

**Siem Qulmuhw Mustimuxw Tze Tzu Wut Tu Mamu'na'tzt:
Honoured Indigenous People Helping Our Children**

The co-creation of a culturally grounded family wellness curriculum with
Tillicum Lelum Aboriginal Friendship Centre and urban-Indigenous families

By

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BA, Vancouver Island University, 2013

A Thesis Submitted in Partial Fulfillment of
the Requirement for the Degree of

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ABSTRACT

Urban Indigenous families draw on wholistic understandings of what it means to *be well* that are deeply rooted in culture, ceremony, extended family support, and intergenerational connection. Despite calls from Indigenous families, communities, scholars, and organizations to develop culturally-based and context-specific maternal, child, and family health programs that are rooted in these perspectives (Clifford et al., 2015; Mushquash et al., 2021), there is limited research that includes the needs and experiences of Indigenous families within urban contexts. Through the lens of an Indigenist and relational research paradigm, this study aimed to address a community-identified priority to develop culturally-based family wellness programming and resources to support urban Indigenous families during the perinatal period and early parenting years. A *Medicine Bundle Methodology* was utilized to gather sacred items— knowledges, stories, teachings, and experiences –from urban Indigenous families who access programs at Tillicum Lelum Aboriginal Friendship Centre, and from the Elders and Knowledge Keepers who support them. Three talking circles were held to better understand the cultural wellness needs and priorities of urban Indigenous families, followed by one-on-one conversations with four Elders. Overarching themes from these conversations included Prenatal Wellness, Postpartum Wellness, Parenting Young Children, Intergenerational Family Wellness, and Honouring Diversity of Cultures and Teachings in Urban Spaces. Results from this research demonstrate the need for urban Indigenous organizations to be self-determining in the development and delivery of health services; for family wellness programming and resources to be rooted in culture and ceremony; and for the use of a family-centered and intergenerational approach in the development and implementation of family wellness programs. Co-creation of this research bundle contributes to expanding the knowledge base on the wellness needs and experiences of urban Indigenous

families, and the community-led development of responsive, culturally-relevant, and effective family wellness programming within urban Indigenous communities.

Keywords: Urban Indigenous health; Maternal, child, and family health; Family wellness; Indigenous research methodologies;

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Tabi misyh, Huy tseep q'u, Klecko Klecko, Gilakas'la

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PROJECT NAME

This project received its name from Coast Salish Elder, Qxi-qwuy-ul-tu-nauut, Marguerit James. The Hul'q'umi'num phrase "Siem qulmuhw mustimuxw tze tzu wut tu mamu'na'tzt" translates to "honoured Indigenous/Native people helping our children." Qxi-qwuy-ul-tu-nauut gifted this name for the project, explaining that the phrase signifies the collective responsibility of each of our Indigenous community members to care for all of the children within our community. In the Hul'q'umi'num language, when -'tzt is added to the end of a word or phrase, this delineates collective ownership. When added to the word *mamu'na* (children), *mamu'na'tzt*, signifies collective ownership of, responsibility for, and relationship to all of our children. Qxi-qwuy-ul-tu-nauut - huy ch q'u siem for the great honour of receiving this beautiful name that reminds us of our reason for carrying out this important work.

A NOTE ON TERMINOLOGY

Indigenous: I have chosen to use the term “Indigenous” throughout this work as a way to respect the diversity and self-identification of Indigenous peoples and families who live within the urban context of this research. I acknowledge that use of this amalgamated term risks perpetuating the imposed invisibility or “lumping in” of unique and distinct cultural identities (Carriere & Richardson, 2017, p.5). However, as the focus of this thesis is on the diverse population of urban Indigenous families who access family wellness services at Tillicum Lelum Aboriginal Friendship Centre, my intention is to use this term respectfully and inclusively, allowing space for families who choose to identify in a multitude of ways, including but not limited to First Nations, Métis, and/or Inuit.

Urban: The term “urban” is used to refer to the Indigenous population (including status and non-status First Nations, Inuit, and Métis people) who live in an urban centre or city (First Nations Health Authority, FNHA, 2022a).

Turtle Island: The term “Turtle Island” originates from the creation stories of Indigenous peoples, including Anishinaabe and Lenape, and refers to the land that is now commonly/colonially known as the Americas. “Turtle Island is used to reference this land mass while not affirming or recognizing the various nation states that now overlay the First Peoples’ traditional territories and lands” (Pruden & Salway, 2020, p.1).

Wholistic: The term “wholistic” is intentionally used throughout this research as opposed to “holistic” when referring to the wellness of urban Indigenous individuals, families, and communities. As Mi’kmaw Elder Murdena Marshall suggests, the word is spelled in this way to remind us of “whole” rather than “hole” (Marshall et al., 2015), reflecting the understanding that

when we refer to health we are describing the interconnected well-being of the whole person (physical, spiritual, mental, and emotional), the whole family, and the whole community (First Nations Health Authority, 2022b).

Biomedical Model: The term “biomedical” is used throughout this work when referencing the highly medicalized model of perinatal health, and maternal, child, and family health care more broadly, that has existed in Canada since the mid-twentieth century (Cidro et al., 2020). The biomedical model focuses on the “eradication of negative symptoms of the individual” and is understood to be ineffective in responding to the health needs and perspectives of Indigenous Peoples (Blanchet-Cohen et al., 2021, p. 56).

Culturally-grounded: The term “culturally grounded” is used to refer to models of care that are firmly rooted within Indigenous worldviews, values, protocols, and practices (Walters et al., 2018). Culturally-grounded family wellness programs and services center Indigenous voices and knowledge systems, and understand wellness to encompass family, land, community, culture, and ceremony (FNHA, 2022b).

PROTOCOL

Both the community protocols of my ancestors and those from the Coast Salish territories upon which I live ask that we locate ourselves within our research and in our relationships with community. Siy sozi Ashley Simpson. My mother's family is Wet'suwet'en from Hagwilget Village - from the Cassyex (Grizzly Bear) House and the Gitdumden (bear) Clan. My father's family are settlers within Wet'suwet'en territories, of English and Scottish decent. I am a grateful guest on Coast Salish territories, specifically the unceded lands of the Snuneymuxw First Nation, where I have had the privilege of being raised, and now raise my own children. *Tabi misyh, Huy tseep q'u, thank you*, to the Snuneymuxw mustimuxw for allowing the preparatory work, knowledge gathering, and community engagement for this research project to take place on these unsundered and ancestral lands of the Coast Salish peoples. It is with great gratitude to my many teachers - these lands, the Elders and Knowledge Keepers, my family, community, and ancestors – that this work is carried out in the spirit of our relative, Grizzly Bear, to help keep our women and our families well on this land.

When the Creator first asked the animal kingdom 'what will you do for the people when I occupy these traditional lands?' the grizzly bear was the one that stepped forward and said: 'I'll teach the women how to give birth to the young. They'll learn about the mountains, about high, mid and low elevations. They'll learn about the roots, the medicines, the foods and the salmon cycle. They'll learn how to live in harmony with the natural ecology. - Laura Grizzlypaws (Camille, 2022)

CHAPTER 1: INTRODUCTION

Within Indigenous communities across Turtle Island, there is a vast wealth of intergenerational knowledge, expertise, cultural protocols, and practices on how to support the health and wellness of families during pregnancy, birth, and parenthood. Indigenous women and mothers are *sacred*. They are the life givers of our communities, our matriarchs, the Knowledge Keepers, the name-givers, the law-makers, our healers and spiritual leaders - “they birth[ed] the whole world” (Bear, 1990, as cited in Van Herk et al., 2011; Leason & Sutherland, 2022). Indigenous communities have upheld maternal, child, and family health work since time began, and protected the wholistic health and wellness of new families by honouring this sacred time:

...one of the most important things is that the pregnant woman must be treated with respect and dignity. As a water carrier, she carries the future generations and nations within her. As a community we have a responsibility to support and to nourish women so that babies are born healthy into a strong and vibrant community of Indigenous people across Turtle Island. (Ellen Blais, Oneida, as cited in Seventh Generation Midwives Toronto, SGMT, & Well Living House, 2017, p.30)

In the mid-twentieth century, the federal government began promoting a biomedical model of health care that strategically marginalized Indigenous pregnancy, birthing, and parenting practices and imposed Western standards of care on Indigenous women and families (Lawford & Giles, 2012; Lawford, 2016). Historically, biomedical models of maternal, child, and family health have positioned women as patients, primarily focusing on physical health during pregnancy and the health and development of their infants, with minimal consideration of cultural needs or support for the family as a whole (Blanchet-Cohen et al., 2021). Further to this,

the “historical exclusion and misrepresentation” of Indigenous women’s voices within health research, policy development, and delivery of care have perpetuated health disparities and adverse maternal and infant health outcomes for Indigenous women and families (Leason, 2017, p.2). Existing literature indicates that decolonization efforts, which include the centering of Indigenous voices, the reclamation of political, economic, cultural, and social self-determination, and connection to Indigenous culture and identity, are foundational in addressing these ongoing health disparities amongst Indigenous peoples in Canada (Mundel & Chapman, 2010). The positive impacts of decolonizing and self-determining approaches also extend to maternal, child, and family health contexts, with community-driven, culturally-based perinatal health services providing more effective and appropriate care for families (Oster et al., 2021; Wiebe et al., 2015). Further to this, the Truth and Reconciliation Commission of Canada calls on those who can effect change within Canadian health contexts to “recognize the value” of Indigenous knowledge and practices, and work collaboratively with Elders and Knowledge Keepers to use these Indigenous wellness approaches to support the health of Indigenous people (Truth and Reconciliation Commission of Canada, 2015, p.3). And most recently, the British Columbia Cultural Safety and Humility Standard (2022) outlines the recommendations for research to be co-designed and co-produced with Indigenous communities and responsive to the priorities of First Nations, Métis, and Inuit communities (pp.45-47). To honour and carry forward this important work in a good way, we must start at the very beginning. We must create safe, nurturing spaces for mothers and families to be firmly rooted within their cultures and communities as they prepare to bring new life into the world: “[D]ecolonizing future generations begins with conception; we must begin to decolonize our birthing and maternal experiences” (Leanne Simpson in Brant, 2014, p.35).

This thesis explores the meaning of wholistic wellness for urban Indigenous families who attend maternal, child, and family health programs at Tillicum Lelum Aboriginal Friendship Centre. Through the centering of urban Indigenous families voices, the needs and priorities of families are amplified to determine the ways in which cultural teachings, practices, and ceremonies can support family wellness within this urban context. The outcome of this research, the development of family wellness program resources rooted in cultural teachings and practices, co-created in partnership with Tillicum Lelum Aboriginal Friendship Centre, Elders, Knowledge Keepers, and urban Indigenous families, is also described. This research project addresses an organization-identified need to honour and uphold the physical, mental, emotional, and spiritual wellness of urban Indigenous families from pregnancy through to early parenthood in a wholistic and culturally-grounded way. With the guidance of a Community Advisory Committee (CAC), engagement with Elders, Knowledge Keepers, and Indigenous families informed the development of a program curriculum and knowledge translation products, which will be used by programs within the organization to support families during the perinatal period and early parenting years. Development of a culturally-based family wellness curriculum aligns with a broader need identified by Indigenous communities across Turtle Island to strengthen knowledge of and access to culture and ceremony to support the health of Indigenous women and families (Burns et al., 2019). This community-driven approach has resulted in relevant and effective family wellness resources - rooted in culture, and responsive to the direct needs of the urban families that Tillicum Lelum serves (Oster et al., 2016).

THE STORY OF PLACE

This research project, and the work of Tillicum Lelum Aboriginal Friendship Centre, is carried out on the unsundered and ancestral territory of the Snuneymuxw First Nation. Before

the arrival of colonial explorers, the traditional territory of the Snuneymuxw mustimuxw spanned the mid-Island region of Vancouver Island, throughout the Gulf Islands, and extended to the Fraser Valley (Snuneymuxw First Nation, SFN, 2013). Lands rich in natural resources such as fur, fish, and timber enticed Europeans to settle this territory as early as 1592, with the discovery of coal in the early 19th century setting in motion a long colonial history of exploitation and extraction that would forever transform this territory (Leduc, n.d.). The complex historical and ongoing relationship between Indigenous territories, Indigenous peoples' bodies, and the "systemic disregard that allows both to be violenced" is evidenced by the simultaneous development of the Nanaimo Indian Hospital, which operated from 1946 to 1967 on Snuneymuxw lands (Women's Earth Alliance & Native Youth Sexual Health Network, 2016, p.13; Sterritt & Dufresne, 2018). The Indian hospital served as a tuberculosis sanatoria, and was one of 29 institutions run by the Department of National Health and Welfare across Canada (Sterritt & Dufresne, 2018). Our relatives continue to come forward to share their stories of the physical and sexual abuse, malnourishment, and experimentation that took place in these 'hospitals' (Meijer Drees, 2013; Sterritt & Dufresne, 2018). These complex histories of colonial harms to the land and to Indigenous peoples on Snuneymuxw territory are woven throughout the larger fabric of Indigenous women and families' health within this place, and undoubtedly continue to impact family wellness today.

TILLICUM LELUM ABORIGINAL FRIENDSHIP CENTRE

With growing numbers of Indigenous people moving to urban areas in the 1950s, the Friendship Centre Movement emerged as a community-led response to addressing a need for supports and services for the urban Indigenous population (National Association of Friendship Centres, NAFC, 2022a). Recent statistics show that in British Columbia, 78 percent of

Indigenous people live in cities and urban centres (Government of British Columbia, n.d.). With over 100 locations across Canada, and 25 locations in British Columbia, Friendship Centres continue to be leaders in providing health and social services, access to culture, and a sense of belonging and identity for urban Indigenous individuals and families (NAFC, 2022a):

Friendship Centres are idea incubators for young Indigenous people attaining their education and employment goals, they are sites of cultural resurgence for Indigenous families who want to raise their children to be proud of who they are, and they are safe havens for Indigenous community members requiring supports. (Ontario Federation of Indigenous Friendship Centres, OFIFC, 2012)

Tillicum Lelum Aboriginal Friendship Centre was incorporated in 1968, beginning as a space for urban Indigenous people in the Nanaimo and surrounding community to gather for coffee and conversation, and evolved into an organization that offers education and training programs, health and counselling services, social service programs, as well supports and events for children and youth, families, and Elders (Tillicum Lelum Aboriginal Friendship Centre, TLAFC, 2022). Tillicum Lelum provides wrap around supports and services to any member of the community who requests assistance, resulting in a rich diversity of families and community members accessing services (TLAFC, 2022). The population served by this urban organization includes Indigenous – First Nations (status and non-status), Métis, and Inuit – as well as families and individuals who identify as non-Indigenous. The Tillicum Lelum Health Centre, where the bulk of this research has primarily taken place, is located in one of the oldest standing churches within this territory – the Haliburton Street Methodist Church (Leduc, n.d.), adjacent to Snuneymuxw Reserve No. 1. Although the organization is located on Coast Salish territory, the community of urban Indigenous families who access services at Tillicum Lelum come from

traditional territories across Turtle Island, and seek family health and wellness services that honour and acknowledge the diversity of cultures and contexts from which they are from.

The health of urban Indigenous families has always been a focus of Tillicum Lelum, with the Building Better Babies program being one of the first programs to be developed and offered by the organization over 30 years ago, providing health education, outreach services, advocacy, nutritional, doula/birthkeeper, infant development, and cultural supports, among many other resources (G. Elliott-Nielsen, personal communication, November 1, 2022). The outcomes of this project are additional offerings to the extensive wealth of programs and services provided by Tillicum Lelum for urban Indigenous families, building upon and increasing access to cultural knowledges to support families during the seasons of pregnancy, birth, and early parenthood.

RESEARCH INTENTIONS

During initial conversations with Tillicum Lelum in the winter of 2021, the leadership team had shared that program staff were observing higher numbers of families experiencing mental and emotional wellness challenges throughout the COVID-19 pandemic. In response to this, the Community Advisory Committee determined that increasing access to cultural teachings, practices, and ceremonies would support urban Indigenous families in their wholistic wellness during the perinatal period and early parenting years. The overarching goals of this research project were: (1) to address a need identified by Tillicum Lelum Aboriginal Friendship Centre to create family wellness programming and resources that are rooted in cultural teachings, practices, and ceremonies; and (2) to better understand the direct needs and interests of urban Indigenous families in accessing cultural teachings and practices throughout the perinatal and early parenting journey. The organization-identified priority of culturally based family wellness

provided direction for knowledge gathering to inform the development of a program curriculum, and centered the voices and needs of urban Indigenous families in maternal, child, and family health program development. The objectives of this thesis work included:

1. Examining the literature and existing resources related to perinatal and early parenting wellness for urban-Indigenous families;
2. Centering urban-Indigenous families' voices and needs in the development of maternal, child, and family wellness programs and resources;
3. Gathering knowledge and teachings from Elders and Knowledge Keepers on cultural protocols and practices to support the wellness of families during the perinatal period and early parenting years;
4. Synthesizing and making meaning of knowledge gathered to inform the development of a culturally-grounded and community-specific family wellness program curriculum;

In addition to these research objectives, my intention is for this project to be an offering of reciprocity for the many gifts that Tillicum Lelum, both as an organization and as a community, has generously shared with me. Through many years of being part of the Tillicum Lelum team, this organization has become my community, and its team members my extended family – I am emotionally connected to this work (Bell, 2018). As Indigenous researchers, we are accountable to *all our relations* (Wilson, 2001). This means that I have a responsibility to fulfil this relationship to my community, and use any resources that I carry - such as influence, privilege, knowledge, or skills - to address identified gaps or barriers, and create positive change that will benefit the community as a whole (Bell, 2018).

FOCUS OF RESEARCH

In alignment with the principles of an Indigenist research paradigm, the focus of this research is rooted within “the reality of Indigenous experience” (Wilson, 2007, p.195), and is

centered on the organization-identified need for family wellness programming and resources that are culturally-based and address the specific needs of urban Indigenous families. The aim of this research was to co-create a culturally-grounded family wellness curriculum that drew upon the traditional teachings of our Elders and Knowledge Keepers to meet the direct needs of urban Indigenous families who access parenting programs through Tillicum Lelum. To ensure that the outcomes of this work were relevant and responsive to the needs of these families, the focus of this research project is within the urban Indigenous context of Nanaimo, BC – drawing upon teachings from Coast Salish, Nuuchahnulth, and Kwakwaka'wakw Elders and Knowledge Keepers who live in this community and have a relationship to the organization and families it serves.

CHAPTER 2: REVIEW OF THE LITERATURE

The Indigenous population in Canada is diverse, young, and quickly growing (Statistics Canada, 2022). According to the 2021 census, 801,045 Indigenous people, over half of the Indigenous population in Canada, lived in urban centres (Statistics Canada, 2022). In British Columbia, nearly 18% of First Nations people, and 78% of Indigenous people more broadly, reside in cities or urban centres (Statistics Canada, 2017; Government of British Columbia, n.d.). This young, growing Indigenous population indicates a need to prioritize maternal, child, and family health, and particularly the promotion of wholistic and culturally relevant sexual and reproductive health for Indigenous youth and young adults as they prepare to journey into the next life stage as life givers and providers (Anderson, 2011). In addition to this, Métis Elders have continued to voice the central role of mothers in culture and wellness, calling for the prioritization of health and social policies and programs that support mothering roles, identity, and wellness (Carrière & Richardson, 2017, p. 108 as cited in LaFrance, 2021). Despite this, Indigenous women and families across Canada continue to face unique barriers when accessing mainstream maternal, child and family health care, including healthcare providers' perceptions of Indigenous women (Van Herk et al., 2011) and fear of accessing healthcare services when there is the very real threat of child protective services involvement and subsequently, child apprehension (Denison et al., 2014; Leason, 2017). In addition to these immense barriers, the recent investigation of Indigenous-specific racism within the health care system in British Columbia has highlighted that Indigenous women and families experience pervasive racism and discrimination when accessing health care (Turpel-Lafond, 2020). Ongoing systemic barriers such as this perpetuate harmful colonial policies and practices within our health care system,

effectively making health services – physically, emotionally, mentally, and spiritually - unsafe for many Indigenous women and families (Turpel-Lafond, 2020).

