EXPLORING THE SOUTHERN DAKELH FIRST NATIONS YOUTH’S EXPERIENCES OF WELLNESS

by

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Abstract

Background: To promote health equity for Indigenous youth in Canada, a federally funded initiative Jordan’s Principle was implemented to support children and youth by considering their unique contexts and providing immediate funding for necessary health, social, and educational supports. Jordan’s Principle funding was obtained by the three leaders of the Southern Dakelh First Nations communities (Lhtako Dene, Nazko, and Lhoosk’uz Dene) through the Quesnel Dakelh Education and Employment Society (QDEES) to support youth engage education and employment opportunities offered by the New Gold Blackwater Mine Project. A review of the literature indicated that despite evidence suggesting experiences during adolescence impacts lifelong wellness, there are gaps in the research that explores wellness-oriented objectives, specifically in relation to youth’s community context. Purpose: The purpose of this work was to understand and explore how the Southern Dakelh community context influences youth’s experiences of wellness by conducting a strength-based community assessment. Methods: This study utilized a community-based participatory research approach. Mixed methods were used to collect and analyze data from 29 participants. These data included their assessment of what made them strong, in-depth individual interviews and focus groups, and reflective journaling and field notes that were used to examine the contextual factors associated with youth wellness. Findings: Data analysis resulted in five key themes: Geographic Isolation, Social Isolation, Cultural Isolation, Duty, and Ambition. These findings demonstrate ways in which youth wellness may be influenced by contextual factors, this evidence can be used to inform the planning and development of an appropriate equity-based health promotion strategy. Conclusion: These findings suggest that youth wellness is affected by broader structural inequities and complex realities that shape the youth’s unique experiences.
Lay Summary

To promote health equity in Canada, Jordan’s Principle was created to support the overall health of First Nations children and youth. Jordan’s Principle funding was secured by the three leaders of the Southern Dakelh First Nations communities through the Quesnel Dakelh Education and Employment Society. The goal of this work was to understand and explore how the Southern Dakelh community context influences youth’s experiences of wellness to support future education and employment goals associated with the New Gold Blackwater Mine Project. Twenty-nine youth participants took part in interviews and completed an asset mapping tool. We learned that there are many ways in which contextual factors influence experiences of wellness for youth. Geographic Isolation, Social Isolation, Cultural Isolation, Duty, and Ambition were identified as factors that impact youth wellness and need to be taken into consideration. These new understandings suggest that wellness is affected by broader structural inequities and complex realities that shape the youth’s unique experiences.
Preface

This thesis is an original and unpublished work of the author, Veena Mudaliar, and the thesis supervisory committee, research team, the QDEES, and UBC CHSPR. Thesis writing was completed with editorial and supervisory feedback, input, and support from my thesis supervisor, Dr. Sabrina Wong, and the supervisory committee, Dr. Emily Jenkins and Dr. Annette Browne. Research activities, including data collection and analysis, were carried out with the support of the research team, Dr. Sabrina Wong and Innocent Ndateba. The QDEES provided approval and guidance for all research activities. The UBC Primary Health Care team at CHSPR, Dawn Mooney, Andy Gibb, and Donald White, assisted with the quantitative data analysis, creation of the quantitative figures, and preparation of the final community report. The fieldwork reported in Chapter 3 was granted by UBC ethics certificate number H18-03545 for the project Building Strength, issued by the University of British Columbia Behavioural Research Ethics Board.
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<td>CBPR</td>
<td>Community-based Participatory Research</td>
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<td>CHSPR</td>
<td>Centre for Health Services and Policy Research</td>
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<td>ILCSDAH</td>
<td>Integrated Life Course and Social Determinants Model of Aboriginal Health</td>
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<td>IRSI</td>
<td>Indigenous Research Support Initiative</td>
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<td>QDEES</td>
<td>Quesnel Dakelh Education and Employment Society</td>
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<td>UBC</td>
<td>University of British Columbia</td>
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<td>USA</td>
<td>United States of America</td>
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Acknowledgments

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Dedication

To my late grandmother, Mrs. Subhadra Naicker. As a young girl born in the Fiji Islands, you were not given the opportunity to attend school. You fostered a love for education in your own daughter. I am inspired by your intelligence and humbled by your dedication to equity.
Chapter 1: Introduction

1.1 Introduction

Indigenous children and their families experience considerable health inequities compared to non-Indigenous Canadians (Greenwood & de Leeuw, 2012; Smylie & Adomako, 2009). In British Columbia, the mortality rate for Indigenous youth is almost twice the rate of their non-Indigenous peers (Lambert, 2017). It is argued that the disproportionate health inequities are attributed to the unjust distribution of the social determinants of health (Allan & Smylie, 2015; Blackstock, 2009; Greenwood, de Leeuw, & Lindsay, 2018; Reading & Wien, 2009). It is important to consider the health of many Indigenous communities within the colonial forces that effect health care experiences, outcomes, and access (Browne, 2009). Although, some communities thrive despite colonialism, social inequities persist and continue to negatively impact health (Browne et al., 2016). Colonialism and oppressive systemic practices, such as the Indian Act, residential schooling, the reservation system, and the sixties scoop have a profound effect on communities, as traditions, languages, land, and culture were impacted by Euro-Canadian expansion (Pan-Canadian Public Health Network, 2018). Colonization has disrupted many communities’ traditional knowledge and relational ways of knowing and being

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1 The term Indigenous refers to First Nation, Inuit, and Metis peoples, regardless of living on or off-reserve, status or non status. When referring to the specific communities partnered with in this research, the term of Southern Dakelh First Nations or Carrier will be utilized, or the specific First Nation (Lhtako Dene, Nazko, or Lhoosk’uz Dene).
2 The Integrated Life Course and Social Determinants Model of Aboriginal Health perspective conceptualizes the social determinants of health which allows for a contextually nuanced examination of persisting health inequities (Reading & Wien, 2009). Emotional, spiritual, mental and physical dimensions of health are influenced by a range of social determinants: distal (social, historic, economic and political contexts), intermediate (resources, community infrastructure, capacities, and systems) and proximal (health behaviours, social and physical environment) (Reading & Wien, 2009).
3 Colonialism is defined as inequitable control and power relations exerted from one territory over another, carried out by oppressive policies and practices (Feminist Northern Network, 2016).
Indigenous peoples continue to encounter oppressive forces maintained by sociopolitical systems grounded in racism, neocolonialism, and neoliberalism that undermine the values of Indigenous peoples and widen inequities (Browne et al., 2016; Browne & Reimer-Kirkham, 2014; Ryan, 2008; Feminist Northern Network, 2016). In some communities, these circumstances have led to intergenerational trauma that impacts the community capacity to care for children and youth (Blackstock, Trocmé, & Bennett, 2004).

The social determinants of health influence various dimensions including health capacities and vulnerabilities of individuals and communities. It is important to consider the effects of colonization, social exclusion, and racism as determinants specific to many Indigenous peoples (Reading & Wien, 2009). Canadian health data for Indigenous populations is limited; however, there is ongoing evidence demonstrating that some young people experience significant social and health inequities\(^4\) (Reading & Wien, 2009). Moreover, families who experience poor health are often unable to access supports and resources to ameliorate health challenges (Smylie & Adomoko, 2009). Families often encounter barriers to health services such as poverty, unreliable transportation, and inadequate services that are exacerbated by stigmatization and racism resulting in a distrust of service providers. This subsequently impacts the individual and collective ability to control health and health care (Adelson, 2005; Howell et al., 2016). As a result, there are inequities in health outcomes and indicators including youth suicide, infant mortality, infectious disease (e.g., tuberculosis), nutritional status, and immunization rates; Indigenous children and youth fall below national health averages (Canadian UNICEF Committee, 2009).

\(^4\) There is a deficit in accurate, complete, and up-to-date statistical information to effectively assess the wellbeing of Indigenous communities due to: inconsistencies in ethnic identifiers across vital health registration systems; different health authorities carrying out different surveys that make comparing results difficult; and inadequate data collection from on-reserve communities (Reading & Wien, 2009).
1.1.1 Jordan’s Principle

To promote health equity in Canada, a federally funded initiative called Jordan’s Principle was implemented in 2007 (Government of Canada, 2020). This initiative was a First Nations advocacy effort aiming to remove barriers to child and youth wellness (Government of Canada, 2020). Jordan’s Principle was created in honour of Jordan River Anderson of the Manitoba Norway House Cree Nation (First Nations Child and Family Caring Society of Canada, 2018). He was born in 1999 with multiple health challenges and remained in hospital for years. Federal and provincial governments disputed financial responsibility for his on-reserve home care services. These disputes continued until Jordan died in hospital.

Services for First Nations children and youth are funded by varying levels of government often leading to inter-governmental disputes over payment and accountability for service provision (Blackstock, Trocmé, & Bennett, 2004; Chambers & Burnett, 2017; Johnson, 2015; Nathanson, 2011; Sheppard, 2018). Jordan’s Principle is a child-first initiative that acknowledges systemic discrimination and strives to restore equity by funding unmet needs immediately. Jordan’s Principle provides urgent funding to eligible children and youth for health, social, and educational services. Funding is available for any product, support, or service required either once or on a continuous basis by a child or youth (Government of Canada, 2020). Requests for funding can be made by a parent, a guardian, a youth above 16 years of age, an authorized

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5 Wellness is holistic. It is a healthy and whole person conveyed through a balance of body, emotion, spirit, and mind. Elder Jim Dumont (2014) explains that wellness is a belief in one’s connection to land, beings of creation, ancestry, language, and support from a caring environment and family.

6 The Canadian Human Rights Tribunal determined the Government of Canada's implementation of Jordan’s Principle was discriminatory and issued numerous follow up orders to ensure an equitable approach (Government of Canada, 2018).

7 Jordan’s Principle eligibility includes: registered First Nations children and youth (under 19 years of age) living on or off-reserve; non-status Indigenous children and youth who reside on-reserve; First Nations children and youth entitled to be registered under the Indian Act (including those who are entitled to register under amended provisions of the Indian Act, Bill S-3); and children or youth who are living off-reserve but are recognized as members by their Nation are eligible for services to address urgent or life-threatening needs (Government of Canada, 2020).
representative, a community, or a service provider (Government of Canada, 2020). Examples of funded products, supports, or services include mobility aids, assessments and screenings, medical supplies and equipment, respite care, therapeutic services, personal support workers, school supplies, and tutoring services (Assembly of First Nations, 2018).

Jordan’s Principle is a valuable initiative that supports First Nations children and youth. This initiative considers contextual circumstances and provides timely funding for necessary health, social, and educational supports. The three leaders of the Southern Dakelh First Nations communities (Lhtako Dene, Nazko, and Lhoosk’uz Dene) have secured Jordan’s Principle funding through the Quesnel Dakelh Education and Employment Society (QDEES) (The Quesnel Dakelh Education and Employment Society, 2018).

1.1.2 The Quesnel Dakelh Education and Employment Society (QDEES)

The QDEES, through the University of British Columbia Indigenous Research Support Initiative (UBC IRSI), extended an invitation to health care clinicians at the School of Nursing to collaborate on this project. The QDEES requested support to understand the unique experiences of the Southern Dakelh youth to support wellness so that young people can engage in education and employment opportunities (see Appendix A for the QDEES Jordan’s Principle Proposal).

This study aim coincided with an industry partnership formed with the New Gold Blackwater Mine Project. New Gold is an intermediate Canadian gold mining company set to process mineral deposits on the traditional territory of the Lhoosk’uz Dene Nation (New Gold, 2012). New Gold has secured favourable provincial and federal environmental assessments and will be in operation for 17 years (New Gold, 2012). The company has engaged local services and supports hiring from within communities to create direct and indirect economic benefits (New Gold, 2012). An economic influx is expected within the community as New Gold is committed
to a goal of 25% First Nations employment; approximately 1000 miners and mill workers will be needed during the initial phase, construction, and the operation of the mine (New Gold, 2012). The youth will require unique supports to engage training, education, and employment to ensure they will benefit from this socioeconomic opportunity.

1.2 Problem Statement

It is essential to develop an understanding of Southern Dakelh youth wellness so that appropriate supports are identified to ensure the youth engage education and employment opportunities. There is a broader literature on health and wellness for Indigenous youth as well as health promotion interventions and strategies. However, it was imperative to identify the needs and assets within the community, from their perspectives before designing a program specific to their youth. The leaders of the Southern Dakelh Nations communities, along with the QDEES, community members, and key stakeholders, requested to collaborate and utilize the research expertise of health care clinicians at the University of British School of Nursing. The QDEES, through the UBC IRSI, invited my supervisor Dr. S. Wong and myself to work together on this unique project.

I believe that assisting the Southern Dakelh communities in carrying out a strength-based community needs assessment and describing wellness from the youth’s perspective was a necessary first step to understanding how the community context and the social determinants of health impact Dakelh youth. A clearer understanding about these relationships will inform the planning and development of an appropriate equity-based health promotion strategy. This project has presented an opportunity to collaborate with the Southern Dakelh First Nations communities

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8 The term community context refers to the setting and circumstances that youth identify as impacting their lives; these are shaped by social relationships, culture, history, as well as the social determinants of health (Chilenski & Greenberg, 2009; Israel et al., 2010).
to carry out a strength-based community needs assessment and explore the experiences of wellness for youth.

1.3 **Purpose**

The project objective, developed by the Southern Dakelh First Nations communities, was to ensure the sustainable wellbeing of children and youth through educational and employment opportunities to correct the ongoing injustices and inequities within this community. The purpose of this specific work was to understand and explore the youth’s experience of wellness by conducting a strength-based community needs assessment, with a view to informing the future planning and development of an equity-based health promotion strategy to support education and employment objectives, and ultimately, the communities’ vision for health and wellness over the longer-term.

1.4 **Research Questions**

The central questions guiding this study were:

1. How does the Southern Dakelh community context influence youth’s experiences of wellness?

2. What do youth identify as strengths (e.g., person, physical structure, place, community service, program) in supporting wellness?

3. What do youth identify as factors that take strength away?

4. How can the community effectively support current and future youth education and employment engagement?
1.5 Significance

According to Health Canada (2020), Indigenous populations are growing. Fifty percent of the three Southern Dakelh First Nations population is under 30 years of age (The Quesnel Dakelh Education and Employment Society, 2018). Within a fast-growing population the consequence of poor health is potentially devastating for individuals and communities. The health care system is ill-equipped to provide comprehensive care for many Indigenous peoples (Allan & Smylie, 2015). In the past decade, health improvements have transpired. Yet, health inequities within many Indigenous youth populations remain. Youth continue to report extreme stress, thoughts of suicide, and discrimination (Tourand et al., 2016).

This project is timely following the Truth and Reconciliation Commission of Canada (2015) report that urges all Canadians to work towards social change and building a future based on truth and respect. The report further identifies the gaps in health outcomes for Indigenous children and youth demanding rectification in a Call to Action; “we call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities” (Truth and Reconciliation Commission of Canada, 2015, p. 161).

The communities have identified myriad concerns for youth, lack of adequate transportation (e.g., no public transit to reserve communities), lack of healthy inexpensive food, and infrequent access to social and health services that continue to impact wellness (D. Wooldridge, personal communication, February 2, 2019).

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9 The factors that contribute to growth, are higher fertility rates, ethnic mobility that is an increasing tendency for people to identify themselves as Indigenous in recent years (Government of Canada, 2013; Statistics Canada, 2018).
1.6 Summary

Due to current and historical discriminatory policies and practices, many Indigenous youth have reported poorer health outcomes than their non-Indigenous peers (Pan-Canadian Public Health Network, 2018). Jordan’s Principle seeks to restore health equity by granting immediate funding for health, social, and educational services inherent to wellness. The QDEES obtained Jordan’s Principle funding to build capacity among their youth. The Southern Dakelh Nations communities recognize that youth struggle with wellness. The New Gold partnership presents employment opportunities; however, the communities have concern that youth are ill-prepared to engage training, education, or employment. The community plans to develop an equity-based health promotion strategy to support youth and address structural barriers. For the program to succeed, it is important to understand the community context and wellness experiences of the Southern Dakelh youth. The strength-based community needs assessment identifies experiences of wellness among the youth, as well as barriers.
Chapter 2: Literature Review

In this chapter, I provide a brief overview of relevant literature, synthesize my findings, and discuss them within the context of the broader literature. The literature review will ground this study within the existing knowledge and offers a critical reflection of the overall body of knowledge.

2.1 Community Context: Background

According to Elder Doreen Patrick of the Nazko Nation, the Southern Dakelh First Nations communities (Lhtako Dene, Nazko, and Lhoosk’uz Dene) were established in the early 1800s\(^{10,11}\) (Patrick, n.d.). Prior to colonization, the Southern Dakelh First Nations people were self-governing, controlling a vast territory encompassing approximately 15,000 km\(^2\) in northern central British Columbia (Patrick, n.d.). The people had rich cultures, traditions, languages, and ceremonies. They were known to travel frequently and extensively for economic reasons, to fish and hunt, and to visit relatives and friends (Patrick, n.d.). The Carrier people thrived and had strong connections to culture, family, and land\(^{12}\). It is generally agreed upon that prior to colonization, Indigenous communities had significantly better health (Adelson, 2005; Howell et al., 2016).

In 1876, the federal government of Canada created the Indian Act, a law to disenfranchise First Nations people (Patrick, n.d.). Elder Doreen Patrick asserts that “this law was passed against the will of the [Southern Dakelh] people” (Patrick, n.d.). An aggressive colonizing strategy followed that forced assimilation and shifted control of First Nation communities to

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\(^{10}\) First Nations people were living in British Columbia for over 10,500 years (Patrick, n.d.).

\(^{11}\) Elder Doreen Patrick is a former Chief of the Nazko Nation and Gatekeeper of Southern Dakelh history, knowledge, and wisdom.

\(^{12}\) Culture as conceptualized in this thesis is not fixed or comprised of solely values, beliefs, or behaviours (Browne, 2009; Browne et al., 2009). Narrow conceptualizations of culture often reinforce negative (Browne, 2009; Browne et al., 2009).
Indian Affairs (Milloy, 2008). The government eagerly used the land for farming, mining, and resource extraction; land seizures ensued, and treaties were initiated in some areas of Canada to cede traditional territories (Feminist Northern Network, 2016; Government of Canada, 2013). In British Columbia nearly 900,000 square kilometres is unceded First Nations territory (Joseph, 2019).

Elder Doreen Patrick explains that colonization through assimilation tried to destroy her people and decimate the population (Patrick, n.d.). The reserve system uprooted communities from their traditional territories and relocated them to isolated, resource poor land with no services or infrastructure (Milloy, 2008). She describes the devastation of residential schools on families and the enduring repercussions. Residential school attendance became a legal requirement and the goal of these schools was to Christianize and civilize children (Feminist Northern Network, 2016). Elder Doreen Patrick relates,

“we had a great deal of dysfunction in many families. First generation passed on these effects to their children and then to the grandchildren. The children were stripped of their culture. The parents lost their parenting skills and the family bond between parent and child” (Patrick, n.d., para. 1).

Many community members turned to substance use and alcohol to cope with their own history, dysfunction, and pain (The Quesnel Dakelh Education and Employment Society, 2018). This cycle continues as some youth experience the intergenerational effects of trauma and abuse (The Quesnel Dakelh Education and Employment Society, 2018).

The Southern Dakelh First Nations communities embrace the opportunity to heal, rebuild, and move through the reconciliation process; they are survivors. The communities are focused on pursuing regional economic opportunities. The Southern Dakelh First Nations leadership are
working together to share the benefits derived from the land and other resources. They are committed to mutually protecting their titles and rights (Carrier Chilcotin Tribal Council, 2016).

The Southern Dakelh population has increased to approximately 855 band members, with over half of the population falling under 30 years of age (The Quesnel Dakelh Education and Employment Society, 2018). The community aims to support the burgeoning youth population to engage the valuable economic opportunities presented through the New Gold project. The Nations recognize the importance of “education and gainful employment in improving lifelong opportunities for [their] people” and subsequently created the QDEES in 2017 (Nazko First Nation, n.d., para. 1).

The QDEES operates as a non-profit, self-governing central hub that advocates for education and employment opportunities (The Quesnel Dakelh Education and Employment Society, 2018). The QDEES has forged relationships with public and private sectors to ensure economic and resource development remain consistent with local values (The Quesnel Dakelh Education and Employment Society, 2018). The society aims to support community members engage opportunities by advancing education, training, and employment; however, there is concern for the youth population (The Quesnel Dakelh Education and Employment Society, 2018).

The Southern Dakelh First Nations communities recognize that their youth are susceptible to a wide range of health vulnerabilities that can impact education and employment. Some youth have experiences of sexual and physical abuse by family members who were abused in residential school and did not receive supports to help with their healing (The Quesnel Dakelh Education and Employment Society, 2018). Several youth have not received a diagnoses, treatment, or support for conditions, including Autism, Fetal Alcohol Spectrum Disorder,
Attention Deficit Disorder, Attention-Deficit Hyperactivity disorder, and Fetal Alcohol Effect (The Quesnel Dakelh Education and Employment Society, 2018). Many youth experience inequities of poverty, food insecurity, unreliable transportation, unstable housing, environmental destruction, and bullying (The Quesnel Dakelh Education and Employment Society, 2018). As is common during this development stage, some youth engage in risk-taking behaviour such as tobacco and cannabis smoking, alcohol consumption, and other substance use. The QDEES recognises these trends and aims to mitigate them by implementing an equity-based health promotion program for youth.  

Before a program can be designed and implemented, the community requested preliminary data collection, and steps taken to support the planning process. More specifically, the community requested a strength-based community needs assessment to identify available community resources and strengths in order to meet the needs of youth; additional project steps included engaging the right stakeholders and creating community awareness. It was necessary to understand this particular communities’ context to adequately support youth wellness.

### 2.1.1 Southern Dakelh First Nations Communities: Lhtako Dene, Nazko, and Lhoosk’uz Dene

Lhtako Dene First Nation resides next to the City of Quesnel. Due to the proximity with Quesnel, Band members access some health, social, and educational services in Quesnel. The current population is 187 people, with half of the members living on reserve lands (The Quesnel Dakelh Education and Employment Society, 2018). The remaining members live primarily in

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13 Health promotion enables “people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people’s health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure” (World Health Organization, 2016, para. 1). Health issues linked to equity are due to societal structures that shape exposures to risk factors and behaviors (Rice, 2011). The strength-based adaptation of the “needs” assessment was a topic of focus in this project, discussion will be forthcoming.
Quesnel, William’s Lake, or on the neighbouring reserves of Nazko or Ulkatcho; with a few families scattered throughout British Columbia (The Quesnel Dakelh Education and Employment Society, 2018). The Lhtako Dene Nation operates under an electoral process outlined under the Indian Act (British Columbia Assembly of First Nations, 2020). The Chief and Band Council are elected by the community and are accountable to Indigenous and Northern Affairs Canada (Quesnel & Ishkanian, 2017). The Nation is engaged in economic initiatives with the province of British Columbia, including forestry and hydro (British Columbia Assembly of First Nations, 2020).

The Nazko First Nation resides approximately 100 kilometers west of Quesnel. To access services in Quesnel, Band members travel approximately one hour on a paved highway. The reserve has a nurse-led health clinic, elementary school, and gas station. The current population is 416 people with one third of the members living on reserve lands (The Quesnel Dakelh Education and Employment Society, 2018). The remaining members live primarily in Quesnel and in the surrounding communities. Nazko is located alongside the Nuxalk-Carrier Grease Trail, once a vital corridor for trade and travel (Nuxalk-Carrier Grease Trail Community Knowledge Keeper, n.d.). Nazko also operates under an electoral process outlined under the Indian Act for Chief and Band Council. The Nation is engaged in forestry initiatives with the province of British Columbia (British Columbia Assembly of First Nations, 2020).

The Lhoos’uz Dene First Nation resides approximately 145 kilometers west of Quesnel. The last forty-five kilometers to the community are along a forest service road built in 2008. The community’s on-reserve population fluctuates between 24 and 50 members with the majority of the 252 Band members living elsewhere due to the remoteness and absence of services (The Quesnel Dakelh Education and Employment Society, 2018). The reserve is off grid with limited
infrastructure and no potable water. There are 14 log cabins, a school, and a church. Most cabins have septic systems and there is a community generator that provides electricity. Lhoosk’uz Dene is also located alongside Nuxalk-Carrier Grease Trail that once supported this robust community (The Quesnel Dakelh Education and Employment Society, 2018). The Nation operates under a custom electoral system where the Band designs their own election laws for Chief and Band Council that are reflective of the community (Quesnel & Ishkanian, 2017). Lhoosk’uz Dene is engaged in forestry initiatives with the province of British Columbia. The New Gold Blackwater Mine will be constructed on their traditional territory (British Columbia Assembly of First Nations, 2020).

2.1.2 The City of Quesnel

In 1808, Simon Fraser named a major tributary of the Fraser River after his clerk, Jules Maurice Quesnel and the community became known as Quesnel (City of Quesnel, 2019). Quesnel became a major supply centre as northern exploration, resource extraction, and settlement expanded due to the railway and the discovery of gold in the surrounding areas (City of Quesnel, 2019). The Quesnel area became an important supplier to the forestry industry; by 1952 there were 180 sawmills and five planer mills. During this time, the City of Quesnel financed local infrastructure projects, including a new water system, a municipal hall and arena, and transportation networks (including paving streets and installing electric streetlights) (City of Quesnel, 2019). Provincial initiatives supported the community and included improvement to facilities at the local schools and the hospital, as well as the construction of a natural gas line (City of Quesnel, 2019). Quesnel achieved town status in 1958 and as the community grew, became a city in 1979 (City of Quesnel, 2019).
The population of Quesnel is approximately 23,500 people with 27% of the population under the age of 25 (City of Quesnel, 2019). The five-year population projection predicts a continuation of the growth trend with approximately 13% of residents moving to Quesnel from various communities (City of Quesnel, 2019). The participation rates are slightly under the national average of 66.8% with income increasing (City of Quesnel, 2019). The economy is mostly dependent on forestry, but residents are employed in various sectors, including healthcare, education, professional services, mining, and tourism (City of Quesnel, 2019). Over 70% of the population in Quesnel has a high school diploma or post-secondary training (City of Quesnel, 2019). The school district of Quesnel has 12 elementary schools, three secondary schools, and an Aboriginal Education Centre. There are two post-secondary educational institutions, the University of Northern British Columbia, and the College of New Caledonia.

In Quesnel, Indigenous community members can access numerous community health and social services. Indigenous organizations offer resources exclusively or in partnership with local agencies. These resources include: the United Aboriginal Housing Society, Seasons House (Nawkuzut Ko), Quesnel Tillicum Society (Native Friendship Centre), North Cariboo Aboriginal Family Program Society, Carrier Chilcotin Tribal Council, and Cariboo Youth and Family Resource Centre (City of Quesnel, 2019).

2.2 Sociopolitical Factors Influencing the Health of Indigenous Peoples

Indigenous communities globally have been affected by colonialism with significant effects on health and social inequities (Blackstock, 2009; Clark et al., 2018; Gubhaju et al., 2019; Lambert, 2017; Neudorf et al., 2015; Pan-Canadian Public Health Network, 2018; Shea et al., 2019; Skerrett et al., 2018; Smylie & Adomako, 2009; Tourand et al., 2016). In British Columbia, the McCreary Centre Society report on Indigenous youth, Raven’s Children,
emphasizes that there have been health improvements over the past decade; however, inequities remain between Indigenous and non-Indigenous populations (Tourand et al., 2016). Researchers found that Indigenous youth were more likely to experience extreme despair or stress, suicidal ideation or attempts, self-harm, and avoid mental health services (Clark et al., 2018; Gubhaju et al., 2019; Skerrett et al., 2018; Shea et al., 2019; Tourand et al., 2016). The literature is suggesting that it is important to consider the breadth and gravity of colonization on the health of many Indigenous youth and their families.

There is ongoing evidence demonstrating that racism and discrimination are central to health inequities and to health care experiences (Allan & Smylie, 2015; Browne, 2017; Goodman et al., 2017; Tourand et al., 2016). For example, theories of racial hierarchy have been subtly integrated into Canadian policy, practice, and legislature, for example, the Indian Act (Reading, 2013). The legacy of historical racism is firmly entrenched in dominant society and ultimately serves to legitimizes subordination and reinforce exploitation thus shaping health inequities for some Indigenous youth (Gilroy, 2000; Shelby, 2003).

