

Appendix A - Community Journey of Change Model Article

DRAFT



Community Journey of Change Through Relational Determinants of Health

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Community Journey of Change Through Relational Determinants of Health

Abstract

This article describes a model that maps Indigenous communities' journeys from the *cycle of violence* arising from colonization to the *circle of wellness* through *relational determinants of health*. This model emerged from learning with Indigenous communities participating in research on violence prevention programming with the Canadian Red Cross. Indigenous communities have shown us that they are returning to a place of thriving by restoring relationality with land, culture, ceremony, and language. Therefore, the relational determinants of health comprise the foundational relationships that contribute to wellness. The Community Journey of Change model represents actions that communities can undertake in moving to wellness. The model has implications for policies, programs, and services for Indigenous communities as they begin to restore health and wellness.

Keywords

violence prevention, Indigenous wellness, relational determinants of health, Indigenous communities

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Community Journey of Change Through Relational Determinants of Health

Since 1998, the Canadian Red Cross has been working with Indigenous communities in Canada to support them in capacity building and preventing violence in the lives of children and youth. Working with communities, Indigenous leaders, and allies, the Canadian Red Cross developed a suite of violence prevention programs for Indigenous communities. These programs focused on building awareness and capacity to promote safe environments for the healthy development of children and youth. The adult programs are grounded in the view that adults in the community have a responsibility to create safety for children and youth. Participants focus on developing a comprehensive understanding of historical and current forms of violence. Although the communities valued the violence prevention content, the workshops alone did not contribute to reduced violence within the community. This feedback led to the development of a community mobilization process.

Over the past 8 years, we have partnered with five Indigenous communities to study community mobilization processes: two First Nations reserve communities (in Saskatchewan and Ontario), two Inuit hamlets in Nunavut, and one urban Indigenous community represented through a Friendship Centre in British Columbia (Canadian Red Cross, 2009). We, Shelley Cardinal of the Canadian Red Cross and Debra Pepler of York University, have co-led this project. We acknowledge the work of all our team members, past and current, and gratefully recognize the contributions of Indigenous community members who shared knowledge and guided our work together. In this article, we integrate the relevant literature and our learning with communities to highlight a pathway for moving away from historical harm and systemic violence and toward a landing place of wellness that is relational.

Muskwas Nitanees, the Daughter of Little Bear, also known as Shelley Cardinal, is Cree and Mennonite. She was raised with stories of cultural strength and stories of the harms that Indigenous Peoples endured. From a young age, she knew her life work would contribute to addressing the harms. As a daughter of a Residential School Survivor and thriver, and an aunty to many, Shelley understands the power of strengthening culture and wellness. Today, she leads Indigenous relations, research, and engagement within the Canadian Red Cross. Debra Pepler lives and works on the Traditional Territory of the Wendat, the Anishnaabeg, Haudenosaunee, Métis, and the Mississaugas of the Credit First Nation. Her European ancestors came as uninvited settlers to Canada over a 150 years ago. She has been invited to be an ally and pursued a learning journey to understand the strengths of and challenges faced by Indigenous children and youth in the context of their families and communities. Debra is a mother, grandmother, and professor of psychology. Her teaching and research focus is child and youth development in family and peer relationships. Shelley and Debra met over 15 years ago, and they recognized a common interest in promoting relationships and preventing violence. Our collaboration began with a preliminary evaluation of the Canadian Red Cross Indigenous programming (Pepler & Rubin-Vaughan, 2011), followed by a study of the processes that facilitators use to mobilize knowledge for Indigenous Peoples. We learned that the facilitators sought to deliver the program with fidelity, while balancing the needs of participants. They balanced the layers of harm being addressed with layers of safety (Yamada, 2014). These studies raised questions about the processes of program delivery, community capacity for health promotion, and systems supports needed to achieve and sustain community wellbeing. Communities highlighted gaps in violence prevention programming that focus primarily on understanding past and present violence. The programs seldom offer the advocacy and allyship needed to move beyond the harms and systemic barriers in order to enable communities to

connect to a place of living in a healthy way grounded in cultural wellness. In this article, we present a model for communities' journeys to wellness through relational determinants of health.

Challenges Indigenous Communities Face in Moving Toward Wellness

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP; UN General Assembly, 2007) acknowledged that Indigenous Peoples around the world have been oppressed, marginalized, and exploited because of historical and ongoing harms of colonization. These rights violations and inequities were formally recognized by the United Nations in 1982 based on work by the Working Group on Indigenous Populations examining discrimination faced by Indigenous Peoples throughout the world. In 2007, Ban Ki-moon, the United Nations secretary-general, stated that the UNDRIP was “a triumph for indigenous peoples around the world ... a historic moment when UN Member States and indigenous peoples reconciled with their painful histories and resolved to move forward together on the path of human rights, justice, and development for all” (Ban, 2007, para. 1).

Canada did not endorse UNDRIP until 2016, when the government stated:

[UNDRIP] provides us with a road map to advance lasting reconciliation with Indigenous Peoples. It shows us that further steps must be taken to respect, recognize, and protect the human rights of Indigenous Peoples and to address the wrongs of the past. (Government of Canada, 2016, paras. 1–2)

As in many countries around the world, there is much work to be done in Canada to meet the UNDRIP standards for Indigenous Peoples' rights. Indigenous communities in Canada have experienced chronic and multiple traumas since first contact, including displacement from Traditional Lands, devastation by diseases, subjugation under the Indian Act, banning of cultural practices, forced attendance at residential schools, child apprehension during the Sixties Scoop, and racist and systematic harms across many generations. The health of Indigenous children and youth has been identified as a critical issue in Canada: “After hundreds of years of colonial policies that intentionally eroded Aboriginal health care systems, First Nations, Inuit, and Métis children and youth lag behind their non-Aboriginal peers on virtually every measure of health status” (Blackstock et al., 2006, p. 3).¹ Addressing historical harm contributes to community wellness. However, if imposed systems continue to foster oppression and marginalization, community resources are drained, making it difficult for communities to be in right relationship within their world in order to achieve balance and their full potential.

Indigenous children, youth, and adults thrive in a healthy relational environment. Therefore, our understanding of Indigenous health is that it comprises the physical, mental, emotional, and spiritual wellbeing of the whole community, whether urban, rural, or remote.² Indigenous community health

¹ We have followed the guidance of Cyndy Baskin (2016) and others who use the term *Indigenous*, as opposed to the term *Aboriginal*, to refer to First Nations, Inuit, and Métis Peoples in Canada, as well as those around the world who are the original peoples on their lands. This collective noun is consistent with the United Nations Declaration of the Rights of Indigenous Peoples. When we quote directly, we have maintained the authors' original terms.

² This definition of Indigenous community health has been adapted from the Australian National Aboriginal Community Controlled Health Organization (2006).

relies on foundational relationships with land, culture, ceremony, and language that contribute to wellness. We understand these as relational determinants of health.

For thousands of years, physical, mental, emotional, and spiritual relationships have created the foundations for Indigenous Peoples' strength, wholeness, and wellness. Communities helped us understand that their journeys to wellness involve recognition and restoration of the relationships that contribute to wellness. In their journeys, Indigenous communities are coming back to a place of thriving by restoring their relationality with land, culture, language, and ceremony. Therefore, we refer to the relational determinants of health as the foundational relationships that contribute to wellness.

In considering the determinants of Indigenous Peoples' health, de Leeuw et al. (2015) argued that understanding needs to extend beyond purely social determinants of health. They noted three shortcomings in the current knowledge:

- a. Colonialism has yet to be accounted for as an important determinant of Indigenous Peoples' health,
- b. Indigenous people's health should be examined as a unique area requiring different perspectives, and
- c. Literature on the social determinants of Indigenous Peoples' health has been primarily written by non-Indigenous people.

According to de Leeuw and colleagues (2015), the term "social" is inadequate in describing factors that influence the health of Indigenous Peoples including: "spirituality, relationship to the land, geography, history, culture, language, and knowledge systems" (p. xii). We propose that these factors are foundational to relational determinants of health.

Reconnections to relational determinants of health occur within broader historical, political, societal, and economic systems that shape Indigenous Peoples' wellbeing and holistic health (Reading, 2018). Communities' journeys to wellness are constrained by these systems, which still operate from colonizing and Western perspectives that create marked inequities, limited opportunities, impoverished conditions, and discrimination. According to Reading (2018), these distal historical, political, ideological, economic, and social foundations create the context from which all intermediate and proximal social determinants arise. Therefore, Indigenous communities strive to mobilize to a place of thriving by restoring relationality, which can only be effective when systems within and beyond the community facilitate, rather than disrupt, the journeys to wellness.

Programming in Indigenous Communities

Community-based prevention programs for Indigenous populations can be effective in addressing a range of health challenges (e.g., Mussell et al., 2004; Rowan et al., 2014; Tsey et al., 2003). When programming is delivered at a community level, the community becomes the context for treatment (Jiwa et al., 2008). Research points to several defining features of effective violence prevention programming in Indigenous communities, including definitions of violence that recognize historical harms; strong community interest and engagement; community capacity building; community leadership in planning and delivery; recognizing culture as intervention and the role of Traditional Teachings and healing; inclusion of community, families, and individuals; coordinated service delivery; and sustainable

resourcing and funding (Jiwa et al., 2008; Mussell et al., 2004). In developing Indigenous programming, the Canadian Red Cross has largely incorporated these elements. By studying the delivery of the Red Cross Indigenous programming, we have worked to understand the historical context, multi-generational trauma, and current suffering in communities with the goal of understanding the pathways away from violence.

In response to needs identified by communities, the Canadian Red Cross has partnered with Indigenous communities in preventing violence and promoting safe environments for children and youth for over 20 years. Canadian Red Cross programs have been developed with and for Indigenous communities that are seeking to understand and address challenges of violence. These programs promote understanding of the layers of historical harm, which are the foundation for current experiences of violence within communities. Community members come to understand, name, and re-claim the past, then begin the transition from the cycle of violence to wellness—a journey beginning with awareness and moving toward prevention. In a preliminary evaluation, we learned that this programming was valued by community participants and effective in communicating key messages about violence and abuse prevention (Pepler & Rubin-Vaughan, 2011). Communities helped us understand that, although there was change in participants' understanding after the programming, it did not create a collective violence prevention response. To address this concern, the Canadian Red Cross (2009) developed a community mobilization process to create safe environments by:

- a. Understanding the issue;
- b. Recognizing the vulnerability and resilience of children and youth;
- c. Defining protection instruments;
- d. Creating a prevention team;
- e. Completing a risk assessment;
- f. Developing policies and procedures;
- g. Educating adults, youth, and children;
- h. Responding to disclosures of violence, abuse, bullying, and harassment;
- i. Meeting community challenges around violence; and
- j. Exploring how to maintain safe environments.

To support self-determination, there is an urgent need for Indigenous-led research on comprehensive, culturally relevant, and community-based violence prevention to understand what works, why it works, and what does not work. The Canadian UNICEF Committee (2009) report, *Leaving No Child Behind*, calls for “increased capacity-building initiatives for Aboriginal peoples to actively and effectively govern their own social, health, and education initiatives” (p. 9). In response to this need, we began our research partnerships to address the lack of knowledge about the implementation and effectiveness of violence prevention programming in Indigenous communities. In conducting our research, we recognized the need to work in a decolonizing, humble, and relational way that enables communities to return to balance and wellness. We were guided by diverse ethical frameworks and worked with communities to bring these ethical principles to life as they related to the diverse communities partnering in the research (Riddell et al., 2017). Our approach was grounded in respect, open communication, understanding responsibility and accountability, and ensuring learning in all places.

Developing a Model of the Community Journey of Change from the Cycle of Violence to the Circle of Wellness

Through our partnerships, we have been working to identify, document, and understand community processes that address the cycle of violence rooted in colonization and promote wellness rooted in Indigenous traditions. As Indigenous and non-Indigenous scholars working with Indigenous leaders on community-based research, we sought to understand the processes that enable Indigenous communities to mobilize to promote individual, family, community, and cultural benefits. We also aimed to share knowledge within and beyond communities in Canada. We were focused on understanding communities' journeys to re-establishing health as they transition from the cycle of violence to community wellness. While working together toward a comprehensive evaluation of the violence prevention programming, we began to develop a conceptual model to describe the foundation for the work with Indigenous communities, based on the cultural framework of the First Nations Longitudinal Health Survey (Dumont, 2005).

As we engaged in research with communities, they guided us to recognize their needs for understanding, sharing, and self-documentation of the harms they have experienced. We also recognized the need for a compilation of reports from across Canada documenting the shared Indigenous story of colonial harms. For this historical documentation, we gathered information from over 1,000 sources including research, news media, Indigenous writing, government documents, films, etc. We developed a timeline of the harmful historical experiences that First Nations, Métis, and Inuit peoples endured through colonization in Canada: *Pathways to Our Truths*. The review revealed that harms were systematically layered for the purposes of power, control, greed, assimilation, and genocide. We organized the findings in a two-dimensional chart with blocks of time since contact intersecting with experiences that began to coalesce into layers of harm. This chart reveals 15 layers of harm that accumulated to explain the deep and ongoing disruptions in community, family, and individual wellbeing. The layers of harm included disruptive experiences: contact, environmental dispossession, slavery and missing persons, dislocation, disease, substances, imposition of Christianity, residential schools, making and breaking of Treaties, Confederation, Indian Act and Aboriginal policies, police and criminal justice, pass system, Indian hospitals, and the Sixties and Millennial Scoops (Bromley et al, 2021). The review revealed that destructive layers of harm were planned and carried out based on previous layers of harm inflicted on Indigenous people. These layers of harm have cascaded, with accelerated disruption and dis-integration, increasing the burden of trauma over the past 500 years. This timeline is now being developed into a website for all Canadians and others to access and learn the truth about the harms from colonization. Having identified these layers of harm from the literature, we developed a *Community Journey of Change* model of the physical, mental, emotional, and spiritual harms arising from colonization over the past 500 years that still continue today. This model represents the pathways that communities can follow as they plan and travel away from the harms toward their journey to wellness by restoring and re-integrating the relational determinants of Indigenous health and wellness that have been disrupted by colonization.

With enhanced understanding from the timeline and from our experiences in communities, we depicted the *cycle of violence* that communities have struggled under, the *circle of wellness* that communities aspire to, and a sphere with cultural pathways that Indigenous communities have used in their journeys, represented by a canoe in motion, to reach the *relational determinants of health* (see Figure 1). Our

knowledge gathering from the communities that participated in the violence prevention research has enabled us to develop the Community Journey of Change model. We are grateful to be able to integrate insights shared by community members to shed light on the meaning of the processes depicted in our Community Journey of Change model. These insights were from recorded share-back sessions with communities that participated in our Walking the Prevention Pathway research, funded by the Social Sciences and Humanities Research Council. For a description of the project and its methods, see Riddell et al. (2017).

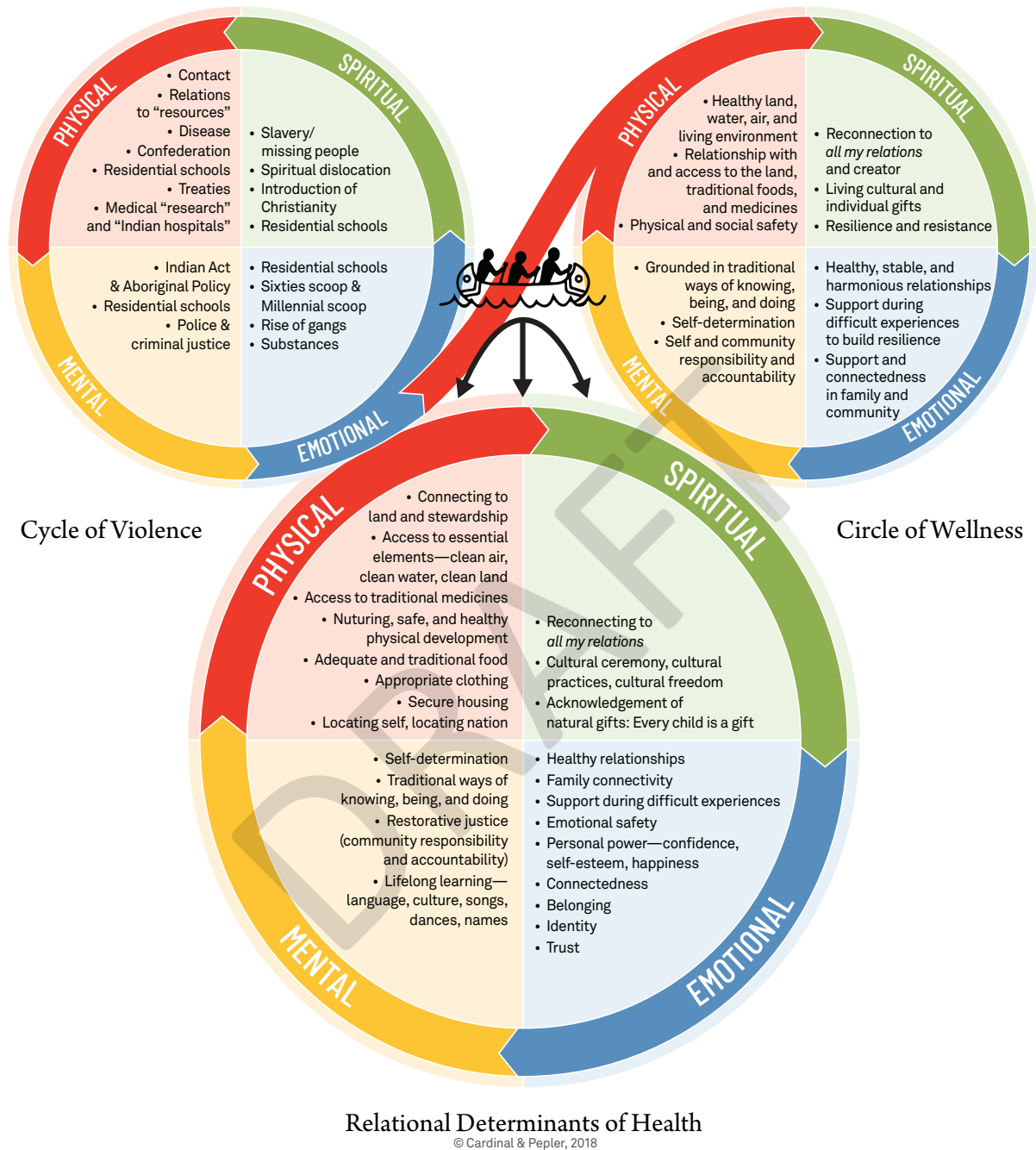
Cycle of Violence

The stories that were generously shared in our research helped us to understand that every form of harm from colonization has created physical, mental, emotional, and spiritual violence and has disrupted all domains of Indigenous wellbeing. Colonization disrupted the foundational Indigenous way of being in *all my relations*, which Richard Wagamese (2016) discussed in his book *Embers: One Ojibway's Meditations*:

I've been considering the phrase 'all my relations' for some time now. It's hugely important. It's our saving grace in the end. It points to the truth that we are all related, we are all connected, we all belong to each other. The most important word is "all." Not just those who look like me, sing like me, dance like me, speak like me, pray like me, or behave like me. ALL my relations. That means every person, just as it means every rock, mineral, blade of grass, and creature. We live because everything else does. If we were to choose collectively to live that teaching, the energy of our change of consciousness would heal each of us—and heal the planet. (p. 36)

In depicting the cycle of violence, we distributed the 15 layers of harm identified in the timeline among the four domains by assigning the harm to the domain where its disruption is most prominent. We recognize, however, that each harm fits into each domain and its effects span domains. The cycle of violence illustrates the immense impact of historical harms on Indigenous Nations, communities, and Peoples. Although we began our research with a trauma-informed lens and a deep understanding of historical harms, we were overwhelmed by the breadth, depth, and longevity of harms emerging from the research and depicted within the integrated Pathways to Our Truths. The historical chart revealed a cascade of intentional harm and trauma. We were able to see how the cascade of harm gained intensity with each action by colonizers. As Dodge et al. (2009) described, "The metaphor of cascades, as in tumbling water that increases in speed and force as it is altered by, and alters, rocks in its path, captures some of the dynamic and transactional qualities" (p. 5). Indigenous Peoples' resistance to the intentional harm elicited quick and forceful reactions by colonizers to disrupt, displace, assimilate, and eradicate Indigenous Peoples in Canada.