Existing evidence shows that health policies and programs are most meaningful, effective, and culturally-safe when they are responsive to the direct needs identified by the Indigenous communities they aim to serve, and are centered on the “wisdom, culture, strengths, and resiliencies” that exist within communities (Levine et al., 2021, p.246; Canadian AIDS Treatment Information Exchange, 2020). This research project is the result of many conversations with Tillicum Lelum, where a need for culturally-grounded maternal, child, and family wellness resources to address these systemic barriers was identified by organizational leadership and health program staff. This prioritization of culture within maternal, child and family health contexts is reflective of broader recommendations for the provision of culturally relevant and safe care to strengthen the health and wellness of Indigenous mothers, their children, and families (Burns et al., 2019; First Nations Health Authority & Office of the Provincial Health Officer, FNHA & OPHO, 2021). The following section will review the current literature available on the state of Indigenous maternal, child, and family health in Canada and wise practices in the provision of culturally grounded, community-led care for Indigenous families.

MATERNAL, CHILD, AND FAMILY HEALTH IN CANADA

Across Turtle Island, Indigenous women and girls are disproportionately impacted by racism and discrimination within the health care system (Turpel-Lafond, 2020, p.29). Indigenous women feel less safe accessing care within these discriminatory, and often harmful, health care environments, resulting in a disproportionate rate of poor health outcomes for

Indigenous women and their children (Turpel-Lafond, 2020, p.29). Although it may be perceived that Indigenous women living in urban settings have increased choice of and control over their health care due to proximity to health services, the literature demonstrates that this does not equate equity in access to health care, nor does it result in increased access to culturally safe and relevant care (Bucharski et al., 1999; Beckett et al., 2018). In addition to this, the federal, provincial, and regional jurisdictional responsibilities for the provision of Indigenous health services are complex and varied (Olson & Couchie, 2013). While funding for urban Indigenous health services is the responsibility of Health Canada and the Public Health Agency, there is urgent need for improved clarity and a coordinated response among all levels of government to address the health needs of Métis, off-reserve First Nations, and urban Inuit populations (Government of Canada, 2021). This lack of clarity has created ongoing barriers for both those providing and accessing maternal health care (Olson & Couchie, 2013). Together, the insufficient availability of safe and relevant health care and the lack of clarity in governments' responsibility for the provision of health services for urban Indigenous people continue to have detrimental impacts within maternal, child, and family health contexts and subsequently impacts rates of access to health services during the perinatal period and beyond (Government of Canada, 2021; Turpel-Lafond, 2020).

In Canada, maternal, child, and family health care services are predominantly offered through a biomedical lens, focusing on the management of women's physical health during pregnancy and the development of their infants and children (Blanchet-Cohen et al., 2021; Bucharski et al., 1999). These biomedical approaches tend to provide individualistic care to the pregnant person, rarely taking into consideration the role that family and community have in nurturing the physical, mental, emotional, and spiritual wellness of families (Blanchet-Cohen et

al., 2021; FNHA & OPHO, 2021). From a Cree-Métis understanding of family wellness, Elder Maria Campbell articulates:

“Family [to our old people] meant sharing all things - wealth, knowledge, happiness and pain. It meant brotherhood, loving and caring enough about each other to be honest, and from that honesty, gathering strength to change those things which would hurt us all”

Campbell, M., 1981, p. 10 as cited in Macdougall, 2017).

From this lens, the wellness of the individual is inextricably connected to the wellness of the whole family and extensive, healthy kinship networks provided strength and support in keeping one another well (Macdougall, 2017). This lack of alignment between biomedical health policies and practices and Indigenous cultural practices and values within maternal, child, and family health is reflected in disproportionate health outcomes for First Nations, Métis, and Inuit women and families (Wiebe et al., 2015; FNHA & OPHO, 2021; Turpel-Lafond, 2020). For example, lower rates of Indigenous mothers access prenatal care, with 59% of First Nations women in B.C. attending 9 or more prenatal health care visits, in comparison to 75.5% of their non-Indigenous counterparts (Turpel-Lafond, 2020). Startling disparities are also highlighted in pre-term birth and infant mortality rates for First Nations women and their infants, at 2.3 and 1.7 times that of their non-Indigenous counterparts respectively (Kolahdooz et al., 2016; Turpel-Lafond, 2020). Further to this, Indigenous women in Canada experience higher rates of adverse outcomes such as still birth, perinatal death, low birth-weight, premature infants, and elevated rates of Sudden Infant Death Syndrome and other causes of infant death than non-Indigenous women (Kolahdooz et al., 2016; Sheppard et al., 2017).

Existing evidence has often identified socio-cultural and socio-economic status as determinants that exacerbate these adverse maternal and infant health outcomes for Indigenous women and children (Kolahdooz et al., 2016). However, recent research has shown that the determinants of Indigenous women's health extend far beyond health behaviours and socioeconomic factors, and are deeply impacted by the extensive legacy of harmful government policies that have resulted in intergenerational trauma for women, families, and communities (Sheppard et al., 2017, Turpel-Lafond, 2020). The recent investigation of Indigenous-specific racism within the British Columbia health care system and the release of the *In Plain Sight Report* has highlighted that these disproportionate health outcomes are, in part, a direct result of a racist and discriminatory health care system, rendering health services unsafe for many Indigenous women, families, and communities (Turpel-Lafond, 2020; Bucharski et al., 1999). The perinatal health outcomes of Indigenous women are inextricably connected to the power, choice, and control they have over their own health, and the ability to make informed decisions relating to their health care and that of their children is of the utmost importance (Varcoe et al., 2013; BC Centre of Excellence for Women's Health, 2000).

THE ROLE OF CULTURE & CEREMONY IN FAMILY WELLNESS

The central role of culturally appropriate and community-based health care approaches for Indigenous families has often been identified in the literature as critical to Indigenous health (Reading & Wien, 2009; Wiebe et al., 2015). A growing base of evidence demonstrates the positive impact of cultural continuity, resiliency, and self-determination on Indigenous family and community wellness (Martin Hill, 2009; Reading et al., 2007; Reading & Wien, 2009; Wiebe et al., 2015). Maternal health is defined by the World Health Organization (2022) as being comprised of women's health during pregnancy, childbirth and the postnatal period. Within this

biomedical definition, maternal and child health focuses on prenatal and well-child care, prevention of infant and maternal mortality, newborn screening, infant and child immunizations, child nutrition and services for children with diverse health care needs (National Conference of State Legislatures, 2022). This definition merely captures one aspect of what it means to *be well* during the perinatal and early parenthood journey, and fails to reflect an Indigenous perspective of family wellness that extends beyond individual health to encompass family, land, community, culture, and ceremony (FNHA, 2022b).

Many Indigenous communities understand the perinatal period to be a sacred and powerful time (FNHA & OPHO, 2021). According to Cree/Métis scholar, Kim Anderson (2011), the perinatal period is “a time to honour the spirit that was coming as well as the mother who carried that spirit” (p.43). In the words of Mohawk midwife, Katsi Cook (2020):

Our bodies are the doorways through which human beings come from the spirit world to this one, and that capacity and power in that moment of birth is available to us as women, as families, as relatives, to find our strength and wisdom and the stories of the people.
(SGMT & Well Living House, 2017, p.5)

In this way, *birth is ceremony*. Families and communities continue to uphold the teachings of our ancestors, holding welcoming ceremonies to honour and celebrate the new life; naming ceremonies to solidify the baby’s place within kinship networks and spiritual identity; and placenta ceremonies to acknowledge the sacred role that it plays in sustaining life, and once buried, to connect the baby to land and place (SGMT & Well Living House, 2017; National Aboriginal Council of Midwives, NACM, 2017). These ceremonies establish strong community roots for the mother and baby by nurturing a sense of cultural identity and belonging for the

family (Hayward & Cidro, 2021; SGMT & Well Living House, 2017). Despite the vibrant resurgence and reclamation of this wholistic and relational understanding of pregnancy, birth, and parenthood, this way of knowing is rarely reflected within biomedical approaches to family health services and programs, creating inequitable access to representative and safe perinatal care and parenting supports (BigFoot & Funderburk, 2011). Through the ongoing reclamation of traditional teachings and practices related to pregnancy, birth, and parenting, and the intentional integration of these into maternal, child and family wellness programming and care, Indigenous women and mothers resist dominant, biomedical approaches to family wellness care, and reaffirm their sacred roles and identities as life givers (Van Herk et al., 2011).

The work of Wiebe and colleagues (2015) puts forward four key components for a healthcare model that better reflects these values and worldviews, including: the integration of Elders into care; availability of culturally-based health teachings and practices; Indigenous community-based doulas and midwives; and culturally competent care providers. Programs and services that provide flexible approaches to perinatal care, are rooted in or incorporate traditional wellness knowledge and healing practices, and create strong, extensive circles of support are better aligned with Indigenous community and cultural values, and stand to provide more effective and appropriate care to families (Oster et al., 2021; Wiebe et al., 2015). These wise practices have been highlighted as a way to create a foundation in maternal, child, and family health that centers collective perspectives, beliefs, and practices, and the need to re-establish culturally rooted and community-based supports into the perinatal and early parenting experience (Birch et al., 2009; Wiebe et al., 2015). Effective development and implementation of Indigenous family health programs requires the centering of Indigenous voices, with women, families, Elders, and Knowledge Keepers guiding the process from a foundation of cultural knowledge

and practices (Lang et al., 2010). When maternal, child, and family health programs foster connection with cultural knowledge, practices, and ceremonies, Indigenous mothers are supported and empowered to nurture their own health and healing, and in turn, hold space for cultural connection and wellness for their children, families, and broader communities (Burns et al., 2019). The integration of culture and ceremony in programming reinforces cultural understandings of pregnancy, birth, and parenting, and fosters a sense of belonging and social cohesion within communities (Wiebe et al., 2015).

INTERGENERATIONAL APPROACHES TO FAMILY WELLNESS

We have ceremonies for everything. It's the woman who prepares all the ceremonies. It's the woman who cradles the baby. As soon as the baby is born, they whisper in the baby's ear who they are. "I'm Be'sha." I would blow into the baby's nose so the baby knows my breath. I would touch the baby so it knows my feel. So all the women, we call them aunts to that baby they would all do the same thing so that the baby would never forget who they are. (Dene Elder, Be'sha Blondin, as cited in Anderson, 2008)

Before the imposition of a biomedical birthing model in the early twentieth century, it was the grandmothers and aunts who held the role of *birthkeeper* within many Indigenous communities (Pambrun et al., 2019). Reproductive health, pregnancy, and parenting knowledges were carried by the community grandmothers, aunts, and two-spirit community members, providing care and support to families during pregnancy, birth, and parenthood as midwives, doulas, and healers (Pambrun et al., 2019). Traditional models of care maintained the connection of birth to culture, place, community, and ultimately, identity (Kornelsen et al, 2010). This *cultural continuity* – the degree of social and cultural cohesion and connection within a

community – is understood to be a critical facilitator of improved health outcomes for Indigenous families and communities, and is fostered by intergenerational connectedness and relationship to extensive kinship networks and Elders (Reading & Wien, 2009).

Each member of the community, part of the extended kinship network, held an important role in caring for families as they settled into new parenthood: “Community support was fundamental to the birthing process and integral to well-being and cultural continuity” (Perinatal Services BC, PSBC, 2021, p.1). Grandparents, aunties and uncles, Elders, Knowledge Keepers, and others wrapped around families with support and nurturance to contribute to this collective caring and intergenerational relationship building (Anderson, 2011). For our Métis kin, extended family systems are understood to be “more than a mother, father, and their children. An extended family might include parents and their children, grandparents, and one or more parental siblings and their children if any...Extended family membership was often fluid and loosely structured” (Dorion, 2003 as cited in Carriere, 2017, p.76). Within these extended kinship networks, child rearing was a communal effort – with all members having a role and responsibility in supporting the family raising a child (Carriere, 2017; Mann-Johnson, 2017). In addition to this, women specifically had a role to play in supporting birthing families, and began to observe births and receive teachings of how to assist in the birthing process as youth (O’Driscoll, et al., 2011). An intergenerational approach to family wellness is the embodiment of a relational worldview, centering accountability to all our relations and acknowledging that wellness lies within the support of the circle (Anderson, 2011). Collective responsibility for the wellness of families ensures that new parents are embedded within this web of supports, receiving care, cultural teachings, and knowledge of parenting practices from many teachers within their extended familial networks (Anderson, 2011). Within this relational system, reproductive health,

pregnancy, birth, and early parenting teachings were transferred from generation to generation, between mothers, sisters, aunties, and grandmothers (Cidro et al., 2022), intertwining perinatal wellness practices with the “many generations that came before to the many future generations to come” (Brant, 2014, p. 42). Mohawk scholar, Dr. Jennifer Brant (2014) eloquently refers to this intergenerational exchange of knowledge as the “invisible lifeline that connects the power and strength of our ancestors to the sacredness of new life to come” (p.42).

The relationships, connections, and exchange of knowledges that result from this intergenerational approach nurture *reciprocal wellness*. Not only are the new families receiving care benefiting from these relationships, but also those who are providing care to families - honouring the life stage roles and responsibilities of grandmothers, aunties and others in the community and reaffirming the knowledges and skills they carry to maintain the wellness of families (Anderson, 2008). An example of this approach in action is the *Elder Mentoring Program* in a Nêhiyawî (Cree) community, which aimed to provide perinatal families with an intergenerational and culturally safe approach to care during pregnancy and ultimately, “protect every grandchild” (Oster et al., 2021, 179). The program supported prenatal families by fostering enhanced and intergenerational support networks, while also fostering a sense of intergenerational fulfillment and enjoyment among both the families and Elders involved (Oster et al., 2021, p.181). Elders in the Program shared that their involvement in helping to “bring life into the world” provided an immense sense of honour, pleasure, and purpose through giving back to their community in such a meaningful way (Oster et al., 2021, p.184). These new ways of creating intergenerational connection adapt traditional approaches to wellness to our current context:

We cannot live in the past, but we can continue to use the aspects of our culture and adapt them to modern day situations. We can discover and relearn how our ancestors raised their children and respect the values of our traditions. Fortunately, we still have some Elders who have been raised traditionally and, if we are wise, we will seek their advice before it is too late. (Safarik, 1998, as cited in SGMT & Well Living House, 2017)

This intergenerational model of support provides more culturally appropriate and attuned care that is rooted in Indigenous community values and knowledges, and nurtures a sense of cultural identity, belonging, and purpose for both families and Elders involved (Oster et al., 2021; d'Espaignet et al., 2003).

CULTURE, COMMUNITY, AND MATRIARCHAL LEADERSHIP

We as Indigenous peoples must be the authors of our own stories. It is necessary to interrupting the racism that reduces our humanity, erases our histories, discounts our health knowledge and practices, and attributes our health disparities and social ills to individual and collective deficits instead of hundreds of years of violence, marginalization and exclusion. (Allan & Smylie, 2015, p.44)

Connection to Indigenous identity and culture has been identified as a significant factor in promoting health and well-being for Indigenous peoples (Allan & Smylie, 2015). Evidence shows that cultural continuity is directly related to health outcomes within Indigenous communities, and the provision of culturally safe and community-based health care has a significant impact on health outcomes, particularly in relation to mental and physical health for Indigenous peoples in Canada (Reading & Wien, 2009; Wiebe et al., 2015). Specifically, factors such as land title, self-government and community control of health and social policies and

programs, and the involvement of women in leadership, contribute to improved health outcomes (Reading & Wien, 2009). Although there is clear evidence on the impacts of these social and cultural determinants on Indigenous peoples' health, there is limited research that is centered on the perspectives, experiences, and priorities of Indigenous women (Leason, 2017).

Every Indigenous community carries its own teachings and protocols for supporting the physical, mental, emotional and spiritual wellness of women and families in their parenting journeys (FNHA & OPHO, 2021; Cidro et al., 2022). However, despite this wealth of Indigenous knowledge that exists within communities, the majority of maternal, child, and family health (MCFH) programs in Canada have been developed without consultation with Indigenous peoples - and without the inclusion of Indigenous ways of knowing and being (Smylie et al., 2014). Generalized approaches to health programming run the risk of not being relevant, perpetuating the "colonial imposition of external ways of knowing upon Indigenous people," and further discounting rich histories of health knowledge held within communities (Smylie et al., 2014, pp. 6-7). As countless Indigenous communities, organizations, scholars, and others have noted, a prescriptive "one size fits all" approach to health programming is ineffective and incongruent with community-identified needs and priorities in health care (Wiebe et al., 2015; FNHA, 2021); there is an urgent need for the development of programs that are based on individual community and cultural contexts to ensure access to safe, relevant, and culture-specific health services for women, children, and families (Wiebe et al., 2015).

Many Indigenous communities and organizations across Turtle Island have been actively reclaiming culturally based models of maternal, child, and family health care (NACM, 2020, Cidro et al., 2022, FNHA & OPHO, 2021), and drawing from the wisdom and teachings of our grandmothers to move this work forward in a good way:

From a time when our ways of life were outlawed—particularly our ceremonies of bringing new life into this land —our grandmothers held on to them; providing us with “story medicine” that awakens our sacred birthing ceremonies today during a time of Indigenous resurgence. (Brant, 2014, p.50)

These revived models draw upon traditional protocols, practices, and knowledge systems, such as the central role of Indigenous midwives and birthkeepers in the health of families and whole communities, to “repatriate birth” and return to the ways of our grandmothers within our current health context (Olson & Couchie, 2013, p. 982). Indigenous midwifery models such as this are grounded in the principles of continuity of care, choice of birthplace, self-determination, informed decision-making, and cultural safety (NACM, 2020). The successes of Indigenous-led maternal health programs and services such as the Six Nations Maternal and Child Centre (Six Nations Council, 2006); Seventh Generation Midwives of Toronto (SGMT, n.d.); the Aboriginal Midwifery Training Program in Ontario; the Kinosipi Midwifery Clinic in Manitoba; and the Inuulitsivik Midwife Training Program in Nunavut (NACM, 2020), provide us with a guiding framework of wise practices to support the transformation of policies and programs in other Indigenous communities and organizations. This transformation in maternal health care, *led by Indigenous women for Indigenous women*, is an act of resistance against oppressive colonial systems that have harmed women and families for generations (Cidro et al., 2021); Indigenous women are demanding that their wealth of knowledge and expertise in caring for Indigenous mothers and families be acknowledged and respected (Van Herk et al., 2011).

If more babies were born into the hands of Indigenous midwives using Indigenous birthing knowledge, on our own land, surrounded by our support system, and following our traditions and traditional teachings, more of our women would be empowered by the

birth process and better able to assume their responsibilities as mothers and nation-builders (Simpson 2006:29).

