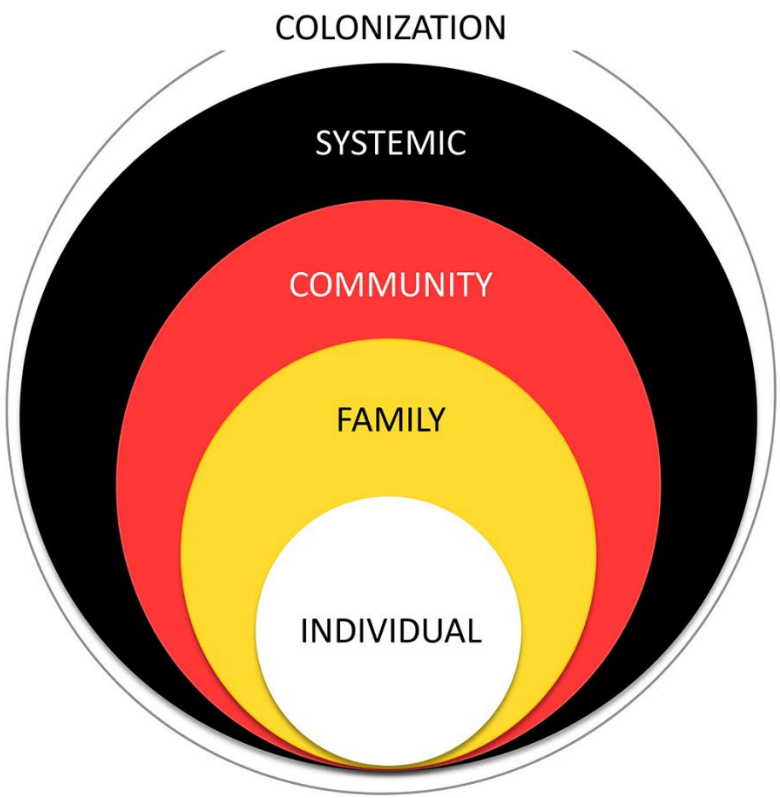
Community Tool Kit

FSIN Life Promotion Report

SASKATCHEWAN HEALTH QUALITY COUNCIL

Introduction

As discussed in the report, suicide and self-harm are occurring at disproportionately higher rates in First Nations than non-First Nations. Thinking back to the measurement framework in the report (pictured below), there are many factors that can influence and drive a person to self-harm and suicide. Some of these drivers are unique to First Nations due to events like colonization, residential schools and the Sixties Scoop.



Systemic

- Healthcare system funding issues
- Access to medical services
- Access to social services
- Housing Food insecurity
- Distrust in the system
- Cultural Genocide
- Foster Care System
- Intergenerational Trauma
- Discrimination Indian Act/Gov
- Policy Forced Religion Conversion

Community

- Remoteness
- Neighborhood
- Lack of employment opportunities
- Identity- struggle with being First Nations
- Loss of language
- Cultural Genocide
- Loss of traditions
- Loss of connection to land

Family

- History of violence
- Abuse
- Adverse Child Events
- Parent pressure
- Large families
- Poor parenting skills
- Countries economy
- Poverty
- Environmental Contamination/Pollution
- Suicide exposure
- Death/Loss

Individual

- Incarceration
- Comorbidities
- Mental illness
- Unemployment
- Sense of belonging
- Loss of Autonomy
- Isolation/loneliness
- Personal support system
- Low self-esteem
- Prior suicide attempts
- Poor prognosis/ End of life
- Stress—poor coping mechanisms
- Unempowered—poor skills
- Seasonal Variations
- Lack of attention at home
- Societal Pressures
- Bullying
- Peer Pressure
- Body Image
- Stigmas
- Substance use

Drivers: the factors within the four domains of systemic, community, family and individual that can negatively impact people(s), causing them to self-harm or commit suicide.

Purpose

The community development planning tool is meant to assess the overall well-being of the community by highlighting the areas that are doing well and those that need more attention. The tool incorporates three layers that impact the overall well-being and function of a community: individual, family and system. By identifying which drivers are having the greatest impact on community well-being, leaders will be equipped to identify the service and/or program areas that are needed.

The Saskatchewan Health Quality Council (HQC) is available to support community through any part of this process. Please contact Shasta Lysohirka at: (639) 638-0551 or slysohirka@hqc.sk.ca for support.

Instructions

1) Gather the appropriate people

The drivers of self-harm intersect with many different sectors including health, education, culture, justice, environment, funding and social programming. As such, it is important to ask community members that are knowledgeable in these areas to attend It may be valuable to ask knowledge holders outside the community who handle community concerns in these areas to join as well, such as Child and Family Services and Indigenous Services Canada, etc. It is important to have a diverse group of people involved in the assessment.

2) Score each driver

Go through each driver and discuss the impact it is having on the community. Reach consensus and assign a score to the impact from extremely low to extremely high. Tally each section to get a total and overall score. This is not a diagnostic tool. It is meant to emphasize the areas that are having the strongest negative impact on community well-being, highlight areas that are successful. These areas can then be incorporated into a community development plan.

3) Review the results

With leadership, identify the areas of concern. Review if existing programs and services are meeting needs. Brainstorm opportunities for improvement or new program development.