Figure 1. Community Journey of Change through Relational Determinants of Health



Note. Copyright 2018 by Cardinal & Pepler.

The accumulation of layers of harm and trauma within Indigenous Nations, communities, families, and individuals continues to this day. As one of our community participants explained:

Because we're not [pause] we're already damaged, we're already broken, there's nothing to be broken anymore, we're just suffering ... We just need to, you know, help each other to heal and to move forward. (Community member)³

Another community member explained how the traditional ways of living and collectively solving problems of violence were disrupted by colonization:

Before all that happened, all this violence. If there was an incident that happened within the camps, it was dealt with by the family, by an Elder ... with a small group like a parent, an Elder and the person who was causing the problem ... And there was like ... everyone was connected ... And after colonization, that stopped ... People were trying to adapt I guess to the modern ... modern way of life and they lost their culture and their ways, their connections. (Hilary Irwin)

Relational Determinants of Health

With a view of the layers of harm and disruptions, we were then able to ask: What needs to be restored, repaired, re-placed, and re-integrated for the community journey to wellness? Based on our experiences of working with communities, we wondered how we could understand and support communities in effecting these restorations in today's reality. We examined each harm in the cycle of violence separately and were then able to consider the unique disruption caused by each harm for Indigenous Peoples. Within the model, we have labelled this healing process as restoring the relational determinants of health—the foundational relationships that contribute to wellness.

In identifying the journey that communities have used or may use to move from the cycle of violence to wellness, we have considered the determinants of Indigenous health from a relational perspective. With an understanding of the harms, it becomes possible to consider the interventions that counter the disruptions and support the journey of restoring the relational determinants of physical, mental, emotional, and spiritual health. These interventions form the basis of the communities' work in creating their journey through the relational determinants of health. For example, in the cycle of violence, there was dislocation from land and broken access to resources. In re-establishing relational determinants of health, the dislocation and disconnection can begin to be repaired by connecting individuals, families, and communities back to the land and providing access to essential elements: clean air, clean water, and clean land. The processes of reconnection to and repair of the land are complex and require consideration of governance, land ownership, and stewardship. Allowing stewardship to emerge entails interactive processes of recognizing whose Traditional Territory one is on, supporting the traditional stewards of the territory, finding space for one's own cultural activities and ceremony, and re-claiming the Indigenous right to hunt, gather, and secure traditional medicines. Shelley Cardinal explained: "This is something we all need to do. As a Cree woman living on Lekwangan Territory, I must always be

³ For our knowledge gathering, we recontacted community members who shared their knowledge to ask permission to include their quote and to ask whether they wanted their names to be linked to their statements or whether they wanted to be identified as a "community member." We have attributed the quotes according to their wishes.

cognizant that I am a guest and a visitor, and I need guidance on respectful Coast Salish practice” (personal communication, October 4, 2021). Indigenous Peoples see their relationship to the land as central to their wellbeing: “One of our Elders, Sophie Thomans from Saik’uz, said, ‘If you take care of the land, the land will take care of you.’ That’s a very inclusive statement” (Teegee, 2018, p. 239). Sarah de Leeuw (2018) noted that land is separate from a social determinant of Indigenous identity and wellbeing: “Land ... is not enfolded into language culture, or spiritual values, but instead is ‘reflected’ in the sociological trait of being Aboriginal” (p. 191).

The journey through relational determinants of health highlights considerations for Indigenous communities as they reconnect and repair. This journey highlights many relational processes that may be constructive for recovery from the harms and disruptions of colonization. For example, in the mental domain, healing programming can promote self-determination; traditional ways of knowing, being, and doing; traditional justice; and learning the languages, songs, dances, and names that give meaning to and define each community’s culture. Although Indigenous children, youth, and adults are embedded in the 21st century, our work with communities has helped us understand that they are restoring balance by being bi-cultural and strengthening their Indigenous identities, meanings, and connections with culture. With culturally attuned supports, communities can mobilize away from the harms of colonization and onto pathways that re-create connections and enable movement toward health and wellness.

According to one community participant, the restoration of relational determinants of health with culturally grounded pathways has seldom been implemented:

Although there’s been some different programs towards that, looking at the community from the top to find out what is really going on ... that has been done, several times by different organizations, prevention organizations, but one of the things that they always seem to forget is that how it was in the past with the Elders ... that’s something that they always don’t include in these ... programs. I may be wrong, but the prevention programs are always concentrating on the present day never ... from the past ... Because in the past things worked with families ... and what they are failing, I could be wrong but, what they, what they seem to be failing to do is put in that part into the programs. (Billy Ukutak)

Circle of Wellness

Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind, and body. Central to wellness is belief in one’s connection to language, land, beings of creation, and ancestry, supported by a caring family and environment. (Dumont, 2014, p. 2)

Through learning together with communities, we began to understand the journey through relational determinants of health and recognize that a relational lens is integral to the circle of wellness. We came to understand that if colonization had disrupted all my relations, then wellness could be conceptualized as a state of re-integrated all my relations. We considered general principles that would represent restoration of all my relations within the physical, mental, emotional, and spiritual domains. Within each domain, we identified three guiding principles for wellness (see Figure 1). The circle of wellness is self-determined by communities as they envision their landing place for wellness and ask questions such as:

What are our common goals for wellness? Where do we come together to work on a common vision?
What are our priorities in re-creating wellness within our community?

We learned from communities that the pathways through the relational determinants of health and the landing place of wellness need to be identified and led by the community and its members. Community members need to see and share a collective vision of a landing place for wellness in their community. The relational determinants of health indicate how communities can mobilize to restore their strong cultural foundations and provide clear guidance for interactions with systems both within the community and external to the community. Stronger relational determinants of health correspond to a stronger cultural foundation and self-determination. From this place, the community can provide greater direction to whatever is happening within or coming into the community. Restoring the relational determinants of health contributes to a shift in power dynamics—communities can engage in deep partnerships in which they are leading change to promote community health and wellbeing. By standing within their own culture, communities can identify the pathways through which to guide system change in ways that strengthen, rather than constrain, the relational determinants of health.

A community member who participated in the violence prevention programming explained:

I think the action plan in this process has brought light to the fact that there are people who can work together, so that the main tools that we can use are the tools of one another in different agencies, in different institutions and even just neighbours. (Chi-chi Arizne)

Another community member shared:

Whenever we go ask for help. They're always willing to help. So, it's the same thing with us ... Yeah. Like I said we're all striving for the same thing. We're all trying to keep the community safe and better for the youth, and just the overall community in general ... So I said that the motivation is still there. (Community member)

Within Indigenous communities, there is strong motivation and will for collective processes to restore health and move from the cycle of violence to the circle of wellness. As the Truth and Reconciliation Commission of Canada (TRC, 2015) revealed, repair, restoration, and reintegration are needed in many facets of the lives of Indigenous Peoples and communities. The Community Journey of Change model can guide organizations when invited to walk alongside Indigenous communities through the process of identifying their journeys to wellness. The cycle of violence highlights the violence and trauma experienced by Indigenous Peoples through colonization, which is not only historical, but ongoing and cascading. The relational determinants of health clarify processes for re-establishing disrupted Indigenous ways of knowing, being, and doing. The circle of wellness begins to provide clarity on the principles of wellness that communities can use to re-create their landing places for health and wellbeing. In this work, Indigenous Peoples can invite non-Indigenous peoples to walk alongside them in repairing and restoring the wellbeing, integrity, traditions, and relations of Indigenous individuals, families, and communities.

Considerations for Programs and Services with Indigenous Communities

The Community Journey of Change model was informed by our research on the historical and ongoing harms of colonization for Indigenous Peoples in Canada. UNDRIP (2007) acknowledged similar harms experienced by Indigenous Peoples around the world who have “suffered from historic injustices as a result of, inter alia, their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests” (p. 3). Reparation for these harms can only be made with policies and practices that enable Indigenous communities to repair, re-place, and re-integrate what has been disrupted by colonization to meet their own needs and interests.

Given the disparate worldviews held within Indigenous and Western societies and their need to work together to restore balance and full rights for Indigenous Peoples, Ermine (2007) proposed a strategy of creating ethical space. Ethical space between Indigenous and Western systems requires engagement based on ethical and human principles, including humanity and respect. Ermine (2007) identified significant work to be done to create ethical space: “to step out of our allegiances, to detach from the cages of our mental worlds and assume a position where human-to-human dialogue can occur” (p. 202). As we have walked alongside communities in their journeys to restore wellness, they have helped us to understand that policies, programs, and services must align with principles of ethical space. It is only when Indigenous and non-Indigenous people can come together to work within ethical space that the barriers related to shame, guilt, inequities, and intergenerational trauma can be overcome.

Through our research, communities have guided us in identifying six considerations for creating ethical space in which to develop policies, programs, and services that support communities’ journeys of change:

- a. Look to Indigenous leaders for organizational alignment and Indigenous program development,
- b. Respect self-determination and support community vision and actions (see also Barker et al., 2017),
- c. Ensure safety at all levels and for all participants (Yamada, 2014),
- d. Work to re-integrate culture (Dumont, 2014; Mussell et al., 2004),
- e. Promote cohesion and culture within the community (Chandler & Lalonde, 2008), and
- f. Lead systems change (Reading, 2018; TRC, 2015).

Each of these considerations is briefly described below.

Organizational Alignment with Indigenous Development

Indigenous program development and service planning must be directed by Indigenous leaders. External organizations with an interest in working alongside and support communities in restoring wellbeing must embed Indigenous leaders within their organization. Only these leaders are able to frame the policies, programming, and services through an Indigenous lens. The core processes of addressing the cycle of violence and mobilizing communities toward wellness must be envisioned, developed, and delivered by Indigenous leaders at all levels of the organization. This is the only approach that will

provide a strong foundation for the other considerations: self-determination, safety, culture, cohesion, and systems change.

Self-Determination

A community's vision of healing pathways and wellness is determined internally, not by an external program or service. Programs and services are often bound by deliverables; however, there has to be shared leadership and flexibility to meet communities' requests, visions, capacities, and paces of change. The communities need to lead their own healing processes and define their own landing place for wellness. To support self-determination, it is essential to ensure that external policies, programs, and services support Indigenous Peoples and communities and do not create dependency.

Safety

The layers of harm and trauma from colonization need to be counterbalanced with levels of safety (Yamada, 2014). Within community-based programs and services, we can ask: What safety mechanisms are in place to counteract the layers of harm and trauma? How can trust and safe relationships be created and sustained while working within the community? How can safety be created in delivering programs and services? It is imperative to ensure that policies, programs, and services do no harm and intentionally work to counteract and end the ongoing harms of colonization.

Culture

Re-integrating the cultural foundation that has been eroded is the key to beginning the journey to healing (Dumont, 2014). Cultural continuity within a community is linked to the health and wellbeing of its members (Chandler & Lalonde, 2008). Ideally, effective community-based programs and services arise from within the community; however, in the context of today's reality, Indigenous communities often invite external programs and services to address harms. Any policy or program in an Indigenous community needs to make space for culture. The community has to lead the processes of capacity building and mobilizing for healing. The agency, program, or service, not the community, must be responsible for finding those who can inform the cultural elements to be embedded into policies, programming, and services.

Cohesion

Cohesion is about working with all my relations and deepening relations to land, culture, language, and people. Therefore, any healing process needs to be undertaken with a deep cultural consideration and by a collective, rather than an individual. Leadership from a community team can guide progress in protection policies and measures, prevention efforts, and crisis responses. The journey taken in moving from the cycle of violence toward the circle of wellness will necessarily be specific to each community and embedded within its culture.

Systems Change

Communities are not able to journey to wellness without significant shifts in Western structures that create and sustain social, economic, environmental, political, and cultural inequities, marginalization,

and criminalization. Our historical timeline reveals the ongoing trauma from colonization. With the burden of historical and current harms, communities are caught between a deep commitment to leading their own healing process and pervasive harmful societal structures, policies, and practices.

The TRC (2015) focused on reparations related to the legacy of residential schools and presented Calls to Action for change in many systems within Canada including child welfare, education, language and culture, health, and justice. What systems changes are needed? These systems need to make room for natural Indigenous systems that worked well for millennia. Although self-determination is a guiding principle for journeying to wellness, it is difficult for Indigenous systems to operate independently from the broader social, economic, and political systems within the country.

Moving Forward

Our research with communities has enhanced our understanding of, not only the layers of violence and harm from colonization, but also how these have systematically fractured the foundational Indigenous principle of all my relations. We have learned from communities that the journey to wellness is grounded in re-integrating the fractured relational determinants of health and the cultural foundation of knowing, being, and doing in communities. Informed by the knowledge shared by communities, we are in the process of revising the violence prevention programming using our Community Journey of Change model so that it is Indigenized, re-integrative, and non-linear. This revised programming is being piloted and evaluated in communities across Canada. Although we are in the early stages of sharing the Community Journey of Change model, we have already heard from many community members about the important meaning and guidance provided by the model and programming based on it. One Elder shared:

What was meaningful for me was your explanation of the landing place. We are not thinking about our landing place and that provides a good guide for what we need to do. We need to define our landing place. (Community member)

Another community member explained:

My learning through the Community Change Journey massively increased my understanding of the role I play in my community and what my job is as a community connector. (Community member)

We believe that the Community Journey of Change model provides guidance to those working with and within diverse Indigenous communities to address the layers of harm from colonization and create culturally relevant pathways to restore the relational determinants of health. We are most grateful for the opportunities to work and learn with communities. We will continue to walk alongside and learn with Indigenous communities as they mobilize for their journeys of change and restore their relational determinants of health.

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Appendix B - SPS Redesign PHASE 1 Documents

1. SPS Abbreviated Interview Questions
2. Strengths & Gaps Document Template

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STARTING PLACE STORY QUESTIONS – Community-Specific Strengths and Gaps Knowledge

1st - PHYSICAL	
Cycle of Violence	Circle of Wellness
1. a) What changes to harvesting happened in our territory after the arrival of European explorers, traders, and then settlers? For example, with trapping, hunting, furs, harvesting plants, fishing, fish camps, trap lines, cabin areas. b) How did these changes also impact our traditional burial areas?	1. What will the community be doing to take care of our renewable resources such as land, water, air – this includes animals, fish, fowl, and traditional medicines?
b) a) What Indian Residential Schools were the children of [COMMUNITY NAME] sent to? b) Was there an Indian Day School in [COMMUNITY NAME]?	2. How will people get affordable housing that is safe and accommodates the needs of families, single people, single parent families & Elders?
2nd - MENTAL	
Cycle of Violence	Circle of Wellness
1. Historically, which ways did the Indian Act affect our community?	1. Which cultural practices and teachings will help maintain peace and harmony within our community?
2. a) In the past, what has been our community's relationship with the RCMP and the Provincial Police?	2. What will healthy leadership in our community look like?
3. b) Today, what is our community's relationship with them?	
3rd - EMOTIONAL	
Cycle of Violence	Circle of Wellness
1. What were the social impacts on our community from European traders & eventually development workers, e.g., Hudson Bay trading-post traders & missionaries, and more recently miners & government workers?	1. What are examples of the ways community will keep youth engaged?
2. a) What does alcohol and substance use* look like in our community? *substance use includes both non-prescription and prescription drugs, as well as nicotine (cigarettes, snuff, vaping). b) In what ways does gambling affect families and our community?	2. What will extended families do to build connection and strength, resilience, and belonging?
4th - SPIRITUAL	
Cycle of Violence	Circle of Wellness
1. How did the introduction of Christianity - Catholic, Pentecostal, Anglican, and or United - change people's spiritual practices?	1. In what ways will our community demonstrate its strength, resilience, and care for one another?
2. What were the ways Indian Residential School interrupted our traditional practices?	2. How will children be encouraged to develop their natural strengths?
3. How was our [SPECIFIC INDIGENOUS GROUP NAME, e.g. James Bay Coastal Cree] language impacted in our community?	
IMPACTS OF HARMS KNOWLEDGE	RESTORED COMMUNITY WELLNESS KNOWLEDGE

Creating Safe Environments Project (CSEP)

[COMMUNITY NAME]

[INSERT PICTURE OF COMMUNITY]

PROPOSED STARTING PLACE STORY, PHASE 1

Community Strengths and Gaps Template
v. **[DATE]**

Gathered by: [COMMUNITY COORDINATOR'S NAME], CSEP Community Coordinator

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INTRODUCTION: Purpose

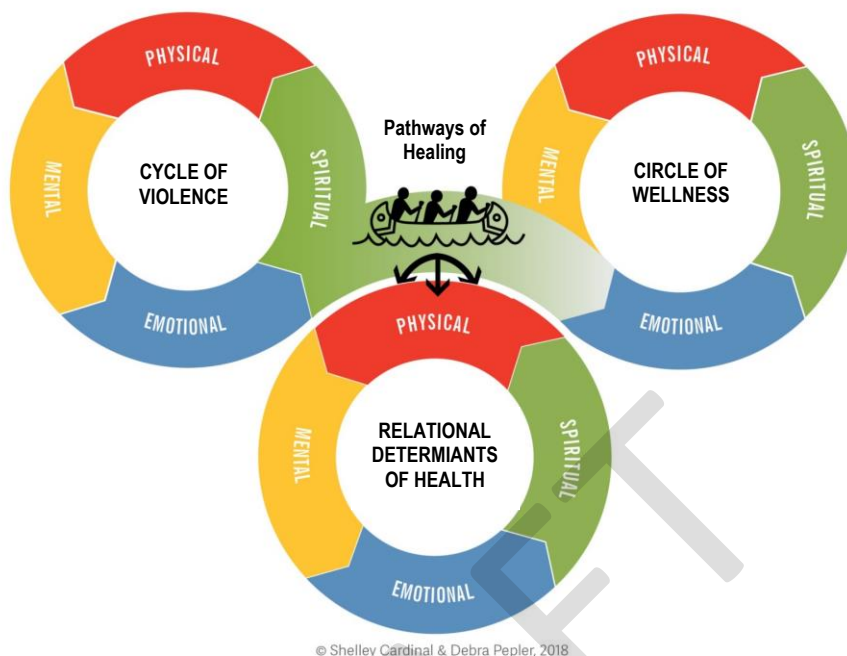
Knowing our community's strengths and gaps while we are doing violence prevention planning will guide us in building safety and wellness in our community. When we use our community's strengths to address and fill gaps in our community's policies and services, we hold up our community's cultural values.

Through the Creating Safe Environments Project we will build a Violence Prevention Team. This Prevention Team will be made up of community members who, in their individual jobs and community roles, already work to create safety and wellness in our community. Coming together formally as a Prevention Team will help us coordinate this safety and wellness work in the community.

The Prevention Team will use the strengths and gaps gathered in this document to begin developing a Community Action Plan for safety and wellness in the community. The Community Action Plan will help organize and direct the steps we take to create community safety and wellness.

Identifying and gathering some of our community's strengths and gaps is also how to prepare to use the following Community Journey of Change model for violence prevention programming delivered by the Canadian Red Cross. When we use this model as a blueprint, we see that it is the historical harms caused by colonization that are the foundation for our current experiences of violence in our community. After understanding how these harms affect our community, we can then move forward by using our community's strengths and address our community's areas of structural vulnerability. These areas of structural vulnerability are the gaps in our policies, programs, and services for creating community safety and wellness.

COMMUNITY JOURNEY OF CHANGE MODEL



MOVING THROUGH THE CIRCLES

The Community Journey of Change model is a process that Indigenous communities can use to help understand historical harms are the foundation for current experiences of violence within the community. The process helps communities address the resulting challenges of this violence. The community comes to understand, name, and re-claim its past and begin its self-determined journey to wellness, moving along its pathways of healing from the Cycle of Violence to the Circle of Wellness to restoring its Relational Determinants of Health for the community, families, and individuals.¹

For thousands of years, physical, mental, emotional, and spiritual relationships have created the foundations for Indigenous Peoples' strength, wholeness, and wellness. Community's journey to wellness involves recognition and restoration of these relationships. In this way, community comes back to a place of thriving by restoring their relationality with land, culture, language, and ceremony.

The Canadian Red Cross supports Indigenous communities in identifying their cultural knowledge and practices that address the cycle of violence rooted in colonization and promote the circle of wellness rooted in Indigenous traditions.

¹ S. Cardinal & D. Pepler, "Community journey of change through relational determinants of health," *The International Policy Journal*. 12(3), (2021).