INDIGENOUS PERINATAL MENTAL HEALTH & WELLNESS

For many Indigenous communities, extended family and community members had a role to play in ensuring a mother, her new infant, and family were well cared for (Anderson, 2011). The birth of a baby was an opportunity for strengthening kinship networks (BigFoot & Funderburk, 2011; Tabobondung, 2017), and the health of the baby was understood to be intrinsically connected to the health of the whole community, with birth events “[bringing] communities together through the care that was required and the joy and hope that they represented” (Anderson, 2011, p. 63). Collective responsibility for the wellness of new mothers and their families greatly impacted the postpartum and early parenthood experience, as extensive networks of support wrapped around families during this time of transition (Anderson, 2011; FNHA & OPHO, 2021):

First Nations practices surround women with support and wisdom throughout pregnancy, childbirth and motherhood, which helps them to cope with the very common feelings of being overwhelmed as an expectant or new mother. First Nations mothers have shared how being with Elders and spiritual leaders in their communities, participating in cultural activities and exercises, and engaging in traditional healing practices, all contribute to their capacity to cope with these pressures. These connections also work as a powerful protective force against the feelings of depression and anxiety that some women experience during pregnancy and/or postpartum. (FNHA & OPHO, 2021, p.19)

Many families carry teachings to ensure that a pregnant woman's mental wellness is cared for during pregnancy, as a "baby in utero can be affected and influenced by its parent's emotions and experiences" (Tabobondung, 2008, as cited in SGMT & Well Living House, 2017). Cultural teachings and protocols also focus on wellness during the postpartum period - a particularly sensitive and sacred time when a new mother is transitioning to life with a newborn and experiencing significant physical, mental, emotional, and spiritual changes (PSBC, 2021). Within some families, cultural protocols encouraged new mothers to stay in the home for the first six weeks after baby was born and be nurtured and cared for by family members: "In order for the spirit to become secure, a mother needs to stay at home for six weeks, all the while maintaining a sense of peace. Over the six-week period, the spirit will eventually quiet and fill the child" (Anderson, 2011, p. 57). Mothers, grandmothers, aunties, and community members provided care for the new baby, support for the new mother, and looked after daily tasks such as food preparation, laundry, and cleaning to ensure that the new mother was able to spend time with her baby (Anderson, 2011). This calm, supportive, and uninterrupted time and space for bonding is critical in establishing a secure attachment relationship between a mother and her baby, as well as in establishing a healthy and positive breastfeeding relationship – both of which have a protective role for both maternal and infant mental health (Sansone, 2020; Schroeder, 2019). Western evidence is now beginning to align with this traditional wisdom and the practice of wrap-around care, with studies showing that strong mother and baby attachment is directly associated with high levels of family support and greater psychological well-being (Sansone, 2020).

In addition to family and community support, new parents also received extensive care from a traditional midwife – a "keeper of ceremonies, a leader and mentor, and someone who

passes on important values about health to the next generation” (NACM, 2020, p.1). Traditional midwives often stayed with the family even after the birth, providing support for up to a month or longer to ensure that breastfeeding was established and the new mother and baby were thriving (Anderson, 2011). Midwives were essential in the care of families during the early days and weeks of the *post-partum period*, but also held life-long connections and responsibilities to the babies they caught and their families (Anderson, 2011). Together, traditional midwives, birthkeepers, Elders, and relatives came together to nurture and uphold new families, which served as a “powerful protective force” against perinatal mood disorders and supported mental, physical, emotional, and spiritual well-being (FNHA & OPHO, 2021, p.19; Anderson, 2011; PSBC, 2021). Today, Indigenous women in Canada are twice as likely to experience perinatal mood disorders such as postpartum depression in comparison to their non-Indigenous peers, with urban and away from home mothers experiencing the highest number of stressful events during the perinatal period – a significant predictor for postpartum depression (Owais et al., 2020; Nelson et al., 2018). Strengthening knowledge of and access to cultural teachings, ceremonies, supports, and community connections for Indigenous families can help to mitigate risks of perinatal mood disorders and nurture maternal resilience during the perinatal period.

INDIGENOUS HEALTH IN URBAN CONTEXTS

The many distinctions between Indigenous peoples and their geographic locations- *on* and *off reserve*, *urban*, *rural*, and *away from home* - are the historical and ongoing outcome of colonization and the forced removal of Indigenous peoples from their traditional territories (FNHA, 2022a). The 2021 Census of Canada showed that over half of the Indigenous population (First Nations, Inuit, and Métis) live in cities and urban areas (Library of Parliament, 2020;

Statistics Canada, 2022), with the urban Indigenous population increasing by 50% between 2006 and 2016 (FNHA, 2022a). Understandably, this has resulted in a demand for access to culturally safe and appropriate services to support the growing urban Indigenous population (Library of Parliament, 2020). The establishment of urban Indigenous health centres, services, and programs have exemplified Indigenous-led health care and self-governance within urban Indigenous contexts, offering culturally safe health care that weaves together traditional wellness practices with mainstream medical and social services (Allan & Smylie, 2015). Urban Indigenous communities and organizations across Turtle Island have created diverse and inclusive spaces within urban settings for Indigenous people to gather, practice culture, learn language, participate in ceremony, and access safe, client-centered health and social services (Nelson & Wilson, 2021).

As Indigenous people, we have a range of experiences with and relationship to our ancestral communities, territories, and cultures (Library of Parliament, 2020). Perpetuation of colonial ideology often positions *urban* as incompatible with *authentic* Indigeneity, creating social and geographical divides between those who have access to culture and community, and those who do not (Peters & Anderson, 2013; Fast, 2021). Urban Indigenous people who have been disconnected from their cultures and communities due to imposed “displacement, family separation, and colonial constructions of identity,” are seeking reconnection to land, culture, language, and identity, but often have limited opportunities to do so (Fast, 2021, p.121). It must be noted that for many Indigenous people, ancestral homelands are not solely contained within the small parcels of land that make up the government-imposed *reserve system* (Peters & Andersen, 2013); Traditional and ancestral territories are complex, often shared with several neighbouring Nations, and cover extensive tracts of land – including contemporary, urban

settlements (Peters & Andersen, 2013). Urban Indigeneity creates space for us to maintain connection to our ancestral homelands, while also recognizing, learning from, and upholding our responsibility to the ancestral territories, and the stewards of these territories, upon which we are situated within our urban contexts (Monchalin et al., 2020). A preoccupation with connection to reserve lands as the source of “authentic” Indigeneity fails to acknowledge the many ways Indigenous people have displayed resiliency and adaptation by re-contextualizing and reconstructing identity, culture, and kinship within urban spaces (Peters & Andersen, 2013).

Indigenous resilience and resurgence is evident in the creation of cultural and ceremonial spaces within these urban environments (Nelson & Wilson, 2021) – bringing together communities of diverse Indigenous worldviews to uphold cultural protocols and practices, and ensure the continuation of cultural knowledge systems and identities. Urban Indigenous identities and cultural practices are fluid, and can be difficult to attribute to a specific Nation or traditional teaching:

My teachings haven't just come from Cree and Anishinaabe systems, but also a lot of urban elders and people who are from different nations. I think that one of the ways that we negotiate that is just through being really upfront about who we are, where we come from, where our teachings come from, naming our teachers, and when we share something where that came from, and just being really upfront about it. (Cidro et al., 2021)

In the context of birth work and supporting perinatal families in urban environments, Indigenous doulas and birthkeepers honour this cultural diversity by remaining flexible and supporting women and families in their own journeys of reclaiming their culture and indigeneity (Cidro et

al., 2021). These complex and interwoven urban identities resist the confinement of Indigeneity and culture to reserves, challenging the colonial dichotomy of geographical spaces – on reserve or off - that has divided families and communities for generations (Wilson & Peters, 2005). This sentiment is aptly captured by a Métis woman living in the urban centre of Toronto:

It's not like I'm more Indigenous there and I'm less Indigenous here. Right? I am the same person no matter where I am. (Ka-Wapiscikwaniasiki in Monchalin et al., 2020, p.328)

Urban communities where Indigenous languages, ceremonies, and kinship networks are thriving remind us that we have relations everywhere we go, and as noted by Wilson & Peters (2005), allow us to “create identities of belonging to more than one place” (p.409). “[Indigenous] people do not lose their [I]ndigenous identity when they move to urban areas” (Wilson & Peters, 2005, p.41): We are able to simultaneously remain connected to our Indigenous cultures, identities, and ancestral territories while adapting to our urban environments to keep ourselves and our families well. Urban Indigenous communities and organizations across Turtle Island, such as the vast network of Friendship Centres, have exemplified Indigenous self-determination within urban spaces by fostering wellness through culture and connection - supporting collective healing from colonial harms and the affirmation of collective identity as urban Indigenous peoples (Nelson & Wilson, 2021; Mundel & Chapman, 2010).

CHAPTER 3: THEORETICAL FRAMEWORK

Indigenist research paradigms come from within, and I acknowledge that my own worldview as an urban-Indigenous person is inextricably held within my relationships to family, community, and culture (Absolon, 2011; Allen & Smylie, 2022). The concept of *Miskasowin*, a Nehiyaw term meaning “going to the centre of yourself to find your own belonging” is put forward by Margaret Kovach as a way to reflect on our reasons for doing this research, and why we have chosen to carry it out in this way (Kovach, 2009, p.179 as cited in Leason, 2017). I come to this work as a Wet’suwet’en/English/Scottish woman and mother, with the privilege of being raised on Coast Salish territory - weaving together the many varying worldviews and teachings offered to me by Knowledge Keepers throughout my learning journey. It is from this lens that an *Indigenist* research paradigm is used, bringing together the teachings of both *decolonial* and *relational* frameworks, and centering Indigenous ways of knowing, being, and doing (Allen & Smylie, 2022). An Indigenist paradigm can be loosely defined as being rooted within the context of relationality: “We cannot be separated from our work, nor should our writing be separate from ourselves” (Wilson, 2007, p.194). Values of interconnectedness, relationship, collectivism, and action are at the heart of Indigenist research (Allen & Smylie, 2022). This work is decolonial by nature, in that it resists forms of knowledge and power perpetuated by historical and ongoing colonization (Trout et al., 2018). Tuck and Yang (2012) define colonialism as “the biopolitical and geopolitical management of people, land, flora and fauna within the ‘domestic’ borders of the imperial nation” (pp. 4–5). Decolonization, then, can be described as the process by which Indigenous peoples and communities free themselves from ongoing colonial control and violence that forcibly impacts “the health of the people, land, water, and air” (Sandoval et al., 2016). I recognize and acknowledge the impacts that colonial systems

and worldviews have had on my own internalized colonization (Sandoval et al., 2016). Through a process of continual self-reflection and the centering of Indigenous knowledges and values such as collectivism, relational accountability, and wholism, I work to actively resist these oppressive systems and firmly root this research within Indigenous epistemologies (Sandoval et al., 2016).

Relationality, and as an extension, relational research frameworks, are “at the core of how we conceptualize and shepherd the act of Indigenous scholarship” (Shotton et al., 2018, p.637). Wilson (2008) shares that a “relational way of being is at the heart of what it means to be Indigenous... It’s collective, it’s a group, it’s a community. That is, it is built upon the interconnections, the interrelationships, and that binds the group.” (p. 80). Within the context of this research, relationality is the many ways in which I am connected to Tillicum Lelum Aboriginal Friendship Centre, the Elders, Knowledge Keepers, and urban Indigenous families. This work is carried out in a way that extends beyond colonial concepts of traditional researcher–participant roles and prioritizes relational accountability, mutual respect, reciprocity, and collective benefit for all those involved (Shotton et al., 2018; Wilson, 2008): “When relationality is privileged, knowledge production is collective, and in that sense deeper, purposeful, and respectful” (Shotton et al., 2018,p.639). This way of carrying out research honours and uplifts cultural practices and traditional knowledge systems, centers collaborative approaches, and acknowledges relationships as ceremony (Allen & Smylie, 2022; Bird-Naytowhow et al., 2017).

Drawing upon the teachings of each of these frameworks reflects the journey of my own urban Indigeneity and requires me to uphold my role and responsibility to the Indigenous communities I work alongside - ensuring that research is done in a respectful, reciprocal, and mutually beneficial way (Wilson, 2008). As Wilson (2007) beautifully articulates, “Our own

relationships with our environment, families, ancestors, ideas, and the cosmos around us shape who we are and how we will conduct our research” (p.194). These theoretical frameworks from which I am working are not merely constrained to the philosophical realm, but are deeply embedded within my living relationship with and accountability to Tillicum Lelum and the families and community they serve (Absolon, 2011). I am emotionally connected to and invested in this work, and acknowledge that these connections shape who I am and how I carry myself in this research (Absolon, 2011). This work or *research bundle* is offered as the reciprocation of the many gifts that Tillicum Lelum has shared with me throughout my personal, professional, and educational journey, with the intention of any knowledge gathered throughout the project to benefit this community as a whole (Smylie et al., 2014).

CHAPTER 4: METHODOLOGY

While carrying out this work, I have looked to the wisdom and teachings of our Elders and Knowledge Keepers to accurately capture and honour this process in a way that reflects Indigenous ways of knowing, knowledge seeking, and knowledge sharing (Absolon, 2022). This research draws from the teachings of the *Medicine Bundle* as methodology to support our engagement in family wellness conversations in a culturally rooted, reciprocal, and wholistic way. Medicine bundles are the collection of sacred items that have been gathered or gifted to us - carrying personal meaning or spiritual significance - to protect us on our journeys and support our physical, mental, emotional, and spiritual development (Fellner, 2016; Copenace et al., 2021; Northern College, 2020). The medicine bundle as methodology offers cultural and ceremonial tools for researchers to draw from in the research journey - facilitating respectful and culturally-grounded ways of gathering, synthesizing, and sharing knowledge (Copenace et al., 2021). The sacred items that are being gathered throughout this work for our collective bundle – the knowledges, experiences, stories, and teachings of urban Indigenous families, Elders, and Knowledge Keepers – are extensive, diverse, and firmly rooted within the “lands and territories of those who carry them” (Absolon, 2022, p.131). Namaste Marsden (2022), a Gitxsan leader in Indigenous health, policy, and research, encourages us to “take what we need” from our bundles – emphasizing that we must be thoughtful in how we use Western research approaches, and must privilege our “own ways of knowing” within health research spaces. The collection of sacred items within this bundle reflects the diverse teachings, cultures, and many ways of knowing within urban Indigenous contexts, and honours the understanding that “how we come to know” is rooted within our own experiences, stories, and gifts (Absolon, 2022, p.87):

There's nothing wrong with saying, "I still have a lot to learn" or "I don't know everything." Like that's completely fair and that's . . . a thread of everyone's story . . . because that's just part of this life stage that we're at. You're uncovering all these things, you're learning your stories, you're gathering all of these pieces, picking up different medicines and what not . . . that are part of your identity. (Okinîwâpikwaniy in Monchalin et al., 2020, p.327)

In the words of Anishinaabe scholar, Dr. Kathy Absolon, "Our medicine bundle is our own life. Indigenous re-searchers become the vehicle for the expression and application of all that we remember and know" (Absolon, 2022, p.161). This work braids together the teachings offered to me by Elders and Knowledge Keepers throughout my own learning journey, with the teachings and stories of families, Elders, and Knowledge Keepers gathered throughout this research project to create a collective bundle of story medicines - our Medicine Bundle Methodology.

Our Elders and teachers remind us that we must take care of the sacred items within our bundles, as these items in turn, care for us (Community-Based Research Centre, n.d.). In the context of health research, the teaching of "taking care" of these story medicines changes our relationship with our work acknowledges the sacredness of the knowledge gathered, and creates a sense of responsibility to both the people we work alongside and the knowledge they share with us (Copenace et al., 2021). As a researcher, I hold the responsibility of caring for the sacred knowledge and teachings within this bundle, and am accountable to the Knowledge Keepers and storytellers who share these gifts with me (Thomas, 2015). These medicine bundle teachings informed the process of gathering knowledge throughout the project, as well as my accountability to the storytellers to ensure that their voices and stories have been accurately represented as I worked to synthesize and make meaning of these gifts shared with me. Iterative

approaches to validating, reviewing, and editing stories that were gathered, opportunity for storytellers/participants to be named alongside their stories and teachings, and a commitment to Tillicum Lelum and the Community Advisory Committee for a collaborative approach to any future sharing and dissemination of these stories affirm my responsibility to upholding and caring for these story medicines.

My Coast Salish Elders have taught me that when we create something for the first time - whether it be a cedar basket, a jar of fish, or a medicine bundle - we give it away as a gift. Elder Wayne Johnny, Sul'si'mus'tun, shared with me his teachings on how this cultural practice is applied to knowledge and stories:

I still carry them. That's what I was saying. Still carrying them and it's who I am. I'm them. So I can pass it on now. And that's part of the teachings. When you learn something new, you pass it on. So that's why now I pass it on to you. Now you know and you and I know each other from working here and now you know me even better. Right. Because I share stories. And that's how we get to know each other. (Sul'si'mus'tun, personal communication, August 2022)

This practice ensures that we are paying forward the teachings that someone has gifted to us – a redistribution of knowledge/wealth – and also ensures that the newly acquired knowledge or skill stays with us. As we prepare this item, we do so with a good heart and a good mind - imbuing the item with our love and positive energy for the intended recipient. As I began this journey of creating a research bundle for the first time, I did so with the intention of gifting the stories and teachings gathered throughout this project to Tillicum Lelum and the community and families they support. The sacred items of this bundle have been collectively gathered throughout the

project with the intention of being an offering of good medicine to support the physical, mental, emotional, and spiritual wellbeing of urban Indigenous families, and a reminder that they are cared for along their pregnancy and parenting journeys.

HONOURING OUR RELATIONSHIPS: ETHICAL CONSIDERATIONS

Many ethical considerations, frameworks, and practices are woven together to inform this work and ensure that it adheres to both the ethical and cultural protocols of Tillicum Lelum, as well as the institutional ethical requirements of the University of Victoria. As this research project was co-developed with leadership and staff from Tillicum Lelum Aboriginal Friendship Centre, the project has been embedded within organizational ethics and cultural protocols from the beginning. I had approached the Tillicum Lelum leadership team in the winter of 2021 to start the conversation about the opportunity to be able to support a research project that directly addressed an organizational need as part of my thesis work. After these initial conversations, the organizational priority to address family wellness was identified, and the overall direction of the project was determined by Tillicum Lelum leadership and staff. The Community Advisory Committee was then formed in February of 2022 to advise the project going forward, and was instrumental in the development of the research design, methods used in knowledge gathering, analysis, and sharing, and informing the University of Victoria ethics application process. The organization is fully recognized as a partner, knowledge creator, and Knowledge Keeper within this work, and formal ethics approval for the project was sought from Tillicum Lelum executive leadership before beginning the University of Victoria application process (OFIFC, 2012). Once approval was provided by Tillicum Lelum and the Community Advisory Committee, both verbally and in the form of a letter of support, ethics approval was then sought from the Human Research Ethics Board of the University of Victoria.

Ethical considerations in both of these processes were centered on my relational accountability to Tillicum Lelum. Kahnawake scholar, Audra Simpson, poses the question “Can I do this and still come home?” in regards to carrying out research within our own communities (Simpson, 2007, p. 78 as cited in Tuck & Yang, 2014). These values of relationship, responsibility, and accountability are at the heart of this work and uphold my connection to this organization and community. The USAI Research Framework, which stands for Utility, Self-voicing, Access, and Inter-relationality, provided structure and guidance in the logistics of these ethical conversations with Tillicum Lelum (OFIFC, 2012). This framework is a “culturally-appropriate, methodical, and practical inquiry, conducted by urban Indigenous communities so that they can nurture their own capacity to self-actualize and realize positive futures that they conceive for themselves” (OFIFC, 2012, p.11). This framework, developed *by* urban Indigenous people *for* urban Indigenous people, is rooted in the understanding that Indigenous knowledge comes from all of our relations; “it manifests itself in the voices and actions of people, it is generated when people get together, it arises simultaneously from the past, present and future, and it lives in words, stories, movement, dance, feelings, concepts, and ideas” (Ontario Federation of Indigenous Friendship Centres, OFIFC, 2012, p.1). This project directly addresses an organization identified priority, (Utility), recognizes Tillicum Lelum as authors of the knowledge generated (Self-voicing), is rooted in local knowledge and centers the voices and experiences of families, Elders, and Knowledge Keepers (Access), and upholds the many interconnections and relationships that nourish this work (Inter-relationality) (OFIFC, 2012). As Wilson (2001) highlights, in Indigenous research we are not “answering questions of validity and reliability,” but rather, asking “how am I fulfilling my role in this relationship?” (p.177). Determination of whether this project results in meaningful, utilizable knowledge rests in the

hands of Tillicum Lelum and the community, with a continued, trusting relationship between myself and the organization being the ultimate assessment of the fulfillment of my role in this work (OFIFC, 2012).

