



Faculty of Social Sciences, Humanities and Education/
Johnson Shoyama Graduate School of Public Policy

“Abinōcī tagosin” (child has arrived): A story of community engagement

Valerie McLeod

Master thesis in Governance and Entrepreneurship in Northern and Indigenous Areas
IND-3901 Spring 2021



“Abinōcī tagosin” (child has arrived): A story of community engagement

Valerie McLeod

Master in Governance and Entrepreneurship in Northern and Indigenous Areas

Faculty of Humanities, Social Sciences and Education
UiT The Arctic University of Norway

Johnson Shoyama Graduate School of Public Policy
University of Saskatchewan

Spring 2021

Supervised by

Gilbert Kewistep, SW, MSW,

Community Supervisor, First Nations University of Canada

and

Vivian R Ramsden, RN, PhD, MCFP (Hon.),

Academic Supervisor, Department of Academic Family Medicine

University of Saskatchewan

Acknowledgements

Tansi, nithoma ispm kihew esqwew, eqwa sekwan esqwew, eqwa wutchuskoos.
Translation-Hello, I am High Eagle Woman, and Spring Woman and Muskrat. My English name is Valerie McLeod. I introduce myself to you in my own Woodland Cree language to honor the teachings of my ancestors, Elders and Knowledge Keepers. First, I would like to acknowledge the community of Yellow Quill First Nation Chief, Council and community members. Especially the mothers of YQFN, your courage and voice will allow others to speak up against the issues that too many of our people needlessly face. Your kici inēndāgwakin ācimowinan (sacred stories) are so important and I am so grateful to you for sharing what you could. The Saulteaux Nation has a different language and dialect from my own traditional language, however, when I began working with you, I felt I was working with my relatives. You are my relatives. I am forever humbled that you allowed me to sit with you and hear about how you wanted what was fair and just for our future generations. In addition, a special thank you to community members Stephen Neapetung and Myron Neapetung who have started working with the project over three years ago and brought their passion as fathers, community members and family members to support the needs of their community. Another special thank you to Agnes Whitehead for ensuring that the Saulteaux words of this thesis were written correctly and the overall paper met the needs of the community. Second, I would like to acknowledge my Academic Supervisor, Vivian R Ramsden. Vivian, your guidance and experience in community engagement helped immensely with the whole project. I could not have done this without you and I am so grateful for you, your teachings, mentorship and leadership. You kept me going and encouraged me to keep writing during those times I wanted to give up. I will always cherish you. Third, I would like to acknowledge the health care providers and teams who have participated in this project. Without your insight, openness to understanding, and acknowledgement that the health system needs to change, this project would not have been able to begin. I would also like to acknowledge my GENI cohort and GENI staff (Jonathan Crossen, Emmy Neuls and many others) who were able to provide valuable feedback, support and encouragement throughout the past few years. In the final year of this project, I was also able to receive an Indigenous Peoples' Health Research Center (IPHRC) and Saskatchewan Center for Patient-Orientated Research (SCPOR) research award

for student funding. Therefore, I would like to acknowledge both IPHRC and SCPOR for choosing and supporting this community-driven research project. The financial support has helped my family and I live comfortably and safely during the COVID-19 pandemic. I would also like to acknowledge my family Kevin, Sarah, Melody, Jayson, Eileen, Bruce and my spiritual sisters (Lisa, Sandy, Susan and Glenda) for your patience, unconditional love and support as I sat and wrote this paper over the past three years. Without the traditional ceremonies, medicine picking, laughter and love I would not have been able to accomplish what was set out to be done. And last, I would like to acknowledge with deepest gratitude and humility, my Community Supervisor Gilbert Kewistep. Gilbert, it has been an honor working with you on this project. The work we have done in our previous workplace has helped us see the commonalities and the injustices that our people have faced on a daily basis. We both knew that the health care, legal and social welfare systems were always broken. It became tiring addressing these issues over and over again in our daily work. What we know now is these are systemic issues that were developed from one dominant world-view and never gave our Indigenous peoples a voice. Rather, our peoples became voiceless, especially our little children. It is hoped that this project will be able to open a pathway, similar to the pathway our little ones make as spirit when they choose their mothers and fathers and are ready to come to the physical world, and that our communities can begin to heal and thrive (live a good life-mithopimatisiwin) as the Creator intended.

Abstract

A newborn child has the ability to create sound and cry as they enter into the physical world. Each moment of birth is a special occasion for all living beings of Mother Earth. Indigenous peoples of Canada and the world have known the significance of what birthing means from a spiritual and holistic understanding. In Saskatchewan, and arguably throughout the world, there is a lack of research on maternal health care policies and procedures which can incorporate an Indigenous worldview led by Indigenous peoples and communities that safely support Indigenous mothers, newborns, families and communities.

This project provides the reader with an Indigenous perspective from an Indigenous Registered Nurse and mother who has seen the inequities and the overt systemic racism that occurs not only in maternal health care but throughout the health care system. The mothers and health care providers who supported this work and see a need for changing a system that does not work for *all* individuals have shared their stories and sacred stories in this thesis. Results/findings from the stories have highlighted that systemic racism and inequities continue to exist in the maternal health care world. It is imperative that the health care system begins dismantling the current system and restructuring a transformed system that works best for all individuals who enter and expect safe, ethical and competent health care. It is with the voices, knowledge and wisdom of my ancestors that I began to establish my voice in hopes that this will benefit the future generations of all our Nations.

Table of Contents

Acknowledgements	iii
Abstract	vi
1. Introduction	1
1.1 Context and background reading	3
2. Literature Review	7
2.1 Indigenous Knowledge and Ethical Space	7
3. Methodology	9
4. Findings/Results	10
4.1 Kici Ācimowinan (Stories): Health Care Provider	12
4.2 Kici Inēndāgwakin Ācimowinan (Sacred Stories): Community Participants	17
5. Discussion	27
5.1 Project Limitations	29
5.2 Next Steps	30
6. Summary	32
References	33
Appendix A: Executive Summary	35
Appendix B: Two-Page YQ Welcome Package	39
Appendix C: Interview Questionnaire	42
Appendix D: TCPS 2 CORE Certificate of Completion	45



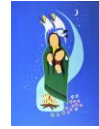
1. Introduction

The birth of a child is a moment to be celebrated. Often, when expectant families are required to go to a hospital hundreds of kilometers away from home, they are leaving their support system and expecting to receive safe and equitable health care. Through past experience, this does not always occur, especially for many expecting Indigenous women and families. Yellow Quill First Nation (YQFN) Chief, Council and community members were seeking safe, equitable and culturally appropriate care when they come to the hospital. In Saskatoon, many expecting YQFN families travel to the city from the reserve for the labour and delivery of their children. The experience of each family, mother giving birth and newborn child varies, and many have been known to have traumatic experiences while in hospital. Therefore, it is important to explore these experiences to determine underlying root causes of what may be occurring for many Indigenous mothers, newborn babies and families that enter the maternal health care system.

When patients enter the health system, they are vulnerable and an immediate power differential exists when the health care provider has the scientific knowledge on how to “fix” the physical body. The missing component in health care is to acknowledge that there is another world-view that can help balance the physical, mental, emotional and spiritual overall well-being. From an Indigenous perspective, prior to inception, a child or children choose their parents from the Spirit world and begin to make their way to enter the physical world. We understand this as the cycle/circle of life where we came from the spirit world, entered into infancy, toddler-hood, child-hood, pre-teen, youth, young adult, adult, older adult, Elder and finally return back to the spirit world. In each phase of our life, we have celebrations,



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



ceremonies and life lessons that we live through with the guidance of our family, community and Elders/Knowledge Keepers. The moments of an unborn spirit, choosing to enter the physical world is one of the greatest accomplishments and celebrations we can make on our journeys. We as spirit have come to choose life! These are the teachings that we understood as Indigenous peoples and these are the stories that many of us hope to embrace and relearn.

