jennifer Barahona, are available to meet with individuals and small groups on an on-going basis to solicit additional feedback. If interested please contact Ms. Barahona at 203-460-0687 or [jbarahona@nshcf.org](mailto:jbarahona@nshcf.org) to arrange a time to meet.

Respectfully,

Members of the Sandy Hook School Support Fund Distribution Committee

Dr. Robert Bazuro  
Jennifer Clark  
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Cindy Mattioli  
Rev. Rob Morris  
Anka Roberto

Bob Schmidt (Chair)  
James Viadero  
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