Developing a Framework for Indigenous Pedagogy on Childhood

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PRINCIPAL FUNDING
Social Sciences and Humanities Research Council (SSHRC) Connection Grant (611-2019-0027)

Additional support
Global and Indigenous Health Nursing (GAIHN)
McGill Office of the Provost
McGill School of Social Work
Native Friendship Centre of Montreal

Research conducted by the VOICE Childhood Ethics Research Team (McGill University)
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This Report can be accessed on the VOICE website: https://www.mcgill.ca/voice/publications

July 21, 2023

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Project Summary

This Report presents the numerous outputs produced by this research initiative on Indigenous Pedagogies on Childhood.

We created a project co-leadership structure using an Indigenous/settler partnership to conduct this work along an Indigenization/decolonization model. Glenda Sandy (a nurse who is originally from the Naskapi community of Kawawachikamach, near Schefferville, Quebec) partnered with Franco Carnevale (a settler) to co-lead this project.

We developed an Indigenous Youth Advisory Council for this project, which ensured continuous youth engagement throughout the project. Our principal Indigenous Youth Advisors were: Karahkwinetha Sage Goodleaf-Labelle (who was born to the Bear Clan of the Kanien'kehá:ka nation, part of the Haudenosaunee confederacy; a McGill undergraduate student in Psychology and Neuroscience) and Codey Martin (who is Mig'maq from the traditional territory Gespe'gewa'gi Listuguj; a McGill Social Work student) (for more information about the Indigenous Youth Advisors, see: https://www.mcgill.ca/voice/team/voice-indigenous-youth-advisory-council-iyac). Additional Indigenous community members were consulted throughout the course of this project.

This work was conducted with (a) research assistance from Carly Heck and Satya Cobos (masters students at the Ingram School of Nursing, McGill University) and (b) advisory input from co-investigators (Delphine Collin-Vézina, McGill School of Social Work; Martine Lévesque, École de réadaptation, Faculté de médecine, Université de Montréal; Mary Ellen Macdonald, McGill Faculty of Dentistry; Marjorie Montreuil, McGill Ingram School of Nursing; Victoria Talwar, McGill Faculty of Dentistry) and collaborators (Brett Pineau, Native Friendship Centre of Montreal; Ashanti Rosada, Native Friendship Centre of Montreal; Shauna Van Praagh, McGill Faculty of Law).

This project drew on results generated through two previous projects: (a) an interdisciplinary scoping review on existing international evidence on Indigenous Pedagogy on Childhood (a summary is included within this Report, while the full report can be accessed on our VOICE website: https://www.mcgill.ca/voice/files/voice/indigenouspedagogyonchildhood_final_report_carnevale_etal_with_prisma.pdf) and (b) community consultations conducted with two Anishinabeg communities (results have been published in the International Journal of Indigenous Health; see: Indigenous pedagogy on childhood: A consultation with the two Anishinabeg communities of Long Point First Nation and Rapid Lake, Quebec | International Journal of Indigenous Health (utoronto.ca).

We designed a curriculum for Indigenous Children's Nursing, as a pilot project, which was implemented and evaluated at McGill twice. This included preparatory student learning materials, as well as in-class informational and discussion materials (course materials are included in this Report). This curriculum, and related teaching materials, can serve as a guide for further curricular development in other faculties at McGill and other post-secondary programs that prepare professionals who could work with Indigenous children, youth, families, and

communities. We have built a team of multi-faculty educators throughout McGill that will help promote this work.

We also created a professional practice framework for Indigenous Children's Nursing that can serve as guide for operationalizing the many complex ideas within this curriculum into everyday practice. This framework can be adapted for other professions working with Indigenous young people and their families and communities.

Moreover, the project has generated a project team that can serve as an enduring community of practice that can promote further work on Indigenous Pedagogies on Childhood.

Finally, given that the COVID-19 pandemic arose while this project was being conducted, we mobilized our team to produce an ethical analysis of pandemic impacts that were particularly borne by Indigenous children and youth within Canada. This was published in:
Heck, C., Eaker, M., Cobos, S., Campbell, S., & Carnevale, F. A. (2021). Pandemic Impacts for Indigenous Children and Youth Within Canada: An Ethical Analysis. YOUNG, 29(4), 381–398. https://doi.org/10.1177/11033088211032791
https://journals.sagepub.com/doi/full/10.1177/11033088211032791

Overview of Project Phases

Past Research with and for Indigenous Children, Youth, Families and Communities

- Appendix A includes citations for past VOICE research projects in Rapid Lake and Long Point First Nation (previously known as Winneway)

Indigenous Pedagogies on Childhood Project

This project aims to inform practice, policy and research to promote the well-being of Indigenous children and youth and support reconciliation. Our goals are to:

- Work to create a framework for Indigenous Pedagogies on Childhood.
- Identify priorities for research and innovation in Indigenous pedagogies.
- Improve curriculum at McGill University to serve as a model for other universities.
- Develop a Community of Practice with Indigenous leaders, communities, organizations, and university educators.

Phase I - Scoping Literature Review: Some of the Truth and Reconciliation Commission of Canada's (TRC) Calls to Action focus on needed improvements in education for child-focused professions (e.g., health, mental health, education, social work, law). The Calls also emphasize the importance of collaborating with Indigenous peoples when making these improvements. In response to the TRC, we conducted a scoping literature review to better understand the presence of Indigenous pedagogies in child-focused professional education curricula (Appendix B). The review highlighted the need for:

- Education with foundational content rooted in Indigenous outlooks
- Cohesive pedagogical aims and approaches
- Agreed-upon outcomes, especially those that have favourable impacts for Indigenous peoples, to orient efforts in research and education
- Supporting faculty development
- Child-focused evidence for Indigenous pedagogies
- Community engagement in curricular development and systemic changes

Phase II - Pilot Community Consultations: As a second phase of the scoping review, we consulted stakeholders in the communities of Long Point First Nation and Rapid Lake, Quebec. With guidance and input from local key informants, we conducted interviews with Anishinabeg adults and children, as well as child-focused professionals working within these communities

- Results confirmed many of the scoping review messages.
- Additional insights from participants:
    - Important for professionals to be aware of and know how to act on the social determinants of health

- Prioritize Indigenous-led learning opportunities (e.g., Indigenous speakers, community placements, attendance of cultural events)
- Recognize value of kinesthetic (hands-on) learning, as this is how children often learn traditional skills and knowledge
- Systemic changes include ensuring that professionals are able to offer services in appropriate language(s) for the communities they serve
- Results are published in: Indigenous pedagogy on childhood: A consultation with the two Anishinabeg communities of Long Point First Nation and Rapid Lake, Quebec | International Journal of Indigenous Health (utoronto.ca).

Developing a Community of Practice

- Indigenous partners and advisors
- Indigenous Youth Advisory Council
- McGill faculty and staff
- See Appendix D for further information about Indigenous-focused faculty, staff, curriculum, research programs, outreach initiatives, and online resources at McGill University.

Pilot Curriculum on Indigenous Children's Nursing

- Developed a curriculum for two classes
  - Class 1: Introductory and informational
  - Class 2: Group discussion of practice situations relevant to Indigenous children's nursing
- See Appendix E for resources for child-focused professionals on working with Indigenous children and youth within Quebec and Canada.

Developing a Curriculum for Indigenous Children's Nursing

Course Companion Document for Students

The course companion document (Appendix H) includes course preparation and presentation resources in order of appearance as well as further optional content on a variety of Indigenous-focused topics. Given the great expanse of literature on Indigenous health, culture, and history, along with the short timeline of our proposed curriculum, we knew students could benefit from having a guide for possible "next steps' in their learning journey. In some respects we catered this document towards people set to work as child-focused health professionals, but the majority of the included resources could be relevant for any Canadian.

The companion document contains an appendix with resources more so intended for child-focused health professionals. These resources include:

- Links to national and Quebec-based health and social service organization webpages
- Reports on decolonization, truth, and reconciliation efforts in healthcare
- Resources, both conceptual and clinical, on Indigenous child health and well-being

Educator's Resource

The educator's resource (Appendix I) includes the project overview, course preparation materials, PowerPoint slide speaker notes for the framework section, and additional literature on the pedagogical approach to the Indigenous Children's Nursing class.

As we developed the pilot curriculum, we aimed for the course design, structure, and delivery to align with some Indigenous pedagogical approaches used within Canada. We found there were relatively fewer resources to draw from when it came to the post-secondary classroom setting compared to the larger body of work on elementary and secondary education. We provide summaries of two relevant articles for educators to review in preparation for delivering the Indigenous Children's Nursing classes. These articles highlight the use of relational and emotional exercises within the classroom to encourage critical self-reflection and discussion.

Working Framework for Indigenous Children's Nursing

Child-focused professionals within Canada are largely educated and trained with curricula devoid of Indigenous worldviews and Indigenous children's voices. For example, nurses who work in Canadian federal health clinics in Indigenous communities are provided with generic pediatric clinical resources for their work with Indigenous children. When we interviewed child-focused professionals working within the communities of Rapid Lake and Long Point First Nation, what little Indigenous-specific content they could recall encountering involved pathologizing and itemizing Indigenous peoples' burden of disease. Deficits-focused curricula limits professionals' capacity for building an informed, compassionate and respectful practice.

Our proposed framework for Indigenous children's nursing (see Appendix G) drew from a wide variety of sources, including the work of VOICE: Seven Indigenous community-based child-focused research projects within Quebec, input and review from Indigenous nurses and youth advisors, an international scoping review on child-focused Indigenous pedagogy in

professional education, and an ethical analysis of Indigenous child well-being. We used additional literature including an existing framework for Indigenous health (Wilson et al., 2020), reports on approaches to Indigenous child health (Blackstock, Bruyere & Moreau, 2006; Carriere & Richardson, 2013), and a bioethical analysis of health-related legal cases involving Indigenous children (Cohen-Fournier, Brass & Kirmayer, 2021).

The proposed framework is presented in six sections. It is not a requirement to work through the sections in a linear fashion, although it is highly recommended that learners start with the first three sections in order to lay a solid foundation of personal awareness and context before they engage in Indigenous-centred work. These first steps begin with consideration of one's own values, beliefs, and perspectives in order to better understand how to leverage existing strengths as well as recognize and challenge existing biases when working with Indigenous children, families, and communities. The framework then outlines key legal, ethical, deontological, and professional considerations in Indigenous children's nursing, including overview of Indigenous children's rights and the Truth and Reconciliation Commission of Canada's Calls to Action.

In further sections the framework highlights perspectives, approaches, and practices related to Indigenous children's nursing that are based in Indigenous knowledge. The Indigenous values of interconnected relationships, holism, and Indigenous-informed restorative justice were identified through literature and Elder teachings and verified by an Indigenous research team member while completing our ethical analysis of pandemic impacts for Indigenous children and youth within Canada. These same values were included in the framework. The information shared throughout the framework is not meant to be complete prescriptive guidance. It is instead shared as a tool to help professionals explore new paths in how they conceptualize Indigenous child health and in how they communicate and collaborate with Indigenous children and their families within the context of their professional role.

Summary References

Blackstock, C., Bruyere, D., & Moreau, E. (2006). Many Hands, One Dream: Principles for a New Perspective on the Health of First Nations, Inuit, and Métis Children and Youth. Canadian Paediatric Society.

Carriere, J., & Richardson, C. (2013). Relationship is everything: Holistic approaches to Aboriginal child and youth mental health. *First Peoples Child & Family Review, 7*(2), 8-26.

Cohen-Fournier, S. M., Brass, G., & Kirmayer, L. J. (2021). Decolonizing health care: Challenges of cultural and epistemic pluralism in medical decision-making with Indigenous communities. *Bioethics, 35*(8), 767-778.

Wilson, A. M., Kelly, J., Jones, M., O'Donnell, K., Wilson, S., Tonkin, E., & Magarey, A. (2020). Working together in Aboriginal health: a framework to guide health professional practice. *BMC Health Services Research, 20*(1), 1-11.

APPENDICES

Appendix A: VOICE Research involving Indigenous Children and Youth

Listed below are the previous research projects by VOICE focused on young Indigenous peoples within Canada, particularly within the Anishinabeg communities of Rapid Lake and Long Point First Nation, Quebec. Project focuses were defined in collaboration with community key informants, and they addressed a variety of health and well-being concerns.

Note that over the timecourse of this community-researcher relationship, the communities began to reclaim the term Anishinabeg to refer to their national identity over the European-given term of Algonquin, which was reflected in our forthgoing work.

Article Citation	**Location and Nation**	**Purpose**	**Sample**
Carly Heck, Satya Cobos, Franco A. Carnevale, Priscilla Pichette Polson, Mary Ellen Macdonald (2023). Indigenous Pedagogy on Childhood: A Consultation with Two Anishinabeg Communities: Long Point First Nation and Rapid Lake, Quebec. *International Journal of Indigenous Health,* 18 (1), 1-14.	Long Point First Nation and Rapid Lake (QC), Anishinabeg	Conducted consultations with Anishinabeg communities of Long Point First Nation and Rapid Lake on Anishinaabe perspectives and experiences regarding child-focused professional practices.	9 young people (ages 6-15); 10 elders, parents, other adults; 8 key informants; 15 child-focused professionals
Kim, Y. N., Rouleau, L. E. B., Carnevale, F., Whiteduck, G., Chief, D., & MacDonald, M. E. (2021). Anishinabeg children and youth's experiences and understandings of oral health in rural Quebec. *Rural and Remote Health*, *21*(2).	Rapid Lake (QC), Anishinabeg	Learn how Anishnabeg children and youth experience and understand oral health, and use this knowledge to promote oral health in the communities.	27 youth (ages 6-17), 12 key informants
George, S., Carnevale, F. A., Macdonald, M. E., Whiteduck, S., Whiteduck, G., & Vignola, S. (2022). Exploring the moral experiences of Anishinaabeg children in Rapid Lake, Quebec. *Children & Society*, *36*(1), 1-20.	Rapid Lake (QC), Anishinaabeg	Explore the everyday moral experiences of children in an Anishinaabeg community.	33 youth (ages 6-13), 6 key informants
Kooiman, H., Macdonald, M. E., Carnevale, F., Pineda, C., Nottaway, W., & Vignola, S. (2012). Minododazin: Translation an Algonquin tradition of respect into youth well-being in Rapid Lake, Quebec. *Pimatisiwin: A Journal of Aboriginal & Indigenous Community Health, 10(1).*	Rapid Lake (QC), Algonquin	Explore health concerns for local youth and related obstacles to their well-being, to assist community youth workers in designing a culturally relevant self-respect program to promote healthy lifestyle choices among youth.	10 youth (ages 9-12), 4 youth (ages 8-9), 10 parents, 8 key informants
Kutcher, A., Pichette, P., Macdonald, M. E., & Carnevale, F. A. (2019). Exploring the health and well-being of children and youth in Winneway, Québec. *International*	Winneway (Long Point First Nation) (QC),	Understand how children and youth in Winneway, Quebec view health and well-being and to determine what they	15 youth (ages 6-17), 9 key

Journal of Indigenous Health, *14*(2), 115-132.	Anishinabeg	consider to be major health and well-being concerns.	informants
Naidu, A., Macdonald, M. E., Carnevale, F. A., Nottaway, W., Thivierge, C., & Vignola, S. (2014). Exploring oral health and hygiene practices in the Algonquin community of Rapid Lake, Quebec. *Rural and Remote Health*, *14*(4), 1–15.	Rapid Lake (QC), Algonquin	Learn about local beliefs and practices regarding oral health and use this knowledge to design and implement a culturally adapted activity to promote oral health among school-age children in the community.	7 youth (ages 9-11), 8 parents, 6 key informants
Sherman, J., Macdonald, M. E., Carnevale, F., & Vignola, S. (2011). The development and implementation of a type 2 diabetes prevention program for youth in the Algonquin community of Rapid Lake, Quebec. *Pimatisiwin, A Journal of Indigenous and Aboriginal Community Health 2011, 9*(1), 219-243.	Rapid Lake (QC), Algonquin	Gain a better understanding of local youth knowledge about diabetes and diabetes prevention, and to develop a culturally and locally adapted health promotion program for youth.	15 youth (ages 8-12), 5 youth (ages 13-17), 5 key informants

Other Highlighted Research

Heck, C., Eaker, M., Cobos, S., Campbell, S., & Carnevale, F. A. (2021). Pandemic impacts for Indigenous children and youth within Canada: An ethical analysis. *YOUNG*. Retrieved from https://journals.sagepub.com/doi/full/10.1177/11033088211032791

Appendix B: Metasynthesis of Literature on Anishinaabe Child Health and Well-being

Metasynthesis of Anishinaabe child health and well-being research within Canada (2008-2022)

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Metasynthesis of Anishinaabe child health and well-being research

ABSTRACT
Research with Anishinaabe children in Canada is a young and growing field. Reflection on the current stance of published knowledge and method could be helpful for future work, especially with increasing attention to the importance of honouring Indigenous and child worldviews in research. Given that academic literature likely provides a limited amount of what is actually known about Anishinaabe child health, the goal of this qualitative metasynthesis is not to summarize what is known, but what has been explored in academic research and how it has been explored. Several of the Truth and Reconciliation Commission Calls to Action outline the importance of using culturally-attuned and participatory approaches in working with Indigenous stakeholders, and so there is an evident benefit in reflecting on the work done thus far in Anishinaabe child health and well-being research. By using the CONSIDER statement as an analytic tool and interpreting our results through the lenses of Mino-bimaadiziwin and the Medicine Wheel, we aim to consider what constitutes a good research process with Anishinaabe children and their communities. Eight databases were searched: Scopus, PubMed, Medline, ERIC, CINAHL, PsychINFO, and ProQuest Thesis & Dissertations. Searches were completed in August 2019 and June 2020. Of 375 articles identified from the database searches, 27 were deemed relevant based on inclusion criteria.

Keywords: Anishinaabe, Indigenous, child, youth, health research

RESEARCH OBJECTIVES

- Synthesize published knowledge of Anishinaabe childhood and child well-being
- Analyze current research processes with Anishinaabe children and communities
- Explore the unique benefits of including children and youth in research activities

BACKGROUND

Indigenous child health and well-being in Canada

Throughout Indigenous peoples' history on Turtle Island, diverse and rich customs evolved around the perception and care of children. Such customs have been rooted in a deep respect for the past, present and future (Blackstock, Bruyere & Moreau, 2006; Bear, 2009). For example, there exists an Indigenous perspective that health should be considered in the context of the next seven generations to come. As such, future generations are always in the center of preserving health. Furthermore, many Indigenous perspectives of health are holistic and encompass many aspects. As Blackstock, Bruyere & Moreau (2006) states: "Health means caring for the environment, water, air, preserving cultural knowledge, language and traditions, promoting respectful relationships among cultures and religions, and promoting well-being so that generations to follow inherit the essentials of life, a strong identity and peace" (p. 3). To understand Indigenous perspectives of health, it is important to acknowledge "the sacredness and resilience of the [Indigenous] child… needs to be strengthened, along with the focus on the context and fundamental understanding of life itself" (Blackstock et al., 2006, p.3)

Anishinaabe understandings of childhood and child health

According to Bell (2016), one of the Anishinaabe understandings of childhood is that it comprises three stages. The "good life", from ages 0-7, is where children take the "center spot in the circle of humanity"; they are considered gifts. At this stage, children are kept safe by their caregivers and parents provide for their children. It is where the caregivers lay the groundwork for the future stages. In fact, at this stage children are left to develop their instincts and so parents are in charge of letting children explore, while also ensuring that it is done in a safe environment. The next stage is the "fast life" from ages 7 to puberty. And the last stage is the "wondering and wandering life", which lasts from teenage years to early adulthood, usually ending in the early twenties.

To develop into a "healthy person who will contribute to society" it is necessary to have a strong sense of positive identity (Bell, 2016, p. 14). In other words, if one is a healthy individual, one will contribute to a healthy family which would contribute to a healthy community and then to a healthy nation, and finally a healthy world. Similarly to other Indigenous perspectives of Indigenous health, Anishinaabe child health is defined through holism, which includes the interdependence of physical, emotional, mental, and spiritual levels. Where "spiritual connection at an internal level with the self but also at an external level with the cosmos" (Bell, 2016, p. 14).

Challenges to Indigenous child health

In Canada, Indigenous children's voices are largely left out of decisions concerning them despite manifestations of inequities that impact their health and well-being (e.g., the child welfare system, poverty, poor housing, food insecurity, victimization by crime) (Lewis & Myhra, 2018;

Maxwell, 2014; Nelson & Wilson, 2018; Steinhauer & Lamouche, 2018; Horton, 2011). These inequities have deep historical roots in colonialism and Euro-Western practices such as the Indian Act of 1876 and the residential school system (TRC, 2015). The residential school system was responsible for the separation of roughly 150,000 Indigenous children from their families. The resultant weakening of interpersonal and cultural ties due to these separations has led to harmful intergenerational impacts which continue for many Indigenous children in Canada today. Current major health concerns for Indigenous children include: higher-than-average rates of obesity, diabetes, infectious disease, poor oral hygiene, depression and suicide (Kutcher, Pichette, Macdonald, & Carnevale, 2019; Boksa, Joober, & Kirmayer, 2015; Gracey, & King, 2009; King, Smith, & Gracey, 2009, p. 2; Rice et al., 2016). Some measures have been put in place to address these challenges, which include the Truth and Reconciliation Commission, the establishment of Indigenous-led, non-profit and advocacy organizations to oversee child health (e.g., Assembly of First Nations, The National Collaborating Centre for Indigenous Health, First Nations Child and Family Caring Society), the Jordan's Principle (enforced in Canadian Human Rights Tribunal ruling of 2016), and the Inuit Child First Initiative.

Research involving Indigenous children in Canada

Historical use of Western-based, top-down, exploitative research practices that fail to acknowledge or support Indigenous agencies in the research process contributes to Indigenous peoples' reluctance to engage and conflicts with the aims of reconciliation. Indigenous peoples' perspectives are not often regarded as "truth" in research but should be. "The authenticity from Native peoples' perspectives were accepted as part of the cultural understanding of life, spirit and way of being" (Poitras-Collins, 2018, p.65). Measures have been put in place to support collaborative and culturally-appropriate research methods, including the Tri-Council Policy Statement and the First Nations principles of OCAP.

Research involving Indigenous children in Canada should be focused on building balanced partnerships in Indigenous research activities to be able to address health inequities effectively (Gittlesohn et al., 2018; Simonds & Christopher, 2013). As such, it is essential to use Indigenous research methodologies, dissemination methods, practices for shared credit, as well as ensuring actions to arise from the research are deemed acceptable by participating Indigenous stakeholders. Such collaborative research practices create opportunities for practical applications of research findings, supports the coexistence of different ways of knowing and being, and leads to the emergence of unique Indigenous research practices (Jull et al., 2018; Singh & Major, 2017).

One example of collaborative Anishinaabe research includes an article by Schmidt, Broad, Sy, & Johnston, (2012) entitled "Nog-da-win-da-min: A Collaborative Consultation with First Nations about Children's Well-being". This consultation used a strengths-based, whole-of-community approach using locally-based language, visuals, and methods. The research process included the involvement of Elders in the data collection process: to offer support, host opening and closing ceremony, smudging. Such research promotes balanced partnerships with Indigenous communities that help the dissemination of Indigenous knowledge.

Another important aspect to look at is child agency in research. The child population is a heterogenous group of people who have beliefs, desires, and worldviews that vary significantly across cultural and social contexts. They should be regarded as active agents with valuable perspectives to share (Montreuil & Carnevale, 2016; Montreuil, Saint-Laurent, & Carnevale, 2017; Riley, 2004; Sixsmith, Gabhainn, Fleming, & O'Higgins, 2007; Redmond, Skattebol, & Saunders, 2013). Children can provide insight into the human experience, including what we should strive for and what we owe each other as interconnected beings (Wall, 2010). As such, there is a paucity of research literature that aims to understand the perspectives of Anishinaabe children on their own health and well-being, as well as little discussion about how to best engage them in research.

Our research team and project rationale

The members of our research team are part of a group called *Views On Interdisciplinary Childhood Ethics* (VOICE). VOICE is a "research and practice development initiative conducted by an interdisciplinary research team in collaboration with a network of community partners and stakeholders. The principal aim of this initiative is to identify, investigate, and develop strategies for addressing ethical concerns relating to young people" (VOICE, 2019). The VOICE initiative supports Indigenous child health research and the use of decolonizing research methods.

VOICE has maintained research relationships with two Anishinabeg communities of Quebec. The research relationship with Rapid Lake has been ongoing for 10 years and with Long Point First Nation for three years. These two communities have accepted nursing students to carry out health research projects addressing community-identified priorities such as youth wellbeing, self-respect, oral health, diabetes management, and prenatal nutrition (Kooiman et al., 2012; Lang et al., 2010; Naidu et al., 2014; Wakani et al., 2013).

This synthesis was inspired by the desire to reflect on the research work done between the authors' institution and two Anishinaabe communities of Quebec, Canada. We also made the decision to extend beyond our own university-community relationship to consider others of a similar nature in Canada as a way to highlight strengths in the research done, critically reflect on how we as researchers engage with Anishinaabe communities specifically focusing on children and youth, support accountability in engaging in research that prioritizes positive impacts for Indigenous children and youth, and identify potential innovations in the research process according to Anishinaabe priorities evident in existing literature.

To prioritize decolonizing research methods, we utilized a Medicine Wheel framework as our guide and the CONSIDER statement as a tool for research reporting appraisal. It is necessary to highlight that our aim is not to summarize what is known about Anishinaabe child health because much of that knowledge is oral and left out of the written word, or is not accounted for in academic literature (it is more present in gray literature, such as, organizational reports and local documents).

METHODS

We conducted a synthesis of qualitative research studies of Anishinaabe child health and well-being in Canada. Along with published articles, we also included unpublished graduate student work because a considerable amount of study in this field has been carried out through clinical, thesis, and dissertation projects. We chose to focus on qualitative research in alignment with our aims to reveal Anishinaabe participants' own descriptions of their thoughts, feelings, and stories, as well as to critically reflect on the diverse theoretical and methodological approaches used in Anishinaabe child research. Following the guidance of Thorne (2017), rather than simply review, itemize, and identify gaps in the research, our goal is to, using an interpretive approach, better understand Anishinaabe children and youth's perspectives on health and well-being. We also aimed to analyze how Anishinaabe child health and well-being is framed and discussed in the current body of research.