2.2.1 Egalitarianism

Despite the prevalence of health inequities outlined in the literature, egalitarianism paints health care and institutions as discrimination-free (Tang & Browne, 2008). Egalitarian principles remain central influences in health care discourses and interactions with patients (Browne, 2009). Health care remains inequitable because many health services do not consider the broader social and historical contexts, “relying on western medicine…tends not to address the social and economic determinants that greatly affect individual health, and rarely do services accommodate for cultural differences” (Goodman et al., 2017, p. 91). The literature highlights that health inequities are attributable to the unfair distribution of the social determinants of health (Browne
Social, political, and economic systems are underpinned by pre-existing unequal relationships of power (Hilario, Browne, & McFadden, 2018; Reading, 2013; Reading & Wien, 2009; Varcoe, Browne, & Garneau, 2019). These forms of structural racism are major contributing forces with regard to health inequities for Indigenous peoples (Allan & Smylie, 2015). The concept of egalitarianism demonstrates the pervasiveness of structural racism within health contexts and has relevance for this thesis because it offers an approach to critically examine the assumption that society is fair and that all people have equal access to resources and opportunities.

2.2.2 Structural Violence

The term structural violence describes embedded social arrangements stemming from the economic and political organization of our social world, which create harms for particular populations (Farmer, Nizeye, Stulac, & Keshavjee, 2006). Structural vulnerability is a term used to indicate the ways in which various social locations create situations of vulnerability in our current hierarchical social order and how these social locations are further shaped by an unjust system of inequitable resource distribution and power (Bourgois, Holmes, Sue, & Quesada, 2017). Researchers note that structural vulnerability is an outcome of the combination of demographic and socioeconomic attributes, in addition to social assumptions embedded in a network of power relationships (Bourgois, Holmes, Sue, & Quesada, 2017). Structural violence and vulnerability are important concepts to understanding health inequity because although clinicians are not trained to understand or alter these unjust social forces, health initiatives will be ineffective if these structural forces remain unaddressed (Farmer, Nizeye, Stulac, & Keshavjee, 2006).
Social arrangements are shaped by structural racism embedded in policies, practices, laws of society, and its institutions that give advantages to certain racialized groups considered as superior, while differentially disadvantaging or neglecting other racialized groups perceived as inferior (Williams, Lawrence, & Davis, 2019). Williams, Lawrence, and Davis (2019) emphasize that structural racism has the most profound impact on health. For example, in the USA context, residential segregation is a structural mechanism of racism and has been established as fundamental to racial health inequities. The physical separation of groups of people according to their racialized categories was created by government policies as well as discriminatory private policies (e.g., mortgage restrictions) (Williams, Lawrence, & Davis, 2019). In the Canadian context, the reserve system and residential schooling experiences were founded on assimilationist and racist policies and continue to impact the wellness of youth and their families in many communities. These concepts are essential to understanding health inequity and the complex factors that shape health and wellness for many Indigenous youth.

2.2.3 Cultural Safety

Cultural safety is a concept that has been integrated into an educational framework developed by Irihapeti Ramsden a registered general and obstetric nurse who belonged to the people of Ngai Tahupotiki and Rangitane in Aotearoa New Zealand (Ellison-Loschmann, 2003). Cultural safety has relevance for this thesis because it offers an approach to examine power relationships within health care and address the ongoing impacts of political, social, and historical processes that contribute to the health inequities experienced by some Indigenous communities.
Browne et al. (2016) discuss the utility of cultural safety as a concept that can prompt ideas about how health care systems can address racism and injustices that impact health. For example, Browne and Stout (2012) argue that culturally safe approaches in the context of Indigenous peoples’ health ought to integrate the perspectives of Indigenous communities and aim to collaborate on health care design and implementation. For health services to be effective, they must be developed in partnership with the communities served and counteract the simplistic interpretations of culture (Browne & Stout, 2012).

Culturalism is the problematic process of narrowly defining culture as static traditions, knowledge, or beliefs that exist inside a vacuum (Browne & Varcoe, 2006). Browne and Varcoe (2006) emphasize that racialization is prevalent within health care discourses and “physical characteristics or arbitrary ethnic or racial categories” are used to inform social relationships erroneously (p. 158). Cultural characteristics are conflated with social problems. For example, oversimplifications falsely depict Indigenous peoples as immensely spiritual, quiet, or associated with higher rates of alcoholism, hepatitis, or neglectful behavior (Browne & Varcoe, 2006; Goodman et al., 2017). There is ongoing evidence demonstrating that demeaning and stigmatizing policies and practices shaped by culturalist and racial discourses profoundly impact health care access and experiences for many Indigenous peoples. As discussed below, these caveats about how culturalism can operate in health care contexts to create harms does not in any way imply that peoples’ own understanding and connections with their local cultural histories and lived experiences of culture are not important – on the contrary, they are vitally important to peoples’ lived experience of health and wellness.

2.3 Conceptualizations of Wellness

Cultural safety is a critical approach that considers the broader structural factors, socio-historical contexts, and utilizes the knowledge of Indigenous communities’ to counteract racism and redirect the focus onto the culture of health care for transformation (Gerlach, Browne, & Greenwood, 2017).
Health care provision tends to offer narrow mainstream approaches that can be inconsistent with conceptualizations of health and wellness for many Indigenous peoples. Research indicates that incongruencies in conceptualizations of wellness can lead to inappropriate and ineffective health services (Smylie, Olding, & Ziegler, 2014; Van Uchelen et al., 1997; Vukic, Gregory, Martin-Misener, & Etowa, 2011).

The literature highlights that conceptualizations of wellness are often rooted in a shared positive vision that is culturally relevant to communities (Kilian & Williamson, 2018; MacDougall, 2017). The concept of wellness is often conveyed as interconnected, interrelational, and holistic; a balance between physical, spiritual, emotional, and mental streams (Allen et al., 2014; Morris & Crooks, 2015; Reading & Halseth, 2013; Reading & Wien, 2009; Skerrett et al., 2018). Halseth and Greenwood (2019) suggest that wellness is perceived in the context of relationships,

“to other humans, the environment and the Creator. Indigenous children live within the context of their families and communities, and their individual and collective wellbeing are impacted by lifestyles and behaviors, cultural factors, and the physical and social environment in which they live” (p. 11).

There is great diversity in the conceptualizations of wellness for Indigenous peoples (Bourque, Cameron, King, & Weber-Pillwax, 2016; Vukic, Gregory, Martin-Misener, & Etowa, 2011); this perspective has relevance in this thesis because it presents wellness for Indigenous youth as varied and dependent on many factors within the community context. To design an appropriate health promotion strategy, it is important to address these particular conceptualizations of wellness in partnership with the communities served.

The literature suggests that implementing a community’s diverse way of knowing and being into health care and health research is appropriate and necessary (Bartlett et al., 2007;
Clark et al., 2013; Ninomiya & Pollock, 2017). Researchers note that pathways to wellness often include building identity and cultural capacity related to Indigeneity (Burnette & Figley, 2016; Crooks et al., 2017; Gray & Cote, 2019; Greenwood & de Leeuw, 2007; MacDonald et al., 2015; Morris & Crooks, 2015; Sahota, 2019; Shea et al., 2019; Snowshoe et al., 2017). Browne and Stout (2012) emphasize that culture is the most “modern, creative, and alive force for improving the health of Indigenous people” (p. 9). Cultural connectedness plays a significant role in the wellness of Indigenous youth; specifically, opportunities to engage in cultural practices and learn Indigenous languages (Tourand et al., 2016). These concepts are essential to understanding and supporting wellness for many Indigenous youth.

2.4 Reframing the “Needs” Assessment

Research indicates that community planning often commences with a community needs assessment; however, a “needs” assessment is inherently deficit-based and focuses on the perceived unmet “needs” of individuals and communities\(^\text{15}\) (Brown & Sustainable Cities, 2009). The literature suggests that this approach is subversive when planning health care services for Indigenous communities because the underlying assumption is that there are existing unmet needs, problems, and deficits within a community (Van Ulchen et al., 1997).

Mainstream health care services are often discriminatory and rooted in inequitable power relations that have devalued Indigenous peoples and communities. Stout (2012) emphasizes that wellness cannot be granted by external sources and must be cultivated internally through individual autonomy and collective interests. Community planning strategies such as asset mapping, utilize a strength-based approach. This approach highlights assets, both individual and collective resources, as potential paths to wellness (Van Ulchen et al., 1997; Wood, Kamper, & Swanson, 2018). For example, recognizing the existing strengths allows communities to promote

\(^{15}\) Within the context of this research, the term needs assessment was selected by the QDEES.
health on their own terms (Van Ulchen et al., 1997). This perspective has relevance for this thesis because it offers an alternative approach to the “needs” assessment that shifts the focus from perceived community deficiencies and encourages youth to explore the assets within their social and physical contexts (Brown & Sustainable Cities, 2009).

Research indicates that engaging youth in community planning initiatives leads to better planned communities that tend to be more sustainable and responsive to the requirements of a younger population (Brown & Sustainable Cities, 2009). Gaining youth input fosters a sense of community and environmental responsibility that has been shown to increase self-esteem (Brown & Sustainable Cities, 2009). The literature suggests that it is important to recognize the existing community strengths as pathways to wellness and engage youth in strength-based community planning so communities can empower from within.

2.5 Decolonization Practices in Research

Researchers have suggested that decolonization strategies within research align well with community-based participatory research (CBPR) approaches (Israel et al., 2010). Bartlett et al. (2007) emphasize that no single research study could achieve decolonization; however, there are ways to respect, recognize, and value diverse knowledge within research (Vukic, Gregory, & Martin-Misener, 2012). For example, a CBPR approach aims to establish equitable power relations through ongoing community involvement and engagement. This approach integrates and values, knowledge and perspectives of both research partners.

The literature highlights that CBPR is an approach to research that fosters the application of Two-Eyed Seeing. This concept created by Mi’kmaw Elder Albert Marshall is a guiding principle for inter-cultural collaboration and when implemented in a research context, it can be effective in bringing together the strengths of Indigenous and non-Indigenous ways of knowing.
The concept of Two-Eyed Seeing can be useful in highlighting “the entrenched power imbalances between Indigenous groups and the dominant health care system, which has historically suppressed Indigenous worldviews and practices” (Vukic, Gregory, & Martin-Misener, 2012, p. 149). Smith (2012) discusses the utility of Two-Eyed Seeing as a concept that can reposition Indigenous communities as powerful and research as empowering. A CBPR approach and the concept of Two-Eyed Seeing have relevance for this thesis because they offer a respectful and ethical approach to research partnerships that integrate both perspectives and aim to build on a community’s strengths.

2.6 Gaps in the Literature

Based on my review of the current literature, engaging the Southern Dakelh youth in CBPR to conduct a strength-based assessment was necessary to examine how this particular community context influences the experiences of wellness. Despite evidence suggesting that experiences during adolescence impact life-long wellness, there are gaps in the research that examine the specific wellness objectives of youth (Gubhaju et al., 2019; Hatala et al., 2019; Skerrett et al., 2018). Given this identified gap, this study contributes to building an inclusive understanding of the experiences of youth wellness and support the planning and development of a community driven equity-based health promotion strategy.

2.7 Summary

In this chapter, I presented contextual information on the three Southern Dakelh First Nations communities. This literature review was organized by sociopolitical factors influencing the health of Indigenous peoples, conceptualizations of wellness, reframing the “needs” assessment, and decolonization practices in research. I provided an overview of the insights
gained and outlined the gaps in the literature related to youth wellness. In the next chapter, I describe the theoretical perspectives and research methodology I used to guide this study.
Chapter 3: Methods

3.1 Introduction

Considering what is already known about many Indigenous youth health outcomes, it is expected that this study contributes to the scientific literature by generating new knowledge on wellness relevant to this community context. While literature exists that explores Indigenous youth health promotion strategies, there is a need to consider the relational and contextual factors that perpetuate inequities. To do this, I contribute an exploration into the nature of wellness as experienced by the Southern Dakelh youth through a strength-based community assessment. Key to my approach, was a partnership with this community allowing for acknowledgement and reflection of their strengths, insights, and cultural knowledge. In this chapter, I present the theoretical perspectives and the research methodology that I utilized to guide this study.

3.2 Research Questions

The central questions guiding this study were:

1. How does the Southern Dakelh community context influence youth’s experiences of wellness?

2. What do youth identify as strengths (e.g., person, physical structure, place, community service, program) in supporting wellness?

3. What do youth identify as factors that take strength away?

4. How can the community effectively support current and future youth education and employment engagement?
3.3 Theoretical Perspectives

3.3.1 Integrated Life Course and Social Determinants Model of Aboriginal Health (ILCSDAH)

Given the focus on Southern Dakelh youth’s experiences with wellbeing in their community contexts, I used the Integrated Life Course and Social Determinants Model of Aboriginal Health (ILCSDAH) as a lens to guide my research. This lens frames health as complex and multidimensional attending to the broader socioeconomic and historical forces that shape health experiences and outcomes. Many Indigenous peoples experience far poorer health outcomes than their non-Indigenous counterparts (Allan & Smylie, 2015; Blackstock, 2009; Greenwood & de Leeuw, 2012; Lambert, 2017; Neudorf et. al, 2015; Pan-Canadian Public Health Network, 2018; Smylie & Adomako, 2009). The factors that underlie these health inequities and impede solutions are multifaceted (Reading & Halseth, 2013; Reading & Wien, 2009). As indicated by Neudorf et al. (2015) the Canadian Institute for Health Information (CIHI) recognizes the significance of the social determinants of health on overall health. It is generally accepted that health is primarily dependent on individual health behaviours, such as diet and exercise, or genetics; however, the role of the social determinants, including issues of inequity are often overlooked. This has contributed to resources and attention being directed away from other critical influences on health such as racism, as well as political systems grounded in colonialism, neocolonialism, and neoliberalism (Allan & Smylie, 2015; Browne, 2017; Hilario, Browne, & McFadden, 2018; Neudorf et. al, 2015; Pearce, Foliaki, Sporle, & Cunningham, 2004; Slowey, 2008; Smith, 2012; Varcoe, Browne, & Garneau, 2019).

The ILCSDAH lens counters a more simplistic perspective of health by offering a conceptual perspective where “proximal, intermediate, and distal social determinants filter
through socio-political contexts, life stages and health dimensions (physical, emotional, mental, and spiritual) to shape overall well-being” (Reading & Wien, 2009, p. 26). This perspective frames wellness as holistic and a balance of physical, mental, emotional, and spiritual aspects. The ILCSDAH lens highlights that mainstream health care is narrow and fails to consider the diversity within many Indigenous communities. Mainstream practices, such as siloed methods of illness diagnoses and treatment, do not readily consider conceptualizations of health and wellness that are holistic. Conceptualizations of wellness are varied and diverse for many Indigenous youth and their communities. The ILCSDAH presents wellness as variations of connectivity, collectivity, kinship, and inter-relationality (Greenwood, 2005; Greenwood & de Leeuw, 2007; Greenwood, de Leeuw, Lindsay, & Reading, 2015; Smylie, Olding, & Ziegler, 2014; Reading & Wien, 2009; Stout, 2012). The ILCSDAH perspective highlights the incompatibility of many mainstream health care and social services with the conceptualizations of wellness.

The ILCSDAH perspective has relevance to this thesis because it offers an approach to examine the impacts of colonialism, racism, and social exclusion on the health of young people. Reading and Wien (2009) discuss the colonial system initiating a process of social stratification causing inequitable distribution of power and resources that shape the social policies that drive the economy, income, and education. This perspective contextualizes health within the multilayered and dynamic interplay of historical, social, political, environmental, and economic forces that directly and indirectly shape wellness. The ILCSDAH perspective raises the concept of health trajectories which relate that youth health vulnerabilities are predictive of health issues in adulthood (Reading & Wien, 2009). This concept highlights the importance of providing early support to stave off future health problems for youth.
3.3.2 Critical Social Theory

Indigenous children and their families often experience considerable health inequities compared to non-Indigenous Canadians (Greenwood & de Leeuw, 2012; Smylie & Adomako, 2009). To understand and address the complexities of health inequities, it is important to gain a broad contextual perspective (Mohammed, 2006). Jurgen Habermas, a critical theorist of the Frankfurt School, offers an innovative approach to critical social theory that criticizes the uncontested and entrenched assumptions, rules, and customs that shape societal power relations (Habermas, 1971). Habermas relates that social critique should focus on “structures and ideologies of the social systems, since power and domination are predicated on these structures” (Wilson-Thomas, 1995, p. 573). Habermas contends that critical praxis promotes inquiry into all aspects of knowledge resulting in reflective communication and mutual understanding (Habermas, 1971). This approach aims to “analyze the constraints of the cultured context to replace them with emancipatory ideologies” (Wilson-Thomas, 1995, p. 572).

Habermas’ perspective aligns well with nursing’s emancipatory aim and social mandate, for a human existence free of inequities (Browne, 2000). Critical social justice, is a nuanced ethical approach to social justice in nursing, and considers the distribution and fairness within the “broader social context, imbued with relations of power that shapes life opportunities” (Reimer-Kirkham & Browne, 2006, p.326). Browne and Reimer-Kirkham (2006) highlight several concerns in relation to social justice discourses, these scholars relate that social justice assumes a universal epistemology reinforcing mainstream values and is constructed on the politics of difference (Browne & Reimer-Kirkham, 2014). A critical social justice lens refocuses attention onto the collective concern and demands relational, political, and economic transformation (Reimer-Kirkham & Browne, 2006).
The emancipatory interest of this theory contributes to participatory research approaches that aim for political or social action to change unequal power distribution through knowledge production (Henderson, 1995). This perspective has relevance to this thesis because it offers an approach to examine the complex power relationships within societal structures, including health care institutions that create and sustain health inequities. For instance, the health care discourses influenced by liberal ideology and Eurocentric beliefs that reflect a dualistic thought process and superiority (Wilson-Thomas, 1995). Habermas highlights the pervasiveness of power relations that maintain inequities and offers an approach for promoting social change and wellness (e.g., access and resources) (Wilson-Thomas, 1995).

3.4 Study Design

In this study, I utilized a community-based, concurrent qualitative-quantitative mixed method study design. This study was grounded in the traditions of community-based participatory research (CBPR) and utilized the principles of OCAP (Ownership, Control, Access and Possession) for First Nations standards of data collection, protection, usage, and sharing (First Nations Information Governance Center, 2019). A CBPR approach aims to empower and engage communities through collaboration and equitable research partnerships that maximize strengths, build capacity, and put knowledge into action (Coombe et al., 2018). In this study, the CBPR approach ensured that the research was community driven so that outcomes were relevant, applicable, and taken up by the community. This approach also served to empower the study communities as their strengths, insights, and cultural knowledge were utilized to develop solutions (Coughlin, Smith, & Fernández, 2017).

To address the research aims, a mixed methods design permitted a synergistic and thorough examination of data (Wisdom & Creswell, 2013). I systematically integrated
quantitative and qualitative data that contributed to a strong foundation to elicit conclusions (Wisdom & Creswell, 2013). In this study, I extracted the quantitative data from the asset mapping tool. This tool provided an overview of the youth’s strengths and worries. I elicited the qualitative data from the interviews and focus groups that related youth’s experiences and realities. Reflective journaling and field notes contributed to reflexivity and my thought process. In this study, collaboration provided a “rich, contextualized understanding of human experience through the intensive study of particular cases” as participants shared their unique experiences, perceptions, contexts, and realities (Polit & Beck, 2010, p. 1452).

A qualitative approach acknowledges the existence of multiple realities and relied on the participant’s detailed descriptions of the phenomenon to explore, understand, and provide meaning (Polit & Beck, 2010). The importance of thinking qualitatively, specifically when exploring the social inequities of health, provides a “unique insight into the structural forces at work in people’s daily lives and, in some circumstances, provided a way of connecting the lay knowledge that people derived from the social contexts of their everyday lives to more traditional forms of knowledge and expertise in order to inform policy” (Williams & Elliot, 2010, p. 14).

Interpretive description is a qualitative methodology that facilitates the generation of knowledge within the clinical nursing context by describing and interpreting patterns of experience for clinically significant phenomenon (Thorne, 2016). Interpretive description draws inspiration from a wide range of traditional techniques and underlying approaches (Thorne, 2016). Epistemologically, interpretive description extends from naturalistic inquiry (Lincoln & Guba, 1985). This approach is inductive and iterative that requires the researcher to examine the
existing literature, as well as what they bring to the study, in order to engage in interpretation of experiences.

Interpretive description employs the systematic reasoning of the nursing discipline “for the purpose of capturing themes and patterns within subjective perceptions and generating an interpretive description capable of informing clinical understanding…to articulate a coherent and meaningful account of the experiential knowledge” that informs nursing knowledge and can be applied in the community context (Thorne, Reimer-Kirkham, & O’Flynn-Magee, 2004, p. 3). These interpretations are the foundation for constructing nursing knowledge and contribute to planning an equity-based health promotion program for youth.

3.4.1 Sampling Plan

The focus population was youth ages 14-19 from the three Southern Dakelh First Nations communities (Lhtako Dene, Nazko, and Lhoosk’uz Dene). The research team initiated a partnership with the local school district to effectively and efficiently locate youth.

I utilized a purposive sampling technique that identified information-rich participants able to share their insights on wellness, education, and employment central to this project objective (Palys, 2008). Maximum variation sampling captures a wide range of perspectives. This strategy identifies common themes across a diverse sample to gain further insight (Patton, 2015). I also utilized the process of snowball sampling to capitalize on established familiarity between participants allowing for easier trust and rapport building (Frey, 2018).

The following inclusion criteria were applied: youth between the ages of 14-19; from the Lhtako Dene, Nazko, or Lhoosk’uz Dene First Nations communities; and currently living in Quesnel or on the territories of the three Nations. Indigenous youth who requested to participate and were between the ages of 14-19 were also included. Participants were excluded from the
study if they: expressed distress or suicidal ideations; recently received in-patient medical treatment; declined to participate; or were deemed inappropriate to participate by Elders or the Southern Dakelh leadership.

I aimed to recruit and interview approximately 20-30 participants. I did not pre-determine sample size and data collection continued until data saturation occurred (Sandelowski, 1995).

3.4.2 Recruitment Methods

On January 15, 2019 the QDEES, the UBC IRSI, and the research team held a project launch luncheon. This was an opportunity to introduce the project purpose and engage local stakeholders to gain community support. The launch was an important first step of the preliminary study activities that included building trusting relationships and learning about Quesnel and the three Nations.

I relied on the knowledge and expertise of the QDEES to identify appropriate recruitment methods. I collaborated with QDEES to create information and recruitment material (see Appendix B for project information material and Appendix C for project recruitment material). The material was given directly to potential participants by the QDEES and Elders. The QDEES identified safe community spaces, including online platforms, to make materials available. These included: the QDEES office and Facebook page, the three Band (Lhtako Dene, Nazko, and Lhoosk’uz) offices and Facebook pages, Friendship Centre, Longname Society, Bliss Grill, Nazko Health Centre, Seasons House, youth lounge, local community boards, and the local schools. I consulted with the QDEES, stakeholders, and community members to identify an appropriate incentive and recognition for study participation. During the interviews or focus groups, participants received a $20 Subway gift card and refreshments were provided (see Appendix D for receipt of honorarium).
I aimed to build relationships with the youth through engagement events. I relied on guidance from the QDEES and the community. The research team held four youth pizza nights in collaboration with each Band office. Elders or trusted community members were present to ensure a safe and welcoming environment for youth. These events provided the youth an opportunity to meet the research team, ask questions about the project, and review project materials. This study approach helped to build rapport with the youth and community members.

In addition, the local school district approved the study. This allowed the research team to distribute recruitment and informational material within schools. Aboriginal support workers identified students from the three First Nations communities and presented them with the project information. Support workers notified any interested students of when the research team would be onsite. Asset mapping, interviews and focus groups, were conducted at the schools on a drop-in basis. The school staff informed the students of the study date, time, and location and the youth decided whether to attend. The QDEES and the schools suggested this informal and flexible approach that offered various opportunities for students to decide when and if they wanted to participate.

3.5 Ethical Considerations

I obtained ethical approval by the University of British Columbia Behavioural Research Ethical Board and completed the required Tri-Council Policy Statement 2 – Course on Research Ethics. I ensured that the participant’s rights to confidentiality and privacy were upheld. To achieve this, I outlined on the ethics application that youth should be able to provide their own consent to participate and did not require parental permission or consent. This approach kept individual youth participation private from the community and allowed youth to decide their own involvement in the study.
I performed several steps to ensure that the participants fully understood the principles of research ethics. First, I attended local community events and held youth engagement events to build rapport with the young people. During engagement events, I educated youth on the project purpose, materials (e.g., consent form, interview questions, and debriefing form) and encouraged youth to ask questions. I utilized the “Know Your Rights with Research” handout created by Chabot and colleagues (2012) in collaboration with youth that explicitly informs youth of their rights during research (see Appendix E for the “Know Your Rights with Research” handout).

Before the asset mapping, interview or focus group, all participants signed consent forms (see Appendix F for the consent form). I asked participants for permission to use a recording device. The consent forms were written using plain English, no jargons or acronyms, and were at a grade seven reading level.

Due to the high level of structural vulnerability experienced by some participants, there was a possibility that youth felt distressed when speaking about their experiences of wellness. To mitigate this, I focused on building rapport with participants so I could more accurately assess their level of comfort. I changed my approach based on my focused assessment to suit the needs of the participants. For example, some participants preferred a particular room. I ensured the research environment was safe, respectful, and familiar (e.g., Band office, All Nations room, Aboriginal support worker office). Food and refreshments were provided to create a welcoming environment for participants.

After the asset mapping, interview or focus group, I conducted a purposeful check-in with each participant to assess for distress. A project debriefing handout and a list of local providers were given to each youth. I developed a distress and suicide protocol in the event a participant needed additional support.
The research team ensured all project details, including all documents and protocols, were developed in partnerships with QDEES and received approval. The materials were also approved by key stakeholders in school district 28, including the principal of the Aboriginal Education Centre, each school principal and vice-principal, Aboriginal support workers and counsellors.

Finally, the research team ensured participant information and project data were kept confidential. We stored all hard copy materials (e.g., consent forms) separately from the rest of the study data, in a locked cabinet within a private office at the QDEES as well as a copy in a locked cabinet at the University of British Columbia. The participant transcripts were identified by an assigned number and kept in a password protected file in the University of British Columbia Workspace, along with audio recordings. I utilized the principles and standards for data collection, protection, usage, and sharing for conducting research with First Nations communities outlined in the Tri-Council Policy Guidelines (Canadian Institutes of Health Research et al., 2010).

3.6 Procedures and Data Collection

Prior to visiting the communities, the research team held several meetings with the UBC IRSI to prepare to engage the community. The QDEES had an existing research partnership with the UBC IRSI and a memorandum of understanding stemming from previous projects was in place (see Appendix G for the Memorandum of Understanding). In addition, the University of British Columbia Associate Vice-President of Research provided the project with a letter of support and remained attentive of the progress (see Appendix H for the letter of support and Appendix I for the power point project summary). I utilized these existing relationships to
establish rapport and guide me through the communities’ protocols and procedures (Hacker, 2013).

The research team included Innocent Ndateba, graduate student in the University of British Columbia School of Nursing, and supervisor Dr. S. Wong, professor at the University of British Columbia, School of Nursing. Dr. S. Wong was responsible for all aspects of the study including relationships with the Southern Dakelh Chief and Band Council; QDEES; and school district 28; partners at the University of British Columbia; and the graduate students involved in the project. Innocent participated in the data collection process, handling consent forms and asset mapping (detailed below). All members of the research team participated in conducting interviews. My role included the day-to-day activities in leading this project, relationship building with the Southern Dakelh youth, community members, as well as health and education stakeholders.

Preliminary study activities occurred from November 2018 to April 2019. Ethics approval was granted on April 23, 2019. Data collection occurred over three months from April 2019 to June 2019. During the data collection phase, I made five visits to the community (3-5 days per visit). During the course of the study, I made a total of 16 visits to the community. We utilized multiple data collection strategies: an asset mapping tool, in-depth one-on-one-interviews, focus groups, reflective journaling, and field notes. I utilized these strategies to ensure the research offered comprehensive and contextualized interpretations of the central phenomenon of interest, how the community context influences youth’s experiences of wellness (Sandelowski, 2002).
3.6.1 Preliminary Study Activities

The research team made the initial site visit on November 5, 2018. I met with Elders, members of the QDEES, and traveled to each Nation with Jolene Pagurut, a trusted community health nurse. During this visit, I helped prepare a community dinner for members of Lhoosk’uz Dene Nation. On January 15, 2019, the research team participated in a community lunch to officially launch the project.