4) Community Development Plan

Using an existing planning template or the template in Appendix B, identify priorities that are:

a) Manageable within the community – what are the areas that communities can directly influence or impact an improvement. This may include items that can be addressed with tribal councils or partner communities/agencies.
b) Need to be addressed beyond the community – systemic drivers may surface to the top; systemic drivers need to be brought through community leadership to be addressed at governance levels.

Appendix A- Community Development Assessment Tool

Complete all four questions by filling out the corresponding tables.

Question 1: Systemic Domain

To what degree do the following (drivers) impact the community?

Scale: 1 – extremely low impact; 2 – somewhat low impact; 3 – Not sure; 4 – somewhat high impact; 5 – extremely high impact.

Table 1- Systemic Domain		
Driver	**Assigned Score (Scale of 1-5)**	**Comments (Use the column to explain the score)**
Health-care system funding- jurisdictional issues		
Access to medical services		
Access to social services		
Housing		
Food insecurity		
Cultural genocide		
Foster care system		

Question 2: Community Domain

To what degree do the following (drivers) impact the community?

Scale: 1 – extremely low impact; 2 – somewhat low impact; 3 – Not sure; 4 – somewhat high impact; 5 – extremely high impact.

Table 2- Community Domain		
Driver	**Assigned Score (Scale of 1-5)**	**Comments (Use the column to explain the score)**
Remoteness		
Neighbourhood		
Lack of employment opportunities		
Loss of connection to land		
Loss of traditions		
Loss of language		
Identity disconnect		

Question 3: Family Domain

To what degree do the following (drivers) impact the community:

Scale: 1 – extremely low impact; 2 - somewhat low impact; 3 – Not sure; 4 – somewhat high impact; 5 - extremely high impact.

Table 3- Family Domain		
Driver	**Assigned Score (Scale of 1-5)**	**Comments (Use the column to explain the score)**
Suicide exposure		
Loss of loved ones		
History of violence		
Abuse		
Adverse child events		
Loss of traditional parenting skills		
Poverty		
Environmental contamination		

Question 4: Individual Domain

To what degree do the following (drivers) impact the community:

Scale: 1 – extremely low impact; 2 - somewhat low impact; 3 – Not sure; 4 – somewhat high impact; 5 - extremely high impact.

Table 4- Individual Domain		
Driver	**Assigned Score (Scale of 1-5)**	**Comments (Use the column to explain the score)**
Bullying		
Peer pressure		
Body image		
Societal pressures		
Stigmas		
Seasonal variations		
Prior suicide attempts		
Substance use		
Stress- lack of coping skills		

Isolation/loneliness		
Unemployment		
Sense of belonging		
Incarceration		
Loss of autonomy		
Personal support system		
Low self-esteem		
Lack of attention at home		
Poor prognosis/End of life		
Multiple illnesses		
Mental illness		

Appendix B- Example Community Program Planning Template (Created by Strathcona County, Alberta)

(see additional resources for link to template)

Name of program: _____

1) **Rationale:**
   a. What is the purpose of this program and how will it meet your community needs

   b. Are there synergies or overlap with other groups/organizations (e.g. Community groups/partners, Schools)

2) **Research:**
   a. Identified need for this program and the capacity for it in your community (emerging trends, population demographics)

   b. Budget Assessment --- Cost to run (instructors, equipment, supplies) vs. fee = potential revenue

3) **Benefits:**
   a. Potential benefits of the program and impacts (meeting community needs)

4) **Risks:**
   a. Potential risks in program delivery and plan for risk reduction

5) **Program details:**
   a. Who is qualified to deliver your program (will you need instructors/coaches with specific skills or certifications?)

   b. Facilities and space options for program delivery (appropriate space, location, availability)

   c. Scheduling (best day/time to run, drop-in or registered)

6) **Communication strategies:**
   a. With whom do you need to communicate the program information? (schools, local businesses, churches, parent groups etc.)

   b. How will program information be delivered? (e.g. on-line, social media, newspaper)

7) **Program Evaluation:**
   a. What performance indicators will you use to measure success of this program (program pilot, focus groups, surveys)

Appendix C- Other Community Program Planning Resources

Comprehensive Community Planning for First Nations Handbook. Fourth Edition. Accessed at: https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-REGIONS/STAGING/texte-text/ccphandbook4ed_1613061207384_eng.pdf

Health and Wellness Planning: A Toolkit for BC First Nations. First Edition. Accessed at: https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Health-and-Wellness-Planning-A-Toolkit-for-BC-First-Nations.pdf

A Toolkit for Creating Community Recreation Plans in Rural Yukon. January 2016. Accessed at https://rpay.link/resources/Yukon_Community_Recreation_Planning_Toolkit-2016.pdf

Comprehensive Community Planning Toolkit: Finding Bimadizowin. 2017 Accessed at: http://fnqlsdi.ca/wp-content/uploads/2018/05/2018_NADF_Toolkit_Final_en.pdf

Community Program Planning Guide. Strathcona County. Accessed at https://www.strathcona.ca/files/files/rpc-pdf-community_program_planning_guide.pdf

Community Development Toolkit. Version One. Australia. 2015. Accessed at https://www.nht.org.au/sites/default/files/resources/community-development-toolkit/community-development-resource.pdf

First Nation Self-Evaluation of Community Programs. A Guidebook on Performance Measurement. 1998. Accessed at: https://fngovernance.org/wp-content/uploads/2020/10/First_Nation_Self_Evaluation_Community_Programs.pdf