Literature search

Authors CH and SC conducted the literature searches. The databases Scopus, PubMed, Medline, ERIC, CINAHL, PsychINFO, and ProQuest Thesis & Dissertations were searched using database-specific headings as well as chosen key words (Table 1). A total of 382 resources were identified and screened for eligibility. Articles were selected if they followed a qualitative methodology, were written in English or French, and had a focus on Anishinaabe child or youth well-being in Canada. CH and SC consulted the team to resolve any disagreements on whether to include a particular article. After full-text review of 59 selected articles, a total of 27 were included in the final synthesis (Figure 1). See Appendix A for a table summary of the included articles.

Table 1. Database headings and key words used in literature searches.

Major Headings	**Key words**
Indigenous OR Aboriginal OR Native Americans	Anish* OR Algonq* OR Oji* OR First Nations
Children OR Adolescents	Child* OR Youth OR Adolesc*
Health OR Indigenous Health OR Health Services, Indigenous OR Family Health OR Adolescent Health	Parent*
	Well-being OR wellbeing

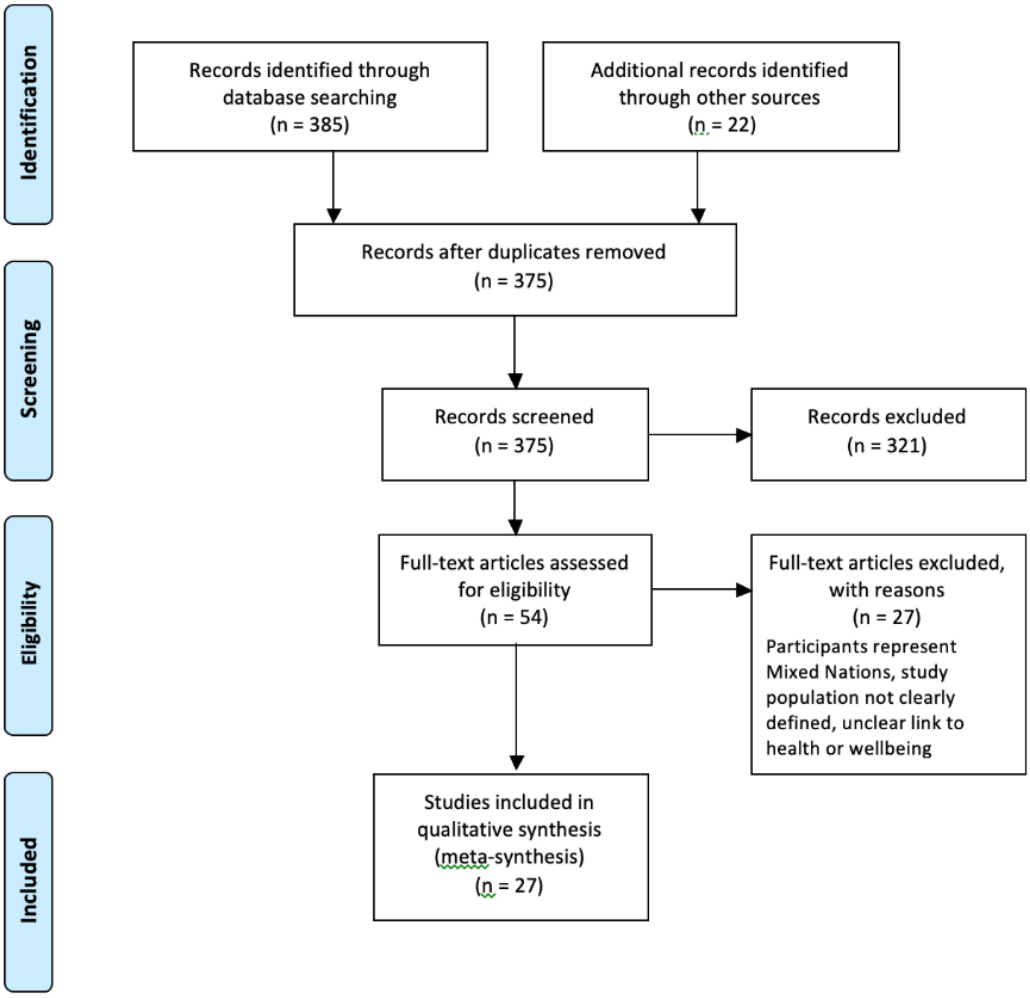


Figure 1. PRISMA diagram (Moher et al., 2009)

CONSIDER statement analysis

From Huria et al. (2019):

> The CONSIDER statement is a collaborative synthesis and prioritization of national and international research statements and guidelines. The CONSIDER statement provides a checklist for the reporting of health research involving Indigenous peoples to strengthen research praxis and advance Indigenous health outcomes. A list of 88 possible checklist items was generated, reconciled, and categorized. Eight research domains and 17 criteria for the reporting of research involving Indigenous Peoples were identified. The research reporting domains were: (i) governance; (ii) relationships; (iii) prioritization; (iv) methodologies; (v) participation; (vi) capacity; (vii) analysis and findings; and (viii) dissemination.

We assessed articles by each of the eight domains (Table 2), creating a three-level scale for how well each domain was met (<50% of criteria met, ≥50%, or 100% met). Because the CONSIDER criteria are not described with well-defined benchmarks, our assessment was considerably subjective. However, two researchers independently assessed each included article and discussed any discrepancies. The results of this assessment aim to highlight overall trends in the body of selected literature as well as specific strengths observed in individual studies.

Table 2. Consolidated criteria for strengthening reporting of health research involving Indigenous peoples: the CONSIDER statement (Huria et al., 2019)

Domain	**Criteria**
1. Governance	Partnership agreement between the research institution and Indigenous governing organization or collective (e.g., MOU or MOA); Accountability mechanism to address harm minimization; Protection of Indigenous intellectual property and knowledge
2. Prioritization	How the research aims emerged from research priorities identified by Indigenous stakeholders, empirical evidence, governing bodies, and funding agencies
3. Relationships	Adherence and honoring Indigenous ethical guidelines, processes and approvals; Involvement of Indigenous stakeholders in the research processes; The expertise of the research team in Indigenous health research
4. Methodologies and methods	Methodological approach and its known positive impacts on Indigenous stakeholders; Consideration of physical, social, economic, and cultural environment of Indigenous stakeholders including implications of colonization, racism, and social injustice
5. Participation	Individual and collective consent to conduct future analyses on collected samples and data; Resource demands (present/ future/cultural/emotional/intellectual) placed on Indigenous participants and participant communities; Storage and removal of biological tissues and other samples and data from traditional lands (if done), and disposal
6. Capacity	Research teams supporting the development and maintenance of Indigenous research capacities; Professional development by the research team to develop a capacity to partner with Indigenous Peoples
7. Analysis and interpretation	Analysis and reporting supported critical inquiry and strength-based approach
8. Dissemination	Dissemination of research outputs; Process for knowledge translation to support Indigenous health advancement

RESULTS

Article backgrounds

As we reviewed our collected articles, we paid attention to the order in which concepts and issues were first introduced and their framing. Most articles showed a balance of discussing both strengths and challenges as well as Indigenous and Western conceptions throughout the writing,

giving space to a variety of perspectives on the topic(s) at hand. A few articles were less balanced in this regard, primarily focusing on Western definitions or itemizing disparities experienced by Indigenous peoples. We know from Anishinaabe-lead research literature that a strengths-based approach is preferred in health research (Schmidt, 2012). For example, M&R (2019) begin by describing Indigenous knowledges and state:

> Indigenous peoples are not mere victims in their experiences of dispossession. In the past few decades, Indigenous and allied scholars have contributed to the development of an inspirational and empowering research paradigm that supports collaborative research with Indigenous populations to revitalize knowledge systems and connection to the land.

These authors also uniquely included youth perspectives in conceptualizing their research terms, including understandings of Indigenous community health and environmental reposession. Youth participant perspectives shared in the paper results were rich and descriptive.

Most article backgrounds included concepts related to decolonial research and Indigenous self-determination or cultural revitalization. Based on current literature, authors propose paths forward related to these concepts that include adequate investment of time and resources to build relationships and research capacity in Indigenous communities, as well as more practical outcomes from Indigenous research. Many of our included studies took place over several months to years, those involving community in all steps of the research process tending to have longer stated study periods. Schinke (2010) acknowledged logistical challenges to the timely benefits of Indigenous community-based research, such as funding and timeline limitations. However, they stressed the need for "commitments extensive in and through time" when working with Indigenous communities to address distrust resulting in part from frequently unfulfilled promises of tangible positive outcomes from research. The authors also stated that researchers should essentially strive to "do themselves out of a job" and support research leadership by community-based Indigenous stakeholders.

CONSIDER statement research analysis

Certain criteria within the CONSIDER statement were unmet by the majority of articles, but some of these absences could be a result of commonly made assumptions in research reporting. For example, we could make the informed assumption that if a study received ethics approval, the researchers would have had a protocol for storage and disposal of collected data. However, most included articles did not have an explicit statement regarding data storage and disposal, and so did not meet this CONSIDER criterion. This is not to say that the authors of those articles did not fulfill this criterion in their actual research conduct. In the included articles there are also thesis and dissertation papers (indicated in Table # with an asterisk); the relatively longer nature of these documents was likely a contributing factor to more CONSIDER criteria being fulfilled. We did not see any noticeable trend of CONSIDER score improving over the time range of our selected literature (2010-2022).

Given that almost all studies met the criteria for the two domains of prioritization and analysis/interpretation, meaning they were presented as being lead by community- and participant-identified priorities, these domains will not be presented at length in the results.

Governance

The first domain of the CONSIDER statement is governance. The governance criteria are focused on relationship-building between the research team and study community. Many of our collected articles included acknowledgement of informal agreements between the research team and community leaders, often citing “long-standing relationships" that had developed through previous research activities and in some cases through the principal investigator being personally from the study community. Most commonly the research team would work with a small number of key informants from the community who would assist throughout the research process. Early and consistent consultation with a diverse group of community members contributed to harm minimization by ensuring any data collection materials and processes were considered appropriate (e.g., drawing up a distress protocol). Only three studies involved a formal agreement structure, two of which developed a Steering or Advisory Committee; composed of a variety of community members (youth, parents, Elders, professionals) (Barwin 2013, Desmoulins 2016). The committees were involved in the research planning, design, implementation, and evaluation.

Governance is also concerned with protection of property. Several studies explicitly mentioned and/or followed methods aligned with the First Nations research principles of ownership, control, access, and possession (OCAP). An example of following OCAP principles in some studies was ensuring the study community owned materials produced from the research (Desmoulins 2016, Kooiman 2012, Naidu 2014, Sherman 2011).

Relationships

> [Community-researcher partnerships] are a method of decolonisation as the Indigenous communities involved are placed at the centre of the research, empowering their local knowledge and influence on research topics and debate, and prioritizing local influence in the research design and subsequent development of community programs. (Big-Canoe 2014, p. 129).

The Relationships domain of the CONSIDER statement considers ethics, stakeholder involvement, and team expertise in Indigenous health. Poitras-Collins (2018) describe Indigenous ethics as an aspen tree, where different branches make up behaviours, protocols, customs, rules, relationships, trunk is values and beliefs, roots are the worldview (spirit). Most articles mentioned local or regional Indigenous ethics reviews or at minimum, community approval of the project. In Schinke (2010), a university student from the study community was part of the team and collaborated in the design and analysis of the study; they also included community involvement in the interpretation of study results.

The majority of articles did not describe authors' past work related to the topic, although two did include a separate biography section at the end of the article (Bell, 2013; Sherman, 2011). Authors who identified themselves as Indigenous more often described their expertise as it related to the study community, and some used "I" to refer to their positionality within the research process. For example, Richmond-Saravia (2012) described her role as a female Anishinaabe researcher as having the "inherent obligation to be a part of nation building. This means I strive to be continuously contributing to the community… My work does not finish once my research is finished, instead it builds upon what needs the community has, and what strengths I have to contribute to this act of spiritual sharing." Reflexive actions such as this support research decolonization and reframing within an Indigenous worldview (Russell-Mundine, 2012).

Methodologies

Most included articles met the criteria of the Methodologies domain in having a rationale for the chosen methodology and considering implications of its use for Indigenous stakeholders. Beyond these criteria, eight studies included a rationale for why a certain methodology or method was chosen for working with an Anishinaabe community, rather than referring to a general Indigenous, decolonizing, or culturally-sensitive approach (Barwin 2013; Bell 2013; Desmoulins 2016; Gallagher 2013; Neckoway 2011; PC 2018; Restoule 2013; Schinke 2010). Some of these more specific methodologies included use of Mino-biimadisiwin, the Medicine Wheel, the Seven Ancestral Teachings, traditional ceremony with Elders, and Talking Circles. Four studies used a methodology or method reasoned to be suitable for research involving children (Desmoulins 2016, Kutcher 2019, Schinke 2010). Examples included participant observations, peer focus groups, and community-based participatory methods.

Most selected articles used methodologies supporting a holistic approach sensitive to emerging themes related to Indigenous worldviews, colonialism, racism, and impact of residential schools. However, most studies' methods did not actively seek out data related to the impacts of colonization. If working from an Indigenous-centred design, these themes should be incorporated throughout the research and not only emerge from the newly collected data. Early prioritization of truth and reconciliation throughout the research process could change how the data are analyzed and results discussed, potentially improving critical inquiry rather than only presenting more exploratory or summative efforts.

Participation

Indigenous participation in research is the fifth domain of the CONSIDER statement guidelines. This domain considers how resource demands of Indigenous participants are identified and agreed upon. Most studies specified their funding sources (e.g., research grant, non-profit organization, government body). Compensation for participants was common, for example, gift certificates and food. Some studies offered traditional compensation for Elders, such as offering of tobacco (Desmoulins, 2016; PC, 2018). However, there was little recognition or compensation

of the resource demands placed on the community in terms of provision of guidance and expertise by community members, including youth advisory input.

Two of the three criteria under this domain, procedures for secondary analyses and removal of data from traditional lands, were not explicitly mentioned by any of the collected articles. The absence of these statements in the articles could have resulted from the assumption that these considerations would have been addressed during ethics review.

Capacity

The sixth domain of the CONSIDER statement is research capacity. Many articles reported Indigenous researchers including participating community members and university-based researchers, and those who were both. Indigenous researchers often have a personal link to the study population and more knowledge of who to collaborate with and recruit. In fact, they can act as key informants on the community.

Professional development to partner with Indigenous stakeholders was mostly described as informal development. Mostly, it included a period of consultation with key informants and the formation of a Steering Advisory Committee of locals to guide researchers and provide input on design as well as process throughout. It is important to acknowledge that the CONSIDER statement does not seem to have specifications for how to analyze Indigenous health research led by Indigenous researchers. As such, research has to consider how to accommodate for Indigenous researchers, who may not have "formal" education in Indigenous health research, but they bring their own highly valuable and often local Indigenous knowledge to their work.

Dissemination

Lastly, the eighth domain of dissemination and knowledge translation processes was reported generally by most articles, understanding that part of the research aim is usually to present interpretations that might be transferable to other similar populations. Restoule (2013), RichmondS (2012), Sherman (2011), and Schinke (2010) mentioned dissemination took place through other texts, conference presentations, and audio-visual formats. Additionally, Big-Canoe (2014), Bell (2013), Naidu (2014), PC (2018), Restoule (2013), and RichmondS (2012) mentioned community-oriented knowledge translation possibilities. For example, PC (2018) wrote about the creation of Indian schools for traditional teachings and RichmondS (2012) described learning sites on the land for Anishinaabe education.

Beyond the CONSIDER statement

While these are not a domain of the CONSIDER statement reporting guidelines, several studies went into further detail with regards to implementing and disseminating the results of the specific projects. Barwin (2013), Big-Canoe (2014), Desmoulins (2016), George (2016), Kooiman (2012), Naidu (2014), RichmondS (2012), and Schinke (2010) mentioned presenting the results of the study to the participant community. In addition, Big-Canoe (2014), Desmoulins (2016), Naidu (2014), Restoule (2013), Schinke (2013), and Sherman (2011) described actively engaging

in knowledge translation with their respective communities. Lastly, Restoule (2013) created recommendations from youth responses and brought them to the university registrar to discuss how their recruitment materials could be improved. While such reporting is not necessary, it shows the importance of the research project itself and the direct implementation of the results which directly addresses the community-identified priorities.

Elicitation and representation of Anishinaabe child perspectives

A goal of this project was to consider how Anishinaabe children have been involved in research activities and how their perspectives have contributed to research design, implementation, and dissemination. We found that some child participants expressed a desire for responsibility and decision-making capacity in the research process. Child participants also provided input and perspectives unique from other participants groups such as their parents and Elders.

Although many studies in this synthesis utilized Indigenous-centred, Anishinaabe-centred, and/or child-centred methodologies and methods, we did not observe the presence of a specific Anishinaabe child-centred research framework or methodology. While remaining mindful of the diversity of Anishinaabe communities within Canada, we summarize here how children and youth were involved in the included studies in an effort to provide possible elements for such a framework. We have also considered which studies seem to have included the richest qualitative data gathered from children and youth and the methods used in those studies as a possible indicator for good practice.

With regards to research design, child involvement in early decision-making was present in six of our included studies (Bell 2013, Big-Canoe 2014, Bond 2021, M&R 2019, Schinke 2010, Trull 2013, Kulmann 2012). In these studies, the research questions emerged from child-identified priorities, and children were involved in activities such as interview guide creation and identification of discussion topics. An additional three articles reported that researchers had sought youth input on specific aspects of the study methods (e.g., group activity preferences) (Kooiman 2012, Naidu 2014, Sherman 2011).

There was a great diversity of methods to engage child and youth participants in discussion and data collection within this literature. Most commonly, children were interacted with in a group setting. The actual structure of the group setting varied widely across the studies, including focus groups, group interviews, workshops, sharing circles, educational games, and on-the-land activities. In some of these groups, children could provide written and/or visual-format input (Kooiman 2012, M&R 2019). Group activities were suggested by some community informants because they were perceived to align with existing local programming and so would be more familiar for participants. For example, Barwin (2013) described how they chose the method of conducting an informal focus group during a workshop as it best reflected the knowledge translation approach already used in the community's mentor-apprentice relationships. After group-focused methods, individual interviews were also a common method employed in six studies (Bell 2013; George et al., 2022; Restoule 2013; Sherman et al., 2011;

Horton 2011; Smith et al., 2010), and participant observations took place in three studies (George et al., 2022; Kutcher et al., 2019; Sherman et al., 2011).

Some studies presented more descriptive input from child and youth participants than others. Some of this difference in richness might be based in the age-range of participants; for example, Restoule (2013) presented varied and rich input from the study's teenage participants. However, these participants were offered a variety of ways to provide their insights, beginning with an online survey, and then being invited to a telephone interview, focus group, and sharing circle. In another data-rich study, M&R (2019) provided youth participants with the opportunity to supplement their interviews with images and journal entries. Although participant feedback on methodology was not gathered in these two example studies, it is possible that the range of choice contributed positively to the data richness, as has been shown in other qualitative research (Heath et al., 2018).

> Work with youth respects a story that is often untold. Within their stories, the subtext of their lives is revealed, as well as their unique epistemological positioning. [The path to understanding their outlooks involves relating them] to the Land, education, and health, which in turn can effect positive change. *(Richmond-Saravia, 2012)*

Many of the collected articles included direct quotes from young participants in their results, supporting our goal of highlighting how provision of a platform for childrens' input can enrich research and to a larger extent support the concept of child agency. Most of the eight research studies with an age-diverse participant pool (children, parents, Elders) clearly presented and discussed child participant responses separately from adult participant responses. These studies, although varied in topic of focus, did include open-ended questions for participants related to how Anishinaabe childhood and child well-being are conceptualized. Major response similarities amongst children, parents, and Elders were that Anishinaabe children are viewed as the "future contributors to society" (Deer, 2016) and "the people that will carry on this generation" (Kutcher et al., 2019). Children were also generally seen as having capacity to be role models and leaders for their peers, family, and community.

Many child participants expressed a desire to be involved in decision-making processes concerning them, both within the research process and in their day-to-day lives. Anishinaabe youth in many of the articles spoke about their responsibility for their health and well-being, in some cases contrasting responses from adult participants who spoke of children and youth as people needing protection, guidance, and who should not be held responsible for their actions.

Many child participants also gave detailed and insightful responses to questions about their health and well-being, and in some cases their knowledge exceeded their parents' and Elders' expectations (Restoule 2013, Sherman et al., 2011). Given the richness of the qualitative data within our selected literature, we wish to highlight instances where Anishinaabe young peoples' perspectives on their own health and well-being added new detail to the discussion apart from adults' contributions. Young participants brought up a wide range of concerns, including a

desire for spaces safe from crime and racism, for the use of positive language in programming, as well as accessible and inclusive services for young people (e.g., disability-friendly, use of traditional concepts and language). When discussiong engagement in cultural and traditional activities, youth highlighted positive examples of hands-on learning, whereas storytelling was more often mentioned by adults and Elders. Youth were almost more likely to bring up concerns about environmental pollution, climate change, adaptation and mitigation strategies, and land stewardship (Barwin 2013; Big-Canoe 2014; Richmond-Saravia, 2012). In Mikraszewicz & Richmond (2019), youths' described ways of engaging with Indigenous Knowledge focused on its applied dimensions more so than adult participants' morally-focused responses. The differences in how these participant groups talked about Indigenous Knowledge, practical versus moral applications, were considered to have important relational connections that reflected the concept of mino-biimadisiwin and demonstrated a widening of one's moral horizons across a lifespan.

With regards to social relationships, young participants in many of the articles mentioned the values of respect and closeness with others as being important to their well-being, but more often than adults they also mentioned the negative effects of peer pressure, bullying, and teasing (George 2016, Kooiman 2012, Kutcher 2019). Some participants expressed how they wished to be well-informed about health and well-being matters, and they wanted that information to come from engaged parents and grandparents, as well as the Internet and social media.

NEXT STEPS

Participants and researchers in our collected studies expressed perspectives on research and outcome priorities for the future of child health and well-being. An overriding theme in suggested paths forward was to take a holistic, community-based approach to child programming and services. For example, on-the-land programming was linked to potential benefits for all aspects (physical, mental, emotional, and spiritual) of children's well-being (Deer 2016, McGregor 2018, M&R 2019, Ritchie 2015). Indigenous-centred and Indigenous-led initiatives are considered crucial for young peoples' "life prospects, reaffirmation of identity and heritage, and the transcendence from a state of marginalization" (Deer 2016). Some articles supported locally-attuned efforts as being most realistic and effective, given the fundamentally different philosophies between large Canadian institutions (e.g., federal health care) and Indigenous traditions (Barwin et al., 2013). Remaining sensitive to local context requires continual learning and adjustment on the part of researchers and research stakeholders, as stated by Battiste, Neugebauer & Venegas (2008): "If we want to continue on this lifelong journey of learning, we must continue to work together. We must focus on what is important to each community in connection to the relationships, philosophies, values, objectives and outcomes" (as cited by Gallagher, 2013).

With many pan-Indigenous approaches to health and well-being research and programming in Canada, and given that our research team's past Indigenous-focused work has

majorly taken place in partnership with Anishinaabe communities, we chose to contribute this metasynthesis of the literature inclusive of Anishinaabe voices on child health and well-being. The metasynthetisis method requires in-depth analysis of research context, theory, and methodology across the selected literature (Thorne, 2017). The CONSIDER statment has aided us in our initial analysis. Our next steps will be to apply the concepts of the Medicine Wheel and the "4Rs" known as Respect, Relationship, Reciprocity, and Responsibility to help interpret our analysis of the literature, with advisement from one of our team's Anishinaabe research collaborators. Our goal will be to explore how these concepts can guide good research practices when working with Anishinaabe children, families, and communities.

REFERENCES

Bell, N. (2016). Chapter 1: Mino-Bimaadiziwin: Education for the Good Life. In: Deer, F., & Falkenberg, T. (Eds.) Indigenous Perspectives on Education for Well-being in Canada. ESWB Press, University of Manitoba.

Blackstock, C., Bruyere, D., & Moreau, E. (2006). *Many Hands, One Dream: Principles for a New Perspective on the Health of First Nations, Inuit, and Métis Children and Youth*. Canadian Paediatric Society.

Boksa, P., Joober, R., & Kirmayer, L. J. (2015). Mental wellness in Canada's Aboriginal communities: striving toward reconciliation. Journal of Psychiatry & Neuroscience, 40(6), 363. https://doi.org/10.1503/jpn.150309

Gittelsohn, J., Belcourt, A., Magarati, M., Booth-LaForce, C., Duran, B., Mishra, S. I., ... & Jernigan, V. B. B. (2018). Building capacity for productive indigenous community-university partnerships. *Prevention Science*, 1-11.

Gracey, M., & King, M. (2009). Indigenous health part 1: determinants and disease patterns. *The Lancet*, *374*(9683), 65-75.

Huria, T., Palmer, S. C., Pitama, S., Beckert, L., Lacey, C., Ewen, S., & Smith, L. T. (2019). Consolidated criteria for strengthening reporting of health research involving indigenous peoples: the CONSIDER statement. *BMC Medical Research Methodology*, *19*(1), 1-9.

Jull, J., Morton-Ninomiya, M., Compton, I., & Picard, A. (2018). Fostering the conduct of ethical and equitable research practices: the imperative for integrated knowledge translation in research conducted by and with indigenous community members. *Research Involvement and Engagement*, *4*(1), 45.

King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: The underlying causes of the health gap. *The Lancet*, *374*(9683), 76-85.

Lewis, M. E., & Myhra, L. L. (2018). Integrated care with Indigenous populations: considering the role of health care systems in health disparities. *Journal of Health Care for the Poor and Underserved*, *29*(3), 1083-1107.

Lang, C., Macdonald, M. E., Carnevale, F., Lévesque, M. J., & Decoursa, A. (2010). Kadiminekak kiwabigonem: barriers and facilitators to fostering community involvement in a prenatal program in an Algonquin community. *Pimatisiwin, A Journal of Indigenous and Aboriginal Community Health, 8*(1), 55-81.