Colonialism, systemic racism and dominant Western viewpoints contribute to the lack of communication and respect that is required to build trusting and meaningful relationships with Indigenous peoples (Boyer & Bartlett, 2017; Ermine, 2007). This communication gap within the health care system and between other systems, including justice, political, and policy, is largely due to a lack of understanding of ethical space between individuals, groups or systems and lack of acknowledgement of Indigenous knowledge (Abele, 1997; Ermine, 2007; Simpson, 2014). Ethical space can be used as a framework to guide relationship building, trust and respect; as well as help to fill the communication gap that exists between many Indigenous peoples and Western health care. By embracing the concept of ethical space and Indigenous knowledge (Ik), Western maternal and other health care services will be able to begin implementing the Truth and Reconciliation Commission of Canada’s: Calls to Action.

Many non-Indigenous and even some Indigenous individuals, communities, and governments/organizations are not aware that the history of public policy has not been kind to Indigenous peoples throughout the world. Public systems such as justice, social services and health have been built from dominant worldviews, and many have proven to have systemic



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



racism entrenched within them. Health care inequities and unethical decisions occur as a result; however, most of the time, these decisions are not realized by health care providers themselves. Currently, there are limited culturally appropriate support networks or systems in place for Indigenous families expecting the birth of a child. The community of YQFN knows that this needs to change based on the feedback it has received from its community members who experienced trauma during their hospital stay while giving birth to a child. YQFN has decided to implement the Truth and Reconciliation Calls to Action related to child and family services, and health care delivery through the creation of a YQFN Welcome Package for families coming to deliver their babies at the Jim Pattison Children’s Hospital in Saskatoon, SK. The purpose of this research project was to support YQFN’s implementation and engagement with key individuals, groups or agencies for expecting families, mothers and newborn children so that they had a strong culturally appropriate resource support system prior to and after birth. Kici ācimowinan (stories) and kici inēndāgwakin ācimowinan (sacred stories) from YQFN mothers and health care staff will highlight *opportunities for change* that are required by maternal health care services and YQFN community support services to begin dismantling a system that does not provide safe, equitable and culturally appropriate health care for *all*.

1.1 Context and background reading

In 2015, multiple Indigenous women from across Saskatchewan came forward and described their experience of unethical tubal ligations performed within the former Saskatoon Health Region which occurred soon after the delivery of their babies (Boyer & Bartlett,



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



2017). As a result of this media attention, an External Review was undertaken in 2017 to explore the root causes of these experiences. Findings from the Review indicated systemic racism and found that systemic racism was embedded in a number of health care policies, laws and regulations which likely contributed to procedures being performed on Indigenous women without having fully informed consent (Boyer & Bartlett, 2017). Despite these findings, unethical tubal ligations continued to occur in other areas of the province of Saskatchewan (Barrera, 2019). Further, the impact of these experiences has been shown to perpetuate child apprehensions that occur in the hospital soon after the delivery of Indigenous children. In 2019, Saskatchewan had over 86% Indigenous children in Social Services which was the highest it had been in eleven years (Global News, June 3, 2020). In Brandon, Manitoba, an Indigenous mother and her partner had their newborn apprehended in November, 2020 due to allegations put forward by one of the nursing staff who believed she heard an unsafe word uttered from the father (Ridgen, APTN National News, Dec 11 2020). Systemic racism is a serious issue that needs to be addressed and acknowledged within health care and other systems, including justice and child welfare.

Earlier in project development, we (supervisors, myself and Yellow Quill Chief and Council) met with the Vice President of Provincial Programs, Corey Miller. We also met with Dr. Babyn, Executive Physician of Provincial Programs and Leanne Smith, the Director of Maternal Services and Childrens Intensive Care. In addition, we toured the then new Jim Pattison Children’s Hospital and provided an overview of the project to the maternal healthcare system leaders. The purpose of meeting with maternal services Executives and Directors was to ensure that the project would be presented *by* community rather than *for* the



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



community. To ensure that numerous organizations and people were aware of the project, meetings such as the one mentioned above were undertaken with: other representatives from the Ministry of Child and Family Services; the Yellow Quill Community Prevention Team; Sanctum 1.5; the Saskatchewan Advocate for Children and Youth; as well as numerous other health, justice and social services staff. Community engagement was one of the key motivators for this project and therefore, it was important to ensure that the entire process was led and supported by YQFN.

As a health care provider, it is essential to understand the root causes of systemic barriers, especially for Indigenous peoples. As an Indigenous mother and Registered Nurse myself, it became apparent and vital to challenge existing barriers. Throughout my many years as a Registered Nurse (RN), I have been in positions of authority. I realized the power differential between me and the patients I served. Personally, I strove to deliver the best care I could when I worked in medical/palliative and surgical floors knowing what patients may face. Although, as a new nurse, it was difficult to see when a fellow colleague was being racist or even more difficult, to call them out when racism was directly witnessed. In reality, I did not know the resources that were available for patients, families or me if I wished to speak up against the many atrocities that I personally witnessed. I especially knew how Indigenous peoples were treated and that despite my knowledge as a health care provider, I would be viewed differently if I self-identified as an Indigenous person. There were times I felt the need to protect myself and not self-identify which I was able to do because the color of my skin is lighter. There were also times when I kept my mouth closed when I really should have been speaking up and sharing the voice I did not know I had. Countless Indigenous families and



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



friends have experienced systemic racism in their everyday lives, inside and outside of the health care system. The need to address the traumas inflicted, knowingly or unknowingly, by health care professionals onto Indigenous peoples such as YQFN expectant families and newborn children is an important step toward assisting the community to accomplish its own “Calls to Action” (YQFN Chief and Council, Personal Communication, 2019) and establish community engagement by reviewing the current support systems and resources available in the hospital and at YQFN. The desire of YQFN to improve maternal health care services and supports for its members is an important part of self-determination. This occurs by finding equitable solutions that can alleviate some of the issues that health care providers (Indigenous and non-Indigenous) and community members are currently experiencing.

No policies that incorporate an Indigenous world-view into maternal services within Saskatchewan or Canada itself exist (Boyer and Bartlett, 2017; Kollahdooz, Launier, Nader, Yi, Baker, McHugh, Vallianatos, Sharma, 2016). Additionally, after reviewing maternal health services, this lack of systemic support substantiates the current accounts that have been provided by YQFN community members who have experienced a great disconnect with safe, equitable, ethical and culturally appropriate maternal health care services. It is expected that the response from the community will highlight what is needed to improve a health care service which in this case will be maternal health care. The responses will also assist with determining the outcomes of safe care delivery based on the community’s understandings and their desire to integrate and evolve Indigenous ways of knowing within the health care system to ensure that safe and equitable care is provided for *all*.



2. Literature Review

2.1 Indigenous Knowledge and Ethical Space

Societal views are still largely ingrained in a dominant ‘top-down’ approach (Boyer & Bartlett, 2017; Simpson, 2014), which remains apparent in health care. Building relationships between two individuals, groups or systems can often be difficult due to language barriers, differing perspectives/world-views and a lack of understanding of Canadian colonialism and its impacts on one’s health (Boyer & Bartlett, 2017). According to Boyer and Bartlett (2017), these difficulties can be seen through those who are marginalized; they can also be seen in the many Indigenous peoples who may not receive appropriate or equitable health care, resulting in their distrust of the system.

Indigenous knowledge (Ik)- “knowledge systems...[consisting of] complex social, cultural, spiritual and political [Indigenous] systems” (Abele, 1997, p. 375; Simpson, 2014) and ethical space, “when two societies, with disparate worldviews, are poised to engage each other” (Ermine, 2007, p. 193)- require acknowledgement and understanding. In Saskatchewan, there are few policies that stem from an Indigenous worldview. In maternal health care services, there are no policies that incorporate or even acknowledge an Indigenous worldview. Therefore, a knowledge gap exists that leads to misunderstandings, mistreatment, and racism which arises from a health system that has been founded from one dominant world view. To combat this knowledge gap, the concept of ethical space can be used to ensure respectful and improved communication processes. Communication can be a process for



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



building relationships and interacting with others. However, if there is a power differential, the communication is one-sided and in one-direction.

