



**Framework for Change –
Steps for Community
Safety/Action**



HISTORY OF RELATIONSHIP BUILDING WITH INDIGENOUS PEOPLES

- **1885 Resistance – Batoche**
- **Late 80's realization that CRC programs not available in majority of Indigenous communities**
- **Late 80's Respect Education and Injury Prevention began forming partnerships with Indigenous communities**
- **Early 90's, the Oka crisis increased CRC awareness of lack of Indigenous engagement**
- **IFRC 90's Vulnerability and Capacity Assessments conducted throughout Canada**
- **Partnership with Canadian Rangers**

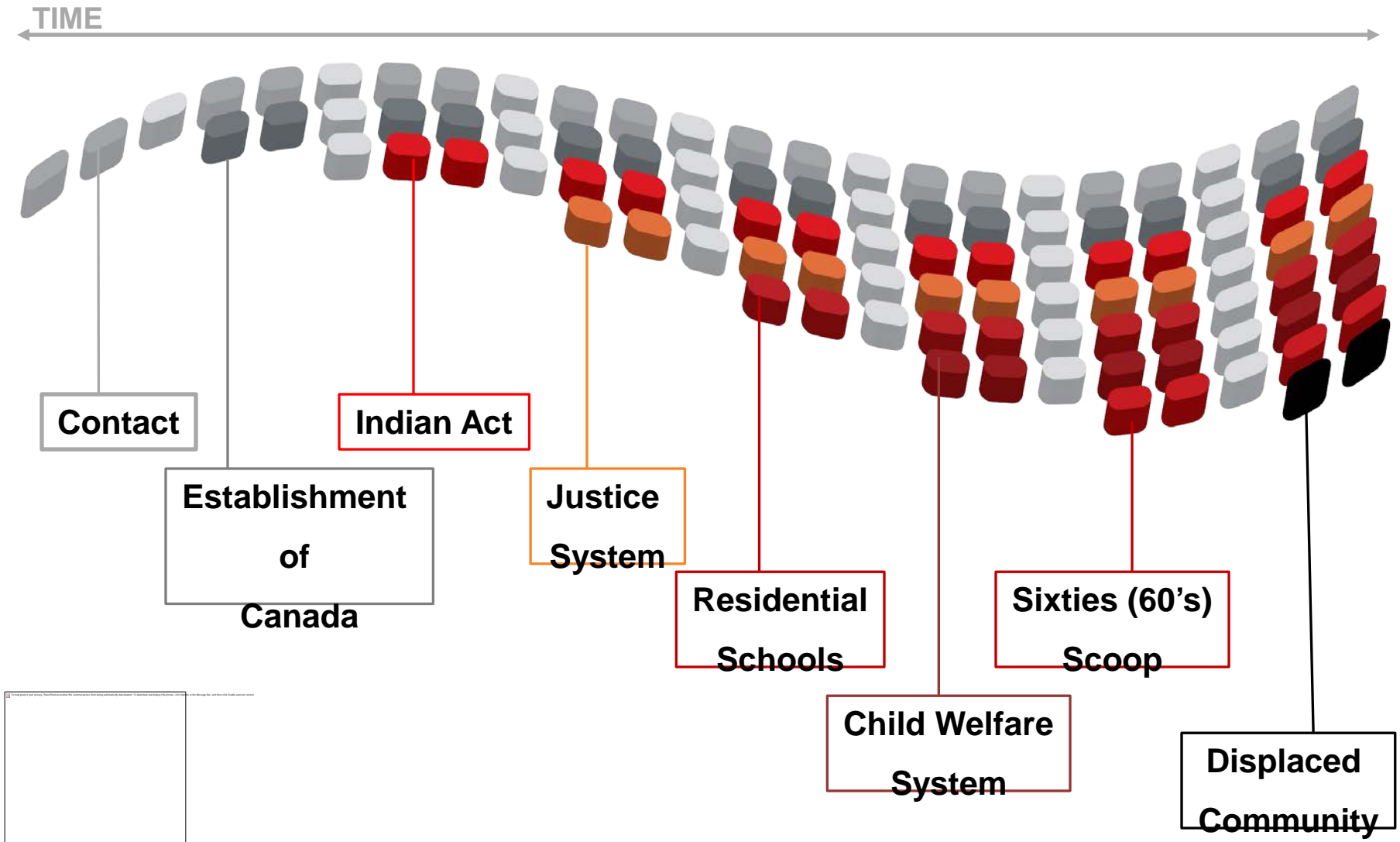


RELATIONSHIPS DEEPEN

- Mid 90's, first formal strategy to increase engagement with Indigenous communities
- IN 1997 Walking the Prevention Circle created
- **2007** MoU signed with Assembly of First Nations, other National relationships established
- **2011** Aboriginal Engagement Plan developed for CRC
- **2017** Indigenous People Framework