Little Bear, L., (2009). Naturalizing Indigenous Knowledge, Synthesis Paper. (ISBN: 978–1-926612–32–4) University of Saskatchewan, Aboriginal Education Research Centre. First Nations and Adult Higher Education Consortium

Maxwell, K. (2014). Historicizing historical trauma theory: Troubling the trans-generational transmission paradigm. *Transcultural Psychiatry*, *51*(3), 407-435.

Montreuil, M., & Carnevale, F. A. (2016). A concept analysis of children's agency within the health literature. *Journal of Child Health Care*, *20*(4), 503-511.

Montreuil, M., Saint-Laurent, O., & Carnevale, F. A. (2017). The moral experiences of children living in poverty: a focused ethnography. *Journal of Childhood Studies*, 1-9.

Nelson, S. E., & Wilson, K. (2018). Understanding barriers to health care access through cultural safety and ethical space: Indigenous people's experiences in Prince George, Canada. *Social Science & Medicine, 218*, 21-27.

Redmond, G., Skattebol, J., & Saunders, P. (2013). *The Australian child wellbeing project: overview*. Australian Child Wellbeing Project.

Riley, A. W. (2004). Evidence That School-Age Children Can Self-Report on Their Health. *Ambulatory Pediatrics*, *4*(4), 371–376. https://doi.org/10.1367/A03-178R.1

Schmidt, H., Broad, G., Sy, C., & Johnston, R. (2012). Nog-da-win-da-min: A Collaborative Consultation with First Nations about Children's Well-being. *First Peoples Child & Family Review*, *7*(1), 84-98.

Simonds, V. A., & Christopher, S. (2013). Adapting Western research methods to indigenous ways of knowing. *American Journal of Public Health, 103*, 2185–2192.

Singh, M., & Major, J. (2017). Conducting Indigenous research in Western knowledge spaces: aligning theory and methodology. *The Australian Educational Researcher*, *44*(1), 5-19.

Sixsmith, J., Gabhainn, S. N., Fleming, C., & O'Higgins, S. (2007). Childrens', parents' and teachers' perceptions of child wellbeing. *Health Education.*

Steinhauer, D., & Lamouche, J. (2018). Miyo-pimatisiwin, "A good path": Indigenous knowledges, languages, and traditions in education and health. Chapter 9. In Greenwood, M., de Leeuw, S., & Lindsay, N. M.. Determinants of Indigenous Peoples' Health: Beyond the Social. 2nd ed. Toronto: Canadian Scholars.

Thorne, S. (2017). Metasynthetic madness: what kind of monster have we created?. *Qualitative Health Research*, *27*(1), 3-12.

(TRC) Truth & Reconciliation Commission of Canada. (2015). Canada's Residential Schools: The Final Report of the Truth and Reconciliation Commission of Canada (Vol. 1). McGill-Queen's Press-MQUP.

Wakani, L., Bernier, I., Macdonald, M. E., Jeanette, W., & Carnevale, F. (2014). Diabetes Bingo! Using participatory research to tackle diabetes with the Algonquin of Barriere

Lake. *Pimatisiwin, A Journal of Indigenous and Aboriginal Community Health, 11*(3), 361-376.

Wall, J. (2010). *Ethics in light of childhood*. Georgetown University Press.

REFERENCES FOR ARTICLES INCLUDED IN THE METASYNTHESIS

Barwin, L., Crighton, E., Shawande, M., & Veronis, L. (2013). Teachings around self-care and medicine gathering in Manitoulin Island, Ontario: Rebuilding capacity begins with youth. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, *11*(3), 323-344.

Bell, N. (2013). Just do it: Anishinaabe culture-based education. *Canadian Journal of Native Education*, *36*(1), 36-58.

Big-Canoe, K., & Richmond, C. A. M. (2014). Anishinabe youth perceptions about community health: Toward environmental repossession. *Health and Place*, *26*, 127–135. https://doi.org/10.1016/j.healthplace.2013.12.013

Deer, F. (2016). Chapter 5: Anishinaabe Perspectives: A study of the cultural dimensions of well-being in primary and secondary education in Manitoba. In: Deer, F., & Falkenberg, T. *Indigenous Perspectives on Education For Well-being In Canada*, 75-88. Winnipeg: ESWB Press.

Desmoulins, L. (2016). Chapter 6: Meno-bimaadiziwin: Healthy bodies. In: Deer, F., & Falkenberg, T. *Indigenous Perspectives on Education For Well-being In Canada*, 89-105. Winnipeg: ESWB Press.

Gallagher, M. (2013). Anishinaabe Elders share stories on their perceptions about Anishinaabe identity for school success. (Thesis). University of Manitoba.

George, S., Carnevale, F. A., Macdonald, M. E., Whiteduck, S., Whiteduck, G., & Vignola, S. (2022). Exploring the moral experiences of Anishinaabeg children in Rapid Lake, Quebec. *Children & Society*, *36*(1), 1-20.

Grenier, S., Hamel-Charest, L., McMurphy, S., & Brent Angell, G. (2016). Être bien attaché à la vie: sécurité routière dans les familles anicinabek. *Enfances Familles Générations. Revue interdisciplinaire sur la famille contemporaine*, (25).

Horton, R. A. (2012). *A Seventh fire spark preparing the seventh generation: what are the education related needs and concerns of students from Rainy River First Nations* (Doctoral dissertation). Ottawa Library and Archives Canada.

Kim, Y. N., Rouleau, L. E. B., Carnevale, F., Whiteduck, G., Chief, D., & MacDonald, M. E. (2021). Anishnabeg children and youth's experiences and understandings of oral health in rural Quebec. *Rural and Remote Health*, *21*(2).

Kooiman, H., Macdonald, M. E., Carnevale, F., Pineda, C., Nottaway, W., & Vignola, S. (2012). Minododazin: Translating an Algonquin tradition of respect into youth well-being in Rapid Lake, Quebec. *Pimatisiwin*, *10*(1), 1-15.

Kulmann, K. (2012). "We Should be Listening to Our Elders": Evaluation of Transfer of Indigenous Knowledge between Anishinabe Youth and Elders. (Thesis). Electronic Thesis and Dissertation Repository. 710.

Kutcher, A., Pichette, P., Macdonald, M. E., & Carnevale, F. A. (2019). Exploring the health and well-being of children and youth in Winneway, Québec. *International Journal of Indigenous Health*, *14*(2), 115-132.

McGregor, L. E. (2018). Giishpin Nonagzwaat Binoojiinyik Kanim Na Majiishkaami: Determinants of obesity among Indigenous children in six First Nations communities in northeastern Ontario (Doctoral dissertation) Laurentian University of Sudbury.

Mikraszewicz, K., & Richmond, C. (2019). Paddling the Biigtig: Mino biimadisiwin practiced through canoeing. *Social Science & Medicine*, *240*, 112548.

Morcom, L. A. (2017). Self-esteem and cultural identity in Aboriginal language immersion kindergarteners. *Journal of Language, Identity and Education*, *16*(6), 365–380. https://doi.org/10.1080/15348458.2017.1366271

Naidu, A., Macdonald, M. E., Carnevale, F. A., Nottaway, W., Thivierge, C., & Vignola, S. (2014). Exploring oral health and hygiene practices in the Algonquin community of Rapid Lake, Quebec. *Rural and Remote Health, 14,* 1-15.

Neckoway, R. (2011). *The role of culture in parenting: Some Ojibway parents' perspectives*. (Doctoral dissertation). Memorial University of Newfoundland. https://doi.org/10.1577/1548-8667(2001)013

Poitras-Collins, T. J. (2018). Improving academic and personal success for native learners seeking culturally relevant and authentic Anishinaabe knowledge as shared by a Knowledge Keeper. (Doctoral dissertation). University of Calgary.

Restoule, J.-P., Mashford-Pringle, A., Chacaby, M., Smillie, C., Brunette, C., & Russel, G. (2013). Supporting successful transitions to post- secondary education for indigenous students: Lessons from an institutional ethnography in Ontario, Canada. *International Indigenous Policy Journal*, *4*(4). https://doi.org/10.18584/iipj.2013.4.4.4

Richmond-Saravia, M. (2012). *The significance of the land in education and health of Anishinaabe youth from Pic River First Nation*. **(**Master's thesis). Lakehead University.

Ritchie, S. D., Wabano, M. J., Corbiere, R. G., Restoule, B. M., Russell, K. C., & Young, N. L. (2015). Connecting to the Good Life through outdoor adventure leadership experiences designed for Indigenous youth. *Journal of Adventure Education and Outdoor Learning*, *15*(4), 350-370.

Schinke, R., Yungblut, H., Blodgett, A., Eys, M., Peltier, D., Ritchie, S., & Recollet-Saikkonen, D. (2010). The role of families in youth sport programming in a Canadian aboriginal reserve. *Journal of Physical Activity & Health*, *7*(2), 156–166.

Sherman, J., Macdonald, M. E., Carnevale, F., & Vignola, S. (2011). The development and implementation of a type 2 diabetes prevention program for youth in the Algonquin community of Rapid Lake, Quebec. *Pimatisiwin: A Journal of Aboriginal & Indigenous Community Health*, *9*(1), 219-244.

Smith, K., Luginaah, I., & Lockridge, A. (2010). Contaminated' therapeutic landscape: the case of the Aamjiwnaang First Nation in Ontario, Canada. *Geography Research Forum, 30,* 83-102.

Toombs, E., Drawson, A. S., Bobinski, T., Dixon, J., & Mushquash, C. J. (2018). First Nations parenting and child reunification: Identifying strengths, barriers, and community needs within the child welfare system. *Child and Family Social Work, 23*(3), 408–416. https://doi.org/10.1111/cfs.12430

Trull, G. G. (2013). *Cultural experience, possible selves and subjective well-being among Anishinaabe youth*. (Doctoral dissertation). University of Windsor.

(Appendix A for Metasynthesis Report)
Selected Literature Summary Table

Authors & Date	Topic	Location /Nation	Methodology /Framework	Data Collection	Purpose	Sample
Barwin et al. (2013)	Traditional medicine	Manitoulin Island (ON)	Community-based decolonizing methodology, arts-based research	Workshops, focus groups, semi-structured interviews, art-voice pieces	Examine how traditional workshops offered by an Aboriginal health centre contribute to individual and community health via self-care, and in turn to the rebuilding of capacity.	8 youth (ages 4-17 years), 7 adults, 8 key informants
***Bell (2013)**	Education	Burleigh Falls, Ontario, Anishinaabe	Indigenous methodology, Medicine wheel	Sharing circles, semi-structured interviews	Establish the Anishinaabe Bimaadiziwin Cultural Healing and Learning Program as a model for other off-reserve Anishinaabe communities to create culturally-based educational spaces for their children by "just doing it"	Students: 3 sharing circles, 18 interviews Parents: 2 sharing circles (n=11), 13 interviews Elders: 2 sharing circles (n=4) Staff: 4 interviews
Big-Canoe & Richmond (2014)	Environment, Community health	Pic River First Nation (ON), Ojibway	Community-based participatory	Semi-structured interviews	Examine meaning of health and social relationships in Anishinabe way of life	19 youth (ages 18 to 27 years)
Deer (2016)	Education	Manitoba	Appreciative inquiry	Interviews, classroom observations	Investigate normative and prescriptive perspectives on the inclusion and utilization of Anishinaabe teachings and practices in contemporary K-12 education	10 Elders 10 education professionals (Anishinaabe)
Desmoulins (2016)	Physical health	3 communities (ON)	Case study, Indigenous methodology, design-based research	Elder consultation, sharing circles, needs assessment survey	Foster and support healthy weights for young, off reserve, Aboriginal children in the early years (birth to age 6)	77 (sharing circles), 57 (survey), 2 Elders
Grenier (2016)	Road safety	Lac-Simon and Kitcisakik (QC), Anicinabek	Community-based participatory with decolonizing methodology	Community consultation formal and informal	To develop an educational programs based on the communities needs to reduce accidents caused by motorized vehicles in Indigenous populations	6 key informants (Lac-Simon consultation) Safety teaching for all children enrolled in primary school

						Adult participants not specified
McGregor (2018)	Obesity	Manitoulin Island (ON), Anishinaabek	Two-eyed seeing, socio-ecological framework, CBPR	Focus groups	Gain a better understanding of the factors that influence overweight and obesity among Indigenous children in six Anishinaabek communities	33 caregivers
Mikraszewicz & Richmond (2019)	Environment	Pic River (ON)	CBPR, environmental repossession	In-depth, semi-structured interviews	Document the experiences of a canoe journey and the ways in which it fostered health and well-being	5 youth 4 adults
Morcom (2017)	Language	Manitoulin Island (ON)	Community program evaluation	Self-esteem, academic, and linguistic assessments	Determine how Anishinaabemovwin immersion impacts development and compare to Inuttitut weak immersion	11 children
***Neckoway (2011)**	Parenting	Thunder Bay (ON)	Attachment theory	Talking/Sacred circles	Explore Ojibway parenting practices	20 parents
Poitras-Collins (2018)	Education	(AB), Foothills Ojibway	Indigenous methodology, narrative inquiry, Anishinaabe pedagogy	Semi-structured interviews	Record some of the education epistemology and ontology of the Anishinaabe people and potential strategies to help children become healthy, well-educated adults.	1 Knowledge Keeper
Restoule et al. (2013)	Education	Thunder Bay and Scarborough (ON)	Anishinaabe methodology and institutional ethnography	Online survey, phone interviews, focus groups or sharing circles	Better understand the barriers and supports for Aboriginal people transitioning to post-secondary education	250 online survey respondents, 75 interviewees (all youth students)
***Richmond-Saravia (2012)**	Environment	Pic River First Nation (ON), Ojibway	Indigenous methodology, Medicine wheel	Semi-structured interviews	Explore relationships with the Land, with a specific focus on education and health	21 youth
Ritchie et al. (2015)	Leadership	Wikwemikong Unceded Indian Reserve (ON)	CBPR, critical ethnography	Interviews, participant journals, focus groups, talking circles, Elder teachings	Understand how a 10-day outdoor adventure leadership experience (OALE) may promote resilience and wellbeing for Indigenous youth through their participation in the program	43 youth (ages 11-18 years)
Schinke et al. (2010)	Sport programs	Manitoulin Island (ON), Wikwemikong	Participatory action research	Community meetings, talking circles	To uncover how to encourage youth participation in local sport programs	6 talking circles with 8-10 youth each (Grades 7 to 12)
Smith	Environme	Aamjiwnaang	Theory of	In-depth	Explore how contamination in	18 community

(2010)	nt	First Nation, Sarnia (ON)	therapeutic landscapes	interviews	Aamjiwnaang First Nation may have potentially disrupted the relationship between the people and Mother Earth in that community	residents
Toombs et al. (2018)	Child welfare	Seven communities (ON), Anishinabek	Participatory action research, grounded theory	Semi-structured interviews, focus groups	Increase the understanding of the pathways and barriers to reunification of children with their primary caregivers	26 (Elders, chiefs, program managers, administrators)
***Trull (2013)**	Subjective well-being	Walpole Island First Nation, Anishinaabe	Aboriginal community-based approach	Surveys	Explore subjective wellbeing and its relationship to experiences of culture and possible future selves	132 youth
***Gallagher (2013)**	School success	Does not name the community! Anishinabee community located near Lake Winnipeg	Indigenous methodology - Dibaajimowin to share the stories of the Elders (mentions that is based on grounded theory and also story telling)	Story telling in private interviews	The purpose of this study was to examine Anishinaabe identity development for school success.	6 Elders
***Horton (2011)**	School success	Manitou Rapids community in Ontario	traditional community knowledge and qualitative inquiry guided by Indigenous research ethics and Anishinaabe protocols	Open-ended interviews	Examines factors that impact high school completion for Rainy River First Nations students living on-reserve in the Manitou Rapids community in Ontario	3 KI 6 young people
***Kulmann (2012)**	Indigenous knowledge tranfer	Batchewana First Nation and Pic RIver First Nation	Community-based participatory research, integrated knowledge translation, indigenous methodlogies	Interviews (?). Youth were hired to interview Elders regarding health and environmental issues. The youth were interviewed before and after their experience.	Examine Indigneous Knowledge transfer between Anishinabe Elders and youth.	5 youth

*Thesis or doctoral dissertation

Rapid Lake & Long Point First Nation Research

Author & Date	Topic	Location /Nation	Methodology /Framework	Data Collection	Purpose	Sample
Kim et al. (2019)	Oral health	Rapid Lake (QC), Anishinabeg	Focused ethnography, CBPR, decolonizing	Participant observation, interviews, document analysis, group activities	Learn how Anishnabeg children and youth experience and understand oral health, and use this knowledge to promote oral health in the communities.	27 youth (ages 6-17), 12 key informants
George et al. (2022)	Moral experiences	Rapid Lake (QC), Anishinaabeg	Focused ethnography, participatory approach, moral experiences	Participant observation, group activities, individual and group interviews, document analysis	Explore the everyday moral experiences of children in an Anishinaabeg community.	33 youth (ages 6-13), 6 key informants
Kooiman et al. (2012)	Well-being	Rapid Lake (QC), Algonquin	Focused ethnography, participatory approach	Participant observation, individual and group interviews with key informants, focus group	Explore health concerns for local youth and related obstacles to their well-being, to assist community youth workers in designing a culturally relevant self-respect program to promote healthy lifestyle choices among youth.	10 youth (ages 9-12), 4 youth (ages 8-9), 10 parents, 8 key informants
Kutcher et al. (2019)	Well-being	Winneway (QC),	Focused ethnography, participatory approach	Semi-structured individual interviews, participant observation	Understand how children and youth in Winneway, Quebec view health and well-being and to determine what they consider to be major health and well-being concerns.	15 youth (ages 6-17), 9 key informants
Naidu et al. (2014)	Oral health	Rapid Lake (QC), Algonquin	Focused ethnography, CBPR, PRECEDE-PROCEED, Aboriginal understandings of health	Focus group, group interview	Learn about local beliefs and practices regarding oral health and use this knowledge to design and implement a culturally adapted activity to promote oral health among school-age children in the community.	7 youth (ages 9-11), 8 parents, 6 key informants
Sherman et al. (2011)	Diabetes	Rapid Lake (QC), Algonquin	Focused ethnography, participatory, PRECEDE-PROCEED	Participant observation, interviews, focus groups	Gain a better understanding of local youth knowledge about diabetes and diabetes prevention, and to develop a culturally and locally adapted health promotion program for youth.	15 youth (ages 8-12), 5 youth (ages 13-17), 5 key informants

Appendix C: Scoping Review Key Messages and Executive Summary

Advancing Indigenous Pedagogy on Childhood:
Identifying priorities for professional education

Principal Investigator: Franco A. Carnevale, RN, PhD (Psych), PhD (Phil)
VOICE: Views On Interdisciplinary Childhood Ethics; McGill University
Website: https://www.mcgill.ca/voice

For complete Final Report, see:
indigenouspedagogyonchildhood_final_report_carnevale_etal_with_prisma.pdf (mcgill.ca)

Key Messages (1 page)

Background

Some Canadian policies regarding Indigenous children have resulted in serious harms. The Truth and Reconciliation Commission of Canada (TRC) has highlighted such harms and proposed priority Calls to Action for their reconciliation. Some Calls to Action concentrate on needed improvements in post-secondary education for the child-focused professions. Using an innovative childhood-centered framework, a scoping review was conducted to identify the state of knowledge on child-focused professions education related to the TRC Calls to Action as well as the impact of this education on the lives of Indigenous children.

Key Findings - The current evidence highlights:

(a) The need to recognize substantive foundational content rooted in Indigenous outlooks;
(b) A diversity of teaching and learning approaches for preparing professionals in Indigenous pedagogy;
(c) The importance of supporting faculty development;
(d) A call for community engagement in curricular development and systemic changes;
(e) A small body of "child focused" evidence on Indigenous pedagogy for children.

Knowledge Gaps - This review identified significant gaps in the available evidence, including:

(a) A lack of cohesion in pedagogical outlooks, aims, or approaches;
(b) Fragmentation of current outcomes evidence, lacking agreed-upon outcomes and methods to orient such research;
(c) Few rigorously-structured empirical research studies;
(d) Virtual absence of evidence on the impact of education on practice changes or favorable impacts for Indigenous peoples as service recipients; and
(e) A major lack of evidence describing advancements in our understanding of the experiences of Indigenous children and pedagogical innovations oriented for the child-focused professions.

Implications

This knowledge synthesis will inform Phase II of this project to: (a) identify priorities for future research; and (b) highlight Knowledge Mobilization priorities for child-focused professions education. These contributions will advance research and actions that address the TRC Calls to Action and promote the development of Indigenous Pedagogies on Childhood as a specialized field that bridges Indigenous studies and Childhood studies. This will inform urgently-needed practice improvements with Indigenous children, families and their communities.

Executive Summary (3 pages)

Introduction

Some Canadian policies regarding Indigenous children have resulted in serious harms. The residential school system is a salient example; its legacy continues to be associated with severe and ongoing adverse physical and mental health, social, and cultural consequences. The Truth and Reconciliation Commission of Canada (TRC) has highlighted such harms and proposed priority recommendations for their reconciliation. Some recommendations concentrate on needed improvements in post-secondary education for the child-focused professions. Education programs must be enriched to ensure that professionals develop the knowledge, skills, attitudes, and practices required to work respectfully with Indigenous and non-Indigenous peoples, including children. But, little is known about how these education improvements can be achieved.

Aims

Using an innovative childhood-centered framework, the aim of this project was to identify the state of knowledge on i) child-focused professions education related to the TRC Calls to Action and ii) the impact of this education on the lives of Indigenous children. This Report presents the results of a scoping review that was conducted to map this knowledge.

Approach & Methodology

The project drew on three interrelated frameworks: normative (TRC Calls to Action), pedagogical (Indigenous Pedagogy), and childhood (Childhood Ethics). This three-fold framework provided a foundation for advancing Indigenous Pedagogy on Childhood, rooted in a (TRC) reconciliation normative framework.

What do we know?: A scoping review of the academic and grey literature was conducted. The research question for the review was: What is known about educational approaches to prepare child-focused professionals to work with Indigenous peoples? We searched relevant databases and conducted additional searches by scanning reference lists and grey literature such as academic curricula.

Four work teams were created to conduct this review in four parallel streams: social professions (i.e., preservice teacher education, psychology, social work, law); health professions (excluding mental health); mental health professions (i.e., health professions focused on mental health); and grey literature.

Results

A total of 283 publications were retained as relevant for this review. The breakdown by stream was: social professions (n=171); health professions (n=66); mental health professions (n=17); and grey literature (n=29). The largest proportion of this evidence is based in the social professions. The largest proportions of the 283 sources that were identified were (a) empirical or evaluation studies (n=113) and (b) "show and tell" reports describing specific pedagogical/instructional initiatives without reporting any evaluative data (n=66). The remaining sources included a diversity of publications: commentaries/editorials (n=32), curriculum webpages (n=18), descriptions of pedagogical development (n=15), reviews (n=12), stakeholder consultations (n=11), grey literature reports (n=9), theoretical papers (n=5), and news articles (=2).

Particularly impressive at this time in the history of this body of scholarship is the publication of two seminal normative statements that are widely recognized by Indigenous and non-Indigenous peoples and bodies: (a) United Nations Declaration on the Rights of Indigenous Peoples which is internationally-recognized and (b) The Final Report of The Truth and Reconciliation Commission of Canada which addresses the specificities of the Canadian context, while also recognizing the UNDRIP. These normative sources articulate standards that help define how the child-focused professions **should** practice with Indigenous peoples. However, these contain very few considerations particularly focused on Indigenous children, which could provide more specific standards for professional practice.

The published evidence describes several important considerations in developing and implementing pedagogical improvements in the preparation of child-focused professionals. It has been reported that pedagogical improvements need to recognize substantive foundational content that is rooted in Indigenous outlooks, most commonly referred to as *Indigenous Knowledge*. This includes the broader ideas within *Indigenous knowledge systems*, as well as the specific yet connected notions of *holism, narration, and spirituality*. Moreover, the evidence emphasizes the importance of grounding Indigenous pedagogies within a specific cultural framework such as cultural safety, cultural competency, cultural respect, cultural humility, or cultural sensitivity. *Cultural safety* stands out as the most strongly endorsed cultural framework for the preparation of professionals in Indigenous pedagogy.

A large body of evidence describes a rich diversity of teaching and learning approaches for preparing professionals in Indigenous pedagogy. These strongly emphasize "experiential learning" through practice placements, immersion experiences, and service-learning. Specific teaching strategies that have been reported and recommended include experience-sharing, critical

reflection and/or self-reflection exercises as well as more conventional (but adapted) workshops and courses.

Authors have underscored the importance of supporting faculty development; curricular reform on its own is insufficient. Faculty require preparation and support in Indigenous pedagogy as well as access to Indigenous-focused teaching materials, guidelines, and policies. Non-Indigenous faculty and staff need to be engaged in curricular and program reform, integrating Indigenous content throughout the entire curriculum, rather than developing such curricula "to the side of" the dominant curriculum.

The evidence strongly emphasizes the importance of community engagement in the development of Indigenous pedagogy. Curricular reform should not be conducted solely by educators, detached from the experiences of Indigenous communities. Community engagement should involve building relationships with Indigenous communities, conducting stakeholder consultations with community members, and promoting the participation of Indigenous community members.

Moreover, advancing Indigenous pedagogy for the professions requires systemic changes. Support and funding for participating communities is required and Indigenous professionals and academics need to be hired as educators for professional education.
A very small body of "child focused" evidence exists on Indigenous pedagogy for working with children. This evidence resides almost exclusively within the social professions' literature; predominantly in preservice teacher education. This literature highlights the paucity of knowledge among the child-focused professions about Indigenous communities, their histories, and their cultural knowledge. Educational initiatives have included the use of core units or courses in Indigenous education and teaching approaches grounded in critical theory. Specific approaches used in education with children included: reciprocal teaching/learning (i.e., repositioning teachers as learners), modifying teachers' approaches to reject deficit thinking, teachers as cultural brokers (i.e., bridging cultures), and incorporating Indigenous peoples' beliefs, practice, models, and methods into education.

