Putting the Child First in Child Health Indicators

Lessons from Anishinaabe Children

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We wish to begin in a good way, by acknowledging the traditional and unceded territory of the Kanien'keha:ka

Canada's Original People

- Aboriginal people are the original inhabitants of Canada: First Nation, Métis and Inuit.
  - Each group has unique heritage, language, cultural practices and spiritual beliefs.
- The British Crown recognized the original people in Canada with the Royal Proclamation in 1763.
  - Treaties were negotiated and signed to create mutual benefits for the Aboriginal people and newcomers.
- Canadian Confederation occurred in 1867; the federal government enacted the Indian Act to assimilate Aboriginal people into the colonial society in 1876.

Anishinaabek means the people of the land.

The Wiikwemkoong Anishinaabek consists of the Three Fires Confederacy which is the Odawa (known as traders), the Ojibway (known as the faith keepers), and Pottawatomi (known as the fire keepers).

History of Colonialism

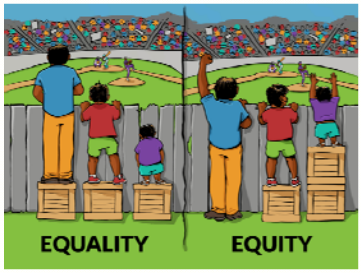
- Loss of traditional territories
- Residential Schools & 60's scoop
  - Contributed to a loss of culture, language, and interrupted the handing down of parenting skills and family relationships
- Indian Act
  - Contributed to a loss of traditional governance and self-determination
- One of the results is **significantly worse health among all Aboriginal people**

The rights of Indigenous children are well documented:

- UN Universal Declaration of Human Rights (1948)
- UN Declaration on the Rights of the Ch[NLY1](1959)
- Unicef Convention on the Rights of the Child (1989)
- UN Declaration on the Rights of Indigenous Peoples (UNDRIP) 2007
  - Canada officially adopted on May 10, 2016
- Children's Bill of Rights, Wiikwemkoong Unceded Territory 2013

➢ **This includes a right to health equity**

Responsibility to restore health equity



- Predicated on being able to identify needs

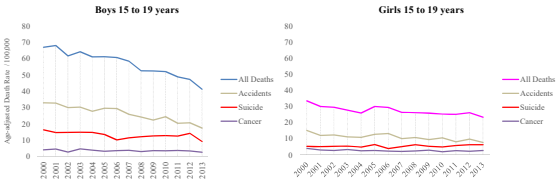
Indicators are critical to how we understand child health and identify needs.

Often indicators are designed from the dominant world view and the perspective of adults.

Lets look at how indicators are viewed from different lenses

Child Health Indicators
Typical **Western Lens**

Causes of Death in Canada
15 to 19 years from 2000 to 2013



Illness rather than wellness focus
No direct information to improve children's health

Based on CanSim Table 102-0551 Deaths by selected grouped causes

Child Health Indicators
Anishinaabe Lens

Strengths according to the 4 quadrants of health

Focus on wellness
Generate information to guide health service delivery

Child Health Indicators
Anishinaabe **Children's Lens**

Moving towards wellness

Our Goal

- To challenge you to think about what it means to put the child first in child health indicators

The primary example will be from a collaborative journey to include Aboriginal children's voices in local indicators.

This approach was successful because of the wisdom of the children and focus on wellness.

Collaborative Research

- The knowledge shared in this presentation is the result of meaningful collaboration between Wiikwemkoong Unceded Territory and Laurentian University
- We acknowledge the contributions of many children, Aboriginal leaders, and knowledge keepers who have been our partners on this learning journey

The journey to assess health among Aboriginal children began with one community's request for meaningful data

- There was no child health data to identify needs, inform health planning and evaluation at the community level
- Identified the need for new approach to address this gap

This was not an isolated gap

- First Nations are often told they cannot have community-level data
- The same is true for many Indigenous agencies
  - *The sample is too small / confidence intervals are too wide*
  - *The data may contribute to errors in decision making*
- Consider the alternative: no data
  - Data is power >>>>> No power for Indigenous health leaders
  - No prospect for evidence-informed health planning
  - Is that what is best for some of the most vulnerable members of Canadian society?