Even though the academic, justice and policy making systems increase awareness and acceptance of Ik (Simpson, 2014), research indicates that the true understanding of how Ik works - through oral tradition and language - is lost because it is being integrated as a tool rather than a way of knowing (Simpson, p. 378). Further research is required to help fill the research gap of Ik and ethical space within health care. By utilizing a framework of ethical space, the two differing knowledge systems, Indigenous and Western, will begin to create better relationships, communication processes and improved experiences of maternal health care services for Indigenous peoples who are typically marginalized.

The traditional Indigenous world-view is very spiritual. Whereas, Western worldviews are often based on physical and technical (science, Information Technology, etc.). The concept of ethical space is about bringing the two-world views together and incorporating the best of both worlds into the processes. The choice of which world-view to utilize should not matter, as long as the individual and family are safe and well. The space in between the world-views is the space where communication/dialogue needs to occur to meet the needs of the people and not compromise their health and wellness (Personal Communication, Vivian Ramsden, May 17, 2021).

The objectives of this research project were to: 1. improve the supports and services available for expectant families of YQFN who come to the hospital in Saskatoon, SK to



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



deliver their newborn child; and 2. build community capacity to expect and receive improved maternal health care services at the Jim Pattison Children's Hospital in Saskatoon, SK.

3. Methodology

Research led and developed by Indigenous communities is essential in building relationships, trust and improve communication processes. Tobacco was offered prior to the thought of this project to honour sacred Indigenous traditions and protocols. Pipe ceremonies were also completed as the project commenced and evolved. Tobacco was also offered prior to each meeting that was conducted throughout the entirety of the project. This project included multi-methods that were co-created with YQFN. These processes included a knowledge synthesis and literature review, and co-creating/shaping the research questions. The research questions that formulated were: 1. What types of policies, frameworks or tools would be required for co-creating maternal health supports that best support Indigenous women, families and communities? 2. In what ways can an Indigenous world-view be integrated or grounded in maternal health care services?

Semi-structured interviews (15-30 minutes) were undertaken via telephone and in-person with women who are community members of YQFN and had recently experienced and used the maternal health care services at the Jim Pattison Children's Hospital. COVID-19 precautions were taken for any in-person interviews. Additionally, health care providers who felt passionately about the project and understood the need to improve the services and available resources for Indigenous mothers and families were interviewed. Elders, Knowledge



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



Keepers and health care providers were also available to support the women and their families.

Ethical approval was received from YQFN prior to its submission to the University of Saskatchewan’s Behavioural Research Ethics Board. A Certificate of Approval was received from the University of Saskatchewan’s Behavioural Research Ethics Board on June 17, 2020 (Beh ID 1998). The principles outlined in TCPS2 – Chapter 9 (2018) which include OCAP (ownership, control, access and possession) were adhered to.

Interviews took place until saturation (participants sharing the same or similar experience) occurred. It was expected that this would be six to eight women and/or their families.

Once interviews had been conducted, each interview was transcribed and participants had an opportunity to review and edit the interview. In addition, they were able to keep a copy of the interview. Once the interviews were released for analysis, an inductive, thematic analysis was undertaken. The findings were returned to the community for interpretation and discussion before the final thesis report was written and returned to the community.

4. Findings/Results

The ability for a practitioner to complete their job and provide safe, competent and ethical care depends on the knowledge and experience of the practitioner. The need for First Nations and Metis (FNM) community members to receive safe, equitable and competent care while in a health care system is essential for an optimal overall experience. So, why do these



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



two world-views collide and many First Nations peoples, such as YQFN members, continue to be traumatized during the delivery of their children? The basis of this thesis was to determine if current community and hospital services and supports needed to be improved based on a community questionnaire that was developed. Information from the community participants who have been interviewed provided valuable feedback for the next steps needed to create supportive and culturally appropriate and ethically safe maternal health care services in Saskatoon for members of YQFN.

The purpose of utilizing the theory of ethical space was to bridge the current unseen gap of why unethical decisions and negative experiences occur between systems and differing knowledge bases between Western health care and Indigenous Peoples. In addition, the theory tests how the concept of ethical space could be used to improve relationships between systems, communities and individuals. Through the interview process, this theory was confirmed by the responses of participants and determined if any participants verbalized the need for improved relationships and communication processes between themselves and the maternal health care services they received and experienced.

All participants were female with two being health care providers and five being women who are members of YQFN and had either recently delivered a baby or were expecting to deliver a baby in the very near future. The women who were members of YQFN were asked about the number of pregnancies that each had was also asked; one participant was expecting (primigravida-first pregnancy), and four of the participants were multipara (pregnant for two or more pregnancies). Participants were invited to respond to seven



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



questions that were asked to better understand what was currently working with the maternal health care services provided and if the implementation of the new Welcome Package developed by the community had made a difference in the types of services and care provided in hospital and community. The Interview Guide can be found in Appendix C: Interview Questionnaire.

A thematic analysis was undertaken based on the responses of the interviews from participants. The thematic analysis included the similarities and differences in responses between those from health care providers and those from the mothers. Qualitative data was collected throughout the interviews which were sectioned as *kici ācimowinan* (stories): health care provider and *kici inēndāgwakin ācimowinan* (sacred stories): community participants. Questions #1 to #7 were asked by myself as the interviewer, and a synthesis later evolved that included *strengths* and *opportunities for change* for each question.

4.1 Kici Ācimowinan (Stories): Health Care Provider

Thematic Analysis

Similarities with mothers responses:

1. Increase communication between health care staff and expectant/recently delivered mothers and families.
2. Unable to share the truth for fear of the truth being used to apprehend your child.
3. Trauma is different for each individual. Trauma is deeply rooted from historical trauma such as residential schools, assimilation, colonization and further perpetuates the negative experiences of Indigenous people.
4. Provide the YQ Welcome Package in hospital and make it readily available for hospital staff use when YQ mothers and families come to the Maternity Unit.



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



5. Ensure a process is in place for the package to be received by YQ community members.

Differences from mothers responses:

1. A presence of Indigenous Birth Support Workers in the Maternity Care area has increased cultural sensitivity amongst staff.
2. Highlight the importance of asking questions when presented with documents that are not understood. Create a health literacy resource that can be used to give patients an optimal way to ask questions.

Qualitative Data:

Question #1 Analysis: One HCP spoke on behalf of what she felt patients experienced and indicated there was still a need for improvement in maternal health care delivery. The same participant also identified support staff (such as Indigenous Birth Support Workers) were valuable by creating an environment that was less traumatizing and more respectful for patients and families by facilitating smudging ceremonies and offering cultural supports.

Strengths: The addition of an Indigenous Birth Support Workers helped increase cultural sensitivity and awareness in the hospital.

Opportunities for change: A continued effort to improve the experience of Indigenous women admitted to hospital for a delivery was still needed in maternal health care services.

Question #2 Analysis: One HCP identified that she has seen the YQ Welcome Packages given out but had not received feedback from patients on how helpful the package was or if information needed to be added or removed from the package.

Strengths: the package was being provided to community members of YQFN.

Opportunities for change: the YQ Welcome Package requires an evaluation on how well it is serving the community members (moms and families) who receive the package.



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



Question #3 Analysis: This question was unable to be answered by the HCP’s.

Questions #4 Analysis: One HCP indicated that there was increased cultural sensitivity noticed in the workplace stating, “Witness people behaving in more culturally sensitive manners. Feel that members of staff that do have Indigenous cultural background and seem freer to express that...the openness and acceptance is really improving”. It would be assumed based on this response that in the past cultural sensitivity in the workplace, prior to the arrival of Indigenous Birth Support Workers or staff awareness on Indigenous cultural supports, has not been as apparent. One HCP stressed the importance of ensuring families learn how to ask questions such as, “What are these questions for? (when an HCP comes into the room and begins to ask questions); Are these questions there to help me? What are you trying to gain by asking these questions?”.