The four inter-related elements on the Journey of Change that restore a community's wellness are the:

- Canoe
- Cycle of Violence
- Circle of Wellness
- Relational Determinants of Health

Canoe

The canoe is the central element in the model and represents everyone working together to create safety for children and youth: multiple sectors in the community, the community's Violence Prevention Team, a Violence Prevention Team Coordinator, and the Canadian Red Cross or any other organization partnering with the Community for violence prevention. While movement of the canoe from the Cycle of Violence to the Circle of Wellness happens by everyone working together, the specifics of the landing place in the Circle of Wellness and the pathways of healing to restoring community's Relational Determinants of Health are self-determined and led by the community and its members.

Cycle of Violence

The layers of harm in the Cycle of Violence include disruptive experiences such as contact, stolen resources, slavery/missing people, dislocation, disease, substances, residential schools, confederation, Indian Act and Aboriginal policies, police and criminal justice, medical research in Indian hospitals, and the sixties and millennial scoops.

In the Cycle of Violence, the harms are distributed among the physical, mental, emotional, and spiritual quadrants by assigning them to the quadrant of their most prominent disruption. It is recognized, however, that each harm can fit into each quadrant and its effects can be felt across all the quadrants.

Circle of Wellness

If colonization has disrupted "all my relations"², then wellness can be understood of as a restoration of "all my relations" in the physical, mental, emotional, and spiritual quadrants. By recovering the past and looking forward, the Circle of Wellness helps communities envision their landing place for wellness and guides them to think about such questions as:

- What are our common goals for wellness?
- Where do we come together to work on a common vision?
- What are our priorities in restoring wellness within our community?

² "... the phrase 'all my relations' points to the truth that we are related, that we are all connected, that we all belong to each other. The most important word is 'all'. Not just those who look like me, sing like me, dance like me, speak like me, pray like me or behave like me. ALL my relations. That means every person, just as it means every rock, mineral, blade of grass, and creature. We live because everything else does. If we were to choose collectively to live that teaching, the energy of our change of consciousness would heal each of us – and heal the planet." Richard Wagamese, *Embers: One Ojibway's Meditations*. (2016): 36.

Restoring Relational Determinants of Health

Once we understand the harms, and have identified our landing place for community wellness, it becomes possible to consider the pathways of healing through the interrelated physical, mental, emotional, and spiritual quadrants in multiple community sectors, and using their systems to restore community wellness. The actions on these pathways form the foundation of the Community Action Plan. As mentioned above, the actions and the wellness landing place are determined and led by the community and its members. It is important for community members to see and share a collective vision of a landing place for wellness for the community.

CREATING YOUR COMMUNITY'S STRENGTHS AND GAPS DOCUMENT

Using the abbreviated SPS Knowledge Gathering Questions and the Relational Determinants of Health Questions, conduct four to six interviews with the proposed members of your Violence Prevention Team and other key community members. After each interview identify, in point form, the Strengths and Gaps in each community member's answers that relate to the elements in each quadrant and the fifth section. Record them in the following template.

After recording the Strengths and Gaps in point form, look for key themes in the Strengths and the Gaps. Record the key themes in the Conclusion.

PHYSICAL QUADRANT KNOWLEDGE

Cycle of Violence

Impacts of Historical Harms

- Contact
- Relations to resources
- Disease
- Confederation
- Residential schools
- Treaties
- “Medical Research” and “Indian Hospitals”

Strengths

-
-

Gaps / Challenges

-
-

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Circle of Wellness

Landing Place

- Healthy land, water, air, and living environment
- Relationship with and access to the land, traditional foods and medicine
 - Physical and social safety

Strengths

-
-

Gaps / Challenges

-
-

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MENTAL QUADRANT KNOWLEDGE

Cycle of Violence

Impacts of Historical Harms

- Indian Act and Aboriginal policy
- Residential Schools
- Police and Criminal Justice

Strengths

-
-

Gaps / Challenges

-
-

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Circle of Wellness

Landing Place

- Grounded in traditional ways of knowing and being
 - Self determination
- Self and community responsibility and accountability

Strengths

-
-

Gaps / Challenges

-
-

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EMOTIONAL QUADRANT KNOWLEDGE

Cycle of Violence

Impacts of Historical Harms

- Residential Schools
- 60's Scoop and Millennial Scoop
- Rise of gangs
- Substances

Strengths

-
-

Gaps / Challenges

-
-

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Circle of Wellness
Landing Place

- Healthy, stable and harmonious relationships
- Support during difficult experiences to build resilience
- Belonging and connectedness in family and community

Strengths

-
-

Gaps / Challenges

-
-

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SPIRITUAL QUADRANT KNOWLEDGE

Cycle of Violence

Impacts of Historical Harms

- Slavery/missing people
- Spiritual dislocation
- Introduction of Christianity
- Residential Schools

Strengths

-
-

Gaps / Challenges

-
-

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Circle of Wellness

Landing Place

- Spiritual connection to all my relations and creator
 - Living cultural and individual gifts
 - Resilience and resistance

Strengths

-
-

Gaps / Challenges

-
-

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RELATIONAL DETERMINANTS OF HEALTH SYSTEMS KNOWLEDGE

Community Pathways of Healing

Community Action Planning

- Cultural knowledge and practices in our community wellness programming
- Ways the systems in our community work together to create safe and healthy environments
- Prevention and or preparedness programs in our community.
- Ways our community works with the CRC for prevention and or preparedness
- How community supports positive change when it happens in the community
- How community responds when crisis happens in the community
- Priorities the community should focus on for our Violence Prevention Community Action Plan

Strengths

-
-

Gaps / Challenges

-
-

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CONCLUSION: Key Themes

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Appendix C - SPS Tools

HANDOUTS FOR WORKING WITH COMMUNITY MEMBERS

(© Dawn-Lee Ricard, Debra Pepler, and Shelley Cardinal, 2019-2021)

1. SPS One Page Description to Invite Community Members
2. SPS Consent Form
 - a. Community Coordinator Version
 - b. Community Member Version
2. Community Journey of Change Model Process Figures:
 - Figure 1 - A Map of Community's Movement along its Pathways of Healing to Restoring its Relational Determinants of Health
 - Figure 2 - Cycle of Violence Impacts & Circle of Wellness Landing Place
 - Figure 3 - Community's Relational Determinants of Health Targets for Community Action Plan
3. SPS Knowledge Gathering Question Sheets
 - a. 1st-Physical Quadrant Knowledge
 - b. 2nd-Mental Quadrant Knowledge
 - c. 3rd-Emotional Quadrant Knowledge
 - d. 4th-Spiritual Quadrant Knowledge
 - e. 5th-Relational Determinants of Health Community Systems Knowledge
 - i. Community Coordinator Version (with instructions)
 - ii. Community Member Version
4. SPS Knowledge Gathering Recording Pages for each Quadrant & Relational Determinants of Health Section

SPS TEMPLATE

(© 2019-2021 by Dawn-Lee Ricard, Debra Pepler, and Shelley Cardinal)

WHAT is a Starting Place Story?

It is the beginning of a collaborative community journey of change with our community and the Canadian Red Cross to help create safety and wellness for children, youth, families, and elders in our community.

It is our community's self-determination tool for gathering our community knowledge and providing us a starting place to understand the:

- **historical and ongoing harms** in our community caused by colonization
- **cultural knowledge and practices** our community identify for our wellness landing place
- **relational determinants of health** we restore in our community's systems

WHY Do We Write a Community Starting Place Story?

Writing a Starting Place Story supports our community in building awareness of its strengths, weaknesses, and where there may be gaps in policies, programs, and services for creating community safety and wellness.

Our community's Story also informs the Canadian Red Cross' understanding about the recent history in our community, our community's current challenges, and our community's starting place for violence prevention and wellness. Gathering our community's knowledge and knowing our starting place helps our community and the Canadian Red Cross work together to build on our community's strengths and address our community's areas of structural vulnerability. These areas of structural vulnerability are the gaps in our policies, programs, and services for creating community safety and wellness.

WHO is Involved in Writing Our Community Starting Place Story?

The Violence Prevention Team Community Coordinator and other members of our community involved in building safety and wellness for children, youth, families, and elders in our community.

HOW is Our Community Starting Place Story Written?

The Community Coordinator and individual community members meet one-on-one. The Community Coordinator asks questions, gathers community member's story threads of knowledge, then brings everyone's knowledge together to build our community's Starting Place Story.

WHAT Is the Goal for Writing Our Community Starting Place Story?

To create a living document that demonstrates our pathways of healing to community wellness by:

- **recognizing** our community's historical and ongoing harms and their impacts in the physical, mental, emotional, and spiritual quadrants that have led to a **Cycle of Violence**;
- **envisioning** our community's wellness landing place in the physical, mental, emotional, and spiritual quadrants by using our community knowledge and practices to create a **Circle of Wellness**; and,
- **determining** our community's actions in the physical, mental, emotional, and spiritual quadrants that repair community systems and restore our foundational relationships with land, culture, ceremony, and language that are our **Relational Determinants of Health**.

The Community Starting Place Story then provides a strong starting place, informed by community knowledge, for the community to begin moving along our pathways of healing to restore our relational determinants of health, All My Relations.

*Our Community Starting Place Story is a living document that can be added to and revised.
It is our guide for building community safety and wellness and violence prevention planning.
It is the beginning of our community journey of change.*

STARTING PLACE STORY CONSENT AND CONFIDENTIALITY

Date & Location: _____

Thank you for taking the time to share your knowledge with me, [COMMUNITY COORDINATOR'S NAME] (Canadian Red Cross Community Coordinator for the Creating Safe Environments Project), about our community of [COMMUNITY NAME].

The knowledge you share will be used to write our community's Starting Place Story. Our story will show us where our community strengths are for creating safety and wellness for our children, youth, adults, families, and elders in our community. It will also show us where we have gaps and challenges in our community's policies, programs, and services for creating safety and wellness.

Our community's Starting Place Story is a self-determination tool to help us understand the:

- **historical and ongoing harms** in our community caused by colonization
- **cultural knowledge and practices** our community can use for its wellness landing place vision
- **actions** our community can take to repair the community systems that restore "all my relations"

While our story is being written, what you share will be kept confidential in a locked cabinet and on a password-protected computer. Before your knowledge is added to our community story, notes from what you share will be typed then given to you to read to make sure they say what you meant. After you confirm what is written is accurate, your knowledge will be put together with the knowledge shared by other community members to create our community's story. Eventually, parts of our community's story will be used to develop safety and wellness tools for [COMMUNITY NAME], as well as other Indigenous communities, and to write reports. It may also be used to carry out future community-led projects in [COMMUNITY NAME].

CONSENT

Consent can be Given or Turned Down in Writing or Verbally

1. INTERVIEWING

IN WRITING: YES / NO - *Community Member circles YES or NO & prints & signs their name on the line*

(community member's printed name & signature)

VERBALLY: YES / NO - *Community Coordinator circles YES or NO, then prints name on the line above*

2. RECORDING *If do not want to be recorded it is still ok to share knowledge. The Coordinator will write notes.*

IN WRITING: YES / NO - *Community Member circles YES or NO & prints & signs their name on the line*

(community member's printed name & signature)

VERBALLY: YES / NO - *Community Coordinator circles YES or NO, then prints name on the line above*

CONFIDENTIALITY

When what you shared is acknowledged in the Starting Place Story, and any other reports, would you like to be identified by your name or as a community member?

Community Member or Community Coordinator circles "my name" or "a community member":

Identified by "my name" or Identified as "a community member"

STARTING PLACE STORY CONSENT AND CONFIDENTIALITY

Date & Location: _____

Thank you for taking the time to share your knowledge with me, [COMMUNITY COORDINATOR'S NAME] (Canadian Red Cross Community Coordinator for the Creating Safe Environments Project), about our community of [COMMUNITY NAME].

The knowledge you share will be used to write our community's Starting Place Story. Our story will show us where our community strengths are for creating safety and wellness for our children, youth, adults, families, and elders in our community. It will also show us where we have gaps and challenges in our community's policies, programs, and services for creating safety and wellness.

Our community's Starting Place Story is a self-determination tool to help us understand the:

- **historical and ongoing harms** in our community caused by colonization
- **cultural knowledge and practices** our community can use for its wellness landing place vision
- **actions** our community can take to repair the community systems that restore "all my relations"

While our story is being written, what you share will be kept confidential in a locked cabinet and on a password-protected computer. Before your knowledge is added to our community story, notes from what you share will be typed then given to you to read to make sure they say what you meant. After you confirm what is written is accurate, your knowledge will be put together with the knowledge shared by other community members to create our community's story. Eventually, parts of our community's story will be used to develop safety and wellness tools for [COMMUNITY NAME], as well as other Indigenous communities, and to write reports. It may also be used to carry out future community-led projects in [COMMUNITY NAME].

CONSENT

Consent can be Given or Turned Down in Writing or Verbally

1. INTERVIEWING

IN WRITING: YES / NO - Community Member circles YES or NO & prints & signs their name on the line

(community member's printed name & signature)

VERBALLY: YES / NO - Community Coordinator circles YES or NO, then prints name on the line above

2. RECORDING *If do not want to be recorded it is still ok to share knowledge. The Coordinator will write notes.*

IN WRITING: YES / NO - Community Member circles YES or NO & prints & signs their name on the line

(community member's printed name & signature)

VERBALLY: YES / NO - Community Coordinator circles YES or NO, then prints name on the line above

CONFIDENTIALITY

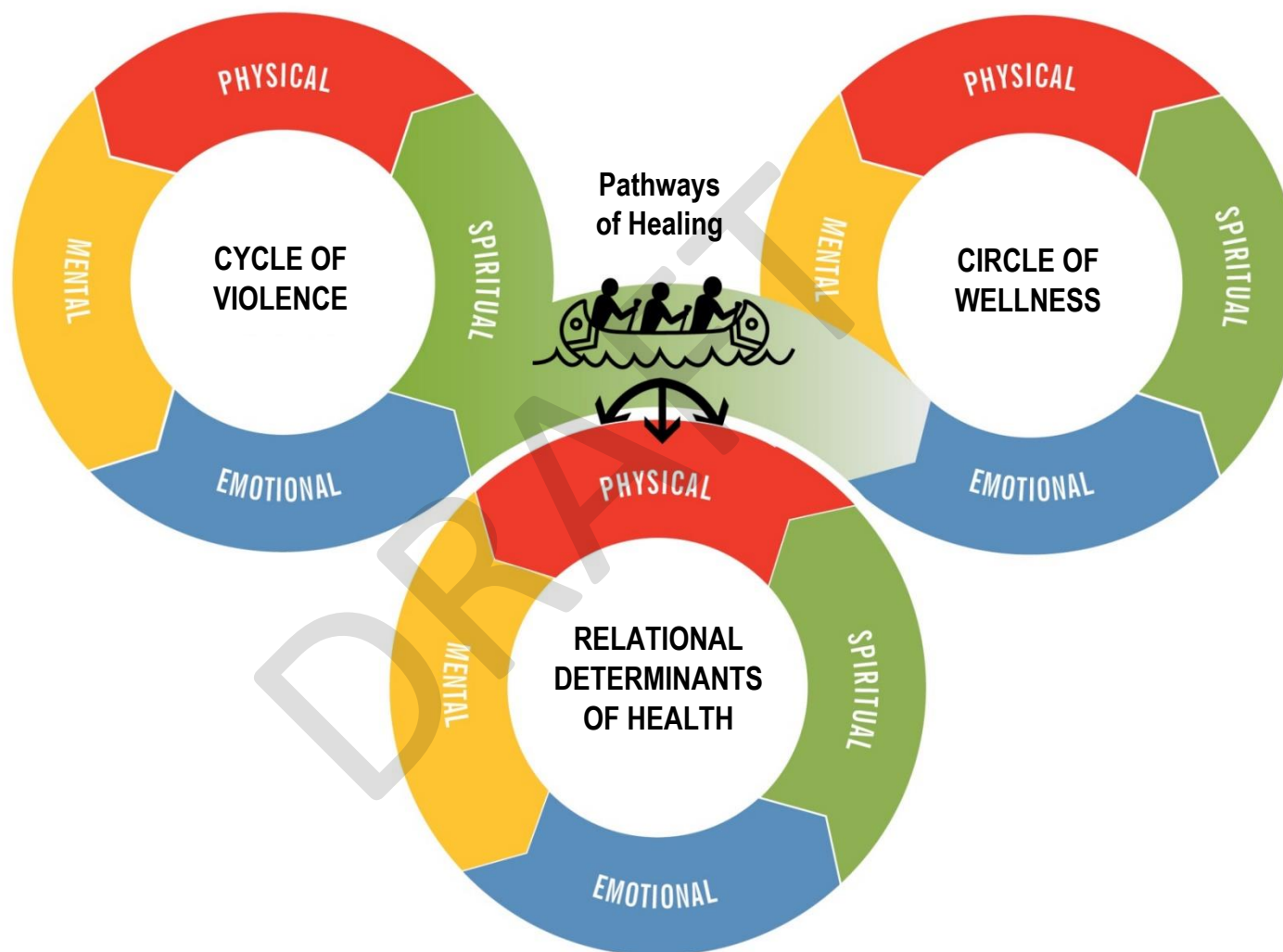
When what you shared is acknowledged in the Starting Place Story, and any other reports, would you like to be identified by your name or as a community member?

Community Member or Community Coordinator circles "my name" or "a community member":

Identified by "my name" or Identified as "a community member"

Starting Place Story

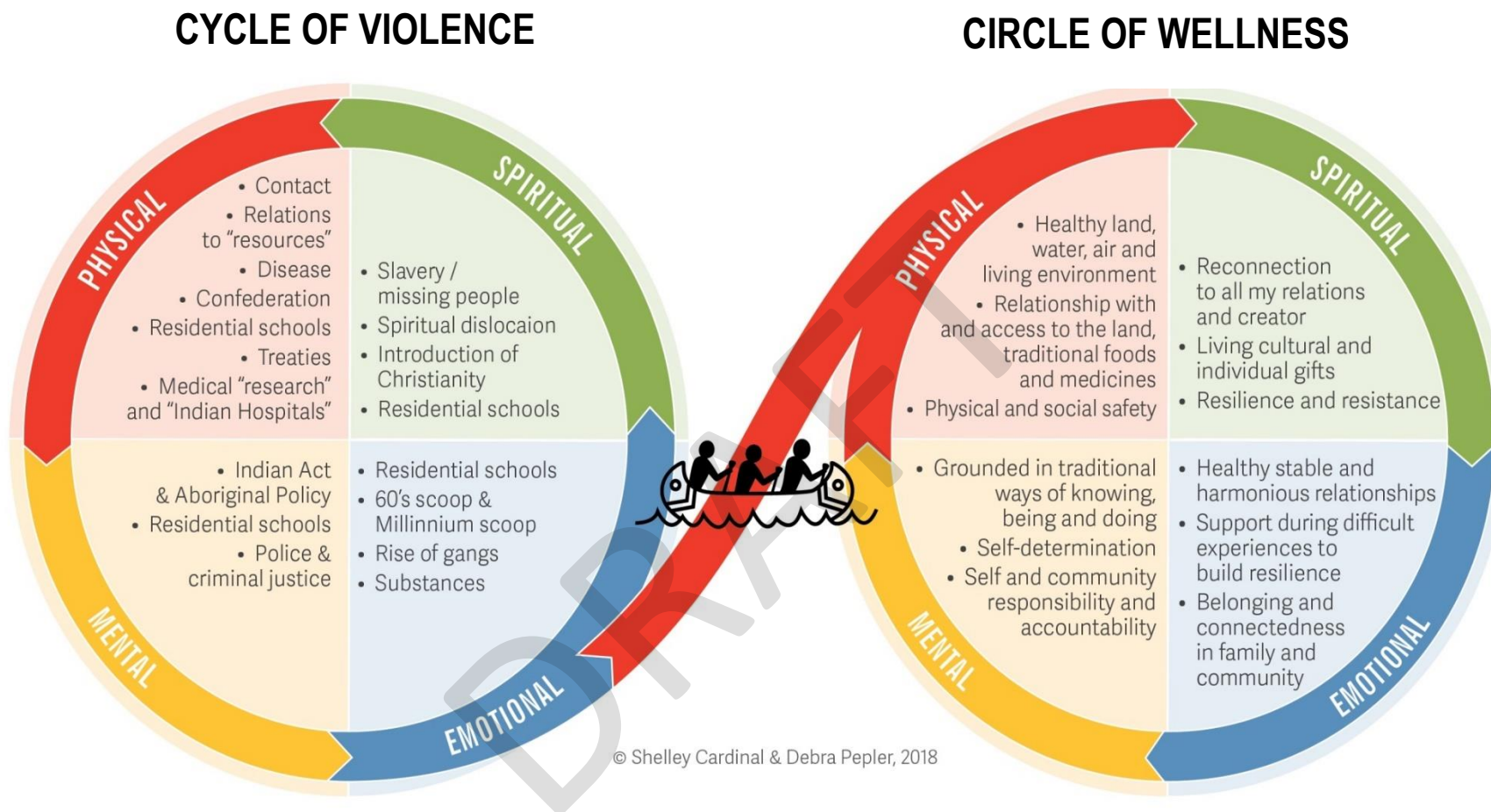
Figure 1. A Map of Community's Movement along its Pathways of Healing to Restoring its Relational Determinants of Health