Despite this rich body of evidence that illustrates numerous innovative approaches in Indigenous pedagogy, there are a number of significant gaps in this evidence. There is a lack of cohesion in pedagogical outlooks, aims, or approaches; making it difficult to infer which directions for curricular improvements should be preferred. Although the "outcomes evidence" is generally quite positive, highlighting favorable learner impacts (e.g., improved knowledge, perceptions, attitudes, sensitivity, competencies), this outcomes evidence is quite fragmented and lacking in the use of any widely agreed-upon outcomes and methods. This evidence consists predominantly of diverse forms of learning evaluations; with very few rigorously-structured empirical research studies *per se*. Moreover, little evidence has been documented regarding the impact of education on practice changes or favorable impact for Indigenous peoples as service recipients. Finally, despite the tremendous growth of childhood studies research and practice improvements in other realms, there is virtually no evidence describing advancements in our understanding of the experiences of Indigenous children and pedagogical innovations oriented

for the child-focused professions. The child-focused professions are left to infer child-relevant implications from non-specific adult-centered evidence. This is known to be highly problematic in other childhood domains.

Conclusions

This knowledge synthesis will inform Phase II of this project to: (a) identify priorities for future research; and (b) highlight Knowledge Mobilization priorities for child-focused professions education. These contributions will advance research and actions that address the TRC Calls to Action and promote the development of Indigenous Pedagogies on Childhood as a specialized field that bridges Indigenous studies and Childhood studies. This will inform urgently-needed practice improvements with Indigenous children, families and their communities.

Appendix D: Pilot Community Consultations Conference Poster

Indigenous pedagogies on childhood: Consultations with two Anishinabeg communities of Long Point First Nation and Rapid Lake, Quebec

Carly Heck (MScN),[1] Satya Cobos (MScN, RN),[1] Priscilla Polson (BScN, RN),[2] Georgina Whiteduck (MCH),[3] Franco Carnevale (PhD),[1] Mary Ellen Macdonald (PhD)[1]
1. McGill University, 2. Long Point First Nation, 3. Rapid Lake Health Centre

Overall Study

Following from an international scoping review on Indigenous pedagogies on childhood in professional education,[1] we conducted stakeholder consultations to ask the following questions:

What are Anishinaabe perspectives on and experiences of child-focused professional practices?
How should child-focused professionals be prepared to work with young Anishinabeg peoples?

Artwork used with permission from creator
Frank Polson, Anishinaabe artist,
Long Point First Nation
Contact

McGill | VOICE
Views On Interdisciplinary Childhood Ethics

VOICE Website

GAIHN
GLOBAL AND INDIGENOUS HEALTH NURSING

GAIHN Twitter

McGill | GLOBAL HEALTH PROGRAMS | PROGRAMMES DE SANTÉ MONDIALE

Background

- Children can provide insights into the human experience, including what we should strive for and what we owe each other as interconnected beings.[2] They should be regarded as active agents with valuable perspectives to share.[3,4]
- Indigenous children's voices are often left out of decisions concerning them despite inequities that impact their health and well-being (e.g., child welfare system, poverty, poor housing, food insecurity, victimization by crime).[5] These inequities have deep historical roots in colonialism and Euro-Western practices such as the Indian Act of 1876 and the residential school system.[6]
- Some Truth and Reconciliation Commission Calls to Action concern improvements in professional education and training relevant for Indigenous child well-being. The calls emphasize collaboration with Indigenous peoples in curricular development.
- However, inclusion of Indigenous pedagogies on childhood in professional curricula is rare.

Design & Methods

- Guiding frameworks: Decolonizing methodology of Two-eyed Seeing,[7] Indigenous pedagogy,[1] childhood ethics [8]
- Qualitative descriptive methodology
- Consultation phase of a scoping study [9]
- On-site data collection performed by two graduate nursing students over three months
- Consulted with eight key informants from the communities who provided input on recruitment strategies, interview questions, and interpretations of findings
- Interviews and member-checking sessions with child-focused professionals working in the communities (nurses, teachers, therapists) (n=15), Anishinabeg adults (parents, Elders) (n=10) and children (ages 7-15) (n=9)
- Presented preliminary findings to community for feedback

Findings

Anishinabeg participants' perspectives on what constitutes good child-focused professional practices

- Compassionate and respectful practice that is free from assumptions, stereotypes, and discriminatory attitudes
- Transparent communication with children
- Incorporation of play, physical activity, hands-on learning. (aligns with how children learn traditional knowledge)
- Involvement in community outside of traditional work roles

How professionals adapted their practice while working in the communities

- Sought out informal learning opportunities to improve knowledge of Indigenous history and Anishinaabe culture.
- Balanced standardized practices with unique community context to have a more relational-focused practice
- Prioritized hands-on activities (e.g., traditional crafts)
- Incorporated traditional teachings and cultural learning in the schools' curriculum, collaborating with local Elders

Professionals encountered little to no Indigenous-specific content in their formal education. More often, they learned about general cultural elements (e.g., multicultural perspectives, cultural sensitivity, special populations).

Suggestions for improvements to professional education

- More emphasis on developing capacity for compassion, respect, and transparency, as well as awareness of the social determinants of health
- Increase Indigenous-led curricula on Indigenous history. Ensure all professionals have basic knowledge about Indigenous cultures in their formal education and later develop knowledge about the community in/with which they work (e.g., by attending and participating in community events)
- Recognize the value of kinesthetic learning and incorporation of culture into practices (e.g., use of traditional language, collaboration with Elders)
- Systemic changes (e.g., requiring language proficiencies)

Implications

- Many inferences possible for pedagogical innovations in professional education
- Preliminary response to the TRC Calls to Action concerning professional education and practice
- Support for inclusion of Indigenous children's perspectives in research: Children offered insights unique from those provided by adult participants

Future Directions

- Future consultations with other Indigenous communities of Quebec in a larger knowledge mobilization project
- Identification of research & innovation priorities
- Develop a Community of Practice with McGill educators and Indigenous leaders that will strive to produce a framework for Indigenous Pedagogy on Childhood
- Curricular innovation at McGill University

References
1. Carnevale, F., Collin-Vezina, D., Macdonald, M. E., Morris, M., Talwar, V., & Van Praagh, S. (2017). Advancing Indigenous Pedagogy on Childhood: Identifying priorities for professional education.
2. Wall, J. (2010). Introduction. In *Ethics in light of childhood*. Georgetown University Press.
3. Montreuil, M., & Carnevale, F. A. (2016). A concept analysis of children's agency within the health literature. *J. Child Health Care, 20*(4), 503-511.
4. Montreuil, M., Saint-Laurent, O., & Carnevale, F. A. (2017). The moral experiences of children living in poverty: a focused ethnography. *J. Child Studies*, 1-9.
5. Brittain, M., & Blackstock, C. (2015). First Nations Child Poverty: A Literature Review and Analysis. First Nations Children's Action Research and Education Service.
6. Truth & Reconciliation Commission of Canada (TRC). (2015). Canada's Residential Schools: The Final Report of the Truth and Reconciliation Commission of Canada (Vol. 1). McGill-Queen's Press
7. Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *J. Enviro Stud Sci, 2*(4), 331-340.
8. Carnevale, F. A., Campbell, A., Collin-Vézina, D., & Macdonald, M. E. (2015). Interdisciplinary studies of childhood ethics: developing a new field of inquiry. *Child Soc, 29*(6), 511-523.
9. Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *Int J Soc Res Method, 8*(1), 19-32.

Appendix E: Article from Community Consultations

Indigenous Pedagogy on Childhood: A Consultation with Two Anishinabeg Communities: Long Point First Nation and Rapid Lake, Quebec
Carly Heck, Satya Cobos, Franco A. Carnevale, Priscilla Pichette Polson, Mary Ellen Macdonald
International Journal of Indigenous Health, 18 (1), 2023 1-14

SEE: Indigenous pedagogy on childhood: A consultation with the two Anishinabeg communities of Long Point First Nation and Rapid Lake, Quebec | International Journal of Indigenous Health (utoronto.ca)

Abstract

Many Indigenous communities view children as sacred gifts deserving of love and respect, and as the ones who will carry their collective ways of life forward. However, Indigenous young people within Canada face disproportionate challenges to their health and well-being, partly a result of ongoing colonial practices within professional services. In response to the Truth and Reconciliation Commission's Calls to Action regarding improvements to professional education and training, our team conducted an international scoping review which identified that Indigenous pedagogy is rarely included in curricular development. We completed this scoping review's consultation phase in two Anishinabeg communities. In this consultation, we posed the following questions: What are Anishinaabe perspectives on and experiences of child-focused professional practices? How are child-focused professionals currently prepared to work with young Anishinabeg peoples? How should they be prepared? Participants highlighted the importance of professionals learning Indigenous history and Anishinaabe culture, having field-based education, and engaging children with hands-on activities. Professionals encountered little to no Indigenous-focused content in their formal education, with most exposure occurring in continuing education settings. Our results suggest Indigenous ways of knowing can and should be honored in child-focused professional education, thereby supporting the development of effective and culturally-safe relationships between professionals and Indigenous peoples.

Appendix F: Indigenous Presence at McGill University

As part of developing a community of practice for Indigenous pedagogy on childhood, an early step was to identify potential members as well as resources already present within our university. The following "map" of Indigenous presence at McGill University was created in the fall of 2020. It includes information about Indigenous-focused curricula and research programs, extracurricular and student-led initiatives, outreach efforts, and online resources.

Curricula & Research Programs

Faculty of Medicine & Health Sciences and the Faculty of Dentistry

- **Indigenous Health Professions (IHP) Program**

  "The goals of the Indigenous Health Professions (IHP) Program are to train more Indigenous health professionals and to teach all future health professionals about the health needs of Indigenous peoples. The IHP Program has been developed through consultation and collaboration with Indigenous communities in Quebec, leaders of successful Indigenous Health programs at other Canadian universities, and other McGill departments and programs."
  - Established: March 1, 2018.
  - Team
    - Kent Saylor, MD, FRCPC, IHPP Director
    - Sadaf Farookhi, BDS, MSc, IHPP Interim Program Manager
    - Alex Allard-Gray, Listuguj Mi'gmaq, BSc, IHPP Outreach Administrator
    - Calvin Jacobs, Elder-in-Residence IHPP, Language and culture co-ordination KMHC/traditional medicine helper KMHC, Faith keeper Haudenosaunee longhouse
    - Hiba Zafran, PhD., IHPP Curriculum Developer
  - Video Introduction to Indigenous Health Teaching by Kent Saylor
  - Contact info: indigenous.health@mcgill.ca

- **Medicine & Dentistry (Explanation of Indigenous health curricula)**
  - **FMED 506 Indigenous Perspectives: Decolonizing Health Approaches** (1 credit) (no 2020-2021 professors listed)

- **Global and Indigenous Health Nursing (GAIHN)**

- **School of Communication Sciences and Disorders (Indigenous collaborations and initiatives)**

- **School of Physical and Occupational Therapy (OT Program Indigenous Initiatives)**

- **School of Social Work (Indigenous Initiatives)**
  - The **Indigenous Field Studies Course (IDFC 500)** is an Indigenous community engagement course created by IAM within the IAM Curriculum Development dossier. This year IDFC 500 is celebrating 10 years of offering the only interdisciplinary land-based course at McGill. In the last decade, the course has engaged over 200+ students from Social Work, Medicine, Anthropology, Law, Education, Indigenous Studies Minor, Canadian Studies, Sociology, Psychology, History, and Environmental Studies - as well as two participants from the Chaplaincy Division of the Canadian Armed Forces. The professional engagement and payment of Indigenous community based subject matter experts provides a platform for institutional reconciliation practices. The IDFC 500 is planned for 2020 in Kanehsatà:ke, which is also the 30 year commemoration of the Oka Conflict. Additionally, IDFC 500 is being used as a format to offer a professional education offering in Kahnawá:ke for McGill faculty and staff.
    - Taught by Wanda Gabriel
  - The **Social Work and First Peoples Course (SWRK 445)** is in the BSW program. The course focuses on an analysis of Canadian policies and legislation, their impact on First Peoples and on social work practice. Social work has been an active participant in colonialism and, more recently, reconciliation. In this course students will engage in a critical exploration of the history and fact patterns underlying the Truth and Reconciliation Commission's Calls to Action to inform student developed implementation plans.
  - **Research program: (CRCF) Centre for Research on Children and Families**

- **School of Human Nutrition**
  - **NUTR 620 Nutrition of Indigenous Peoples** (no 2020-2021 offering)
  - **Research Program: (Centre for Indigenous Peoples' Nutrition and Environment (CINE))**
    - Murray Humphries, McGill Northern Research Chair, Director of CINE
      - murray.humphries@mcgill.ca, 514-398-7885

- **Global Health Programs**
  - **Research program: VOICE: Views on Interdisciplinary Childhood Ethics**

Faculty of Education

- Certificate in First Nations and Inuit Educational Leadership (30 credits)

- **EDEC 233 Indigenous Education**
    - "An exploration of Indigenous knowledge and pedagogy, primarily in Canada but also world-wide. Consideration of the diverse social, cultural, linguistic, political, and pedagogical histories of Indigenous communities. Examines how a teacher's professional identity and practice can be influenced by an understanding of Indigenous knowledge and worldviews."
- **EDKP 241 Indigenous Physical Activities** (no 2020-21 offering)
- **EDEE 370 Traditional Indigenous Life Skills** (no 2020-21 offering)
- **EDEM 502 Indigenous Family Dynamics and Supporting Institutions** (NO 2020-21 offering)
- Department of Integrated Studies in Education
    - Director: Claudia Mitchell (Indigenous youth and HIV/AIDS, sexual violence)
        - Participatory Cultures Lab
            - Past work with Native Women's Shelter of Montreal
    - **Office of First Nations and Inuit Education: "**OFNIE works in partnership with First Nations and Inuit education authorities throughout Quebec – such as Kativik Ilisarniliriniq (KI), the Cree School Board, the Kahnawake and Kanehsatake Education Centres, and the Central Quebec School Board on behalf of the Naskapis of Kawawachikamach – to deliver community-based teacher education programs and professional development."

School of Continuing Studies

- Graduate Certificate in Indigenous Education for Non-Indigenous Educators
- Certificate in Education for First Nations and Inuit

Faculty of Law

- Indigenous initiatives
- "Indigenous legal traditions are notably taught in Criminal Justice (LAWG 102), a one-year course in 1st year, and in Property Law course (LAWG 220), a one-year course in 2nd year. The Faculty's Curriculum Committee is working on expanding the opportunities to study Indigenous legal traditions inside and outside of the classroom.

    One such initiative is our new full-year course on Indigenous Constitutionalism taught by Professor Aaron Mills. This course uses Anishinaabe pedagogies to explore Anishinaabe legality, constitutionalism, and law. Students will begin to develop an understanding of the logic, structure, and principles of one view of Anishinaabe constitutionalism, what kinds of legal processes and institutions it supports, what kind of law these generate, and how that body of law changes through time and across places. This course involves practicing and applying Anishinaabe legal reasoning and reflecting upon a number of contemporary Indigenous law revitalization projects in Canada.

In addition to incorporating Indigenous legal traditions in these courses, McGill also offers courses that focus on the impacts of Canadian state law and policies on Indigenous peoples, including Aboriginal Peoples and the Law (CMPL 500), and Aboriginal Peoples and Canadian Criminal Justice."

- Field Course on Anishinaabe Law (2017) taught by Distinguished Visiting Tomlinson Professor John Borrows
- Clinics and internships with Indigenous organizations across Quebec, exchange programs with other universities focused on Indigenous law

Faculty of Arts

- Anthropology
  - **Research Program: STANDD: The Centre for Society, Technology and Development**
    - "STANDD's current research program supports collaborations with Indigenous nations, local organizations, and communities. Our members respond to diverse issues that affect: community health, social welfare, rights, territories, and knowledge systems."
    - Director: Scott Collin H., colin.scott@mcgill.ca
  - **ANTH 436 North American Native Peoples** (no 2020-2021 offering)
- Institute for Study of Canada: **INDG 202 Topics in Indigenous Studies 1**
  - Professor for 2020-2021: Gabrielle Doreen
  - Part of the **Indigenous Studies Program** (Minor program in the FA)
    - "Engage students with Indigenous studies as a stand-alone field by introducing and contending with Indigenous knowledge systems and societies from within, in ways that promote the resurgence of these systems."
    - Course checklist

Research Program: Indigenous Maternal Infant Health and Well-Being Lab

- "Led by Dr. Zoua Vang, supports innovative research on the social determinants of perinatal health within Indigenous communities and trains students in the use of participatory research approaches. Current research supported by the Lab include projects on (i) the effects of childbirth evacuation on perinatal depression and infant growth/development among the Inuit in Nunavik, (ii) the cross-cultural adaptation and validation of culturally appropriate perinatal mental health questionnaires, and (iii) discrimination and settler colonialism as barriers to Indigenous women's access to culturally safe healthcare."

Research Program: McGill North

- "McGill North was created in 2016 with the objective to promote, mobilize, and interdisciplinize northern, Arctic, and circumpolar research at McGill. There are

currently 83 professors from 9 faculties and more than 20 departments/units that are part of this network."
- "McGill North is an initiative of the McGill Chair in Northern Research and is supported through the McGill partnership with the Institut nordique du Québec (INQ)."
- They have an interactive map of a "community of practice" of sorts

Research Program: Cultural and Indigenous Research in Counselling Psychology (CIRC)
"The Cultural and Indigenous Research in Counselling Psychology (CIRC) is a research program under the supervision of Dennis Wendt, PhD, Assistant Professor of Educational and Counselling Psychology at McGill University. CIRC's focus is cultural research pertaining to counselling psychology and related mental health disciplines, with a particular focus on partnering with Indigenous communities within Canada.

Current projects address (a) social inclusion and belonging among Indigenous university students, (b) interventions for opioid addiction among Indigenous communities, (c) youth substance use prevention among Indigenous communities, and (d) culturally-appropriate counselling interventions for Indigenous university students"

- Dennis C. Wendt (Supervisor), circ.education@mcgill.ca

Research Program: Children's Services Policy Research Group
"As a research team, our goal is to better understand the ways in which social polices shape children's access to services and impact of those policies on the capacity of minority and marginalized families and communities to care for their children. Much of our research has focused on documenting and identifying the policy features that contribute to service disparities for Indigenous children."

Teacher Certification Programs

The Office of First Nations and Inuit Education works collaboratively to structure the course delivery method with the Partner. The sequence of courses, the location, the dates are all decided together- McGill and the Partner. The programs are customized to meet the McGill requirements as well as the Partner's needs. Examples of course delivery methods include: face to face courses, blended courses using technology for follow up and support, community-based as well as courses offered on McGill campus. The uniqueness of the course delivery method is the attentiveness that is paid to the students' learning and well-being.

The Social Equity and Diversity Education (SEDE) Office's Indigenous Educational Series
"Aims to raise awareness and initiate an exchange of ideas on First Nations, Métis and Inuit topics within the McGill community. The series provides opportunities to explore and examine a variety of issues and promote greater knowledge and understanding about the Indigenous peoples in Canada."

Extracurricular & Student-Led Initiatives

Indigenous Student Alliance

- "The Indigenous Student Alliance provides integrative support for Indigenous peoples attending McGill University, so that we may connect and share our Indigenous ways of knowing with each other and with non-Indigenous peoples in the community. Our vision is to develop networks and partnerships with university student groups and organizations through learning–teaching relationships that foster real and meaningful human development and community solidarity."
- Contact: isa@ssmu.ca
- Facebook page

Indigenous Law Association at McGill

- Simon Filiatrault – President of ILADA (2020-2021), simon.filatrault@mail.mcgill.ca
- Sarah Nixon and Larissa Parker – Co-Editors in Chief of Rooted (2020-2021); sarah.nixon@mail.mcgill.ca; larissa.parker@mail.mcgill.ca

McGill Students' Indigenous Studies Journal

"McGill Students' Indigenous Studies Journal (formerly KANATA) is a McGill-based student support community that explores, shares, and provides learning opportunities for anyone interested in Indigenous Studies and highlights information on the various organizations, events, and ongoing initiatives that are of interest to the indigenous community. One of our primary activities is the development and production of a student-led annual interdisciplinary academic journal. This publication enables students to discuss and explore ways in which knowledge can be manifested and applied in the world outside of the classroom. In essence, our aims to improve relations between Native and non-Native people in North America through research and knowledge advocacy, both in the academic community and in the public realm."

- Contact: kanata.mcgill@gmail.com
- Last issue was Winter 2015
- March 2016 statement about status of journal

Outreach

McGill Community's Outreach Program: Branches Program

- "The Branches team at McGill is committed to being a reliable partner in co-creating responsive and sustained relationships with First Nations, Inuit, and Métis youth, families, schools and organizations. With good minds, we will engage Indigenous learners to realize their full potential in all areas of education."
- Interactive map of outreach initiatives
- Veronica Amberg, Associate Director, veronica.amberg@mcgill.ca

Listening to One Another Grow Strong (LTOA)

- Mental health promotion program for Indigenous youth

Office of the Dean of Students: Indigenous Affairs Work Group

First Peoples' House

- **Indigenous Education Program**
  - "The Indigenous Education Program provides Indigenous-specific programming and opportunities for bridge-building among all groups in the McGill community. The IEP's goals are to increase knowledge of Indigenous history and current issues amongst Indigenous and non-Indigenous peoples at McGill. It also seeks to integrate Indigenous history, culture and perspectives into existing academic curricula and campus life."
  - Janelle Kasperski, Indigenous Education Advisor, janelle.kasperski@mcgill.ca
  - **Eagle Spirit Science Futures Camp**

Schools-University Network: Indigenous Community Programs

- Host faculty: Office of the Dean of Students and First Peoples' House
- Main contact: Kakwiranoron Cook, Kakwiranoron.Cook@mcgill.ca

SSMU External Affairs: Indigenous Affairs

- Several reports on supports for Indigenous students
- Commitment to a Policy on Indigenous Solidarity

Faculty of Law - Student Affairs Office - L.E.X. (Law-Education-Connexion) Program

- Partnered with Kahnawake Survival School, Mohawk territory of Kahnawake
- Looking ahead: "As we head into L.E.X.'s 12th year, we have plans to expand the program to increase outreach to Indigenous students in Montreal and in more remote areas of Canada via videoconferencing and condensed workshop delivery. Kahnawake Survival School has been a partner school since the inception of the program, but we see ways to expand our outreach to more Indigenous communities."

Online Resources

Office of the Provost and Vice-Principal (Academic): Indigenous Success

- Final Report of the Provost's Task Force on Indigenous Studies and Indigenous Education
- Dicki Chhoyang, Interim Director, Indigenous Initiatives, dicki.chhoyang@mcgill.ca

Branches Program: Guides and Readings

Department of Integrated Studies in Education: Engaging with Indigenous Perspectives

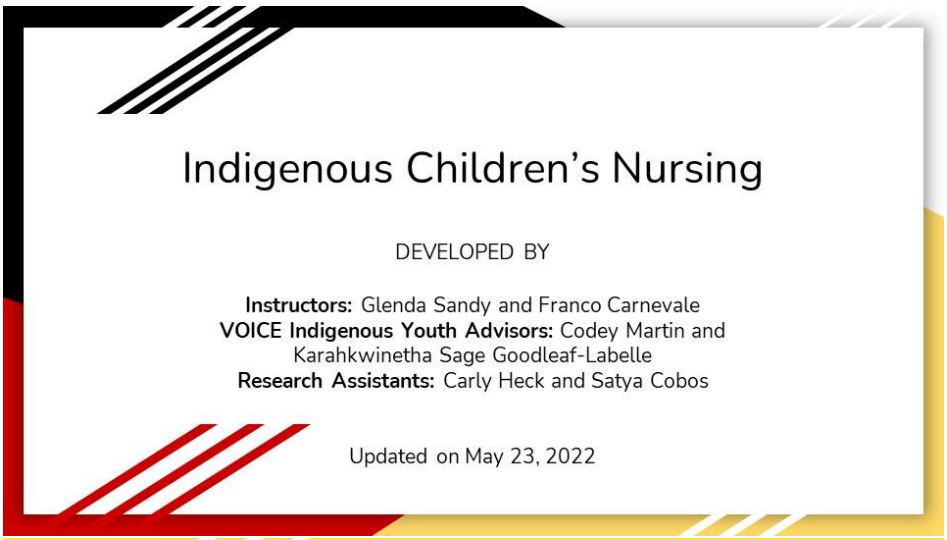
Equity at McGill: Developing Inclusive Pedagogies

- Not Indigenous-specific, but resources for faculty on anti-racist pedagogies

Centre for Human Rights and Legal Pluralism (CHRLP) Working Paper Series

- Canadian Indigenous children with disabilities paper

Appendix G: Indigenous Children's Nursing Powerpoint Presentation

1. 

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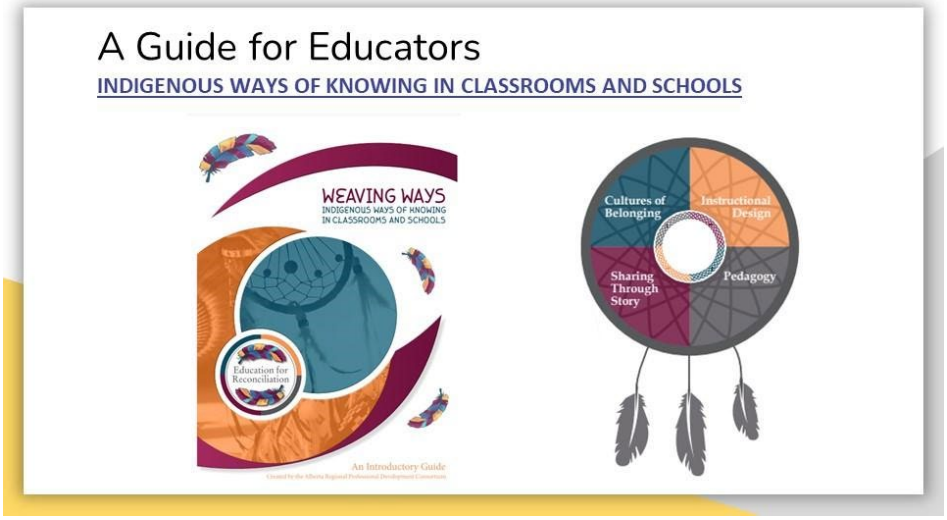
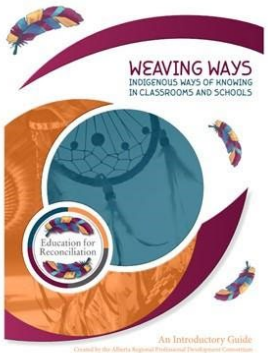
3. 