Strengths: There was a noticeable increased sense of cultural sensitivity within the workplace by having more Indigenous staff who have the cultural background and understanding who can bridge the gap of miscommunication and misunderstanding.

Opportunities for change: There was still a need for change and increased cultural sensitivity, awareness and training that is required for all HCP’s that provide care in maternal health care service areas.

Question #5 Analysis: One HCP participant spoke on how trauma differs for each patient because the quick rate of delivery can be a traumatic experience in itself. One HCP explained how trauma can have different meanings such as, “violence, having baby taken away from you, physical trauma (when a child is ripped from your arms). All those things combined to do with baby and mom that’s trauma. It’s breaking the circle within the family system,



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



causing colonization and genocide [when the child is removed from the mother]. None of us are ever safe from that genocide. We have all been affected by it, residential schools, 60’s scoop, etc. Everything they have done, the jail, health and school systems. They do not educate anyone with the real history. It’s all what they want to teach or do (these institutes) ... It’s like the institutes that decide what to do on our behalf. It’s the way decisions are being made on behalf of Indigenous people”. In addition, one participant indicated the need for in-hospital Social Workers to treat women/patients with more respect and cultural sensitivity stating, “The in-hospital social workers say they are there for the patients but really they work in the institution that tells them what or how to treat a patient. I feel they do not treat a patient like a human. They just don’t get it”.

Strengths: Both HCPs identified the fact that trauma can mean something different for each individual that experiences trauma.

Opportunities for change: It was seen that for Indigenous peoples, the concept of trauma is deeply related to past history of residential schools, colonization, lack of education in institutions (i.e., legal, health, education), and an increased need to ensure decisions are made by Indigenous patients, families and communities themselves compared to the historical top-down approach of what HCPs feel are best for Indigenous patients.

Question #6 Analysis: This specific question was not applicable for the HCPs. However, one HCP indicated she personally understood the reason why documents were provided and how important it was to speak up and have prayer guide the process when documents were presented.



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



Strengths: There were no specific strengths found for this question due to the in-applicability of the question for HCPs.

Opportunities for change: Carefully examining the responses from the community participants would help explain more about this specific question. The response from one HCP indicated a personal understanding of why documents were provided, however, a further explanation on why it was important to speak up and have prayer guide the document process would have been beneficial.

Questions #7 Analysis: One HCP indicated the importance of communication between YQ members and YQ Support Staff. She explained expectant families needed to know that the package was available in hospital, and stated, “The people in the community need to spread the word. YQ mothers do not know anything about this research and package. The package needs to be in hospital with the supports that are there”. One HCP indicated the importance of understanding what red flags are [when a mom’s chart was flagged and the baby may possibly be apprehended after the birth of the child]. One HCP further stated, “Supports are so important; they should never be allowed to come by themselves (the pregnant women)”. One HCP stated, “I really want to commend YQ on how proactive they have been with the process with their moms and babies. They come into vulnerable situations and all of those efforts go such a long way to make women feel supported and their proactive approach to this makes a big difference for their band members. I hope they could become leaders in showing that these approaches could make it better for other community members. As an HCP, I hope the dialogue between communities continues to get better. I realize the care has not equally been received. I have great respect and admiration for YQFN on this initiative. When JPCH opened



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



and they provided the ten blankets to be given to first ten babies born, that was a gracious gesture that came from a community that had not received the best care in the past. It showed not only graciousness and a willingness to collaborate but also leadership in coming together with Saskatchewan Health Authority (SHA) as partners. I found the gesture so moving”.

Strengths: The YQ Welcome Package and the support provided by YQFN to improve maternal health care services that their community members receive in hospital were welcomed by HCP’s who supported this project. Despite the past history of negative hospital experiences, YQFN is looking to move forward to ensure that their community members receive safe, equitable and ethical care and cultural support.

Opportunities for change: There was still more work that needs to be completed by both the community and maternal care health services. The YQ Welcome Package needs to be made available in hospital and a process needs to be put in place to ensure expectant YQ community members receive the information. YQFN also needs to ensure that there is a communication process in place so expectant mothers and families know what to expect when they come to hospital and know what supports and resources are available.

4.2 Kici Inēndāgwakin Ācimowinan (Sacred Stories):

Community Participants

Thematic Analysis

Similarities from HCP’s responses (see above in HCP section of thematic analysis)



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



Differences from HCP’s responses:

1. There was a need for family supports prior to, during or after the delivery of their children (expressed by all moms). A lack of support during the delivery of children can lead to increased traumatic experiences for both mother and child. An increase in Ik is required.
2. The treatment received from one nurse affected how one mother and her family felt during the labour and delivery of her child. Feeling uncomfortable indicated a lack of safety, respect and ethical care being provided by specific staff.
3. There was a lack of culturally appropriate supports available and many of the moms indicated the behavior and attitude of the nursing staff needed to change. It would be vital to discover if all (Indigenous and non-Indigenous) moms are treated this way by nursing staff or only certain Indigenous moms and families.
4. Highlight the importance of asking questions when presented with documents that are not understood. Create some examples of questions that patients have a right to ask when being presented with documents they are not familiar with.

Qualitative Data

The synthesis of the data within the community interviews expressed a need for increased communication and increased supports (family, cultural, community and hospital services). Similarities were found in questions 1, 3 and 6. Themes from these questions were placed at the end of each question. In questions 2, 4, 5 and 7 dissimilar responses were found. An overall analysis was provided at the end of each question which includes *strengths* and *opportunities for change* that YQFN and/or the Maternal Health Care services would need to consider based on the feedback received.

Question #1 Analysis: Two participants identified that there were no issues and another indicated keeping baby in the same room helped with bonding. Three participants identified interactions with staff, staff attitudes/behaviors and lack of communication. One participant



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



inquired why a certain medication was provided indicating a need for education to occur with patients who are in labor and delivery. Another participant identified that more information on available cultural supports would have been helpful during her hospital stay experience. One participant identified a need for single rooms that provide more privacy. Two participants identified Nursing staff interactions as mean, rude or grouchy. One stated, “I know I am not the only that experienced the meanness and rudeness of some of these nurses”. Another participant indicated the negative behavior of staff members and having to reciprocal the behavior in order to receive respect by stating, “They were being jerks to me and then I had to be a jerk right back. And that’s when they would change their attitude towards me because I would ask for a supervisor”. In addition, one participant mentioned, “My last baby the nurse made my stay very uncomfortable to the point I wanted to leave. I just had a c-section and I left the next day just because of the nurse”. Another participant identified continued need for education (such as breastfeeding) despite having more than one child stating, “Just because I breastfed before doesn’t mean it’s the same for every baby”. Most participants identified a lack of culturally appropriate healthcare in hospital. One participant stated “I don’t think I was approached by anyone for cultural support. I didn’t know that was offered or that I could talk to someone about that. I was excluded from that information because that was not provided. That would have given reassurance if I knew they offered that type of support”. One participant identified that there is a shift towards offering Elder support. However, the extent of how often this is offered and by whom is unknown.

Strengths: The strengths identified were a notice in the increased number of offers for cultural supports such as Elder support.



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



Opportunities for change: From the similar responses provided by the participants, it was apparent that increased cultural, sensitivity and awareness training is required for nursing health care staff who provide direct care to mothers who are going through the birthing process. There was a lack of culturally appropriate supports available and many of the moms indicated the behavior and attitude of the nursing staff needs to change. It would be interesting to discover if all moms are treated this way by nursing staff or only certain Indigenous moms and families.

Question #2 Analysis: Two participants received the YQ Welcome Package and were able to speak about how beneficial the support for a car seat was. Another participant indicated that she is expecting to receive the package when her child is ready to be born. Two participants indicated the package was helpful. One mentioned that the package was helpful because it offered the materials and resources required as soon as baby is born. The same participant was able to provide a response to what could have been added or removed from the welcome package. She indicated a need for fulfilling food while in hospital. Examples were not provided on what types of food were desired and was hoping better food could be offered in hospital. The other participant was able to speak about the package itself and could easily understand the information and felt the package was “well put together. It was straight to the point and very understandable. I really liked it”.