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Starting Place Story

Figure 2. Cycle of Violence Impacts & Circle of Wellness Landing Place



*Colonization's Disruptive Experiences

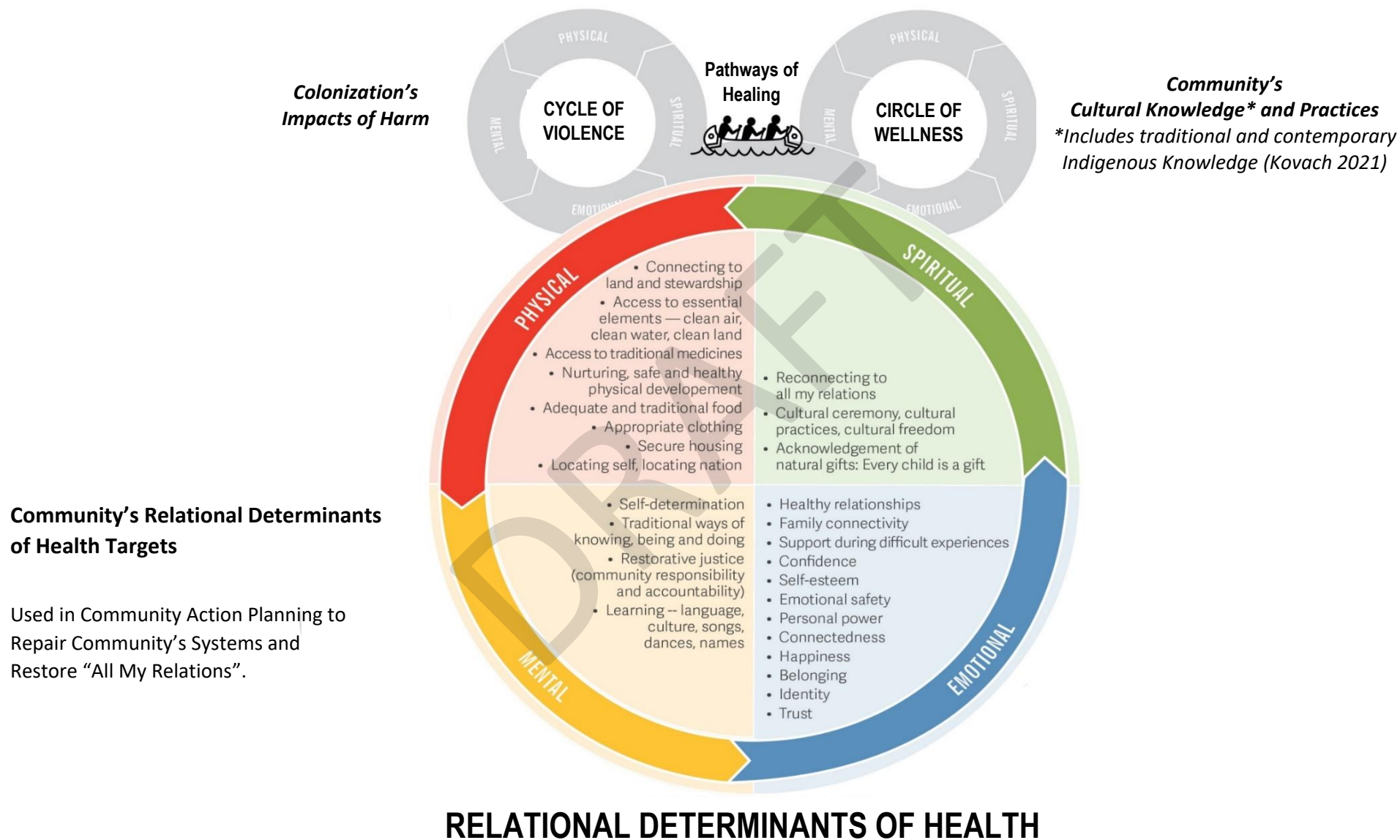
***Colonization on Turtle Island** – the illegal occupation of unceded territories, forcible removal of children from families, punishment for speaking native language. It was carried out with the deliberate intent to destroy Indigenous Peoples' cultural knowledge and practices.

Community's Fundamentals of Wellness

Where Community's Cultural Knowledge and Practices. Are used to recover Community's Wellness Vision. Where "All My Relations" are Restored.

Starting Place Story

Figure 3. Community's Relational Determinants of Health Targets for Community Action Planning



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SPS QUESTIONS – Community's Physical Quadrant Knowledge

NAME: _____

1st – PHYSICAL	
Cycle of Violence	Circle of Wellness
1. When did Europeans first come to our territory? Why were they in our territory, for example, exploration or fur trade?	1. Within our community, will it be common to spend time on the land?
2. After Europeans were in our territory, were there new diseases?	2. What will the community be doing to take care of our renewable resources such as land, water, air – this includes animals, fish, fowl, and traditional medicines?
3. a) What changes to harvesting happened in our territory after the arrival of European explorers, traders, and then settlers? For example, with trapping, hunting, furs, harvesting plants, fishing, fish camps, trap lines, cabin areas. b) How did these changes also impact our traditional burial areas?	3. What traditional foods will our community trap, hunt, harvest & fish?
4. How were family living arrangements affected during and after contact?	4. Will there be traditional healers in our community?
5. Has our community experienced relocation since Europeans arrived on our territory?	5. How will people get affordable housing that is safe and accommodates the needs of families, single people, single parent families & Elders?
6. After Europeans arrived our territory, did our community sign any agreements, treaty or otherwise, with the Crown?	6. What land-based cultural programs and language will be offered?
7. a) What Indian Residential Schools were the children of [COMMUNITY NAME] sent to? b) Was there an Indian Day School in [COMMUNITY NAME]?	
8. a) Was there an Indian Hospital close to [COMMUNITY NAME]? b) Was there a TB Sanitorium community members were sent to?	
9. After *colonization, do we still live on our territory? If we do, have there been changes to how we move around on our territory? *colonization - the illegal occupation of unceded territories, forcible removal of children from families, punishment for speaking native language. It was carried out with the deliberate intent to destroy Indigenous Peoples' cultural knowledge and practices.	
IMPACTS OF HARMS KNOWLEDGE	VISION OF COMMUNITY WELLNESS KNOWLEDGE

SPS QUESTIONS – Community's Mental Quadrant Knowledge

NAME: _____

2 nd - MENTAL	
Cycle of Violence	Circle of Wellness
1. Historically, which ways did the Indian Act affect our community?	1. What are the healthy lifestyle practices community members will participate in?
2. How did our traditional lifestyle change after accommodating federal government rules, regulations, and the reservation system?	2. Which cultural practices and teachings will help maintain peace and harmony within our community?
3. How were our traditional *governance structures impacted? *governance – the processes of governing the community and the Nation	3. Which programs and events will help children, youth, and Elders be strong in their [Indigenous Group Name, e.g. James Bay Coastal Cree] identity?
4. a) In the past, what has been our community's relationship with the RCMP and the Provincial Police? b) Today, what is our community's relationship with them?	4. What will healthy leadership in our community look like?
	5. How will our [COMMUNITY NAME] education system continue to support our children, youth and Elders?
IMPACTS OF HARMS KNOWLEDGE	VISION OF COMMUNITY WELLNESS KNOWLEDGE

SPS QUESTIONS – Community's Emotional Quadrant Knowledge**NAME:** _____

3rd - EMOTIONAL	
Cycle of Violence	Circle of Wellness
1. What were the social impacts on our community from European traders & eventually development workers, e.g., Hudson Bay trading-post traders & missionaries, and more recently miners & government workers?	1. Are local community members teachers in the schools?
2. In the past, were children and youth removed from our community? Is this still happening today?	2. What are examples of the way's community will keep youth engaged?
3. Do families in our community have experience with the *60's scoop? *provincial child services removing children from community and placing them for adoption with non-Indigenous families	3. What activities & programs will you see that build a sense of cultural pride and belonging for our children, youth, adults, and Elders?
4. What does alcohol and substance use* look like in our community? *substance use includes both non-prescription and prescription drugs, as well as nicotine (cigarettes, snuff, vaping).	4. (a) What are some ways people and families will get support during difficult experiences? (b) Are there different agencies offering different services?
5. In what ways does gambling affect families and our community?	5. What will extended families do to build connection and strength, resilience, and belonging?
6. Has there been, or are there, gangs in our community? If there are no gangs in our community currently, do community members have connections with gangs outside our community?	
7. Was there ever a time or incident in our community's history that you feel needs to be highlighted?	
IMPACTS OF HARMS KNOWLEDGE	VISION OF COMMUNITY WELLNESS KNOWLEDGE

SPS QUESTIONS – Community's Spiritual Quadrant Knowledge

NAME: _____

4 th - SPIRITUAL	
Cycle of Violence	Circle of Wellness
1. How did the introduction of Christianity - Catholic, Pentecostal, Anglican, and United - change people's spiritual practices?	1. In what ways will our community demonstrate its strength, resilience, and care for one another?
2. What were the ways Indian Residential School interrupted our traditional practices?	2. Which [SPECIFIC INDIGENOUS GROUP NAME, e.g. James Bay Coastal Cree] ceremonies and spiritual practices will families in our community engage in?
3. How was our [SPECIFIC INDIGENOUS GROUP NAME, e.g. James Bay Coastal Cree] language impacted in our community?	3. Which religious ceremonies will families in our community engage in?
4. Besides Indian Residential School, were children adopted or removed from our community? If so, how did that happen?	4. How will children be encouraged to develop their natural strengths?
5. Are there people, in the past or currently, missing from our community? If so, what are the different ways that happened?	5. What ways will our [SPECIFIC INDIGENOUS GROUP NAME, e.g. James Bay Coastal Cree] oral tradition and storytelling be used?
	6. Explain the ways people in our community will learn our [SPECIFIC INDIGENOUS GROUP NAME, e.g. James Bay Coastal Cree] language.
	7. Who will teach children to trap, hunt, harvest plants for food, and gather medicines?
IMPACTS OF HARMS KNOWLEDGE	VISION OF COMMUNITY WELLNESS KNOWLEDGE

SPS QUESTIONS – Community's Systems Knowledge

NAME: _____

5th – RELATIONAL DETERMINANTS OF HEALTH Community Member Copy	
1.	How does our community include our cultural knowledge and practices in wellness programming; in other words, how do we make the programming meaningful to our community?
2.	How do systems in our community work together to create safe and healthy environments? For example, the judicial system, governance system, health system, education system, child welfare system.
3.	What prevention and / or preparedness programs exist in our community?
4.	Has the community worked with the Canadian Red Cross for prevention and / or preparedness? For example, First Aid Training, the Be Safe! kit.
5.	When positive change happens in our community how does community support it, what does the community do? One example: - <i>positive change</i>: language revitalization - <i>community's response</i>: families working to bring [Cree] back into our community and youth asking for [Cree] to be taught in school.
6.	When crisis happens in our community, how do we come together and what do we do about the following types of crises: (i) natural disasters or environmental – for example, a fire or flooding; (ii) social – for example, youth suicide or acts of violence, death of an elder resulting in the loss of cultural and community knowledge, bootleggers, gangs, deaths from drug use; and, (iii) global – for example, the coronavirus pandemic.
7.	One of the things that will be worked on during the Walking the Prevention Pathway programming is a Community Action Plan for violence prevention and creating wellness. The Community Action Plan will support safety and wellness in our community. In your opinion, what are three priorities our community should focus on in our Community Action Plan?

5th – RELATIONAL DETERMINANTS OF HEALTH

Coordinator Copy

1. **How does our community include our cultural knowledge and practices in wellness programming; in other words, how do we make the programming meaningful to our community?**

Answers will vary depending upon whom you talk with and their lived experience. There will be a diversity of voices in the community.

2. **How do systems in our community work together to create safe and healthy environments?**

Before your meeting, identify the systems in your community and make note of whether they work together. For example: the judicial system, governance system, health system, education system, child welfare system.

3. **What prevention and / or preparedness programs exist in our community?**

Skip this question if a program and services mapping project or booklet has been done in your community and the person you are speaking with helped create the project/booklet. They will have already contributed their community knowledge to this question.

4. **Has the community worked with the Canadian Red Cross for prevention and / or preparedness?**

Before your meeting, identify and make note of CRC prevention and preparedness programs/information that already exists in your community, for example, First Aid Training, the Be Safe! kit.

5. **When positive change happens in our community how does community support it, what does the community do?**

Give examples of what your community would consider positive changes. One example is:

- *positive change*: language revitalization
- *community's response*: families working to bring [Cree] back into our community and youth asking for [Cree] to be taught in school.

6. **When crisis happens in our community, how do we come together and what do we do about the following types of crises:**

(i) natural disasters or environmental – for example, a fire or flooding;

(ii) social – for example, youth suicide or acts of violence, death of an elder resulting in the loss of cultural and community knowledge, bootleggers, gangs, deaths from drug use; and,

(iii) global – for example, the coronavirus pandemic.

7. One of the things that will be worked on during Walking the Prevention Pathway programming is a Community Action Plan for violence prevention and creating wellness. The Community Action Plan will support safety and wellness in our community.

In your opinion, what are the three priorities our community should focus on in our Community Action Plan?

STARTING PLACE STORY RECORDING PAGE

NAME & POSITION - _____

1st – PHYSICAL QUADRANT KNOWLEDGE

Cycle of Violence - impacts

DRAFT

STARTING PLACE STORY RECORDING PAGE

1ST - PHYSICAL QUADRANT KNOWLEDGE

Circle of Wellness – landing place

DRAFT

STARTING PLACE STORY RECORDING PAGE

NAME & POSITION - _____

2nd - MENTAL QUADRANT KNOWLEDGE

Cycle of Violence - impacts

DRAFT

STARTING PLACE STORY RECORDING PAGE

2ND - MENTAL QUADRANT KNOWLEDGE

Circle of Wellness – landing place

DRAFT

STARTING PLACE STORY RECORDING PAGE

NAME & POSITION - _____

3rd - EMOTIONAL QUADRANT KNOWLEDGE

Cycle of Violence - impacts

DRAFT

STARTING PLACE STORY RECORDING PAGE

3rd - EMOTIONAL QUADRANT KNOWLEDGE

Circle of Wellness – landing place

DRAFT

STARTING PLACE STORY RECORDING PAGE

NAME & POSITION - _____

4th - SPIRITUAL QUADRANT KNOWLEDGE

Cycle of Violence - impacts

DRAFT

STARTING PLACE STORY RECORDING PAGE

4TH – SPIRITUAL QUADRANT KNOWLEDGE

Circle of Wellness – landing place

DRAFT

STARTING PLACE STORY RECORDING PAGE

NAME & POSITION - _____

5th – RELATIONAL DETERMINANTS OF HEALTH COMMUNITY SYSTEMS KNOWLEDGE

DRAFT

Creating Safe Environments Project (CSEP)

[INSERT PICTURE OF COMMUNITY]

Starting Place Story: [COMMUNITY NAME]
v. DATE

Composed by: NAME OF Community Coordinator

Historical and Community Knowledge shared by:

Community Member's Name, Title

Community Member's Name, Title

Community Member's Name, Title

Community Member's Name, Title

Community Member's Name, Title

Community Member's Name, Title

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Introduction

DRAFT

Physical Quadrant Knowledge

Cycle of Violence - Impacts of Historical Harms

1. When did Europeans first come to our territory? Why were they in our territory, for example, exploration or fur trade?

Strengths

-
-

Gaps / Challenges

-
-

2. After Europeans were in our territory, were there new diseases?

Strengths

-
-

Gaps / Challenges

-
-

3. a) What changes to harvesting happened in our territory after the arrival of European explorers, traders, and then settlers? For example, with trapping, hunting, furs, harvesting plants, fishing, fish camps, trap lines, cabin areas.

- b) How did these changes also impact our traditional burial areas?

Strengths

-
-

Gaps / Challenges

-
-

4. How were family living arrangements affected during and after contact?

Strengths

-
-

Gaps / Challenges

-
-

5. Has our community experienced relocation since Europeans arrived on our territory?

Strengths

-
-

Gaps / Challenges

-
-

6. After Europeans arrived our territory, did our community sign any agreements, treaty or otherwise, with the Crown?

Strengths

-
-

Gaps / Challenges

-
-

7. a) What Indian Residential Schools were the children of [COMMUNITY NAME] sent to?

b) Was there an Indian Day School in [COMMUNITY NAME]?

Strengths

-
-

Gaps / Challenges

-
-

8. a) Was there an Indian Hospital close to [COMMUNITY NAME]?

b) Was there a TB Sanitorium community members were sent to?

Strengths

-
-

Gaps / Challenges

-
-

9. After *colonization, do we still live on our territory? If we do, have there been changes to how we move around on our territory?

*colonization - the illegal occupation of unceded territories, forcible removal of children from families, punishment for speaking native language. It was carried out with the deliberate intent to destroy Indigenous Peoples' cultural knowledge and practices.

Strengths

-

-

Gaps / Challenges

-
-

Strengths Summary.

-
-

Gaps / Challenges Summary.

-
-

DRAFT

Circle of Wellness – Landing Place

1. Within our community, will it be common to spend time on the land?

Strengths

-
-

Gaps / Challenges

-
-

2. What will the community be doing to take care of our renewable resources such as land, water, air – this includes animals, fish, fowl, and traditional medicines?

Strengths

-
-

Gaps / Challenges

-
-

3. What traditional foods will our community trap, hunt, harvest & fish?

Strengths

-
-

Gaps / Challenges

-
-

4. Will there be traditional healers in our community?

Strengths

-
-

Gaps / Challenges

-
-

5. How will people get affordable housing that is safe and accommodates the needs of families, single people, single parent families and Elders?

Strengths

-
-

Gaps / Challenges

-
-

6. What land-based cultural programs and language will be offered?

Strengths

-
-

Gaps / Challenges

-
-

Strengths Summary.

-
-

Gaps / Challenges Summary.

-
-

Mental Quadrant Knowledge

Cycle of Violence – Impacts of Historical Harms

1. Historically, which ways did the Indian Act affect our community?

Strengths

-
-

Gaps / Challenges

-
-

2. How did our traditional lifestyle change after accommodating federal government rules, regulations, and the reservation system?

Strengths

-
-

Gaps / Challenges

-
-

3. How were our traditional *governance structures impacted?

*governance – the processes of governing the community and the Nation

Strengths

-
-

Gaps / Challenges

-
-

4. a) In the past, what has been our community's relationship with the RCMP and the Provincial Police?

5. b) Today, what is our community's relationship with them?

Strengths

-
-

Gaps / Challenges

-
-

Strengths Summary.

-
-

Gaps / Challenges Summary.

-
-

DRAFT

Circle of Wellness – Landing Place

1. What are the healthy lifestyle practices community members will participate in?

Strengths

-
-

Gaps / Challenges

-
-

2. Which cultural practices and teachings will help maintain peace and harmony within our community?

Strengths

-
-

Gaps / Challenges

-
-

3. Which programs and events will help children, youth, and Elders be strong in their [Indigenous Group Name, e.g., James Bay Coastal Cree] identity?

Strengths

-
-

Gaps / Challenges

-
-

4. What will healthy leadership in our community look like?

Strengths

-
-

Gaps / Challenges

-
-

5. How will our [COMMUNITY NAME] education system continue to support our children, youth and Elders?

Strengths

-
-

Gaps / Challenges

-
-

Strengths Summary.

-
-

Gaps / Challenges Summary.

-
-

Emotional Quadrant Knowledge

Cycle of Violence – Impacts of Historical Harms

1. What were the social impacts on our community from European traders & eventually development workers, e.g., Hudson Bay trading-post traders & missionaries, and more recently miners & government workers?