4.

A Guide for Educators

INDIGENOUS WAYS OF KNOWING IN CLASSROOMS AND SCHOOLS



GUIDING QUESTIONS

Weaving Ways provides a series of inquiry questions and guiding information:

QUADRANT	GUIDING QUESTIONS
Cultures of Belonging	1. How can we embrace the Indigenous idea of wholeness in the classroom to support greater belonging for all learners? 2. How can I draw from the ways Indigenous peoples foster cultures of belonging to compliment the ways I create belonging in my classroom?
Instructional Design	1. How might valuing Indigenous and other knowledge systems in our learning designs promote cultural appreciation and advance reconciliation? 2. In what way can Indigenous knowledge systems enhance how I design learning for my students?
Pedagogy	1. How can the Indigenous idea of Two-Eyed Seeing, or Etuaptmumk, support a blended experience in my classroom that authentically respects and builds on the strengths of both Indigenous and Western ways of knowing and learning? 2. What similarities does Indigenous pedagogy have to my own pedagogical beliefs and approaches?
Sharing Through Story	1. How can we support deeper connection to learning outcomes for all students through storytelling? 2. Do my current teaching practices and approaches relate to sharing through story? Can I further incorporate this approach?

5.

Indigenous Children's Nursing Curriculum Plan

Preparatory Materials

- Selected readings
- Video presentation (Informational content with PPT)
- Companion document (complementary materials)

In-class discussion

- Guiding questions
- Discussion of 2-3 situations (using proposed framework for Indigenous Childhood Ethics)

6.

Preparatory Content

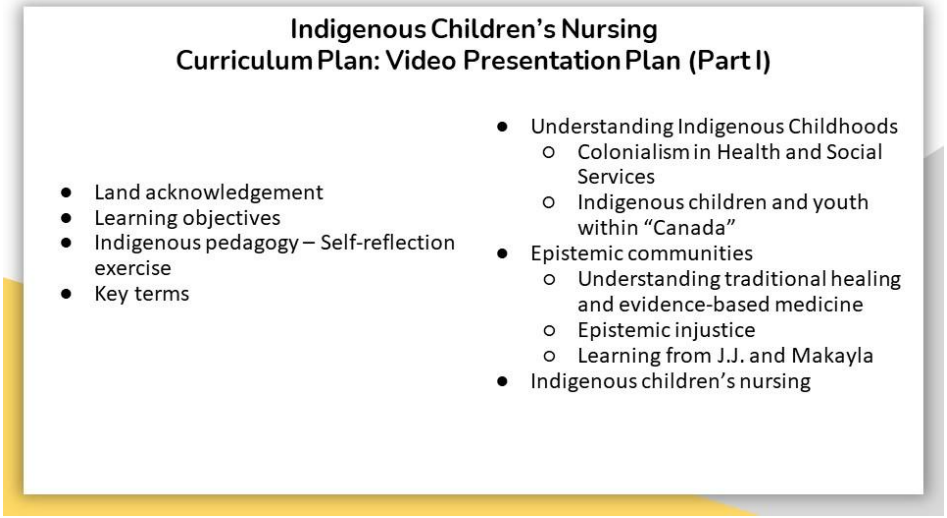
Required preparation

- Kutcher, A., Pichette, P., Macdonald, M. E., & Carnevale, F. A. (2019). Exploring the health and well-being of children and youth in Winneway, Québec. International Journal of Indigenous Health, 14(2), 115-132. Retrieved from https://jps.library.utoronto.ca/index.php/ijih/article/view/31910
- Heck, C., Eaker, M., Cobos, S., Campbell, S., & Carnevale, F. A. (2021). Pandemic Impacts for Indigenous Children and Youth Within Canada: An Ethical Analysis. YOUNG. Retrieved from https://journals.sagepub.com/doi/full/10.1177/11033088211032791
- We Were Children by Tim Wolochatiuk
- Previous experience with a blanket exercise (completed before this Indiginous Children's Nursing Module)
- Watch the video recorded preparatory lecture

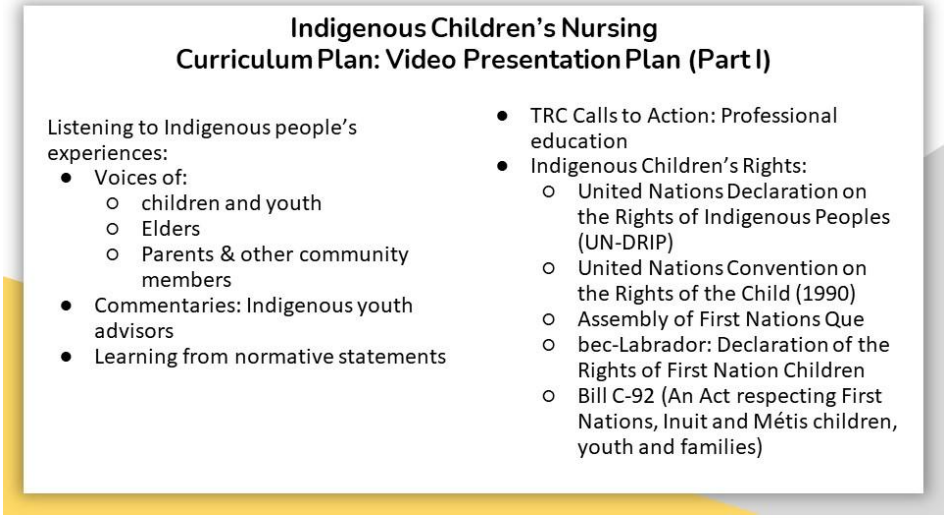
Supplemental resources

- Indigenous Children's Nursing: Companion Document

7.


Indigenous Children's Nursing
Curriculum Plan: Video Presentation Plan (Part I)
Land acknowledgement
Learning objectives
Indigenous pedagogy – Self-reflection exercise
Key terms
Understanding Indigenous Childhoods
Colonialism in Health and Social Services
Indigenous children and youth within "Canada"
Epistemic communities
Understanding traditional healing and evidence-based medicine
Epistemic injustice
Learning from J.J. and Makayla
Indigenous children's nursing

8.


Indigenous Children's Nursing
Curriculum Plan: Video Presentation Plan (Part I)
Listening to Indigenous people's experiences:
Voices of:
children and youth
Elders
Parents & other community members
Commentaries: Indigenous youth advisors
Learning from normative statements
TRC Calls to Action: Professional education
Indigenous Children's Rights:
United Nations Declaration on the Rights of Indigenous Peoples (UN-DRIP)
United Nations Convention on the Rights of the Child (1990)
Assembly of First Nations Que
bec-Labrador: Declaration of the Rights of First Nation Children
Bill C-92 (An Act respecting First Nations, Inuit and Métis children, youth and families)

9.

Indigenous Children's Nursing
Curriculum Plan: Video Presentation Plan (Part II)
Decolonizing Health and Social Services
Jordan's Principle
#aHand2Hold
Joyce Echaquan: Coroner Conclusions
VOICE Childhood Ethics Initiatives
Children's perspectives on their health and well-being in Long Point First Nation
Indigenous Pedagogies on Childhood
Pandemic Impacts for Indigenous Children
Initiatives in Indigenous Children's Nursing
An Ethical Space for Deliberation and Reconciliation
Two-Eyed Seeing
Cultural safety
Indigenous People's Court (Ontario)
Framework for Indigenous Children's Nursing
A self-reflection exercise
Personal approach
Nursing ethics, deontology, professional and regulatory body directives
Nursing practices with Indigenous children and youth
Our shared environment
Reconciling a concern or disagreement in practice

10.

11.

Indigenous Land Acknowledgement

At McGill University, we are working to take seriously the importance of the Truth and Reconciliation movement which is uncovering and responding to the decades of injustices that Indigenous peoples have lived within Canada. VOICE is committed to promoting reconciliation in all our activities. One gesture we can make in this reconciliation is a Land Acknowledgement.

McGill University is located on land which has long served as a site of meeting and exchange amongst Indigenous peoples. The Haudenosaunee and Anishinaabeg were the original stewards of these lands and waters. Through this meeting we pay our respects to the Kanien`kehà:ka who continue to care for this land. And, we thank the Elders, past, present, and emerging, for their guidance in our shared learning.

12.

Learning Objectives

- Explore understandings of **Indigenous childhood**, including how we talk about and conceptualize their health, well-being, relationships, values, and beliefs
- Understand the **historical and ongoing impacts of colonization and oppression** on the health and well-being of Indigenous children and youth within Canada
- Identify ways our **Canadian healthcare systems perpetuate colonization, racism, and discrimination** towards Indigenous children and youth
- Reflect on **mainstream nursing practices and how they may be improved to respect Indigenous knowledges** when caring for Indigenous children and youth
- **Know where to find resources** related to Indigenous children's nursing

13.

Indigenous Pedagogy

Taking ownership of your learning goals
Self-reflection exercise (understanding own biases)

Engaging in community reflection
- Relational focus: Teachers as learners, learners as teachers
- Consideration of subjective and intuitive feelings
- Moral development over material success
- Ways of communicating are important: Use respectful language, have compassion, and reject deficit thinking

Respecting and inviting Elder knowledge

Understanding the role of time
- Learning spans generations, there is no discrete time frame

A sense of becoming, lifelong learning

(Carnevale et al., 2018 (Scoping Review); LaFrance & Nichols, 2008)

14.

Self Reflection Exercise: Understanding and Acknowledging Bias

Indigenous Allyship Toolkit

"To build strong relationships, health care practitioners need to think about their perceptions of Indigenous Peoples and identify any potential biases or stereotypes that inform those perceptions." (L. Eggertson, CMAJ May 2016) Consider how you can use your position to empower and honour the voices of Indigenous Peoples to create an equitable space.

Below are a few examples of how you can regularly "check-in" with yourself:
- **Who are we leaving out?** During meetings and discussions consider who is and is not at "the table". Are diverse voices and experiences well represented? If not why, how will their voices/experiences be respectfully included and encouraged? "Nothing about us without us." (Herbert, C)
- **What assumptions or biases do I have toward a colleague and/or patient?** If a relationship is not established there is a tendency to then equate race with culture, meaning we default to stereotypical assumptions or appearance to assume cultural background and beliefs.
- **Am I creating an environment that is culturally safe and accessible?** Whether a space or experience is considered "culturally safe" is determined by each individual (client, colleague, participant). Establishing a reciprocal relationship built on trust and respect is the first step in ensuring cultural safety.
- **Am I prioritizing ongoing learning?** It is important to acknowledge that true allyship is an ever evolving journey that requires constant self-reflection and learning.

Indigenous Allyship Toolkit

A guide to honouring culture, authentic collaboration and addressing discrimination

INDIGENOUS HEALTH NETWORK

Prepared by the **Hamilton Niagara Haldimand Brant Indigenous Health Network** in partnership with the Hamilton Niagara Haldimand Brant Local Health Integration Network

15.

Self-Reflection Exercise

NOTE: This exercise will be continually reviewed and updated

Aim: This exercise will help learners engage in a process of unlearning previous ways of seeing things, to create an opportunity for relearning in a manner that is aligned with the outlooks and aspirations of First Peoples. Consider using a talking circle (with a talking stick) – like with a restorative justice model – to create a safe space for exchange of reflections among learners (and teachers).

Preparatory exercise for learners:
Prepare a written text with your reflections (1 to 2 pages, single-spaced). This can include your reactions or answers to the self-reflection exercise above. Prepare to share and discuss your reflections in class.

16.

Self-Reflection Exercise

Guiding questions for self-reflection:
As you engage in this learning experience (example: watching the preparatory videos and reading the articles), continually ask yourself:

- How is what I am seeing and hearing and feeling different from what I knew before?
- What did I think or feel before that I am now questioning? What did I take for granted as being true – which I am now questioning?
- What did I think or feel before that may not have been right?
- How can I better understand and acknowledge what has happened in the past – and is continuing to happen in the present – through the voices of Indigenous peoples (and not the views of settlers)?
- What do I need to feel safe to talk about what I'm questioning and unlearning – to relearn in a more respectful true way?

17.

Key Terms and Concepts

Indigenous peoples: First Nations, Metis, Inuit peoples

Children and youth / Childhood

Indigenous knowledge(s)

Settlers and newcomers

- Settlers: Non-Indigenous Canadians whose ancestors resided in "Canada"
- Newcomers: Non-Indigenous Canadians who emigrated from another country

Decolonization and Indigenization

- Decolonization: Undoing of colonial power, structures, processes
- Indigenization: Reaffirming Indigenous knowledges
- Need both processes in efforts of truth and reconciliation

18.

Part 1: Background

Understanding Indigenous Childhoods

19.

Colonialism in Health and Social Services

- 1800s to 1996: Residential school system
- 1960s: Mass removal of Indigenous children from their families into the child welfare system, in most cases without the consent of their families or bands
- "About 3.7 out of 1 000 babies born in Canada will not live past their first birthday."
- Child welfare system overrepresentation
- Indigenous child health challenges within Quebec today
  - Systemic discrimination and racism (Jordan's & Joyce's Principles)
    Substantially higher burden of infant hospitalizations (2017 study)
    "Interventions do not necessarily result in the best outcomes for Aboriginal children." (Many Hands One Dream initiative)
- Children in residential schools are considered **survivors** and not graduates

20.

Understanding Indigenous Childhoods

- **Diverse conceptions across Indigenous groups**
- **Diversity of communities (urban, rural, remote, on/off reserve)**
- **Need to learn about community views on childhood**
  - Question assessment tools (how to use them safely; adapt questions to local language uses)
  - Identify problems with existing tools which may improperly pathologize
  - Attentive to different ways of communicating
  - Examples to consider: Cree walking out ceremony, placenta ceremony

Some common shared values and beliefs

- For example, Many Hands One Dream principles (2006)
  - 11 national organizations and 160 leaders
  - Vision of a healthy child = laughter, comfort, safety, belonging, hope, identity, learning, culture
  - Physical, emotional, spiritual and cognitive health interacting with family, community, nation, world and spirit.

21.

Understanding Indigenous Childhoods

Puamun Meshkenu

(Innu for "path of a thousand dreams"; started by Dr. Stanley Vollant)

YOUTH AMBASSADORS PROGRAM (puamun.com)

Training program that allows Quebec's Indigenous youth to gain work and public speaking experience.

22.

Indigenous children and youth within "Canada"

See: Pandemic impacts for Indigenous children and youth within Canada

Many Indigenous children and youth live and grow within environments that value interconnectedness and holistic health and well-being.

In the context of COVID-19, Indigenous children and youth

- Created informative and Indigenous-attuned content for their peers on best hygiene and physical distancing practices
- Advocated for protecting their Elders (#ProtectourElders)
- Helped implement virtual counselling supports (e.g., Kids Help Phone)
- Hosted virtual ceremonies/healing dances (promoting community connection)
- Created podcasts to amplify the voices of peers in welfare system, promote traditional language learning, and have discussions with other Indigenous leaders about various current topics

23.

Epistemic communities: Understanding traditional healing and evidence-based medicine

Epistemic community

A collective that agrees on the sources of knowledge and the ways that it is appropriately collected, shared, transmitted, and applied
- Particular forms of knowledge and practice (like traditional healing) are constitutive of collective identity

Indigenous communities and biomedicine (as a cultural institution) have their own forms of epistemic community (distinctive ways of knowing & sources of authority)

Can lead to divergent ways of framing choices and weighing alternatives (justified by appeals to particular kinds of knowledge)

Negotiating competing knowledge claims requires recognizing the epistemic communities involved in health care settings and in Indigenous communities

24.

Epistemic injustice (Fricker): testimonial and hermeneutic

Testimonial injustice & Hermeneutical injustice

Indigenous Peoples have suffered both forms of injustice

Testimonial injustice: When individuals are denied epistemic authority and their statements are disqualified or assigned less credibility because of discrimination
- Can be addressed by eliminating systemic racism, discrimination, and implicit biases

Hermeneutical injustice: When people are unable to mobilize the epistemic resources needed to articulate their positions and advance their knowledge claims
- Can be addressed by recognizing distinct epistemic values and practices that are constitutive of Indigenous communities, concepts of personhood, and visions of health and well-being

25.

Learning from J.J. and Makayla

Makayla Sault (2014)

A 10-year-old girl, from Mississaugas of the Credit First Nation (an Ojibway community), was diagnosed with acute lymphoblastic leukemia

She was given a 70% chance of survival with treatment and underwent 12 weeks of chemotherapy (same hospital as J.J.)

After 12 weeks, she wanted to stop chemotherapy because of significant side effects

Her parents agreed and opted to withdraw her from the treatment, and turned to traditional Indigenous medicine as well as an alternative therapy in Florida

She passed away on January 19, 2015

For Makayla's family and loved ones (based on media accounts)

- What was at stake was not simply her survival but her life
  - Not reducible to the state of the physical body
  - But included her emotional, social, and spiritual well-being (consistent with Indigenous perspectives on personhood)

26.

Learning from J.J. and Makayla

J.J. (2014)

11-year-old Haudenosaunee girl from the Six Nations of the Grand River First Nation communities

Was diagnosed with acute lymphoblastic leukemia

After 10 days of chemotherapy (of a 32-day course), she and her family asked to opt out of conventional biomedical treatment and turn to Indigenous traditional medicine

J.J.'s treatment team: Worried about family's capacity to act in their daughter's best interests
Flagged the situation to local Child Protective authorities

Children's Services: Did not think J.J. was a child protection case because her mother was not refusing treatment but was in disagreement with the clinicians from the hospital about the form of treatment

Hospital: Filed an application under SS 40(4) of the Child and Family Service Act to have J.J. return to chemotherapy
Hospital wanted court to determine if J.J. was a child in need of protection.

Court Decision: Justice Edward (in Hamilton Health Sciences Corporation vs D.H.)
Ruled that it was a constitutional right for Indigenous people to practice traditional medicine
Determined that the practice of traditional healing was an integral aspect of Six Nations' culture
Traditional healing described as a sacred spiritual practice, mode of Indigenous cultural continuity to resist assimilation and colonization
Asserted that if a family chose to resist assimilation and continue traditional ways of life then they had a constitutional right to practice traditional medicine

27.

Moving Forward Together: A Two-Day Conference About Harmonizing Indigenous Wellness in Medicine and Health Practices (2015; Effort to move beyond the conflict)

Makayla's and J.J.'s families shared their stories

Report about the conference

"Each family struggled for a voice in the health care system and were continually faced with discrimination and racism. Further, both Makayla and J.J. were denied their right to practice Indigenous medicine openly facing legal threats from health care providers when they chose to use Indigenous medicines. The experience traumatized both the families and the communities involved and everyone continues to be understandably skeptical about the will of the system to change"

Makayla

- Asked her mother "Are you sure I'm getting better? Are you sure we're doing the right thing? I feel I am getting worse."
- She felt that the chemotherapy was killing her.
- Her parents explained that they knew that "chemotherapy is not easy for anyone, but for Makayla it was devastating."

28.

Indigenous perspectives: Family and Community

Family and community: Provide both ways of being and ways of knowing
- Knowledge is embedded in relationships with others in the social world as well as the local ecosystem and larger networks

Integrity of the family has taken on added sacred value in response to the collective experience with residential schools and the Sixties Scoop

Family (and community) seen as sacred in contrast to the profane nature of government institutions (eg, child protective authorities) which undermine Indigenous communities

The historical trauma of colonialism and its intergenerational effects have become key narratives in Indigenous understandings of structural violence and inequity

These historical and structural issues make the predicament of Indigenous families different from that of families from other communities that have not faced systemic oppression or that subscribe to the individualistic values of Euro-Canadian society

29.

Indigenous children's nursing within "Canada"

- Major gap in training for nurses to work with Indigenous children and youth
  - Health Canada's resources for nurses focus on a general pediatric population
  - Most Indigenous health education and training is not tailored for specific life phases, looks at the Indigenous population as a whole
  - VOICE scoping review on Indigenous Pedagogies on Childhood
    - Virtually no research focused on understanding the experiences of Indigenous children with health professionals
    - Professionals largely learn to work with children by extrapolating from their adult-centred education and training
    - There are many innovative approaches to Indigenous curriculum, but research has measured learner outcomes instead of measuring impacts on service recipients
- Indigenous nurses are underrepresented in the Canadian workforce (3% of nurses vs. 4.9% of population), meaning Indigenous children and youth are currently more likely to be treated by non-Indigenous nurses. (Bearskin et al. 2019)

30.

Listening to Indigenous voices (direct quotes)

Examples from Rapid Lake and Long Point First Nation advisory conversation are indicated by (Indigenous Childhood Pedagogies) at the end

Examples from our gathered literature are followed by an in-text citation

Children's voices

Anishinabeg participants believed professionals should especially respect children's time spent on cultural learning. Several provided examples of how, when children spend time out on the land or engage in traditional skills, they learn valuable knowledge and develop their identity. One seven year-old stated, "My dad showed me hunting. For humans, we have to learn those things." (Anishinabeg child) (Indigenous Childhood Pedagogies)

Children also spoke positively about the social aspect of cultural activities. They described cultural activities as fun but also essential, as a seven year-old stated: "I love [fishing with] my family. Cause everyone... they don't want to go fishing. Do you know why? Because they are scared of the water. But I am a bear." Many of the activities described by young participants were cultural activities, which highlights the importance of professionals understanding and respecting this element of these children's lives. (Anishinabeg child) (Indigenous Childhood Pedagogies)

Children liked when professionals would provide them with clear explanations that were simple, "but not too simple." One child was able to recall detailed information provided by a nurse about a past care plan for her wound, supporting the practice of explaining planned care to children. This child's sibling also voiced their preference to have privacy during clinical examinations, rather than being asked questions or touched in a public space such as the clinic waiting room.(Indigenous Childhood Pedagogies)

31.

Listening to Indigenous voices (direct quotes)

Examples from Rapid Lake and Long Point First Nation advisory conversation are indicated by (Indigenous Childhood Pedagogies) at the end

Examples from our gathered literature are followed by an in-text citation

Elders & grandparents voices

Incorporating play and physical activity into interactions

"I think recreation plays a great deal in achieving good connections between older people and younger." (Anishinabeg grandparent)(IPC)

Importance of speaking the same language

"Let's say if you were to get a professional that speaks very good English and you speak English then they have a better interaction. If they only speak French then that's it, that's a roadblock." (Anishinabeg grandparent)(Indigenous Childhood Pedagogies)

"Our language tells the stories of our lands and our peoples. It's no accident that the words for our communities reflect the natural environment. It's no accident that our language contains meanings that are associated with creation. It's no accident that our language is a doing language. You can't get this understanding [through] English." (Anishinabeg Elder) (Big-Canoe 2014)

Knowledge of culture and history

One Elder woman expressed the desire for there to be more time devoted to cultural learning during the children's school day, because families had been reprimanded by professionals if their children missed "normal school" to go out on the land to learn traditional skills. (Anishinabeg Elder) (IPC)

Intergenerational impacts

One Anishinabeg youth: ""...it affected my life like the rolling snowball builds and builds. My Gram was angry, that made her treat her kids rough, that made my mom angry and treat her kids rough...they had no help, but they are getting better now."

Another Anishinabeg youth: ""...the feelings of what my grandpa went through and how it made me feel strong like him when leaving my family for a few months. My grandpa did it, so can I." (Trull, 2013)

Compassion, respect and transparency

I think people run into different situations that the child lives, some can be good, some can be bad, [...] it is just that you need to understand that every child is different." (Anishinabeg grandmother) (Indigenous Childhood Pedagogies)

32.

Listening to Indigenous voices (direct quotes)

Examples from Rapid Lake and Long Point First Nation advisory conversation are indicated by (Indigenous Childhood Pedagogies) at the end

Examples from our gathered literature are followed by an in-text citation

Parent's and other adult's voices

Incorporating play and physical activity into interactions

"I tell them (professionals): Treat the kids sometimes. Like once a week, probably, go for a walk with them, cook with them. And they're gonna love you after." (Anishinabe Adult) (IPC)

Knowledge of culture and history

"The trauma is there, and it has a big impact even if it is generations and generations down." (Anishinabeg Youth Services Coordinator) (Indigenous Childhood Pedagogies)

"It is just a matter of being open minded and not putting up a wall." (Teacher from outside the community) (Indigenous Childhood Pedagogies)

A mother highlighted the importance of children learning to "have respect for nature, have respect for all living things." She saw cultural learning as having value in its own right, distinct from formal school-based education. She went on to emphasize cultural learning's role in the formation and maintenance of children's identity, "so that [they] don't forget who [they] are. where [they] came from, where [their] roots are." (Anishinabeg mother) (Indigenous Childhood Pedagogies)

Hands-on learning

"It's a lot of observing and interacting with us. Hands-on. The [children are] outside every day, observing and doing other things. Canoeing, or setting nets or fishing, partridge hunting, snaring. It's an everyday life." (Anishinabeg mother) (Indigenous Childhood Pedagogies)

Compassion, respect and transparency

"Professionals should be compassionate. A lot of people live near the poverty line. So, it is important not to make them feel little, because they are already trying their best with what they have." (Anishinabeg mother) (Indigenous Childhood Pedagogies)

Participating in Indigenous-led learning opportunities

"I'm constantly chasing that knowledge to know more about my culture. I go to all the Pow Wows and dances. And that is how I meet people who want to share and teach. And it helps a lot." (Anishinabeg first line services provider) (Indigenous Childhood Pedagogies)

"[Students] should have a placement for a couple of days or weeks in that community, in order to really know the culture." (Anishinabeg mother) (Indigenous Childhood Pedagogies)

33.