Strengths: The Welcome Package was beneficial for the mothers who received it shortly after the delivery of their newborn child. In addition, the mothers received a car seat that allowed them to safely take their baby home and use the money they had for a car seat to buy other essential items for their newborn babies.



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



Opportunities for change: More participants who could speak to receiving the package while in hospital could have provided more information on how helpful the package was, and what could have been added or removed.

Question #3 Analysis: Three participants indicated that they had a good support system and one indicated she did not. This participant identified that no one was available for support during the delivery of her child. Three participants had family supports. One participant indicated she is expecting her mother and sister to assist. The responses varied for most participants. Four of five participants identified they were treated with respect, and one of the four identified this occurred only after speaking up for herself. Another mentioned only one Nurse was making everyone (herself and her family) uncomfortable.

Strengths: Four of five participants indicated having some family supports prior to, during or after the delivery of their children. However, the experience was different for each mother.

Opportunities for change: A lack of support during the delivery of children can lead to increased traumatic experiences for both mother and child. The treatment received by one nurse affected how one mother and her family felt during the labour and delivery of her child. Feeling uncomfortable indicates a lack of safety, respect and ethical care being provided by specific staff. It is unknown why one specific staff member would treat their patients and families this way.

Question #4 Analysis: A variety of responses were provided. One participant indicated the prevention workers from community were able to provide support (the package of information and a baby seat) and identified that an in-hospital Social Worker “was there for a different reason”. There was no direct indication about the reason why an in-hospital Social



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



Worker would approach the mother. Two participants indicated Nurses and one Doctor offered unit specific support. Another participant indicated she currently did not have a family physician or Obstetrician as support. One participant indicated how helpful the Prevention Team from YQFN assisted her and that she was informed of her rights on not to sign any documents she did not understand. She stated, “If they did not come and talk to me, I would have signed any old papers. I was very grateful for them to come in that day”. Another participant indicated sharing her story of her experience in hospital would be beneficial for other YQFN families to know that they can stand up for themselves. Another participant indicated a need for improved communication, cultural sensitivity and a need to understand why some staff are not delivering care where a patient feels safe. Two participants spoke to the need for specific nursing staff to be friendlier. One stated, “If you are going to be that negative then why work there?”. Another participant spoke of the need for more cultural supports such as Elders. One participant spoke on the need for improved communication and feelings of safety and stated, “People are scared to reach out, always”. Another participant indicated increased education on how to take care of a newborn baby and for nursing staff not to assume that since she already had a baby she would know how to immediately care for her newborn since there was a considerable age gap between her children.

Strengths: The provision of the YQ Welcome Package and in-person support by the community Prevention Team greatly assisted one mother with knowing her rights and knowing not to sign any documents she did not understand.

Opportunities for change: Most participants identified the need for increased cultural supports in hospital. They also indicated a need for increased communication, education and safe



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement

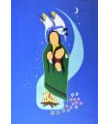


supportive environments when in maternal health care areas. It could also be assumed, based on the responses from the mother who was approached by an in-hospital Social Worker, that if she had signed papers without knowing the reason why, she could have potentially had her baby apprehended from her. Ensuring community and family support services are available is essential to safe, competent and ethical health care for patients and families who come to hospital.

Question #5 Analysis: A variety of responses were provided by each participant on what trauma meant to them and if they experienced this type of trauma in hospital. Three identified personal trauma experiences and what they felt trauma meant to them. One identified the traumatic impact of in-hospital staff by stating, “Social Workers coming in there and taking your kids away from you for no reason. That’s traumatizing itself...”. Another stated, “[Some Nursing staff] they were rude. I was scared to get that negative feedback. They need to treat people how they want to be treated”. One participant identified “grouchy nurses” as who triggered traumatic experiences. One identified she did not experience any type of trauma and another identified the need for more supports during her traumatic experience while having an emergency surgery. The participant further stated, “Being told I had to get cut open because I couldn’t push baby through. It would have been good to have my mother who went through childbirth before to help calm me down”. When identifying if participants had any supports during the traumatic experience three participants mentioned they had family supports. Two did not provide a response as the question was not applicable to their situation. When asked what types of supports would have helped before or after a traumatic experience one participant identified a need for escort support (an escort is someone who is able to be present



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



with the expecting mother prior to, during delivery and after delivery of her newborn.

Typically, this would be the mother’s partner or spouse). Another participant identified she would have preferred her mother to be present during the delivery. Three participants did not provide a response for this question as it was not applicable to their situation. When asked if this was the first-time participants experienced this type of trauma and if not, how many times it had happened, two participants confirmed that this was their first traumatic experience in hospital.

Strengths: During the labour and delivery of newborn babies, mothers expressed the need for family supports to help reduce the impact of a traumatic experience such as the labour and delivery of their child.

Opportunities for change: There are many opportunities for change identified within this question for maternal health care services. The impact of Social Worker staff taking babies away without explanation and/or requesting for documents to be signed without explaining what they are for, the attitude and behavior of nursing staff, the trauma from an unexpected surgery and the way it is communicated to laboring mothers, and an increase in family supports would have alleviated many of the traumatic experiences the mothers had while in hospital. Each traumatic experience was different and individualized. However, an increase in education on cultural competency, safety, and ethics for maternal health care staff and in-hospital social workers is essential to ensure they learn how to better support Indigenous mothers and families in hospital.

Question #6 Analysis: Three participants were able to identify that they received papers while in hospital. Two explained the types of documents provided and one did not provide



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



further details. One participant did not have this question applicable to her situation. Two participants identified they understood the reason they needed to sign the documents. One of the two did not elaborate on specific information and the other mentioned she knew one was for a hospital card but was unsure what the other documents were for. One participant indicated that she was not approached to sign papers. One participant identified that she was asked by an in-hospital social worker to sign papers without seeing them and was not informed why she needed to sign the specific documents. This participant also indicated the support she received from the prevention workers. They helped her to know not to sign documents she did not understand and to question why she needed to sign forms. The response from the Social Worker (leaving the room when questioned by the participant and not responding to any questions) indicates an extreme lack of communication. Further investigation into Social Work policies and procedures requires to be followed up on whether or not this is a common practice for Social Work staff when they are working with Indigenous and non-Indigenous mothers and children.

Strengths: The support received from the Prevention Team assisted one of the mothers to assert her rights and ask questions about documents she did not fully understand. As a result, the mother was able to take her child home.

Opportunities for change: The response provided by the in-hospital Social Work staff needs to be improved. Further investigation is required on whether this type of response is a common occurrence for Indigenous and/or non-Indigenous mothers, families or support workers who speak up and question the reason for signing documentation that they do not fully understand. The SW code of ethics also needs to be further explored and adhered to.



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



Question #7 Analysis: All participants were able to share their own perspectives on the support provided by the YQ Prevention Team. Two participants were able to identify how helpful the YQ Welcome Package was for themselves and their newborn children during their hospital stay. Another was thankful to YQFN, “for reaching out to your people and taking the time to listen to what they have to say or feel”. Suggestions were made within the responses. One participant remarked, “Due to Covid-19, I did not go to any prenatal classes. It would have been nice to have on-line classes”. Another stated, “The thing that bothered me was the overcrowding in the hospital and when they came and asked me all these personal questions. I felt it wasn’t private and they (in-hospital SW) need to consider that when they want to speak to a patient about something”. Another participant stated, “I hope the nurses get more rested”. Lastly, one participant claimed, “YQ Child and Family services team is doing a good job in helping mothers ... they are really stepping up” and thanked Chief and Council for the supports provided. Another participant was grateful for the support from the YQ Nurse who she identified as “really good and helpful”. Overall, the support provided by YQFN, to improve maternal health care services and resources, was well received.