Strengths

-
-

Gaps / Challenges

-
-

2. In the past, were children and youth removed from our community? Is this still happening today?

Strengths

-
-

Gaps / Challenges

-
-

3. Do families in our community have experience with the *60's scoop?
*provincial child services removing children from community and placing them for adoption with non-Indigenous families

Strengths

-
-

Gaps / Challenges

-

-

4. What does alcohol and *substance use look like in our community?

***substance use - includes both non-prescription and prescription drugs, as well as nicotine (cigarettes, snuff, vaping)**

Strengths

-
-

Gaps / Challenges

-
-

5. In what ways does gambling affect families and our community?

Strengths

-
-

Gaps / Challenges

-
-

6. Has there been, or are there, gangs in our community? If there are no gangs in our community currently, do community members have connections with gangs outside our community?

Strengths

-
-

Gaps / Challenges

-
-

7. Was there ever a time or incident in our community's history that you feel needs to be highlighted?

Strengths

-
-

Gaps / Challenges

-
-

Strengths Summary.

-
-

Gaps / Challenges Summary.

-
-

DRAFT

Circle of Wellness – Landing Place

1. Are local community members teachers in the schools?

Strengths

-
-

Gaps / Challenges

-
-

2. What are examples of the way's community will keep youth engaged?

Strengths

-
-

Gaps / Challenges

-
-

3. What activities and programs will you see that build a sense of cultural pride and belonging for our children, youth, adults, and Elders?

Strengths

-
-

Gaps / Challenges

-
-

4. (a) What are some ways people and families will get support during difficult experiences? (b) Are there different agencies offering different services?

Strengths

-
-

Gaps / Challenges

-
-

5. What will extended families do to build connection and strength, resilience, and belonging?

Strengths

-
-

Gaps / Challenges

-
-

Strengths Summary.

-
-

Gaps / Challenges Summary.

-
-

Spiritual Quadrant Knowledge

Cycle of Violence – Impacts of Historical Harms

1. How did the introduction of Christianity - Catholic, Pentecostal, Anglican, and United - change people's spiritual practices?

Strengths

-
-

Gaps / Challenges

-
-

2. What were the ways Indian Residential School interrupted our traditional practices?

Strengths

-
-

Gaps / Challenges

-
-

3. How was our [INDIGENOUS GROUP NAME, e.g., James Bay Coastal Cree] language impacted in our community?

Strengths

-
-

Gaps / Challenges

-
-

4. Besides Indian Residential School, were children adopted or removed from our community? If so, how did that happen?

Strengths

-
-

Gaps / Challenges

-
-

5. Are there people, in the past or currently, missing from our community? If so, what are the different ways that happened?

Strengths

-
-

Gaps / Challenges

-
-

Strengths Summary.

-
-

Gaps / Challenges Summary.

-
-

Circle of Wellness – Landing Place

1. In what ways will our community demonstrate its strength, resilience, and care for one another?

Strengths

-
-

Gaps / Challenges

-
-

2. Which [SPECIFIC INDIGENOUS GROUP NAME, e.g. James Bay Coastal Cree] ceremonies and spiritual practices will families in our community engage in?

Strengths

-
-

Gaps / Challenges

-
-

3. Which religious ceremonies will families in our community engage in?

Strengths

-
-

Gaps / Challenges

-
-

4. How will children be encouraged to develop their natural strengths?

Strengths

-
-

Gaps / Challenges

-
-

5. What ways will our [SPECIFIC INDIGENOUS GROUP NAME, e.g. James Bay Coastal Cree] oral tradition and storytelling be used?

Strengths

-
-

Gaps / Challenges

-
-

6. Explain the ways people in our community will learn our [SPECIFIC INDIGENOUS GROUP NAME, e.g. James Bay Coastal Cree] language.

Strengths

-
-

Gaps / Challenges

-
-

7. Who will teach children to trap, hunt, harvest plants for food, and gather medicines?

Strengths

-
-

Gaps / Challenges

-
-

Strengths Summary.

-
-

Gaps / Challenges Summary.

-
-

DRAFT

Relational Determinants of Health Community Systems Knowledge

1. **How does our community include our cultural knowledge and practices in wellness programming; in other words, how do we make the programming meaningful to our community?**

Strengths

-
-

Gaps / Challenges

-
-

2. **How do systems in our community work together to create safe and healthy environments?**
For example, the judicial system, governance system, health system, education system, child welfare system.

Strengths

-
-

Gaps / Challenges

-
-

3. **What prevention and / or preparedness programs exist in our community?**

Strengths

-
-

Gaps / Challenges

-
-

- 4. Has the community worked with the Canadian Red Cross for prevention and / or preparedness?**
For example, First Aid Training, the Be Safe! kit.

Strengths

-
-

Gaps / Challenges

-
-

- 5. When positive change happens in our community how does community support it, what does the community do?**

One example:

positive change: language revitalization

community's response: families working to bring [Cree] back into our community and youth asking for [Cree] to be taught in school.

Strengths

-
-

Gaps / Challenges

-
-

- 6. When crisis happens in our community, how do we come together and what do we do about the following types of crises:**

(i) natural disasters or environmental – for example, a fire or flooding;

(ii) social – for example, youth suicide or acts of violence, death of an elder resulting in the loss of cultural and community knowledge, bootleggers, gangs, deaths from drug use; and,

(iii) global – for example, the coronavirus pandemic.

Strengths

-
-

Gaps / Challenges

-
-

7. One of the things that will be worked on during the Walking the Prevention Pathway programming is a Community Action Plan for violence prevention and creating wellness. The Community Action Plan will support safety and wellness in our community.

In your opinion, what are the three priorities our community should focus on in our violence prevention Community Action Plan?

Strengths

-
-

Gaps / Challenges

-
-

Strengths Summary.

-
-

Gaps / Challenges Summary.

-
-

Appendix D - SPS Framework, Process, and Tools Manual

Starting Place Story Toolkit Manual: SPS Framework, Process and Tools for Indigenous Communities' Self-Determined Journey to Wellness

(© 2019-2021 by Dawn-Lee Ricard, Debra Pepler, and Shelley Cardinal)

DRAFT

STARTING PLACE STORY TOOLKIT MANUAL

SPS Framework, Process, and Tools for Indigenous Communities' Self-Determined Journey to Wellness

Dawn-Lee Ricard, York University

Debra Pepler, York University

Shelley Cardinal, Canadian Red Cross

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ACKNOWLEDGEMENTS

We acknowledge the deep work we have done in collaboration with Indigenous communities across Turtle Island, also known as Canada. Through our learning together, we are all coming to understand the pathways we walk to our landing place of wellness. The Canadian Red Cross (CRC) is piloting a community-change model in Indigenous communities to create safe environments and prevent violence. Community and individuals' stories inform this model, and, in turn, the model has guided our development of this Starting Place Story Framework, Process, and Tools (SPS).

We developed the SPS to help communities gather their story threads that had been scattered through the impacts of colonization. Through the extended process of gathering these story threads from many community members, the Community Coordinators can begin to place them in three frames – the Cycle of Violence, Circle of Wellness, and Relational Determinants of Health. As the number of threads in the frames accumulate, they are woven together and recover the communities' stories. On their self-determined journey to wellness, it is community members shared stories and their weaving together into the community SPS that enables communities to move along their pathways of healing to restoring their Relational Determinants of Health.

We are grateful for the contributions of Kathy Absolon and Susan Dion to a preliminary starting point story, as well as Angela Salamanca. We are grateful to Naomi Andrews and the Building Connection team¹ for developing Your Starting Point Story as a tool to guide interpersonal violence prevention programming within Indigenous and non-Indigenous communities. Finally, we acknowledge the many community partners we have had over the last eight years who contributed so deeply to our understanding and the development of the Starting Place Story Framework, Process, and Tools as a self-determination tool.

¹ N. Andrews, M. Motz, and D. Pepler, "Developing and testing a readiness tool for interpersonal violence prevention partnerships with community-based projects," *Journal of Community Psychology*, 48. (2019): 1715-1731.

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Welcome to the Manual for Writing your Community's Starting Place Story

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SPS TOOLS – The following tools are provided by the Canadian Red Cross on a USB key.

SECTION FIVE – SPS HANDOUTS AND TEMPLATE

HANDOUTS FOR WORKING WITH COMMUNITY MEMBERS

In SECTION ONE – Learning about the Community Journey of Change

- *Figure 1.* Map of Community's Movement along its Pathways of Healing to Restoring its Relational Determinants of Health
- *Figure 2.* Cycle of Violence Impacts & Circle of Wellness Landing Place
- *Figure 3.* Community's Relational Determinants of Health Targets for Community Action Plan

In SECTION THREE – Preparation & Questions for Conversations with Community Members

- One Page Starting Place Story Description – attach to email invitation and bring to conversation
- SPS Knowledge Gathering Consent Form
- SPS Knowledge Gathering Recording Pages: **Physical**; **Mental**; **Emotional**; **Spiritual**; and **Relational Determinants of Health**
- SPS Knowledge Gathering Question Sheets: **Physical**; **Mental**; **Emotional**; **Spiritual**; and **Relational Determinants of Health**

TEMPLATE FOR DEVELOPING THE SPS

In SECTION FOUR – Writing Your Community's Starting Place Story

- Starting Place Story Template

We hope this tool helps your community and the Canadian Red Cross in working together to create safe environments for children and youth.

SPS FRAMEWORK

SECTION ONE – Learning about the Community Journey of Change

An understanding of Indigenous health is that it is made up of the physical, mental, emotional, and spiritual wellbeing of the whole community, whether urban, rural, or remote. Indigenous community health relies on foundational relationships with land, culture, ceremony, and language that contribute to wellness. We understand these as relational determinants of health.

Community Journey of Change

The Community Journey of Change is a process that Indigenous communities can use to help understand historical and ongoing harms are the foundation for current experiences of violence within the community. The process helps communities address the resulting challenges of this violence. The community comes to understand, name, and re-claim its past and begin its self-determined journey to wellness, moving along its pathways of healing from the Cycle of Violence to the Circle of Wellness and restoring its Relational Determinants of Health for the community, families, and individuals.²

The Canadian Red Cross supports Indigenous communities in identifying their cultural knowledge and practices and creating healing processes in their own community that address the cycle of violence rooted in colonization and promote the circle of wellness rooted in Indigenous traditions.

The four interconnected elements in the Community Journey of Change model are the: Canoe; Cycle of Violence; Circle of Wellness; and, Relational Determinants of Health.

Canoe

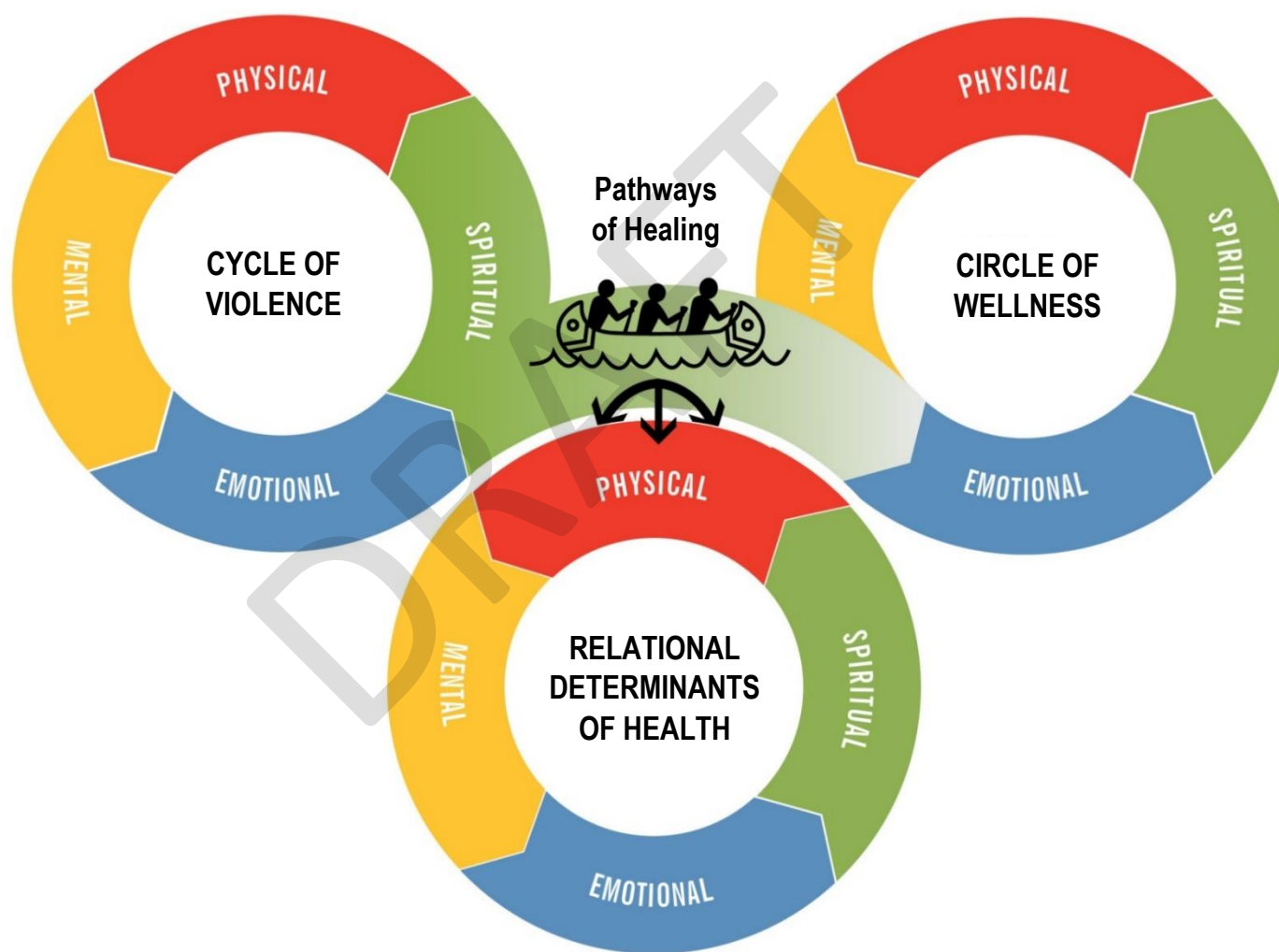
The canoe is the central element in the model. In the following Figures 1, 2 and 3, the canoe represents everyone within the community working together to create safety for children and youth: multiple sectors in the community, the community's Violence Prevention Team, a Violence Prevention Team Coordinator, and the Canadian Red Cross or other organizations partnering with the Community for violence prevention and wellness. Movement of the canoe from the Cycle of Violence to the Circle of Wellness happens by everyone working together. Yet the community knowledge and practices drawn on to recover the fundamentals of wellness in the Circle of Wellness landing place and the Relational Determinants of Health to be restored are self-determined and led by the community and its members.

² S. Cardinal & D. Pepler, "Community journey of change through relational determinants of health," *The International Policy Journal*. 12(3), (2021).

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Figure 1. A Map of Community's Movement along its Pathways of Healing to Restoring its Relational Determinants of Health



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Cycle of Violence

In Figure 2, the Cycle of Violence shows the layers of harm, which include disruptive experiences such as contact, stolen resources, slavery/missing people, dislocation, disease, substances, residential schools, confederation, the Indian Act and Aboriginal policies, police and criminal justice, medical research in Indian hospitals, and the sixties and millennial scoops.

In the Cycle of Violence, the harms are distributed among the physical, mental, emotional, and spiritual quadrants by assigning them to the quadrant of their most prominent disruption. It is recognized, however, that each harm can fit into each quadrant and its effects can be felt across all the quadrants.

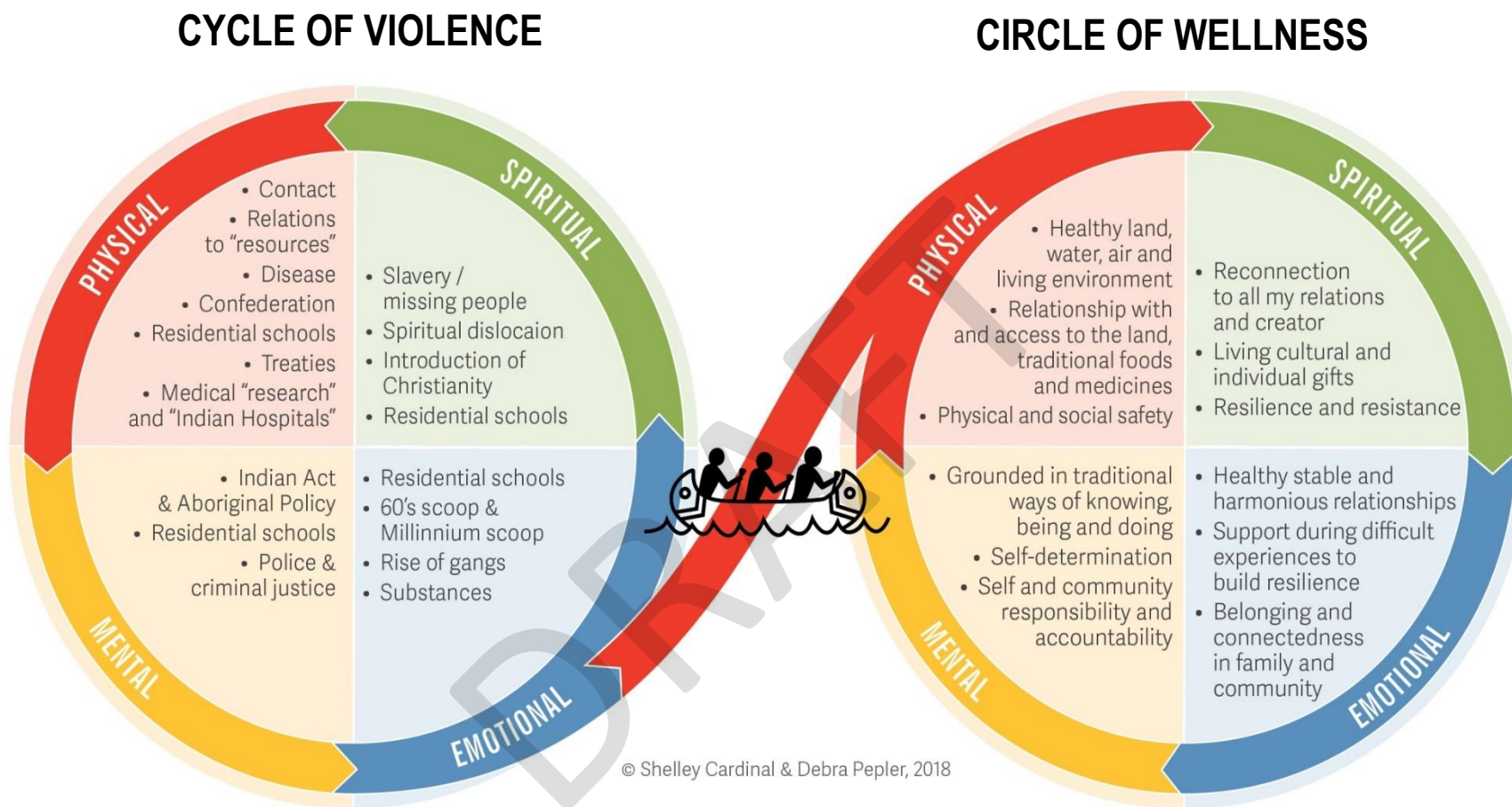
Circle of Wellness

If colonization has disrupted “all my relations”³, then wellness can be understood of as a restoration of “all my relations”. In Figure 2, the Circle of Wellness highlights three fundamentals of wellness in each quadrant to keep in mind when considering which cultural knowledge and practices would be used to recover community’s wellness vision restoring “all my relations” for the community.

In this way, the Circle of Wellness helps communities envision their landing place for wellness and guides them to think about such questions as:

- What are our common goals for wellness?
- Where do we come together to work on a common vision?
- What are our priorities in restoring wellness within our community?

³ “... the phrase ‘all my relations’ points to the truth that we are related, that we are all connected, that we all belong to each other. The most important word is ‘all’. Not just those who look like me, sing like me, dance like me, speak like me, pray like me or behave like me. ALL my relations. That means every person, just as it means every rock, mineral, blade of grass, and creature. We live because everything else does. If we were to choose collectively to live that teaching, the energy of our change of consciousness would heal each of us – and heal the planet.” Richard Wagamese, *Embers: One Ojibway’s Meditations*. (2016): 36.