Figure 1
USAI Model



Additionally, this project adheres to the First Nations Principles of OCAP®, which assert that First Nations People have control over knowledge/data gathering processes, and that First Nations communities or organizations are the authority in determining how this knowledge is protected, interpreted, used, and shared (FNIGC, 2022). Through continual conversations with Tillicum Lelum leadership and the Community Advisory Committee, these Principles of Ownership, Control, Access, and Possession (FNIGC, 2022) have guided every aspect in the development and implementation of this study from the design and methodology, to engagement with families, Elders, and Knowledge Keepers, meaning making, and resulting knowledge exchange with the community. Elders and Knowledge Keepers are the owners of their individual transcripts, and were provided a copy of the transcript for review, and opportunity to add, edit, or remove any information to ensure their stories and teachings were accurately captured. Elders

and Knowledge Keepers had the option to be identified or not in relation to the knowledge they shared during one-on-one conversations. All final knowledge translation/exchange products resulting from this project are owned by Tillicum Lelum to use as they see fit to support urban-Indigenous families throughout the perinatal period and beyond. Knowledge presented within the thesis component of this work was validated by the Community Advisory Committee, with opportunity to review, edit, or remove any information before final submission. If there is opportunity for any future work pertaining to this knowledge, including presentations or publications, I will engage in conversation with Tillicum Lelum for approval and potential collaboration in sharing this work. Data was held in a secure, encrypted file on the University of Victoria server for the duration of the project, and as determined by Tillicum Lelum, will be either deleted upon completion of the project or given to the organization for future use.

Informed consent was sought from both urban Indigenous families who participated in the talking circle sessions, and Elders and Knowledge Keepers who engaged in one-on-one conversations. Consent forms for families were approved by the Community Advisory Committee and emailed to the Tillicum Lelum program staff in advance of the talking circle session dates, to allow ample time to support families in completing the consent form if they wished to participate. All families provided written consent prior to participating in the talking circle sessions. Elders and Knowledge Keepers were provided with the choice of an in person, virtual, or phone conversation to discuss the project and provide verbal consent to be interviewed. All Elders and Knowledge Keepers provided consent in person prior to commencing the one-on-one conversations. Elders and Knowledge Keepers who participated in one-on-one conversations were provided with an honorarium of \$50.00 per hour (2 hours total)

to compensate them for the generosity of their time, knowledge, and support of the project. This amount is aligned with Tillicum Lelum's Elder reimbursement policy.

GIFTING



Elders, Knowledge Keepers, and mentors have always reminded me of the importance of reciprocity in maintaining respectful relationships and ensuring that our shared work is carried out in a good way. Throughout this research project, the cultural practice of gifting has been utilized as a way to express gratitude and reciprocity, and to honour those who have contributed to this work for the collective benefit of our urban Indigenous community. Sto:lo Elder, Dorris Peters speaks to the practice of gifting within the context of Indigenous research, “That’s ethics—to give, return, or give something for something that you are going to use in a good way” (Anderson, 2008, p.9). After a conversation with my grandmother, who shared that traditionally, she and her family would pick blueberries and prepare blueberry jam to be gifted at potlatches, we decided that this was something I could offer to participants as a reciprocity for their contributions to this project. Snaw Naw As Knowledge Keeper, John Jones shared the teaching that when we prepare food for others, it must be done with love and good energy so that when the person we gift it to is eating it, they know they are being taken care of and nourished in a good way (personal communication, August 15, 2022). The preparation of jam brought together four generations of women in my family – my grandma, my mom, myself, and my

daughter – and was made with love, good energy, and lots of laughter. Each parent who participated in the family wellness talking circles was gifted a jar of blueberry jam to honour and thank them for the generosity of their time, knowledge, and experiences shared for this project. For one-on-one conversations with Elders and Knowledge Keepers throughout the summer months, jars of canned peaches were prepared and bouquets of fresh flowers from my garden were offered to each Elder as a gift to accompany honoraria provided, to acknowledge and honour the richness of teachings and stories that were shared with me throughout the project.

As a reciprocation and acknowledgement of the enormously generous commitment and guidance offered to me from Advisory Committee members and Elders who participated in the project, each committee member and Elder was blanketed and gifted in ceremony at the community knowledge sharing gathering held in the winter of 2022. Blanketing was chosen as a way to formally hold up committee members and Elders as blankets carry significance within many First Nations communities and cultures, representing reciprocation, nobility, and wealth and are a gesture of respect, care, and protection (FNHA, 2017; Cowichan Tribes, 2021). Community members, project participants, and Tillicum Lelum leadership and staff were invited to witness this ceremony, as a collective acknowledgement of the important contributions made to our community by those involved in this work. Further details about this event will be discussed in Chapter 8: Sharing the Research Bundle.

COMMUNITY ADVISORY COMMITTEE

In order to ensure that this work aligns with Tillicum Lelum’s cultural and ethical protocols, an Indigenous Community Advisory Committee was formed to guide all aspects of the research project. Committee members were formally invited by letter to participate in the

Advisory Committee in February of 2022, and the committee was formed in March of 2022.

Advisory Committee members include:

Grace Elliott-Nielsen: Stz'uminus First Nation, Executive Director, Tillicum Lelum

Inga Nielsen-Cooper: Stz'uminus First Nation, Associate Executive Director, Tillicum Lelum

Pedro Corpuz: Cowichan Tribes, Child, Youth & Community Service Manager, Tillicum Lelum

Erica Beech: Building Better Babies Program Coordinator, Tillicum Lelum

Sarah Campbell: Cree, German, Irish, French ancestry, urban-Indigenous Parent Representative

This committee carries an invaluable wealth of knowledge, expertise, and community relationships within Indigenous family health and culturally-grounded health service delivery. Their wisdom and support guided the gathering, meaning making, and sharing of knowledges throughout this project. The Advisory's guidance ensured that the voices, needs, and priorities of Tillicum Lelum and urban Indigenous families were at the heart of this work, and the co-creation of this research bundle was done in a respectful and reciprocal way.

Committee members were invited to attend five, one hour advisory meetings over the course of one year, with members, such as Indigenous parent representatives, who are not Tillicum Lelum staff, being provided with compensation of \$25 per hour for their time and contribution to this work. This compensation amount is in alignment with the organization's standard rate offered to families and peers when supporting projects. The Advisory Committee's expertise and guidance was sought to support each stage of the research journey: developing guiding questions for families used in talking circle conversations, and the selection and invitation of Elders and Knowledge Keepers to engage in one-on-one conversations in the knowledge gathering phase; the validation of themes and selection of storyteller quotes in the meaning making phase; and determining the format of the final research bundle, including the

family wellness curriculum, and how this bundle was presented to and shared with families and the broader community.

RECRUITMENT

Once dates had been confirmed for three talking circle sessions with the Building Better Babies and Creating Healthy Families Programs at Tillicum Lelum, an information poster was developed by the Program Coordinator and shared with families through Facebook to accompany the monthly program calendar. The recruitment poster (See appendix A) provided information about the dates and times that the talking circle sessions would be taking place, and a brief overview of the project aims and intended outcomes. Pre-registration for the three talking circle sessions was not required, as the sessions were scheduled to take place during regular group times where families attend programming on a drop-in basis. Additionally, as Tillicum Lelum provides service to any member of the community who seeks support, messaging on the recruitment poster was inclusive to any parent accessing services who was pregnant or had a child under 6 years of age and was interested in cultural wellness. Consent forms were provided to participants by the program staff ahead of the talking circle session if they preregistered, or upon arrival to the group if they were dropping in.

Following the talking circle sessions and thematic analysis of needs and priorities brought forward by families, a conversation with the Community Advisory Committee took place to determine which Elders and Knowledge Keepers would be formally invited to participate in the project based on experience, relationship to families, and expertise in perinatal or parenting health and wellness. Five Elders were initially identified by the Advisory Committee. As I already had an existing relationship with each of the Elders due to my previous work with

Tillicum Lelum and connection to the urban Indigenous community, I was asked to reach out directly to them to share information about the project, discuss their potential role, and invite them to share their wisdom and teachings to support the wellness of families. Four Elders were initially contacted by phone, and one Elder was contacted by email throughout July of 2022.

KNOWLEDGE GATHERING

I will tell you something about stories... They aren't just entertainment/ Don't be fooled/ They are all we have, you see/ They are all we have to fight off/ Illness and death. You don't have anything/ If you don't have the stories. (Silko, 1977, p.2)

As Indigenous researchers, “there are stories that are entrusted to us” as we develop meaningful and trusting relationships with communities and knowledge holders throughout our work (Tuck & Yang, 2014, p. 233). Gathering sacred items for this research bundle included engaging in *storywork* (Archibald, 2008) through conversations with urban Indigenous families, Elders, and Knowledge Keepers. Elders, Knowledge Keepers, and families were invited to share their experiences, perspectives, and teachings, focusing on culturally-grounded ways to support family wellness during the perinatal period and early parenting years. Storywork is acknowledged as a decolonizing research method and is reflective of relational approaches to research, upholding the sacredness of the knowledge gathering process: “Story nurtures relationship. Story kindles reciprocity. Story compels responsibility. Story thrives where there is respect. Story is a gift” (Kovach, 2021, p.156). Within this project, storytelling created space for multiple ways of knowing about health and wellness experiences within community and family-centred contexts through talking circles and one-on-one conversations (Rieger et al., 2020). This Indigenous research method weaves together an Indigenous worldview that honours orality with

the organization's cultural values and practices of relational knowledge translation (Bird-Naytowhow et al., 2017); it provided a means of centering families in gathering traditional knowledge about wholistic health and wellness in a responsive, culturally appropriate, and respectful way.

In gathering stories and teachings for the research bundle, initial conversations were held with families to better understand their interests, needs, and priorities relating to cultural teachings and practices on perinatal and parenting wellness. A talking circle method was chosen for this component of the knowledge gathering process as it recognizes urban Indigenous families (participants) as active collaborators and contributors to the collective knowledge bundle, and reflects a method of conveying stories and experiences that has been used by Indigenous peoples for generations (Bird-Naytowhow et al., 2017; Hunt & Young, 2021). This method reflects the many teachings about the sacredness of the circle that have been shared with me – symbolizing the circularity of our seasons and life cycles, unity, and the balance of power. The decision to use this method was intended to mitigate inherent power imbalances between researcher and participant that often occur within Western research approaches, and to create safe spaces for families to voice their needs (Bird-Naytowhow et al., 2017). I was invited to facilitate one prenatal talking circle, one postpartum talking circle, and one early parenthood talking circle, each one and a half hours in length, and offered through the Building Better Babies and Creating Healthy Families programs at Tillicum Lelum. Participation in these parent circles is offered on a drop-in basis, providing support to both Indigenous (First Nations, Métis, Inuit) and non-Indigenous families from pregnancy until the child is 6 years of age. With a series of guiding questions (See appendix B for full list of questions), myself, the program coordinator, and the pregnancy outreach worker facilitated the talking circles and created a space for families

to share their needs and priorities in accessing traditional wellness teachings and practices. With the consent of the families, a large flipchart was used to gather notes throughout the conversation in a way that was visible to the group and could be validated for accuracy as we went. Families were reminded that participation was entirely voluntary, and had the option to share as much or as little as they felt comfortable with, knowing that all of the knowledge gathered would be anonymous. Families had the additional option to include any experiences or suggestions on a sticky note that could be added to our flipchart afterwards while the group shared lunch together. Some of the questions that guided our talking circle conversations included:

1. *Are there cultural teachings, practices, or ceremonies that you would like to learn about to support your wellness in pregnancy?*
2. *Are there cultural teachings, practices, or ceremonies that you would like to learn about to support your wellness during the postpartum period?*
3. *What cultural teachings, practices, or ceremonies would you like to learn about or have access to, to support you as a parent with young children?*

Bundle items (families' stories and teachings) gathered from these talking circles were collated and reviewed by the Advisory Committee to create guiding questions (See appendix C for full conversation guide), that would then be brought forward to Elders and Knowledge Keepers. Once the Advisory Committee was able to better understand the direct needs brought forward by families, the Committee was able to identify which Elders and Knowledge Keepers could then be invited to participate in the project based on relationship to the organization and community, knowledge and expertise in perinatal and early parenting wellness, and experience in supporting families. Due to my relationship and previous experience working with Tillicum Lelum, I already had an established connection and trusting relationship with each of the Elders

and Knowledge Keepers put forward by the Advisory Committee to participate in the project. Because of this relationship, the Advisory Committee provided approval for me to reach out directly to Elders and Knowledge Keepers to provide information about the project and extended the invitation to participate in a one-on-one conversation. Four of the five Elders invited expressed interest in the project and accepted the invitation to participate. Conversations were scheduled based on a time that worked best for the Elders, and in a location where the Elders felt most comfortable. Two of the conversations were held in Elders homes, and two were held at the Tillicum Lelum Health Centre.

Time was spent at the beginning of the conversations to connect and catch up with one another, and then we began to go through the consent forms, review guiding questions, discuss further information about the project, and answer any questions. Elders were provided with the option of having our conversations audio recorded, or alternatively having hand written notes taken as we talked; All Elders consented to having the conversations recorded. Elders were provided with the guiding questions beforehand to have opportunity to review and make any additions or changes ahead of our conversation. These questions were used as a loose guide throughout our conversations, and ensured that there was opportunity for Elders to share stories or teachings in direct response to the needs identified by families. On average, I spent 2 hours with each Elder to allow ample time to settle in to our time together and provide space for openly sharing stories. This loosely structured storytelling/conversational design created space for Elders to share knowledge and teachings freely and in a comfortable manner, and provided opportunity to understand the value and cultural significance of family wellness practices in a more wholistic way (Kandasamy et al., 2017).

CHAPTER 5: MAKING MEANING

In alignment with a relational framework and cultural protocols in storywork, I am responsible for ensuring that the voices of families, Elders and Knowledge Keepers are accurately captured and represented (Thomas, 2015; Kovach, 2021). Guiding questions (See appendix B) for the talking circles with families were loosely grouped into three areas of focus, as determined to be a priority by the Community Advisory Committee – Pregnancy and Birth, the Postpartum Period, and Early Parenting Years. As well, a question was asked about families' preferences for knowledge translation. An inductive thematic analysis or *meaning making* process was utilized to identify important themes within the knowledge gathered from these talking circle sessions (Thomas et al., 2022). An inductive approach to meaning making meant that themes were identified according to what was voiced by families, rather than a “deductive process of mapping data onto the researchers' preconceptions of participants' experiences” (Thomas et al., 2022, p.5). The meaning making process began by thoroughly reading and re-reading the knowledge gathered during the talking circles to become familiar with the content (Braun & Clarke, 2006). The feedback that was gathered on the flipchart during the talking circles was given initial codes related to the data. Content that had similar codes was then grouped together to form 4 initial themes and 7 initial sub-themes. These themes were then brought forward to the Community Advisory Committee in a PowerPoint presentation, with the feedback from families included to support each theme and sub-theme for the Committee's review. The Committee agreed that these 4 overarching themes and 7 sub-themes accurately captured the knowledge shared by families from the talking circle sessions. With guidance and insight from the Advisory Committee, these themes and sub-themes were then used to create the

conversation guide (see Appendix C), drawing on the direct needs and priorities of families, to develop questions to bring forward to the Elders and Knowledge Keepers.

Elders and Knowledge Keepers were then invited to participate in one-on-one conversations to share their knowledge and stories and speak to the needs identified by families. These conversations were recorded and transcribed verbatim. Elders and Knowledge Keepers were provided the opportunity to review and validate a physical copy of their transcript during an in-person follow up meeting, with the option to make any additions, deletions, or edits to the information they had shared. Next, transcripts were read and re-read thoroughly to become familiar with the depth and breadth of and stories and knowledges shared (Holmqvist & Frisén, 2012). Next, reading through the transcripts, story by story, initial codes were assigned to whole quotes or stories that closely aligned with the knowledge (data). Codes that had similar content and reoccurred throughout the transcripts were combined into 5 initial overarching themes and 10 initial sub-themes (Braun & Clarke, 2006). Each of these 5 overarching themes and 10 sub-themes were then presented to the Community Advisory Committee, along with the full quotes or stories shared by Elders to support. Committee members felt that these themes and sub-themes were an accurate representation of the knowledge shared by Elders. An inductive approach to meaning making ensured that identified themes and sub-themes directly reflected the stories and conversations. Use of whole quotes and stories provided a rich and representative analysis that centred the voices of our storytellers (Braun & Clarke, 2006), as well as the intent and context within which the stories were shared. Guidance from the Community Advisory Committee ensured ongoing opportunities for feedback, clarification, and validation of themes pulled from the knowledge gathered. This relational approach was central to maintaining trust with the families, Elders, and Advisory Committee, and ensured that I remained accountable to both the

storytellers and the stories shared with me - caring for the sacred gifts within this research bundle.

CHAPTER 6: RESULTS

FAMILIES

Throughout the month of June 2022, I had the great honour of sitting with urban Indigenous families at the Tillicum Lelum Health Centre to facilitate three talking circle sessions to better understand the cultural wellness needs of families. The *first circle* held was with the Building Better Babies Prenatal Program, which supports families through parenting groups, education, advocacy, doula and outreach supports, and nutritional counselling, for the duration of their pregnancies. A total of 5 parents (4 mothers and 1 father) attended this session, along with 2 supports/program staff. The *second circle* was held with the New Moms, Dads, and Babes Program, which supports families from pregnancy through to 6 months postpartum, offering lactation supports, parent education groups, nutritional supports and counselling, and outreach support and advocacy. A total of 10 parents (9 mothers and 1 father) and 2 supports/program staff attended, with some parents at various stages of pregnancy, as well as parents with babies ranging from 4 weeks to 5 months of age. The *third circle* I attended was with the Creating Healthy Families Program, which supports families from pregnancy until the child is 6 years of age, providing education, groups, and outreach supports. A total of 8 parents (8 mothers) attended this session, as well as 1 grandfather attending as a support, and 1 program support staff member. Children ranged in age from 4 weeks to 6 years. The families in each of the circles identified as having kinship connections to Nuu-Chah-Nulth communities, Carrier Sekani communities, Coast Salish and Interior Salish communities, Cree communities, as well as the Métis Nation, and all were currently living in the urban community of Nanaimo, on Snuneymuxw territory. Due to the small sample size of parents and their supports who attended

the talking circle sessions, results are presented using the term “families” or “parents” more generally to preserve the anonymity and confidentiality of participants.

Table 1

Talking Circle Participants

Method	Source	Participants
First Circle	Building Better Babies: Prenatal Program	<ul style="list-style-type: none"> - 5 parents (4 mothers and 1 father) - 2 supports/program staff
Second Circle	Building Better Babies: New Moms, Dads, and Babes Program	<ul style="list-style-type: none"> - 10 parents (9 mothers and 1 father) - 2 supports/program staff
Third Circle	Creating Healthy Families Program	<ul style="list-style-type: none"> - 8 parents (all mothers) - 1 grandfather - 1 supports/program staff

Each session began with an opening, opportunity for introductions to learn about who each of the families were and where they came from, and a reminder that the talking circle was entirely voluntary, with families having the option to share as much or as little as they felt comfortable. After each session, families were gifted with a jar of blueberry jam prepared by my family as a gesture of gratitude for their time and contribution to this work. A lunch was then provided by Tillicum Lelum, which provided opportunity for further connection and relationship building with families. Guiding questions were used to stimulate dialogue, with each participant in the talking circle having the opportunity to answer each of the questions or share personal experiences, stories, teachings, or suggestions with the group. In general, families shared similar

feedback on needs and priorities. For example, the desire for connecting to Elders and cultural teachings and the need for more wrap-around supports during the postpartum period were expressed by all families within each of the talking circles. From these conversations, the overarching wellness needs and priorities identified by urban Indigenous families included Prenatal Wellness; Postpartum Wellness; Parenting Young Children; and Intergenerational Family Wellness (see Table 2). Below I will provide further information about these overarching themes, and present subthemes that emerged from the talking circle sessions.