I focused on building trusting relationships with the QDEES and the community. During this fieldwork, I learned about the three unique Southern Dakelh First Nations communities and the City of Quesnel. I observed and attended local events and explored the diverse programs and services. I held informal conversations with numerous community members that helped explore the nature of experiences, contextual factors, and perspectives on wellness as is pertained to youth. The research team maintained communication with Elders, Band office members, the principal of the Aboriginal Education Centre, school principals and vice-principal, Aboriginal support workers, counsellors, teachers, parents, business owners, health care and social service providers, youth and health workers from the First Nations communities, and health directors. I attended community fundraisers, the Aboriginal Family Gathering, Elder’s Lunch, and community cultural programming offered by the QDEES.

After each site visit, the research team debriefed extensively. I kept detailed field notes throughout my interactions to capture key observations and reflections. I recorded my accounts of the community context, experiences of youth wellness, as well as any questions to consider for ongoing analysis. I utilized the data from my observations and communications as well as important community knowledge to inform the context of the interviews and focus groups.
During the preliminary study period, I created a project charter in collaboration with the QDEES to outline expectations, timelines, and responsibilities (see Appendix J for the project charter). This document established lines for clear and frequent communication. In addition, the research team created weekly progress reports, including a mid-point report and a final community report (see Appendix K for the mid-point report and Appendix L for the final community report). Clear communication, engagement, and transparency contributed to an effective research partnership (Hacker, 2013).

Prior to beginning the study, I explained the project purpose, consent, confidentiality and privacy, and research rights to each of the potential youth participants. The participants provided written consent.

### 3.6.2 Asset Mapping Tool

The asset mapping tool (see Appendix M for the Stay Strong Plan) was adapted from an Australian Aboriginal-designed assessment tool (Thunderbird Partnership Foundation, n.d.). Asset mapping is a strength based approach to community planning that highlights individual and community strengths that can be preserved, enhanced, and mobilized to support community initiatives (Brown & Sustainable Cities, 2009; DyckFehderau et al., 2013; Fuller et al., 2002). In this study, asset mapping provides an alternative approach that acknowledges the existing positive resources as the foundation for a healthier community.

Participants filled out the asset mapping tool. An Elder or trusted adult provided assistance to the youth. The research team was also available to provide support. The tool asked youth to identify people who kept them strong, worries that weakened them or took strength away (spiritual, physical, social, and emotional), and factors that kept them strong (spiritual, physical, social, and emotional). The tool provided suggestions (e.g., family or cultural beliefs)
to prompt youth. Participants circled the suggested ideas or wrote down their own ideas. The asset mapping tool addresses:

i. What do youth identify as strengths (e.g., person, physical structure, place, community service, program) in supporting wellness?

ii. What do youth identify as factors that take strength away?

### 3.6.3 Interviews and Focus Groups

After the participants filled out the mapping tool, a one-on-one interview or focus group followed or was scheduled for a later date. Participants chose between an interview or focus group; however, interviewers remained flexible and accommodated participants into either interviews or focus groups dependent on their arrival, preference, interviewer availability, and the context. The research team asked participants for explicit consent to use an audio recorder during the interview or focus group. In-depth, open-ended, semi-structured interviews or focus groups were conducted and took approximately 30-90 minutes. The interview or focus groups were held in familiar, private, and safe space (e.g., Band office, All Nations room, Aboriginal support office) with a trusted adult from the community present.

I utilized the asset mapping tool and an interview guide during interviews and focus groups (see Appendix N for interview guide). I asked participants to elaborate, clarify, and discuss experiences identified in the asset mapping tool. The interview guide included topics such as community assets, youth cultural connectedness, education, employment, and wellness. Questions included, “what is it like to go to school here?” “how do youth stay connected with culture?” and “how do youth stay healthy?” I used the guide as a probe to move dialogue along but not restrict free-flowing communication (O’Reilly, 2005; Rubin & Rubin, 1995).

For the one-on-one interviews (n=19), I included contextual and background information particular to interpretive description (Thorne, 2016). Further, I carefully incorporated
communication, reflexivity, and humility to build rapport with the participants to elicit greater depth, elaboration, and clarification needed to build an initial understanding of the interpretations (Thorne, 2016). In this study, the interview process aimed to gather insights towards conceptualization of the data (Thorne, Reimer-Kirkham, & O’Flynn-Magee, 2004).

For the focus groups (n=6), I utilized the group context to observe the social dynamic generated when participants discussed their experiential knowledge. Group discussion elicited various perspectives. This was advantageous because it allowed me to capitalize on group analysis of experiences and ascertain whether there was agreement on certain ideas (Thorne, 2016).

Due to the social nature of focus groups, I sought guidance from the QDEES and the community to ensure focus groups were conducted in a culturally safe manner. Focus group were optional and kept to a small size. I utilized the presence of a trusted adult so participants felt comfortable and were able to share their experiences and thoughts.

Interviews and focus groups allowed participants to explore the nature of their experiences, perspectives, and contextual factors that related to strength and wellness. After the interview or focus group, I conducted a purposeful check-in with each participant to assess for distress. Each participant received a project debriefing handout and a list of local providers (see Appendix O for the debriefing handout and list of local providers). A distress and suicide protocol outlined the procedures for any participants requiring additional support (see Appendix P for the distress and suicide protocol). A verified transcriptionist transcribed the audio-recorded interviews and focus groups.
3.6.4 Reflective Journaling and Field Notes

A qualitative researcher is considered an essential tool and inextricable from the research process. Therefore, I documented my thought process to account for bias and to maintain the integrity of the inductive reasoning process. Thorne (2016) relates that a researcher undertaking interpretive description must engage in calculated procedural and analytic steps to track their decision-making and evolving logic. Accordingly, to accurately engage in the understanding of the phenomenon and the generation of meaningful knowledge, a researcher must position themselves within the ideas generated during the research (Thorne, 2016). To accomplish this, I kept a reflective journal and field notes for the duration of the project that provided context by accounting for my personal experiences, insights, and understandings during the research process. This documentation allowed me to interpret and challenge bias within the research study.

3.7 Data Analysis

The research team analyzed the data in collaboration with the QDEES as indicated by CBPR guidelines and adhered to the First Nations principles of OCAP (Ownership, Control, Access, and Possession) (First Nations Information Governance Center, 2019). Systematic integration of the quantitative and qualitative data, in a mixed methods design, during collection and analysis offered mutual validation and a thorough foundation from which to elicit conclusions (Wisdom & Creswell, 2013).

3.7.1 Quantitative Analysis

Quantitative data were extracted from the asset mapping tool and entered into Statistical Package for the Social Science (SPSS) to facilitate analysis. These data were analyzed utilizing
descriptive statistics, specifically frequency distributions, and presented an efficient and effective description of the data.

3.7.2 Qualitative Analysis

Qualitative data were extracted from the interview and focus group transcripts and uploaded into NVivo 11 to facilitate analysis. The interpretive description method requires rigorously testing perceived connections and assuming ownership of the vision (Thorne, 2016). The analysis process is non-linear and entails concurrently engaging in analysis that informs data construction (Thorne, 2016). Thorne (2016) describes that the initial step of the cognitive process of data analysis is comprehending. This begins during the data collection phase and allows the researcher to passively absorb everything about the phenomenon. In addition to comprehending, a lengthy immersion in the data is necessary for the researcher to develop an appreciation of the whole data set beyond individual cases and immediate impressions (Thorne, 2016). This initial immersion before coding minimizes the risk of premature coding and superficial understandings of the data (Thorne, Reimer-Kirkham, & MacDonald-Emes, 1997). This approach highlights the importance of documenting the evolution of decisional and analytical logic (Thorne, 2016).

During analysis, I recorded my thought process and asked, “what am I learning about this?” and “what is happening here?” this helped increase the levels of clarity due to critical reflection and continual interpretive challenge (Thorne, Reimer-Kirkham, & MacDonald-Emes, 1997). Memoing enabled deep engagement with the data that would otherwise be difficult and captured my thought processes, connections and comparisons, and questions that illuminated directions to pursue (Charmaz, 2006). Analytic memos guided the constant comparative analysis process, that begun during data collection. I sought out commonalities, patterns, and connections across the youth’s experiences. I compared all forms of data (strength mapping, interviews, focus
groups, reflective journaling, and field notes) with each other to identify similarities, differences, and to theorize about the potential relationships (Thorne, 2016).

I developed a preliminary coding scheme and code definitions in collaboration with my research team and thesis committee. I created the preliminary coding scheme from the interview guide. I provided a coded interview sample to the research team and thesis committee to review and discuss. The coding scheme was also sent to the QDEES for feedback and approval. Once I received approval, I utilized the coding scheme to guide the labelling of similar groupings with broad-based codes and compared them to groupings with different characteristics. My analysis focused on the contextual factors that shape the youth participants experiences. I drew from the Integrated Life Course and Social Determinants Model of Aboriginal Health and critical social theory to synthesize these experiences.

Interpretive description requires the researcher to “engage in both the ethereal abstractions of theorizing and the earth-bound concrete realities of the practice context in order to produce sound and usable knowledge” (Thorne, Reimer-Kirkham, & MacDonald-Emes, 1997). The rigorous analysis requires the researcher to capitalize on the cognitive processes of synthesizing, theorizing, and recontextualizing (Thorne, 2016). This process requires examination and familiarization of individual cases, identification of common patterns and themes, synthetization of knowledge, and the re-application of the knowledge to guide analysis of individual cases (Thorne, Reimer-Kirkham, & MacDonald-Emes, 1997).

My analysis included: a) comprehension, I passively absorbed everything about the phenomenon being studied; b) I engaged in constant comparative analysis as data were collected throughout analysis; c) I uploaded participant transcripts to NVivo 11; d) I immersed myself with the audio files and transcripts, documenting reactions, and gaining a sense of the whole data set;
e) I memoed throughout to capture evolving analytic thoughts; f) I developed a coding scheme and preliminary code definitions iteratively and in consultation with my research team, committee, and the QDEES; g) I re-engaged the data to identify similar groupings and compared them to groupings with different properties; h) I labeled similar groupings with broad-based codes; i) I tested relationships, challenged these groupings and the evolving data construction process; j) I synthesized; k) and theorized to establish speculations about explanations; and l) I re-contextualized.

The QDEES provided guidance and approval of the data analysis process, including the development of the coding scheme. I presented the preliminary themes to members of the community and local stakeholders during meetings on June 3, 2019, October 16, 2019, and December 17, 2019. There was a consensus in agreement of the themes.

3.8 Rigor

I strived to conduct this mixed methods study in a rigorous and defensible manner (Thorne, Reimer-Kirkham, & MacDonald-Emes, 1997). I aimed to capture the individual and collective perspectives of youth as well as the contextual factors. I engaged in several procedures to preserve the rigour of this research.

Although the timeline for the study was restrictive, I strived for prolonged and persistent engagement with the Southern Dakelh First Nations communities. I made 16 visits to the community (3-5 days per visit). I prioritized building trusting relationships to establish an in-depth understanding of the contextual factors that would help me gain rich and useful data (Thorne, 2016). To engage the communities, I capitalized on existing relationships within the communities (e.g., a community health nurse and UBC IRSI) and sought guidance from the QDEES and local stakeholders.
I began this study with assumptions, beliefs, and biases that assisted in shaping and scaffolding the study data (Thorne, 2016). As a researcher, I recognized that these preconceived perceptions and understandings of wellness would influence my dialogue with the community. It was impractical to attempt to eliminate all bias. Instead, I examined and challenged these biases. I documented my logic in a reflexive journal to ensure I accurately grasped the experience through the lens of the participants (Cohen & Crabtree, 2008; Thorne, Reimer-Kirkham, & MacDonald-Emes, 1997). I utilized reflexive journaling to chronicle my thought process as I collected, analyzed, and interpreted the data. My reflexivity, either confirmed, challenged, or elicited additional inquiries about my understanding of how the community context influences experiences of wellness (Cohen & Crabtree, 2008; Thorne, Reimer-Kirkham, & MacDonald-Emes, 1997). My reflections and understandings evolved as I perceived the data in new and distinct ways.

For auditability, I documented the rationale used to support decision making during data collection and analysis. Decisions pertaining to coding and analysis were conducted in collaboration with the research team and my thesis committee. I included examples of the coding process, as well as how I grouped codes, and moved from codes into themes. This audit trail illustrated that themes were identified in a logical transparent manner and were based on the participant’s expressions (Cohen & Crabtree, 2008; Thorne, 2016). This process assisted in establishing confirmability.

I utilized triangulation to capture a more contextualized and complete understanding of how the community context influences experiences of wellness for youth (Thorne, 2016). I utilized investigator triangulation to bring different perspectives to the data analysis process and minimize bias. My interpretations of the data were verified by my thesis committee, research
team, and member checked by the QDEES, and community members. Furthermore, I drew on the expertise of the research team during interviews and focus groups, development of the coding scheme, and the data coding processes. The research team conducted extensive debriefing and discussion that contributed to credibility and minimized bias (Cohen & Crabtree, 2008).

3.9 Limitations

This study represents the initial phase of a multi-phase project with a predetermined end date-based on funding. Due to the short timeline, it was challenging to carry out the prolonged engagement necessary for CBPR. Additionally, the rural nature of the communities required air travel as well as navigating logging roads. In the winter months, poor road conditions slowed and stopped travel to some isolated areas. CPBR requires establishing and maintaining collaborative research partnerships. An integral part to the relationship building process was being present in the community and listening to community members; this relates to the partner communities there is a broader interest beyond research goals (Hacker, 2013; LaVeaux & Christopher, 2009). Limited time in the field may have impacted the quality of the relationships with the QDEES as well as the youth participants. Prolonged time may have allowed for deeper relationships that may have yielded additional interview participants, richer interviews, and more in-depth reflection.

3.10 Summary

In this chapter, the theoretical perspectives and mixed methods research design are described. The study design, sampling plan, recruitment methods, ethical considerations, procedures and data collection, data analysis, rigor, and limitations of the research are discussed. In the next chapter, I describe the findings of this study.
Chapter 4: Results

4.1 Introduction

In this chapter, I present the findings of my mixed methods data analysis. The primary aim of this research was to explore the experiences of Southern Dakelh youth wellness by conducting a strength-based community assessment that will inform the future planning and development of a health promotion strategy to support education and employment objectives. Firstly, I discuss the quantitative analysis of the asset mapping tool. These findings provide an initial overview of the community context by outlining the people who kept youth strong; spiritual, physical, social, and emotional worries that took strength away; and spiritual, physical, social, and emotional factors that kept youth strong.

Next, I draw on principles of interpretive description to present the results of my qualitative analysis as themes. Thorne (2016) states that “through rigorous processes and thoughtful iterative analysis and synthesis, [one] eventually arrives at your conceptual or thematic apex” (p. 193). This analysis presents a nuanced discussion of the findings by identifying congruences and incongruences of my mixed methods analysis. Analysis of the qualitative data revealed five themes and relate how the community context influences youth’s experiences of wellness: (1) Geographic Isolation; (2) Social Isolation; (3) Cultural Isolation; (4) Duty; and (5) Ambition.

4.1.1 Participants

There were a total of 48 Southern Dakelh youth ages 14-19 enrolled in either the Quesnel junior school or in the two secondary schools (P. Kimpton, personal communication, April 4, 2019). A total of 29 youth participated in the study and self-identified as: Lhtako Dene First Nation (n=9), Nazko First Nation (n=13), Lhoosk’uz Dene First Nation (n=5), and Indigenous
Two students identified as Indigenous and were not from the Southern Dakelh First Nations communities. Youth self-identified ancestry and gender. Most of the participants identified as female (n=24). It was important to capture the number of youth participants who declined to participate in order to ensure all 48 youth were aware of the study. A total of 10 youth declined to participate, Nazko First Nation (n=4), Lhoosk’uz Dene First Nation (n=6). Eight were male and two were female.

4.2 Quantitative Analysis of the Asset Mapping Tool

I utilized descriptive statistics to analyze the asset mapping tool data. The tool highlights the individual and community strengths that could be preserved and mobilized to support community initiatives (Brown & Sustainable Cities, 2009; DyckFehderau et al., 2013; Fuller, Guy, & Pletsch, 2002). The youth identified people who kept them strong, worries that took their strength away (spiritual, physical, social, and emotional), and factors that kept them strong (spiritual, physical, social, and emotional). The tool provided prompts for potential answers (e.g., family, or cultural beliefs as sources of strength). The participants circled the prompts or wrote down their own ideas.
The asset mapping tool prompted youth to identify people in their lives that kept them strong. Over 80% of the youth reported that the most common source of strength were their friends. Friends helped build confidence and establish a sense of belonging, especially during the adolescent phase of development. Approximately 60% of youth reported that siblings gave them strength. The participants identified friends and siblings as frequent people who kept them strong. Youth deemed these relationships important because they spend most of their time with friends and siblings during school, on the bus, and in their communities. Youth commonly expressed the contextual realities of isolation and exclusion, demonstrating the importance of companionship and supportive relationships. During challenging circumstances, friends and siblings fostered a sense of belonging and stability. These bonds helped prepare young people for their journey into adulthood.

Less than 50% of the youth identified parents as people who kept them strong. During adolescence, many youth related that relationships with parents were strained due to transitions and increasing independence. Youth discussed that contextual realities of parental commitments...
and time restraints (e.g., work schedules, long commutes, or community responsibilities) that impact secure attachments and parent-youth bonds. Some parents struggled with the effects of intergenerational trauma or substance use. Youth participants identified that mothers were people who kept them strong. Caregivers or guardians who provided emotional support through positive and consistent guidance formed healthy relationships with the youth. Approximately 20% of youth reported that extended family such as grandmothers, aunties, and cousins were people who kept them strong. Less common responses (less than five youth participants) included step and foster parents, teachers, and support workers. The youth drew strength from a variety of people. Youth participants who developed trusting relationships with school staff members (e.g., teachers and Aboriginal support workers) reported feeling included and supported. Within the community context, each youth participant identified someone in the asset mapping tool that kept them strong. This tool identifies the existing strengths and relationships in the community that could be utilized to support youth in the future.

The asset mapping tool prompted youth to identify spiritual, physical, social, and emotional worries that took their strength away. The most reported spiritual worry that took strength away was not participating in cultural activities. Youth determined there was a lack of Southern Dakelh cultural activities, some youth specifically noted no hunting, fishing, or trapping. Recent devastating forest fires and government restrictions affected land-based activities. The youth participants identified that no culture was a factor that took their strength away. Cultural connections provided a pathway to wellness and spiritual strength; however, youth worried about the lack of opportunities to engage in cultural activities and traditions.
A physical worry that took strength away was “not eating”. Youth participants mentioned this response approximately 10 times. Youth expressed the challenges of accessing healthy inexpensive food in their communities. Young people also identified “[bad] memories” as well as “[drinking] and drugs” as worries that weakened them. Youth expressed having bad memories of people who had passed away or bad things that happened to the youth themselves. Some youth experienced challenging contextual circumstances that stemmed from intergenerational trauma or structural barriers. For example, young people noted experiences of alcohol and drug use by the youth themselves or others around them. Participants indicated that young people engage in drug and alcohol use to distract themselves or because of boredom. Youth perceived these instances as causing worry and ultimately taking their strength away.
A social worry that took strength away was having “no friends”. Youth participants mentioned this response approximately 10 times. Similarly, youth reported being “lonely” as another factor that took their strength away. Although, youth identified friends as the most common source of strength, some participants also reported having “no friends” and being lonely. Young people generated their own responses on the mapping tool, approximately 10 unique responses conveyed loneliness. These responses included “distant family,” “hiding,” “no plans,” “no socializing,” “no interacting with others,” “ignoring everyone,” and “no one to talk to”. Youth valued friendship and derived strength from social relationships. However, youth were afflicted by the contextual realities of social exclusion and isolation, these social worries weakened the youth.

Youth participants indicated negative thoughts and anxiety were emotional worries that took strength away approximately 10 times each. Youth frequently noted that their mental health challenges, particularly anxiety, was exacerbated by social contexts at home and school where they felt socially excluded or isolated. Youth described heightened stress due to challenging family situations as well as future education and employment prospects. Some youth reported instances of violence in their homes or communities (e.g. verbal or physical). Although, young people reported strategies for distracting themselves from negative situations or thoughts (e.g., thinking positively, focusing on goals, and participating in activities that gave them strength) the youth still expressed that sadness was an emotional worry that took their strength away.
Youth identified the spiritual, physical, social, and emotional factors that kept them strong. A spiritual factor that kept youth strong were “cultural beliefs and traditions” and “arts and crafts”. Youth participants mentioned these responses over 15 times. Alternatively, youth participants previously reported that “no culture” was a spiritual worry that took their strength away. Young people generated their own responses on the mapping tool, over 15 unique responses also conveyed a variety of cultural activities that kept them strong. These responses included “reading and writing stories,” “faith,” and “music”. Youth derived spiritual strength by participating in cultural activities. Youth related that an important source of strength and wellness was a connection to culture. Participants voiced interest in a
variety of cultural activities that could be further supported through community infrastructure and programming at the schools, the Band offices, or the QDEES. Youth reported that culture was a source of strength that could be mobilized by the community to support wellness.

A physical factor that kept youth strong was “food and eating healthy”. Youth participants mentioned these responses over fifteen times. Alternatively, youth participants had previously reported “not eating” as a physical worry that took their strength away. The youth discussed the effective meal programs at school and in their communities through the Band offices; however, “not eating” at home was a worry. To support youth’s physical strength these existing meal programs could be further mobilized at home.

An additional physical factor that kept youth strong was “exercise”. The youth generated over thirty unique responses of physical activities that kept them strong. The most commonly mentioned activities were particular sports, as well as biking and skateboarding. Exercise was an opportunity for youth to be outside, participate in an activity with peers, and curtail boredom. This passion for exercise and sports was an existing strength that could be utilized to support youth and enhance wellness.

The social factors that kept youth strong were friends and family. Youth participants mentioned these responses over 35 times. Youth had previously mentioned that friends and family were people who kept them strong. Friends and family were important to the youth’s social context both at home and school. Youth valued the companionship and sense of belonging. These social relationships were instrumental in supporting youth wellness. Additional responses generated by youth included school and pets. Youth valued the consistent social support from trusted school staff members that helped youth navigate challenging situations. These existing positive relationships could be further supported to promote strengths within the schools.
The emotional factors that kept youth strong were “being positive” and “support”. Youth participants mentioned these responses over 15 times. Youth experienced various challenging contextual circumstances but were resilient. Youth developed strategies to keep themselves strong and healthy; these included “being positive” and seeking “support”. In addition, youth identified friends and family as emotional sources of strength within the community context. These relationships were significant for emotional and social support. These existing bonds could be preserved and supported as critical sources of strength to support overall youth wellness.

4.3 Qualitative Analysis

Next, I present five themes: (1) Geographic Isolation; (2) Social Isolation; (3) Cultural Isolation; (4) Duty; and (5) Ambition. These themes provide a nuanced discussion of how the Southern Dakelh community context influences the youth’s experiences of wellness.

4.3.1 Theme One: Geographic Isolation

My data suggest that the community context was considerably shaped by the geographic location that contributed to the youth’s experiences of wellness. Geographic isolation refers to the physical separation associated with the remote rurality and the municipal boundaries that create a separation. Two of the reserves were remote and located over 100 km away from the City of Quesnel. The third reserve bordered the city. The division between the reserves and Quesnel was easily distinguishable by the contrast in community infrastructure that created a boundary between the people who call each area home. Geographic isolation was the result of historical colonial policies that determined land allocation and segregation (see Chapter 3 for further details); however, these racialized divisions remain and perpetuate a divide within the
community. The local economic, social, and historical contexts of this community contribute to the limited opportunities and lack of community resources.

As the participants words illustrated, the context in which they were growing up was one in which youth boredom, food insecurity, and limited transportation were commonplace. Several young people expressed a lack of youth activities and related there was “nothing really to do”. One youth described enjoying a variety of activities, particularly sports, “I like to do a lot of things, like sports wise. I just don’t really get to do it ‘cause it’s not offered in this community” (ID 6). This youth wanted to become involved in sports, but the geographic isolation resulted in limited opportunities on her reserve. Another youth highlighted the need for youth specific activities to address boredom. This youth expressed, “I feel like there should be stuff for older kids or teenagers too, especially because we get bored too out there” (ID 25). The youth discussed an interest in sports, classes, movies, and various outdoor activities. The participants strived to participate in a variety of meaningful and engaging activities, this was congruent with the quantitative findings. However, the lack of activities offered on the reserves and the “distance” into Quesnel made it difficult to participate in opportunities in this community.

Although boredom was not explicitly mentioned in the quantitative findings, youth related 10 unique responses that conveyed loneliness and expressed a lack of cultural activities (e.g., no hunting). Boredom was associated with loneliness and a lack of social connectedness. Youth felt “trapped” when “sitting at home” and yearned to do “something”. Youth participants indicated that boredom and idle time exacerbated mental health challenges. One youth expressed the effects of boredom on mental health, “I overthink and I think bad thoughts a lot of the time” (ID 9). Extended periods of unfilled time resulted in youth ruminating and worrying, worsening symptoms for participants with anxiety and depression. Youth participants related that “being
bored” or “stressed” were significant contextual factors contributing to young people first trying drugs and alcohol. The youth identified that boredom could lead to destructive behaviors that were counterproductive to wellness.

One youth suggested more activities would lead to people remaining on the reserve, “like get more things to do out there…where we can get like more people would want to stay on the reserve and not just everybody leaving” (ID 18). There were limited opportunities to build healthy relationships and connect in meaningful ways. Youth discussed the lack of infrastructure and opportunities led to community members moving. One youth described the lack of employment which resulted in youth frequently considering off-reserve options for work and school, “with my Band there’s like not really that much like job opportunities except for in the summer, like the summer jobs…so you have to look outside the actual reserve…especially when you have school and stuff too” (ID 12). Youth wanted to stay on the reserve and in their communities but recognized the contextual realities of limited employment and education options. This led to individuals and families moving off-reserve to seek alternative opportunities. The remote geographic location and subsequent lack of activities contributed to isolation and resulted in youth boredom. Contextual factors such as minimal infrastructure resulted in limited services, systems, and facilities that impacted the potential for economic development and improvement of conditions. Subsequently, sourcing basic necessities, including healthy food, was a challenge.

Geographic isolation impacted the community context as families did not have reliable ways to access inexpensive and healthy food on the reserves. Many youth expressed the challenge of food security on wellness that was also noted in the quantitative findings. Youth discussed the absence of grocery stores on the reserves and in the surrounding areas.
Additionally, food was more expensive in northern British Columbia due to added transportation costs. This was a challenge as some families were large and financial resources could be strained. Several young people expressed they worried about money in relation to food, stating “just having food at home and having money for food” (ID 4). Similarly, another youth expressed her concerns, “I don’t have the money to make specific recipes that involve so many ingredients” (ID 13). This context influenced young peoples’ experiences of wellness and their access to inexpensive healthy food. One youth explained that during childhood sugary foods were all that was available, “I had really bad cavities when I was little so yah so I just don’t eat sometimes” (ID 5). This youth would rather not eat, than consume the sugary foods that were available, due to childhood dental caries.

The school district and the Band offices established effective meal programs; however, youth still worried about having enough money for food at home. Healthy food was a basic requirement described by the participants as central to their health and wellbeing. Obtaining healthy food was a challenge. One youth related, “eating healthy is like not something that’s easily accessible…you either have to have more time to cook, more time to shop, ingredients that are more healthier go bad faster” (ID 12). These contextual circumstances impacted everyday experiences; families had to purchase food in Quesnel and transport it to their homes on the reserves. This required enough financial resources to purchase food for several days, as the distance did not allow for frequent trips into the city. Further, families required access to a vehicle for transportation as there was no public or private transportation to the reserve communities.

The geographic isolation was aggravated by a lack of transportation. Youth identified that poor transportation was a significant contextual feature impacting wellness. For example, the
communities had no public transit, car share programs, taxi services, rental car agencies, or car repair services; youth relied on family members to drive them into Quesnel. Vehicle ownership and insurance required a fixed address and government identification. Furthermore, gasoline, car maintenance, and car payments were costly.