Figure 2. Cycle of Violence Impacts and Circle of Wellness Landing Place**Colonization's* Disruptive Experiences**

***Colonization on Turtle Island** – The illegal occupation of unceded territories, forcible removal of children from families, punishment for speaking native language. It was carried out with the deliberate intent to destroy Indigenous Peoples' cultural knowledge and practices.

Community's Fundamentals of Wellness

Where Community's Cultural Knowledge and Practices are used to recover Community's Wellness Vision.
Where "All My Relations" are Restored.

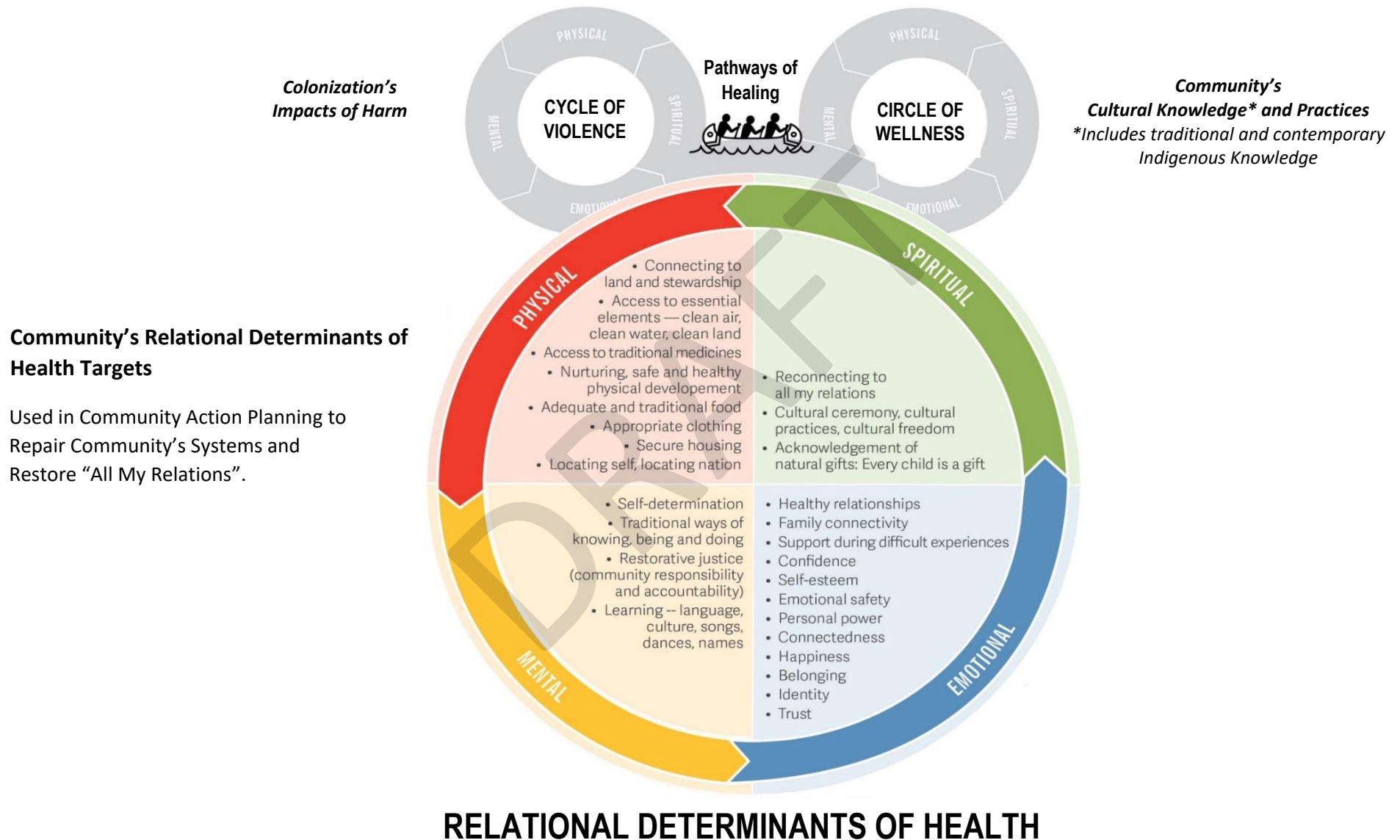
Relational Determinants of Health

Once we start to understand the layers of harm and begin gathering our community-specific cultural knowledge and practices for wellness, it becomes possible to consider the actions that restore community's foundational relationships with land, culture, ceremony, and language contributing to wellbeing of the whole community.

Figure 3 features Relational Determinants of Health targets in the physical, mental, emotional, and spiritual quadrants for community action planning. These actions form the foundation of the community's work for creating pathways of healing to repair community's systems that lead to its wellness landing place. It is important for community members to see and share a collective vision of a landing place for wellness. The actions on these pathways and the wellness landing place are determined and led by the community and its members.

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Figure 3. Community's Relational Determinants of Health Targets for Community Action Planning



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SECTION TWO – Starting Place Story as a Community Self-Determination Tool

WHAT is a Starting Place Story?

It is the beginning of a collaborative community journey of change with our community and the Canadian Red Cross to help create safety and wellness for children, youth, families, and elders in our community.

It is our community's self-determination tool that provides a starting place to understand the:

- **historical and ongoing harms** in our community caused by colonization
- **cultural knowledge and practices** our community can use for its wellness landing place vision
- **actions** our community can take to repair the community systems that restore “all my relations”

WHAT are the Benefits of a Starting Place Story?

Creating a Starting Place Story supports your community in building awareness of its strengths, weaknesses, and where there might be gaps in policies, programs, and services for creating community safety and wellness.

Your community's Story also informs the Canadian Red Cross' understanding about the recent history in your community, your community's current challenges, and your community's starting place for violence prevention and wellness. Knowing your community's starting place helps your community and the Canadian Red Cross work together to address your community's areas of vulnerability and build on your community's strengths.

WHO is Involved in Writing the Starting Place Story?

The Canadian Red Cross Community Coordinator and members of your community involved in preventing violence and building safety for children, youth, families, and elders in your community.

HOW is the Starting Place Story Written?

The Community Coordinator and individual community members meet. The Community Coordinator asks questions, gathers community member's story threads of knowledge, then brings everyone's knowledge together to build your community's Starting Place Story.

The Starting Place Story then provides a strong starting place, informed by community knowledge, for the community to begin moving along its pathways of healing to restore its relational determinants of health, All My Relations.

EXAMPLES of Questions that help Draw Out Story Threads

What works well? How does community come together in times of crisis? Who are the knowledge holders? How is culture integrated, or not integrated, into the systems in the community?

AN IMPORTANT CONSIDERATION: *when working with stories where we are listening to suffering across the generations, we, and the people who are sharing knowledge with us, may need to connect with someone for support. When working on the Starting Place Story, it is important to have resources in the community with their contact information available for yourself as well as the community members you sit and talk with.*

WHAT is the Goal, WHAT is the End Result?

A living document that demonstrates our pathways of healing to community wellness by:

- **recognizing** our community's historical and ongoing harms and their impacts in the physical, mental, emotional, and spiritual quadrants that have led to a **Cycle of Violence**;
- **envisioning** our community's wellness landing place in the physical, mental, emotional, and spiritual quadrants by using our community knowledge and practices to create a **Circle of Wellness**; and,
- **determining** our community's actions in the physical, mental, emotional, and spiritual quadrants that repair community systems and restore our foundational relationships with land, culture, ceremony, and language that are our **Relational Determinants of Health**.

The Starting Place Story Is:

- *a living document that can be added to and revised*
 - *a guide for prevention planning*
- *the beginning of a journey of change to restoring community wellness.*

SPS PROCESS

SECTION THREE – Preparations & Questions for Conversations with Community Members

GETTING READY FOR THE CONVERSATION

1. Make a list of people in your community involved in violence prevention and creating safety. **Email** them an invitation to meet and share **knowledge** with you for your community's Starting Place Story. Working with the SPS questions prepares them to learn about the Community Journey of Change model used in the CRC's Walking the Prevention Pathway violence prevention programming. **Attach** the one-page description of the Starting Place Story on the USB to your email invitation for them to read.

2. For each community member you meet with, **from the USB print** a colour copy of the Figures and a black and white copy of the SPS one-page description and Consent Form:

SECTION ONE

- **Figure 1.** A Map of Community's Movement along its Pathways of Healing to Restoring its Relational Determinants of Health
- **Figure 2.** Cycle of Violence Impacts & Circle of Wellness Landing Place
- **Figure 3.** Community's Relational Determinants of Health Targets for Community Action Planning

SECTION THREE

- Starting Place Story one-page description
- SPS Knowledge Gathering Consent Form

Bring these copies to your conversation with the community member. At the end of the conversation the community member can keep them.

Suggestions for SPS Knowledge Gathering Recording Pages and Question Sheets

SPS Recording Pages

You can use the Knowledge Gathering Recording Pages to help you make note of community member's answers to your questions. Later, you will use these answers to put together your community's Starting Place Story.

Before your conversation with community members:

I) If you would like to record community members' answers by hand

- **Print** a Recording Page package from the USB for each community member you meet, **writing their name at the top of each Page**
- **Bring** the Recording Page package with you to your conversation with the community member

II) If you would prefer to type community members' answers

- **Make** a Starting Place Story folder on your computer in your Documents. In that folder, make a sub-folder for each community member you will meet with. Open each Recording Page on the USB and do a Save As of each page into the sub-folder for each community member. When you are with the community member, open their sub-folder and let them know you will type, rather than hand-write, notes of your conversation together. Explain to them this will help you accurately represent their knowledge in the SPS.

SPS Question Sheets

Print two (2) sets of SPS Knowledge Gathering Question Sheets from the USB to use at each conversation – one set for you and one set for the community member. **On your set** at the top of each SPS Question Sheet **write the community member's first and last name**. When talking with the community member, you or the community member may decide to change a question, skip a question, and or add a different question. You will need to record the changed, skipped, and or added question on their corresponding SPS Question Sheet.

AT THE BEGINNING OF THE CONVERSATION

Place Figure 1 on the table.

1st, explain it represents the Community Journey of Change model and process outlined in the upcoming CRC's Walking the Prevention Pathway programming. **Briefly** explain the four elements of the model:

- **Canoe** – represents everyone working together - the community, the community's prevention team, the Community Based Coordinator, and the Canadian Red Cross – to create safety for youth and children in the community.
- **Cycle of Violence** – the layers of historical and ongoing harms from colonization across the physical, mental, emotional, and spiritual quadrants
- **Circle of Wellness** – based on their community's cultural knowledge and practices is a collective vision of the community's landing place for wellness
- **Relational Determinants of Health** – actions determined and led by community that support community moving from the Cycle of Violence to the Circle of Wellness

2nd, explain what the Starting Place Story process is – a community self-determination tool to increase community's awareness of its strengths, challenges, and gaps. Following the information on the one-page SPS handout, explain why an SPS is created, who is involved, how it is created, and that the end result – the community's story - brings community to the beginning of its community journey of change.

3rd, after you have explained what the Starting Place Story is to the community member, **ask them if they would like to participate** in sharing their knowledge for it. If they would, read through the Consent form with the community member. Fill out their copy and yours. Give them their copy to keep. If they are not sure they want to have their knowledge shared in the SPS, go ahead and start asking the questions so they can see what they are like. They can stop any time they want, or finish answering all the questions. After answering the questions, if they decide they don't want the knowledge they shared used, that is completely ok. Destroy any notes that you made and if you made a recording, erase it.

THE QUESTION PORTION OF THE CONVERSATION

- **Ask** the same SPS Knowledge Gathering Questions in the same order for each community member. This is important. Doing it this way will help you when it comes time to put your community's story together.
- **Record** community members' answers on the SPS Knowledge Gathering Recording Pages, either by hand or by typing:
 - 1st - asking the questions for **Physical Quadrant Knowledge**
 - First, ask the Cycle of Violence questions related to the past for community
 - Then, ask the Circle of Wellness questions related to their vision for community's wellness in the future
 - 2nd - ask the questions for the **Mental Quadrant Knowledge**
 - First, ask the Cycle of Violence questions related to the past for community
 - Then, ask the Circle of Wellness questions related to their vision for community's wellness in the future
 - 3rd - ask the questions for the **Emotional Quadrant Knowledge**
 - First, ask the Cycle of Violence questions related to the past for community
 - Then, ask the Circle of Wellness questions related to their vision for community's wellness in the future
 - 4th - ask the questions for the **Spiritual Quadrant Knowledge**
 - First, ask the Cycle of Violence questions related to the past for community
 - Then, ask the Circle of Wellness questions related to their vision for community's wellness in the future
 - 5th - ask the questions for the **Relational Determinants of Health Community Systems Knowledge**

CLOSING THE CONVERSATION

After all the questions have been answered **thank the community member** for their time. **Explain** that you will put everyone's answers together to build your community's Starting Place Story and when it is compiled you will send it to them for their review and feedback.

AFTER EACH CONVERSATION

If you recorded community members' answers by hand, put each community member's Recording Pages into a separate file folder. If you typed community member's answers, make sure you **SAVE** each Recording Page before closing it. If you and the community member changed or left out one of the SPS Questions, or added a new SPS question, mark the corresponding SPS Question Sheet accordingly and place it into physical file folder with the community member's name on it.

NAME & POSITION - _____

1st - PHYSICAL QUADRANT KNOWLEDGE RECORDING PAGE - Cycle of Violence (impacts of historical harms)

DRAFT

NAME & POSITION - _____

1st - PHYSICAL QUADRANT KNOWLEDGE RECORDING PAGE - Circle of Wellness (landing place of wellness)

DRAFT

NAME & POSITION - _____

2nd – MENTAL QUADRANT KNOWLEDGE RECORDING PAGE - Cycle of Violence (impacts of historical harms)

DRAFT

NAME & POSITION - _____

2nd – MENTAL QUADRANT KNOWLEDGE RECORDING PAGE - Circle of Wellness (landing place of wellness)

DRAFT

NAME & POSITION - _____

3rd - EMOTIONAL QUADRANT KNOWLEDGE RECORDING PAGE - Cycle of Violence (impacts of historical harms)

DRAFT

NAME & POSITION - _____

3rd - EMOTIONAL QUADRANT KNOWLEDGE RECORDING PAGE - Circle of Wellness (landing place of wellness)

DRAFT

NAME & POSITION - _____

4th - SPIRITUAL QUADRANT KNOWLEDGE RECORDING PAGE - Cycle of Violence (impacts of historical harms)

DRAFT

NAME & POSITION - _____

4th - SPIRITUAL QUADRANT KNOWLEDGE RECORDING PAGE - Circle of Wellness (landing place of wellness)

DRAFT

NAME & POSITION - _____

5th – RELATIONAL DETERMINANTS OF HEALTH COMMUNITY SYSTEMS KNOWLEDGE RECORDING PAGE

DRAFT

SPS QUESTIONS – Community’s Physical Quadrant Knowledge**NAME:** _____

1st – PHYSICAL	
Cycle of Violence – impacts of historical harms	Circle of Wellness - landing place
1. When did Europeans first come to our territory? Why were they in our territory? For example, exploration or fur trade.	1. Within our community, would it be common to spend time on the land?
2. After Europeans were in our territory, were there new diseases? If yes, what were they?	2. What would the community be doing to take care of our renewable resources such as land, water, air – this includes animals, fish, fowl, and traditional medicines?
3. What changes to harvesting happened after contact? For example, with trapping, hunting, furs, harvesting plants, fishing, fish camps, trap lines, cabin areas, as well as traditional burial areas.	3. What traditional foods would our community trap, hunt, harvest & fish?
4. How were family living arrangements affected during and after contact?	4. Would there be traditional healers in our community?
5. Has our community experienced relocation since Europeans arrived on our territory?	5. How would people get affordable housing that is safe and accommodates the needs of families, single people & single parent families?
6. After Europeans arrived on our territory, did our community sign any agreements, treaty or otherwise, with the Crown?	6. What land-based cultural programs and language would be offered?
7. a) What Indian Residential Schools were the children of [community name] sent to? b) Was there an Indian Day School in [community name]?	
8. a) Was there an Indian Hospital close to [community name]? b) Was there a TB Sanitorium community members were sent to?	
9. After *colonization, do we still live on our territory? If we do, have there been changes to how we move around on our territory? *colonization - the actions of forcibly taking our land, taking our children from our community, forcing us to change our language and change our lifestyle practices	
IMPACTS OF HARMS KNOWLEDGE	VISION OF COMMUNITY WELLNESS KNOWLEDGE

SPS QUESTIONS – Community’s Mental Quadrant Knowledge**NAME:** _____**2nd - MENTAL**

Cycle of Violence – impacts of historical harms	Circle of Wellness - landing place
1. Historically, which ways did the Indian Act affect our community?	1. What are the healthy lifestyle practices community members would participate in?
2. How did our traditional way of life change after accommodating federal government rules, regulations, and the reservation system?	2. What cultural knowledge and practices would help maintain peace and harmony within our community?
3. How were our traditional *governance structures impacted? *governance – the processes of governing the community and the Nation	3. Which programs and events would help children, youth, and elders be strong in their [Cree] identity?
4. What is our community’s relationship with the RCMP and or provincial police?	4. What would healthy leadership in our community look like?
	5. How would our [community/nation] education system continue to support our children, youth and elders?
IMPACTS OF HARMS KNOWLEDGE	VISION OF COMMUNITY WELLNESS KNOWLEDGE

SPS QUESTIONS – Community’s Emotional Quadrant Knowledge**NAME:** _____

3 rd - EMOTIONAL	
Cycle of Violence – impacts of historical harms	Circle of Wellness - landing place
1. Has there been, or are there, gangs in our community? If there are no gangs in our community currently, do community members have connections with gangs outside our community?	1. Are local community members teachers in the schools?
2. In the past, were children and youth removed from our community? Is this still happening today?	2. What are examples of the way’s community would keep youth engaged?
3. Do families in our community have experience with the *60’s scoop? *Provincial child services removing children from community and placing them for adoption with non-Indigenous families	What activities & programs would you see that build a sense of cultural pride and belonging for our children, youth, adults, and elders?
4. How does alcohol and *substance use show up in our community? *substance use - includes both non-prescription and prescription drugs, as well as nicotine (cigarettes, snuff, vaping)	3. (a) What are some ways people and families would get support during difficult experiences? (b) Are there different agencies offering different services?
5. In what ways does gambling affect families and our community?	4. What would extended families do to build connection, strength, resilience, and belonging?
6. Were there social impacts in the community during development? For example, Hudson Bay trading post traders & missionaries, and more recently miners & government workers.	
7. Was there ever a time or incident in our community’s history that you feel needs to be highlighted?	
IMPACTS OF HARMS KNOWLEDGE	VISION OF COMMUNITY WELLNESS KNOWLEDGE

SPS QUESTIONS – Community’s Spiritual Quadrant Knowledge**NAME:** _____**4th - SPIRITUAL**

Cycle of Violence – impacts of historical harms	Circle of Wellness - landing place
1. How did the introduction of Christianity - Catholic, Pentecostal, Anglican, and United - change people’s spiritual practices?	1. In what ways would our community demonstrate its strength, resilience, and care for one another?
2. What were the ways Indian Residential School interrupted our traditional practices?	2. Which [Cree] ceremonies and spiritual practices would families in our community engage in?
3. How was our [Cree] language impacted in our community?	3. Which religious ceremonies would families in our community engage in?
4. Besides Indian Residential School, were children adopted or removed from our community? If so, how did that happen?	4. How would children be encouraged to develop their natural strengths?
5. Are there people, in the past or currently, missing from our community? If so, what are the different ways that happened?	5. What ways would our [Cree] oral tradition and storytelling be used?
	6. Explain the ways people in our community would learn our [Cree] language.
	7. Who would teach children to trap, hunt, harvest plants for food, and gather medicines?
IMPACTS OF HARMS KNOWLEDGE	VISION OF COMMUNITY WELLNESS KNOWLEDGE

SPS QUESTIONS – Community's Systems Knowledge**NAME:** _____

5th – RELATIONAL DETERMINANTS OF HEALTH Coordinator Copy	
1. How does our community include our cultural knowledge and practices in wellness programming; in other words, how do we make the programming meaningful to our community?	Answers will vary depending upon whom you talk with and their lived experience. There will be a diversity of voices in the community.
2. How do systems in our community work together to create safe and healthy environments?	Before your meeting, identify the systems in your community and make note of whether they work together. For example: the judicial system, governance system, health system, education system, child welfare system.
3. What prevention and / or preparedness programs exist in our community?	Skip this question if a program and services mapping project or booklet has been done in your community and the person you are speaking with helped create the project/booklet. They will have already contributed their community knowledge to this question.
4. Has the community worked with the Canadian Red Cross for prevention and / or preparedness?	Before your meeting, identify and make note of CRC prevention and preparedness programs/information that already exists in your community, for example, First Aid Training, the Be Safe! kit.
5. When positive change happens in our community how does community support it, what does the community do?	Give examples of what your community would consider positive changes. One example is: - <i>positive change</i>: language revitalization - <i>community's response</i>: families working to bring [Cree] back into our community and youth asking for [Cree] to be taught in school.
6. When crisis happens in our community, how do we come together and what do we do about the following types of crises:	(i) natural disasters or environmental – for example, a fire or flooding; (ii) social – for example, youth suicide or acts of violence, death of an elder resulting in the loss of cultural and community knowledge, bootleggers, gangs, deaths from drug use; and, (iii) global – for example, the coronavirus pandemic.
7. One of the things that will be worked on during Walking the Prevention Pathway programming is a Community Action Plan for violence prevention and creating wellness. The Community Action Plan will support safety and wellness in our community.	In your opinion, what are the three priorities our community should focus on in our Community Action Plan?