Strengths: The in-hospital support, YQ Welcome Package and baby seat provided by YQFN was considered beneficial by mothers after the delivery of their children.

Opportunities for change: On-line prenatal care teachings, prior to the labour and delivery of their child, is one suggestion for change. The community prenatal classes stopped during Covid-19 and were not moved to on-line, indicating a need and resource that the community may not be aware of. A recommendation for internal maternal health care providers (i.e., Social Workers and Nurses) to be more considerate during a moment when the birth of a child



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



is meant to be a celebration requires further investigation. An increased understanding of how systemic racism has developed, cultural safety and awareness, and ethical space need to be included in trainings and curriculum for all health care workers to ensure safe, competent and ethical care is provided to all patients who enter the maternal health care system.

5. Discussion

The need for improved communication and relationships between health care providers/staff and community participants was apparent in the findings/results of this thesis project. The lack of understanding of the theory of ethical space can be clearly seen in the negative experiences that many of the participants expressed during their hospital stay. The concept of ethical space can be used as a framework to ensure two-way communication occurs when there are differing world-views between health care providers and patients/community participants entering maternal health care facilities. The majority of the participants verbalized the need for improved communication, relationships and experiences. By utilizing the concept of ethical space, differing world-views are able to respect the knowledge that each world-view carries/brings and allows for meaningful interaction, discussion and mutual respect. Reviewing the current policies that exist within Maternal Care Services with YQFN Chief, Council and community members (mothers, Knowledge Keepers, Elders, Youth) will allow for community engagement and support in co-creating change at the systemic level of health care policies and procedures. There are multiple frameworks and tools that can be utilized. Although, it is important to ensure that the frameworks and tools have been co-created or developed with Indigenous peoples for Indigenous peoples who



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



would best know how to bridge the gaps that exist and increase supports from an Indigenous world-view.

One international example of a framework that addresses Indigenous Peoples right to health is the 2010 United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) document. Article 24 of UNDRIP indicates the right for Indigenous People to use their own traditional medicines, practices, and have access to non-discriminatory social and health services (p. 128). From the findings in this project, comments from participants suggest there is a lack of access to Elders and cultural supports in the Jim Pattison Children’s Hospital in Saskatoon, SK. In addition, some participants felt unsafe which could be as a result of experiencing discrimination and racism whether the health care provider that provided service was aware of it or not.

The following next-steps have been articulated during or after Chief and Council meetings by community members of YQFN. This information is not found within the Results/Findings Section of this report:

1. Two-minute videos that works with package that can be played on screen at the health centre (part of knowledge translation).
2. Post-natal and community resources. Note, this information needs to evolve from the women themselves who went back to community. Thus, the co-creation of ways to implement and evaluate the program together with mothers, health care providers and select community members (Knowledge Keepers, Elders, etc).
3. Incorporate a Healing Circle for the mother and family, YQ community members (youth and Elders, Knowledge Keepers on traditional medicines and midwifery),



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



doctors, nurses, social workers, support systems, Saskatoon Tribal Council (STC), and the Federation of Sovereign Indigenous Nations (FSIN) in Saskatchewan.

4. Co-authorship by the community members is critical.

From the interviews conducted with the community participants, it is expected that this research will lead to providing culturally safe, equitable and ethical care for First Nations and Metis community members. It is hoped that the Welcome Package can be provided by community to the Saskatchewan Health Authority and other communities across the province. The Welcome Package is copyrighted; therefore, it is important the community is recognized for the work that they have undertaken. Further research can be conducted on the Welcome Package itself so that it meets the needs of the communities that want to use it. In-depth discussion on the recommendations by the participants and researchers would be valuable for maternal programs and services (Indigenous and non-Indigenous) to wrap holistic health care and services around each patient and new born child.

5.1 Project Limitations

Project limitations include but are not limited to the loss of time due to the COVID-19 pandemic. The due date of the thesis being extended until mid-August, 2021 was a gift. However, it is unfortunate that I will be unable to take another year to follow up with the mothers and HCPs who participated in the interviews. Travel to the community was also limited due to the COVID-19 Guidelines at YQFN and at the University of Saskatchewan. After receiving the Certificate of Approval from the University of Saskatchewan’s Behavioural REB, COVID-19 had already limited travel and the ability to meet participants face-to-face. It was important to continue to connect with both the Community Supervisor



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



and the YQFN Prevention Team to ensure the connections to participants could occur in a good way.

Other limitations of the project included the content of the Welcome Package. The information can be applied to YQFN due to personal contact information and resources that are community specific. In Saskatchewan, there are seventy-five First Nations and over one-hundred Metis communities who each have their own unique resources or access to resources. Not all communities, First Nations or Metis, will have resources pertinent to them such as Treaty Status applications. The Welcome Package content can only be modified following permission from YQFN. Thus, YQFN requests that there be recognition for those who developed the original documents but they are willing to work/share the information with other communities and health care facilities that would find this material useful.

Some key questions to help combat these limitations would be to inquire: 1. How can YQFN share the YQ Welcome Package with Jim Pattison Children’s Hospital and other Indigenous communities who want to improve essential maternal health care services? 2. Can this be a part of programming for other communities?

5.2 Next Steps

As a result of the findings, the following next steps have been identified based on the responses from all interview participants:

1. Continue having YQ Prevention workers and community support staff/members come to the Jim Pattison Children’s Hospital to provide support and post-support.



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



2. Increase Indigenous staff in the Maternity Services area (Social Workers, Nursing, Doctors, Indigenous Birth Support Workers, etc.).
3. Engage the mothers and families so that they can ask questions about anything that they do not understand. Create some examples of questions that patients have a right to ask when being presented with documents they are not familiar with. Ensure a support person is available if support is required while asking questions of the health care staff.
4. Ensure decisions are made by Indigenous mothers, families and communities themselves rather than a top-down approach where HCPs feel their own decisions are best for Indigenous peoples.
5. Provide on-line prenatal teachings for expectant mothers and review the YQ Welcome Package so mothers and families know what to expect when going to the Jim Pattison Children’s Hospital.
6. Increased cultural sensitivity, patients’ feelings of safety (cultural competency, safety and ethics) and awareness training should be required by all health care staff who provide direct care and services to Indigenous mothers who are going through the birthing process. This will ensure increased safety, respect, trust, and ethically competent care and also adhere to the Truth and Reconciliation (TRC): Calls to Action.
7. Determine in-hospital social work policies and procedures for visiting Indigenous and non-Indigenous mothers and newborns.

In addition, for children that are apprehended from mothers and fathers, work needs to be conducted by/with the community to ensure that moms and dads can get well. This will help give babies and their families who they have spiritually chosen to be their family members to



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



have an opportunity to be together as the Creator intended. Strong individuals = strong families = strong communities (Unknown Author).

6. Summary

The results of this research project gave a voice to all those who saw and verbalized a disconnect between the current health system and Indigenous peoples. The hope is that the practice of maternal health care and the entire health system will begin to change. The TRC Calls to Action, UNDRIP, TCPS2 – Chapter 9 (2018) which include OCAP (ownership, control, access and possession) are some of the many Indigenous developed and led tools that can be utilized to address the system gaps and change the way we teach, learn and practice as health care providers.

There has been no Indigenous “voice” in the maternal health care system in Saskatchewan. This thesis project and report has created a pathway to improve a system that was originally built from one dominant world view. The Results/Findings and Next Steps are important to begin creating a culturally appropriate and ethically-safe maternal health care experience for all who enter the maternal health care system. An executive summary has been created and provided to all members of YQFN through the YQFN community newsletter. In addition, to honor the mothers, children and community of YQFN and work of this project, a community feast will commence Fall 2021. For YQFN, this is just the beginning of an overdue systemic change. The goal is to ensure that each mother, family and child in Yellow Quill First Nation will fully experience the joy and wonders of childbirth.