Table 2

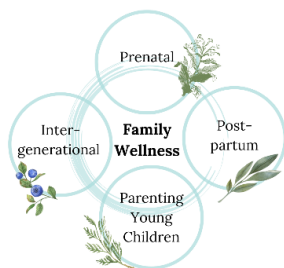
Themes from Talking Circle Sessions with Urban Indigenous Families

	Overarching Theme	Sub-Theme	Basic Organizing Themes
Culturally-Grounded Family Wellness	Prenatal Wellness	Preparation	Preparing ourselves physically, emotionally, mentally, and spiritually
			Gathering our circles of support
			Preparing cultural items for baby (ie. moccasins, moss bags)
		Pregnancy Teachings	Traditional foods
			Traditional medicines
			Birthkeepers
			Cultural knowledges and protocols

	Postpartum Wellness	Circle of Support	Extended family & community supports
			Connection to Elders
			Creating networks of support
		Postpartum Wellness Teachings	Healing & aftercare
			Afterbirth/Placenta
			Emotional wellness
			Returning to balance
		Newborn Care	Keeping baby physically, mentally, emotionally, and spiritually well
			Traditional parenting practices for newborn
	Parenting Young Children	Traditional Parenting Approaches	Children as sacred
			Addressing concerns such as challenging behaviours, discipline, difficult conversations
		Times of Transition	Supports for children beyond 6 years of age
Cultural teachings for coming of age			
Healthy role models for children & youth			
Intergenerational Family Wellness			(Re)connect to land, culture, language, and identity as whole families

		Complex dynamics & diverse teachings in urban communities
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Figure 2
Family Wellness Medicine Bundle



For the purpose of visually depicting our collective knowledge bundle, themes brought forward by families are represented above (see Figure 2). Our bundle symbolizes the cyclical movement through each of these stages throughout our own life time, as well as the lifetimes of those who came before us, and those who will come after. The themes or concepts are interconnected, with change in one affecting the others, which in turn effects new change of the bundle as a whole. “All parts of the circle are equal; no part can claim superiority over, or even exist without the rest of the circle” (Wilson, 2008 p.70). Each theme and subtheme are interrelated, with each holding a role in the wholisitc wellness of urban Indigenous families. At the centre of the bundle is Family Wellness, drawing on the strengths of the teachings, stories, languages, protocols, and ceremonies gifted to us from our families and communities to support our wellness as urban Indigenous families. The overarching themes that emerged from our talking circle sessions with families and then guided the knowledge gathering conversations with Elders and Knowledge Keepers each represent a sacred medicine within our bundle.

Spatlum (Tobacco) Medicine: Our Elders teach us that Spatlum (Hul'q'umi'num word for tobacco) always comes first, as it was the first medicine given to Indigenous people by Creator. Tobacco is used as an offering of respect and thanks when harvesting or using all other plant medicines. This medicine “opens up the door to allow...communication to take place. When we make an offering of tobacco, we communicate our thoughts and feelings through the tobacco as we pray for ourselves, our family, relatives and others” (Anishnawbe Mushkiki, N.d.). Although tobacco is not traditionally from Coast Salish territories, teachings on the use of this medicine have been shared with me during pipe ceremonies offered by Elders and Knowledge Keepers along my own journey. Use of medicines such as tobacco within Coast Salish territories beautifully illustrates the shared culture and ceremony that exists among our extended kin within urban contexts. The teachings of tobacco medicine align with the theme of Prenatal Wellness, as this sacred time marks the beginning of the parenting journey, and is a reminder of the importance of caring for ourselves in a good way during this time to ensure the wellness of our families as we gather other medicines throughout our journey.

Sage Medicine: Sage is a sacred medicine used across Turtle Island that helps to purify and protect our bodies, minds, and spirits (Cree Board of Health and Social Services of James Bay, 2022). It is used ceremonially to release negative energy, both from ourselves and the spaces around us. Although not traditionally found in Coast Salish territories, Qxi-qwuy-ul-tu-nauut shares teachings that this medicine was brought to our community by our relations from the prairies and is honoured and respected as a shared medicine (M. James, personal communication, October 17, 2022). Female sage is a powerful medicine used by women, and aligns with the theme of Postpartum Wellness – honouring this sacred time of transition and protecting women as they step into their new roles as mothers.

Xpey' (Cedar) Medicine: Cedar is one of the most sacred plant medicines within the Coast Salish territories that this project takes place. Cedar is referred to as the tree of life, providing a sanctuary for many of our plant and animal relatives in the forest, as well as economic, cultural, spiritual, and ceremonial sustenance for the wellness of our families and communities. Our Elders remind us that we only take what we need from the Cedar tree when harvesting medicine, so as not to harm the tree and in the spirit of sustainability for generations to come. If Cedar medicine is used, whether the inner bark for weaving or the bough for ceremony, the remains are returned to the base of the tree in an act of gratitude and respect for the medicines offered to us by Cedar. These teachings align with the theme of Parenting Young Children, as we as parents provide a sanctuary for our children to flourish in their environments. Everything that we do as parents is with the wellness of our children and future generations in mind, and Cedar teachings remind us that if we care for our medicines, they will care for us and our families.

Ye'xum (Blueberry) Medicine: Blueberry teachings remind us that these berries are the first fruit of the people (Geniusz, 2005). Blueberries are nutrient rich and a powerful medicine, preserved into jams, dried and mixed into pemmican, or consumed as an immunity boosting tea – these berries have nourished our ancestors physically and spiritually since time began. Jars of blueberry jam were prepared as gifts for families, Elders, and Knowledge Keepers who participated in this project. Gift preparation brought together four generations of Indigenous women in my family; my grandmother, mother, daughter and I prepared over 60 jars of blueberry jam with good hearts and good minds as a way to express gratitude to those who shared their knowledge throughout this project. It was a day filled with laughter, love, stories, and teachings – blueberry medicine created space for intergenerational knowledge sharing and

healing for our family. The teachings of blueberry medicine align with the theme of intergenerational family wellness.



SÁTNUM (TOBACCO) MEDICINE: PRENATAL WELLNESS

Preparation

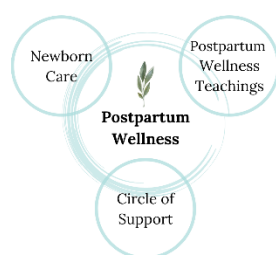
Families voiced the importance of being supported in preparing for the arrival of their little ones. There was a strong emphasis on the role of receiving teachings to prepare for labour and birth, and the need to prepare for and gather supports around physical, mental, emotional, and spiritual wellness during the postpartum period. Many participants identified that having teachings and supports to prepare for a cesarean birth was of particular importance, with families often experiencing additional physical and emotional needs during healing and recovery after a cesarean birth. Considerations included gathering our circles of support during pregnancy to know who can be called upon during the postpartum period – doulas, aunties, grandmothers, midwives, family, and friends - to support with responsibilities such as childminding, preparing meals, and for emotional support. This was also reflected in the identified need for supports in preparing for transitions after birth, such as changes in relationships between parents and within broader family dynamics. One mother identified that preparation had a role in both a practical and mental wellness sense, with opportunities to prepare cultural items such as moccasins or moss bags for baby were practical in nature, but also served as a distraction during the later

stages of pregnancy by “keeping hands busy.” Families identified interest in learning to prepare moccasins, moss bags, belly button pouches, star blankets, and button blankets for their babies, while also noting the importance of receiving both the teachings about how to prepare these items, as well as the cultural or spiritual significance behind them. Awaiting the arrival of our babies is a sacred time in our parenting journeys, and preparing to welcome them into our world in a good way supports our own wellness as parents as well as supports our little ones to be healthy and strong – preparation is ceremony.

Pregnancy Teachings

Families from all three talking circles described the significance of learning from Elders and Knowledge Keepers about how to maintain their wellness during pregnancy. Priorities related to pregnancy teachings included: traditional foods recommended during pregnancy; traditional medicines for pregnancy health, for example teas or topical medicines that can be used to ease discomforts or nausea; teachings around the stages of pregnancy and how to be well while we are *with child*; cultural practices and protocols throughout pregnancy, including protocols around death and grieving during this time; and the role of doulas, aunties, grandmothers and traditional birthkeepers, who carry many of these cultural teachings, in supporting pregnant women and their families. Participants from all three talking circle sessions emphasized the significance of receiving these cultural teachings on prenatal wellness and opportunities to better understand the cultural significance of these practices, and also to strengthen connections to Elders and Knowledge Keepers as well as their own cultural identities as urban Indigenous people. Nearly all participants who attended the talking circles brought their own cultural knowledge related to maintaining wellness during the prenatal period, for example, teachings that had been shared with them by family members around which foods to avoid, ways

to protect themselves spiritually, and to be mindful of their emotions during pregnancy. Families drew from their own strengths and knowledges to share teachings and resources with others in the group.



SAGE MEDICINE: POSTPARTUM WELLNESS

Circle of Support

Every parent who participated in the talking circle sessions identified the need for culturally-rooted supports during the postpartum period. This season in the parenthood journey was identified as being one of the most challenging times, when families often feel most vulnerable and in need of additional supports and resources. With the postpartum period being a time of immense transition and change, families stressed the central role of community and family supports in maintaining all aspects of their wellness as new parents. Many families spoke of the ways in which their communities traditionally wrapped around new mothers with support, and the practice of “being well taken care of” by doulas, midwives, aunties, and grandmothers during pregnancy and the postpartum period. Having someone to talk to for emotional support was frequently brought forward as foundational to mental and emotional wellness during this time. The realities and nuances of the intersections between being an urban Indigenous person and the postpartum experience were highlighted, noting the prevalence of feelings of isolation, disconnection, and lack of access to culture and community support. Families raised the

important questions of how to cope with isolation in these urban settings, and how to “create family or community” to support us if we don’t already have those networks established. Many parents noted that the Building Better Babies and Creating Healthy Families Programs at Tillicum Lelum were critical in providing this sense of community and support during the postpartum period. One mother emphasized that access to childminding, social connection, opportunities for self-care, and being offered a meal through these programs were a source of wellness and strength, sharing “this is how I survive.” Families expressed the need to turn to our Elders and Knowledge Keepers to draw upon our cultural teachings and recreate a sense of “community parenting” - strengthening our circles of support and nurturing the wellness and safety of our urban Indigenous families.

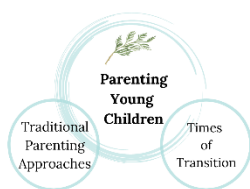
Postpartum Wellness Teachings

Cultural teachings, practices, and ceremonies related to the postpartum period were a primary theme throughout the talking circle sessions with families. There was a focus on the physical aspects of postpartum wellness such as healing and aftercare related to cesarean birth or perineal healing. Families in all three talking circles identified the *afterbirth* or placenta as being a significant aspect of their birthing journey that they would like to honour through ceremony. Many families already carried some cultural teachings about how to care for the placenta, and voiced an interest in learning more about this to better understand how these ceremonies can be practiced in urban settings and the cultural significance of these ceremonies. Of particular interest to families was the mental and emotional aspects of postpartum wellness, with families identifying a need for cultural teachings around ceremonies, cleansing practices, and traditional medicines to support emotional healing after birth, particularly if the birth was challenging or traumatic for the family. One parent noted that it would be helpful to learn from medicine wheel

teachings in how to regain balance for ourselves and our families after giving birth. Many families expressed feelings of guilt around being exhausted, “out of balance,” and wanting to “take a break” during the early weeks and months of the postpartum period. Families expressed the importance of cultural teachings around boundaries, healthy relationships, and self-care during this sensitive time.

Newborn Care

A focus of families during the talking circle sessions was on how to take care of our babies’ physical, emotional, mental, and spiritual health. Infant feeding and cultural teachings and practices around maintaining a healthy milk supply, what is safe to eat while breastfeeding, and first foods to offer our babies as they transition to solids were highlighted as areas of priority for families. In each of the three talking circles, families identified an interest in learning more about cultural practices such as umbilical cord or *belly button teachings*, teachings around the sacredness of baby’s hair and first haircuts, and how to “keep our babies safe spiritually” (ie. not setting baby on the ground, not bringing baby out at night/after dark, closing the blinds at night). Another significant focus was on parenting practices and cultural approaches to caring for our little ones, which included an interest in teachings on moss bags, swaddling, baby wearing, traditional swings, safe sleep practices, and traditional medicines that are safe to be used on baby to soothe skin irritations or tummy upsets. Many families expressed interest in reclaiming these traditional parenting practices as a way to maintain their own wellness and to nurture a sense of cultural identity for their children.



XPEY' (CEDAR) MEDICINE: PARENTING YOUNG CHILDREN

Traditional Parenting Approaches

The concept of “honouring our children for who they are” was a primary theme in the talking circle sessions. Many families carried the cultural teaching that children are sacred, and acknowledged that children are understood to have a close connection to the spirit world. Families raised questions around how to align their parenting practices with these teachings and reframe situations involving discipline or behavioural challenges to be opportunities for teaching and holding our children up. Parents shared their interest in turning to our Elders and Knowledge Keepers for support with “letting go” of our own triggers as parents to be able to approach parenting challenges from a place that is strengths-based. Priorities for families parenting young children also included cultural teachings or approaches to having difficult conversations with children, specifically around grief and loss of loved ones, changes in family dynamics, and lifestyle choices. Families also voiced the significance of feeling grounded and supported in standing up for their own parenting values – how do we navigate the many opinions, teachings, and sources of information as urban Indigenous parents with young children?

Times of Transition

There was a consensus among families who attended the talking circle sessions that there is a significant lack of support for families with older children (beyond 6 years of age). Families noted that times of transition, from childhood to youth, youth to teen, and teen to young adult,

are significant times for both children and parents, requiring bolstered resources, supports, and cultural guidance. There was a focus on the need for culturally-rooted teachings and practices to support children and youth during these times of transition, with more opportunities to have safe conversations around sexual health and safety, boundaries, self-respect, and respect for others. Many families identified their wish to reclaim coming of age ceremonies for their children, and opportunities for children and youth to be upheld by community, and connected to healthy role models to foster a strong sense of culture, belonging, and identity.



YE'XUM (BLUEBERRY) MEDICINE: INTERGENERATIONAL FAMILY WELLNESS

The final theme that emerged from the talking circle sessions with urban Indigenous families was the need to approach family wellness with an intergenerational lens. Nearly all participants in the talking circles voiced their desire to (re)connect to land, culture, language, and Indigenous identity. Families identified the significant and ongoing work of healing intergenerational trauma – “healing as whole families” – to create space for reconnection, reclamation, and wholistic wellness for the next seven generations to come. One mother shared her experience of not growing up with access to culture or language, and asked “how do we learn alongside our children?” The desire to reconnect to Indigenous culture and identity as parents to be able to then pass these teachings on to our children was evident. Parents expressed interest in learning language, songs, and stories to be able to share with their children. One mother shared the experience of her preschool-aged child learning Hul’q’umi’num at school and sharing words

with the family at home – the child in the role of teacher. Although not the ancestral language of their family, this was an opportunity to reconnect with Indigenous teachings, culture, and identity for their family in this urban community that they now consider home.

Many questions around the complexities of reconnecting with culture in urban spaces were highlighted, particularly around how to honour and respect the diverse cultures, identities, and teachings that are brought together in urban communities. Families expressed interest in learning how to best honour the traditional lands and protocols in these Coast Salish territories, and how to respect community and cultural protocols around what is appropriate to share. Suggestions brought forward by families around ways to reconnect with cultural identity in these urban spaces included learning cultural teachings about the territory, practicing land-based healing/medicine gathering/reconnecting with land, and seeking supports around who can be called upon to guide ceremonies for families in urban settings. During this conversation, one parent shared that within their teachings, some ceremonies or cultural practices are only carried out in the bighouse and are not shared publicly. This stimulated dialogue between participants in the circle around sacredness, cultural protocols, rights to certain aspects of culture and ceremony, and respecting the teachings of the territories and communities we live within. Families described the significance of continuing to practice ceremonies that honour and celebrate their children while living in urban spaces, and voiced the desire to learn from our Elders and Knowledge Keepers how to do this in a good way.

KNOWLEDGE TRANSLATION

Families in each of the three talking circle sessions were also asked which knowledge translation format would best support them in accessing these cultural teachings, practices, and ceremonies. Below is a word cloud compiling the responses provided by families. Recurring

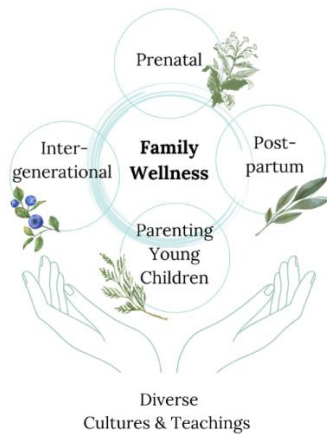
and the other two took place at the Tillicum Lelum Health Centre. Each conversation began by inviting the Elder to introduce themselves and share anything they would like families to know about their own parenting journeys or the work they do to support families. Questions based on the priorities identified by families then guided the direction of our conversations. The Elders generously shared teachings and stories that spoke to these priorities, and aligned with 5 overarching themes: Prenatal Wellness; Postpartum Wellness; Parenting Young Children; Intergenerational Family Wellness; and Honouring Diversity of Cultures & Teachings in Urban Spaces (See Table 3). Below, I have provided a table (see Table 3) to summarize these themes, as well as a visual depiction of the 5 overarching themes brought forward, representing the 4 sacred medicines within our bundle, and Diverse Cultures & Teachings holding up the wellness of Indigenous families within urban contexts.

Table 3

Themes from One on One Conversations with Elders

	Overarching Theme	Sub-Theme	Basic Organizing Themes
Culturally- Grounded Family Wellness	Prenatal Wellness	Self-Care	Mindful of physical, spiritual, emotional, and mental wellbeing while pregnant
			Taking care of ourselves so we can care for our families
			Eating well
		Matriarchal Wisdom	Role of grandmothers & aunts as birthkeepers
	Postpartum Wellness	Extended Family	Extended family support
Role of grandparents			

		Placenta Teachings	Sacredness of the placenta
			Placenta ceremonies
	Parenting Young Children	Collective Responsibility	Shared responsibility
			Community approaches
		Traditional Parenting Approaches	Cultural values & teachings
			Respect for children/children as gifts
			Modeling wellness to our children
		Intergenerational Family Wellness	Role of Elders
	Elder support in urban communities		
	Healthy & Respectful Relationships		Mutual respect between parents
			Shared desire to care for child in best way possible
	Honouring Diverse Cultures & Teachings in Urban Spaces	Respect for All of Our Relations	Diversity of cultures & teachings as a strength
			Balance
			Shared culture
Interconnection		We are all interconnected	
		Shared values & teachings	
		Collective benefit/healing	



KNOWING WHO AND WHERE OUR TEACHINGS COME FROM

Qxi-qwuy-ul-tu-nauut, Elder Marguerit James

The name that Marguerit carries, Qxi-qwuy-ul-tu-nauut, comes from an ancestor who was from Snuneymuxw First Nation. Marguerit is Coast Salish from Penelakut Tribe, and lives on Snuneymuxw territory. She is a proud mother, grandmother, and great-grandmother of 14 great-grandchildren. Marguerit provides cultural support, guidance, and teachings to urban Indigenous families through several programs at Tillicum Lelum. Marguerit shared that she loves being a part of the lives of new mothers and babies, and does this work to “help the mothers and to provide teachings and cultural guidance in their lives, so they can look after their children and babies in a good way.” Marguerit shared that she supports families by “giving them teachings that I feel even in this modern day, I feel that they can still use our teachings from our ancestors and put it in their lives.”

Sul’si’mus’tun, Elder Wayne Johnny

Sul’si’mus’tun is from Snuneymuxw First Nation. His ancestral roots are connected to Snuneymuxw, Penelakut, Musqueam, Katzie, and Port Alberni Nations. In our conversation, he

shared that he's learned more about the story of his ancestors through connecting with Elders: "Finding out who I am because it's one of the most important things culturally is to know who you are I'm very happy to be strong in that way knowing that who I am today is the great-great-grandson of good people because that's what we find out in our journey as we journey through life." Together with his wife, he has seven children, twenty-one grandchildren, and five great-grandchildren. Sul'si'mus'tun works as an Elder within several programs at Tillicum Lelum, including facilitating men's wellness groups, Wellbriety groups, cultural groups at Nanaimo Correctional Centre, and with preschool age children at the Aboriginal Headstart Program.