History of Harm



CRC OPTIONS

- **Emergency Response and Risk Reduction**
- **Injury Prevention – First Aid, Babysitter, Home alone**
- **Water and ice safety**
- **Violence and Abuse Prevention**
- **Community Health programming**
- **Humanitarian advocacy**



COMMUNITY ENGAGEMENT

- **PHASE ONE**
 - Leadership engagement
 - Community and Services mapping
 - Identification of priorities

- **PHASE TWO**
 - Planning and assessment meetings - broader
 - Confirmation of mapping and priorities
 - Community and partner engagement
 - Action planning
 - Teams developed to work on plan



PRINCIPLES OF ENGAGEMENT

- **By invitation**
- **Lead by Community Leadership**
- **Basic Assessment Tool**
- **Cycle of Involvement**
- **Action based**
- **Community Owned and Monitored**



UNDERSTANDING PROTECTION INSTRUMENTS

- **United Nations Conventions and Declarations**
- **Free and Informed Consent**
- **Ethical Guidelines in Research**
- **Duty of Care / Do No Harm**
- **The Role Culture Plays in Protection**



DUTY OF CARE / DO NO HARM

A concept that people and institutions have a responsibility to make sure people in their care are not harmed – including sexually, physically or emotionally



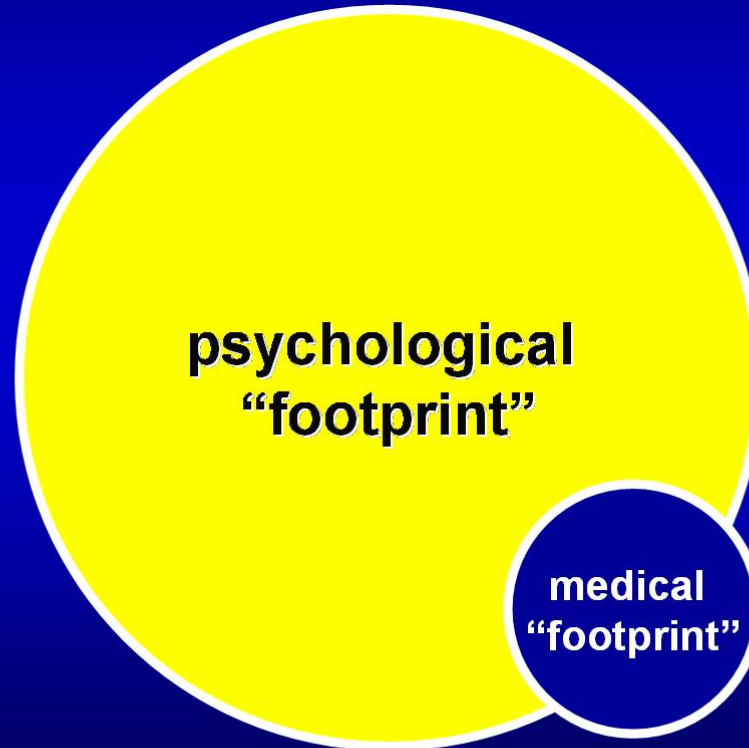
IN COMMUNITY – CRITICAL QUESTIONS

- **What is in the past that keeps us from moving forward?**
- **What is the current environment for us to move forward?**
- **What do we need to do to move community members forward?**



Psychological vs. Medical “Footprint”

In a disaster,
the size of the
psychological
“footprint”
greatly
exceeds the
size of the
medical
“footprint.”



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Leonard M. Miller School of Medicine
University of Miami

Source: Shultz JM, et al., Behavioral Health Awareness Training
for Terrorism and Disasters, Miami FL, DEEP Center, 2003



RESPONDING TO IMPACT



ADVERSE EVENTS

- **Disasters**
- **Accidents including loss of key buildings**
- **Deaths**
 - Cluster deaths including suicide
- **Violence**
 - Domestic violence
 - Violence against children
- **Youth violence**



EMERGENCIES – OUR LEARNINGS

CURRENT ...

- Weather
- Geographic/Geologic
- Cyclical trends

EMERGING...

- Social Crises
- Chronic

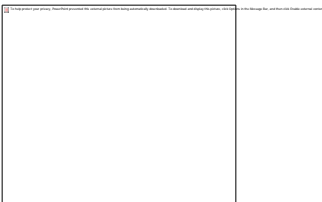


TODAY'S IMPACTS AND REALITIES

UNIQUE TENSIONS

- Youth engagement realities
- Parental involvement
- Elder messaging

- And ...



BARRIER QUESTIONS

- **What could stop reaching the goal of a safe and resilient community?**
- **How do you overcome the barriers?**



TRAINING AND EDUCATION QUESTIONS

- **What training is needed?**
 - **Who is the priority audience?**
- **What messages do they need to learn?**
- **How is that learning going to occur?**



CHANGE PROCESS



THANK YOU