VOICE Indigenous Youth Advisors

https://www.mcgill.ca/voice/team/voice-indigenous-youth-advisory-council-iyac

Codey Martin

Karahkwinetha Sage Goodleaf-Labelle

Discussion Questions

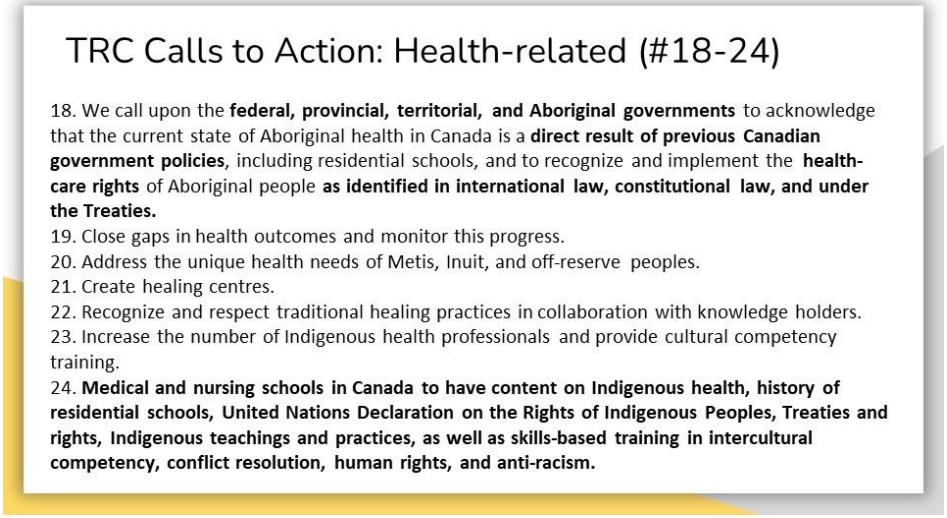
Thinking about your own experiences when you were child or the experiences of children that you know in your community, please tell us about a good experience and a bad experience – where the way that the professional was with you (or another child) made the experience good or bad.

Is there anything else that you would like to share, that you think is important for nurses (and other professionals) to know when they work with Indigenous children and youth?

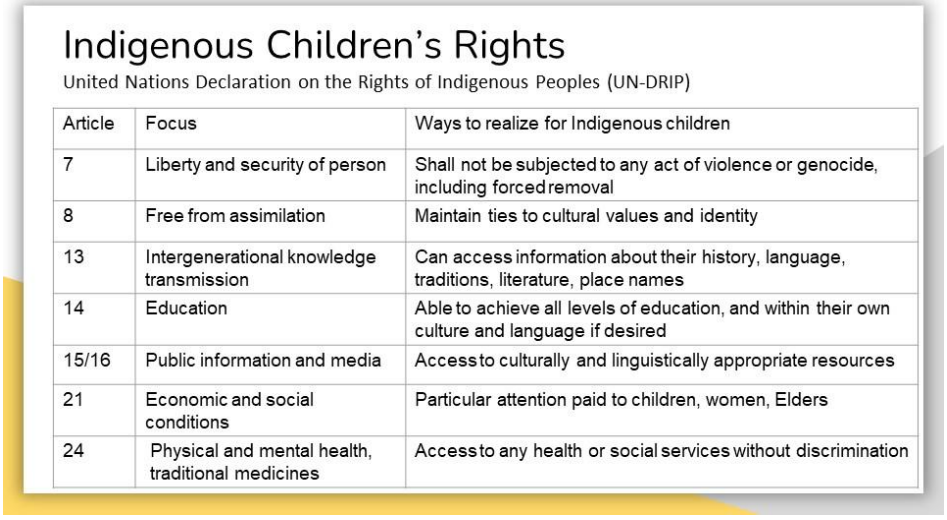
34.

Part 1: Background
Learning from Normative Statements

35.


TRC Calls to Action: Health-related (#18-24)
18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19. Close gaps in health outcomes and monitor this progress.
20. Address the unique health needs of Metis, Inuit, and off-reserve peoples.
21. Create healing centres.
22. Recognize and respect traditional healing practices in collaboration with knowledge holders.
23. Increase the number of Indigenous health professionals and provide cultural competency training.
24. Medical and nursing schools in Canada to have content on Indigenous health, history of residential schools, United Nations Declaration on the Rights of Indigenous Peoples, Treaties and rights, Indigenous teachings and practices, as well as skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

36.


Indigenous Children's Rights
United Nations Declaration on the Rights of Indigenous Peoples (UN-DRIP)
Article | Focus | Ways to realize for Indigenous children
7 | Liberty and security of person | Shall not be subjected to any act of violence or genocide, including forced removal
8 | Free from assimilation | Maintain ties to cultural values and identity
13 | Intergenerational knowledge transmission | Can access information about their history, language, traditions, literature, place names
14 | Education | Able to achieve all levels of education, and within their own culture and language if desired
15/16 | Public information and media | Access to culturally and linguistically appropriate resources
21 | Economic and social conditions | Particular attention paid to children, women, Elders
24 | Physical and mental health, traditional medicines | Access to any health or social services without discrimination

37.

Indigenous Children's Rights

United Nations Convention on the Rights of the Child (1989)

- Article 3: **Best interests of the child** shall be a primary consideration. **Standards** for institutions, facilities, and services responsible for the care of children.
- Article 12: States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, **the views of the child being given due weight** in accordance with the age and maturity of the child.
- Article 17: Encourage the mass media to have particular regard to the **linguistic needs** of the child who belongs to a minority group or who is indigenous;
- Article 29: [In education,] respect for **cultural identity, language and values**. Understanding, peace, friendship with **all peoples.**
- Article 30: A child who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own **culture**, to profess and practise his or her own **religion**, or to use his or her own **language**.

38.

Indigenous Children's Rights

Assembly of First Nations Quebec-Labrador

Declaration of the Rights of First Nation Children

- 16 rights outlined, including:
  - To adequate health care, nutrition, shelter and education
  - To not be separated from birth parents, extended family, community, and Nation
  - To be free from domestic violence, substance abuse, neglect
  - To receive special care if they have experienced maltreatment, neglect, trauma
  - Regardless of child's location of residence or length of connection to community

39.

Indigenous Children's Rights: Child Welfare

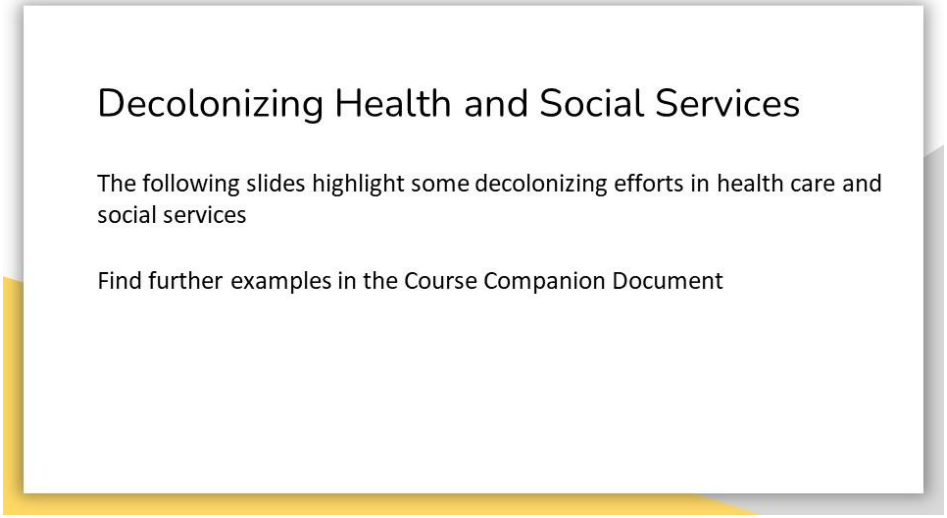
- Child welfare system overrepresentation (52.2% vs. 7.7% of population) ("Millennium Scoop")
- Bill C-92 (An Act respecting First Nations, Inuit and Métis children, youth and families)
  - Decolonizing child "best interests" and "protection"

    Factors to be considered in determining "best interests"
    - (a) the child's cultural, linguistic, religious and spiritual upbringing
    - (b) the child's needs, given the child's age and stage of development
    - (c) the nature and strength of the child's relationship with his or her parent, the care provider and any member of his or her family who plays an important role
    - (d) the importance to the child of an ongoing relationship with the Indigenous group, community or people to which the child belongs
    - (e) the child's preferences, giving due weight to the child's age and maturity
    - (f) any plans for the child's care, in accordance with the customs or traditions of the Indigenous group, community or people to which the child belongs;
    - (g) any family violence and its impact on the child
    - (h) any civil or criminal proceedings
- Sovereign youth protection within QC: In 2018, Atikamekw Nation was the first First Nation within Quebec to have complete jurisdiction of their child welfare services.

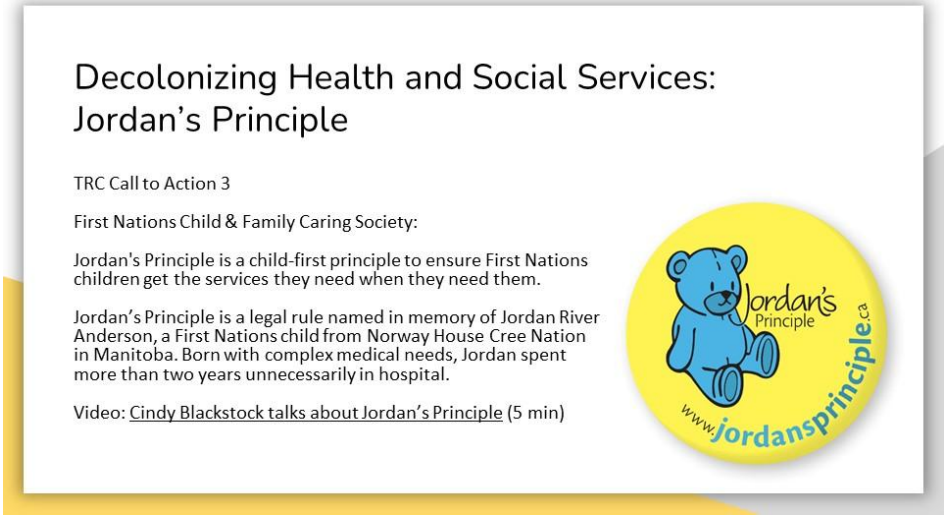
40.

Part 2: Application into Nursing Practice
Reconciliation Initiatives in Practice

41.


Decolonizing Health and Social Services
The following slides highlight some decolonizing efforts in health care and social services
Find further examples in the Course Companion Document

42.


Decolonizing Health and Social Services: Jordan's Principle
TRC Call to Action 3
First Nations Child & Family Caring Society:
Jordan's Principle is a child-first principle to ensure First Nations children get the services they need when they need them.
Jordan's Principle is a legal rule named in memory of Jordan River Anderson, a First Nations child from Norway House Cree Nation in Manitoba. Born with complex medical needs, Jordan spent more than two years unnecessarily in hospital.
Video: Cindy Blackstock talks about Jordan's Principle (5 min)
Jordan's Principle
www.jordansprinciple.ca

43.

Decolonizing Health and Social Services: #aHand2Hold

- Quebec campaign started in 2018
- Effort to allow parents/caregivers accompany children in Medevac from remote communities
  - Parents/caregivers/family had to take separate commercial flights, leaving children without them for some time
  - Communication difficulties common
- A former MCH trainee, expressing her support for the #aHand2Hold campaign, wrote:
  - "I can't even recall all the times in my residency that I was in a situation where this policy affected a child I was taking care of. We knew it was the rule, we knew it was awful, and yet we just kept going."
- Fighting for #ahand2hold Campaign: "In June 2018, Évacuations aéromédicales du Québec (ÉVAQ) introduced a family-centred care policy, finally allowing all children across the province to be accompanied on these medevac flights."
  - New policy fully implemented by October 2018, children now accompanied in 98% of cases

44.

Decolonizing Health and Social Services: Joyce Echaquan Coroner Conclusions

"On September 28, 2020, Joyce Echaquan live streamed mistreatment she was receiving from an unknown number of healthcare workers, who taunted her moments before she died in a hospital in Joliette, outside Montreal." (APTN)

- **Quebec government:** Recognize the existence of systemic racism within our institutions and make a commitment to contribute to its elimination.
- **Regional health authority that governs the hospital in Joliette, Que., where Echaquan died:**
  - Ensure the effective integration of the Atikamekw liaison officer into the hospital, by involving them with care teams,
  - Ensure notes in medical files reflect the reality of how patients are being cared for,
  - Review the nurses-to-orderlies ratio based on standards recognized at the provincial level in order to provide safe services
  - Maintain periodic training on the establishment's code of ethics, restraint measures, the monitoring of patients following a fall, and record management,
  - Quickly set up training and activities for the inclusion of Indigenous culture coordinated with the community of Manawan,
  - Improve the nurse/nursing assistant model and ensure that each has a clear understanding of their roles.
- **College des medecins du Quebec, the province's order of physicians:** Review the quality of the medical care given by the doctor responsible for family medicine and by the medical resident in gastroenterology to Ms. Echaquan during her hospitalization
- **Ordre des infirmieres et infirmiers du Quebec, the province's nurses order:**
  - Examine the quality of care of nurses' services provided to Ms. Echaquan during her hospitalization,
  - Review integration practices of college-level nursing candidates in emergency depts across hospitals in the province
- **Department of Higher Education and its institutions that train doctors, nurses and nursing assistants:**
  - Include in school curriculum training on care of Indigenous patients that considers realities of Indigenous communities,
  - Establish with Indigenous communities a greater offer of internships for both nurses and medical residents.

45.

Initiatives in Indigenous Children's Nursing

Further resources in course companion document

- Foundational and contextual resources (e.g., TRC report)
- Professional organization links
- National Indigenous-focused bodies
- Quebec-based resources
- Professional development opportunities
- Video, film, book recommendations

46.

VOICE: Children's perspectives on their health and well-being in Long Point First Nation (Winneway)

Purpose of study: To understand how children and youth in LPFN view health and well-being and identify their main health and well-being concerns

Participants: Fifteen children and youth participated (6 to 17 years old)

Results

Children and youth in LPFN view their health and well-being as multidimensional and view themselves as decision-makers in their health and well-being choices

Their main health and well-being concerns include poor eating choices, difficulty expressing emotional and mental concerns, how children and youth treat others, and youth participation in unhealthy behaviours.

Conclusions: Demonstrated the valuable perspectives that Indigenous children and youth can share regarding their health and well-being, when asked.

47.

VOICE: Indigenous Pedagogies on Childhood

Community consultations with Long Point First Nation and Rapid Lake in 2019

Community members confirmed many of the scoping review messages and highlighted priority areas for consideration:

- Important for professionals to be aware of and know how to act on the **social determinants of health**
- Should prioritize **Indigenous-led learning opportunities** (e.g., Indigenous speakers, community placements, attendance of cultural events)
- Recognize value of **kinesthetic (hands-on) learning**, as this is how children often learn traditional skills and knowledge
- Systemic changes include ensuring that professionals are able to offer services in **appropriate language(s)** for the communities they serve

48.

VOICE: Pandemic Impacts for Indigenous Children

Following values helped us interpret pandemic-specific literature and define considerations of child and youth well-being from an Indigenous-centred worldview.

- **Interconnected relationships**
  - Wâhkôhtowin, a principle of Cree natural law, means kinship or being related to everything in creation
- **Holism**
  - Many First Nations embrace the teaching of the Medicine Wheel, which outlines the physical, emotional, spiritual and mental aspects of health and well-being
- **Restorative justice**
  - Focuses on healing relations in community after a wrong has been committed [Within an Omushkegowuk (Swampy Cree) perspective learnt from community Elders, Inninew (Cree)

These values are important in many diverse Indigenous communities across Turtle Island.

49.

An Ethical Space for Deliberation and Reconciliation

Need to reconcile conflicts between people from different epistemic communities
Breaking the cycle of intergenerational trauma
Finding common ground requires space for mutual recognition & reconciliation

Approaches to creating space to address epistemic injustice

Two-Eyed Seeing (Murdena & Albert Marshall): A way to emphasize complementarity of Western and Indigenous views

Cultural safety: Need to address the history of colonization and its enduring inequities and structural violence in health care institutions/practices and the larger society
Involves creating safe spaces through processes of recognition and redistribution of power and resources (at "micro-level" of individual clinical encounters as well as institutional and systemic level of health care systems)

50.

An Ethical Space for Deliberation and Reconciliation

Indigenous People's Court (Ontario)
Justice Edward
Judge in JJ case (Member of the Six Nations of Grand River)
Created an Indigenous People's Court in Ontario (he sits as judge)
Uses a different approach for Indigenous offenders, following Gladue decision that gave scope for Indigenous methods of conflict resolution in the justice system

Follows Indigenous protocols
- People sit in a circle and share their life stories
- Giving individuals a place to speak their own truth, the sharing focuses on the deep emotional pain, shame, and humiliation that years of colonialism have created for Indigenous peoples
- Listening, bearing witness, and recognizing the person—and the historical origins of oppression—are important antidotes to shame and humiliation and can restore the individual's belief in themselves as a person who has value
- Justice Edward brought this thinking about restorative justice to resolving conflict in health care decisions
Judge must consider wider social implications of decisions
Decisions that might save one child's life might erode trust with a community and impede collaboration and care for the population

51.

Part 2: Application into Nursing Practice

Framework for Indigenous Children's Nursing

52.

Working Framework for Indigenous Children's Nursing

Framework Outline:

1. **Self-reflection exercise**
2. **Your personal approach**
3. **Context of your nursing practice** (TRC, Indigenous children's rights, relevant legislature, as well as nursing ethics, deontology, professional and regulatory body directives)
4. **Nursing practices with Indigenous children and youth**
5. **Our shared environment** (Holism, interconnected relationships, restorative justice)
6. **Reconciling a concern or disagreement in your practice**

(Heck, Eaker, Cobos, Campbell, & Carnevale, 2021; Blackstock, Bruyere, & Moreau, 2006; Kutcher, Pichette, Macdonald, & Carnevale, 2020; Cohen-Fournier, Brass, & Kirmayer, 2021; VOICE community consultations in Rapid Lake and Long Point First Nation, 2019; Wilson et al., 2020)

53.

1. Self Reflection Exercise: Understanding and Acknowledging Bias

Indigenous Allyship Toolkit

"To build strong relationships, health care practitioners need to think about their perceptions of Indigenous Peoples and identify any potential biases or stereotypes that inform those perceptions." (L. Eggertson, CMAJ May 2016) Consider how you can use your position to empower and honour the voices of Indigenous Peoples to create an equitable space.

Below are a few examples of how you can regularly "check-in" with yourself:

- **Who are we leaving out?** During meetings and discussions consider who is and is not at "the table". Are diverse voices and experiences well represented? If not why, how will their voices/experiences be respectfully included and encouraged? "Nothing about us without us." (Herbert, C)
- **What assumptions or biases do I have toward a colleague and/or patient?** If a relationship is not established there is a tendency to then equate race with culture, meaning we default to stereotypical assumptions or appearance to assume cultural background and beliefs.
- **Am I creating an environment that is culturally safe and accessible?** Whether a space or experience is considered "culturally safe" is determined by each individual (client, colleague, participant). Establishing a reciprocal relationship built on trust and respect is the first step in ensuring cultural safety.
- **Am I prioritizing ongoing learning?** It is important to acknowledge that true allyship is an ever evolving journey that requires constant self-reflection and learning.

Indigenous Allyship Toolkit

A guide to honouring culture, authentic collaboration and addressing discrimination

INDIGENOUS HEALTH NETWORK

Prepared by the **Hamilton Niagara Haldimand Brant Indigenous Health Network** in partnership with the Hamilton Niagara Haldimand Brant Local Health Integration Network

54.

Working Framework for Indigenous Children's Nursing

2. Your personal approach

a. Lead with compassion and respect
b. Curiosity, open-mindedness, humility, reflexivity
c. Honesty and transparency in communication with patients
d. Committed and attentive
e. Ability to relinquish control, not expect immediate change, understand limitations of your role
f. Awareness of Indigenous history

55.

Working Framework for Indigenous Children's Nursing

3. Context of your nursing practice

Draw on:

(a) General professional, legal and ethical standards for nursing

(b) As well as (see following slides: TRC, UNDRIP, CRC, AFNQL Declaration, Bill C-92)

- Standards that apply with Indigenous people in general
- Standards that apply with children and youth in general
- Standards that apply specifically with Indigenous children & youth

Develop a process for reconciling potential tensions between (a) & (b) (e.g., establish a community agreement on how professionals should address concerns they cannot resolve, such as consulting with Wellness Committee within Inuit communities or other committees or commissioner of complaints within a community)

56.

Context: TRC Calls to Action: Health-related (#18-24)

18. We call upon the **federal, provincial, territorial, and Aboriginal governments** to acknowledge that the current state of Aboriginal health in Canada is a **direct result of previous Canadian government policies**, including residential schools, and to recognize and implement the **health-care rights** of Aboriginal people **as identified in international law, constitutional law, and under the Treaties.**

19. Close gaps in health outcomes and monitor this progress.

20. Address the unique health needs of Metis, Inuit, and off-reserve peoples.

21. Create healing centres.

22. Recognize and respect traditional healing practices in collaboration with knowledge holders.

23. Increase the number of Indigenous health professionals and provide cultural competency training.

24. **Medical and nursing schools in Canada to have content on Indigenous health, history of residential schools, United Nations Declaration on the Rights of Indigenous Peoples, Treaties and rights, Indigenous teachings and practices, as well as skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.**

57.

Context: Indigenous Children's Rights

United Nations Declaration on the Rights of Indigenous Peoples (UN-DRIP)

Article	Focus	Ways to realize for Indigenous children
7	Liberty and security of person	Shall not be subjected to any act of violence or genocide, including forced removal
8	Free from assimilation	Maintain ties to cultural values and identity
13	Intergenerational knowledge transmission	Can access information about their history, language, traditions, literature, place names
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15/16	Public information and media	Access to culturally and linguistically appropriate resources
21	Economic and social conditions	Particular attention paid to children, women, Elders
24	Physical and mental health, traditional medicines	Access to any health or social services without discrimination

58.

Context: Indigenous Children's Rights
United Nations Convention on the Rights of the Child (CRC) (1990)
• Article 3: Best interests of the child shall be a primary consideration. Standards for institutions, facilities, and services responsible for the care of children.
• Article 12: States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
• Article 17: Encourage the mass media to have particular regard to the linguistic needs of the child who belongs to a minority group or who is indigenous;
• Article 29: [In education,] respect for cultural identity, language and values. Understanding, peace, friendship with all peoples.
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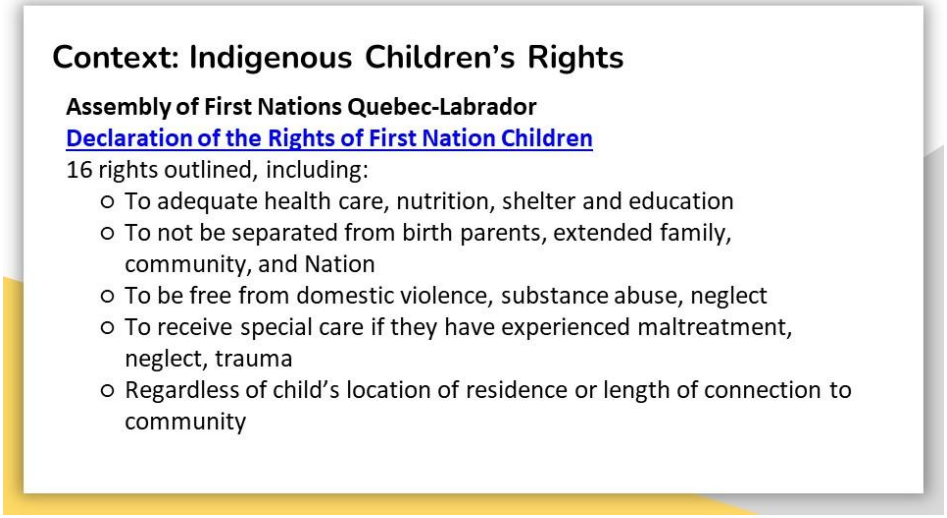
59.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Assembly of First Nations Quebec-Labrador
Declaration of the Rights of First Nation Children
16 rights outlined, including:
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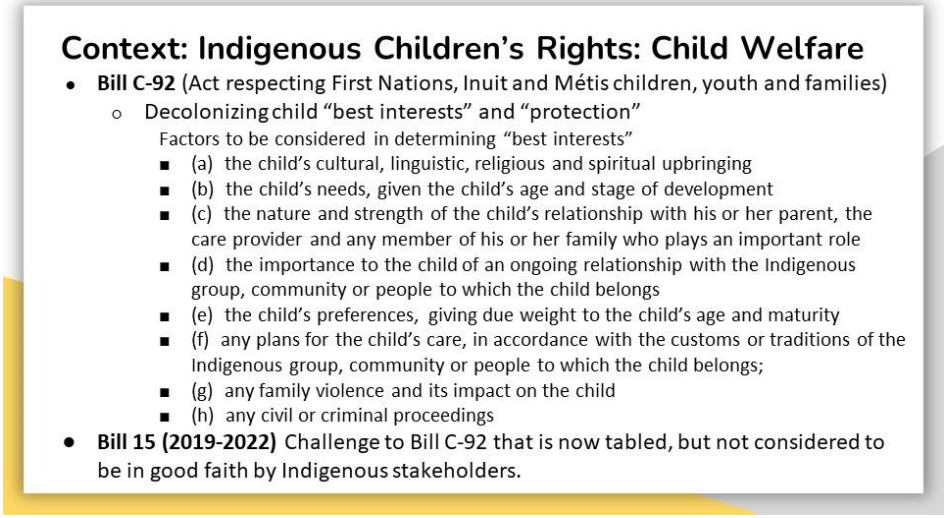
o To receive special care if they have experienced maltreatment, neglect, trauma
o Regardless of child's location of residence or length of connection to community

60.


Context: Indigenous Children's Rights: Child Welfare
• Bill C-92 (Act respecting First Nations, Inuit and Métis children, youth and families)
o Decolonizing child "best interests" and "protection"
Factors to be considered in determining "best interests"
■ (a) the child's cultural, linguistic, religious and spiritual upbringing
■ (b) the child's needs, given the child's age and stage of development
■ (c) the nature and strength of the child's relationship with his or her parent, the care provider and any member of his or her family who plays an important role
■ (d) the importance to the child of an ongoing relationship with the Indigenous group, community or people to which the child belongs
■ (e) the child's preferences, giving due weight to the child's age and maturity
■ (f) any plans for the child's care, in accordance with the customs or traditions of the Indigenous group, community or people to which the child belongs;
■ (g) any family violence and its impact on the child
■ (h) any civil or criminal proceedings
• Bill 15 (2019-2022) Challenge to Bill C-92 that is now tabled, but not considered to be in good faith by Indigenous stakeholders.