Elder Nora Fred

Elder Nora is Kwakwaka'wakw from 'Namgis First Nation, which is located in Alert Bay, an Island off the Northern tip of Vancouver Island. She is a mother, grandmother, and great-grandmother. Elder Nora now lives on Snuneymuxw territory, where she works with families as an Elder and cultural support for Tillicum Lelum since 2007. Nora supports families through the Building Better Babies Program, Creating Healthy Families Program, Walking with Elders Program, and the Aboriginal Headstart Program – where she is lovingly referred to as Elder Nora or Auntie Nora by the children. Nora shared that she loves her time spent sitting with the mothers and the children, and cherishes the lasting connections made with families as she gets to witness and support the little ones as they learn and grow. Nora is also involved in supporting Kwakwala language revitalization work in her community.

Elder Norma Ann Webster

Elder Norma is Nuu-chah-nulth from the Kelthmaht band, Bear River, whose traditional territory is on Vargas Island. Kelthmaht is one of the several Nations that amalgamated to form Ahousaht First Nation. Her ancestors come from a hereditary family of chieftainship - her father,

Richard Felix Webster, was a hereditary chief. Elder Norma grew up with her grandparents in Ahousaht on the West Coast of Vancouver Island, and learned to fish, hunt, gather and prepare seafood, and harvest cedar for weaving as a young girl. Elder Norma shared that these teachings were her foundation that she drew upon for strength when she moved to Snuneymuxw territory: “I missed it when I moved into the city because I wasn’t here, but I always carry it in my heart, my mind, my spirit. It was never lost, to me it was never lost because it’ll always be there.” She has a strong relationship with Tillicum Lelum, as she was connected to programs upon moving to the urban community and soon began to do work supporting the Building Better Babies, Creating Healthy Families, Young Mothers, and Traditional Family Night programs.



SĀTLUM (TOBACCO) MEDICINE: PRENATAL WELLNESS

Self-Care: Taking Care of Ourselves So We Can Take Care of Our Families

When speaking about what it means to *be well* for families during the perinatal period, the Elders made it clear that it is incredibly important for mothers to both take care of themselves, and be taken care of, while expecting. This included teachings around being aware of our surroundings and what we witness while pregnant, being mindful of our emotions and trying to remain calm, and taking care of our bodies in a good way as we prepare to welcome a new life. Two Coast Salish Elders shared:

I would always remind them to look after themselves, the mothers, and be aware of their surroundings, like where they’re at, who they’re with, you know. Like I spoke of in the beginning, you know, about the, there’s no violence, there’s no, there’s no arguing and

there's those, those things that, you know, come into play at that time because if someone that doesn't have the teachings doesn't understand their position on what they are and how valuable they are, you know, that they need to be calm and that they need to be loved and that you have to be kind to them. - Sul'si'mus'tun, Elder Wayne

[F]or me, how really important it is to really take care of ourselves in a good way because he said, the first five seconds that you find out that you're pregnant, those are the most important times of your life to know that you've conceived a gift of a child.

- Qxi-qwuy-ul-tu-nauut, Elder Marguerit

One Elder shared that within Nuu-chah-nulth teachings, it is not understood to be selfish or a sign of weakness to ask for help as a new parent. She provided the important reminder that caring for ourselves is necessary to be able to care for our families:

Moms have to be diligent and remind themselves that, like I keep saying, if you can't take care of yourself, you can't take care of your baby. Or you can't take care of them. It may feel selfish, but it's not. Consider it self-love. You're loving yourself and you're caring for yourself. When you love yourself you can return that love to your child.

- Elder Norma

Eating well during pregnancy was a key theme for three of the Elders, who shared teachings around the importance of a balanced diet that includes traditional foods and the significance of these foods for our wellness:

You know, because everybody ate healthy anyway. Right. Everything was from a garden and from a beach, the ocean. And the wild meat. Yeah, so everybody ate healthy, yeah, and then the ooligan grease of course. - Elder Nora

[F]or me, what was really important, was the fish. Was the fish with all the omega in there and all the proteins and everything like that. And berries, blackberries, I'd go blackberry picking. You know, and I used to eat, we used to pick salal berries, they're like wild blueberries and you could make jam and jelly out of that, or just eat them the way they were, they are high in antioxidants. – Elder Norma

And the seaweed, very important. Very, very important. I'm, I'm not trying to bash the four food groups because they're important too, but to combine or incorporate them both together like once a week maybe, have a traditional supper with your family, and just try to keep the regimen as healthy as you can because it really helps a child. To me it does. It

helped me as a child. It helped me as a mother. It helps me as a grandmother now.

– Elder Norma

Matriarchal Wisdom: Guidance from Grandmothers and Aunties for a Healthy Pregnancy

Each of the Elders spoke to the role of grandmothers and aunties in caring for families during the perinatal period. Aunties and grandmothers held roles as birthkeepers and midwives, carrying the teachings and ceremonies around pregnancy and birth and supporting families during the birthing process. One Elder shared that she received pregnancy teachings from her own mother as well as many grandmothers from both her maternal and paternal sides:

[W]hen I first became pregnant, I had my mom, my grandmother and different grandmothers from my dad's side that were telling me or giving me information I should say, about what I should do and not do to look after myself as a newly pregnant woman. And I took all of that information in. - Qxi-qwuy-ul-tu-nauut, Elder Marguerit

Each of the Elders reflected on memories of an auntie or grandmother within their families being the one who was called upon to deliver babies within their communities. One Elder shared her experience of being a young girl and witnessing her aunties support her mother through childbirth:

I witnessed my mother giving birth in our little village and, because we had no doctors or no medicine, so it was very, very educational because I remember what happened in the bedroom and it was my aunties who delivered the babies back then. They had to boil water and prepare, prepare the mother-to-be. And when the babies were born, they wrapped them up in a nice warm blanket, were just warming up by the stove. - Elder Nora

As birthkeepers, grandmothers carried the knowledge and teachings on how to care for mothers during pregnancy, birth, and postpartum. This included specific protocols and practices around traditional medicines used for both the mother and the new baby:

I remember the grannies would give, give our mother cod liver oil to help with her labour. I don't know what that did but they would... they always warmed it up first

before they gave it to somebody. And there was always traditional medicine on the stove.
– Elder Nora

And they had their own traditional medicine to give the new mother but, you know, we were too young to even know what was in it. And they were to drink it and if the baby got sick, they would rub the baby with ooligan oil – Elder Nora

The Elders shared teachings that they had received from their aunties, grandmothers, and others within their families and communities around how to be well during pregnancy. In addition to teachings about maintaining emotional wellness while pregnant, there was a strong emphasis on our physical wellness. One Elder stressed the importance of maintaining an active lifestyle during pregnancy to ensure a healthy pregnancy and smooth labour and birth:

[O]ne thing they [Elders] said was if you keep active, you keep walking and don't lay around because if you lay around too much and sleep all the time, you'll have a long, hard labor but if you keep active and you keep walking, your labor will be shortened...the way the elders told me was that if you lay around too much then your baby will get stuck to your body, but if you're active then you know, when you have your labor, it will be easier. - Qxi-qwuy-ul-tu-nauut, Elder Marguerit

[M]y first baby, thankfully an Elder was at the hospital when I got there and she said, "Are you having a baby?" And I said, yes, she said, "Okay", she's come in, she was in the hospital, and she said, "Get up and walk." She'd say, "Every time you get labor you get up and walk." She'd make me get up, so I had to walk, when I was going through my labour and she said, "And don't you lay down", she said, "When your pain gets unbearable, then you lay down," she said, "but otherwise you get up every time you get labor pain. You get up and you walk," she said. So I did. - Qxi-qwuy-ul-tu-nauut, Elder Marguerit

One Elder spoke of specific cultural teachings that were shared with her by her grandmothers and other Elders that restricted certain foods to keep her and her baby healthy during pregnancy:

And we had certain foods that we weren't allowed to eat and they said to us, okay, you don't eat crabs, your baby will be moving sideways and another one was don't eat strawberries, because strawberries, it will come out on your baby's body. And I've seen some strawberries on some mothers, you know, like so I tell that to the mothers now. Be careful and you see, no strawberries and all that, different things that's restricted from our

diet...and duck, we weren't allowed to eat duck because their legs would be kind of twisted out like that, and that's, they told us not to eat ducks. All these foods that they told us not to eat. So that was just looking after ourselves, protect ourselves and the baby too. - Qxi-qwuy-ul-tu-nauut, Elder Marguerit



SAGE MEDICINE: POSTPARTUM WELLNESS

“They nurture us, our extended family”

The significant role of extended family members, particularly grandparents, in supporting new parents after the birth of a baby and throughout the early parenting years was made clear by each of the Elders. This extended family support was critical during the postpartum period, ensuring that new mothers and their families were well cared for and in turn able to care for their new infants. One Elder spoke directly to the importance of receiving that family support to be able to practice self-care as a new mother:

When you love yourself you can return that love to your child. You can nurture that child, you can feed that child and it won't be so stressful on your mind when you're trying to nurse your baby. - Elder Norma

It was shared that grandparents were a primary support to the family, and it was common practice for grandparents to raise their grandchildren or have a significant role in caring for the children:

Grandparents always took over. That's, that's just the way it was in the village...Grandparents raised their grandchildren. That's the only thing the grandparents knew what to do was help them along the way. – Elder Nora

We learned from our grandparents, we grew up with our grandparents.[B]ack in my day, our grandparents took care of us while our parents went out and did all the work outside, like the fishing, hunting and gathering. – Elder Norma

Extended family members often took on household responsibilities, care for the baby, and provided time for the parents to rest and care for themselves. Two Elders spoke of the role that extended family had in supporting them during the postpartum period in their own parenting journeys:

They'd come down and pick up my baby and take my baby for three or four hours... They come in and help because you can't get up, they made us stay in bed for five or six days so we couldn't get up and do housework or anything. - Qxi-qwuy-ul-tu-nauut, Elder Marguerit

[F]or myself I found it very difficult to nurture myself during that afterbirth, but that's where the family comes in. that's where they nurture us, our extended family, our aunts, our uncles, our sisters, our brothers. They come in and they bring us healthy food, they take care of us. – Elder Norma

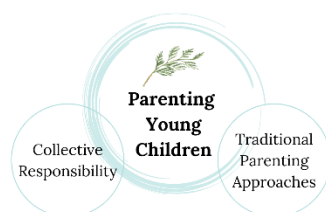
Placenta/Afterbirth Teachings

The three female Elders spoke of the sacredness of the placenta or *afterbirth*. While each Elder had varying teachings around how to properly care for and honour the placenta, three described this aspect of childbirth as sacred, and being deeply connected to generational teachings, protocols, and ceremonies. One Elder spoke of the importance of going to the matriarchs within your own family to learn the protocols and teachings around how to care for your placenta:

It's such a personal, personal choice. Especially if they're doing it traditional ways and I'll keep saying this, to go to the eldest one in their family or the knowledgeable one in your family and voice yourself and ask that question. And don't give up if they don't know. I'm sure they'll think about it and guide you to someone else that will in the family unit. You know that's very, very personal. - Elder Norma

Each of the three female Elders, from Nuu-chah-nulth, Coast Salish, and Kwakwaka'wakw communities, described shared practices where the placenta is either buried or dried in ceremony and placed in a location of significance to secure a connection between the baby and their community. Elder Marguerit shared the intention of the ceremony with Coast Salish teachings is to ensure the baby will have a good life:

[O]ur people, in our culture, we have positive enforcement for our mothers to be, so they will get one of the family members to go there and get the afterbirth and that person will take the afterbirth up in the woods and they will dig a hole and they will pray first, and they want the baby to have good life, so they will put some kind of positive message for them or intention. Intention. So they might say we want them to be successful or some kind of positive thing for the baby, so that baby will have a good life. That is the part of the afterbirth. - Qxi-qwuy-ul-tu-nauut, Elder Marguerit



XPEY' (CEDAR) MEDICINE: PARENTING YOUNG CHILDREN

Parenting as a Collective Responsibility

All four of the Elders spoke of the concept of community parenting – a shared responsibility of caring for children and ensuring that they are safe, healthy, and thriving. The Elders shared stories of their own experiences as parents receiving support from their families and communities in caring for their children, and now in their roles as grandparents and community Elders themselves, providing that support to new families. One Elder shared the role that her sisters had in providing guidance to her daughters:

[M]y girls used to phone my sisters, their aunties, and they didn't phone me, but they phoned their aunties, and they'd say, "I'm really happy I had my auntie to help me and let me know that I was okay." - Qxi-qwuy-ul-tu-nauut, Elder Marguerit

Another Elder spoke of the network of young parents within her community who supported one another in navigating new parenthood:

I had lots of friends who were the same age as I was. And I had a lot of support. We learned from each other. And because we all lived in the same apartment building and it was really easy for us to do, to do what we did together. As parents we were very young mothers. So, so we just invite each other to our apartment, you know, and do the best we can to learn how to cook and do the best we can to learn how to care for the children. And our children were always well looked after. – Elder Nora

Two of the Elders shared examples of community approaches to parenting and the role of extended family members in keeping children safe and providing teachings on how to conduct themselves in a respectful way:

[T]he mothers would go there and they would stop them physically, and stop they would stop them and say no, you can't do this and you know you can't do that. And that the grandmas would teach the babies too, no you can't do that, they guide them and show them you can't do this... We all, we're all part of the discipline. And we say, no. 'Uwu, she knows 'Uwu, and she doesn't like us saying 'Uwu. But she did, we're all part of it, the whole family, we're all part of the discipline and we tell, we show them in different ways the dangers. - Qxi-qwuy-ul-tu-nauut, Elder Marguerit

[O]ne time we come running in the house and one of my aunties was at the door and she was just opened the door and we come running in and looked up and oh hi auntie. I ran right underneath her arm because she was holding the door open, and we come running and we were all trying to run under her arm. She said, "Stop. Stop. Stop. Come back here. Come back here. Get outside," she says... "When you come to grandmas, you don't come running through the house like that, you know. And when you see somebody like me standing here, your auntie, you stop right there and say, 'oh, hello auntie. I want to introduce you to my friends.'" And then "what's your name?" she says, and "My name's David," and she said, "Well this is my, this is my friend David. This is my Auntie Rose." And then so on all the way down the line. She made us introduce, made me introduce all their names to her and say hi and shake their hands. She said that's what you do. You

don't just run by. And that was a teaching that I held very strongly, never forgot it. And I taught it to my grandsons. - Sul'si'mus'tun, Elder Wayne

Traditional Approaches to Parenting

While discussing what family wellness meant to them, each of the Elders described approaches to parenting that reflected cultural values and teachings around respect for children and understanding that children are gifts. One Elder highlighted the importance of allowing children to witness and participate in our daily activities – whether ceremonial, cultural, or everyday tasks – as a means of passing on teachings and keeping our families connected:

[K]eep your foundation strong and keep the circle strong. Include your children in drumming, singing, cooking, outdoor activities, berry picking whatever you want to do, go to the beach, you know, go look at the starfishes and whatever the little fishes. - Elder Norma

Similarly, two Elders spoke to specific approaches to navigating challenging situations such as discipline or particularly inquisitive developmental stages. The teachings shared by both Elders reflect this respect for children and the understanding that these situations are opportunities for learning and strengthening connection:

You know, that was our discipline. It was that we were allowed to feel, but if it became too much, where there was harm involved, harming ourselves, harming something, harming you know, taking it out on things, that's when they stepped in. They didn't yell at us or scream at us. They just said, 'it's okay, you're okay. You're okay, you'll be fine, it'll pass.' - Elder Norma

You know, for instance, it's Christmas time. And all the Christmas trees all decorated and you got a little two year old, right, that just learned how to walk and runs up to the Christmas tree, right, and he's just about there and he's boiling with curiosity and he's hands out and his eyes are big and the parent turns around and sees him going toward the tree. He's not even there yet. And they holler at him, "Stop. Right. Don't touch that!" And it startles him...And next thing you know he's crying, and he's upset. He's upset because he got stopped at, you know, something beautiful he noticed, right? So, I learned that what you do is when you, as soon as that tree's up and you have a little one you bring them right over and you take their hand, and you bring them over and show them the

beauty of all these decorations and actually bring the branch over and smell it..And let him smell it. And they realize and they start smiling and their eyes light up and they realize it's, you're teaching him it's beautiful... it's the kind, soft voice and it's giving the teaching right away instead of the old behaviour. - Sul'si'mus'tun, Elder Wayne

Two Elders also shared the important reminder that as parents, we must model our own wellness to our children, as they are always looking to us for support in regulating themselves and navigating their world:

I have to say sometimes that our actions speak louder than words. You know we could say all we want and they won't listen. But if we do something in a healthy way and they watch us, let them feel their feelings and feel like crying when you're crying and screaming, just to calm yourself, try to find balance somewhere in your, within yourself. And that child will see you're not reacting to their bad behaviour, this is not working. And when you're doing something in a healthy, calm way, they'll stop and will come and sit with you and do beads, whatever you're doing. - Elder Norma

You have to learn your own discipline and be forefront and courageous and strong enough to discipline yourself, to take care of yourself, to eat right, to do things in a healthy way. I think we try to discipline a child when they doing something really bad or they're having tantrums, is allow that child to feel. Because if we're trying to stop that feeling, then we're just pushing that emotion down in that child and that child doesn't have time to feel those feelings and express it, that's generational trauma. - Elder Norma

My sisters and I would get up early in the morning, go fetch our water at the dam and that would be our water for our food, our family tea and whatnot, dishes...We were brought up really good and today I wish it would be that way again...We were taught to have manners. We were taught to be polite. We were taught to be kind to other people. We were taught to respect elders. - Elder Nora



YE'XUM (BLUEBERRY) MEDICINE: INTERGENERATIONAL FAMILY WELLNESS

The Role of Elders: “The oldest ones in your family will guide you”

The central role of Elders in maintaining the health and wellness of families was made clear in each of the conversations. All four of the Elders spoke to the importance of our relationships with our “old ones” throughout our lives; from infancy to adulthood, Elders hold a significant role in sharing teachings and guidance that keep us well. Two Elders shared that they were taught to start within their own families to seek these teachings that have been passed down for generations:

[S]tart within your own family and then move out from there. Your elder or the oldest ones in your family will guide you from there and that’s the way we’ve done it for generations. - Elder Norma

All of my teachings are, are teachings that are handed down, you know, from generation to generation. So everything that I know about wellness is, is teachings that were put in place for us when we were children and were put in place for our parents when they were children. And my grandparents when they were children. And those same teachings come down generation after generation. - Sul’si’mus’tun, Elder Wayne

For urban Indigenous people who may not have access to teachings from within their own families or communities, Elders still hold a significant role in guiding and supporting wellness. One Elder spoke to how she carries out this role for urban families, and while she may not be related by blood, feels that she has a role in providing this sense of connection and support for these families:

I go down and I work with the mothers and the babies, I tell them that I’m there at the moment, but other Elders are going to come in. So, I guide them to another Elder. And for the men, the young boys, I guide them to the men. So that they know they have somebody to go to. You know, like they’re not alone. They’re not standing alone. - Qxi-qwuy-ul-tu-naut, Elder Marguerit

Healthy & Respectful Relationships

Mutual respect within relationships between parents was brought forward by each of the Elders as central to the wellness of the family as a whole. The Elders spoke to the challenging situations in changing family dynamics and parenting responsibilities that can arise for families

who have separated. One Elder shared the important reminder that the women within our families and communities are to be respected and cared for, and they are highly regarded as life givers:

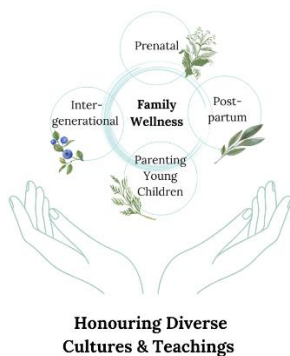
Be honourable and respectful, kind, and generous, right? Those are the things...in our culture, the women, the females, our grandmothers, are the highest, the highest of honour. Then our mothers. Then all of our aunties. And then our older sisters. Then our younger sisters. All the way down to the baby. And you know, they're of honour, all the females. Females are the highest of honour. So they're the most highly respected.