Although, none of the youth identified transportation as a worry in the quantitative data; almost all of the participants identified the long daily commute to school as a considerable barrier to wellness in the qualitative data. To attend school, youth commuted on the school bus for two hours each way and required two transfers. Youth reported that school transportation was frustrating, exhausting, and stressful. One youth expressed, “I wish there was like another way for us to come in instead of taking all those buses” (ID 25). Several young people reported the personal challenges of the commute, “I mostly just felt like really tired and annoyed because of like the people and the [bus] crowding” (ID 32). Many youth related that the uncomfortable conditions on the bus, such as crowding, increased their anxiety. One youth discussed her concerns, “I have anxiety and there’s a lot of people on the bus” (ID 25). Participants related that the bus was often late due to the weather, multiple pick up locations, and transfers. One youth expressed “I feel like it’s harder to get to school up here. I’m late, I always come here late” (ID 21).

The youth discussed that these contextual circumstances resulted in a variety of negative impacts on school performance and attendance. The commute was long, cold, and crowded. One bus serviced many communities and transfers made the commute unnecessarily long. If the youth missed the bus they did not attend school that day. Youth “struggled” to arrive at school and often arrived exhausted that impacted their ability to focus and concentrate on learning. The bus frequently arrived late forcing youth to miss valuable class time. Furthermore, the youth reported
being unable to participate or benefit from enriching afterschool activities such as clubs, sports, or study groups because the school bus left promptly. After the commute, many youth arrived home exhausted. This impacted their ability to study and complete homework. Participants indicated that these contextual realities contributed to youth feeling different than the other students at school.

To mitigate the challenges of the lengthy commute, some youth opted to avoid it by staying in Quesnel and “couch surfing” with family friends or relatives. Many participants related they were living without their parents, siblings, parents, or grandparents. Several young people described staying in Quesnel without their families, “some of us stay in town for like weeks and some of us stay out there” (ID 23). These youth and their families made the difficult decision to live apart, between the reserve and the city, so the youth could attend school without the negative impacts of the commute. Although, the youth were relieved, they discussed the transition to “couch surfing” as uncomfortable and stressful at times,

“like if you’re moving in with like a random person or like someone that’s closely connected to your family but you don’t really have a connection with them, it’s really uncomfortable. Cause you walk into a house and you don’t know where anything is or like who anyone is and it’s just like, you just want to like hide in your room for like the first two weeks” (ID 14).

This excerpt demonstrates the magnitude of moving into an unfamiliar home with unfamiliar people. The youth related the context in which they were growing up was one where isolation was commonplace. This youth related hiding in her room for weeks due to the sudden and intimidating transition. Similarly, another youth expressed her transition into a new home in Quesnel, “they already had their life established and everything and had their own friends” (ID 9). This youth discussed encroaching on the new family. She perceived that they already had their “life established” and she was a burden. These contextual realities were contributing to
youth missing their own homes and one-on-one time with their family. Often, youth moved in with “random” people or with extended family members they were not “connected” to. Although, youth had a place to stay in order to avoid the commute, they were left to transition into new homes with new people. Often the youth did not receive the same daily support or guidance as in their homes or communities. It was clear that the context within which these youth were living impacted their everyday experiences of wellness.

4.3.2 Theme Two: Social Isolation

The quantitative and qualitative findings suggest that youth experience social isolation with profound implications for their wellbeing. The youth related a sense of social isolation with their parents, friends, and within the predominantly non-Indigenous community context at school. Some youth participants identified their parents as sources of strength. Youth highlighted the significance of “reliable” parents and related there was “a lot of stuff going on” within their families. Young people growing up in this community encountered some very challenging circumstances relating to parenting challenges.

Social isolation with parents was associated with historical and socioeconomic contextual factors. The youth were cognizant of the colonial effects that presented in their community and family contexts. One youth expressed, “it kind of like runs in the family cause well lots of First Nations people drink because they’re, like residential schools affect them” (ID 4). Residential schools disrupted family and community structures as well as traditional knowledge and ways of caring for children. Youth expressed contextual realities of “family stress” at home that impacted their mental health. One youth described her anxiety, “I have like really bad anxiety from my past homes” (ID 18). This youth described moving between various foster families due to unstable living conditions. These homes were “not a good place” due to substance use. Youth
related the context in which they were growing up was one in which substance use was
commonplace. Through these accounts, experiences with substance use and violence become
apparent. Youth described experiences of worry and anxiety. Although the quantitative findings
did not explicitly identify intergenerational trauma from residential schools as a worry, the youth
identified “drugs and alcohol,” “bad memories,” “anxiety,” “violence,” and “stress and worry” as
emotional worries.

Many young people shared that parent-youth relationships were impacted by parental
substance use that resulted in social isolation. The youth participants related that it was difficult
to be home when parents engaged in substance use. One young person shared, “I know that
they’re going to come back drunk or high and I don’t want to be there. Sometimes when like my
dad’s high his teeth and kind of shakes and stuff” (ID 26). This youth recognized the signs of
substance use and chose to leave home before her parents returned. Similarly, another youth
expressed, “I didn’t like it there because like they like drank and stuff and it wasn’t good. It
wasn’t a good place to be” (ID 18). Some youth described that home was not a “good” or safe
place to be when their parents were intoxicated. In these instances, the youth reported either
leaving home or hiding in their bedrooms to avoid their parents. These contextual realities
resulted in feelings of loneliness and sadness for youth.

Parents who were “reliable” made youth feel safe. These parents motivated youth with
their dependability and predictability. Several young people described the important role of their
mothers who supported their goals. One youth expressed the importance of receiving consistent
guidance, “my mom is a really big help for me cause she’s around most of the time I would say
yah. Yah mostly reliable parents” (ID 5). The youth participants identified that reliable parents
who were present and “around” impacted everyday experiences and were integral to their wellness.

Another relationship that contributed to youth wellness were friendships. The youth related that friendships were the most significant relationships in their lives. This was consistent with the quantitative findings. Participants related that some friends were “like family”. One youth described, “I grew up with some of them and some of them are like part of my life” (ID 23). Youth expressed that friends were like family because they grew up along-side each other and become part of each other’s lives. The tight knit community context resulted in youth spending a lot of time with their peers at school and on the bus. One youth participant expressed that friends were “in the same situation [as me]” (ID 21). This youth related that her friends shared similar life experiences. These contextual factors connected them. Although, the youth indicated friendships were integral to wellness, some youth discussed a sense of social isolation with peers. This was also consistent with the quantitative findings that related youth derived strength from friendship but simultaneously reported “no friends” and feeling “lonely”.

Some youth related a lack of trust in some friendships. One youth disclosed, “[that peer] is not really trustworthy” (ID 5). Youth divulged that untrustworthy behaviour manifested in backstabbing, gossiping, and revealing secrets. Similarly, another participant expressed, “[I do not have friends] because everyone here is shady” (ID 3). Trust was an important aspect in all youth relationships, but especially among peers. One young person related “I don’t know. I have trust issues” (ID 25). Without established trust, some youth were wary of peers and opted not to have friends at school. Because of the tight knit community context, many of the community members knew each other and therefore knew personal details of individuals and families. The youth participants did not want to make friends they could not trust or rely on for support. Social
isolation was described within some friendships, it was also perceived by several participants within the school context.

Many youth reported feeling socially isolated within the predominantly non-Indigenous school environment. Many participants described the contextual realities of being different from the majority of the students and staff members. This was not noted in the quantitative findings. One participant related the impacts of the context, “I’m different from everyone else cause of my skin colour” (ID 3). Some youth perceived their skin colour was associated with negative stereotypes such as unintelligence or laziness that were shaped by dominant racial discourses. One youth expressed,

“I felt like the teachers, as soon as you did something bad they would stereotype you as oh she’s going to be a bad kid all the way through the year. And then in the class it was basically all like the non-coloured people so it just felt like, I felt like I was like just alone and everyone judging me. They would just look at you like, like she just doesn’t belong here. That’s kind of what I felt. If I had to repeat like a class say like three years in a row I would feel like they would like be like why isn’t she getting this, it’s her third year, is she stupid or something” (ID 6).

This excerpt demonstrates her experience of stigmatization at school. She related being stereotyped as “bad” and perceived negatively for the entirety of the school year. This participant juxtaposed being “bad” with her skin colour; she related that students in the class were good and “non-coloured”. She felt judged for being “stupid,” looking different, and for not belonging with the other students. This participant conveyed that she felt alone and stigmatized for not belonging with the “non-coloured” students and repeating classes.

Some youth expressed judgment by “non-coloured people” this resulted in feelings of exclusion and loneliness. Some youth participants related experiences of stigmatization at school. One young person expressed, “they were like oh those Native kids are just sitting in that
room and doing nothing, but we really just didn’t feel comfortable in a crowded space like the classroom” (ID 12). This youth felt she had to justify completing schoolwork in the First Nations room. She related that others had prejudiced beliefs and assumed that “Native kids” were lazy and “doing nothing”. However, this participant explained that many of her Indigenous peers felt uncomfortable in crowded classrooms.

One youth expressed her feelings of hesitation when entering intimidating spaces, “like no offence but like walking into [a building] with a bunch of white people when you’re like feeling judged and stuff” (ID 14). This youth expressed reluctance walking into a building because she feared being ostracized. These contextual realities contributed to anxiety and apprehension; this resulted in youth being guarded around others.

Youth often withdrew to Aboriginal support workers or the First Nations room in school to avoid the stress and social anxiety of navigating judgemental people and spaces. Youth expressed the importance of Aboriginal support workers as well as trustworthy teachers and counsellors who provided them with meaningful one-on-one support. This was also indicated in the quantitative findings. Many youth related how Aboriginal support workers could be trusted; they were non judgemental and built understanding relationships with students. One youth related that support workers were invaluable and were “more welcoming and nicer in a supportive way…not so racist” (ID 2). This youth expressed she felt some school staff were preferential to non-Indigenous students. Although, the youth valued the supportive relationships with school staff, participants continued to express feelings of mistrust. Many participants related being different than the majority of students. Some reported instances of dislike for the classroom setting as it was intimidating and uncomfortable. One youth participant expressed, “I
avoided any room with a lot of people” (ID 13). Youth often avoided these rooms due to feeling stigmatized and consequently self isolated in the few safe spaces (e.g., First Nations room).

Many youth participants reported how the recent closure of the school First Nations classroom and cancellation of the Carrier language and culture class left youth feeling targeted. One youth related that these changes were unfair, “it’s not fair, and they’ve just taken it away because there’s not like not enough funding of whatever” (ID 18). Another youth discussed the personal impact of the closure, “I just want to go somewhere but there’s no where to go” (ID 3). She related there was no safe or welcoming space in the school to go. This context had an impact on everyday experiences for young people. These changes resulted in many youth feeling particularly vulnerable. The classroom and the Carrier language and culture program provided a safe space but also an opportunity to connect with culture; the participants discussed a need for additional cultural opportunities.

4.3.3 Theme Three: Cultural Isolation

Most of the young people strived to learn Southern Dakelh knowledge in traditional ways and expressed valuing a connection to culture. Although, opportunities to participate in culture were few, culture was an important pathway to wellness. This was congruent with the quantitative findings that relate culture was a source of strength for youth. One youth related, “I like that I’m learning something about my own culture” (ID 9). Similarly, another youth stated, “I just like being connected to my culture” (ID 3). The youth discussed enjoyment from learning their “own culture” and being connected to “[their] culture”. The participants emphasized that the Southern Dakelh community culture was theirs, and they enjoyed learning something that was their own. In these instances, the youth felt included and accepted.
Many participants described cultural connectedness as contributing to overall wellness by preventing unhealthy behaviours. One youth related that participating in powwows kept her away from drugs and alcohol, “powwows, I don’t know. I just, [drugs and alcohol are] disgusting” (ID 3). Powwows meant inclusion and connecting with family and friends. This youth related that jingle dancing at powwows was empowering because it promoted her self-confidence. Further, several participants discussed that Southern Dakelh traditions such as hunting preserved wellness by reducing stress, “I don’t remember not knowing how to hunt so it’s like, it’s a relaxing thing” (ID 4). This youth related that hunting was familiar and calming. Another youth described that participating in traditional activities was a way of bringing the community together,

“hunting and fishing is obviously very beneficial to our community and when like when we can’t do that it’s kind of, it is kind of like you were saying it takes our strength away. Well, sometimes there’s people at the hall and we’re all like came back from fishing or something like that and we’re all like coming together it’s connecting” (ID 14).

She explained that engaging in cultural traditions was valuable because it allowed youth to gather and connect with extended family and community members; the gathering elicited traditions like storytelling, reminiscing, and sharing food. She described that this context provided an opportunity for youth to be included and practice their own culture. Similarly, another young person described that learning, knowing, and practicing her culture signified that she belonged and was a “part of something” (ID 20).

Many youth also described the significance of learning Southern Dakelh culture within the school context. Prior to the cancellation, participants were pleased that the Carrier language and culture program had been integrated into the school curriculum. Integration of Southern
Dakelh knowledge into the school curriculum demonstrated that these teachings were important and encouraged the youth to feel proud of their heritage at school.

Several participants suggested further integration of Southern Dakelh knowledge and traditional teachings at school. One participant discussed a two-week absence from school to spend time on the land with her father, “why did you miss the first two weeks [of school]? Me and my dad were fishing” (ID 9). School attendance was important for post-secondary and employment opportunities but learning traditional ways with family was invaluable. One youth expressed that Southern Dakelh leadership should have a presence at school. She described the need for collaboration and integration of Southern Dakelh leadership and knowledge, “I don’t know, come to more of our events and like talk with the youth and actually be part of [school]” (ID 25). Elders taught the Carrier language and culture program; however, there was minimal communication between the Band offices and schools. Young people related that the Southern Dakelh leadership would be beneficial to guide and support youth at school.

The Band offices and the QDEES organized cultural programming, such as Culture Camp, that encouraged youth to learn Southern Dakelh knowledge. Participants learned traditional crafts and ways to prepare food (e.g., skinning and drying fish). Participants also attended gatherings, such as Gathering Our Voices, as well as ceremonies and powwows. These activities were important because they provided youth an opportunity to travel, connect with family, and participate in Southern Dakelh cultural activities such as singing, dancing, and drumming. Most youth participants strived to learn traditional ways of hunting, trapping, and fishing; this was congruent with the quantitative findings. Participants expressed the importance of cultural connectedness; however, contextual realities were contributing to a lack of consistent and integrated cultural opportunities.
The quantitative findings relate that “no culture” was a worry that took strength away. Similarly, the youth noted cultural isolation and described how this manifested in various ways. Firstly, the youth described the impact of the cultural activities at school being cancelled. One youth expressed her sadness, “I do miss Carrier language class and I really did enjoy all the arts and crafts that we did like I started a blanket but I didn’t really get to finish” (ID 5). This youth expressed “missing” and “enjoying” the class. This participant expressed regret because she was unable to finish her blanket; making the blanket was a meaningful activity.

Most young people expressed their frustration with the closure of the First Nations room, “[the closure of the First Nations room] was probably the worst thing they could have done” (ID 12). Many youth participants explained that this room was a safe place to be at school. One young person expressed the importance of the First Nations room, “my last year of high school I would work in the First Nations room like every day because I didn’t, I don’t know I had trouble sitting in class with people because I had really bad anxiety” (ID 32). This youth related that this context exacerbated her anxiety that impacted her ability to complete schoolwork. The First Nations room was an accepting and non-judgmental space.

Several youth described the cancellation of the Carrier language and culture class and the closure of the First Nations room as unfair resulting in negative impacts on their mental health. Youth often felt stressed and anxious in crowds, particularly amongst non-Indigenous students. Safe spaces were essential to ease anxiety, belong, learn, and complete schoolwork. Youth expressed that these safe spaces often provided a cultural connection that made them feel included and accepted.

Secondly, many youth related that environmental issues limited traditional land-based activities. Young people discussed that bans on hunting and fishing as well as “pollution” and
“fires” impacted traditional Southern Dakelh ways of living. Extensive fires over multiple summer seasons had decimated the forests and wildlife. Evacuations and restrictions on trapping, hunting, and fishing were put into place. One youth expressed the similarity between government restrictions during colonization and the current policies, “before there actually used to be like no powwows and no potlatches, it was illegal and so it’s kind of like that but with hunting and fishing” (ID 14). Many youth derived strength from land-based traditions; however, recent restrictions limited their opportunities to engage in activities. Another youth discussed the effects of environmental pollution on her traditional territory, “like clean it up more and like try to clean out our lakes and stuff cause like they used to be good to swim there but now it’s just gross” (ID 18). This youth related that the land and lakes required cleaning as the pollution was hazardous. Government restrictions on hunting and fishing as well as the lack of environmental protection impacted land-use for the participants. These contextual realities were contributing to cultural isolation.

Finally, many youth valued attending Southern Dakelh gatherings and events; however, participants related that cultural isolation was often associated with local social, economic, and historical contextual factors. For example, the youth described cost, transportation, and limited activities for youth that contributed to cultural isolation. However, the most significant barrier was not having anyone to consistently participate in the cultural activities. Many parents and families had difficulties assisting youth connect with their culture due to families living apart or other priorities and commitments (e.g., long commutes or working outside the community). Some parents were additionally challenged by the effects of intergenerational trauma and the stigma of mental illness or substance use. One youth related the impact of colonization on her culture, “I’ve been looking into residential schools and like back then like I kind of feel like I
lost my culture” (ID 5). Residential schools aimed to assimilate the Southern Dakelh children by disconnecting them from their culture and family. Young people expressed that culture and traditional ways were lost during colonization as family and community structures were broken and knowledge was lost.

Parents were important conduits for Southern Dakelh cultural knowledge, but many youth expressed they had limited time with their parents. One participant described enjoying fishing with his parents but related that this activity was only done “sometimes”. Similarly, another youth reminisced about the positive feelings of hunting and the one-on-one time to bond with her father,

“so [hunting is] kind of like something that brings us back to like being a kid and like in a way it makes us feel safe because it’s like a childhood thing that we’ve always done and it’s like bonding with our dad, which we don’t really get enough” (ID 4).

She related that hunting was significant to her because it made her feel safe, reminded her of childhood, and the bonding time with her father; however, she explained that she did not get enough. Many youth expressed that the context in which they were living was one in which healthy bonding time with parents was infrequent. The youth described that these relationships were of utmost importance and valued as ways for learning and sharing Southern Dakelh cultural knowledge.

Most youth identified cultural connectedness as important to wellness. Although, competing interests became more pronounced during adolescence, culture remained important to the participants who recognized they had to forge connections themselves. One youth expressed, “really it’s up to the student or the kid to actually be involved and take the time to because nobody really is going to force them to be involved with their culture” (ID 4). Many youth described that “nobody” forced them to be involved with culture. Participants recognized the
wellness benefits of connecting with culture, but many were unable to consistently learn from their parents in their traditional ways. Youth noted this incongruency; culture was important but opportunities to learn and participate were inconsistent.

4.3.4 Theme Four: Duty

Colonization, particularly residential schools and the reserve system, affected the Southern Dakelh community context. Many participants discussed the contextual realities of parental challenges stemming from cultural losses and the disruption of family structures. Parenting challenges, in addition to various personal commitments (e.g., work), often resulted in youth being alone. When youth were alone and presented opportunities to assist their family or community, they often responded with maturity beyond their adolescent years. Many participants embraced these contextual circumstances as opportunities to take on important leadership roles; these included being “role models,” caring for younger family members, and becoming self-sufficient. The instances contributed to their overall wellness. Youth were in a unique position, not firmly in adulthood or in childhood; youth selflessly took the initiative when others could not. Although, the theme of duty was not noted in the quantitative data, young people discussed various social and historical contextual factors that influence their experiences.

The theme of duty was useful in highlighting important social responsibilities such as abstaining from drug and alcohol use. The participants discussed that their contextual reality was one in which substance use was commonplace. This was similarly identified as a worry in the quantitative findings. One participant described an “embarrassing” incident that involved children observing community members drinking alcohol into the morning,

“there’s like kids on the res too that have to like walk by my house to go to the bus stop at the end of the street and they’re like, I don’t know sometimes they’ll still be drinking in the morning and then you have to like see that and it’s like embarrassing sometimes too when we have like
our family or friends over at our house and then they can like see it too” (ID 14).

This excerpt demonstrates the weight of substance use on her community. This youth related that this incident was “embarrassing” and impacted community morale. She was distressed that children, friends, and family on her reserve had to “see” this.

Many youth described people and the reserve “changing” and deteriorating due to substance use. Familiar people became unpredictable strangers. Stories of open substance use were common especially with “easy access”. Some participants discussed needing to establish boundaries with those that used substances. One young person expressed her terms,

“now I understand, like [my mom is] not in a good place. I still love her and I still talk to her and like I do hang out with her when I can, but it’s not the same as when it was before and she knows like we’ve gotten to the point where she knows that I don’t drink and I don’t do drugs and yah she knows pretty much like my terms of being around her” (ID 4).

This youth recognized that her mother was in an unhealthy place and needed to establish limits. Many of the participants discussed the unhealthy trajectories of substance use and purposefully strived for different paths.

Several participants embraced the opportunity to be role models and lead others away from drug and alcohol use. One youth expressed, “I want to like be a good role model for my siblings ‘cause I have like five others, younger ones and that yah. I just don’t want them like turning towards [drugs and alcohol] so I try to lead them in a different direction” (ID 5). This youth strived to guide her younger siblings towards a healthier path. She perceived the contextual circumstances as an opportunity to be a leader and role model.

The data suggest that youth often cared for younger family members. Youth did not perceive this as a burden, many participants were eager to help. One youth expressed, “my niece [keeps me happy]. I babysit her when they’re gone” (ID 23). This youth described willingly
assuming a childcare role without hesitation. The contextual circumstances of being alone fostered a sense of duty to help and care for younger family members. This youth related how caring for his niece resulted in feelings of happiness and contentment. This was congruent with the quantitative findings; youth identified “siblings” and “cousins” in addition to “family” as sources of strength.

Similarly, another youth related her sense of duty to care for her siblings,

“Usually I’m worried about my mom cause she has to take care of them and her boyfriend works for most of the day, we don’t get out of school until 5:00 and he doesn’t get back until 4:00 so she’s got to work and take care of them at the house. So I usually worry that because I’m at school she has to do all these things so I feel like guilty almost that I came to school instead of staying home helping her” (ID 27).

The excerpt demonstrates a tension between her duty and attending school. This youth worried and felt guilty because she was unable to fulfill her duty to care for her siblings. This participant recognized that she had an important role within the family and there was no one to fulfill these responsibilities if she was not there. Young people recognized the importance of their roles and contributions. Youth did not perceive the additional responsibility as a burden or obligation. Many youth conveyed a sense of empowerment and purpose when they discussed being role models or caring for younger family members.

These contextual circumstances offered opportunities for youth to develop independence. Youth often discussed these instances as fostering autonomy and self-reliance. One youth related that she took on cooking because “sometimes like there’s no one like there to cook” (ID 26).

Similarly, another youth expressed, “mom and dad weren’t able to take care of me” (ID 18). As these young people’s words illustrated, the context in which they were living was one in which being alone was commonplace. Young people responded to their contextual realities by becoming more independent and caring for themselves.
One youth related, “I’m independent so I get up and do it myself” (ID 5). Youth became more responsible and navigated daily decision making. Youth often prepared for school and other activities without assistance and did not rely on others. Another youth expressed, “no one’s up with me to like tell me that I have to be at school” (ID 26). Many participants described being given the choice to attend school. If they chose to attend, youth were often entirely responsible for getting to school. One participant stated, “so then that means you have to wake yourself up to go to school? Yah” (ID 23). Most participants woke themselves up, got ready, and made their way to school. Youth were not disappointed by the reality of added responsibility; they often perceived these instances as opportunities and not challenges.

4.3.5 Theme Five: Ambition

The data suggest that the community context influences many participant’s desire for achievement. This was also reflected in the quantitative findings where several youth identified “being positive,” “work,” and “school” as sources of strength. Many youth had been exposed to a context where opportunities were apparent. Youth strived for achievement that compelled participants to be future focused. None of the participants perceived life challenges as restrictive or limiting. In the context in which youth were growing up, obstacles were never framed as insurmountable barriers or excuses. Instead, many youth were goal oriented and determined to succeed. One youth discussed her future, “just think of what you’re going to be doing in the future and accomplish that goal” (ID 23). This youth felt inspired by the possibilities of the future that kept her focused. Another youth related her motivation to graduate, “I have this thing where I’m like, well in my family nobody else graduated so I really just want to graduate (ID 5). Being the first member of her family to graduate was perceived as an opportunity. This youth
was not intimidated by her contextual circumstances; instead, she was motivated to be a leader in her family.

Participants often discussed their educational objectives in relation to future opportunities, particularly, the advantages of obtaining a high school diploma in order to attend college or university. One youth related the importance of completing high school, “I feel like [a high school diploma] would be good for a lot of job opportunities because most of them require grade 12” (ID 32). Another youth expressed a high school diploma would support her post-secondary plans, “I just think that I really need an education” (ID 20). Youth participants described the importance of an education for future endeavors. Similarly, one youth related, “I just want to finish school and go to university” (ID 3).

Many youth had been bought up in a context that encouraged tangible plans for their futures that included further education. These participants were supported by Elders, some family members, and the schools to recognize and engage in steps to support their objectives. Some youth discussed objective plans such as liaising with high school career counsellors, completing program prerequisites, working with family members in their chosen career paths, and applying to post-secondary institutions. Many youth had an earnest desire for success and strived to attain their goals through hard work and determination.

Young people often discussed that education and employment could provide opportunities that would contribute to their wellness. Some families experienced poverty, youth participants perceived education and employment as a tangible solution. One young person related the importance of financial security and income when determining employment. She strived for well paid employment, “I at least I want to be like have a good paying job, but I want to be a marine biologist or a journalist” (ID 20). This youth emphasized that her future job would
“at least” be good paying. She related wanting to be “marine biologist or journalist” both highly paid and prestigious careers requiring considerable schooling. Participants correlated a good life with a good job and good pay. This youth expressed, “I want my life to like be good when I’m older and stuff and want to get a good job, for like my dream job” (ID 20). This youth wanted her life to be “good” in the future and was determined to achieve this. She equated future wellness with an education and a “good” job.

Some youth were not fully supported by their families to engage education systems or leave their small communities. This was due to various historical and social contextual factors. For example, some families may have lacked the skills and resources to help youth navigate school. Some parents did not attend school themselves or had negative experiences. The profound impact of residential schools on the Southern Dakelh communities resulted in some families being cautious or distrustful of education and educational institutions. One youth related that her family was not supportive of her plan to attend university, “your parents are helping you achieve this [educational] goal? Not really, I wouldn’t say that” (ID 5). Another youth similarly related “are they encouraging you to go to university? Ah, well, they’re not” (ID 3). Most youth related that parents and families gave them a choice of whether they wanted to attend school. One young person expressed, “when I slept in [my mom] said ‘well you should go to school, but if you don’t want to that’s fine’” (ID 4). These contextual realities compelled some youth to embrace leadership and strive to achieve their education and employment goals independently.

Youth not only endeavored to succeed despite challenging circumstances, the youth expressed the desire to make positive contributions and improve their communities through their career paths. Several participants described their goals to help others. One youth explained how the forest fires had decimated the local area and forced families to evacuate. Although, this work
was extremely dangerous, she planned to “help fight fires” (ID 9). This youth planned to risk her safety to help the community. Another youth related, “I want to do something like that will help” (ID 13). Many youth were brought up in a context that encouraged helping others. Young people were selflessly determined to help their families and communities. Participants perceived themselves as strong and capable individuals. Another young person expressed her desire to “[help] the world in general” (ID 12). Many youth strived to help others by any means; they sought careers that would benefit their community and the world.

Many youth were curious and inspired by the possibility of new experiences. Participants often discussed a desire to travel. Although traveling was costly and required extensive planning, the youth discussed the benefits of leaving their small communities and exploring new places. Traveling was empowering and could build confidence. Participants were excited to immerse themselves in diverse cultures and learn about new people. The context in which youth were living had fostered a passion for travelling.

Several young people expressed their intentions of leaving their small communities, “I’ve been here my whole life and I want to like go out and like see different places and travel” (ID 32). This youth related the reality of living in one place had limited her knowledge and life experiences. She strived to grow and expand her understanding of the world. Similarly, another youth expressed “kind of excited to get out of a small town” (ID 18). Youth were not fearful of traveling. Instead, they were excited to experience something different. The context in which they were growing up gave them hope for the future. Youth embraced the opportunity for personal growth and change. Young people were intrigued by the possibilities outside of their communities; they discussed taking photographs, meeting people, and seeing new things. One young person wanted to travel the world, “I also want to like catch airplanes and go across the
world” (ID 32). Many youth were not afraid or hesitant of unfamiliar places. Their contextual circumstances had compelled youth to become self-sufficient and responsible. The youth were inspired by the possibility of new experiences. The context within which these youth were growing up contributed to the motivation and determination to achieve their goals.