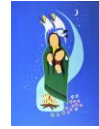


References

- Abele, F. (1997). Traditional knowledge in practice. *Arctic*, 50(4), iii-iv.
- Barrera, J. (2019). Saskatchewan Health Authority investigating new complaint of coerced sterilization. Retrieved from <https://www.google.ca/amp/s/www.cbc.ca/amp/1.5083554>
- Boyer, Y., & Bartlett, J. (2017). External review: Tubal ligation in the in the Saskatoon Health Region: The lived experience of Aboriginal women. Retrieved from https://www.saskatoonhealthregion.ca/DocumentsInternal/Tubal_Ligation_intheSaskatoonHealthRegion_the_Lived_Experience_of_Aboriginal_Women_BoyerandBartlett_July_22_2017.pdf.
- Ermine, W. (2007). The ethical space of engagement. *Indigenous Law Journal*, 6(1), 193-203. Retrieved from <https://tspace.library.utoronto.ca/bitstream/1807/17129/1/ILJ-6.1-Ermine.pdf>.
- Global News. (June 3 2020). Number of children in saskatchewan’s care hits 11-year high, with 86% identified as indigenous. Retrieved from <https://globalnews.ca/news/7020525/indigenous-children-saskatchewans-care-11-year-high/>
- Government of Canada. Research Involving the First Nations, Inuit and Métis Peoples Of Canada: The Interagency Advisory Panel on Research Ethics (PRE). (2018, February 15). Retrieved from <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/>.



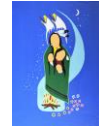
“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



- Kolahdooz, F., Launier, K., Nader, F., Yi, K J., Baker, P., McHugh, T-L., Vallianatos, H., Sharma, S. (2016). Canadian Indigenous women’s perspectives of maternal health and maternal health care services: a systematic review. 13(5): 334-348. Retrieved from <https://diversityhealthcare.imedpub.com/canadian-indigenous-womens-perspectives-ofmaternal-health-and-health-care-services-asytematic-review.pdf>
- Ridgen, M. (Dec 11, 2020). Brandon mother escorted from hospital by security staff as newborn apprehended by child welfare. Retrieved from <https://www.aptnnews.ca/national-news/brandon-mother-escorted-from-hospital-by-security-staff-as-newborn-apprehended-by-child-welfare/>
- Simpson, L. R. (2014). Anticolonial strategies for the recovery and maintenance of Indigenous knowledge. *American Indian Quarterly*, 28(3&4), 373-384.
- Truth and Reconciliation Canada. (2015). Honouring the truth, reconciling for the future: Summary of the final report for the Truth and Reconciliation Commission of Canada. Winnipeg: Truth and Reconciliation Commission of Canada. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English_2.pdf.
- United Nations Declaration on the Rights of Indigenous Peoples. (2010). Retrieved from https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf.



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



Appendix A: Executive Summary

Thesis Project Title: “Abinōcī tagosin” (child has arrived): A Story of Community Engagement

Overview: Yellow Quill First Nation (YQFN) has created its own Calls to Action and decided to work on improving the experience of mothers and families when delivering their newborn babies in Jim Patterson’s Children’s Hospital located in Saskatoon, SK. Previous stories from mothers and families indicated traumatic experiences for many who entered the maternal health care system. In order to begin the first steps of improving the maternal care experiences, a YQFN Welcome Package was developed and provided to 17 mothers in the summer of 2019. YQFN mothers who received the package were able to learn what type of resources were available to them such as birth certificate forms, Canada Child Benefit forms, and connections to YQ Community Prevention Workers, Elders, etc. Mothers during this time also received an infant car seat to safely take their child home upon discharge from hospital. The next steps of the project were to begin community and health care provider interviews to determine how helpful the Welcome Package was and to learn how overall hospital and community-based services could be improved. University of Saskatchewan’s Behavioural Research Ethics Board approval was required prior to interviews commencing including ethics approval by the community itself. Approval was granted on June 17, 2020 in the midst of the global Covid-19 Pandemic. Seven interviews, telephone and in-person (following Covid-19 safety guidelines), were conducted and provided valuable findings/results from the *kici ācimowinan* (stories) and *kici inēndāgwakin ācimowinan* (sacred stories) that were shared by mothers and health care providers who understood and/or experienced maternal health care. Traditional ceremony, tobacco offerings and gifts were provided prior to, during and after the project was completed.

Findings/Results- Kici ācimowinan (stories) & Kici inēndāgwakin ācimowinan (sacred stories):

The theory of ethical space “when two societies, with disparate worldviews, are poised to engage each other” (Ermine, 2007) was used as a framework to test if interview participants felt the need for improved communication and culturally safe and ethical maternal health care.



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



As stated in the thesis report, “The purpose of utilizing this theory is to bridge the current unseen gap of why unethical decisions and negative experiences occur between systems and differing knowledge bases between Western health care and Indigenous Peoples” (p. 8).

Compiled through a thematic analysis, all seven participants indicated the following :

Similarities: increase communication between in-hospital staff and mothers/families, understand the experience of the trauma of delivery and trauma from historical impacts of residential schools, 60’s scoop etc. and how it affects many Indigenous people who enter the maternal care system. Ensure documents are understood prior to signing.

Differences for Health Care Providers (HCPs) included a noticeable difference in the attitude and behaviour of staff in the presence of Indigenous birth support workers. **Differences** for mothers included a need for increased communication, increased family supports, increased cultural supports and better treatment by in-hospital Social Workers and Nurses for moms and families who felt unsafe and unheard in their maternal health care experience.

Next Steps:

As a result of the findings, the following next steps have been identified based on the responses from interview participants:

- 1. Continue having YQ Prevention workers and community support staff/members come to hospital to provide support and post-support.**
- 2. Increase Indigenous staff in the Maternity Services area (Social Workers, Nursing, Doctors, Indigenous Birth Support Workers, etc.).**
- 3. Engage the mothers and families to ask questions about anything that they do not understand. Create some examples of questions that patients have a right to ask when being presented with documents they are not familiar with. Ensure a support person is available if support is required while asking questions of the health care staff.**



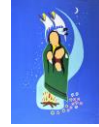
- 4. Ensure decisions are made by Indigenous mothers, families and communities themselves rather than a top-down approach where HCPs feel their own decisions are best for Indigenous People.**
- 5. Provide on-line prenatal teachings for expectant mothers and review the YQ Welcome Package so mothers and families know what to expect when coming to hospital.**
- 6. Increased cultural sensitivity, patients’ feelings of safety (cultural competency, safety and ethics) and awareness training should be required by all health care staff who provide direct care to Indigenous mothers who are going through the birthing process. This will ensure increased safety, respect, trust and ethical, competent care and also adhere to Truth and Reconciliation Calls to Action.**
- 7. Determine in-hospital Social Work policies and procedures for visiting Indigenous and non-Indigenous mothers and newborns.**

In addition, after discussion with YQFN Chief and Council and community members, it was determined that the following next steps were required to improve *community maternal care services*:

1. Two-minute videos to work with package that can play on screen at the health centre (part of knowledge translation).
2. Post-natal and community resources. Note, this information needs to evolve from the women themselves who went back to community. Require implementing and evaluate together with mothers, health care providers and select community members (Knowledge Keepers, Elders, etc).
3. Incorporate healing circle, patient and family, YQ community members (youth and Elders, Knowledge Keepers on traditional medicines and midwifery), Dr’s, Nurses, SW (Social Workers), Support Systems, STC (Saskatoon Tribal Council), and FSIN (Federation of Sovereign Indigenous Nations).
4. Co-authorship by the community members is critical.



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



Conclusion:

There has been no Indigenous “voice” in the maternal health care system. This thesis project and report has created a pathway to improve a system that was originally built from one dominant world view. The findings and next steps of the report are important to begin creating a culturally appropriate and ethically safe maternal health care experience for all who enter the maternal health care system. For Yellow Quill First Nation, the hope is to ensure that each mother, family and child of their community get to experience the joy and wonders of childbirth.

“Our babies are precious to us...they [Western world] has to stop taking them away from us... Our babies are the future generations”-Compiled from Community Elders/Knowledge Keepers quotes.