- Sul'si'mus'tun, Elder Wayne

Two Elders described the importance of parents modelling respect for one another in front of their children, specifically when communicating about the other parent; children's understanding of healthy relationships is learned by witnessing the relationships of those around them. The teaching of honouring our children as gifts was brought forward again within this context, reminding parents of the shared desire to care for their child in the best way possible:

[B]oth the parents, the father and the mother, even if you separate, that you have a vision to look after that gift called a baby that you made with each other and to have respect for each other, even if you're separated, you have respect for each other and don't give your children any negative remarks about each other. - Qxi-qwuy-ul-tu-nauut, Elder Marguerit

Be fair. Meet each other halfway, you know, make it respectful. Have a respectful relationship in front of your children and your new baby...not to judge the other parent in front of the child, that's a big no. That's a big, big no because all we're teaching that child is to dislike and hate the other parent. Hate is a very strong word but we're imprinting that child, we're teaching them how to think that way. - Elder Norma



HONOURING DIVERSE CULTURES & TEACHINGS IN URBAN SPACES

Respect for All of Our Relations

A deep respect for the diversity of cultures, teachings, and ceremonies that exist within urban Indigenous communities was highlighted by each of the Elders. The complexity and diversity of Indigenous identity, particularly within urban contexts, was spoken of as a strength – with one Elder sharing that weaving together the best of ‘both worlds’ creates balance and wellness within ourselves:

[Y]ou have to learn to blend the two because it’s two worlds there. To be able to be a strong person and to be balanced you have to understand both. So that’s what, that’s what this is all about. You know, that’s, that’s what wellness is; it’s finding balance.
- Sul’si’mus’tun, Elder Wayne

It was made clear through the teachings and stories of the Elders that culture and teachings are meant to be shared - it is an honour to be invited to witness and participate in the ceremonies of another family, community, or Nation. One Elder spoke of the significance of cultural protocols in ensuring that we carry out these ceremonies from other territories in a way that is respectful, and honours the people whose land we are guests upon:

Protocol. They have to remember that word protocol. You have to go protocol. Because if we don’t use protocol, we’re stuck in the boundaries and we’re disrespecting the territory. You know? – Elder Norma

The Elders spoke of the honouring and sharing of culture between Nations in the big house and other ceremonial and healing contexts. One Elder shared that within her teachings, guests are welcomed into the big house, invited to share and witness, and are well fed and taken care of while guests in the community:

[E]ach nation has different cultures and we all respect and we all honour their way. We're supposed to honour their way because it's theirs, and if they present it to our big house, it's a, it's an honour to watch them how they do what they do...we honour anybody that goes to our big house if they got different cultures. It's really a good experience to see them do their thing. And they've witnessed how we do ours. And everybody's well fed. And nobody goes out that door hungry. They all have a gift to take home. - Elder Nora

Another Elder spoke to shared teachings amongst our communities and that there is 'no wrong way' to heal:

They've come here and drummed and done their ceremonies here with us, [the] tobacco ceremony with us. And, and that's just the most beautiful thing. Because that's, that's the same teachings they have as what we have. And that's to share. So even the smudging right here. I don't think that, you know, we didn't, that doesn't come from us. It comes from back east. But it's shared, it's a shared practice for healing and in healing there's no wrong way so we can all share the healing practices. There's no wrong way...It's healing. We're cleansing ourselves today. We're all cleansing together. - Sul'si'mus'tun, Elder Wayne

One Elder shared that, while a guest in another territory, her teachings are to respect and follow the cultural and ceremonial protocols of her hosts. She acknowledged that while there is variance in teachings amongst families, communities, and Nations, there are many shared cultural values and ceremonial practices across Turtle Island:

How I tell them is we are Coast Salish and if we go to your area and whatever ceremonies and cultural ways you do, we will follow it. Whatever you do in your area, we will do it. To have respect for you, so while you come here to our area and you can do our cultural ceremonies our way... We're not much different in our cultural ways and our ceremony. - Qxi-qwuy-ul-tu-nauut, Elder Marguerit

Interconnection: "We are one. We are one and we are all interconnected"

The understanding that we are all interconnected - to the land, to the water, to our four legged and feathered relatives, and to one another - was woven throughout each of the Elders' stories. A strong emphasis on being together was evident, highlighting the role that our relationships with one another have in sustaining our wellness. Two Elders spoke to this perspective of interconnection:

Mother Earth gave us all the gifts that we come with, you know, to learn about the land, to learn about the medicine and the teas that we drink to keep our bodies strong come from Mother Earth. And Grandmother Moon gifted us life because that's where the gravity comes from. And it was the gravity of that that pulled us into this world and the gravity of that is what keeps us all together here on earth. Together. So if you think about that, we're supposed to be together. Been put together. So you know, there's no reason why we shouldn't be together because we've been placed here together as a human race.
- Sul'si'mus'tun, Elder Wayne

And in that way we're all together and no one's divided. They're all welcome, no matter where they come from, as our Elders call it, *heshook-ish tsawalk*, which means we are one, we are one and we are all interconnected. - Elder Norma

Respect for the cultural diversity amongst families, communities, and Nations is balanced with a deep reverence for our shared humanity and understanding that we all have shared values and teachings. The ways in which we maintain our wellness through culture and ceremony are intended to be shared to collectively benefit the wellness of all our relations:

I learned along in my healing journey that none of us are really strangers. We're all the same. We're all exactly the same. We came into this world the same. We all started our lives out the same. We all spent our first nine months of our lives in water. That's why water's so sacred to us because it gave us life, and we give thanks to it every time we have a drink of water. - Sul'si'mus'tun, Elder Wayne

That's what the teachings are today is that we share each other's healing methods, right. And that's the sweat and that's the medicine picking and the medicine making, the smudging, you know, those are all gifts from Mother Earth. The drum. Grandfather rocks. The rivers. All the kexmin we pick and everything like that, you know, they all grow in

different areas. They all have their own place to grow, but at the same time, if you think about it, they're all connected on earth by roots, including us. When we walk on there, when we walk on there, we're connected to the earth too. So you know, it's, it's all shared. Shared culture. - Sul'si'mus'tun, Elder Wayne

CHAPTER 7: DISCUSSION

SUMMARY OF RESULTS

This research aimed to address the need identified by Tillicum Lelum to create culturally-based family wellness programming and resources through better understanding the priorities of urban Indigenous families relating to cultural wellness teachings and practices during the perinatal and early parenting journey. Over the course of three talking circle sessions, four overarching themes were brought forward by families, and within these larger themes, several subthemes emerged: Prenatal Wellness (Preparation; Pregnancy Teachings); Postpartum Wellness (Circle of Support; Postpartum Wellness Teachings; Newborn Care); Parenting Young Children (Traditional Parenting Approaches; Times of Transition); and Intergenerational Family Wellness. Themes from these talking circle sessions with families then guided the conversations with Elders. The stories and teachings shared by four Elders through one-on-one conversations highlighted five overarching themes, and within these, several subthemes: Prenatal Wellness (Self-Care; Matriarchal Wisdom); Postpartum Wellness (Extended Family; Placenta Teachings); Parenting Young Children (Collective Responsibility; Traditional Parenting Approaches); Intergenerational Family Wellness (Role of Elders; Healthy and Respectful Relationships); and Honouring Diverse Cultures and Teachings in Urban Spaces (Respect for All of Our Relations; Interconnection). Engagement with both Indigenous families and Elders in this work illustrated the vital role that culture and ceremony have in sustaining the wellness of urban Indigenous families throughout the perinatal period and early parenting years.

Urban Indigenous families and Elders hold perspectives of family wellness that are deeply rooted in culture, ceremony, and community connection. Parents in this study voiced the

overwhelming need for culturally-based supports and resources during the postpartum period, as this is a time of transition and change and often leaves families feeling vulnerable as they navigate new parenthood. Both families and Elders shared memories and stories of how their communities traditionally wrapped around new mothers with support, and the role that doulas, midwives, aunties, and grandmothers had in caring for new mothers and their families. Extended family provided support with care of older children, preparation of meals, and other household responsibilities to allow the new mother time to rest and heal. Each of the Elders shared teachings of self-care, emphasizing that it is vital to take care of our own wellness as parents so that we can, in turn, take care of our children and families. This narrative is consistent with the work of Cree-Métis writer and scholar, Kim Anderson (2011), who shares the stories of Indigenous communities and midwives wrapping around new mothers to allow time for rest and self-care, providing support for up to a month or more after a baby is born, and upholding lifelong connections and commitments to the babies they helped birth (p.49).

Results from this research indicate that Grandmothers and aunties have always held the responsibility of carrying the teachings to keep women and mothers well during pregnancy, labour and birth, and the postpartum period. Stories and insights shared by the Elders speak to the wholistic understanding of family wellness embedded within these roles and teachings; family wellness is sustained by a balancing of many aspects of health and well-being, and encompasses the mother and baby's physical wellness (nutrition, remaining active, preparation for breastfeeding), mental wellness (cultural teachings, circle of support), emotional wellness (ceremony, collective responsibility for raising children), and spiritual wellness (spiritual protection during pregnancy, placenta ceremonies, belly button teachings) (Rountree & Smith, 2016; Kandasamy et al., 2017). Access to culture, language, ceremony, traditional foods and

medicines, and connection to Elders, extended family, and community are clearly understood as all being integral to the health of urban Indigenous families (Blanchet-Cohen et al., 2021; Beedie et al., 2019; McCalman et al., 2017).

Families who were at various points in their pregnancy, postpartum or early parenting journeys, all identified support and a sense of community in parenting as primary needs for their wellness as parents. All four Elders spoke to their own experiences and teachings - whether Coast Salish, Nuu-chah-nulth, or Kwakwaka'wakw - of the traditional practice of collective responsibility for nurturing the growth and development of children, as well as ensuring the wellness of new families. These practices are reflective of collective approaches to parenting within Indigenous communities across Turtle Island and throughout the world. If we look to our Maori relatives from Aotearoa (New Zealand), responsibility for the social-emotional development and care for children was traditionally shared amongst many family members – “both kin and non-kin” (Lavell-Harvard & Anderson, 2014, p.233). For both our Maori and Aboriginal Australian relatives, parenting was carried out within the context of the wider family and community, with children being raised by multiple “parents,” including biological parents, grandparents, aunties and uncles, cousins, and even older siblings (Lavell-Harvard & Anderson, 2014; Muir & Bohr, 2020). Stories shared by Elders within this research illustrated that family members, particularly grandparents and aunties, held the responsibility of sharing teachings with young children that reinforced the family’s cultural beliefs, values, and ways of life. This extended to aspects of parenting such as challenging behaviours and discipline. It is worth noting that this collective and unified approach to navigating difficult situations ensures that parents feel supported, while also allowing parents to feel comfort in knowing that others in the family and community were attending to the wellness and safety of their child (Muir & Bohr, 2014). The

presence of and deep connection to these extensive kinship networks is an important protective force for families' wellness, and speaks to the understanding of the collective responsibility to honour children as sacred gifts from the Creator (FNHA & OPHO, 2021, p. 8; Kandasamy et al., 2017).

The concept of interconnectedness was woven throughout many of the stories and experiences shared by urban Indigenous families and Elders. Families voiced their longing for a sense of community and a network of support in raising their children to be rooted in cultural teachings and identity. As other authors have noted, when Indigenous people experience displacement from land, community, and culture, there is a profound sense of loss and isolation (Blanchet-Cohen et al., 2021). This desire for a sense of connection, community, and belonging was at the forefront for many of the families who participated in the talking circles. Families expressed an openness to receiving any cultural teachings offered to them by Elders within the urban community at Tillicum Lelum, acknowledging that the teachings may differ from those from within their own families or communities but were still seen as a critical component of their own wellness and that of their children. While knowing “who we are and where we come from” in regards to our culture and community was acknowledged as necessary to our well-being, both families and Elders conveyed the unique experience of dynamic and adaptive identities and relationships to many cultures, places, and communities that form within urban contexts. Elders spoke of *balance as wellness* – respectfully weaving together the cultures, teachings, and worldviews of multiple communities and places to take care of ourselves and our families in a good way. Kim Anderson (2014) speaks to this balance and interconnection when she writes:

In a world where everything is connected, it's critical to look at the quality of our relationships to ensure that everything is in balance and harmony. Nowhere is this more

important than in the raising of children. The relationships we have with our children, and foster with other beings and the natural world create the foundations for living that our children need to thrive in healthy ways. (p.279)

Elders who contributed to this research expressed that while living within urban environments, there are many ways for families to remain connected to their own Indigenous cultures, teachings, and ancestral territories while adapting to and learning from urban Indigenous communities and cultures to keep themselves and their families well.

As this research explored Indigenous family wellness within the urban context of Tillicum Lelum Aboriginal Friendship Centre, diversity of cultures and teachings within this community was a central theme in conversations with both families and Elders. Stories and teachings gathered from this research demonstrated that respect for all of our relations is the foundation for the wellness of our families and communities. The message of inclusion, belonging, and shared culture expressed by each of the Elders aligns with the work of other authors who describe the urban Indigenous experience of embracing shared values, cultural practices, and ceremonies of other Indigenous people in urban environments to solidify relationships, maintain connection to culture, create community, and renegotiating Indigeneity as an urban Indigenous person (Wilson & Peters, 2005; LaGrand, 2002). To further emphasize the important words of Sul'si'mus'tun shared above (p.83), when we come together as urban Indigenous people with the intention of participating in ceremony and cleansing, there is no "wrong way" to heal when it is carried out from a place of respect:

That's what the teachings are today is that we share each other's healing methods, right. And that's the sweat and that's the medicine picking and the medicine making, the smudging, you know, those are all gifts from Mother Earth. The drum. Grandfather rocks. The rivers. All the kexmin we pick and everything like that, you know, they all grow in different areas. They all have their own place to grow, but at the same time, if you think about it, they're all connected on earth by roots, including us. When we walk on there,

when we walk on there, we're connected to the earth too. So you know, it's, it's all shared. Shared culture. - Sul'si'mus'tun, Elder Wayne

This is a powerful reminder of the collective strength that comes from shared culture and ceremony within our urban environments; The understanding of urban Indigenous identity as fluid, adaptive, and very much “authentically Indigenous” challenges us to examine and reframe colonial assumptions about what it means to be Indigenous, and upholds and celebrates the many ways in which urban Indigenous people, families, and communities reimagine these spaces and identities to sustain their wellness (Wilson & Peters, 2005). Our Elders remind us that all are welcome, no matter where we come from: “*heshook-ish tsawalk*, which means we are one, we are one and we are all interconnected” (Elder Norma, Personal communication, 2022). This invitation to belong, to be connected to a shared community, culture, and identity, has a profound influence on our wellness as urban Indigenous parents, and will nourish the wellness of the next seven generations of children who will be welcomed into our families and urban communities.

RECOMMENDATIONS & RESPONSIBILITIES IN MOVING FORWARD

In order to uphold my responsibilities within this research relationship with Tillicum Lelum and the families they serve, it is of critical importance that this project and the knowledges shared with me throughout are honoured by leading to meaningful change and benefit for the community. Following the lead of Mohawk scholar and trailblazer, Dr. Marlene Brant Castellano, my hope is that this research is able to move beyond “the work of deconstructing and critiquing oppressive and imposed constructions of Indigenous peoples, our lifeways, health, and well-being” and creates new pathways to approaching urban Indigenous wellness programming, directing our focus on “articulating our own understandings and ways of knowing and doing related to supporting and re-vitalizing our health and well-being” (Allan &

Smylie, 2022, p.136). Drawing on the priorities and experiences brought forward by urban Indigenous families who participated in this project, and the teachings and guidance shared by Elders, I offer the following recommendations for wise practice to honour and uphold our collective responsibility to move this work forward in a good way.

Self-determination and leadership in urban Indigenous health and wellness

It cannot be emphasized enough that Indigenous health and wellness programs are most impactful when they are led by community; Urban Indigenous organizations and communities know their own needs, resources and community members best (Howard-Bobiwash et al., 2021). Urban Indigenous organizations need to have the authority to directly control program resources and funding so that they can effectively develop and deliver services that meet the actual needs of urban Indigenous families (CATIE, 2020; Birch et al., 2009; Blanchet-Cohen et al., 2021). Federal and provincial governments and other funding bodies must step away from paternalistic funding structures and move towards a recognition of “the wisdom in each Indigenous community and in the community’s own stories of achieving success,” (Caillou & Wesley-Esquioux, 2014, p.43), with the understanding that this must also extend to urban Indigenous communities and organizations. The COVID-19 pandemic provides a timely example of the ongoing governmental funding disparities that exist between Indigenous peoples who live in urban communities and those living on reserve (NAFC, 2022b); Urban Indigenous organizations were required to apply for proposal or competition based funding through multiple funding rounds, whereas Indigenous governments (Nation-based communities) received funds based on population, remoteness, and community (NAFC, 2022b, p.6). All levels of government must address this divisive funding structure and acknowledge urban Indigenous leadership and organizations as an equal authority and decision maker in the health and health care of

Indigenous peoples. This is in alignment with Recommendation 14 of the In Plain Sight Report (2020) which calls on Governments, health regulators, and health service delivery organizations to recruit Indigenous individuals to senior leadership positions to lead and oversee health system transformation (Turpel-Lafond, p.63).

Culture as the foundation for family wellness programs

This research has highlighted that connection to culture is at the heart of what it means to be well for urban Indigenous families. Urban Indigenous families continue to reclaim their languages, teachings, and ceremonies - paving the way for future generations of urban Indigenous children to grow up firmly rooted in their cultures and identities (FNHA & OPHO, 2021). As such, responsive and relevant public health practice requires Indigenous knowledges and worldviews to be at the centre of family wellness policies and programs for this population, and must reflect the diverse cultures and teachings of those who access them (Canadian Aboriginal AIDS Network & Interagency Coalition on AIDS and Development, 2019; Gerlach et al., 2017; Mushquash et al., 2021). Weaving together culturally-grounded, relational, and strengths-based approaches with biomedical approaches to family health addresses the urgent need to restore cultural supports and resources within Indigenous family wellness, and provides a way forward in closing the gap between Indigenous and non-Indigenous maternal, child, and family health status in Canada (Blanchet-Cohen et al., 2017; Wiebe et al., 2015; First Nations Health Authority & Health Standards Organization, 2022).

Family-centered and intergenerational approaches

The effective development and implementation of Indigenous family wellness programs requires the voices of Indigenous women, families, Elders, and Knowledge Keepers to be at the

forefront, guiding the process from a foundation of cultural knowledges and perspectives (Lang et al., 2010). Approaches to family wellness must focus on the needs and priorities that urban Indigenous families identify as important for themselves. A family-centered approach to policy and program development ensures that families have agency, choice, and the ability to make informed decisions about their health care and community supports. This research has emphasized the significant role that Elders and Knowledge Keepers – particularly matriarchs – have in supporting the health and wellness of families during the perinatal period and early parenting years. In addition to being family-centered, family health policies and programs must reflect this intergenerational understanding of kinship to meaningfully incorporate aunts, grandmothers, and great-grandmothers within perinatal and early parenting health and wellness care (FNHA & OPHO, 2021; Leason, 2021). There is a significant need for funders to acknowledge the value and importance of the knowledge carried by these matriarchs within Indigenous communities, and to allocate adequate and sustainable funding and resources to provide this intergenerational support to families (Kandasamy et al., 2017).