4.4 Summary

The data from the mixed method data analysis of the strength-based community assessment generated a meaningful understanding of how the Southern Dakelh community context influences youth’s experiences of wellness. The data from the quantitative analysis of the asset mapping tool provided an initial overview and identified people who kept youth strong; spiritual, physical, social, and emotional worries that took their strength away; and spiritual, physical, social, and emotional factors that kept youth strong. These findings provided the foundation for a nuanced discussion of the five qualitative themes: (1) Geographic Isolation; (2) Social Isolation; (3) Cultural Isolation; (4) Duty; and (5) Ambition. In chapter five, I discuss the findings within the context of the broader literature. I also relate the recent implications, recommendations, limitations, and nursing implications.
Chapter 5: Discussion

5.1 Introduction

In this chapter, I consider this study findings of how the Southern Dakelh community context influences the youth’s experiences of wellness within the context of the broader literature. I also discuss the recent implications, recommendations, limitations, and the study contributions in terms of implications for nursing practice.

5.2 Broader Structural Factors Influencing the Community Context and Southern Dakelh Youth Wellness

The central goal of this study was to understand how the Southern Dakelh community context influences experiences of wellness for youth. Throughout this study, broader structural factors were at the forefront and significantly shaped contextual factors. Many participants related that their homes and families were on-reserve. Youth emphasized that their communities offered a sense of belonging. For example, one participant related that her community was a place to “com[e] together, it’s connecting” (ID 14). The youth simultaneously reported that reserves had limited opportunities that resulted in “everybody leaving” (ID 18). This finding aligns with the McCreary Centre Society report Raven’s Children that relates youth living on-reserve were more likely to engage in cultural activities (e.g., speak an Indigenous language) and receive helpful family support than those living off-reserve; however, youth living on-reserve were more likely to experience challenges related to healthy development (Tourand et al., 2016).

For instance, in this study, many youth living on-reserve reported some level of difficulty accessing the social determinants of health such as education and employment.

In the Canadian context, assumptions about fair and equitable treatment in health care discourses have the potential to obscure discriminatory practices that sustain health inequities.
Several participants described unfair conditions and unjust distribution of resources. Elder Doreen Patrick explained how the reserve system was unfairly initiated under the Indian Act and allocated small, less desirable land plots to the Southern Dakelh communities. I return to this historical context here because the reserve system socially excluded the Southern Dakelh people from urban centres. These policies forced settlement, prevented families and communities from engaging in traditional ways of living off the land (e.g., traveling with the seasons), and restricted any economic opportunities. In some reserve communities the lack of economic development has resulted in systemic poverty.

The reserves lack of infrastructure given historical policies has resulted in geographic segregation and intergenerational poverty coupled with unstable housing. This finding aligns with Finlay and Akbar’s (2016) research suggesting that for some youth “staying in their community meant forfeiting their dream of having a career, escaping poverty and contributing to their community in a meaningful way” (p. 94). The youth in this study considered future education and employment objectives primarily off-reserve that similarly meant leaving the support of their communities. These factors shaped the community context and influence these youth’s experiences of wellness.

Oppressive government policies that perpetuate structural racism and violence have been well documented in the literature (Farmer, Nizeye, Stulac, & Keshavjee, 2006; Williams, Lawrence, & Davis, 2019) with profound impacts on the health of some Indigenous communities. For example, the Southern Dakelh communities encountered inter-governmental disputes over fiduciary responsibilities, similar to Jordan’s Principle, for basic infrastructure (e.g., potable water). The lack of mechanisms that ensure government accountability result in a lack of services. The youth participants reported that the limited community infrastructure,
exacerbated by the geographic isolation, resulted in food insecurity, and a lack of youth activities and transportation to school - the social determinants of health.

Halseth and Greenwood (2019) similarly report in their research that remote geography and poverty impacts the health of many Indigenous communities in comparison with urban centres. Through the interviews and focus groups, participants shared the implications of the structural barriers embedded within their community context. For example, many youth reported suffering, stress, worry, and anxiety when their basic needs were not met. This finding aligns with the McCreary Centre Society report that indicates students who went to bed hungry reported poorer mental health (Tourand et al., 2016). The findings of this study demonstrate that the community context was shaped by inequitable conditions and structural barriers that adversely impact school performance, development, and overall health for youth. The prevalence of suffering among youth is worrisome, particularly in light of research indicating that the adolescent development period lays the foundations for good health throughout the life course (Reading & Wien, 2009). The youth related that they had coping strategies to overcome challenges; however, youth still reported experiences of anxiety and sadness.

The concept of culturalism was discussed earlier (see Chapter 2); I return to it here because several participants described assumptions about Indigenous peoples and Indigenous culture held by some people living in Quesnel. The youth reported social discourses were influenced by prejudiced beliefs, non-Indigenous people assumed that “Native kids” were “doing nothing”. Young people related that negative stereotypes were associated with their skin colour and Indigenous ancestry that made them feel “different”. Youth participants who appeared reluctant to engage related that they were labeled “stupid,” “lazy,” or “bad”. A culturalist
approach offers a narrow perspective that blames culture and does not consider the contextual factors that impact the participant’s lived realities.

Many youth described that the two hour school commute had an impact on their ability to concentrate and learn effectively. Cultural safety was discussed earlier (see Chapter 2); this approach is useful because it refocuses attention onto the broader structural factors that impact health inequities (e.g., poverty) and away from ethnocultural differences as the source of problems (Gerlach, Browne, & Greenwood, 2017). At school, many youth arrived tired or hungry. The youth reported that others perceived them as “lazy” or blamed them for a lack of energy. In these instances, youth related that their contextual circumstances were not considered; instead, participants reported feeling anxious and judged for being “Native”.

This finding aligns with literature that discusses how prejudices and discrimination persist and adversely effects youth mental health (Smith et al., 2007; Tourand et al., 2016). The context in which these youth are living impact their lives in profound ways and shape their experiences. Therefore, an initial step towards improving the health of the youth is to address inequities relating to the access and distribution of the social determinants of health. Following the discussion, I offer recommendations for leaders in nursing practice, policy, and research working in mainstream health care institutions.

5.3 Southern Dakelh Youth Are Caught Between Complex Realities and Systems

5.3.1 Experiences of Isolation Within the Family Context

Throughout this study, the youth described being caught between various complex realities. Many of the youth encountered a multitude of structural factors that impact their ability to perform at school. In addition, the youth participants navigated numerous contextual circumstance that led to interpersonal stress. These complex realities affect the participants’
capacity to be students and function within certain expectations at school. These data illustrate how contextual factors such as poverty, parental substance use, unstable homes, violence, and significant responsibility at a young age operate to create various forms of isolation particularly within family relationships that significantly shape their experiences of wellness.

Stories of youth being alone dominated the interview and focus group data. Poverty was a contextual factor that resulted in parents embarking on lengthy commutes, traveling for work, and taking on increased responsibilities outside the home. Many youth shared that they were living without their parents. For example, many youth “couch surfed” with family friends or relatives. Youth also described that many parent-youth bonds were complicated by intergenerational trauma or substance use. For example, youth worried about parents or family members coming home intoxicated. In these instances, youth reported feeling worried and anxious; some youth left their homes or hid. These contextual realities contribute to the experiences of isolation and subsequently result in increased interpersonal stress for youth. The prevalence of family stressors among the youth is worrisome; particularly in light of research indicating that exposure to stressors during adolescence is associated with the development of mood and anxiety disorders (Sheidow, Henry, Tolan, Strachan, 2015). The McCreary Centre Society highlights the importance of family support on positive mental health outcomes (Tourand et al., 2016). These findings are pertinent to consider within the Southern Dakelh context, where many youth indicated they were growing up in stressful living conditions. This analysis demonstrates the complex relationship between context and young people’s experiences of wellness. Youth consistently shared experiences of isolation within the family context; this contributes to negative effects for overall health as well as the youth’s capacity to function as students at school.
5.3.2 Experiences of Interpersonal Discrimination

The analysis demonstrates that discrimination towards Indigenous populations at the wider socio-economic and political level filter through and impact social interactions at the individual level. Many participants involved in this study expressed that social exclusion, or ostracism, was a contextual factor that resulted in negative interpersonal experiences. For example, the reserve system segregated many Southern Dakelh youth and their families to reserve communities demonstrating a racialized divide. Additionally, there was a prevailing lack of engagement towards the participants by the non-Indigenous people living in Quesnel that played out within the school context. Although, the youth did not report encountering overt instances of direct discrimination (e.g., physical violence) many participants expressed that social exclusion associated with racial prejudice was commonplace.

Social exclusion was a form of discrimination that manifested in youth feeling that they were doing something wrong or that they did not belong. At school, many youth felt that they had little common ground with non-Indigenous youth due to their segregated geographies, personal experiences, and contextual realities. For instance, some youth encountered poverty, food insecurity, and precarious housing that made it difficult to relate to others.

The youth described that exclusion, either intentionally or unintentionally, resulted in youth feeling judged; this contributed to social anxiety. The fear of being judged impacted many of the youth’s social experiences and affected the quality of interactions. For instance, participants were hesitant to engage with others at school. Youth described friendships in terms of being in the “same situation” as others. Further, youth also indicated that trust was an important factor in social interactions. Youth wanted to feel safe and secure within their relationships, especially when experiences of vulnerability were commonplace.
Ostracism was a contextual reality that contributed to some youth feeling alone and isolated. Many young people responded by further socially withdrawing. Some in turn became more sensitive and perceived any negative feedback as related to prejudice. For example, several youth described the cancellation of the Carrier language and culture class as discriminatory; however, in speaking with school staff, the class was cancelled because attendance was poor. There were tensions between resources at a school district level and what seemed to be working for some youth; however, many school staff were attentive and aimed to support youth by advocating for additional resources to address challenges.

Research indicates that interpersonal acceptance is necessary to overall wellness; therefore, the social exclusion experienced by youth is potentially very harmful and associated with several negative effects, including general distress, anger, sadness, and hurt (Smart Richman & Leary, 2009). The McCreary Centre Society highlights the importance of supportive relationships and social connectedness to wellness (Tourand et al., 2016). For instance, the report relates that youth who had several supportive relationships in the community felt connected and were more likely to feel good about themselves, continue with their education, and report better health (Tourand et al., 2016). The presence of social exclusion indicates a lack of social cohesion between the Southern Dakelh youth and the non-Indigenous community, this context impacts experiences of wellness for many of the participants.

5.3.3 An Evolving Identity

The young people growing up in the Southern Dakelh First Nations communities face some very challenging circumstances. While broader structural factors and complex realities were common features in the participant’s stories, contextual circumstances of trauma, familial and community responsibilities served as additional contextual realities that accelerated youth
development and maturity. Young people tried to keep their families together by taking on leadership roles and caring for younger family members. These contextual circumstances resulted in youth becoming leaders and agents of change in their communities. For example, youth indicated that they strived to build identity and cultural capacity related to their Indigeneity. Many participants related that they had forged their own cultural connections. Greenwood, de Leeuw, and Lindsay (2018) highlight the importance of children and youth gaining Indigenous knowledge within the context of family and community. However, in circumstances were the youth were alone they cultivated new cultural knowledge within their relationships with friends, siblings, cousins, and other family members.

Further, youth were determined to pursue their goals. Although, school attendance and academic performance were impacted by myriad challenges the youth persisted. Almost every young person shared that they made the daily decision to attend school. Young people endured the lengthy commute, “couch surfing,” experiences of isolation and discrimination, but persevered at school. Young people reported being motivated by relationships with younger family members as well as friends, Elders, family, and supportive school staff. Young people had ambition and hope for the future; this was apparent as youth discussed future careers, helping their communities, and yearning to travel. Youth were committed to helping their families and communities succeed. Despite challenges, these contextual realities resulted in youth embracing opportunities to move their culture and community forward.

5.3.4 Support Systems

This analysis demonstrates that there were multiple supportive systems within the community context. The study participants reported that the Band office provided valuable supports such as traditional teachings, funding, and opportunities for community connectedness.
Additionally, although some participants discussed feeling isolated at school, the youth simultaneously reported that the schools consistently met their needs. School provided meals, transportation, support (e.g., teachers and aboriginal support workers), post-secondary and career counseling, and a safe place to be. Some youth expressed needing more one-on-one support at school, but many youth described having “more than enough support” (ID 4).

Contextual circumstances contributed to a disconnect between the systems aiming to support youth. For example, the Band office family support worker could not liaise with school staff without a system of confidentiality and consent in place. The lack of collaboration resulted in fragmented care and ineffective resource allocation. For example, the youth discussed gaps in support, particularly during after school hours and on weekends. Each support system had valuable contextual information that if shared could contribute to a more contextualized understanding of youth wellness resulting in more effective supports. Conceptualizations of wellness were discussed earlier (see Chapter 2); I return to it here because supportive services must be developed in collaboration and in context to ensure supports align with the perspectives of the youth and the community. The youth related that wellness was perceived within the context of inter-relationality and relationships. These findings suggest that collaboration and partnerships between systems is necessary to holistically support youth wellness and contribute to an improvement in health outcomes.

5.4 Recent Implications

The findings from this study prompted several youth-driven changes to support wellness within the community. The school district remained attentive of the issues brought forth by youth. The First Nations room was reinstated within the high school. Further, the project findings surrounding the lengthy school commute supported the school district in obtaining funding for an
express school bus to the reserve communities. Additionally, the school district is planning to secure funding for an additional bus to support youth participate in afterschool activities. Finally, this project identified a gap in communication between the schools and the Southern Dakelh leadership and Band offices. An information sharing protocol was developed collaboratively to guide communication and navigate student confidentiality. Several community gatherings were held to develop this protocol. This study strengthened relationships and communication between the schools, community members, and Southern Dakelh Band offices in order to support the wellness outcomes of youth.

5.5 Recommendations

There are several recommendations to support the Southern Dakelh youth. A Southern Dakelh youth advisory committee would be effective in addressing the challenges at school. For example, youth could provide input on ways to address isolation and create safe spaces. Secondly, to further assist the youth at school, the data suggest that the school-Band liaison position be reinstated. The school-Band liaison could communicate and coordinate with community services and resources to effectively support youth (e.g., address hunger at home). The liaison could collaborate with youth to advocate for the necessary individual and collective supports required to thrive at school and in the community. The liaison could collaborate with the schools to integrate Southern Dakelh knowledge into the curriculum and develop extracurricular cultural activities that would enable learning across all students. Cultural activities could foster trust and understanding between Indigenous and non-Indigenous students to address experiences of isolation and exclusion. Finally, the data suggest that empowerment and mentorship initiatives, specifically geared to address loneliness and intergenerational trauma, would be beneficial. Empowerment strategies could support confidence building and self-
determination by recognizing the strengths within young people and the community. For example, the youth discussed wanting to become leaders by obtaining certification in naloxone administration. Further, mentorship programs could connect youth with healthy role models to support and guide them within the community. The Southern Dakelh First Nations possess many strengths and resources; there are many individuals and organizations that could be mobilized to support youth and youth initiatives.

5.6 Limitations

Potential youth participants were difficult to locate and contact due to a lack of cellular connectivity as well as a transient residential status “couch surfing”. It was especially difficult to recruit male participants, youth who dropped out of school, and youth who graduated from high school. In an effort to engage our participants and build rapport, pizza nights were held in collaboration with each Band. Guidance was sought from Elders within the community and key stakeholders to connect with these youth; however, recruiting this population remained a challenge.

Another limitation was the short timeline for this community-based study. Some youth were guarded and difficult to engage during the interview process. Additional time in the field would have allowed for more opportunities to build trusting relationships with youth and further connect with members living in the rural reserve communities. The youth participants in this study identified as Southern Dakelh or Indigenous youth, non-Indigenous youth were not interviewed.

Despite these limitations, the findings offer valuable insight to experiences of youth wellness and provide guidance for future programming through the QDEES, school district 28, and Bands. This study contributes to the health and wellness literature for Indigenous youth.
5.7 Nursing Implications

Mainstream health, social, and educational services are centered around dominant societal discourses that often reflect narrow values that do not adequately address the needs of certain populations. This research can be used to inform aspects of nursing practice to address the unique community contexts that influence the experiences of wellness for Indigenous youth. The number of young Indigenous peoples is growing, youth will engage health, social, and educational services that may pose significance challenges to their health. In order to ensure equitable access to the necessary services that contribute to wellness, nurses must promote health equity in nursing practice, policy, and research.

Nurses working in practice settings can contribute to health promotion by collaborating with youth on their wellness objectives. Nurses can advocate for safe, inclusive, and welcoming spaces for Indigenous youth and their families. A recommendation for nurses is to reflect on how dominant societal discourses that impose narrow values impact their own practice. It is imperative that nurses interact in a respectful manner that preserves dignity and trust. Further, given the nuanced ways in which context shapes wellness, health, educational, and employment services must be adapted and tailored to consider youth’s experiences as well as their unique community context. Browne et al. (2016) relate that valuing and recognizing the diverse histories, both precolonial and colonial, and knowledge systems is foundational to providing appropriate and effective support for many Indigenous populations. In this study, it was important to connect youth with appropriate resource and supports within the community (e.g., visit from an Elder) and advocate for collaborative supportive care to holistically support wellness.
Nurses working in policy settings can contribute to health equity by addressing the inequitable distribution of the social determinants of health. Nurses must advocate for equity-oriented policy that counteracts structural barriers and violence embedded in discriminatory health, social, and educational policy. The findings of this study suggest that the community context continues to be greatly impacted by structural inequities, demonstrating a need for nurses to examine racial prejudice and discrimination in all areas of nursing. Nurses play a vital role in implementing a culturally safe approach to care. In this study, it was critical to examine the social determinants of health and the factors that sustain inequities including “welfare state colonialism, economic constraints on reserves and discriminatory policies” (Browne et al., 2016, p. 12-13). Further, nurses must deconstruct misconceptions of ethno-cultural differences as the source of poor health and refocus attention on unjust systems. Policies developed to oppose racism and discrimination must address spending cuts and the fallacy of egalitarianism put forth by neoliberal discourses (Browne et al., 2016). Nurses must renounce ‘equal treatment for all’ that de-politicizes and de-historicizes Indigenous health inequities (Browne et al., 2016). Nurses can advocate for policy reform by addressing unjust funding, implementing health equity guidelines, integrating Indigenous knowledge and perspectives, and engaging Indigenous leaders to reduce the social and economic inequities that impact some Indigenous communities.

Nurses working in research settings can contribute by focusing attention onto culturally supportive and community-driven projects that aim to identify community-derived solutions. In this study, a CPBR approach aimed to deconstruct colonial ideologies and unbalanced power dynamics within research. Nurses engaging in CBPR must prioritize mutual collaboration and communication to ensure research goals of both partners are in alignment.
Building trusting relationships with youth and community members was an integral part of this research approach.

This research was relevant to the youth participants and the community. Southern Dakelh knowledge was valued and implemented throughout the research process. A strength-based approach complimented the CPBR. Utilizing this perspective shifted the dominant discourse of the youth as vulnerable and highlighted the strengths of the community and the resiliency of the youth. In this study, focusing on individual and community assets, instead of perceived deficits, identified pathways to wellness that could be promoted and supported from within the community.

5.8 Summary

In this chapter, I discussed the study findings in relation to the literature on health and wellness for Indigenous youth. The study findings explored contextual factors including broader structural factors and the complex realities that shape the experiences of youth wellness. I related the recent implications, recommendations, and limitations. I also outlined the contributions of the study to nursing practice, policy, and research.
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Appendices

Appendix A  The QDEES Jordan’s Principle Proposal

ATTN: Alison Olney
Advisor, Education Programs
Indigenous Services Canada (ISC) - BC Region / Government of Canada

April 27th, 2018

Dear Alison,

We are pleased to submit to you, on behalf of the three Nations (Lhoosk’uz Dene Nation, Lhtako Dene Nation and Nazko First Nations), an application for Jordan’s Principle (JP). We believe this is a timely and important cross-cutting initiative, with the objectives of enriched proactive measures to help prevent any delay in accessing needed services by our children, and enhanced outreach activities. The specific objectives of the JP as outlined in the proposal will be achieved through series of activities that will be integrated into the Quesnel Dakelh Education and Employment Society (QDEES) cross-cutting efforts, span a 24 month period and have a total funding requirement of $1,404,000

The Chiefs (Chief Squinas, Chief Lebrun, and Chief Stuart) emphasize integration and collaboration in all activities to achieve the stated outcomes and deliverables of the JP. The Chiefs are committed to managing and monitoring all activities under the proposed JP guideline ensuring sustainable wellbeing of children and community youth as well as their consistent educational achievement and success.

Sincerely,

Allan Okabe, CEO
QDEES
The Quesnel Dakelh Education and Employment Society (QDEES) is a not-for-profit partnership of the three Southern Dakelh First Nations (Lhooḵ̱ux̱ Dene Nation, Lhtako Dene Nation and Nazko First Nations) with their band offices located in Quesnel, BC.

QDEES is dedicated to create an economy consistent with local values. It works through forging collaborative partnerships with local, regional, and federal, public and private sectors to advance employment, education and training opportunities for the community members, and operates as a central hub, advocate and provider of employment, education and training services to meet the employment, education and training needs of its members. The QDEES mission goes beyond traditional training function. It aims to unearth the intrinsic issues and unsupportive consequences that affect the wellbeing of the three Nations.

As it stands, the three communities have a total population of approximately 855 band members, with approximately 50% of the population under age 30.

- The Lhtako Dene Nation was originally known as the Quesnel Indian Band and has its main reserve lands on contiguous boundaries with the City of Quesnel at the south border of the city limits. Lhtako has a current population of 187 with close to half their population living on reserve. History books described the Quesnel Indian Band having a population in excess of 5,000 members when the first gold miners arrived in the territory along the Alexander Mackenzie Grease Trail. Approximately 50% of Lhtako Dene members live in Quesnel, Williams Lake or the communities of Nazko and Ullatcho, with a few families scattered throughout BC and Canada.

The Nazko First Nation has its reserves located approximately 100 kilometers west of Quesnel, and accessed by a paved highway. With a population of 416 members, about 52%, or 133 members live on reserve. Nazko is also strategically located along the Alexander Mackenzie Grease Trail, and also suffered a severe impact on their original population. Approximately 68% of Nazko members live in Quesnel and other surrounding communities.

- The Lhooḵ̱ux̱ Dene (Khutsziw) Nation has its reserves located between 130 and 145 kilometers west of Quesnel. Up until 2007, there was no road connecting the community, and the closest forest service road ended 32 kilometers to the east of the village. The band negotiated with its forestry partner to extend the forest service road into the community and the project was completed in 2008. The village site is located along the historic Alexander Mackenzie Grease Trail, and was originally travelled by horse. The community is off-grid and has only 14 log-cabin houses and limited community buildings and infrastructure. The Lhooḵ̱ux̱ Dene population is 252 band members and the on-reserve housing supports a population that fluctuates between 24 and 30 residents depending on the season. The LDN population is also a small fraction of a once robust community that lived off the land, with little interaction with the new settlers. Close to 85% of the Lhooḵ̱ux̱ Dene community members do not live on their own reserves, primarily due to their
remoteness and lack of services. There is a large number of members living in Quesnel and Williams Lake as well as the Lhtako, Nazko and Ulkatcho reserves, and several families scattered across BC and Canada.

Trends
New Gold is an intermediate gold mining company that is currently engaged in the environmental assessment and mine permitting process on a mineral deposit nearly 22 kilometers North West of Kluskus IR1. All of this deposit is located within the Lhooch'uz Dene Nation and Ulkatcho First Nation traditional territories and has been named the “Blackwater Mine Project”. If New Gold is able to satisfy all the legal requirements and receives a Mine Permit it will begin early works construction in late 2018, with mine construction start up in second quarter 2019. During this two-year construction stage, as many as 1,500 employees will be working on site. Once the mine becomes operational the number of full-time employees is estimated to be between 500 and 600 in mill workers and miners. When training and employment attrition is factored in, it is estimated that over 1,000 First Nations members will need to be prepared for Blackwater Project training and employment over the early works, construction and first few years of operations. The open pit mine is expected to be in operation for 17 years, excluding reclamation and any possible extensions, and New Gold have committed to a goal of 25% First Nations employment on the Blackwater Project. Two other New Gold mine projects in Kamloops, BC and Rainey River, Ontario have similar First Nation employment targets. Rainy River indigenous employment has exceeded 30%.

While the Chiefs (Chief Squinas, Chief Lebrit, and Chief Stuart) acknowledge the enormous positive impact of this economic development/employment and have enacted and expanded many programs to take advantage of these trends, however, they are deeply concerned about the most extreme disadvantaged members and their families at the other end of the spectrum to whom these trends could indeed do more damage than good. Within the three communities, these are about 85 youth between the ages of 11 years and 19 that fall under Jordan’s Principle. These members have been subject to bullying (at the local elementary and high schools in Quesnel), have been confronted physically with their books knocked out of their hands, being tripped while walking, being pushed, and threatened, and fighting after school. They've been asked "why are you here?" and told "you don't belong here"), have been victims of physical and sexual abuse (that carried on, in many cases for many years, in some cases by survivors who never received counseling and never recovered from their experiences, and their experiences were passed on to other victims within their home communities), suffering from Fetal Alcohol Syndrome (FAS), and Fetal Alcohol Effects (FAE) that have left without diagnosis, treatment or support. Community youth have been turning to alcohol and drugs to bury or deal with their own history, pain and dysfunction. With this history and absence of appropriate support, the Chiefs through QDEES have reached out to UBC as well as local educational institutions to find scalable ways of correcting the injustice and inequality of opportunities under JP program.
# The Work Plan and Timeline

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<th>Y1</th>
<th>2018</th>
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<td>Needs Assessment / Data Collections</td>
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<td>1. Community awareness workshops and social media campaign</td>
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<td>2. Engage right-holders and partners</td>
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<td>3. Perform Assessments</td>
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<td>Program Design</td>
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<td>5. Engage additional right-holder/Stakeholder/partners</td>
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<td>6. Develop governance &amp; management structure</td>
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<td>7. Refine logic model, evaluation framework, measures</td>
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<td>8. Design services and programs</td>
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<td>Pilot Implementation</td>
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<td>9. Establish the governance structure and recruit resources</td>
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<td>10. Upgrade the facility</td>
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<td>11. Implement services and programs</td>
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<td>Program Evaluation</td>
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<td>12. Identify knowledge gaps &amp; structural holes</td>
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<td>13. Refinement of stakeholder/right-holder engagement strategies</td>
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<td>14. Generate recommendations and year-end report</td>
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<td>Extended Communities Needs Assessment / Data Collections</td>
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<td>15. Community awareness workshops and social media campaign</td>
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<td>Program Implementation</td>
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<td>19. Enhance the facility</td>
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<td>20. Implement new services and programs</td>
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<td>23. Generate recommendations and year-end report</td>
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## Year 1

### Needs Assessment / Data Collection

Method of identification include: participatory needs assessment, face-to-face/voice-to-voice interviews, academic, legislative and web databases.

Resources: 3 Child welfare consultants; 3 Health care professionals; In partnership with UBC Centre for Excellence in Indigenous Health and UBC School of Nursing, Indigenous Services Canada, and First Nations Health Authorities

Timeline: 90 Days

Deliverables: Analytics and assessment reports (Autism, FASD, ADD/ADHD, FAE)

Budget: $153,000 ($1,800 per Child)
Draft – JP Proposal - QDEES

Program Design
Steps include: establishing the governance structure/working level / taskforce committee, monitoring and guiding implementation of the initiatives ensuring children receive services in a timely manner.
Resources: In partnership with UBC Centre for Excellence in Indigenous Health and UBC School of Nursing
Timeline: 100 Days
Deliverables: Design of the following programs: Early intervention Services; Enhanced Medical Services; Respite for families of children with complex needs; Mental health support; Housing modifications/retrofitting; Program space including office, consultation room design; Educational assistants in schools;
Budget: $255,000  ($3,000 per Child)

Pilot Implementation
Steps include: establishing the governance structure/working level / taskforce committee, monitoring and guiding implementation of the initiatives ensuring children receive services in a timely manner.
Resources: In partnership with UBC Centre for Excellence in Indigenous Health and UBC School of Nursing, Indigenous Services Canada, and First Nations Health Authorities
Timeline: 120 Days
Deliverables: Implementation of the following programs and facilities: Early intervention Services; Enhanced Medical Services; Respite for families of children with complex needs; Mental health support; Housing modifications/retrofitting; Program space including office, consultation room; Educational assistants in schools;
Budget: $425,000  ($3,000 per Child)  (Includes, salaries, wages, stipends, materials, equipment/ads, lease, food, travel, honorarium, etc.)