Appendix B: Two-Page YQ Welcome Package

Dear Mom and Dad,

On behalf of Yellowquill First Nation Chief, Council and membership, we would like to congratulate you on the arrival of your little one. We know this is a special occasion for you and your baby. Therefore, we would like to assist you in making the transition from hospital to your home a safe and happy experience for baby, you and your family. This package will assist with the forms you will need, including baby’s child registration form. Upon request we would like to provide a good support system for you and more importantly the safety of your child. This package includes:

1. Baby car seat (available upon request). For safe transfer of baby to home. Call YQ Prevention team at **1(306) 327-1005** as soon as possible.
2. INAC Birth Certificate forms (to register your child for Treaty Status).
3. Family Support System (Child Care Worker and YQFN Elder- available upon request). Types of support services include:
 - Support in child care. Parents and support systems in place.
 - Understanding documents before signing them.
 - Registration of child and related documents that are needed to be filled out.
 - Family Circle (available upon request).
 - When to ask for support if feeling pressured and making sure to record everything on paper.
 - Making sure that questions you may want to ask are answered to you in a respectful manner. *Respect is Paramount from the parents, hospital and professional staff.*
 - Code of Ethics. *All hospital health staff are required to follow code of ethics and should never leave a family or patient/client in a distressful situation.

4. Phone numbers to call for support:
 - YQ Child Care Worker: **(306) 281-5081**
 - YQ Safe House: **(306) 327-1005**
 - First Nations and Metis Health Services (FNMHS): **(306) 655-0166 or (306) 655-1000** and ask for on-call Manager to be paged during after-office hours.
 - ***If you need to talk to an Elder, call your YQ Prevention Worker/FNMHS to connect you.**



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



5. For those living on-reserve NIHB Services (meals, transportation, accommodations) can usually be provided for 1 escort if not already arranged by YQ Community Transportation Coordinator.
6. If you live in the city of Saskatoon or are planning to stay awhile, please see available resources included in this welcome package.
7. List of resources include:
 1. Application for Birth Certificate. (Make sure that both parents’ information and names are included. This will help when applying for Treaty Status).
 2. Application for Registration of the Indian Register and for the Secure Certificate of Indian Status (SCIS) aka Treaty Status
 3. Canada Child Benefits Application
 4. Saskatchewan Health Services Card Application
 5. Application Form for Post-Secondary Educational Assistance
 6. YQFN New Housing and Renovation Form
 7. Non-Insured Health Benefits Approved Mental Health Therapists
 8. Saskatoon Support for a Growing Family Booklet
 9. Saskatoon Community Asset Services Guide
 10. Saskatoon Police Service Connections Guide
 11. Saskatchewan Health Authority Street Survival Guide
 12. Saskatchewan Treatment Centers information list
8. Follow up care and support with child and parents will be provided by the Yellowquill Prevention team. Please contact us to let us know before you are discharged and/or when you get home.
9. Note: None of this information intervenes in any of the guidelines or policies of Saskatchewan Health Authority, Saskatchewan Child Advocate Office and Ministry of Social Services.

*Code of Ethics: on-line links to help educate yourself and your family of health care professional responsibilities. It is important that you know you have rights for proper care and support while in hospital or in any health care facility.

Social Work: https://www.casw-acts.ca/sites/default/files/attachements/casw_code_of_ethics_0.pdf

Nursing: <https://cna-aiic.ca/html/en/Code-of-Ethics-2017-Edition/files/assets/basic-html/page-6.html>



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement

Doctors:

https://www.cps.sk.ca/imis/CPSS/Legislation__ByLaws__Policies_and_Guidelines/Legislation_and_Bylaws.aspx?Legislation_BylawsCCO=3#Legislation_BylawsCCO

***Please note: This form is normally printed on two pages**

YQ Welcome Package © Yellowquill First Nation, 2019 (Note: the YQ Welcome Package has been copyrighted by the Community).



Appendix C: Interview Questionnaire

Yellowquill First Nation Band Member Narratives

Abinōcī Tagosin Questionnaire

Core Basis of Questionnaire:

In the past and quite recently Yellowquill First Nation (YQFN) has been getting some feedback from parents that have been traumatized by their stay at the hospital while giving birth to their newborn. As part of this feedback, it was also indicated that families received no or little safe culturally appropriate supports or services while in Saskatoon, SK to combat the trauma inflicted on the families that had this experience.

Reasoning of Questionnaire:

In order to understand why this was happening to the new Yellowquill parents we have approached them to tell their stories while they are in these hospitals or soon after the delivery of their child. We know that there are many complex issues that need to be resolved and are still outstanding. Our Chief and Council and the Yellowquill Child and Family Prevention Services team is committed and prepared to find solutions that respect current policy from all agencies involved and work towards a better outcome for our Yellowquill band members. We want to understand what is currently working with services provided and if the implementation of the new Welcome Package developed by the community is making a difference in types of services and care provided in hospital and community.

Corrective Action Taken:

In order to alleviate such incidents from happening on a regular basis to our Yellowquill band members, we have proceeded to incorporate the Truth and Reconciliation Commission “Calls to Action” in undertaking this initiative. Therefore, we will be implementing the Child Welfare - Section #1 through 5, the Health Section #19 and other sections in order for our band members rights to be recognized and respected. We will also be asking different agencies on providing feedback so that they have input into this process we are undertaking. By working together, we will achieve many great things. This will help us determine what has not worked and allow us to take the steps needed to create the changes and actions required to improve maternal health care services for our community members.

Outcome of this Questionnaire:

Once we have collaborated with the Yellowquill parents, Chief and Council, hospital staff, and other professionals on this issue we will have a better understanding by incorporating positive outcomes and eliminating this stressful time that the band members and professional



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



staff are dealing with. As part of this interview process, we will discover what we can do to improve the current services and find equitable solutions while working with other agencies to improve a safer and more culturally appropriate environment and support system for our community members. From this, we can also determine what we can do differently within our own community to better service our community members maternal health care needs. Your input is respectfully requested to provide a valuable contribution for YQFN individuals, families and communities. Respect is paramount and the people, Chief and Council of the YQFN want a bright future for our children.

Name: First Name, age, # of children living

Questions:

1. Tell us about your hospital stay experience:
 - a. What worked?
 - b. What did not work?
 - c. How could it have been better?
 - d. Were you offered safe and culturally appropriate health care?
2. Have you received the Yellow Quill Welcome Package during your hospital stay or soon after?
 - a. Was it helpful?
 - b. What could have been added or removed from the package of information?
3. Did you have a good support system when you had your child? (yes - no)
 - a. Who was there to support you? (mom, dad, brothers, sisters, grandparents, aunts, uncles, friends, or other relatives)
 - b. Did you feel that everyone you were with (including yourself) was treated with respect? Why or why not?
4. Did any health care providers provide support or go over and above support in providing services to you, your child(ern), and/or family? (for example; doctor, nurse, support worker, community prevention worker).
 - a. How was this helpful?
 - b. What could have been done better?
5. What does trauma mean to you? Did you experience this while in hospital?
 - a. If so, was the trauma caused by someone else? Do you remember who or what caused this trauma?
 - b. Did you have any supports during this experience?



“Abinōcī tagosin” (child has arrived): A Story of Community Engagement



- c. What types of supports would have helped you before or after an experience such as this?
 - d. Is this the first time you have experienced this type of trauma? If not, how many times has it happened?
6. Were you asked to sign any documents? If so, did you understand what these documents were for and why you needed to sign them?
7. Is there anything else that you would like to share with the YQ Child and Family Services Prevention team, Chief and council and maternal hospital staff who provided your care?



"Abinōcī tagosin" (child has arrived): A Story of Community Engagement



Appendix D: TCPS 2 CORE Certificate of Completion

PANEL ON RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE

Certificate of Completion

This document certifies that

Valerie McLeod

*has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)*

Date of Issue: **17 June, 2020**