STRENGTHS & LIMITATIONS

This research was community-led and had strong guidance, leadership, and involvement from Tillicum Lelum Aboriginal Friendship Centre, Elders and Knowledge Keepers, and urban Indigenous families at each phase of the project's journey. A primary strength of this work has been the application of both an Indigenist research paradigm and relational framework to address a health and wellness need identified as an urgent priority for this organization and the community they serve; this research gathered knowledge in response to a call for culturally-based family wellness programming and resources to better support urban Indigenous families during the perinatal period and early parenting years. Within more traditional Western academic

approaches to research, aspects such as validity, sample size, and generalizability of results and recommendations may be considered as limitations. However, from an Indigenist research lens, oversight from Elders and community leaders, validation of this work as meaningful and relevant by the community, and the development of context-specific, culturally based knowledge and resources are congruent with concepts of relational accountability, cultural relevance, and collective knowledge (Wilson, 2001). Limitations of this work include constricted timeframes due to the nature of graduate studies programs and institutional requirements. Due to these constraints, this project was only able to gather knowledge from a handful of families who attend programming at Tillicum Lelum, and therefore only reflects the cultural wellness needs and priorities of a subset of urban Indigenous families within this community. While the one-on-one conversations with four Elders were incredibly rich in teachings and stories from Coast Salish, Nuuchah-nulth, and Kwakwaka'wakw perspectives, I acknowledge that many urban families who access services through this organization come from traditional territories spanning across Turtle Island. The limited scope of this thesis work could not possibly reflect the breadth of this diversity in cultures and worldviews in a fulsome and respectful way. Results and recommendations from this work are specific to the unique needs and context of the urban Indigenous community at Tillicum Lelum, operating within unceded Coast Salish territories, and may not be applicable to other urban Indigenous communities (Kandasamy et al., 2017). However, my hope is that this work may serve as a guiding framework for other urban Indigenous communities and organizations to carry out community-led research and program development to support the wellness of the families they serve.

FUTURE RESEARCH & POLICY IMPLICATIONS

Results from this project have highlighted several implications and opportunities for future research and policy development. There is a need for community-led and intergenerational approaches to the development, implementation, and evaluation of policies and programs that focus on the wellness of extended family systems within urban Indigenous contexts. Further research that centers the voices, stories, and priorities of urban Indigenous families will help to identify the unique health needs and barriers for each urban community, and better equip health policy and program decision-makers to implement responsive, effective, and meaningful family wellness programming for their community. Future research opportunities include gathering family wellness knowledges from Elders and Knowledge Keepers across Turtle Island to honour the diversity of Indigenous families living within urban centers and increase applicability to numerous urban communities. Culturally relevant and appropriate evaluation of family wellness programs and policies that is rooted in Indigenous ways of knowing must also be further explored. Collaborative, family centered approaches to evaluation would ensure context-specific outcomes and recommendations, and reflect the wholistic wellness values of urban Indigenous families to improve health and wellness programs and policies for this population (Maddox et al., 2021).

Knowledge gathered throughout this work indicates that urban Indigenous parents identify culture, ceremony, and community connection as central aspects of their wellness and seek health and wellness services from organizations such as Tillicum Lelum that are grounded in these values. Limited access to culturally-based wellness programs for families in urban communities, primarily due to lack of sustainable and dedicated funding and resources for this demographic, must continue to be brought to the attention of Federal and Provincial governments, health regulators, and regional health authorities to ensure that the voices and

needs of these families are heard. Friendship centres provide essential health services, often filling the gaps in the delivery of high-quality, culturally relevant healthcare services that are otherwise inaccessible to urban Indigenous peoples through on-reserve clinics or mainstream health services (NAFC, 2022b). As other authors have noted, the divisive competition-based approach to funding that pits urban against land-based (on-reserve) communities and other service organizations needs to end (Howard-Bobiwash et al., 2021). Further research and evaluation of Indigenous health funding models are required to address these inequities and must be done in full partnership with urban Indigenous leadership to develop new funding structures that are equitable, sustainable, and reflective of the health service needs of the urban population. The Indigenous health policy-making process, at both federal and provincial levels, must acknowledge urban Indigenous leadership and organizations such as Friendship Centres as full and equal partners, leaders, and decision-makers in the delivery of culturally-relevant healthcare services for their communities (NAFC, 2022b).

CHAPTER 8: SHARING THE RESEARCH BUNDLE

Indigenous approaches to knowledge translation are dynamic and participatory, and weave together cultural continuity, identity, relationship, and intergenerational knowledge exchange to benefit the community as a whole (Smylie et al., 2014; Anderson, 2008). With guidance from the Advisory Committee, knowledge gathered from this project was compiled into perinatal and early parenting wellness resources, including a program curriculum manual (see Appendix D for sample pages) and *Teachings of Our Elders* posters (see Appendix E), to be used by family-centered programs throughout the organization. Families spoke to formats for knowledge translation products that would be most meaningful and useful to them, emphasizing that multiple formats or mediums would be beneficial. Examples of resources, such as *Indigenous Birth Knowledge and Stories for My Baby* journal (Seventh Generation Midwives Toronto & Well Living House, 2017), *Our Sacred Journey* pregnancy passport (PSBC, 2015), and the *Teaching of the Elders* (Health and Welfare Canada, 1980), were shared to support the Advisory Committee in determining appropriate formats for the resources to meet the needs of the organization and families. A draft version of the program manual was developed, as well as posters that included teachings of the Elders, and were presented to both the Advisory Committee and Elders for final approval. Grant funding is currently being sought to contract an Indigenous graphic designer to complete the family wellness program manual, which will be an ongoing collaboration between myself and Tillicum Lelum extending beyond the scope of this thesis work.

A community gathering was held on November 29th, 2022 at Tillicum Lelum; this date was chosen as Coast Salish ceremonies are traditionally held during the winter season. The invitation to attend was extended to Community Advisory Committee members, Elders who

participated in the project, families who attended the talking circles, as well as other organizational program staff, and urban families who access services at Tillicum Lelum (See Appendix F for invitation shared on Facebook). The gathering began with an opening prayer, song, and smudging to ground us within our circle. A brief overview of the project was provided to share back what I had heard from families and Elders during our time together, and how I made meaning of each of the stories shared with me. As well, there was opportunity for Elders to speak to their own intentions and vision for this project, and share teachings and stories with those in the circle. A blanketing ceremony to stand up and honour committee members and Elders was held, and our gathering concluded with a shared meal. This was an opportunity to formally gift the research bundle to Tillicum Lelum - a critical piece in taking care of the story medicines that were shared with me throughout the project. A printed copy of both the family wellness program manual and the Teachings of Our Elders posters were available for all in attendance. Families were gifted with a medicine bundle to thank them for collectively acknowledging the important work that was done throughout the project, as well as for their role in witnessing the blanketing of Elders and Committee members who supported this work and generously offered their time, knowledge, and guidance. As this part of the research journey comes to an end, it was important to close this work in a good way. This gathering provided a beautiful opportunity to come together as a community to honour the sacredness of the stories and teachings that were shared with us about how to keep our children and families well.

CHAPTER 9: CLOSING

The process of gathering sacred items for this collective research bundle has been a journey of re-searching, reviving, and reclaiming the teachings of our ancestors about how to keep our urban Indigenous families well (Absolon, 2011). This research sought to: (1) address a need identified by Tillicum Lelum Aboriginal Friendship Centre to co-create family wellness resources that are rooted in the culture and teachings of our Elders and Knowledge Keepers; and (2) better understand the direct needs and interests of urban Indigenous families in accessing cultural teachings related to wellness during the perinatal period and early parenting years. This was done by examining existing literature and resources related to perinatal and early parenting wellness for urban Indigenous families; centering urban Indigenous families' needs and priorities through talking circle conversations; gathering knowledge and teachings from Elders on cultural protocols and practices that support family wellness; and synthesizing and making meaning of these stories and teachings to inform the development of a culturally-based family wellness program curriculum and accompanying resources.

This research has highlighted the strong priority urban Indigenous families place on culture, ceremony, extended family support, and connection to Elders in maintaining their wellness as parents and the wellness of their children. These perceptions of family wellness were reaffirmed through the Coast Salish, Nuuchahnulth, and Kwakwaka'wakw teachings and stories shared by each of the Elders; our Elders reminded us of the cultural practices and protocols of our ancestors that call upon our extended kinship networks to collectively care for and nurture families during pregnancy, postpartum, and early parenthood. Aunties, grandmothers, and other matriarchs within our families continue to be respected as birthkeepers -

carrying the sacred knowledges and ceremonies that keep our families well (Kandasamy et al., 2017). Efforts must be made to honour these cultural wellness teachings as preventive or protective measures for the health and wellness of urban Indigenous families, and recognize the collective strength that comes from shared culture and ceremony within our urban communities (Hayward & Cidro, 2021; McIvor et al., 2009). Recommendations put forward from this work emphasize the necessity for urban Indigenous organizations and communities to be self-determining in the development, implementation, and evaluation of health and wellness programming for urban Indigenous families. My hope is that this research will contribute to increased access to and knowledge of cultural teachings, protocols, and ceremonies related to health and wellness for families living in urban communities, and will result in the allocation of sustainable funding and resources for community-led, responsive, and culturally relevant wellness programming for urban Indigenous families.

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APPENDICES

APPENDIX A

FAMILY RECRUITMENT POSTER

Tillicum Lelum Aboriginal Friendship Centre


**Building Better Babies &
Creating Healthy Families**

***Family Wellness
Research Project***
with Ashley Simpson

Are you pregnant or a parent of a child under six years of age? You are invited to join **Family Wellness Talking Circle** sessions, where you can share your experience accessing cultural wellness teachings and practices during your pregnancy and early parenting journey.

Creating Healthy Families
Mon., June 27 from 11am-12:30pm

Building Better Babies
Tues., June 7 and Wed., June 15
11am-12:30pm



Tillicum Lelum Aboriginal Friendship Centre


Project Description

This project aims to learn from urban Indigenous families about their interest in cultural teachings, practices, and ceremonies in supporting their parenting journeys.

Information gathered from this project will inform the development of a culturally-based family wellness program curriculum.

Knowledge gathered will be presented as part of Ashley Simpson's thesis work for the completion of the Master of Public Health degree from the University of Victoria.

Please contact Ashley Simpson at ashleygrose@hotmail.com to learn more about participating in this project.



APPENDIX B

TALKING CIRCLE GUIDING QUESTIONS FOR FAMILIES

Guiding Questions for Prenatal Talking Circle:

1. Are there cultural teachings, practices, or ceremonies that you would like to learn about to support you in your pregnancy?

Prompts: *how to stay healthy in pregnancy, birth teachings, placenta teachings, medicines for pregnancy etc.*

2. Are there cultural teachings, practices, or ceremonies that you would like to learn about to support you after your baby is born?

Prompts: *postpartum wellness, newborn care, infant feeding, welcoming or naming ceremonies etc.*

3. How would you like to receive these teachings? What format would best support you?

Prompts: *manual, videos, booklet, journal etc.*

Guiding Questions for Postpartum Talking Circle:

1. Are there cultural teachings, practices, or ceremonies that you would have liked to learn about to support you in your pregnancy?

Prompts: *how to stay healthy in pregnancy, birth teachings, placenta teachings, medicines for pregnancy etc.*

2. Are there cultural teachings, practices, or ceremonies that you would like to learn about
3. to support you as a new parent?

Prompts: *postpartum wellness, newborn care, infant feeding, welcoming or naming ceremonies etc.*

4. How would you like to receive these teachings? What format would best support you?

Prompts: *manual, videos, booklet, journal etc.*

Guiding Questions for Early Parenting Talking Circle:

5. Are there cultural teachings, practices, or ceremonies that you would have liked to learn about to support you in your pregnancy?

Prompts: *how to stay healthy in pregnancy, birth teachings, placenta teachings, medicines for pregnancy etc.*

6. Are there cultural teachings, practices, or ceremonies that you would like to learn about to support you and your family in the early years of parenthood?

Prompts: *welcoming or naming ceremonies, traditional parenting practices etc.*

7. How would you like to receive these teachings? What format would best support you?

Prompts: *manual, videos, booklet, journal etc.*

APPENDIX C

Elder Conversation Guide

Invitation to for Elders to provide an introduction, share about personal experience of family wellness, either as a parent themselves or witnessing within their own families/communities.

Pregnancy:

1. What does family wellness mean to you? How can families support their wellness during pregnancy?
2. Are there specific teachings that were traditionally shared with women about labour and birth to help mothers prepare?

Prompts: recommended foods, medicines, birthing positions, caring for our bodies during pregnancy etc.

3. Were there or are there traditional birthkeepers, midwives, doulas, aunties in your community that support women during pregnancy and postpartum?

Follow up: How can we create these types of supports for families today, particularly in urban communities?

Postpartum Wellness:

4. Do you carry any teachings or stories about how to take care of ourselves during the postpartum period?

Prompts: aftercare, healing, emotional wellness, medicines for mom and for baby

5. Many families are wanting to honour the afterbirth/placenta for its sacred role in the birthing process. Are there specific teachings about how to do this?

Follow up: Are there ways that families can do this in a cultural way within urban communities?

6. Are there teachings on pregnancy loss, stillbirth, infant/child loss that could be shared with families to support them through this difficult time?

Newborn Care:

7. Are there teachings around ways families can soothe their babies?

Prompts: swaddling, moss bags, babywearing, swings

8. Are there any teachings or stories that you would like to share with families about feeding our babies?

Prompts: breastfeeding teachings, ways to promote milk supply, what to eat while breastfeeding

9. Do you carry teachings around how to care for baby's belly button/umbilical cord?

Parenting Young Children:

10. Are there ways to keep our children safe/well spiritually?

Prompts: children's connection to spirit world, mirrors, covering windows at night, taking baby out at night

11. Are there certain foods or meals that support the wellness and nutrition of young children?

12. Are there cultural teachings or approaches around discipline for children?

13. Are there teachings or stories around how to have challenging conversations with our children?

Prompts: changing family dynamics, grief/loss, times of transition (coming of age, healthy relationships)

Intergenerational Family Wellness:

14. How can parents reconnect and have healthy relationships after baby is born?

15. Families have shared that they would like to have welcoming and naming ceremonies for their babies. Are there ways that we can respect community and cultural protocols to support these ceremonies in urban communities?

Follow up: If so, who can families call on to support with this?

16. How can we best honour diverse cultural teachings and Indigenous identities in urban communities?

17. Are there any stories or teachings you could share about community approaches to parenting? (ie. "knowing that our children are safe and cared for by others in the community")

APPENDIX D

SAMPLE KNOWLEDGE TRANSLATION PRODUCT: FAMILY WELLNESS CURRICULUM MANUAL

KNOWING WHERE OUR TEACHINGS COME FROM

It is important that we acknowledge who our teachers are and know where our teachings come from. The stories included in this resource were generously shared with the Tillicum Lelum community by four *sulhween* or Elders as part of a research project. The Elders have gifted these stories to Tillicum Lelum and the families in our community to keep us healthy and well. These stories and teachings come from Coast Salish, Nuuchah-nulth, and Kwakwaka'wakw worldviews.

KWAKWAKA'WAKW

NUUCHAH-NULTH

COAST SALISH

02 HOW DO WE KEEP OUR FAMILIES WELL?

This project received its name, **Siem Culmuhw Mustimuxw Tze Tzu Wut Tu Mamu'na'tzt** from Qxi-awuy-ul-tu-naut, Elder Marguerit James. This hul'q'umi'num phrase means "Honoured Indigenous People, Helping Our Children." The phrase reminds us of our shared responsibility to care for all of the children within our community.

This is an important reminder that **all children are sacred**. We have a responsibility to take care of one another and keep our families and communities well.

In the hul'q'umi'num language, when -'tzt is added to the end of a word or phrase, it refers to collective ownership. When added to the word mamu'na (children), mamu'na'tzt, signifies collective ownership of, responsibility for, and relationship to, all of our children.

That's what the teachings are today, is that we share each other's healing methods, right. And that's the sweat and that's the medicine picking and the medicine making, the smudging... those are all gifts from Mother Earth. The drum. Grandfather rocks. The rivers. All the kexmin we pick and everything like that... they all grow in different areas. They all have their own place to grow, but at the same time, if you think about it, they're all connected on earth by roots, including us. When we walk on there, when we walk on there, we're connected to the earth too. So you know, it's, it's all shared. Shared culture.

- Sul'si'mus'tun, Elder Wayne

Carver: Noel Brown, Snuneymuxw

PRENATAL WELLNESS

GUIDANCE FROM OUR MATRIARCHS FOR A HEALTHY PREGNANCY & BIRTH

Traditionally, **mothers, aunts** and **grandmothers** were the birthkeepers and midwives who took care of us during our pregnancies and after our babies were born. The **matriarchs** in our communities carry the teachings, medicines, and ceremonies around pregnancy and birth to support our families during the birthing process and beyond.

I remember the grannies would give, our mother cod liver oil to help with her labour. They always warmed it up first before they gave it to somebody. And there was always traditional medicine on the stove.

- Elder Nora

One thing the Elders said was to keep active, you keep walking and don't lay around because if you lay around too much and sleep all the time, you'll have a long, hard labor but if you keep active and you keep walking, your labor will be shortened, it will be easier.

- Xwi xy ul tu naut, Elder Marguerit

A matriarch is a strong woman within our family or community who is recognized as a leader and respected for her wisdom and role in keeping our community well.

PRENATAL WELLNESS

TRADITIONAL FOODS NOURISH US DURING PREGNANCY

Food is medicine. Our Elders remind us that the healthiest foods for us are those that came from the land. Adding traditional foods into our diet helps to nourish our physical health, but also our mental, emotional, and spiritual wellness during pregnancy.

For me, what was really important was the fish...with all the omega in there and all the proteins and everything like that. And berries, blackberries, I'd go blackberry picking. You know, and I used to eat salal berries, they're like wild blueberries and you could make jam and jelly out of that, or just eat them the way they were, they are high in antioxidants.

- Elder Norma

We had certain foods that we weren't allowed to eat and the Elders said to us, okay, you don't eat crabs, your baby will be moving sideways. Don't eat strawberries, because strawberry marks will come out on your baby's body. Different things were restricted from our diet...and we weren't allowed to eat duck because their legs would be kind of twisted out like that. All these foods that they told us not to eat. So that was just looking after ourselves, protecting ourselves and the baby too.

- Xwi xy ul tu naut, Elder Marguerit

And the seaweed, very important. Once a week maybe, have a traditional supper with your family, and just try to keep the regimen as healthy as you can because it really helps a child. To me it does. It helped me as a child. It helped me as a mother. It helps me as a grandmother now.

- Elder Norma

APPENDIX E

SAMPLE KNOWLEDGE TRANSLATION PRODUCT: FAMILY WELLNESS POSTER

TILlicum LELUM ABORIGINAL FRIENDSHIP CENTRE

TEACHINGS FROM OUR ELDERS

Qxi-qwuy-ul-tu-nauut - Marguerit James



COAST SALISH TEACHINGS: CARING FOR THE PLACENTA

In our culture we have positive intentions for our mothers to be. We will get one of the family members to go and get the afterbirth (placenta) and that person will take the afterbirth up in the woods and they will dig a hole and they will pray first. They want the baby to have a good life, so they will say some kind of positive message for them like "we want them to be successful" or some kind of positive intention for the baby, so that baby will have a good life. That is the part of the afterbirth.

APPENDIX F

COMMUNITY GATHERING INVITATION



COMMUNITY GATHERING

Please Join Us to Celebrate the
Completion of our Research Project:

**Siem Qulmuhw Mustimuxw Tze
Tzu Wut Tu Mamu'na'tzt:**

Honoured Indigenous People
Helping Our Children

**Tuesday, November 29th
10:30am-12:30pm**

Tillicum Lelum on 475 Tenth Street

Rides, Childminding and Lunch Available
Please call 250-753-6578 by 9:30am the Day
of Gathering to be Added to Rides List

For More Information,
please call Erica Beech, Tillicum Lelum
BBB/CHF Coordinator
at (250) 753-6578