Our Response

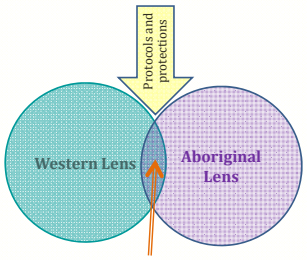
Community based – locally driven
- Focus on small data to inform local practice

Child Centric
- Focus on the perspectives of children 8 to 18 years of age

In Partnership
- By establishing relationships that continue to foster new initiatives that support wholistic well-being of the children
- Between Laurentian University & Wiikwemkoong and beyond

Two eyed seeing Approach

Based on Indigenous ways of knowing and Western science



- Ethical space exists, where perspectives overlap
- Forms a safe space where collaboration thrives

Concepts for the wellness tool were guided by the Medicine Wheel

Children generated the questions

6 Focus Groups:

- 38 children in Wiikwemkoong
- Developed questions related to health and well-being
- Guided by a local Advisory Committee

Children captured their ideas on camera

Then translated the ideas into questions about …

Language

Balance

Choosing a good path in life

Children's perspectives were prioritized throughout the process

- Confirmed that mainstream surveys were a poor fit and generated a novel solution
- Taught us how to ask the most important questions
  - and what not to ask
- Told us it was "about time" someone asked them how they were doing

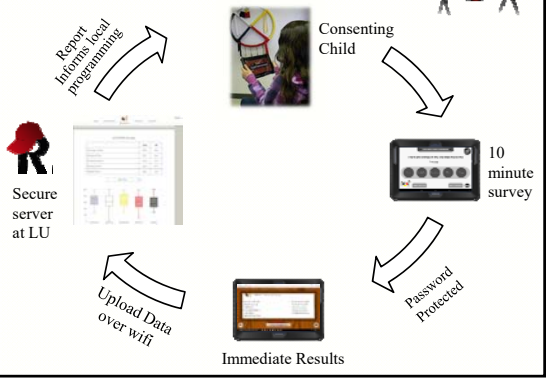
This approach produced the Aboriginal Children's Health and Well-being Measure

- Strengths-based assessment of health
  - Not illness
- Self-report
- Android tablet format
- Developed for and with Aboriginal youth
  - Ages 8 to 18 years
- Built on an Anishinaabe framework
  - representation of all things connected within the circle of life

The ACHWM was designed to work in small Aboriginal communities/agencies

- **Feasible**
- **Sustainable**
- **Generalizable**

How the ACHWM works



Critical choices

- To follow the lead of the community
- To respect diverse ways of knowing
- Listen to the children
- To change the narrative: strengths-based
- To work within local practices
  - e.g., the 7 grandfather teachings
- To support local capacity building
- To give back in unexpected ways

Moral Accountability

- Data is gathered from individual children to inform communities
- When we look at "big data", like Stats Canada data, individual children are invisible and our ethical responsibilities are less apparent.
  - Not knowing does not mean not responsible.
- We (researchers / community leaders) need to listen and respond to each child along the way
  - This is how we show respect to each child
  - It is our ethical and moral responsibility
  - Children are more that just data points

Any time we gather data with children we need to listen; sometimes we learn about trauma or lived experience

- What are the ethical responsibilities that are associated with knowledge gained from indicators data?
  - Response should be guided by the rights of the child

Opportunity for Disclosure is often part of the process, although not always recognized

- Recommended practices:
  - Safe environment for the child
  - Informed consent from the child and parent
  - Connect with resources as required
  - Ensure after-care

Action in response to children's voices

Some may ask:
How do we put the lid back on?

Even if you could put the lid back on…

- The crisis is not going away
- The child will still be living with the feelings
- The adults may feel better
- Root causes remain (historical trauma)
- We need to be brave and put the child first

Keep the fire burning!

- A child who requires the brief intervention or ongoing support is a good fire that needs to burn brightly.
- Each person is born with that sacred fire; the individual fire is personal well-being – wholistic health
- When a person has encountered trauma or misfortune, their individual fire becomes dim; when the fire burns brightly, we need to honour the individual for the bravery in sharing their personal story and/or lived experience.
- Connecting with self; connecting with others – thriving to be a better person
- Fear vs bravery – keep the fire burning

Connections help

- Building relationships (within community, with/for the children)
- Brief intervention – mental health support
- Recognizing local supports
- Acknowledging frontline workers
- Opportunity to offer support to external organizations

Growing the fire within

Way forward

- The Anishinaabe teachings show a way forward that respects and reflects diverse perspectives, promotes cultural relevance, through a “wholistic” approach.

by affirming the Seven Grandfather Teachings:

- **Love** for the Children is our highest priority.
- **Bravery** to try something different.
- **Humility** regardless of creed and race.
- **Respect** for diverse opinions and viewpoints.
- **Honesty** in sharing the experiences.
- **Wisdom** transferred to and from the young people.
- **Truth** that it is time for change.

Listen to the Voices of Children

- Actively responding – rapid response process – honouring their perspectives
- Informing our way of providing services, based on their perspectives
- By listening to the children we are given opportunities to change their path.

Chi Miigwetch

To the many children and community members who have contributed to the ACHWM

For More Information

www.ACHWM.ca

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