Program Evaluation
Perform a culturally responsive evaluation of the program.
Resources: In partnership with UBC Centre for Excellence in Indigenous Health and UBC School of Nursing.
Timeline: 30 Days
Deliverables: Final report and recommendations
Budget: $10,000

Total Year 1: $843,000

Year 2

Extended Communities Needs Assessment / Data Collection
Method of identification include: participatory needs assessment; face-to-face/voice-to-voice interviews; academic, legislative and web databases.
Resources: 3 Child welfare consultants; 3 Health care professionals
Timeline: 30 Days
Deliverables: assessment (Autism, FASD, ADD/ADHD, FAE)
Budget: $36,000 ($1,800 per Child)

Program Implementation
Aligning governance structure/working level / taskforce committee, monitoring and guiding implementation of the initiatives according to recommendations stated by the program evaluation.
Resources: In partnership with UBC Centre for Excellence in Indigenous Health and UBC School of Nursing, Indigenous Services Canada, and First Nations Health Authorities
Timeline: 310 Days
Deliverables: Implementation of the following programs and facilities: Early intervention Services; Enhanced Medical Services; Respite for families of children with complex needs; Mental health support; Housing modifications/retrofitting; Program space including office, consultation room; Educational assistants in schools;
Budget: $525,000 ($5,000 per Child – additional 20 Children in year 2, i.e. total 105) [Budget items include: salaries, wages, stipends, materials, equipment/aid, lease, food, travel, honorarium, etc.)

Total Year 2: $561,000
Appendix B  Project Information Material

*Ne nachahhuya*

Building Strength: A Quesnel Dakelh Education & Employment Society Collaboration with UBC

The Quesnel Dakelh Education & Employment Society is partnering with UBC to find ways of supporting youth wellness in the community. Over the next six months, we hope to connect with community members and listen to your needs, aspirations, and ideas to promote youth wellness in Quesnel.

Contact information:
Principal Investigator: Dr. Sabrina Wong

THE UNIVERSITY OF BRITISH COLUMBIA
Indigenous Research Support Initiative
VP Research & Innovation

Quesnel Dakelh Education & Employment Society

*Ne nachahhuya*

Building Strength: A Quesnel Dakelh Education & Employment Society Collaboration with UBC

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THE UNIVERSITY OF BRITISH COLUMBIA
Indigenous Research Support Initiative
VP Research & Innovation

Quesnel Dakelh Education & Employment Society
BUILDING STRENGTH

LET’S TALK ABOUT HOW TO IMPROVE OUR ABORIGINAL COMMUNITIES TOGETHER!

JORDAN’S PRINCIPLE PROJECT
The Quesnel Dakelh Education and Employment Society and University of British Columbia would like to work with you and learn how to support youth on their path to improved health, well-being, and educational opportunities.

Principal Investigator: Dr. Sabrina Wong

* This project is part of a graduate thesis

Inviting YOU to participate!
(no out of pocket expenses)

QDEES and the University of BC invite you to share your knowledge to support young people in the community

WHERE:
QDEES
or we will travel to you!
WHO:
YOUTH (14-19) FROM THE THREE SOUTHERN DAKELH FIRST NATIONS AND COMMUNITY MEMBERS

Everyone Welcome To Participate

FOR MORE INFORMATION
Contact the UBC team
Appendix D  Receipt of Honorarium

Honorarium Receipt

I confirm to have received $___________ as honorarium for my participation in the project: Building Strength: A Quesnel Dakelh Education & Employment Society Collaboration with the University of British Columbia.

Date: ___________________________  Signature: ___________________________

Honorarium Receipt

I confirm to have received $___________ as honorarium for my participation in the project: Building Strength: A Quesnel Dakelh Education & Employment Society Collaboration with the University of British Columbia.

Date: ___________________________  Signature: ___________________________

Honorarium Receipt

I confirm to have received $___________ as honorarium for my participation in the project: Building Strength: A Quesnel Dakelh Education & Employment Society Collaboration with the University of British Columbia.

Date: ___________________________  Signature: ___________________________
Appendix E  Know Your Rights with Research Card

Know Your Rights with Research Card

Research Vocabulary

- Here are some common words that are often used by researchers that might help you better understand how a research study is being conducted.

- Analyst: someone who examine and/or identify trends, factors, possible results, etc.

- Anonymity: the personal identity of a research participant is unknown to the researcher.

- Confidentiality: researchers do not share any of the information provided during the interview with anyone, including those working on the research project that does not know.

- Ethical: the principles of conduct governing research, professional, or research project: Universities, health authorities, and school districts often have a different set of guidelines that a researcher must follow. Universities also have ethics boards that review a researcher’s project and must approve it before the researcher can begin their study.

- Findings: information that is discovered because of research.

- Focus Group: a small group of people specially chosen to represent a specific population who have agreed to discuss and give their opinions about a particular subject.

- Remuneration: money given to research participants as a way to compensate them for sharing their time, knowledge, and opinions with the researchers.

- Informed Consent: consent given by a research participant after having been provided with and understood the relevant risks and benefits of participating in a particular study.

- Interviews: a meeting at which a researcher asks questions in order to find out about study participants’ opinions.

- Sometimes, interviews are audio or video recorded. Other times, only written notes are taken. You should be told by the researcher about how the interview will be conducted before you agree to participate.

- Research: academic research done for educational purposes that is completed by schools, universities, colleges or government agencies.


- Pseudonym: a false name used by a participant instead of their real name to keep their identity a secret.

- Study Methods: the way the study is being conducted. Common methods include surveys, interviews and focus groups.

- Surveys: an investigation of the opinions, behaviour, or a particular group of people using questionnaires.

- Transcript: a written word-for-word copy of what was said during an interview.
Appendix F  Consent Form

Study Title
Building Strength: A Quesnel Dakelh Education & Employment Society Collaboration with the University of British Columbia

Principal Investigators
Sabrina Wong – Professor, School of Nursing, University of British Columbia
Veena Mudadar – Graduate Student, School of Nursing, University of British Columbia

Co-Investigators
Emily Jenkins – Assistant Professor, School of Nursing, University of British Columbia
Lerato Chondoma – Director, Indigenous Research Support Initiative, University of British Columbia
Allan Okabe – CEO, Quesnel Dakelh Education & Employment Society
Innocent Ndateba – Graduate Student, School of Nursing, University of British Columbia

Purpose
The Chiefs of the three Southern Dakelh First Nations (Lhoosk’uz Dene Nation, Lhtako Dene Nation and Nazko First Nations) and the Quesnel Dakelh Education & Employment Society have partnered with University of British Columbia to find ways of supporting youth wellness in the community. The project is funded by Jordan’s Principle to help Indigenous youth across Canada have equal access to use health, education, and social services important to wellbeing. The purpose of this study is to talk with youth ages 14-19 from the three Southern Dakelh First Nations (Lhoosk’uz Dene Nation, Lhtako Dene Nation and Nazko First Nation) to assess their needs so they may seek jobs with the Blackwater Mine Project. Taking part in the study is your choice. You may decide not to participate, or you may withdraw from the study at any time.

Study Procedures
If I want to participate, what will I do?
You can do a 1:1 interview with us or take part in a group interview. Part of the interview would be talking with us, part of the interview would be answering some survey questions. You will be asked to share your opinion on what you think is needed, and not needed, to support your educational and employment goals. The intent of the questions is to identify factors that empower, motivate, and drive resiliency within youth. Questions will focus on understanding what programming or services are needed to support you and your goals. The purpose of the survey is to gather information about young people’s physical and emotional health, and about factors that can influence health during adolescence or in later life. The interview (1:1 or group) will be audio-recorded and transcribed. At the end of the interview, we will check-in with you about how you are feeling. We will give you a project summary with a list of local service providers.

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Page 1 of 3
How long will it take?
90 minutes

Where will the interviews take place?
The Quesnel Dakelh Education & Employment Society office or a community location that is safe and convenient for you.

Study Results
Data will only be publicly reported after community consultation and community approval. The study data will be presented to community members. Results will be reported in a graduate thesis. Data may be published in academic journal articles and conference presentations. You will not be identified; everyone will be assigned a study ID for confidentiality.

Risks
During the interview (1:1 or group), you may find some of the questions upsetting. The survey asks sensitive and personal questions about various aspects of health and could cause distress. If you are uncomfortable answering any question, you can choose not to answer that question. You can stop the interview (1:1 or group) at any time. To minimize risk, we have a process in place if there is anything upsetting to you.

Benefits
Participating in the project may identify what your needs are. Your participation may increase our understanding of how to meaningfully support you and your educational and employment goals. Your opinions may guide future youth programming and services to reflect your needs.

Confidentiality
Information obtained in this study is strictly confidential. No information that discloses your identity will be released or published without your specific consent. No records which identify you by name or initials will be allowed to leave the Investigators’ offices. Your name will not be associated with the information collected in the interviews. A code number will be used to identify you. The information will be stored in a locked file cabinet and computer files will be password protected. The data will be encrypted. You will not be identified in any reports of this research. We encourage all participants to refrain from disclosing the contents of the discussion outside of the group interview; however, we cannot control what other participants do with the information discussed. The only time we will need to share information relating to your participation in this study is if you disclose any reports of abuse to a minor (a young person under 18 years of age) or harm, to yourself or others, in which case we are required by law to tell the Ministry of Child and Family Development. Let the interviewer know if you have any questions about this.

Available Services
Due to the nature of this topic, you might experience discomfort. Upon request, the interviewer can connect you to a local provider (e.g. counselor, psychologist, crisis lines, sexual health clinic) who will assist you.
Remuneration
For your time and input in this study, you will receive a $20.00 gift card when your interview (1:1 or group) ends. There will be no out of pocket expenses (bus fare and childcare costs will be covered).

For More Information
If you have any questions or want more information, please contact Dr. Sabrina Wong at [ ] If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at [ ], or if long distance [ ].

Consent
- I have read and understood the consent form.
- I have been given a copy of this consent form.
- I have had enough time to review the information and to ask questions and have received satisfactory responses to my questions.
- I understand all the information will be kept confidential.
- I understand that taking part is my choice and that I can refuse to participate or to drop out from this study at any time.
- I understand that this study might not provide direct benefits to me.
- I understand that I am not waiving any of my legal rights as a result of signing this consent form.
- I have read this form and freely consent to take part in this study.

Printed Name of Participant __________________________ Signature __________________________ Date __________

☐ Check this box if you would like to be contacted later to review the accuracy of your transcript.

☐ Check this box if you would like to receive a summary of the study findings (and please print your contact information in the space below).

If you do not check any of these boxes, you can still participate in the current study. You can also check these boxes off but decide in the future that you do not want to participate.

E-mail Address (please print): __________________________

Mailing Address: ______________________________________

____________________________________________________

Telephone # (or where we can leave a message): ________________
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Page 3 of 3
Appendix G  Memorandum of Understanding

Memorandum of Understanding

This Memorandum of Understanding is dated by and between:

THE UNIVERSITY OF BRITISH COLUMBIA, having offices at 103 – 6190 Agronomy Road, Vancouver, British Columbia, V6T 1Z3 ("UBC");

AND

Quesnel Dakelh Education and Employment Society, with address at PO Box 4493, Quesnel, BC, V2J 3J4. ("QDEES")

(UBC and Quesnel Dakelh Education and Employment Society may be referred to individually as a "Party", or collectively as the "Parties")

WHEREAS:

A. RES’EAU-WaterNET is the Natural Sciences and Engineering Research Council of Canada’s (NSERC) strategic response to society’s changing expectations about what research and development (R&D) partnerships should deliver. RES’EAU-WaterNET is a research program funded under NSERC’s Strategic Partnership Grants for Networks and hosted by the University of British Columbia. NSERC Strategic Networks fund large-scale, multidisciplinary research projects in targeted research areas that involve collaboration between academic researchers and Canadian-based organizations. The Network, which is governed by the NSERC Terms and Conditions of Award, involves 18 world-class scientists from 8 universities across Canada, and is supported by dozens of public and private partner organizations working towards the vision of “meeting clean water demands and protecting the health of small, rural and First Nations communities through collaborative research that produces integrated, game-changing technologies validated by industry and end-users communities.

B. Quesnel Dakelh Education and Employment Society (QDEES) is an Indigenous governed start-up society primarily focused on providing education and professional development training to Indigenous communities. The QDEES concept has the potential to build the prototype that could be copied across the Province.

C. RES’EAU-WaterNET recognizes and will include Indigenous knowledge, which is the basis for local-level decision-making by the Quesnel Dakelh Education and Employment Society, when conducting research and developing reports in an effort to learn about and accentuate Indigenous perspectives and ways of knowing.

D. QDEES and RES’EAU-WaterNET at UBC are partnering together to embark on education and industry training partnerships with Indigenous communities to increase
their engagement within the mainstream economy as skilled workers and business partners.

E. The partnership will explore opportunities for collaboration in the following areas:

1. Assessment of the need for a specific talent management program
2. Development of the strategic plan for a talent management program
3. Development of funding/grant proposals to support the infrastructure and operational aspects of the program
4. Design of a talent management program
5. Implementation of a talent management program
6. Evaluation of a talent management program

(For the purposes of this MOU 'Talent Management' refers to the underlying objective of this partnership and involves education, professional skills, and everything needed to ensure sustainable recruitment, education and retention).

F. RES'EAU-WaterNET wishes to partner with the QDEES in an effort to establish and define a collaborative relationship to achieve research as well as education, training and professional skills outcomes that are mutually beneficial to the Parties, and to support the co-development of relevant and effective research for the QDEES.

This Memorandum of Understanding is a non-binding summary of the basis upon which the Parties will conduct the research partnership.

The Parties are organizations located within the Province of British Columbia who have an extensive research, education and training components as part of their mandate. Whenever possible the research conducted at or among the Parties should be translated into innovation that positively impacts the QDEES.

1. Both parties agree to follow the research procedure as outlined as below.

1.1 RES'EAU-WaterNET and the QDEES will meet regularly to collaborate to create the research instruments.

1.2 QDEES identifies Allan Okabe from Ganhada Management Group, email: [email] as the contact person to work with the RES'EAU-WaterNET.

2. All parties have the right but no obligation to use the research instruments developed during the course of the research.
3. All parties have the responsibility to respect the confidentiality of the other Parties and the participants in the project in informal discussion and dissemination. Data will be kept confidential and secure by all Parties and will follow an agreed upon Data Governance Protocol co-developed as part of a binding agreement.

4. RES'EAU-WaterNET has the responsibility to provide feedback to all participating researchers and to the QDEES at a minimum of four times per year.

5. RES'EAU-WaterNET will gather the necessary approvals from the QDEES to present results at meetings keeping in mind confidentiality and personal privacy obligations.

6. All Parties are entitled to publicly acknowledge the existence of this Memorandum of Understanding. Without prior written consent, none of the Parties have the right to use the other Parties' trademarks in any promotional or advertising material. Press releases will be made only in accordance with the text mutually agreed upon by all of the Parties.

7. The matters recorded in this Memorandum of Understanding represent the expression of sincere intention by the parties. Until such intention is embodied in a binding agreement, such expression of intention will not be legally binding upon the Parties.

8. All reports and notices or other documents that a Party is required or may want to deliver to any other Party will be delivered to:
Signed for and on behalf of LHOOSK'UZ DENE NATIONS by its duly authorized officer:

Name: Chief Lillian Squinas
Title: Chief Councillor
Date: Mar 19/18

Signed for and on behalf of LHTAKO DENE NATION by its duly authorized officer:

Name: Chief Clifford Lebrun
Title: Chief Councillor
Date: Mar 20/18

Signed on behalf of NAZKO FIRST NATION by its duly authorized officer:

Name: Chief Stuart Alec
Title: Chief Councillor
Date: Mar 20/18

Signed for and on behalf of
THE UNIVERSITY OF BRITISH COLUMBIA
by its duly authorized officer:

Name: Dr. J. P. Heale, PhD, MBA
Title: Associate Director, UILO
Date: March 19th, 2018
Appendix H  Letter of Support

April 20, 2018

Quesnel Dakelh Education and Employment Society
PO Box 4493, Quesnel, BC, V2J 3J4

Letter of Support: Quesnel Dakelh Education and Employment Society (QDEES) / UBC Partnership

To Whom it may concern

As the Associate Vice-President Research at the University of British Columbia, I am very pleased to provide this letter of support highlighting your research partnership with the University of British Columbia (UBC).

QDEES, through the leadership of the three Chiefs of Lhoosk’uk First Nation, Lhtako First Nation and Nazko First Nation, are partnering with UBC to embark on education and industry training partnerships with indigenous communities to increase their engagement within the mainstream economy as skilled workers and business partners.

The joint efforts of UBC and QDEES to develop a collaborative relationship to achieve research as well as education, training and professional skills outcomes that are mutually beneficial to both parties, demonstrates an innovative approach to the economic and education challenges that are facing the region. This partnership will contribute a great deal to models for collaborative, indigenous community-based research while providing innovative pathways for individual and collective education, training and employment for the members of the participating Indigenous communities.

Training the next generation of the Indigenous youth is a vital priority to Canada and removing barriers to ensure that Indigenous youth have pathways to post-secondary institutions and ways to meaningfully participate in the Canadian economy, is an important mission. The partnership between UBC and QDEES presents a unique opportunity that is poised to achieve these goals. I am fully in support of this partnership.

Sincerely,

Helen M. Burt
Associate Vice-President Research & Innovation
Appendix I  Power Point Project Summary

Building Strength: A Quesnel Dakelh Education & Employment Society Collaboration with the University of British Columbia

Sabrina T. Wong, Veena Mudaliar, and Innocent Ndateba
OVERVIEW

(1) Project Introduction
(2) First Quesnel Trip
(3) Project Milestones
(4) Preliminary Data
(5) Current Project Status
(6) Project Highlights
(7) Future Project Initiatives

BUILDING STRENGTH
INTRODUCTION

- Jordan’s Principle provides immediate funding for health, social, and educational needs or services for Indigenous children. The policy aims to mitigate health inequities stemming from colonization

- The three Chiefs of the Southern Dakelh First Nations and the Quesnel Dakelh Education and Employment Society (QDEES) have enacted Jordan’s Principle

- There are 85 vulnerable youth that are resilient but struggling due to experiences of violence, abuse, and intergenerational trauma

- A recent economic partnership with the Blackwater Mine project will secure local long-term First Nations employment that will benefit youth

- QDEES aims to support youth wellness, education and employment by designing and implementing appropriate programming
FIRST QUESNEL TRIP: NOVEMBER 5-8 2018

- October 11, 2018 Sabrina announces the opportunity for a MSN student to participate in the project
- October 18, 2018 Sabrina, Veena, and Innocent discuss the project, Veena joins the research team
- October 29, 2018 the research team (Sabrina, Veena, and Innocent) meet with Lerato to discuss the first trip to Quesnel
- November 5, 2018 Veena, Innocent, and Alexis travel to Quesnel and the Lhoosk’uz Dene Nation with nurse Jolene to engage the community and cook dinner
- The community is welcoming, the team starts to build relationships and learn about the three Southern Dakelh First Nations
Introducing and sharing the project purpose • Engaging key stakeholders • Gaining community direction and feedback

THE PROJECT LAUNCH
JANUARY 15, 2019

PROJECT MILESTONES 2019

• Project launch, initial meeting with Chief Squinas and QDEES CEO Allan Okabe – January 15
• UBC BREB submitted – February 4
• Project Charter created and shared with Chiefs and QDEES – March 15
• Mid-point summary created and shared with Chiefs and QDEES – March 22
• Meeting with Allan for feedback – April 5
• UBC BREB approval – April 23
• Data collection (interviews) begins – April 24
• Data collection (interviews) completed – May 2
• Meeting with Allan for feedback – May 16
• Meeting with the Chiefs for feedback and to share preliminary data – May 17
• Meeting with community members, Band Office personnel, and school district stake-holders – June 3
PRELIMINARY DATA

- The team visited Quesnel 12 times over a 6 month period (January-June)
- 29 youth (from the three Southern Dakelh First Nations) completed surveys, strength-based mapping tools, and interviews on their education, employment, and health needs and assets
- 10 youth declined to participate
- 16 adults from schools, community organizations, and First Nations Bands were interviewed on youth education, employment, and health needs and assets

Interviews: individual and group (n=29)

Table 1: Youth, aged 14-19, attending high school

<table>
<thead>
<tr>
<th>Band</th>
<th>Klasox</th>
<th>Lhtako</th>
<th>Nazko</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (n=8)</td>
<td>11</td>
<td>14</td>
<td>12</td>
<td>25</td>
</tr>
</tbody>
</table>

Note: Source: School district 28

The majority of the youth from Klasox and Nazko live in Quesnel whereas the majority of youth from Lhtako live on-reserve.

Table 2: Interviews with youth (n=29)

<table>
<thead>
<tr>
<th>Band</th>
<th>Klasox (n=5)</th>
<th>Lhtako (n=8)</th>
<th>Nazko (n=13)</th>
<th>Other (n=3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>% Female</td>
<td>% Male</td>
<td>% Female</td>
<td>% Male</td>
</tr>
<tr>
<td>Age range</td>
<td>14-17</td>
<td>15-19</td>
<td>14-19</td>
<td>14-19</td>
</tr>
<tr>
<td>% participation</td>
<td>47</td>
<td>47</td>
<td>53</td>
<td>53</td>
</tr>
</tbody>
</table>

Note: To date, 20 youth took part in interviews, 4 females, 14 males, 3 females, 13 males, 5 females, 11 males

Table 3: Youth happiness in the last month

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>54</td>
<td>25</td>
</tr>
</tbody>
</table>

The majority of youth participants (80%) had at least one mental health condition (anxiety or depression) in the last year. Most of the youth participants (84%) said they used alcohol in the previous year. Twelve percent (13%) did not have secondary education.

Table 4: Interviews with community members (n=10)

<table>
<thead>
<tr>
<th>First Nation Band</th>
<th>School</th>
<th>Community organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Elder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Paid positions</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: Types of paid positions include: Aboriginal support worker, traditional wellness coordinator, family support worker.

Case Study 1

Seventeen-year-old female from one of the three Dakelh First Nations, enrolled in high school

- People that help keep her strong are her dad, mom, grandma, auntie, friends, teachers, peers at school and siblings.
- Things that keep her strong are speaking, doing things, getting fresh air, enjoying activities, spending time with friends, being around people.
- Things that take her strength away are worrying about having no money, food, and at home. She felt embarrassed for her family and was unable to go out because she was afraid of being judged. She felt unsupported and lonely.
- This student was inspired to gain employment in the future and realized the variety of jobs available to pursue. She is hopeful for her future.

Case Study 2

Seventeen-year-old male from one of the three Dakelh First Nations not enrolled in high school

- Not currently enrolled in school due to fighting.
- Has some connection with GDEES but his attendance and engagement are inconsistent.
- Has been diagnosed with FASD and ADHD, family is locating documentation of diagnoses.
- This youth is very scattered and finds it difficult to focus. He moves in and out of the classroom frequently. He is very fidgety. He is friendly, but some what guarded upon interaction.
- He smokes marijuana, cigarettes, and drinks alcohol several times during the week.
- He is sometimes too hungover to attend class.
- He has been in foster care for most of his life but has recently moved in with an adult family member.
- His relationship is stressful. The plan is for him to move out. He is connected with a community living support worker who will help him find appropriate housing, fill out PWD applications, create a resume, and help with activities of daily living, however, he has not been keeping up his appointments with the worker.
- He would like to gain employment and move out but is unable to take the necessary steps.
CURRENT PROGRESS JULY 2019

- All interviews are transcribed
- Descriptive statistics are completed on the youth survey data
- Descriptive statistics are underway on the youth asset mapping tool
- Qualitative data analysis is underway
- An NVivo coding scheme is developed

Building Strength NVivo Coding Framework

1. Wellness
   a. challenges
   b. needs
   c. assets

2. Current and Future Education
   a. challenges
   b. needs
   c. assets

3. Current and Future Employment
   a. challenges
   b. needs
   c. assets

4. Current Services and Programs
   a. challenges
   b. needs
   c. assets

5. Future Services and Programs
   a. challenges
   b. needs
   c. assets
**2018 Proposal & 2019 Deliverables**

- Community awareness and workshops
  - attended community events to build relationships (e.g., Bingo fundraiser)
  - hosted 7 workshops (e.g., school, Band Office, Nazko Health Center)

- Social media campaign
  - engaged established, trusted social media
    - e.g., QDEES and Band Facebook pages

- Engaged right stakeholders and partners
  - Elders and community members
    - Aboriginal Principal and school district 28
    - Band Office personnel (e.g., health directors, family support workers)
    - Health professionals (e.g., youth mental health, CLSW)
    - Community organizations (e.g., Friendship Centre, Longname Society)

- Psychoeducational Assessments (Autism, FASD, ADD/ADHD, FAE)
  - examined the process and criteria; discussed expediting assessments with schools
  - recognized a need for an information-sharing protocol with schools and Bands

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### The Work Plan and Timeline

<table>
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<th></th>
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<th>2019</th>
<th>2020</th>
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<tr>
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<tr>
<td>2. Engage youth leaders and partners</td>
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<td></td>
</tr>
<tr>
<td>3. Parent Advisory</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Setting priorities and targets</td>
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</tr>
<tr>
<td>Program Design</td>
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<tr>
<td>5. Identify right stakeholders for partnership</td>
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<td></td>
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</tr>
<tr>
<td>6. Draft governance &amp; management structure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Healthy minds, Hiện to mindfulness, meditations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Engagement, socio-cultural, and support</td>
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</tr>
<tr>
<td>1. Community awareness, workshops, and social media campaigns</td>
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<td>3. Parent Advisory</td>
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<td>4. Setting priorities and targets</td>
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<td>Program Design</td>
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</tr>
<tr>
<td>8. Engagement, socio-cultural, and support</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Year 1

**Needs Assessment / Data Collection**

- Method of identification: participant needs assessment, face-to-face/voice-to-voice interviews, academic, legislative, and literature.

**Resources:** J Goldberg (research assistant), J Health care professionals, in partnership with UBC Centre for Excellence in Indigenous Health and UBC School of Nursing, Indigenous Services Canada, and First Nations Health Authority

**Timeline:** 90 Days

**Deliverables:** Analysis and assessment reports (Autism, FASD, ADD/ADHD, FAE)

**Budget:** $150,000 ($5,000 per child)

---

### Highlights

- Listening to Elders share their wisdom
- Identifying a structural barrier to youth wellness, lack of sector collaboration, and facilitating a community-led information-sharing protocol
- Building relationships with community members and youth
- Recognition from the community at the Aboriginal Family Gathering
- Appreciating the local environment, especially the wildlife
**FUTURE PROJECT INITIATIVES**

The goals for our returning trips in September and October 2019 include:

- Discuss preliminary findings with the community to ensure accuracy
- Continue relationship building
- Facilitate a second meeting with the School District and First Nations Band Offices to support the information-sharing protocol
- Present final findings and a report to the Chiefs of the three Nations, QDEES, and the community
Appendix J  Project Charter

Project Charter: Jordan’s Principles
Prepared by: Lerato Chondoma and Sabrina Wong
Timeline: November 2018 – May 2019
Indigenous Research Support Initiative and School of Nursing, UBC
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  Out of Scope ................................................................................................................... 5
Deliverables ......................................................................................................................... 5
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Assumptions ......................................................................................................................... 6
Risks .................................................................................................................................... 6
Scope Change ..................................................................................................................... 7
Communication Plan ........................................................................................................... 7
Milestones ........................................................................................................................... 7
Approvals ............................................................................................................................. 8
The need to amend and change the project charter will inevitably be present. These changes should be well communicated between all project Partners and documented with a version control chart. An example version control chart follows.

<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Role</th>
<th>Changes</th>
<th>Date</th>
</tr>
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<td>2.0</td>
<td>Veena Mudaliar</td>
<td>Graduate Student</td>
<td>Updated version</td>
<td>15 March 2018</td>
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<tr>
<td>1.0</td>
<td>Lerato Chondoma</td>
<td>Associate Director, Indigenous Research Support Initiative</td>
<td>Initial version</td>
<td>27 February 2019</td>
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**Project Background**

Queensel Dakelh Education and Employment Society (QDEES) is an Indigenous governed start-up society, comprised of the Lhoosk’uz Dené Nation, the Lhtako Dene Nation and the Nazko First Nation. QDEES is primarily focused on providing education and professional development training to Indigenous communities. QDEES, RES’EAU-WaterNET and the Indigenous Research Support Initiative at UBC signed an MOU in March 2018 (MOU attached to this project charter) to partner together on education and industry training partnerships to increase their engagement within the mainstream economy as skilled workers and business partners. The partnership will explore opportunities for collaboration in the following areas:

1. Assessment of the need for a specific talent management program
2. Development of the strategic plan for a talent management program
3. Development of funding/grant proposals to support the infrastructure and operational aspects of the program
4. Design of a talent management program
5. Implementation of a talent management program
6. Evaluation of a talent management program

(For the purposes of this MOU ‘Talent Management’ refers to the underlying objective of this partnership and involves education, professional skills, and everything needed to ensure sustainable recruitment, education and retention).