61.

Working Framework for Indigenous Children's Nursing

4. Nursing practices with Indigenous children and youth

- **Acknowledge instances and stories of discrimination and racism as truth**
- **Adapt standardized assessments and models to better fit with the community**
- **Offer services that are linguistically- and culturally-adapted**
- **Ensure commitment toward decolonizing views of child's "best interests" and "protection"** (draw on Bill C-92 An Act respecting First Nations, Inuit and Métis children, youth and families)
- **Include family (including siblings) and community members who are important role models for the child** (may differ from settler concept of who is considered family)
- **Listen sincerely and communicate transparently with children & families before taking action**
  - Consider the child's emotional, physical, mental, and spiritual well-being
  - Consider how the child's life stages may differ from settler definitions (e.g., may not be defined by timeframes), and how this will impact care
  - Assess the child's views on healthy behaviors (including eating, social relationships, mental health, substance use)
  - Respect the child's preferred way of communicating (e.g., storytelling, language, non-verbal norms)
  - Incorporate play and physical activity where possible (also important for relationship building)
  - Respect children's spaces where they define their cultural identity in active conversation
  - Inform children about the care plan, seek assent when possible, respect privacy, support their responsibility for promoting their own health and well-being

62.

Working Framework for Indigenous Children's Nursing

5. Recognize our shared environment

- **Interconnected relationships**
  - Relationship building (also with families and communities)
  - Intergenerational considerations, including importance of Elders and intergenerational trauma, consideration of past wisdom as well as impact on future generations
  - Relationships to the land and non-human beings
- **Holism**
  - Support for all aspects of health and well-being
  - Traditional healing as a constitutional right and as an asset to health rather than a barrier. Traditional healing is not limited to traditional medicine; can also include community ways of doing
  - Recognition of Indigenous determinants of health, social determinants of health, and active involvement in improving the outcomes of these determinants
- **Restorative justice**
  - Recognizing and respecting Indigenous children's rights
  - Listening to and amplifying Indigenous children and youth's voices on matters concerning them
  - Nursing education curricula and service models grounded in Indigenous knowledges
  - Examples that have been highlighted (e.g., Jordan's Principle)

63.

Working Framework for Indigenous Children's Nursing

6. Reconciling a concern or disagreement in practice: *Guiding questions*

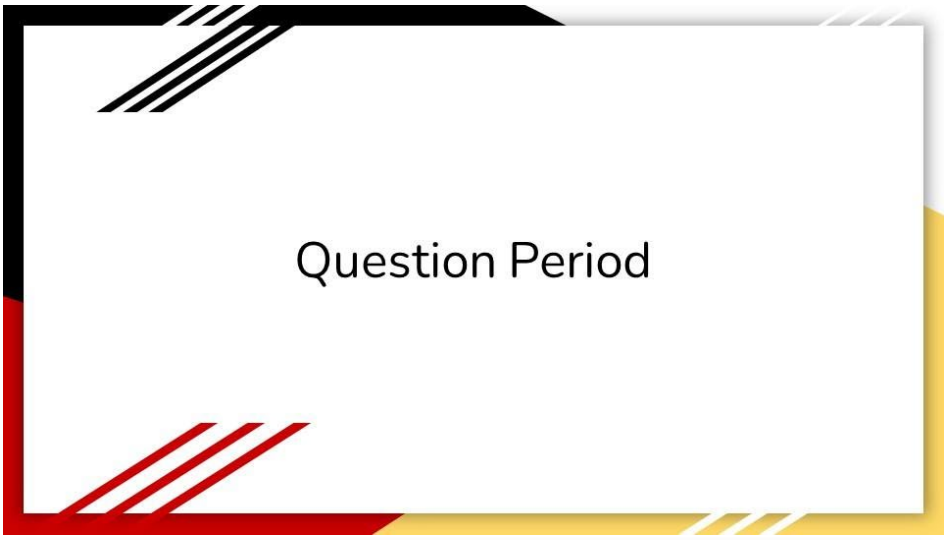
Optimizing understanding of Indigenous perspectives

What does "best interests of the child" mean for each person involved?
What does "health, healing, and wellbeing" ("being alive well") mean for each person involved?
What does "evidence-based medicine" mean for each person involved?
How are the core values of family and community affected? How can they be maximally respected?
How are traditions affected? How can they be maximally respected?

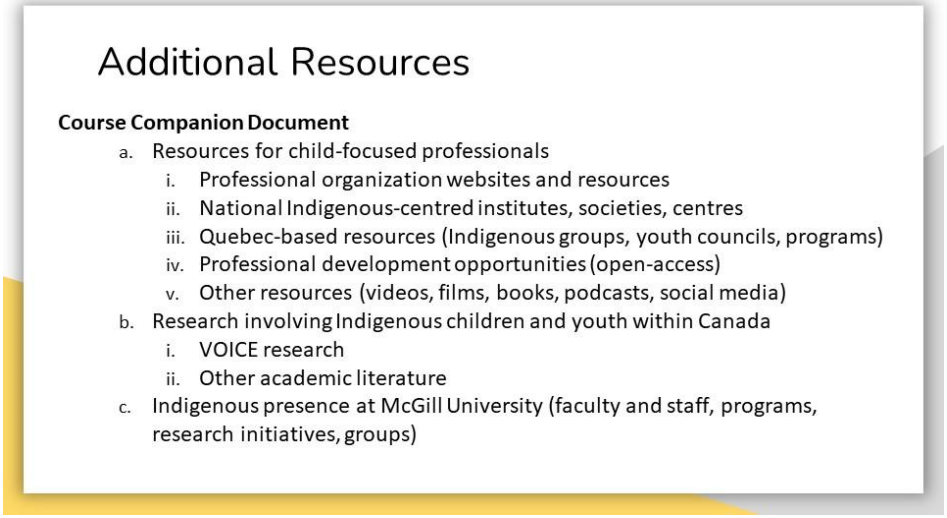
Planning a respectful way forward

What are your priority nursing aims/goals?
What are your priority nursing concerns?
What more do you need to know – how will you come to know this?
What do you need to do (from highest to lowest priority)?
What else do you need to consider?

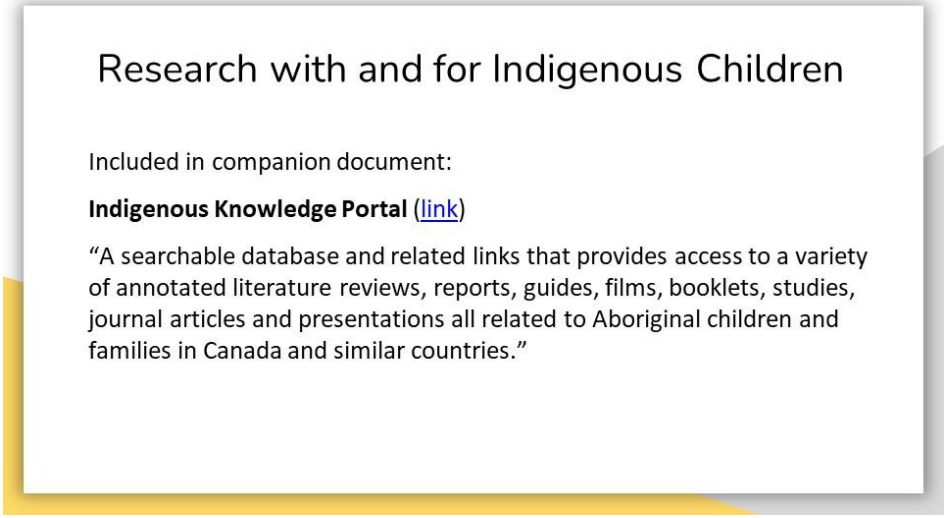
64.

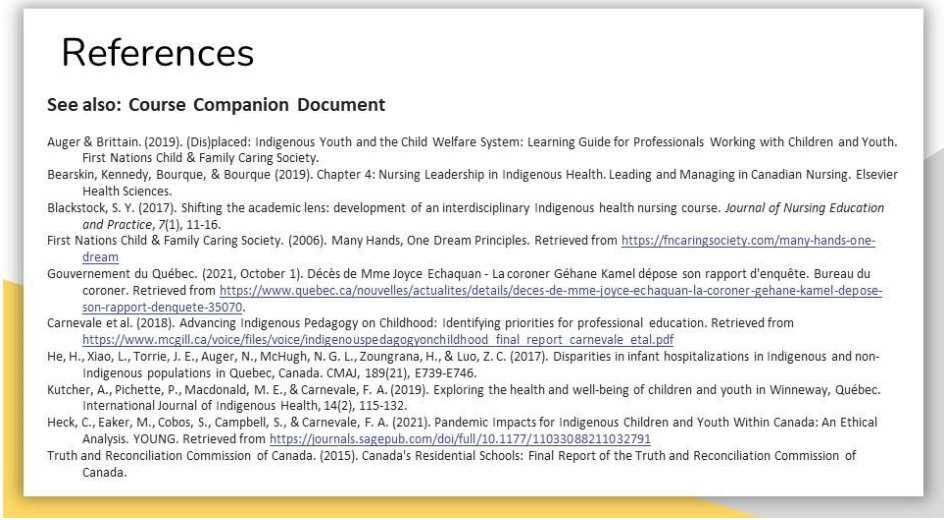

Question Period

65.


Additional Resources
Course Companion Document
a. Resources for child-focused professionals
i. Professional organization websites and resources
ii. National Indigenous-centred institutes, societies, centres
iii. Quebec-based resources (Indigenous groups, youth councils, programs)
iv. Professional development opportunities (open-access)
v. Other resources (videos, films, books, podcasts, social media)
b. Research involving Indigenous children and youth within Canada
i. VOICE research
ii. Other academic literature
c. Indigenous presence at McGill University (faculty and staff, programs, research initiatives, groups)

66.


Research with and for Indigenous Children
Included in companion document:
Indigenous Knowledge Portal (link)
"A searchable database and related links that provides access to a variety of annotated literature reviews, reports, guides, films, booklets, studies, journal articles and presentations all related to Aboriginal children and families in Canada and similar countries."

67. 
References
See also: Course Companion Document
Auger & Brittain. (2019). (Dis)placed: Indigenous Youth and the Child Welfare System: Learning Guide for Professionals Working with Children and Youth. First Nations Child & Family Caring Society.
Bearskin, Kennedy, Bourque, & Bourque (2019). Chapter 4: Nursing Leadership in Indigenous Health. Leading and Managing in Canadian Nursing. Elsevier Health Sciences.
Blackstock, S. Y. (2017). Shifting the academic lens: development of an interdisciplinary Indigenous health nursing course. Journal of Nursing Education and Practice, 7(1), 11-16.
First Nations Child & Family Caring Society. (2006). Many Hands, One Dream Principles. Retrieved from https://fncaringsociety.com/many-hands-one-dream
Gouvernement du Québec. (2021, October 1). Décès de Mme Joyce Echaquan - La coroner Géhane Kamel dépose son rapport d'enquête. Bureau du coroner. Retrieved from https://www.quebec.ca/nouvelles/actualites/details/deces-de-mme-joyce-echaquan-la-coroner-gehane-kamel-depose-son-rapport-denquete-35070.
Carnevale et al. (2018). Advancing Indigenous Pedagogy on Childhood: Identifying priorities for professional education. Retrieved from https://www.mcgill.ca/voice/files/voice/indigenouspedagogyonchildhood_final_report_carnevale_etal.pdf
He, H., Xiao, L., Torrie, J. E., Auger, N., McHugh, N. G. L., Zoungrana, H., & Luo, Z. C. (2017). Disparities in infant hospitalizations in Indigenous and non-Indigenous populations in Quebec, Canada. CMAJ, 189(21), E739-E746.
Kutcher, A., Pichette, P., Macdonald, M. E., & Carnevale, F. A. (2019). Exploring the health and well-being of children and youth in Winneway, Québec. International Journal of Indigenous Health, 14(2), 115-132.
Heck, C., Eaker, M., Cobos, S., Campbell, S., & Carnevale, F. A. (2021). Pandemic Impacts for Indigenous Children and Youth Within Canada: An Ethical Analysis. YOUNG. Retrieved from https://journals.sagepub.com/doi/full/10.1177/11033088211032791
Truth and Reconciliation Commission of Canada. (2015). Canada's Residential Schools: Final Report of the Truth and Reconciliation Commission of Canada.

Appendix H: Indigenous Children's Nursing Course Companion Document

Indigenous Children's Nursing
Course Companion Document

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MCGILL UNIVERSITY

Research conducted by the VOICE Childhood Ethics Research Team (McGill University)
VOICE: Views On Interdisciplinary Childhood Ethics
Website: https://www.mcgill.ca/voice/
Twitter: @childethics

Views on Interdisciplinary Childhood Ethics (VOICE)

VOICE is an interdisciplinary Childhood Ethics research, education and action program. VOICE has been working for over a decade to promote respect for the rights of young people and to address ethical problems experienced by children and youth. VOICE works on a wide range of health and social concerns.

VOICE Project: Indigenous Pedagogy on Childhood

VOICE is leading a project at McGill on Indigenous Pedagogy on Childhood (funded by the Social Sciences and Humanities Research Council of Canada). Drawing on sections of the Truth and Reconciliation Commission Calls to Action, the aim of this project is to promote significant exchanges between Indigenous leaders (adults and youth) and McGill University educators to discuss how professionals should be better educated and trained to work with Indigenous children/youth and their families and communities (this involves faculty representatives for all university-trained professionals: health professionals, teachers, social workers, psychologists, lawyers).

Pilot Curriculum on Indigenous Children's Nursing

Course Purpose and Objectives

- Explore understandings of Indigenous childhood, including how we talk about and conceptualize their health, well-being, relationships, values, and beliefs
- Understand the historical and ongoing impacts of colonization and oppression on the health and well-being of Indigenous children and youth within Canada
- Identify ways our Canadian healthcare systems perpetuate colonization, racism, and discrimination towards Indigenous children and youth
- Reflect on mainstream nursing practices and how they may be improved to respect Indigenous knowledges when caring for Indigenous child and youth patients
- Know where to find resources related to Indigenous children's nursing

Preparatory Resources

To prepare for this course, students should go over the following materials to set the tone for the class. The film *We Were Children* and a previously completed blanket exercise will lay out historical context for the class and bring to light the impact of colonization and residential schools in the lives of Indigenous peoples. The preparatory articles will help the students explore health and well-being in an Indigenous community in Northern Quebec, and understand the unique impacts of the COVID-19 pandemic on Indigenous children and youth in Canada. Lastly, the pre-recorded lecture will prepare the students to start reconciling the content of this course within their nursing practice.

- Kutcher, A., Pichette, P., Macdonald, M. E., & Carnevale, F. A. (2019). Exploring the health and well-being of children and youth in Winneway, Québec. International Journal of Indigenous Health, 14(2), 115-132. Retrieved from

https://www.proquest.com/docview/2359349067?pq-origsite=gscholar&fromopenview=true

- Heck, C., Eaker, M., Cobos, S., Campbell, S., & Carnevale, F. A. (2021). Pandemic impacts for Indigenous children and youth within canada: An ethical analysis. YOUNG. Retrieved from https://journals.sagepub.com/doi/full/10.1177/11033088211032791
- *We Were Children* by Tim Wolochatiuk (https://www.nfb.ca/film/we_were_children/)
- Previous experience with a blanket exercise (completed before this Indiginous Children's Nursing Module)
- Watch the video recorded preparatory lecture

Self-reflection Exercise

This exercise will help learners engage in a process of unlearning certain outlooks to create an opportunity for relearning in a manner aligned with the outlooks and aspirations of Indigenous peoples. Prepare a written text with your reflections (1 to 2 pages, single-spaced). This can include your reactions or answers to the questions below. Prepare to share and discuss your reflections in class.

Guiding questions for self-reflection:

As you engage in this learning experience (example: watching the preparatory videos and reading the articles), continually ask yourself:

- How is what I am seeing and hearing and feeling different from what I knew before?
- What did I think or feel before that I am now questioning? What did I take for granted as being true – which I am now questioning?
- What did I think or feel before that may not have been right?
- How can I better understand and acknowledge what has happened in the past – and is continuing to happen in the present – through the voices of Indigenous peoples (and not the views of settlers)?
- What do I need to feel safe to talk about what I'm questioning and unlearning – to relearn in a more respectful true way?

Course Presentation Resources

The resources listed in this section have been selected to help set the tone for the Indigenous Children's Nursing Course. We recommend that Nursing students read over the Truth & Reconciliation Commission's Calls to Action, particularly the health-related Calls to Action 18 to 24. Other essential resources aligned with the goals of this course include the United Nations Declaration on the Rights of Indigenous Peoples, Jordan's Principle, Joyce's Principle and the article "Decolonizing health care: Challenges of cultural and epistemic pluralism in medical decision-making with Indigenous communities."

Indigenous Rights and Indigenous Child Rights

- The Truth and Reconciliation Commission (website)
  - Truth & Reconciliation Commission 94 Calls to Action
- Assembly of First Nations
  - Of Quebec-Labrador: Declaration of the Rights of First Nations Children (link)
  - National Youth Council (Facebook)
- United Nations
  - United Nations Declaration on the Rights of Indigenous Peoples (website)
  - Convention on the Rights of the Child (link)
- Bill C-92 (link)
  - Sixties Scoop (Indigenous Foundations) (link)
  - Further resources: Wahkohtowin Law and Governance Lodge (link)
  - FNCARES Videos (Part 1, Part 2)

Perspectives on Indigenous Childhood

Included here are some Indigenous-lead initiatives within Canada to mobilize knowledge on how Indigenous childhood is conceptualized. The Many Hands One Dream framework was drawn from for this course's proposed framework for Indigenous children's nursing.

- Many Hands One Dream (website)
  - Principles for a new perspective on the health of First Nations, Inuit and Métis children and youth (link)
- National Collaborating Centre for Aboriginal Health
  - Inuit childhood (link)
  - Metis childhood (link)

Decolonizing Health and Social Services

Below are further resources on the examples of reconciliatory action examples within Canada highlighted in the course presentation. We encourage students to find further examples of truth and reconciliation within their own communities.

- Jordan's Principle (link)
  - Resource guide
  - Videos:
    - Cindy Blackstock talks about Jordan's Principle
    - Youth Voices
    - Jordan River Anderson

        - Impact on families
    - Jordan River Anderson, The Messenger (2019, 66 min) a National Film Board documentary by celebrated filmmaker Alanis Obomsawin. (link)
    - Spirit Bear and Children Make History (film, 2020, 26 min) (link)
- Joyce's Principle
    - Brief presented by the Council of the Atikamekw of Manawan and the Council de la Nation Atikamekw (November 2020)
    - In the news
        - The McGill Daily: Quebec Must Adopt Joyce's Principle
        - APTN: Coroner's Conclusions
- Fighting for a Hand to Hold Campaign (link)
    - Book: Fighting for a Hand to Hold: Confronting Medical Colonialism against Indigenous Children in Canada, Samir Shaheen-Hussain (website)
- OIIQ Position Statement: Improving Care for First Nations and Inuit by Countering Systemic Racism (report).
    - It is worth noting the lack of child/youth focus in the position statement.
- Decolonizing health care: Challenges of cultural and epistemic pluralism in medical decision-making with Indigenous communities (article)

Indigenous Children's Nursing Clinical Resources

See Appendix A for a list of resources for professionals on working with Indigenous children, families, and communities.

(Appendix A)
Additional Resources for Child-focused Professionals

It is imperative for all health care professionals to become active partners in educating themselves on how to work with Indigenous peoples. As discussed throughout the class, this is particularly important for child-focused professionals, as at this point in time there are fewer opportunities to learn about Indigenous child health in mainstream education and training. Below are additional resources we suggest to support your continued learning. This list is not meant to be exhaustive - we encourage you to seek out information on topics you are curious about and that may foster your nursing practice.

National Organizations

- Canadian Indigenous Nurses Association
- Canadian Pediatric Society
- First Nations Child & Family Caring Society (website)
    - Indigenous Knowledge Portal (link)
    - First Nations Children's Action Research and Education Service (link)
- First Nations Child and Family Services (website)
- Indigenous Foundations (website)
- Metis Child and Family Services Society (website)
- National Collaborating Centre for Indigenous Health (website)
- National Aboriginal Circle Against Family Violence (Kahnawake, QC) (website)

Quebec-based Resources

- Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec: listening, reconciliation and progress (final report)
- Réseau Jeunesse des Premières Nations Québec-Labrador (website)
- Qarjuit Youth Council (website)

Decolonization, Truth and Reconciliation

- Anti-racism resources (Canadian Pediatric Society) (link)
- Bill 79 (news article)
- Bringing reconciliation to healthcare in Canada: Wise practices for healthcare leaders (report)
- Dene and Western medicine meet in image-based storytelling (article, article 2)
- Ending violence and shelter safety (website)
- Indigenous-led health care partnerships in Canada (article)
- Let's talk racism and health equality (National Collaborating Centre for Determinants of Health) (report)
- Partners in reconciliation (CPS Annual Conference) (videos)
- Responding to anti-indigenous racism in the healthcare system (video)
- Viens Commission (2016-2019) (link)

Resources on Indigenous Child Health and Well-being

- Creating environments for Indigenous youth to live & succeed (link) Tunchai Redvers

[TEDxKitchenerED (Oct 2017)]
- Indigenous child and youth health (Canadian Pediatric Society) (link)
- Maintaining the health and well-being of First Nations, Inuit and Métis children and teens during COVID-19 (Canadian Indigenous Nurses Association) (brief fact sheet)
- First Nations Child & Family Resources for Professionals (link)
- Child welfare
    - (Dis)placed: Indigenous Youth and the Child Welfare System: Learning Guide for Professionals Working with Children and Youth (link)
    - Reconciliation in Child Welfare: Touchstones of Hope Dialogue Series (link)
    - Trauma-Informed Strategies for Supporting Children and Youth in the Child Welfare System during COVID-19 (link)

Indigenous Children's Nursing Clinical Resources
- Aaniish Naa Gegii: the Children's Health and Well-being Measure (link)
- Rights: Indigenous Kids' Rights Path (Resource for children)
- Mental health
    - Medicine Wheel
    - Intergenerational trauma
    - Pandemic impacts
- Oral health
    - Working to improve the oral health of young Indigenous children in Canada (video)
    - Schroth, R. (2019). Working to Improve the Oral Health of Young Indigenous Children in Canada. Continuing Professional Development: University of Toronto.
    - Parker, E. J., Jamieson, L. M., Broughton, J., Albino, J., Lawrence, H. P., & Roberts-Thomson, K. (2010). The oral health of Indigenous children: a review of four nations. Journal of Paediatrics and Child Health, 46(9), 483-486.
    - Schroth, R. J., Harrison, R. L., & Moffatt, M. E. (2009). Oral health of indigenous children and the influence of early childhood caries on childhood health and well-being. Pediatric Clinics, 56(6), 1481-1499.
    - Naidu, A., Macdonald, M. E., Carnevale, F. A., Nottaway, W., Thivierge, C., & Vignola, S. (2014). Exploring oral health and hygiene practices in the Algonquin community of Rapid Lake, Quebec. Rural Remote Health, 14(4), 2975.
- Sexual health
    - Native Youth Sexual Health Network (website)
    - Indigenous doctor helping trans youth (video)
- Injury prevention
    - Preventing unintentional injuries in Indigenous children and youth in Canada (Canadian Pediatric Society) (link)
    - Grenier, S., Hamel-Charest, L., McMurphy, S., & Brent Angell, G. (2016). Être bien attaché à la vie: sécurité routière dans les familles anicinabek. Enfances Familles Générations. Revue interdisciplinaire sur la famille contemporaine, (25).

    - Berger, L. R., Wallace, L. D., & Bill, N. M. (2009). Injuries and injury prevention among indigenous children and young people. Pediatric Clinics, 56(6), 1519-1537.
- Communicable diseases: MRSA, scabies, TB
- Cultural safety
    - Cultural Competence and Cultural Safety in Nursing Education (Canadian Indigenous Nurses Association)
    - Indigenous Relationship and Cultural Safety (Cancer Care Ontario) (link)
    - National Indigenous Cultural Safety Webinars Videos
        - Dr. Cindy Blackstock, Spirit Bear's Guide to Reconciliation (link)
    - BC Interior and Northern Health
        - Indigenous Cultural Safety Collaborative Learning Series (link)
        - Provincial Health Services Authority San'yas Indigenous Cultural Safety Training (link)
        - Aboriginal Cultural Safety: Physician Video Series (videos)
        - Aboriginal Cultural Safety: How to be an Ally (video)
        - Cultural Safety: Respect and Dignity in Relationships (video)
        - First Nations Health Authority Cultural Humility Resources (link)
    - Indigenous Cultural Safety Training: Advanced Illness, Palliative Care and Grief (Canada Virtual Hospice) (website)
    - Wabano Centre for Aboriginal Health: Creating Cultural Safety (article)
    - Towards Cultural Safety for Métis: An Introduction for Healthcare Providers (article)
    - Cultural Safety and Knowledge Sharing: Work on Mental Wellness at Inuit Tuttarvingat (poster)
    - Culturally-safe rehabilitation services for Indigenous children (link)
    - Cultural safety in nursing education (Canadian Indigenous Nurses Association) (report)

Films

- Birth of a Family (Tasha Hubbard, 2017) (link)
- Foster Child (Gil Cardinal, 1987) (link)
- Hi-Ho Mistahey (Alanis Obomsawin, 2013) (link)
- Richard Cardinal: Cry from a Diary of a Metis Child (Alanis Obomsawin, 1986) (link)
- Wards of the Crown (Andrée Cazabon, 2005) (link)
- We Can't Make the Same Mistake Twice (Alanis Obomsawin, 2016) (link)

(Appendix B)
Research involving Indigenous Children and Youth within Canada

VOICE has worked with Rapid Lake First Nation and Long Point First Nation for over ten years, a relationship that has involved sending nursing students to the communities for a semester for clinical placement and research activities. Through these partnerships, VOICE has worked on the projects listed in the table below. See below the table for full citations along with other Indigenous child-focused collected literature that may be useful for your clinical and research practice.