SPS QUESTIONS – Community Systems Knowledge

NAME: _____

5th – RELATIONAL DETERMINANTS OF HEALTH

Community Member Copy

1. **How does our community include our cultural knowledge and practices in wellness programming; in other words, how do we make the programming meaningful to our community?**
2. **How do systems in our community work together to create safe and healthy environments?**
For example, the judicial system, governance system, health system, education system, child welfare system.
3. **What prevention and / or preparedness programs exist in our community?**
4. **Has the community worked with the Canadian Red Cross for prevention and / or preparedness?**
For example, First Aid Training, the Be Safe! kit.
5. **When positive change happens in our community how does community support it, what does the community do?**
One example:
 - *positive change*: language revitalization
 - *community's response*: families working to bring [Cree] back into our community and youth are asking for [Cree] to be taught in school.
6. **When crisis happens in our community, how do we come together and what do we do about the following types of crises:**
 - (i) **natural disasters or environmental** – for example, a fire or flooding;
 - (ii) **social** – for example, youth suicide or acts of violence, death of an elder resulting in the loss of cultural and community knowledge, bootleggers, gangs, deaths from drug use; and,
 - (iii) **global** – for example, the coronavirus pandemic.
7. One of the things that will be worked on during the Walking the Prevention Pathway programming is a Community Action Plan for violence prevention. The Community Action Plan will support safety and wellness in our community.
In your opinion, what are three priorities our community should focus on in our violence prevention Community Action Plan?

SECTION FOUR – Writing Your Starting Place Story

PUTTING THE STORY TOGETHER

The story has five parts: (1) title page; (2) table of contents; (3) introduction; (4) main body; and (5) conclusion.

1. Title Page

Written by the Community Based Coordinator and includes:

- the title of the document – Starting Place Story
- your community's name
- a picture, or pictures, of your community
- the name of the Canadian Red Cross program your Starting Place Story is attached to
- the date you finished writing the Starting Place Story

2. Table of Contents

- already developed for you in the SPS Outline Template. Includes section and sub-section headings

3. Introduction to your Community – opens the Starting Place Story

Written by the Community Based Coordinator before talking with WTPP participants.

- **Briefly** describe your community's location
- **Explain** how the Canadian Red Cross came to be invited into your community

4. Main Body

- **Combine** community members' answers for each Quadrant and circle in the quadrant, followed by the Pathways of Healing, into a few paragraphs. You do not need to use every answer that each community member gives you to all the questions. Combine the answers that seem similar.
- **Follow** the order you asked the questions through the four Quadrants and the Relational Determinants of Health section
- **At the end of each Quadrant and the Relational Determinants of Health section** write a Strengths Summary and Challenges / Gaps Summary.

5. Conclusion – closes the Starting Place Story

Written by the Community Coordinator after all the conversations have been completed.

- **Share** what community members' hopes are for learning about the community journey of change process
- **Share** what community members' hopes are for your community's vision of wellness and restoring its relational determinants of health

EXAMPLE OUTLINE OF THE STARTING PLACE STORY

Title Page

Introduction

Main Body

- **Physical Quadrant Knowledge (main heading)**
 - Cycle of Violence (**sub-heading**)
 - Summary of Strengths
 - Summary of Challenges / Gaps
 - Circle of Wellness
 - Summary of Strengths
 - Summary of Challenges / Gaps
- **Mental Quadrant Knowledge**
 - Cycle of Violence
 - Summary of Strengths
 - Summary of Challenges / Gaps
 - Circle of Wellness
 - Summary of Strengths
 - Summary of Challenges / Gaps
- **Emotional Quadrant Knowledge**
 - Cycle of Violence
 - Summary of Strengths
 - Summary of Challenges / Gaps
 - Circle of Wellness
 - Summary of Strengths
 - Summary of Challenges / Gaps
- **Spiritual Quadrant Knowledge**
 - Cycle of Violence
 - Summary of Strengths
 - Summary of Challenges / Gaps
 - Circle of Wellness

- Summary of Strengths
- Summary of Challenges / Gaps
- **Relational Determinants of Health Systems Knowledge**
 - Summary of Strengths
 - Summary of Challenges / Gaps

Conclusion

AFTER THE STORY HAS BEEN WRITTEN

- **Share** the story with each person you met with. Ask them, after they have read it, if they have time could they please write down and send you any questions or feedback they might have
- **Collect and type up** community members' questions and feedback
- **Share community members' questions and feedback** with Dawn-Lee. This will help –
 - You begin to understand the knowledge your community has regarding violence prevention and its hopes
 - Dawn-Lee to adjust the Starting Place Story Framework Manual for the next community
 - Canadian Red Cross facilitators address your community's specific concerns
 - Everyone to work together in an open and constructive way to create safety for the children, youth, families, and elders in your community

Congratulations!

Your community's journey of change for creating safety and wellness is beginning!!

Appendix E - SPS Framework Representation

Weaving a Community's Story Threads
(© 2020-2021 by Debra Pepler and Dawn-Lee Ricard)

DRAFT

Weaving a Community's Story Threads

Debra Pepler & Dawn-Lee Ricard

The SPS provides a framework for a story that communities weave together to create a pathway for their journey of change. Community-based coordinators use the SPS framework to gather the threads of stories that remain in community, but have been disrupted and scattered through the harms of colonization.

Through the extended process of gathering the story threads from many community members, the community-based coordinators can begin to place them in three frames – the cycle of violence, relational determinants of health, and circle of wellness. As the number of threads in the frames accumulate, they can be woven together to recreate the communities' stories. It is the recreated stories woven together in the SPS that enable communities to see the pathway for their journey of change back to wellness.

Cycle of Violence. The threads that together tell stories of the harms of colonization are difficult to gather and weave. It is this difficult work that enables communities to view and name the layers of harm that underlie unexplained individual, family, and community challenges. When woven into the Cycle of Violence frame, these stories show the signs and symptoms of historical trauma. By seeing and understanding the integrated fabric of trauma, communities have a starting place for their journey. With this understanding, communities can begin their journey not only with compassion for those who are struggling, but also with commitment to work together on the community journey to wellness.

Relational Determinants of Health. The pathway for the journey of change is woven with the stories of "all my relations". When gathered and woven together, the threads of communities' stories of all my relations begin to restore the cultural foundations of physical, mental, emotional, and spiritual health. The fabric in the pathways to wellness frame reveals the Relational Determinants of Health. By gathering and weaving together the threads, communities are once again able to see their own stories of "all my relations" and work toward recreating the relational foundations of wellness for the whole community.

Circle of Wellness. Gathering and weaving together threads for the Starting Place Story is a process that enables communities to create a pathway for their journey of change. The journey is toward wellness, which communities understand for themselves. When the threads of the familial stories can be gathered and woven together in the Circle of Wellness frame, communities can begin to restore their vision of wellness. When new threads that tell stories of wellness in the present are gathered, they can be integrated into the weaving and guide communities to create conditions for the wellness of all in the present and into the future.

The process of gathering and weaving story threads is sacred and ongoing. It cannot be rushed and may require adjustment and alignment as old threads are unearthed and new threads are created.

Appendix F - SPS Interview Consent Form and Follow-Up Questions

1. Community Coordinator SPS Interview Consent Form
2. Community Coordinator SPS Follow-Up Questions

DRAFT

YORK UNIVERSITY

CRIME REDUCTION RESEARCH PROGRAM

Individual Interview and Focus Groups on the Starting Place Story Tool & Process CSEP Community Coordinator Informed Consent, Confidentiality, and Permission

Purpose of this research: The Canadian Red Cross (CRC), in partnership with [COMMUNITY NAME], is working to promote pathways to wellness through Walking the Prevention Pathway (WTPP) violence prevention programming. To prepare for this programming, a community self-determination tool called the Starting Place Story (SPS) is being developed. Your community's SPS is a beginning step in your community journey of change for creating safety and wellness for children, youth, families and elders in your community.

What does the team want to know? Creating Safe Environments Project (CSEP) Community Coordinators in different communities are carrying out the SPS process in their community. **We want to understand *which questions in the SPS Tool and which components of the SPS Process* work to help communities understand their history, current strengths and gaps, and community actions for creating safety and wellness in their community.**

Who is doing the research? A team of researchers, including you [COMMUNITY COORDINATOR'S NAME], the [COMMUNITY'S NAME] CSEP Community Coordinator and community-based researcher. A community-based researcher is a knowledge-gatherer from the community who has been chosen to conduct conversations in culturally relevant and respectful ways and to keep the knowledge gathered safe.

What is involved? As the Community Coordinator for the CSEP in [COMMUNITY NAME], we are interested in your ideas, opinions, and experiences in using the SPS Tool and Process. If you agree, you will take part in a one-on-one interview with Dawn-Lee Ricard, Research Associate at York University and three Focus Groups with the research team and all the CSEP Community Coordinators. Due to COVID-19, for everyone's safety the interview and three Focus Groups will be conducted remotely using Zoom. With your permission, Dawn-Lee will audio-record the Zoom conversations and take notes to make sure she gathers your words accurately and completely. If you would prefer not to be recorded, Dawn-Lee will just take notes during the interview.

Please note, Zoom is an externally hosted cloud-based service. When information is transmitted over the internet privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers). Further, while York University researchers will not collect or use your IP address or other information that could link you to your Zoom host's computer or electronic devices without informing you, there is a small risk with any platform such as this of knowledge collected on external servers falling outside the control of the research team. If you are concerned about this, we would be happy to make alternative arrangements (where possible) for you to participate, perhaps via telephone. Please let Dawn-Lee know for further information.

Recordings (audio/video) will be saved in a password protected file to research team members' local computer, not the cloud-based service.

Please note that it is the expectation that you agree not to make any unauthorized recordings of the content of our conversations.

Benefits of participating: As a participant, you would learn how to support positive changes within your community, and you would add to the learning on how Indigenous communities move toward wellness.

YORK UNIVERSITY
CRIME REDUCTION RESEARCH PROGRAM
Individual Interview and Focus Groups on the Starting Place Story Tool & Process
CSEP Community Coordinator Informed Consent, Confidentiality, and Permission

Benefits to your community: A main goal of the SPS tool development research is to share knowledge gained about the SPS tool to support communities and organizations in building skill-sets and resources to move toward wellness. The leadership of [COMMUNITY NAME] has agreed to support the overall project and to be partners in sharing learnings through presentations in your community, at conferences, in articles, books, reports, policy papers, exhibitions, educational tools, resources, and web-based materials. Copies of your contributions will be available to you at any point. If you are interested in receiving a copy of what you shared, please speak with Dawn-Lee.

Is there a risk in participating? A possible risk is that sensitive topics may be discussed during the interview and Focus Groups, and you may feel uncomfortable as a result. Please do not hesitate to contact the appropriate support in your community if you are distressed, Debra Pepler at York University, pepler@yorku.ca, or during the interview or Focus Groups feel free to pause or stop the interview/session.

Voluntary participation: We do not want you to feel any pressure to participate in the SPS tool development component of the research project. It is up to you to participate in this part of the research or not. Even if you have agreed to participate by signing this form or consenting verbally, you can skip any question and you can stop participating at any time without an explanation. The decision to stop participating will **not** affect your relationship with the CRC, researchers or other community members involved, with the leadership of your community, or York University. CRC programming will still happen in the community if you change your mind and decide not to participate in the research. If you decide to stop participating in this part of the research at any point, you can choose to let the research team keep what you have shared or you can choose to erase the recording, transcript (text of the audio-recording), and notes from your participation.

What will happen to the knowledge shared? The knowledge you share will be put together with knowledge from the other CSEP Community Coordinators. The research team will work to find common themes from all the Community Coordinators' answers. The team will then do a Shareback with the Community Coordinators of the identified themes for further group discussion and learning. The knowledge gathered in this research will be shared with many people who work with Indigenous communities across Canada. The SPS tool will be refined, and additional resources will be created to help with CRC and other community program development, the education of professionals, and to support respectful research partnership and work with Indigenous communities.

We would only use your name in writings and presentations if you gave your permission. Otherwise, we will refer to your contributions as a "Community Coordinator". You can change your mind about this decision at any time by contacting Dawn-Lee.

Privacy: Knowledge gathered during the interviews and Focus Groups will be kept private and confidential. As explained above, the interview and Focus Groups will be audio-recorded. If you choose not to be audio-recorded, Dawn-Lee will write notes for your interview, as well as your contributions in the Focus Groups where your voice will not be transcribed. The audio-recordings and notes will be stored in a locked cabinet in her office, or a locked cabinet in her home if her office is closed, and on a password protected computer. If you choose not to be identified, a code will be assigned to the notes of your interview and Focus Group contributions. Your name and any other identifying information will not appear in them.

YORK UNIVERSITY
CRIME REDUCTION RESEARCH PROGRAM
Individual Interview and Focus Groups on the Starting Place Story Tool & Process
CSEP Community Coordinator Informed Consent, Confidentiality, and Permission

Your privacy will be protected to the fullest extent possible by law. However, if you share any information about current or ongoing child abuse, or risk of harm to self or to others, the researchers have a legal and ethical duty to report this information to the right people to help keep individuals in the community safe.

Where will the knowledge gathered be kept? During the research project, all knowledge you share - notes, audio-recordings (if applicable) and transcripts (text from audio-recordings), will be kept private and safe in a locked cabinet in Dawn-Lee's office, or in a locked cabinet in her home if her office is closed, Dawn-Lee and the other Research members' password-protected computers and an external hard-drive at York University once the university is open again. The knowledge gathered will be confidential: your personal identity will be replaced by a code, unless you have given us permission to use your name.

What knowledge will be shared with my community? As partners in this research, your community and the research team share the knowledge gathered through this research. However, community members other than yourself do not and will not have access to information that identifies you unless you provide specific and direct permission for that.

As researchers conducting community-based research, we are obliged to share the knowledge gathered with the community once the research is complete. We will use the permissions you give us to organize the knowledge that will be shared with your community. **Only you** can decide if your community can access and/or keep your audio-recordings and their transcripts and use them after the research period has ended. We will work with your community to ensure that the knowledge shared with your community will be kept in a safe location in the community for as long as the community decides.

Seven (7) years after the research is completed, the knowledge stored at York University will be destroyed, along with any audio-recordings and transcripts (if applicable) related to the research.

Ethics approval: This research has been reviewed and approved by York University's **Ethics Review Board** and follows the Canadian **Tri-Council Policy Statement 2 (2018) guidelines** for ethical conduct for research, the First Nations Information Governance Centre's **OCAP principles** of Ownership, Control, Access and Possession that establish how First Nations research data should be collected, protected, used, or shared, and the Ontario Federation of Indigenous Friendship Centre's **USAI Research Framework's principles of ethics** that guide research in Indigenous communities: Utility; Self-voicing; Access; and, Inter-relationality. This research is funded by the British Columbia Ministry of Public Safety's Crime Reduction Research Program. If you have any questions about your rights as a participant in this research, please contact: Ms. Alison Collins-Mrakas at 416-736-5914 / E-mail: acollins@yorku.ca.

Questions or concerns? If you have questions or concerns about this research at any time before, during or after your participation, Dawn-Lee will be available to speak with you. If you would like to speak to someone else, please contact the principal researcher, Debra Pepler, by phone at 416-736-5528 or by e-mail at pepler@yorku.ca.

York University research team: Dr. Debra Pepler and Dawn-Lee Ricard

Research Associate's contact information: Dawn-Lee Ricard, dawnlee@yorku.ca, 250-595-5950

YORK UNIVERSITY
CRIME REDUCTION RESEARCH PROGRAM
Individual Interview and Focus Groups on the Starting Place Story Tool & Process
CSEP Community Coordinator Informed Consent, Confidentiality, and Permission

(COMMUNITY COORDINATOR'S COPY)

**Informed Consent, Confidentiality, and Permission for
Knowledge Shared with the Research Team *DURING THE SPS INTERVIEW AND FOCUS GROUPS***

Research Associate asks Community Coordinator:

1. Do you understand this research and your role?
2. Do you have any questions?
3. Would you like to participate in the interview? Yes ☐ **OR** No ☐ (Research Associate checks for CC)

PART 1 - C O N S E N T - to participate in the research

Written

If yes, please print your name and sign below to let the team know you agree to participate:

I, _____ agree to participate in the Walking the Prevention Pathway research project conducted by the York University research team. I understand that I am not giving up any of my legal rights by signing this form.

Signature of Community Coordinator _____ **Date** _____

OR

VERBAL

Research Associate records response here: Community Coordinator, Gave consent ☐ **OR** Declined invitation ☐

PART 2 - C O N F I D E N T I A L I T Y - please choose only ONE statement (Research Associate checks for CC)

1. ☐ I agree to be identified by name and be credited in writings and/or presentations **OR**
2. ☐ I prefer not to be identified by name, but as "Community Coordinator" and a **code** chosen by the team

PART 3 - P E R M I S S I O N - to be audio-recorded (Research Associate checks for CC)

Audio-recording: I agree to be audio-recorded: Yes ☐ **OR** No ☐

Signature of Research Associate _____ **Date** _____

(COMMUNITY COORDINATOR'S COPY)

**Informed Consent, Confidentiality, and Permission for
Knowledge Shared with your Community *AT THE END OF THE RESEARCH PROJECT***

Research Associate asks Community Coordinator:

At the end of the research project, do you agree to the research team sharing the knowledge you provided for this research with your community?

PART 1 - C O N S E N T - to share my knowledge with my community (Research Associate checks for CC)

Written

I, _____ agree for the research team to share the knowledge I provided for this research with my community. I understand that I am not giving up any of my legal rights by signing this form.

Signature of Community Coordinator _____ Date _____

OR

Verbal

Research Associate records response here: Community Coordinator, Gave consent ☐ **OR** Declined invitation ☐

PART 2 - C O N F I D E N T I A L I T Y - please choose only ONE statement (Research Associate checks for CC)

1. ☐ I agree to be identified by name in transcripts and notes **OR**
2. ☐ I prefer not to be identified by name*, but as a "Community Coordinator" and a **code** chosen by the team

PART 3 - P E R M I S S I O N - to share my audio-recording and or its transcript with my community

NOTE: If Community Coordinator chooses 2. above, the answer for 1. below must be No

1. **Audio-recording:** I agree for my audio-recording (which can identify me) to be included in what is shared with my community: Yes ☐ **OR** No ☐
2. **Transcript (text from audio-recording) *:** I agree for my transcript to be included in what is shared with my community: Yes ☐ **OR** No ☐
* If you do not want to be identified we will remove your identifying information (e.g., your name and job title from your transcript)

Signature of Research Associate _____ Date _____

(PROJECT'S COPY)

**Informed Consent, Confidentiality, and Permission for
Knowledge Shared with the Research Team *DURING THE SPS INTERVIEW AND FOCUS GROUPS***

Research Associate asks Community Coordinator:

1. Do you understand this research and your role?
2. Do you have any questions?
3. Would you like to participate in the research project? Yes ☐ **OR** No ☐

PART 1 - C O N S E N T – to participate in the research

Written

If yes, please print your name and sign below to let the team know you agree to participate:

I, _____ agree to participate in the Walking the Prevention Pathway research project conducted by the York University research team. I understand that I am not giving up any of my legal rights by signing this form.