One of the founding projects emerging from the partnership outlined in the MOU is a project based on Jordan’s Principle. QDEES has successfully received funding from Indigenous Services Canada for phase 1 of 24-month project aimed at supporting Indigenous youth in the three communities between the ages of 14-19 years old.

Currently, a New Gold mine is being developed in the traditional territories of the Lhoosk’uz Dené Nation, the Lhtako Dene Nation and the Nazko First Nation. The new opportunity introduces the prospect of long-term employment and engagement for members of the communities. Chief Squinas, Chief Lebrun, and Chief Stuart acknowledge the enormous positive impact of this economic development and increased employment. The Chiefs have enacted and expanded many programs to take advantage of the emerging economic trends; however, they are deeply concerned about the most extreme disadvantaged members and their to whom these trends could indeed do more damage than good. Within the three communities, there are about **85 youth between the ages of 14 years and 19** that fall under Jordan’s Principle.
UBC, through the Indigenous Research Support Initiative has engaged with and recruited a research team lead by Dr. Sabrina Wong, Professor in the UBC School of Nursing to work on Phase 1: Development of Needs Assessment for the Jordan’s Principle project. It is the intention of UBC to continue to support future phases of the project as additional funding is secured and becomes available.

**Partner Summary**

<table>
<thead>
<tr>
<th>Name, Role &amp; Organization</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| Research team, Sabrina Wong, Veena Mudaliar and Innocent Ndateba | • Create project documents (consent forms, recruitment information, qualitative and quantitative questionnaires)  
• Familiarize ourselves with youth services and the Quesnel communities (preliminary assessment of strengths and gaps)  
• Connect with education, health, and social service providers for youth  
• Complete ethics application and provisos  
• Research within the scope of the project  
• Identify the 85 youth participants (Nation, residence, age, gender etc.)  
• Identify adult participants willingly to participate  
• Review relevant literature (New Gold, needs assessment, statistics of the population, community-based participatory research, education and employment youth programming, Indigenous ways of knowing, asset mapping, social determinants of health, Jordan’s Principle)  
• Liaise with key community stakeholders, education and health professionals  
• Liaise with school board and Aboriginal Principal Patty Kimpton about accessing students in school and as well as previous data  
• Prepare necessary documents to conduct research within the schools  
• Plan and organize a youth event in April/May  
• Build rapport with members from the three Nations and learn about each community  
• Create and write interim and final project reports  
• Weekly Status Reports  
• Lessons Learned  
• Liaise with IRSI for travel arrangements |
| QDEES, Darlene Wooldridge and Allan Okabe   | • Provide high level guidance to and approve scope, budget and schedule.  
• Provide connections and linkages with youth, staff and relevant leaders in the 3 communities of Lhoosk’uz Dené Nation, Lhitako Dené Nation and Nazko First Nation, health professionals, school professionals/contacts as necessary for the project  
• Participate in weekly status update phone calls  
• Sign off Charter and Plan  
• Informed by Darlene of changes and updates throughout the project term |
**Purpose**

The purpose of the project is to conduct a needs assessment to explore the unmet needs of the youth (ages 14-19) within the community and to understand what these unmet needs mean for new program development, in addition to the services already offered by QDEES. The project will identify gaps or needs youth require to maintain education and employment goals.

The purpose of the needs assessment is:

1) gather information to learn about the main issue’s individuals encounter within a community
2) to increase accountability of resources and funds
3) consider the resources already available within a community to build on strengths and not duplicate services.
Scope

In Scope

- Gain UBC Behavioral Research Ethics Board approval
- Build rapport with community members regarding the project and learn about the three Nations
- Learn about youth health, social, and educational services offered and accessed in QDEES and in the community
- Conduct a literature review of relevant research
- Design Qualitative Needs Assessment Questionnaire and Asset Mapping
- Modify BC Adolescent Health Survey from the McCreary Centre Society for Quantitative data collection
- Recruit and engage youth participants by connecting with the schoolboard and Patty Kimpton
- Recruit and engage adult participants by connecting with community organizations and stakeholders
- Gain consent and conduct face to face interviews and surveys for youth and adult data collection
- Analyze quantitative and qualitative data
- Write findings report
- Present the findings of the needs assessment

Budget

*Insert budget here*

Out of Scope

- Conducting diagnostic assessments for youth

Deliverables

- **Final project report** – The research conducted under this project will produce a comprehensive report detailing the needs assessment of youth in the community. It will comprise of key insights, recommendations and timeframes; that would altogether provide QDEES and key community stakeholders the data to design and implement an employment and education program initiative for the population.
- **Interim project report** – This would entail a complete skeletal structure of the final report and would provide project Partners with a clear outline of the report, including completed and to be researched areas.
- **Weekly status updates/reports** – These reports would essentially provide communication to all Project Partners. These are aimed at ensuring that all Partners are constantly updated on the project’s progress, direction and alignment with the agreed guidelines.
Success Factors/Criteria

The research will produce a report, met to the standards of both parties, which will inform the design and implantation of a future education and employment program initiative by QDEES. The needs assessment will provide data on the unmet needs of the youth (ages 14-19) within the community to understand what these unmet needs mean for program development, in addition to the services already offered by QDEES.

Assumptions

This report makes the following assumptions:

- Cooperation and support from all Partners listed above in the “Partners Summary”.
- The research team will have the opportunity to speak with Partners from the three Nations and supporting staff positions.
- The Partners will have time to share their thoughts and views with the research team including all aspects of the project development.
- The research team will be able to travel to all three communities to consult with many of the Partners.
- All of the relevant foundational documents and research will be available to the research team.
- The research team will have access to youth and adult participants.
- Research office space will be secured in Quesnel.
- The project milestones will align with the research timeline.
- The project will stay within the proposed budget.
- The scope of the project will remain unchanged in terms of participants and purpose.
- The research team will conduct enough data through qualitative interviews and quantitative surveys.

Risks

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of data from Client</td>
<td>L</td>
<td>L</td>
<td>Project research to proceed using best available information; recommendations and overall accuracy may be compromised.</td>
</tr>
<tr>
<td>Graduate Student Fellow Leaves Appointment</td>
<td>L</td>
<td>L</td>
<td>In this unlikely event, work would resume or recommence once another fellow has been retained for the project. This would not incur any additional costs to the First Nations partner.</td>
</tr>
<tr>
<td>Community members becomes unavailable</td>
<td>L</td>
<td>L</td>
<td>In this unlikely event, xx person would proceed as contact person.</td>
</tr>
<tr>
<td>Sabrina Wong becomes unavailable</td>
<td>L</td>
<td>L</td>
<td>In this unlikely event, XX would proceed as contact person.</td>
</tr>
</tbody>
</table>
Scope Change

Scope changes requested by any Partner of the project must be agreed upon, approved and signed by all Partners. The agreed format is to revise this charter with version controls. Because this is critical to keep track of, the version control is displayed at the beginning of the charter.

Travel Plan

The travel plan is dependent on UBC behavioral research ethics board approval which we hope to gain April 11 as well as organizing access to youth participants in schools. The research team has liaised with Patty Kimpton the Aboriginal Principal who will organize several dates and times for the research team to conduct interviews within the schools. A tentative schedule is listed below:

Interviews: April 15-17, 22-24, 29-May 1
Follow up with community partners: May 6-8
Present findings: May 17

Communication Plan

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Deliverable</th>
<th>Dates</th>
<th>Accountable</th>
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<tbody>
<tr>
<td>Weekly Update meeting</td>
<td>Progress Report (bullet points)</td>
<td>Fridays</td>
<td>Both graduate students accountable; project sponsor to be involved</td>
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<tr>
<td>Technical Meeting Attendance</td>
<td>Communication Goal Setting Problem Solving</td>
<td>Monthly</td>
<td>Both graduate students accountable; project sponsor to be involved in scheduling</td>
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<tr>
<td>Information sharing as it becomes available</td>
<td>Project Specific Information</td>
<td>Ongoing</td>
<td>All partners to provide information in a timely manner and to provide prior and reasonable notice of dates when they will be unavailable</td>
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Milestones

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Event or Deliverable</th>
<th>Target Date</th>
<th>Responsibility</th>
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<td>Veena Mudaliar</td>
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Version 1 March 18 H18-03545
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<td>Monday, April 1</td>
<td>Innocent Ndateba</td>
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<tr>
<td>Milestone 3</td>
<td>Final Report</td>
<td>Friday, May 17</td>
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**Approvals**

The following individuals hereby approve this Project Charter:

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<tr>
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<th>Name and Signature</th>
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<tbody>
<tr>
<td>Community Representative</td>
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Appendix K  Mid-Point Report

University of British Columbia (UBC) & Quesnel Dakelh Education and Employment Society (QDEES) Collaboration

Community Youth Needs Assessment: Jordan's Principle Project

Mid-Point Report

March 22, 2019
1. Introduction
The University of British Columbia (UBC) in Partnership with Quesnel Dakelh Education & Employment Society is conducting a community needs assessment for indigenous youths. The results will inform development and implementation of appropriate interventions that aim to improve indigenous youth’s readiness for employment opportunities. The below activities were carried out and completed during this phase.

2. Completed activities
November 4, 2018: Travel to Quesnel from Vancouver

November 5, 2018:
- Shopping for Kluskus’Dené Nations Community with Jolene Pagurut
- Driving to Kluskus reserve community
- Cooking for community members at Kluskus’Dené Nations reserve with Jolene Pagurut and Dorian
- Sharing dinner with Kluskus’ Dene Nations community members
- Introduce ourselves to community members and have conversations with community members

November 6, 2018:
- Prepare breakfast for community members living in the reserve
- Sharing breakfast with community members living in the reserve
- Visiting some community members in the reserve and have conversations with them
- Driving back to Quesnel
- Joining Lerato at Quesnel for debriefing and plan for the following day

November 7, 2018:
- Meeting with Darlene, Coordinator at QDEES: The meeting was to discuss about the project
- Darlene introduced the UBC team to the students and teachers at QDEES
• UBC Team (Innocent, Veena, Lerato and Alexis Okabe) introduced themselves to the students and teachers. They talked where they came from and what they were doing at Quesnel

• Lerato explained about the existing collaboration between UBC and QDEES in various projects including water sanitation, teaching language, etc.

• Meeting with the Director of health care for KluskusDene Nation Community. Lerato explained to the director about existing collaboration with QDEES and UBC. She took that opportunity to discuss about the project and invite her contribution in the project

• Meeting with Jolene and Darlene: The meeting was about discussions on the suitable data for official launch of the project. Also, we discussed about invitations which would be developed by Ms. Lerato and sent to Darlene for comments and distribution. Language to be used in the invitation, prizes, message, locations (Senior Centre), anticipated number of participants, advertisement channels such as Facebook pages, places for advertisements including Klusklus community – in the school, Lhtako community – band office, Nazko community – health centre, Friendship Centre in town and Homeless shelter in town. Finally, the programme of the official launch event of the project was discussed in the meeting.

• Travel to Vancouver from Quesnel

The team was composed of Alexis Okabe, Innocent Ndateba, Veena Mudaliar and Lerato Chondoma.

The purpose of the trip was to contact and connect with community in order to build relationship with community members.

January 13, 2019: Travel to Quesnel from Vancouver

January 14, 2019:

• Shopping for community members of Kluskus Dené Nations reserve community with Jolene

• Prepare dinner for community members with Jolene and Dorian

• Share dinner with community members and have conversations with community members and build relationship

• Visit some community members and have a large conversation with them
January 15, 2019:

- Prepare breakfast for community members
- Share breakfast with community members
- Have conversations with community members and invite them in the official launch of the project
- Explained the community members about the project: We had time to provide explanations to the community members about the projects and the importance of the community participation in the project’ success. It was good time for community members to ask questions regarding the project and got answers.
- Visiting the site that was prepared to host the project official launch.
- Prepare materials to be used for the official launch of the project

January 16, 2019:

- Printing out the documents to be used during the official launch of the project event: The documents that were needed during the event were prepared and printed out for use. These documents included information sheets, consent information and project team address and contact.
- Setting up the site and ensure that the hall was arranged: The setting up included arrangement of chairs, tables, UBC posters etc.
- Community lunch was organized by UBC and QDEES and started at 12h00pm-2h00pm.
- Allan, on behalf of the QDEES, talked about the importance of the project and how it will help the QEEDS in development and implementation of appropriate interventions to help their youths’ wellbeing. Darlene also explained how QDEES has collaborated with UBC in various projects and how QDEES is willing and committed to support the project success.
- The UBC team members introduced themselves. They talked where they came from, their roles in the project, credentials and experience in working with community members. The UBC team asked community members what they thought would be included in the project for its success and the most challenges that needed to be addressed. During discussion with community members, one community member talked some challenges that were found in the community
and how could be addressed. Furthermore, some prizes were randomly given to community members by UBC team members. The community lunch was good opportunity for UBC team to build relationship with community members. The discussions that were engaged during community lunch would guide the UBC team in the development of the project.

- Travel to Vancouver from Quesnel
  
The UBC Team was composed of research team members (Innocent, Sabrina and Veena) and Water project team members.

  The purpose of the trip was to strengthen relationship with community members and official launch of the project.

**January 27, 2019:** Travel from Vancouver to Quesnel

**January 28, 2019:**

- Visiting the Lhtako community: We had opportunity to visit Lhtako community members and explained them about the project. Also, we had occasion to build relationship with community and visited one community member who lost her child (died) the previous days. The family was happy to receive a support from us and we were invited in the Bingo game as fundraising activity for funeral.

- Meeting with Director of healthcare for Kluskus Dené Nation community: We had good conversations with Director where we explained to her about the project as she was a new in the office. We took that opportunity to invite her contribution in the project and she accepted to provide her support.

- Meeting with Director of healthcare at Lhtako community: We discussed about the project and requested her inputs on how the project can better be conducted. She provided her inputs on the process of the project. We had also opportunity to explain to her the update of the project.

- Visiting centre for skills development: We visited the centre to learn what they do and build relationship with other organizations that provide support for youth. Also, it was occasion to understand the existing resources and assets in the community for the youth. We met with staff and their manager who explained us what they do and how they support the youth by teaching them life skills. We took that opportunity to explain to them about the project. It was fruitful meeting
as we learned about existing resources and assets in the community for the youth.

**January 29, 2019:**

- Joined the language class: Joining the language class helped us to build constant relationship with community members.
- Meeting with elementary school counsellor: The meeting took place at QDEES office and we discussed about the project. She provided her inputs on how better the project can be developed. She is committed to provide her support for the project success.
- Visiting Nazko health centre and met with Director of health centre: we discussed about the project and provided explanations to the asked questions. After discussions, we invited her contribution for the success of the project, and we got her inputs on the project development.
- Bingo game: We participated in the Bingo game to support community members in the fundraising activity for funeral of one of the community members who passed away. Veena and Jolene won the Bingo games and money was given to family for support. The activity had objective to build relationship with community members and provide support to the family.

**January 30, 2019:**

- Discussed about the data collection tools for both quantitative and qualitative data and other project materials with Allan for seeking his inputs.
- Discussed with Darlene about our schedule and update of the project.

**January 31, 2019-February 1, 2019:**

- Meeting with Jolene to discuss on the project
- Meeting with other people at QDEES for seeking inputs
- Travel to Vancouver from Quesnel

The team was composed of Innocent and Veena. The purpose of the visit was to build relationship with community members and getting inputs from the project documents.
February 18, 2019: Travel to Quesnel from Vancouver

February 19, 2019:

- Meeting with Darlene: Discussed about the project progress and update
- Joining the language and math classes
- Meeting with QDEES staff and other social support professionals to discuss the issue of one youth who was not attending school and his grandmother was highly concerned.
- Meeting with the Director of Aboriginal Education and school counselor, School district 28. We discussed about the project and they provided their inputs for its success especially on tools, data collection process and provided other resources such as previous community need assessment reports. We also discussed about the best approach can be used in data collection. They accepted that we may use the High school and Quesnel Junior School to present the project and data collection.

February 20, 2019:

- Meeting with one community member to discuss about the needed support for her grandson.
- Meeting with health professional and the youth who had social problem and his grandmother
- Meeting with Social and health professionals, and the youth who had social problem. After discussion, the youth got connected with social worker who would assist with needed social support. He also returned back to school.
- Meeting with community members at QDEES office to seek inputs from them about the project and community members provided their inputs which can be included in the project.
February 21, 2019:

- Meeting with community members at QDEES office to discuss about the project and seek their inputs for smooth running of the project
- Meeting with Allan, a Kluskus band manager: We discussed about the project and he suggested us to inform Chief and Council of the three Nations and request their permission before proceeding. He would provide the email addresses of the Chief and council so that we may send to them a summary of the project and get their support.
- Travel to Vancouver

The UBC team was composed of Sabrina, Veena and Innocent.

The purpose of the trip was to strengthen relationship with community members and seek for inputs in the project.

Next activities

- Ethical approval Process
- Plan for the next schedule
- Data collection
- Data analysis
- Reporting
Appendix L  Final Community Report

Building Strength
A Jordan’s Principle Project
September 2019

Sabrina T. Wong
Veena Mudaliar
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Building Strength: A Jordan’s Principle Project was produced by:

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Verna Mudaliar. Photos taken at Lhoosk’uz Nation (left and right) and at Ellis Hall, Quesnel, British Columbia (centre).
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About CHSPR

The Centre for Health Services and Policy Research (CHSPR) is an independent research centre based in the School of Population and Public Health at the University of British Columbia (BC). Our mission is to stimulate scientific enquiry into health system performance, equity, and sustainability.

Our faculty are among Canada’s leading experts in primary health care, health care funding and financing, variations in health services utilization, health human resources, and pharmaceutical policy. We promote inter-disciplinarity in our research, training, and knowledge translation activities because contemporary problems in health care systems transcend traditional academic boundaries.

We are active participants in various policy-making forums and are regularly called upon to provide policy advice in BC, other provinces, and abroad.

We receive core funding from the University of BC. Our research is primarily funded through competitive, peer-reviewed grants obtained from Canadian and international funding agencies.

For more information about CHSPR, please visit www.chspr.ubc.ca.

About this Project

The Quesnel Dakelh Education & Employment Society (QDEES) is a not-for-profit partnership of the three Southern Dakelh First Nations (Lhoosk’uz Dene Nation, Lhtako Dene Nation and Nazko Nation), with their band offices located in Quesnel, BC. This report details the first phase of a larger project aimed at finding ways of correcting injustices and inequities among youth. The objective of phase 1 was to complete a participatory needs assessment.

Team members include Sabrina T. Wong, Professor in the University of British Columbia (UBC) School of Nursing and Faculty in the UBC Centre for Health Services and Policy Research; Veena Mudalair, Master of Science in Nursing student in the UBC School of Nursing; Innocent Ndateba, PhD in Nursing student in the UBC School of Nursing; and Allan Okabe, Manager of the Quesnel Dakelh Education & Employment Society.

Lerato Chondoma of the UBC Indigenous Research Support Initiative supported this project. Dawn Mooney of the UBC Centre for Health Services and Policy Research assisted in the preparation of this report. This project was funded by Health Canada.
Executive Summary

Jordan's Principle funding was implemented by the Canadian government in an effort to provide increased support for Indigenous youth, who are among some of our society’s most vulnerable youth given historic and current systemic inequities. Jordan's Principle funding can be used for Indigenous children up to age 19 to respond to any unmet health, social, or educational need. The purpose of this project was to use Jordan’s Principle funding from Health Canada to complete the first phase of a larger project aimed at finding ways of correcting injustices and inequities among youth, aged 14-19 years of age. The specific objective of phase 1 was to complete a participatory needs assessment for youth part of three Southern Dakelh First Nations, Lhoos’kux Dene, Lhtako Dene and Nazko First Nations, from the Quesnel area of central British Columbia (BC).

Methods

We used a concurrent quantitative-qualitative, mixed methods study design. The collaborative partnerships and needs assessment were guided by the core principles of Community Based Participatory Research (CBPR) to ensure alignment with CBPR methodology. The Quesnel Dakelh Education & Employment Society outlined the deliverable, which was to conduct a needs assessment to explore the unmet needs of youth within the community and to understand what these unmet needs mean for new program development that would support youth in completing high school.

Individual interviews and five focus groups were conducted in community locations from April to May 2019, with 29 youth participants and 19 community stakeholders. Community members were from schools (n=4), staff members of the band offices (n=10), and community organizations (n=5). As part of the youth interviews, participants filled out a short survey with questions similar to those found on the McCrea Centre Society BC Adolescent Health Survey. We also examined data from the BC Adolescent Health Survey for School District 28 (SD 28). Youth also completed worksheets about: (a) people that help keep them strong; (b) things that keep them strong (e.g. spiritual, cultural, physical, family, social, mental and emotional); and (c) things that make them feel weak or take their strength away. We completed a thematic content analysis.

Findings

The majority of participants (64%) reported sometimes or never eating breakfast but also reported always/very often eating lunch on school days. Half of youth participants relied on public transport for getting to school. 17% of youth in this study reported poor self-rated mental health status. Counsellors in schools, Aboriginal education workers and teachers were approached by youth for help in the last year. Just over half (53%) of youth felt somewhat or very connected to
their community, with the rest reporting little to no connection. This percentage is lower than in the whole of SD 28, where 75% of respondents to the BC Adolescent Health Survey reported feeling connected to their community.

The majority of youth participants (80%) reported at least one mental health condition (anxiety or depression) in the last year. When asked about the type of mental health conditions experienced in the past year, 60% of youth in our study reported anxiety and 60% reported depression, compared to 28% and 23%, respectively, in SD 28 overall. Most of the youth (48%) had the goal to complete high school, while 37% planned to continue to post-secondary education. Youth (55%) felt very or quite a bit hopeful for the future, which is a similar percentage (60%) reported through the BC Adolescent Health Survey for SD 28.

Connection to their culture through cultural activities and arts and crafts were important to keep spiritually strong. In addition to food and healthy eating, youth reported involvement in some sort of physical activity (e.g. biking, dance) kept them strong. Youth reported that school and work, in addition to friends and family, were important to keeping them strong. Being positive and receiving social support from friends, family, work and school were key to youth staying strong. Loneliness was the biggest factor in the social area that youth reported taking their strength away. They reported loneliness, either using that term or describing it as: having distant family, hiding, no plans, no socializing or interacting with others, ignoring everyone, no one to talk to, no friends.

Interviews revealed three over-arching themes: feeling and being alone, expectations for themselves (e.g., duty and family responsibilities), and hope and ambition for the future. Loneliness was expressed in various ways and occurred at the individual, interpersonal, and community level. These various forms of loneliness manifested in feelings of alienation at school, being left alone without parenting or guidance, as well as geographic isolation. Youth expressed pride and purpose in carrying out family duties, though they also felt obligated to carry out duties at home. They frequently described caring for younger siblings and babysitting for family members. Finally, youth were goal-oriented and ambitious. Many youth discussed future plans to undertake post-secondary courses and follow family members into employment fields. Youth expressed feelings of pride and motivation when family succeeded in employment.

**Interpretation and Potential Next Steps**

Many youth from the Southern Dakelh Nations and community members participated in the project. School is a place of connection for youth. Resources for youth include school Aboriginal support workers, counselors, and teachers, as well as supports within the bands. Friend groups are a source of strength from which youth draw from to get through high school.
Family life can be chaotic due to managing younger siblings’ needs, food insecurity, and parents who are themselves experiencing marginalizing conditions (e.g. social, political and economic conditions that contribute to health and healthcare inequities). These issues along with lack of transportation make it challenging for youth to participate in extra-curricular activities. Youth expressed anxiety and worry about the future.

Although Dakelh youth encounter challenges, these youth are resilient. Potential next steps to support the youth of the Southern Dakelh nations include:

- Creating a Southern Dakelh youth advisory committee to provide input and develop solutions to address school challenges: safe space, de-stressing and centering strategies (e.g. drumming, smudging, blanket ceremony), safe people (e.g. Elders visiting in schools), and transportation.

- Development and implementation of empowerment and mentorship initiatives specifically geared at youth to help address loneliness, heal from intergenerational trauma, build self-confidence, learn about culture, and build healthy relationships. Empowerment strategies would support building confidence and self-determination by recognizing strengths within young people and the community. Mentorship provides healthy role models to support and guide youth. The community possesses many resources, individuals and organizations that can be mobilized for future initiatives to support youth. Example of initiatives might include youth sports team, preparing for powwows, community field trips, cultural programming, engagement with Elders and healthy adults in the community, etc. These initiatives will likely need to be tailored to address youth needs.

- Re-instituting school-band liaison to assist in coordination of resources for youth (e.g. attendance at school, mental health counsellors, after school and weekend youth activities).

- Working with schools to develop cultural extracurricular activities to enable learning across all students.
Introduction

Indigenous traditions, language, land, and culture have been lost or stolen due to Euro-Canadian expansion (Public Health Agency of Canada, 2018). Systemic colonial practices such as residential schooling, the Sixties Scoop, and the reservation system have profoundly impacted communities. One of these profound impacts is intergenerational trauma, which diminishes community capacity to care for children and youth (Blackstock, Trocmé, & Bennett, 2004). Additionally, there are disproportionate health inequities within Indigenous communities attributable to the unequal distribution of the social determinants of health, stemming from colonization (Blackstock, 2009).

In British Columbia (BC), the mortality rate for Indigenous youth is almost twice that of their non-Indigenous peers (British Columbia Coroners Service and First Nations Health Authority Death Review Panel, 2017). In part, the mortality rate for Indigenous youth is due to services that are funded by varying levels of government leading to inter-governmental disputes and decreased accountability (Chambers & Burnett, 2017; Johnson, 2015; Nathanson, 2011; Sheppard, 2018).

Jordan’s Principle funding was implemented by the Canadian government in an effort to provide increased support for Indigenous youth, who are among some of the most vulnerable youth, given historic and current systemic inequities. The funding was named in honour of Jordan River Anderson of the Norway House Cree Nation, born in Manitoba in 1999 (First Nations Child and Family Caring Society of Canada, 2018). He was born with multiple health challenges and remained in hospital for years as federal and provincial governments disputed financial responsibility for his care. Jordan’s Principle is a child first policy that acknowledges systemic discrimination and strives to restore equity by funding unmet needs immediately.

Jordan’s Principle funding can be used for Indigenous children up to age 19 to respond to any unmet health, social, or educational need. Funding is available for any product, support, or service required either once or on a continuous basis by a child. Funding can be requested by a parent, a guardian, a youth above 16 years of age, an authorized representative, a community, or a service provider. Examples of some funded products, supports, or services include mobility aids, assessments and screenings, medical supplies and equipment, respite care, therapeutic services, additional services, personal support workers, school supplies, and tutoring services.

Quesnel Dakelh Education & Employment Society

The Quesnel Dakelh Education & Employment Society (QDEES) is a not-for-profit partnership of the three Southern Dakelh First Nations (Lhooskúz Dene Nation, Lhtako Dene Nation and Nazko Nation), with their band offices located in Quesnel, BC. QDEES is dedicated to creating an economy consistent with local values. It works through forging collaborative partnerships with
local, regional, and federal public and private sector partners to advance employment, education and training opportunities for community members, and operates as a central hub, advocate and provider of employment, education and training services to meet the needs of its members. The QDEES mission goes beyond traditional training functions. It aims to unearth the intrinsic issues and unsupportive consequences that affect the wellbeing of members of the three Nations.

The Chiefs (Chief Squinas, Chief Lebrun, and Chief Stuart) are deeply concerned about their youth, many of whom fall under Jordan’s Principle. Their youth have been subject to bullying (at the local elementary and high schools in Quesnel), including being confronted physically with their books knocked out of their hands, being tripped while walking, being pushed, and threatened, and fighting after school. They have been victims of physical and sexual abuse (that carried on, in many cases for many years, in some cases by survivors who never received counselling and never recovered from their experiences, and their experiences were passed on to other victims within their home communities), and suffered from Fetal Alcohol Syndrome (FAS), and Fetal Alcohol Effects (FAE) that have left them without diagnosis, treatment or support. Community youth have been turning to alcohol and drugs to bury or deal with their own history, pain and dysfunction.