Authors	**Location**	**Purpose**	**Sample**
Bond-Rouleau et al. 2021	Rapid Lake	Learn how Anishnabeg children and youth experience and understand oral health, and use this knowledge to promote oral health in the communities.	27 youth (ages 6-17), 12 key informants
George 2016	Rapid Lake	Explore the everyday moral experiences of children in an Anishinaabeg community.	33 youth (ages 6-13), 6 key informants
Kooiman et al. 2012	Rapid Lake	Explore health concerns for local youth and related obstacles to their well-being, to assist community youth workers in designing a culturally relevant self-respect program to promote healthy lifestyle choices among youth.	10 youth (ages 9-12), 4 youth (ages 8-9), 10 parents, 8 key informants
Kutcher 2020	Long Point First Nation	Understand how children and youth in Winneway, Quebec view health and well-being and to determine what they consider to be major health and well-being concerns.	15 youth (ages 6-17), 9 key informants
Naidu et al. 2014	Rapid Lake	Learn about local beliefs and practices regarding oral health and use this knowledge to design and implement a culturally adapted activity to promote oral health among school-age children in the community.	7 youth (ages 9-11), 8 parents, 6 key informants
Sherman et al. 2011	Rapid Lake	Gain a better understanding of local youth knowledge about diabetes and diabetes prevention, and to develop a culturally and locally adapted health promotion program for youth.	15 youth (ages 8-12), 5 youth (ages 13-17), 5 key informants

<u>Collected Literature</u>

- Barwin, L., Crighton, E., Shawande, M., & Veronis, L. (2013). Teachings around self-care and medicine gathering in Manitoulin Island, Ontario: Rebuilding capacity begins

with youth. Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 11(3), 323-344.

- Kim, Y. N., LE, B. R., Carnevale, F., Whiteduck, G., Chief, D., & Macdonald, M. E. (2021). Anishnabeg children and youth's experiences and understandings of oral health in rural Quebec. Rural and Remote Health, 21(2), 6365-6365.
- Kooiman, H., Macdonald, M. E., Carnevale, F., Pineda, C., Nottaway, W., & Vignola, S. (2012). Minododazin: Translating an Algonquin tradition of respect into youth well-being in Rapid Lake, Quebec. Journal of Indigenous Wellbeing.
- Kutcher, A., Pichette, P., Macdonald, M. E., & Carnevale, F. A. (2019). Exploring the health and well-being of children and youth in Winneway, Québec. International Journal of Indigenous Health, 14(2), 115-132.
- Latimer, M., Simandl, D., Finley, A., Rudderham, S., Harman, K., Young, S., ... & Francis, J. (2014). Understanding the impact of the pain experience on Aboriginal children's wellbeing: Viewing through a two-eyed seeing lens. First Peoples Child & Family Review, 9(1), 22-37.
- Naidu, A., Macdonald, M. E., Carnevale, F. A., Nottaway, W., Thivierge, C., & Vignola, S. (2014). Exploring oral health and hygiene practices in the Algonquin community of Rapid Lake, Quebec. Rural and Remote Health.
- Neckoway, R. (2011). The role of culture in parenting: Some Ojibway parents' perspectives (Doctoral dissertation, Memorial University of Newfoundland). https://research.library.mun.ca/12285/
- Nickerson, M. (2019). Maternal, Child and Family Health Case Study. First Nations Health Authority. Province of British Columbia. https://www.fnha.ca/Documents/FNHA-BC-Tripartite-Agreement-Case-Study-Maternal-Child-and-Family-Health.pdf
- Richmond-Saravia, M. (2012). The significance of the land in the education and health of Anishinaabe youth from Pic River First Nation (Doctoral dissertation). https://knowledgecommons.lakeheadu.ca/handle/2453/322
- Sherman, J., Macdonald, M. E., Carnevale, F., & Vignola, S. (2011). The development and implementation of a type 2 diabetes prevention program for youth in the Algonquin community of Rapid Lake, Quebec. Journal of Indigenous Wellbeing.
- Toombs, E., Drawson, A. S., Bobinski, T., Dixon, J., & Mushquash, C. J. (2018). First Nations parenting and child reunification: Identifying strengths, barriers, and community needs within the child welfare system. Child & Family Social Work, 23(3), 408-416.
- Toombs, E., Kowatch, K. R., & Mushquash, C. J. (2016). Resilience in Canadian indigenous youth: a scoping review. International Journal of Child and Adolescent Resilience (IJCAR), 4(1), 4-32.

Appendix I: Indigenous Children's Nursing Course Resource for Educators

Indigenous Children's Nursing
Educator's Guide

Course Contacts
Franco Carnevale (franco.carnevale@mcgill.ca)
Glenda Sandy (glenda.sandy@mcgill.ca)

MCGILL UNIVERSITY

Research conducted by the VOICE Childhood Ethics Research Team (McGill University)
VOICE: Views On Interdisciplinary Childhood Ethics
Website: https://www.mcgill.ca/voice/
Twitter: @childethics

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Pilot Curriculum on Indigenous Children's Nursing

Course Purpose and Objectives

- Explore understandings of Indigenous childhood, including how we talk about and conceptualize their health, well-being, relationships, values, and beliefs
- Understand the historical and ongoing impacts of colonization and oppression on the health and well-being of Indigenous children and youth within Canada
- Identify ways our Canadian healthcare systems perpetuate colonization, racism, and discrimination towards Indigenous children and youth
- Reflect on mainstream nursing practices and how they may be improved to respect Indigenous knowledges when caring for Indigenous child and youth patients
- Know where to find resources related to Indigenous children's nursing

Preparatory Resources

To prepare for this course, students should go over the following materials to set the tone for the class. The film *We Were Children* and a previously completed blanket exercise will lay out historical context for the class and bring to light the impact of colonization and residential schools in the lives of Indigenous peoples. The preparatory articles will help the students explore health and well-being in an Indigenous community in Northern Quebec, and understand the unique impacts of the COVID-19 pandemic on Indigenous children and youth in Canada. Lastly, the pre-recorded lecture will prepare the students to start reconciling the content of this course within their nursing practice.

- Kutcher, A., Pichette, P., Macdonald, M. E., & Carnevale, F. A. (2019). Exploring the health and well-being of children and youth in Winneway, Québec. International Journal of Indigenous Health, 14(2), 115-132. Retrieved from

https://www.proquest.com/docview/2359349067?pq-origsite=gscholar&fromopenview=true
- Heck, C., Eaker, M., Cobos, S., Campbell, S., & Carnevale, F. A. (2021). Pandemic impacts for Indigenous children and youth within canada: An ethical analysis. YOUNG. Retrieved from https://journals.sagepub.com/doi/full/10.1177/11033088211032791
- Film: *We Were Children* by Tim Wolochatiuk (https://www.nfb.ca/film/we_were_children/)
- Previous experience with a blanket exercise (completed before this Indiginous Children's Nursing Module)
- Watch the video recorded preparatory lecture

We suggest that educators refer to the Course Companion Document for the following resources to help guide students in their learning of Indigenous Children's Nursing:

1. Self-reflection Exercise
2. Course Presentation Resources
3. Additional Resources for Child-focused Professionals
4. Research involving Indigenous Children and Youth within Canada
5. Indigenous Presence at McGill University

In Appendix A of this document you will find the Teacher's Notes for the Working Framework for Indigenous Children's Nursing. We encourage teachers to familiarize themselves with these notes in order to properly address the context of these slides.

(Appendix A)
A Working Framework for Indigenous Children's Nursing – Educator's Notes

This appendix contains the speaker notes for the Working Framework for Indigenous Children's Nursing. These are suggested talking points for the teachers to cover when presenting these slides. Please note, the references in the brackets can be found in the reference slides of the course PowerPoint presentation.

Framework Outline

- This is the outline of "A Working Framework for Indigenous Children's Nursing"
- The framework begins with consideration of your own values, beliefs, and perspectives in order to better understand how you might leverage your existing strengths as well as recognize and challenge your existing biases when working with Indigenous children, families, and communities (1-2).
- Moving beyond personal knowledge, the framework then outlines key legal, ethical, deontological, and professional considerations in Indigenous children's nursing (3).
- The framework then highlights perspectives, approaches, and practices related to Indigenous children's nursing that are based in Indigenous knowledge. The information shared here is not meant to be complete prescriptive guidance, but it is instead shared as a tool to help professionals explore new paths in how they conceptualize Indigenous child health and in how they communicate and collaborate with Indigenous children and their families within the context of their professional role (4-6).
- This framework has drawn from a wide variety of sources, including the work of VOICE (at least seven community-based research projects within Quebec, input and review from Indigenous nurse and youth advisors, an international scoping review on child-focused Indigenous pedagogy in professional education, and an ethical analysis of Indigenous child well-being) as well as academic and gray literature, including existing frameworks for Indigenous health.

1. Self Reflection exercise

- Begin with a self-reflection exercise to help understand and acknowledge bias.
- This guide provides questions to prompt self-reflection and "check-in" before or while taking care of Indigenous patients.
- Link: https://www.bchsys.org/en/care-services/resources/Documents/HNHB-IHN_Indigenous-Allyship-Toolkit_Final.pdf

2. Your personal approach

- The points highlighted here were those most often brought up by Anishinaabe participants in our community consultations when they were asked what they believe constitutes good professional practices with Indigenous peoples. The attributes here were considered fundamental to building good relationships with both children and their communities.

- A personal approach ensures that nurses are aware of the limitations of our professional role while respecting the patient's and family's beliefs, background, and their lived experiences.
- Honest and transparent communication ensures that nurses are available for their patients when they are ready to reach for support.
- Awareness of Indigenous history is key to understanding the need for reconciliation, which was explored in Part 1 of this module.

3. Context of your nursing practice

- As a profession, nurses are obligated to be aware of and follow the direction of nursing ethics, deontology, professional and regulatory body directives. You will have encountered these concepts and official documents in your introductory nursing courses. Throughout today's learning you may recognize instances where there can be disagreement between these generalized standards and the context-specific standards encountered in a professional's daily practice. In an ideal world, these misalignments would be acknowledged and discussed proactively amongst stakeholders; however, it is often the case that clinical professionals find themselves in daily practice situations where they have conflicts between their professional obligations and the obligations of those they are caring for. To help expand your understanding, the framework here will introduce you to other important legal and ethical standards focused on Indigenous peoples and in some cases specifically Indigenous children.
- This expansion of your knowledge might require a reconciliation between general professional guidelines and specific standards that apply with Indigenous peoples, and Indigenous children and youth.

Context: TRC Calls to Action

- In 2015, the Truth and Reconciliation Commission of Canada put forth 94 Calls to Action (TRC, 2015). Many of these Calls to Action concern improvements in professional education, training, and practices relevant for Indigenous child well-being (Call 1(iii, iv), 10, 12, 18, 22, 23(iii), 24, 28, 33, 36, 57, 62(ii), 65). Calls 18-24 are related to Health.
- All of the Calls are worded similarly to the Call #18 shown here, where multiple levels of government and legislation are named as partners in the requested actions.
- Call #24 is especially relevant for the reason why we are here today!
- Link: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

Context: Indigenous Children's Rights

- The UNDRIP was adopted by the United Nations in 2007. Shown here are articles from the declaration which are most related to Indigenous child health and well-being.
- Link: United Nations Declaration on the Rights of Indigenous Peoples (UN-D
- On why Canada was one of the four nations (along with the United States, New Zealand, and Australia) that voted against adopting UNDRIP as legislation: https://www.fraserinstitute.org/studies/squaring-the-circle-adopting-undrip-in-canada

Context: Indigenous Children's Rights

- The UN Convention on the Rights of the Child is a treaty that recognizes the unique rights of the child, defined as those under the age of 18 years. Keep in mind
- There are a total of 54 articles, in the broad categories of: Protection, Provision, Participation
- Specific protections and provisions for special groups, including Indigenous children
- Child-friendly PDF version: https://www.unicef.ca/sites/default/files/2021-09/CRC_POSTER_FINAL_EN.pdf
- The AFNQL began in 1985 and represents 10 First Nations across 43 communities (https://apnql.com/en/)

Context: Indigenous Children's Rights: Child Welfare

- In what has been largely seen as an ongoing evolution from the same oppressive forces which led to the Sixties Scoop, today's child welfare system disproportionately affects Indigenous children and youth.
- 52.2% of children in care are Indigenous, when they represent only 7.7% of the Canadian population.
- Indigenous children with disabilities: Families must often choose between placing child in foster care or moving away from their home community, as there are often insufficient services available in rural/remote communities.
- Below is the Bill C-92 summary:
    - In December 2019, the Quebec government put forth Bill 15 (amendment to the Youth Protection Act), which was seen as a challenge to Bill C-92. Bill 15 seeks to increase the power of Quebec child welfare systems and decrease the power of Indigenous-governed child welfare systems. In 2022 the Quebec Court of Appeal ruled that Bill C-92 is largely constituted, and so Bill 15 has now been tabled. However, the chief of the AFQNL officially stated afterwards: "Quebec continues to maneuver behind the scenes and relies on disloyal and irresponsible political and judicial tactics with the sole purpose of preventing First Nations governments from exercising their rights to governance and self-determination,"
- Bill C-92 SUMMARY
    - This enactment affirms the rights and jurisdiction of Indigenous peoples in relation to child and family services and sets out principles applicable, on a national level, to the provision of child and family services in relation to Indigenous children, such as the best interests of the child, cultural continuity and substantive equality.
    - Best interests of Indigenous child:
    - (1) The best interests of the child must be a primary consideration in the making of decisions or the taking of actions in the context of the provision of child and family services in relation to an Indigenous child and, in the case of decisions or actions related to child apprehension, the best interests of the child must be the paramount consideration.
    - Primary consideration:

- (2) When the factors referred to in subsection (3) are being considered, primary consideration must be given to the child's physical, emotional and psychological safety, security and well-being.
- Factors to be considered:
- (3) To determine the best interests of an Indigenous child, all factors related to the circumstances of the child must be considered, including
  - (a) child's cultural, linguistic, religious and spiritual upbringing, heritage;
  - (b) the child's needs, given the child's age and stage of development, such as the child's need for stability;
  - (c) the nature and strength of the child's relationship with his or her parent, the care provider and any member of his or her family who plays an important role in his or her life;
  - (d) the importance to the child of an ongoing relationship with the Indigenous group, community or people to which the child belongs in order to preserve the child's cultural identity and connections to the language and territory of that Indigenous group, community or people;
  - (e) the child's views and preferences, giving due weight to the child's age and maturity, unless they cannot be ascertained;
  - (f) any plans for the child's care, including care in accordance with the customs or traditions of the Indigenous group, community or people to which the child belongs;
  - (g) any family violence and its impact on the child, including whether the child is directly or indirectly exposed to the family violence as well as the physical, emotional and psychological harm or risk of harm to the child;
  - (h) any civil or criminal proceeding, order, condition, or measure that is relevant to the safety, security and well-being of the child.
- (4) To determine the best interests of an Indigenous child, all factors related to the circumstances of the child must be considered, including
  - (a) the child's cultural, linguistic, religious and spiritual upbringing and heritage;
  - (b) the child's needs, given the child's age and stage of development, such as the child's need for stability;
  - (c) the nature and strength of the child's relationship with his or her parent, the care provider and any member of his or her family who plays an important role in his or her life;
  - (d) the importance to the child of an ongoing relationship with the Indigenous group, community or people to which the child belongs;
  - (e) the child's views and preferences, giving due weight to the child's age and maturity;
  - (f) any plans for the child's care, including care in accordance with the customs or traditions of the Indigenous group, community or people to which the child belongs;
  - (g) any family violence and its impact on the child;
  - (h) any civil or criminal proceedings

4. Nursing practices with Indigenous children and youth

- This slide represents special considerations when working with Indigenous children
- The foundation of the majority of these points lies in active listening before anything else. By giving sincere and respectful attention to Indigenous voices, you will be starting on the right path to building good relationships with your Indigenous patients.
- Acknowledge instances and stories of discrimination and racism as truth
- In an existing framework on Indigenous child health as well as the VOICE community consultations, Indigenous peoples wish to be believed when they report experiences of discrimination and racism in order to have a trustful relationship with the person they are telling.
- Adapt standardized assessments and models
- Professionals should consider community-specific factors when implementing standardized tools. For example, in one community consultation we heard about how a school-based professional had to modify their assessment to better fit the children's conceptions of gender and hair-length, as they were pointing to a picture of a girl when asked to identify boys, since it was common for boys to have long hair in their community. Whereas the standardized assessment would consider this an incorrect answer, the professional needed to recognize that the children were indeed answering correctly given their unique context.
- Offer services that are linguistically- and culturally-adapted
- In our community consultations, a common complaint in regards to health services was that many staff did not speak adequate English (preferring to speak French), hindering access to and effectiveness of services.
- In our pandemic ethical analysis article, we found many examples of how Indigenous communities created their own public health messaging that was tailored to their peoples' interests and daily activities, as well as offered in their traditional languages.
- Listen sincerely and communicate transparently
- These suggestions for how to communicate come directly from Indigenous participants in VOICE research projects over the past 10+ years. It is important for a professional to assess the communication preferences of their patients on an ongoing basis, which may also include learning informally while engaging with the community outside of your professional time.

5. Recognize our shared environment

- While there is no unified pan-Indigenous philosophy, many Indigenous philosophies embrace similar foundational values.
- While by no means exhaustive, these selected values are important in many diverse Indigenous communities across Turtle Island (North America).
- The first foundational value to consider is the importance of interconnected relationships. In nêhiyawêwin (Plains Cree), wâhkôhtowin, a principle of Cree natural law, means kinship or being related to everything in creation (Friedland, 2016). Differing from Western conceptualizations of relationships, wâhkôhtowin recognizes that human lives are interconnected with everything in creation including our human and other than human relatives, which are all imbued with spirit. It also includes the understanding that nothing

in creation has a higher power over another, meaning that humans are not hierarchically placed above anything in the natural world (Buhler et al., 2014).

- The second value is that of holism. Many First Nations embrace the teaching of the Medicine Wheel, which outlines the physical, emotional, spiritual and mental aspects of health and well-being (Schroeter et al., 2017). The four quadrants of the Medicine Wheel represent other interconnected and balanced values according to many different teachings, such as the four stages of life (infancy, youth, adult and Elder) and the importance of intergenerational relationships (Bell, 2016). The Inuit concept of Inuuqatigiittiarniq similarly represents the holistic nature of health, as well as a collectivist perspective that emphasizes the well-being of the community over individuals (Richmond et al., 2007).
- Our third guiding value is embodied in Indigenous-informed restorative justice, a concept embraced by various Indigenous nations within Canada and around the world (Moore & Clarysse, 2018). Restorative justice has varying definitions and applications in law, criminology, sociology, education, political relations and philosophy. Within an Omushkegowuk (Swampy Cree) perspective learnt from community Elders, Inninew (Cree) restorative justice focuses on healing relations in community after a wrong has been committed (Hansen, 2012). Inninew restorative justice seeks accountability and responsibility from the perpetrator of the wrong in pursuit of restoring balance in the community. The offender must recognize the harm they have created, and they must make efforts to repair the harm they have caused.
- Reference: Heck, C., Eaker, M., Cobos, S., Campbell, S., & Carnevale, F. A. (2021). Pandemic impacts for Indigenous children and youth within canada: An ethical analysis. YOUNG. Retrieved from https://journals.sagepub.com/doi/full/10.1177/11033088211032791

6. Reconciling a concern or disagreement in practice

- As mentioned earlier, it will be a reality in your nursing practice that your standardized education and training cannot provide a complete solution to every challenge that presents itself. Each patient situation is unique and deserves your careful attention.
- A good place to start is attempting to understand the situation from the perspectives of the different players involved, paying special attention to Indigenous priorities.
- Once you have gathered an understanding of the background, it is then time to consider how your professional obligations fit into the situation and how you might best prioritize the goals you've set for the clinical encounter(s). This work can also be done in collaboration with your Indigenous patients and families, helping you to move forward with a plan that is inclusive of their health and well-being goals also.
- In the "Context" section of the framework, we also mentioned that some Indigenous communities have established agreements and/or committees that exist for when a professional and patient/family may need guidance in how to move forward in complex health care and social service situations. It is important to be aware of these resources when working within a new community.

(Appendix B)
Additional Resources for Educators

Below are summaries of two additional academic articles to assist educators in preparing to deliver the Indigenous Children's Nursing course.

Article: *Anuik, J., & Gillies, C. L. (2012). Indigenous Knowledge in Post-Secondary Educators' Practices: Nourishing the Learning Spirit. Canadian Journal of Higher Education, 42(1), 63-79.*

Abstract: From 2006 to 2009, Indigenous Elders and scholars shared their insights in the Comprehending and Nourishing the Learning Spirit Animation Theme Bundle of the Aboriginal Learning Knowledge Centre (ABLKC). The ABLKC was an applied research, knowledge exchange, and monitoring program with a mandate to advance Aboriginal education in Canada. One of the six bundles, Nourishing the Learning Spirit, was led by Mi'kmaw education scholar and Academic Director of the Aboriginal Education Research Centre at the University of Saskatchewan, Dr. Marie Battiste. In this paper, the authors discuss how they applied knowledge gained in the Nourishing the Learning Spirit Animation Theme Bundle to their post-secondary classroom practice. The authors argue that teachers are better able to nourish the learning spirit of students when they understand themselves as lifelong learners, validate and learn from their students, and use holistic teaching pedagogies.

- Mainstream/Western education models tend to focus on mental and physical learning over emotional and spiritual. One effect of this is that it disadvantages learners who have unique gifts in the emotional and spiritual realms. In comparison, Indigenous pedagogies tend to be more holistic and inclusive of diverse learning styles.
- Emotional reasoning exercises require the brain to collaborate with the heart, whereas mainstream education tends to purport that "emotions impede learning."
    - Presented cases can provoke emotional responses and require students to collaborate, take action, and address their own perspectives on topics such as racism, sexism, homophobia. There should be reflection taking place after hearing classmates speak.
    - Emotional reasoning exercise can be done in talking circle format: "There were talking circles that helped people who needed assistance. In talking circles, everyone speaks to the concern, and the talk goes round and round until everybody has had their say, and there is no more to talk about. At the end of these rounds, however many rounds there may be, the spokesperson eventually comes out and says, "OK," and basically tells the person with the concern, "OK, you have heard the people speak; here is what they have said. Now take what they have said to resolve your problem, your concern." In other words, there is never any notion that says you have to do "ABC and D." Basically, the person with the concern will just sit there and listen and he never talks."

- Relational pedagogies
    - Students often encounter real emotional, spiritual, and mental blocks that prevent learning. Awareness of these challenges can cultivate more empathy for students and eventually more authentic and respectful relationships.
    - Western conceptions of moments that "go wrong" in the classroom tend to be negative whereas within Indigenous teachings these moments are framed as gifts that generate creativity and growth, understood in a western conception as the "teachable moment."
    - Important to accept and validate students' emotions rather than argue or dismiss.
        - A story about a young man who did not agree with the course content and was visibly agitated during class illustrates this point. Carmen recognized the student was troubled and asked to speak to him after class. When they met, he explained that his childhood experiences caused him to believe that First Nations peoples are inferior. Rather than argue with the student or dismiss his feelings as common, which she might have done in the past, the student's feelings were validated. She then suggested that his past experiences were blocking his ability to engage in the course and learn about oppression. This suggestion seemed to create a shift in the teacher candidate, and he actively began to read the assigned articles, listen intently, and participate in class discussions. Although the student has much more to learn about oppression, as we all do, Carmen believes that he made progress because he felt validated at the same time as his core beliefs were challenged.
- Holistic learning
    - Provide opportunities for students to express emotions (e.g., one teacher had 10x1% assignments where students were asked to submit entries regarding their feelings about a given class or reading). This type of learning also relates to the value of **storytelling**, as when students express their emotions they usually make reference to personal experiences.
    - Stories nurture empathy, connectedness, and they humanize.

Article: *Root, E., Augustine, S., Snow, K., & Doucette, M. (2019). Evidence of Co-Learning through a Relational Pedagogy: Indigenizing the Curriculum through MIKM 2701. Canadian Journal for the Scholarship of Teaching and Learning, 10(1), n1.*

Abstract: In the winter term of 2016, Cape Breton University launched a revised version of a second year Mi'kmaw Studies course entitled Learning from the Knowledge Keepers of Mi'kmaki (MIKM 2701). This course was designed to be led by local Elders and Knowledge Keepers with facilitation support from university faculty. It was designed by course facilitators as a dual-mode course, with the opportunity for students to participate face-to-face and online, and the excitement it generated quickly went "viral." In this paper, we describe the experiences

of the participants in the course through an analysis of their own reflections on the 13 weeks of instruction. The aim of this analysis is to share course design considerations for post-secondary institutions attempting to "Indigenize the academy" at a course level, but also to evaluate the process of co-learning as it was evidenced in the course as a means to address educational complexity and decolonization efforts in the classroom.

- Themes to emerge from participant responses: co-learning pedagogy, relationality, Indigenous knowledge, reconciliation.
- The course began and ended in cultural tradition and ceremony. It took place both synchronously and asynchronously, with a mix of formal and informal learning.
- Identifying cultural self
    - "While the study participants were not required to identify their culture, invariably most did so early in their reflections, thus contextualizing perceptions of their culture in relation to the discourse of the Mi'kmaw culture presented in the classes." For example, some participants reflected on critical feminist themes after learning about the roles of women in Mi'kmaw society.
- Relating
    - Students discussed the acts of relating interculturally, intergenerationally, and with the land. Course leaders also acknowledged non-Indigenous participants' connection to the land and their unique knowledges as newcomers.
    - "The participants' testimonies also evidenced co-learning through relational pedagogies; these emerged as the sub-themes of song, humour, ceremony, storytelling, personal interaction, listening, parenting, two-eyed seeing, and learning community."
- Feeling: Experiencing emotion
    - "Participants described their experiences as emotional journeys that included a wide range of diverse and intense feelings. The emotions most frequently presented included gratitude, joy, sadness, inspiration, empathy, shame, guilt, and fear."
- The major themes to come from this study reflect a shift away from Euro centrism in education as well as a revitalization of cultural grounding in the foundation of curricula. The authors drew four main lessons from their results:
    - Include ceremony and spiritualism in core teaching
    - Address ugly truths and emotionally triggering events
    - Focus on specific local culture, not generalized Indigenous education
    - Encourage critical reflection through assessment that values qualitative responses