Signature of Community Coordinator _____ **Date** _____

OR

Verbal

Research Associate records response here: Community Coordinator, Gave consent ☐ **OR** Declined invitation ☐

PART 2 - C O N F I D E N T I A L I T Y - please choose only ONE statement

1. ☐ I agree to be identified by name and be credited in writings and/or presentations **OR**
2. ☐ I prefer not to be identified by name, but as "Community Coordinator" and a **code** chosen by the team

PART 3 - P E R M I S S I O N – to be audio-recorded

Audio-recording: I agree to be audio-recorded: Yes ☐ **OR** No ☐

Signature of Research Associate _____ **Date** _____

(PROJECT'S COPY)

**Informed Consent, Confidentiality, and Permission for
Knowledge Shared with your Community *AT THE END OF THE RESEARCH PROJECT***

Research Associate asks Community Coordinator:

At the end of the research project, do you agree to the research team sharing the knowledge you provided for this research with your community?

PART 1 - C O N S E N T – to share my knowledge with my community

Written

I, _____ agree for the research team to share the knowledge I provided for this research with my community. I understand that I am not giving up any of my legal rights by signing this form.

Signature of Community Coordinator _____ Date _____

OR

Verbal

Research Associate records response here: Community Coordinator, Gave consent ☐ **OR** Declined invitation ☐

PART 2 - C O N F I D E N T I A L I T Y - please choose only ONE statement

1. ☐ I agree to be identified by name in transcripts and notes **OR**
2. ☐ I prefer not to be identified by name*, but as a "Community Coordinator" and a **code** chosen by the team

PART 3 - P E R M I S S I O N – to share my audio-recording and or its transcript with my community

NOTE: If Community Coordinator chooses 2. above, the answer for 1. below must be no

1. **Audio-recording:** I agree for my audio-recording (which can identify me) to be included in what is shared with my community: Yes ☐ **OR** No ☐
2. **Transcript (text from audio-recording) *:** I agree for my transcript to be included in what is shared with my community: Yes ☐ **OR** No ☐

***Please Note - if you do not want to be identified we will remove any identifying information, e.g., your name and job title, from your transcript.**

Signature of Research Associate _____ Date _____

STARTING PLACE STORY TOOL & PROCESS

FOLLOW-UP QUESTIONS

SCRIPT:

As you know, the Starting Place Story Tool and Process (SPS) is being developed as a way for Indigenous communities to explore their history, understand their current strengths and gaps, and identify community actions to create safety and wellness in their community. The SPS is also a means of helping the Canadian Red Cross and other organizations to understand communities following an invitation to work together.

Your feedback is valuable and important to the development of the SPS Tool and Process. We appreciate your time and thoughtful consideration of the tool and process.

GOAL

The goal of our conversation is for you to share your top of mind **feedback** and **ideas** - what comes to your mind first - about the SPS tool and process.

LENGTH OF TIME

The conversation is meant to be brief and take approximately 30 minutes.

QUESTIONS

1. How did the questions in the SPS tool help you gather important knowledge about your community from community members?
2. In your opinion, what was the value of the SPS tool for your community?
3. In what ways did the **format** and **process** of the SPS tool help you organize your community's historical knowledge, current strengths and gaps, and community actions to create safety and wellness?

FORMAT of the SPS tool -

- Community Journey of Change Model Figures in colour
- 4 coloured Quadrant SPS Question Sheets and their Recording Sheets
- Pathways to Healing Question Sheet
- SPS Template

PROCESS used when working with the SPS tool -

- Reading the SPS Guide
- Identifying community members to interview
- Revising SPS questions to fit your community
- Interviewing community members
- Transcribing / typing-up interview notes
- Putting notes into the SPS Template to create a draft
- Editing and formatting the draft to create your community's final SPS

4. What do you think are good ways to share your SPS with the whole community?
EXAMPLES – a written narrative; video; a PowerPoint presentation with an audio soundtrack; a mural or other representation, for example, a short movie.
5. We recognize that developing your community's SPS takes time, energy, and perseverance.
(a) What were the challenges you faced in developing your community's SPS?
(b) How might we revise the SPS process to overcome these challenges?

Appendix G - WTPP Interview Consent Form and Follow-Up Questions

1. Community Coordinator WTPP Interview Consent Form
2. Community Coordinator WTPP Follow-Up Questions

DRAFT

YORK UNIVERSITY

CRIME REDUCTION RESEARCH PROGRAM

Individual Interview and Focus Groups on Walking the Prevention Pathway Programming CSEP Community Coordinator Informed Consent, Confidentiality, and Permission

Purpose of this research: The Canadian Red Cross (CRC), in partnership with [COMMUNITY NAME], is working to promote pathways to wellness through Walking the Prevention Pathway (WTPP) violence prevention programming. WTPP programming supports communities in creating wellness and preventing violence. Researchers from York University are partnering with the CRC to explore pathways to wellness linked to CRC programming.

What does the team want to know? Community members from different services and areas in the community will be participating in WTPP programming delivered by the CRC. **We want to understand *which* aspects of this programming work to help communities create positive changes and *how* these changes happen.**

Who is doing the research? A team of researchers, together with you [COMMUNITY COORDINATOR'S NAME], the [COMMUNITY'S NAME] Creating Safe Environments Project (CSEP) Community Coordinator and community-based researcher. A community-based researcher is a knowledge-gatherer from the community who has been chosen to conduct conversations in culturally relevant and respectful ways and to keep the knowledge gathered safe.

What is involved? As a member of the community, we are interested in your ideas, opinions, and experiences during the WTPP programming period. If you agree, you will take part in a one-on-one interview with Dawn-Lee Ricard, Research Associate at York University, and three Focus Groups with the research team and all the CSEP Community Coordinators. Due to COVID-19, for everyone's safety the interview and three Focus Groups will be conducted remotely using Zoom. With your permission, Dawn-Lee will audio-record the Zoom conversations and take notes to make sure she gathers your words accurately and completely. If you would prefer not to be recorded, Dawn-Lee will just take notes during the interview.

Please note, Zoom is an externally hosted cloud-based service. When information is transmitted over the internet privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers). Further, while York University researchers will not collect or use your IP address or other information that could link you to your Zoom host's computer or electronic devices without informing you, there is a small risk with any platform such as this of knowledge collected on external servers falling outside the control of the research team. If you are concerned about this, we would be happy to make alternative arrangements (where possible) for you to participate, perhaps via telephone. Please let Dawn-Lee know for further information.

Recordings (audio/video) will be saved in a password protected file to research team members' local computer, not the cloud-based service.

Please note that it is the expectation that you agree not to make any unauthorized recordings of the content of our conversations.

Benefits of participating: As a participant, you would learn how to support positive changes within your community, and you would add to the learning on how Indigenous communities move toward wellness.

YORK UNIVERSITY
CRIME REDUCTION RESEARCH PROGRAM
Individual Interview and Focus Groups on Walking the Prevention Pathway Programming
CSEP Community Coordinator Informed Consent, Confidentiality, and Permission

Benefits to your community: A main goal of this research is to share knowledge gained to support communities and organizations in building skill-sets and resources to move toward wellness. The leadership of [COMMUNITY NAME] has agreed to support the overall project and to be partners in sharing learnings through presentations in your community, at conferences, in articles, books, reports, policy papers, exhibitions, educational tools, resources, and web-based materials. Copies of your contributions will be available to you at any point. If you are interested in receiving a copy of what you shared, please speak with Dawn-Lee.

Is there a risk in participating? A possible risk is that sensitive topics may be discussed during the interview and Focus Groups, and you may feel uncomfortable as a result. Please do not hesitate to contact the appropriate support in your community if you are distressed, Debra Pepler at York University, pepler@yorku.ca, or during the interview or Focus Groups feel free to pause or stop the interview/session.

Voluntary participation: We do not want you to feel any pressure to participate in this research project. It is up to you to participate in this part of the research or not. Even if you have agreed to participate by signing this form or consenting verbally, you can skip any question and you can stop participating at any time without an explanation. The decision to stop participating will **not** affect your relationship with the CRC, researchers or other community members involved, with the leadership of your community, or York University. CRC programming will still happen in the community if you change your mind and decide not to participate in the research. If you decide to stop participating in this part of the research at any point, you can choose to let the research team keep what you have shared or you can choose to erase the recording, transcript (text of the audio-recording), and notes from your participation.

What will happen to the knowledge shared? The knowledge you share will be put together with knowledge from the other CSEP Community Coordinators. The research team will work to find common themes from all the Community Coordinators' answers. The team will then do a Shareback with the Community Coordinators of the identified themes for further group discussion and learning. The overall knowledge gathered in this research will be shared with many people who work with Indigenous communities across Canada. Resources will be created to help with CRC and other community program development, the education of professionals, and to support respectful research partnership and work with Indigenous communities.

We would only use your name in writings and presentations if you gave your permission. Otherwise, we will refer to your contributions as a "Community Coordinator". You can change your mind about this decision at any time by contacting Dawn-Lee.

Privacy: Knowledge gathered during the interview and Focus Groups will be kept private and confidential. As explained above, the interview and Focus Groups will be audio-recorded. If you choose not to be audio-recorded, Dawn-Lee will write notes for your interview, as well as your contributions in the Focus Groups where your voice will not be transcribed. The audio-recordings and notes will be stored in a locked cabinet in her office, or a locked cabinet in her home if her office is closed, and on a password protected computer. If you choose not to be identified, a code will be assigned to the notes of your interview and Focus Group contributions. Your name and any other identifying information will not appear in them.

Your privacy will be protected to the fullest extent possible by law. However, if you share any information about current or ongoing child abuse, or risk of harm to self or to others, the researchers have a legal and ethical duty to report this information to the right people to help keep individuals in the community safe.

YORK UNIVERSITY
CRIME REDUCTION RESEARCH PROGRAM
Individual Interview and Focus Groups on Walking the Prevention Pathway Programming
CSEP Community Coordinator Informed Consent, Confidentiality, and Permission

Where will the knowledge gathered be kept? During the research project, all knowledge you share - notes, audio-recordings (if applicable) and transcripts (text from audio-recordings), will be kept private and safe in a locked cabinet in Dawn-Lee's office, or in a locked cabinet in her home if her office is closed, Dawn-Lee and the other Research members' password-protected computers and an external hard-drive at York University once the university is open again. The knowledge gathered will be confidential: your personal identity will be replaced by a code, unless you have given us permission to use your name.

What knowledge will be shared with my community? As partners in this research, your community and the research team share the knowledge gathered through this research. However, community members other than yourself do not and will not have access to information that identifies you unless you provide specific and direct permission for that.

As researchers conducting community-based research, we are obliged to share the knowledge gathered with the community once the research is complete. We will use the permissions you give us to organize the knowledge that will be shared with your community. **Only you** can decide if your community can access and/or keep your audio-recordings and their transcripts and use them after the research period has ended. We will work with your community to ensure that the knowledge shared with your community will be kept in a safe location in the community for as long as the community decides.

Seven (7) years after the research is completed, the knowledge stored at York University will be destroyed, along with any audio-recordings and transcripts (if applicable) related to the research.

Ethics approval: This research has been reviewed and approved by York University's **Ethics Review Board** and follows the Canadian **Tri-Council Policy Statement 2 (2018) guidelines** for ethical conduct for research, the First Nations Information Governance Centre's **OACAP principles** of Ownership, Control, Access and Possession that establish how First Nations research data should be collected, protected, used, or shared, and the Ontario Federation of Indigenous Friendship Centre's **USAI Research Framework's principles of ethics** that guide research in Indigenous communities: Utility; Self-voicing; Access; and, Inter-relationality. This research is funded by the British Columbia Ministry of Public Safety's Crime Reduction Research Program. If you have any questions about your rights as a participant in this research, please contact: Ms. Alison Collins-Mrakas at 416-736-5914 / E-mail: acollins@yorku.ca.

Questions or concerns? If you have questions or concerns about this research at any time before, during or after your participation, Dawn-Lee will be available to speak with you. If you would like to speak to someone else, please contact the principal researcher, Debra Pepler, by phone at 416-736-5528 or by e-mail at pepler@yorku.ca.

York University research team: Dr. Debra Pepler and Dawn-Lee Ricard

Research Associate's contact information: Dawn-Lee Ricard, dawnlee@yorku.ca, 250-595-5950

YORK UNIVERSITY
CRIME REDUCTION RESEARCH PROGRAM
Individual Interview and Focus Groups on Walking the Prevention Pathway Programming
CSEP Community Coordinator Informed Consent, Confidentiality, and Permission

(COMMUNITY COORDINATOR'S COPY)

**Informed Consent, Confidentiality, and Permission for
Knowledge Shared with the Research Team *DURING THE WTPP INTERVIEW AND FOCUS GROUPS***

Research Associate asks Community Coordinator:

1. Do you understand this research and your role?
2. Do you have any questions?
3. Would you like to participate in the interview? Yes ☐ **OR** No ☐ (Research Associate checks for CC)

PART 1 - C O N S E N T - to participate in the research

Written

If yes, please print your name and sign below to let the team know you agree to participate:

I, _____ agree to participate in the Walking the Prevention Pathway research project conducted by the York University research team. I understand that I am not giving up any of my legal rights by signing this form.

Signature of Community Coordinator _____ **Date** _____

OR

VERBAL

Research Associate records response here: Community Coordinator, Gave consent ☐ **OR** Declined invitation ☐

PART 2 - C O N F I D E N T I A L I T Y - please choose only ONE statement (Research Associate checks for CC)

1. ☐ I agree to be identified by name and be credited in writings and/or presentations **OR**
2. ☐ I prefer not to be identified by name, but as "Community Coordinator" and a **code** chosen by the team

PART 3 - P E R M I S S I O N - to be audio-recorded (Research Associate checks for CC)

Audio-recording: I agree to be audio-recorded: Yes ☐ **OR** No ☐

Signature of Research Associate _____ **Date** _____

(COMMUNITY COORDINATOR'S COPY)

**Informed Consent, Confidentiality, and Permission for
Knowledge Shared with your Community *AT THE END OF THE RESEARCH PROJECT***

Research Associate asks Community Coordinator:

At the end of the research project, do you agree to the research team sharing the knowledge you provided for this research with your community?

PART 1 - C O N S E N T - to share my knowledge with my community (Research Associate checks for CC)

Written

I, _____ agree for the research team to share the knowledge I provided for this research with my community. I understand that I am not giving up any of my legal rights by signing this form.

Signature of Community Coordinator _____ Date _____

OR

Verbal

Research Associate records response here: Community Coordinator, Gave consent ☐ **OR** Declined invitation ☐

PART 2 - C O N F I D E N T I A L I T Y - please choose only ONE statement (Research Associate checks for CC)

1. ☐ I agree to be identified by name in transcripts and notes **OR**
2. ☐ I prefer not to be identified by name*, but as a "Community Coordinator" and a **code** chosen by the team

PART 3 - P E R M I S S I O N - to share my audio-recording and or its transcript with my community

NOTE: If Community Coordinator chooses 2. above, the answer for 1. below must be No

1. **Audio-recording:** I agree for my audio-recording (which can identify me) to be included in what is shared with my community: Yes ☐ **OR** No ☐
2. **Transcript (text from audio-recording) *:** I agree for my transcript to be included in what is shared with my community: Yes ☐ **OR** No ☐
* If you do not want to be identified we will remove your identifying information (e.g., your name and job title from your transcript)

Signature of Research Associate _____ Date _____

YORK UNIVERSITY
CRIME REDUCTION RESEARCH PROGRAM
Individual Interview and Focus Groups on Walking the Prevention Pathway Programming
CSEP Community Coordinator Informed Consent, Confidentiality, and Permission

(PROJECT'S COPY)

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Research Associate asks Community Coordinator:

1. Do you understand this research and your role?
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Signature of Community Coordinator _____ **Date** _____

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Verbal

Research Associate records response here: Community Coordinator, Gave consent ☐ **OR** Declined invitation ☐

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PART 3 - P E R M I S S I O N – to be audio-recorded

Audio-recording: I agree to be audio-recorded: Yes ☐ **OR** No ☐

Signature of Research Associate _____ **Date** _____

(PROJECT'S COPY)

**Informed Consent, Confidentiality, and Permission for
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Research Associate asks Community Coordinator:

At the end of the research project, do you agree to the research team sharing the knowledge you provided for this research with your community?

PART 1 - C O N S E N T – to share my knowledge with my community

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Signature of Community Coordinator _____ Date _____

OR

Verbal

Research Associate records response here: Community Coordinator, Gave consent ☐ **OR** Declined invitation ☐

PART 2 - C O N F I D E N T I A L I T Y - please choose only ONE statement

1. ☐ I agree to be identified by name in transcripts and notes **OR**
2. ☐ I prefer not to be identified by name*, but as a "Community Coordinator" and a **code** chosen by the team

PART 3 - P E R M I S S I O N – to share my audio-recording and or its transcript with my community

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1. **Audio-recording:** I agree for my audio-recording (which can identify me) to be included in what is shared with my community: Yes ☐ **OR** No ☐
2. **Transcript (text from audio-recording) *:** I agree for my transcript to be included in what is shared with my community: Yes ☐ **OR** No ☐

***Please Note - if you do not want to be identified we will remove any identifying information, e.g., your name and job title, from your transcript.**

Signature of Research Associate _____ Date _____

WALKING THE PREVENTION PATHWAY PROGRAMMING FOLLOW-UP QUESTIONS

SCRIPT:

Thank you for agreeing to speak with me today.

The reason for having this follow-up conversation is to talk about what has been happening since you participated in the Canadian Red Cross (CRC) Walking the Prevention Pathway (WTPP) programming.

[COMMUNITY NAME] asked the CRC to bring their WTPP violence prevention programming to support us in:

- **understanding** that the root cause of the ***Cycle of Violence*** in our community is the layers of harms caused by colonization
- **determining** our community's ***Circle of Wellness*** landing place where we have repaired, restored, recovered, replaced what our families and community has lost through these layers of harm
- **creating** a Community Action Plan to map our ***Pathways to Healing*** for restoring and the essential determinants of wellness of All My Relations

Now that it has been some months since WTPP programming was delivered in [COMMUNITY NAME], the CRC would appreciate your feedback. Your experiences and ideas will help them continue developing the programming for the next community.

The questions ask about the actual programming, when the [WTPP FACILITATOR] was in [COMMUNITY NAME], then what you and others in the community have been doing since the programming happened. Your feedback is important and valuable. The CRC appreciates the knowledge you share.

WTPP FOLLOW-UP QUESTIONS

For the CSEP Community Coordinator

1. Regarding the Starting Place Story – how did doing the Starting Place Story help you:
 - (a) understanding the WTPP programming?
 - (b) contribute to your community's action plan?

Questions 2, 3, and 4 relate to the Circle of Wellness, so are about our community's wellness landing place.

2. How did WTPP programming help build on your community's existing strengths?
3. How did WTPP programming help you plan to increase safety in your community?
4. When you think about the prevention and wellness strategies and programs you have in your community, in what ways did the WTPP programming help you build on them?

Question 5 relates to the Cycle of Violence, so the layers of harm experienced by your community and the impacts of those harms on your community.

5. How did WTPP help you to:
 - (a) recognize and understand the layers of harm in your community, for example, the disconnections from your land, culture, language, and ceremonies; and,
 - (b) deal with the impacts from these layers of harm, for example, substance abuse, lateral violence, gang violence, interpersonal trauma?

Questions 6, 7, 8, and 9 relates to the Pathways to Healing, so are about the determinants of wellness that restore All My Relations.

6. During the WTPP programming, you started working on your community action plan. In your opinion:
 - (a) what were some of the challenges you had when creating a community action plan; and,
 - (b) what supports might have helped you carry out your community action plan more smoothly or more quickly?
7. Right after the CRC delivered the WTPP programming, were you able to share any of the community actions identified in the training with other people in the community who weren't there, for example, people you work with or anyone outside of your work?
8. When you think about your community action plan, in what ways does it match with the determinants of wellness points in the Pathways to Healing?

9. How has WTPP programming supported different ways for people to work together in the community, for example:
- (a) how has it helped build new connections across programs; and,
 - (b) how has it helped build new connections among people in the community?
-

Closing Questions

10. Regarding benefits of the WTPP programming:
- (a) how has your community benefitted from the WTPP programming; and,
 - (b) how have you benefitted from the WTPP programming?
11. Regarding follow-up and support –
- (a) what kind of follow-up or additional support has the CRC provided since the WTPP programming, for example, more information, connecting your community with another community, additional programming or training; and,
 - (b) is there any additional follow-up or support that would have helped your community?