The purpose of this project was to complete the first phase of a larger project aimed at finding ways of correcting injustices and inequities among youth, aged 14-19 years of age. The specific objective of phase 1 was to complete a participatory needs assessment of Lhoosk’uz Dene Nation, Lhtako Dene Nation and Nazko Nation youth.
Methods

We used a concurrent quantitative-qualitative, mixed methods study design. The collaborative partnerships and needs assessment were guided by the core principles of Community Based Participatory Research (CBPR) and adherence to the First Nations principles of OCAP (Ownership, Control, Access and Possession) (Canadian Institutes of Health Research, 2019). QDEES outlined the deliverable, to conduct a needs assessment to explore the unmet needs of youth within the community and to understand what these unmet needs mean for new program development that would support youth in completing high school.

CBPR recognizes that there is knowledge and benefit in the shared partnership, or co-learning, between community and academic researchers. The mutual vision recognised in CBPR is rooted in two-eyed seeing, a lens proposed and developed by Mi’kmaq Elders Albert and Murdena Marshall. The two-eyed seeing perspective "holds that there are diverse understandings of the world and that by acknowledging and respecting a diversity of perspectives (without perpetuating the dominance of one over another) we can build an understanding of health that lends itself to dealing with some of the most pressing health issues facing Indigenous peoples and communities" (Martin, 2012, p. 24).

Community

The three communities have a total population of approximately 855 band members, with approximately 50% of the population under age 30.

The Lhtako Dene Nation, formerly called the Quesnel Indian Band, has its main reserve lands contiguous with the City of Quesnel at the southern border of the city limits. Lhtako has a current population of 187 with close to half their population living on reserve. Approximately 50% of Lhtako Dene members live in Quesnel, Williams Lake or the communities of Nazko and Ulkatcho, with a few families scattered throughout BC and Canada.

The Nazko Nation has its reserves located approximately 100 kilometers west of Quesnel, and accessed by a paved highway. One hundred thirty-three members of the population of 416 live on reserve (32%). Nazko is strategically located along the Alexander Mackenzie Grease Trail. Approximately 68% of Nazko members live in Quesnel and other surrounding communities.

The Lhoosk’uz Dene (Kluskus) Nation has its reserves located between 130 and 145 kilometers west of Quesnel. Up until 2007, there was no road connecting to the community, and the closest forest service road ended 32 kilometers to the east of the village. The band negotiated with its forestry partner to extend the forest service road into the community and the project
was completed in 2008. The village site is located along the historic Alexander McKenzie Grease Trail, and was originally travelled by horse. The community is off-grid and has only 14 log cabin houses and limited community buildings and infrastructure. The Lhoosk’uz Dene population is 252 band members and the on-reserve housing supports a population that fluctuates between 24 and 50 residents depending on the season. This population is also a small fraction of a once robust community that lived off the land, with little interaction with the new settlers. Close to 85% of Lhoosk’uz Dene community members do not live on their own reserves, primarily due to their remoteness and lack of services. A large number of members live in Quesnel and Williams Lake as well as at the Lhtako, Nazko and Ulkatcho reserves, and several families are scattered across BC and Canada.

Sample
The target population for this needs assessment were youth, ages 14-19, from the three Southern Dakelh First Nations. This study used purposive sampling as a sample strategy. Purposive sampling identified information rich participants who would share their insight and understanding of issues central to the study (Kim, Sefcik, & Bradway, 2017).

Inclusion criteria for youth included: aged 14-19; members of Lhoosk’uz Dene Nation, Lhtako Dene Nation, or Nazko Nation; currently living in Quesnel or on reserve lands of the three Nations; able to take part in a thirty-minute interview; able to provide written informed consent. Exclusion criteria included: those currently seeking in-patient psychiatric treatment or medically supervised detox. Individuals seeking in-patient medical care were not able to provide consent.

Inclusion criteria for community members included: Elder, health or support worker from one of the three Nations; Quesnel school counsellor or teacher who had worked with youth from any of the three Nations.

Procedures
Under the leadership of QDEES, this project was “kicked-off” with a community gathering of the three Nations’ members. We engaged with community members to recruit youth. The QDEES identified appropriate community spaces to post recruitment flyers and included: QDEES, the Bands’ office, health centres, schools, the Friendship Society, the Long Name, the Nazko general store, and the recreation centre. Recruitment flyers were also given to Elders and community members to share with youth. The Chiefs and QDEES informed youth of the project; youth who agreed to have their contact information given to researchers were engaged as potential participants. We held a series of pizza evenings and in-class lunchtime sessions in order to interview the youth. Interviews with community members took place at a time convenient for them. All participants were provided with a $20 Subway card as a token of their appreciation. Interviews
were audio recorded and transcribed verbatim. All procedures were approved by the University of British Columbia Ethics Board.

Survey
Participating youth were asked to fill out a short survey of questions similar to those found on the BC Adolescent Health Survey (McCready Centre Society, 2018). Briefly, the survey asked youth about their mental health, risks and supports to healthy development (e.g. nutrition, connectedness to school and family), resiliency and quality of life and access to health services and transportation (see Appendix 1 for details).

Strengths assessment
Youth also completed worksheets about: (a) people that help keep them strong; (b) things that keep them strong (e.g. spiritual, cultural, physical, family, social, mental and emotional); and (c) things that make them feel weak or take their strength away. These worksheets were adapted from an Australian Aboriginal-designed assessment tool, the Stay Strong Plan (Thunderbird Partnership Foundation) (see Appendix 2).

Interviews and focus groups
Individual interviews and five focus groups were conducted in community locations from April to May 2019, with 29 youth participants and 19 community stakeholders. Participants included youth from the three Southern Dakelh Nations and adult community stakeholders. Community stakeholders worked closely with the youth population in various capacities, including school staff members (e.g., counsellors and aboriginal support workers), band office personnel, and community service providers (e.g. mental health clinician). The expertise and experience of these participants was sought to conduct a needs assessment that will provide guidance for future program development at the QDEES. Youth and community member interviews lasted up to 60 minutes. Open-ended questions were asked to youth about their opinion on what is needed to support their educational and employment goals. Questions focused on understanding what programming or services youth felt were needed to support them in attaining their grade 12 education and beyond. Similarly, open-ended questions were asked to community members about what they believed was needed to support youth in completing their high school education (see Appendix 3 for interview questions).

Analysis
Survey and worksheet data were analyzed using descriptive statistics (e.g. frequency distributions). Interviews and focus group data were transcribed, organized into codes and an analysis of the themes was completed.
Findings

Forty-eight youth aged 14-19 years from Kluskus (n=11), Lhtako (n=14), and Nazko (n=25), were attending high school in Quesnel (BC School District 28) in 2018/19. The majority of the youth from Kluskus and Nazko live in Quesnel; whereas, the majority of youth from Lhtako live on-reserve. Between January and May 2019, we recruited 29 youth and 19 community members to participate in this work. Community members were from the schools (n=4), staff members of the band offices (n=10), and community organizations (n=5). Three youth participants were from other bands but were included here given the similarity of the themes found in their interviews. The majority of those interviewed were female.

Survey

One-third of participants (n=9) reported living with their mother and another 30% reported living between both parents. Ten participants reported other kinds of living situations, including living with their father, only siblings, extended family (e.g., relative or grandparent), or foster care. The majority of youth felt understood (69%) and respected (92%) by their family. Most youth (63%) reported approaching a family member for help in the last year.

The majority of participants (64%) reported sometimes or never eating breakfast but also reported always/very often eating lunch on school days. Importantly, there were also some participants who reported always/very often eating breakfast (35%) and sometimes (26%) eating lunch on school days. Most youth (84%) reported always/very often eating dinner on school days. Just over half (53%) reported never going to bed hungry in the last year. When asked what physical things took their strength away, the most frequent answer was not eating/have no food at home (32%).

Half of youth participants relied on public transport for getting to school. The rest relied on getting to school by car (33%) or walking (17%). Almost all youth reported missing classes (47% missed 1-2 classes; 43% missed three or more classes) because of transportation issues in the past month. Whereas most youth (81%) took <30 minutes to get to school, some youth (15%) reported travelling two or more hours to attend high school.

Table 1. Characteristics of youth participants (n=29), by Band

<table>
<thead>
<tr>
<th>Band</th>
<th>Kluskus (n=5)</th>
<th>Lhtako (n=8)</th>
<th>Nazko (n=13)</th>
<th>Other (n=3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: % Female</td>
<td>100%</td>
<td>100%</td>
<td>63%</td>
<td>67%</td>
</tr>
<tr>
<td>Age range (yrs)</td>
<td>14-17</td>
<td>14-17</td>
<td>14-19</td>
<td>14-19</td>
</tr>
<tr>
<td>% participation in interviews</td>
<td>45%</td>
<td>57%</td>
<td>52%</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Ten (0 Kluskus, n=6 m, n=4 females, n=2 females, Nazko, n=4: 3 males, 1 female) youth declined to participate. All males who refused are age 17-19 and have dropped out of school.
Youth mental health

Youth in this study reported more mental health challenges compared to students in School District 28 (SD 28) overall. We found that 17% of youth in this study report poor self-rated mental health status, compared to 12% in SD 28 overall, and only 17% of study youth report excellent mental health, compared to 30% in SD 28 overall.

Most youth (64%) reported no discrimination experiences nor being a victim of teasing in the last year. No youth were victims of a physical attack from or to school and the majority (89%) had not engaged in bullying someone in the last year. Almost half (48%) reported agreeing/strongly agreeing they felt like part of the school (Figure 1). Compared to data from SD 28 where 53% agreed they felt like part of the school, this percentage is similar. Other youth in our study reported feeling neutral (37%) or disagreed/strongly disagreed (15%) they were part of the school. Counsellors in schools, Aboriginal education workers and teachers were approached by youth for help in the last year.

Just over half (53%) of youth in this work felt somewhat or very connected with the rest reporting little to no connection to their community (Figure 2). This percentage is lower than in the whole of SD 28 where 75% of respondents to the BC Adolescent Health Survey reported feeling connected to their community.

Figure 1: Participant responses to “I feel like I am part of my school”

Figure 2: Participant responses to “How much do you feel connected to your community?”
The majority of youth participants (80%) reported at least one mental health condition (anxiety or depression) in the last year. When asked about the type of mental health conditions experienced in the past year, 60% of youth in our study reported anxiety and 60% reported depression, compared to 28% and 23%, respectively, in SD 28 overall. Eight percent of participants reported they were happy all of the time, and most (92%) reported being happy most or some of the time. Almost all youth (90%) in this study reported being stressed compared with just over half (59%) of youth in SD 28. Many youth (59%) in this study compared to SD 28 youth (37%) reported feeling somewhat or very despaired or hopeless in the last month.

Over three quarters (77%) of participants reported not accessing mental health services when needed in the last year. Among those who had a mental health condition, 71% did not access mental health services. The most common reasons for not accessing mental health services included: thinking or hoping the problem would go away (n=7), did not want parents to know (n=7), did not know where to go (n=6) and afraid of what I would be told (n=6). Other reasons for youth not accessing mental health services included; too busy to go (n=4) and had no transportation (n=4) as well as afraid someone might seem them, prior negative experiences, parent/guardian would not take them and was on a waiting list.

**Future hopes and dreams**

Most of the youth (48%) had the goal to complete their high school while 37% planned to continue post-secondary education. Youth (55%) felt very/quite a bit hopeful for the future (Figure 3), which is a similar percentage (60%) reported for SD 28.

Some report always/very often (47%) pushing themselves to achieve their goals whereas others (53%) push themselves sometimes or never (Figure 4). However, fewer youth (28%) reported being very confident or confident and more youth reported less (somewhat, a little, no) confidence (Figure 5). The majority (71%) reported that their ideas were listened to and considered only sometimes or never.

**Figure 3: Participant responses to “How would you rate your hope about the future?”**
Sometimes youth require increased psycho-educational support to progress through their high school education. Seven youth from across the three communities are currently receiving additional support through the three schools: Quesnel Junior School, Coralieu Senior Secondary and McNaughton. We found no outstanding psycho-educational assessments to be completed for Southern Dakelh youth, aged 14-19 years. There were two central reasons for this, parental consent and school attendance. Many families opted to forego the assessment as they worried about their children being labeled or treated even more differently than their peers. Inconsistent school attendance made it difficult determine if there was a learning challenge or if a student had simply missed integral parts of the curriculum.
**Strengths Assessment**

Youth were asked to report who were the people that kept them strong. Friends and immediate family were mentioned the most (see Figure 6).

*Figure 6: The people who help keep me strong*

![Diagram showing the people who help keep youth strong](image)

**Key to diagram**
Circle area represents the percent of respondents' who mentioned a category of people.

- 80%
- 50%
- 20%

*28 youth respondents filled out worksheets (see Appendix 2). Multiple responses were possible. Less common responses (less than 5 youth) included step- and foster parents, other extended family members, teachers, and support workers.*

Youth were asked to report on the areas of spiritual, physical, social and emotional factors that keep them strong. Connection to their culture through cultural traditions and arts and crafts were important activities to keep spiritually strong. In addition to food and healthy eating, youth reported involvement in some sort of physical activity (e.g. biking, dance) kept them strong. Youth reported that school and work, in addition to friends and family were important to keeping them strong. Being positive and receiving social support from friends, family, work and school were key to youth staying strong (see Figure 7).
Youth were also asked to report what spiritual, physical, social and emotional factors took their strength away. They reported not participating in cultural activities (e.g. powwow, fishing) as something that took their strength away. Youth also reported other factors that took their spiritual strength away, including themselves as being a bad influence, no music and not visiting home very often. Physical factors that took away their strength included not eating/no food at home, bad memories, drinking/drugs (by themselves or others around them), and not leaving the house due to factors such as feeling ill, not getting enough sleep or depression/anxiety. Loneliness was the biggest factor in the social area that youth reported taking their strength away. They reported loneliness either using that term or describing it as: having distant family, hiding, no plans, no socializing or interacting with others, ignoring everyone, no one to talk to, no friends. Other social factors youth reported as taking away their strength included: shy, staying at home, bullying, not
being listened to, and gambling. All youth reported that anxiety and worry took their strength away. Youth described that they were anxious in social situations because they were self-conscious and worried about being judged. They were also stressed and felt pressure about their future and college prospects. Being depressed, mood swings and feelings of sadness given stressful home situations (e.g. "seeing my parent not doing their best") were also reported to take their emotional strength away. Finally, youth described being angry, violent (physical or verbal) and harming themselves also took their strength away (see Figure 8).

Figure 8: Worries that take my strength away

Key to diagram
Circle areas represents number of times a term or idea was mentioned*

- 3
- 5
- 10

- Term/ideas suggested in worksheet
- Term/ideas added by respondents

* 26 youth respondents filled out worksheet (see Appendix 2). Multiple responses were possible.
Interviews and Focus Groups
Each participant articulated a unique experience or perspective on youth wellness, but the commonality was that Southern Dakeleh youth disproportionately encounter poverty, trauma, and marginalization. However, the youth are remarkably resilient as they cope with adversity and look forward to the future. Three overarching themes capture the data from the interviews and focus groups.

Table 2: Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Illustrative quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling and being alone</td>
<td>“I’m different from everyone else cause of my skin colour” (ID 3)</td>
</tr>
<tr>
<td>2. Expectations for themselves (e.g., duty and family responsibilities)</td>
<td>“I usually worry that because I’m at school [my mom] has to do all these things so I feel like guilty almost that I came to school instead of staying home helping her” (ID 26)</td>
</tr>
<tr>
<td>3. Hope and ambition for the future</td>
<td>“I also want to like catch airplanes and go across the world” (ID 32)</td>
</tr>
</tbody>
</table>

Theme 1: Feeling and being alone
Youth described a sense of feeling and being alone. Loneliness is a developmental issue and a leading source of distress that can predispose youth to immediate and long-term negative consequences (Sharabi, Levi, & Margalit, 2012). Loneliness was expressed in various ways and occurred at the individual, interpersonal, and community level. These various forms of loneliness manifested in feelings of alienation at school, being left alone without parenting or guidance, as well as geographic isolation.

Youth described a sense of loneliness in school. Changes at school had recently occurred, including closure of the First Nations room, cancellation of the Carrier language class, and a change in Aboriginal support workers. These changes left youth feeling isolated in a predominantly non-Indigenous school population. Youth were acutely aware of the differences between Indigenous and non-Indigenous peers. One youth described an interaction with a teacher that left her feeling targeted and stereotyped, as expressed in the following excerpt:

“they assume that you are special needs or something...I don’t know he just like said it in a way that he thought I was like retarded or something” (ID 2).

When asked about their experiences at school, youth discussed looking different than their peers, “I’m different from everyone else cause of my skin colour” (ID 3) and “in the class it was basically all like the non-coloured people so it just felt like, I felt like I was like just alone and everyone judging me” (ID 6). This quote also suggested that differences in appearance contributed to youths’ feelings of loneliness. The previous cultural supports (e.g., First Nations room,
Carrier language class, Aboriginal support workers) within the school had provided the youth with a sense of connection. Youth described feelings of loneliness, isolation, and judgement within non-Indigenous crowds. Feelings of loneliness at school stemmed from removal of Indigenous cultural supports but also the experience of overt exclusion from the school community.

Many youth discussed feeling uncomfortable in large groups and some described feeling anxious, “it gave me a lot of anxiety because there was so many people” (ID 32) and “I didn't really like [school], there was like a lot of people, like really crowded” (ID 13). Youth discussed a lack of safe uncrowded space in school:

“There's a youth group at [school] but … I'm like basically the only like older kid that ever goes there, no other older kids go there, cause like they find it like embarrassing or whatever, it's not just their thing. So I like think if they made it more welcome for older kids to go on there, like have things for them to do and not just like building blocks and stuff for the little kids you know what I mean, like make it more of an environment for everyone and like oh that sounds fun, like I want to go there. And not just have to go there because you have to, you know” (GD ID 11 & 14).

The lack of safe spaces, recreational activities, and youth services was echoed by other community members as contributor to youth loneliness, “There's not enough activities going on out there, I can tell you that” (ID1-band) and “there needs to be a culturally-sensitive youth centre in [location]. First and foremost they need a safe place to go. Right, I guess essentially a one-stop shop right” (ID 2-band).

Youth described instances of being alone without appropriate parenting. Families continue to experience the intergenerational effects of colonialism, residential schools, and colonization:

“And that comes from their generation……cause they went through all of that, they went through a lot of physical, mental, they went through all the abuse there is and they still feel the effects of that. Regardless they still get triggered you know a lot of [youth]…and it's obviously felt through the families.” (ID 1B)

Youth expressed being left alone without parenting or guidance. These experiences lead to some youth becoming fiercely independent, not relying on family or peers, “I don't really like to rely on people… I like to do stuff myself and get it done… it's more like do it by yourself to get it done… I'm independent so I get up and do it myself” (ID 5). Many young people described having to wake themselves up in the morning, get ready for school, and be conscious
of transportation. Youth must navigate daily decision-making and problem solving often without parental guidance. One youth related an experience of drinking with her mom instead of attending school:

[My mom] did want me to go to school and do good things with my life but she didn’t reinforce it, she didn’t wake me up every day and say you have to go to school. When I slept in she said well you should go to school but if you don’t want to that’s fine. And then we would go about our day and then end up drinking together and not having like the best time really...we’ve gotten to the point where she knows that I don’t drink and I don’t do drugs and yah she knows pretty much like my terms of being around her. And that I don’t want to be a part of what she does. (ID 4)

This youth expressed insight, maturity, and recognized their need for autonomy.

All three Southern Dakelh First Nations encounter varying geographic isolation, but especially Lhoosk’uz Dene and Nazko First Nations. Nazko youth are required to take a two-hour, two bus commute into Quesnel twice daily. The experience is challenging. Youth discussed the geographic isolation, along with lack of adequate services rural communities encounter, “I feel like [my cousin] struggles to come to school because of the buses” (ID 5). One student discussed the impact of the commute on her learning, “I’m always so tired and I can’t focus at all” (ID 25). A school staff member described how desolate the commute can be:

It’s an hour and a half bus ride, so if it’s 40 below and the buses are shut down at -32, in Nazko nobody comes, but school goes on here cause it’s not as cold here. For those kids that’s a long bus ride, they’re getting up and it’s dark. They get here, they get back on the bus it’s dark when they get home. (ID 1S)

There is also a lack of accessible community activities for youth. Many activities require transportation and fees, “well there’s not really a lot of options to really do like bowling is expensive” (ID 27) and “I just don’t really get to do [activities] cause it’s not offered in this [reserve] community” (ID 6) and “I feel like there should be stuff for older kids or teenagers too, especially because we get bored too out there” (ID 25).

Community members also described how public transportation to where youth live either do not extend to their communities or that school buses could only be allocated once per week, “So the lack of being able to be involved in activities, it’s horrible, it’s horrible... Yah, like have one of the school buses allocated once a week, again only once a week, so that the kids can be
involved in several different activities. I don’t know why they don’t have an extra bus that will stay later and take the kids home later” (IDS-band). Youth are missing opportunities to foster a sense of belonging, connect with others meaningful ways, and avoid the negative consequences of boredom (e.g., substance use).

**Theme 2: Expectations of themselves (e.g., duty and family responsibilities)**
Youth expressed pride and purpose in carrying out these family duties, though they also felt obligated to carry out duties at home. One youth described this obligation to family, “I usually worry that because I’m at school [my mom] has to do all these things so I feel like guilty almost that I came to school instead of staying home helping her” (ID 26). This quote demonstrates the tensions between expectations of themselves to be a responsible family member and continue their education. Young people frequently described caring for younger siblings and babysitting for family members. Young people have expectations of themselves, “I want to like be a good role model for my siblings cause I have like five others, younger ones and that yah. I just don’t want them like turning towards [drugs and alcohol] so I try to lead them in a different direction” (ID 5). This quote also indicated their duty and desire to be responsible and guide younger family members.

Band members alluded to circumstances that impacted school attendance, “When you’re talking about with people with addictions or mental illness in our communities, there’s many things going on there and you know I’m not going to say they have mental illness but because of their past and residential school and colonization, a lot of them haven’t healed over those things, they sort have been passed down from generation to generation” (ID 1-band). This quote and the next quote suggest ongoing intergenerational trauma that affects youth’s mental health: “I would say with [location] I would probably say 95% of the youth have been abused in some form” (ID 2-band). Youth described valuing one-on-one attention and trusted staff members at school; however, family responsibilities and their mental health posed a challenge to school attendance and focus.

As reported in the strengths assessment section, youth drew strength from their family, as contributing members responsible for care for their siblings. Band members expressed how difficult it is for youth who have experienced abuse to be supported due to contextual factors including fear of being responsible for splitting up their family. “Oh yah lots of secrecy and lots of things…we are dealing with a lot of sexual abuse and staff… How could you deal with it? Very sensitively. Or just very bluntly you know. Like I say very much lots of people don’t want to talk about it. Nobody wants to raise those issues, there’s a lot of shame, a lot of you know what goes with that, either we could speak about it very bluntly if somebody can” (ID 3-band).
Theme 3: Hope and ambition for the future

The youth are resilient. They expressed having hope for the future, "I have like a whole bunch of things that I want to do" (ID 9). Many youth discussed wanting to travel "all over the world" (ID 27) and "I also want to like catch airplanes and go across the world" (ID 32). The curiosity youth expressed demonstrated an interest and excitement for the future. They were goal-oriented and ambitious. One student described how she stayed positive, "just think of what you're going to be doing in the future and accomplish that goal" (ID 23). Many youth discussed future plans to undertake post-secondary courses and follow family members into employment fields. Youth expressed feelings of pride and motivation when family succeeded in employment. Education and employment opportunities are important to them. Young people understood the importance of education, "I was hoping to get into a college like to be in hospitality" (ID 4). One youth discussed the connection between employment and future wellness, "I just think that I really need an education and stuff... I want my life to like be good when I'm older and stuff and want to get a good job, for like my dream job and stuff" (ID 20).

Youth also expressed wanting to establish a connection with their culture, "I like that I'm learning something about my own culture" (ID 9) and "I just like being connected to my culture" (ID 3). Youth described feeling proud when participating in cultural activities like powwows, hunting, drumming and fishing. One student described the importance of culture, "I want my kids to, if I ever have them, if like to learn the language... I guess learning how to hunt and making drums... it makes them feel they're a part of something" (ID 20).

Youth are hopeful and future focused; however, young people need to be supported, in particular with their mental health. Youth expressed a variety of mental health issues including anxiety and depression. One student expressed that she thought "nobody's actually listening or hearing them or trying to help them with it... [and it's] intimidating to go to healthcare staff" (ID 9). Youth need supports and information on important issues like "dealing with self-harm, knowing the resources" (ID 13). Young people were aware of mental health stigma and wanted to learn, "more like about what's going on in the now like more about depression and anxiety or like how to understand it more and stop the stigma" (ID 18). One youth discussed how she perceived mental health issues, "I think it's really taboo that nobody wants to talk about" (ID 13). Youth described wanting to destigmatize mental health issues and be empowered with knowledge about their own health.
Interpretation

Many youth from the Southern Dakelh Nations and community members participated in the project. Compared to youth across SD 28, participants report more mental health challenges. Three overarching themes arose from the needs assessment. Youth expressed feeling and being alone on their journey to complete high school; they shoulder high expectations of themselves to succeed and care for their families; and they have hope and ambition for their futures. Family and connection to cultural traditions are a large source of strength for youth. Similar to most youth, friend groups are a source of strength which they draw from to get through high school. Resources for youth include school Aboriginal support workers, councillors, and teachers, as well as supports within the bands.

These youth have not experienced the overt trauma of residential school, racism, and discrimination. However, they frequently experience the effects of intergenerational trauma with few safe places or people to help them heal. Recent changes within schools, which were made only after lengthy consideration, symbolically contribute to their already high sense of loneliness, lack of outward confidence and lack of a safe space.

Family life can be chaotic due to managing younger siblings’ needs, food insecurity, and parents who are themselves experiencing marginalizing conditions (e.g. social, political and economic conditions that contribute to health and healthcare inequities). These factors, along with lack of transportation, make it challenging for youth to participate in extra-curricular activities. Moreover, when youth leave school concentrating and completing homework can be challenging due to their family responsibilities (some of which are self-imposed).

Youth expressed anxiety and worry about the future. Their routine of going to school, doing homework and spending time interacting with friends is ending as they become young adults. Youth reported experiencing high levels of anxiety and stress due to events occurring outside of school. Often they are unable to attend school reliably due to these circumstances (e.g. parents do not wake them up, bus does not pick them up promptly or stops service due to weather, family responsibilities, mental health issues), and some have challenges completing homework and focusing in class.

Although Dakelh youth encounter challenges, these youth are resilient. Some youth discussed ways they cope and manage stress, including healthy relaxation techniques like colouring, drawing, and writing. They have ambition and are motivated to pursue education and employment goals. Youth discussed attending university and seeking employment in a variety of fields (e.g. firefighting, culinary, hospitality, and teaching). Young people are especially drawn to careers...
held by family members. They expressed pride when discussing the careers their parents and siblings chose. Youth have a desire to travel and learn new things. They are interested in learning about their culture. Youth expressed feeling proud and connected when participating in powwows, ceremonies, and hunting. Youth have respect for Elders and a yearning to gain cultural skills and knowledge. Despite the challenges youth encounter, many expressed wanting to help their families and community. Dakelh youth are hopeful, ambitious, and embrace the possibilities of the future.

Cautions
Youth were difficult to locate and contact due to a lack of cellular connectivity, and transient residential status, e.g., "couch surfing." It was especially difficult to recruit male participants, youth that dropped out of school and youth that had already graduated from high school. In an effort to engage our participants and build rapport, pizza nights were held in collaboration with each band. Guidance was sought from Elders within the community and key stakeholders to connect with these youth; however, recruiting this population remained a challenge. Another limitation was the short timeline for this community-based study. Some youth were guarded and difficult to engage during the interview process. Additional time in the field would have allowed for more opportunities to build trusting relationships with youth and further connect with members living in the rural reserve communities. Despite these limitations, the findings offer insight on the needs of youth and provide guidance for future programming through QDEES, School District 28, and the bands.
Potential Next Steps

Potential next steps to support the youth of the Southern Dakelh Nations include:

- Creating a Southern Dakelh youth advisory committee to provide input and develop solutions to address school challenges: safe space, de-stressing and centering strategies (e.g. drumming, smudging, blanket ceremony), safe people (e.g. elders visiting in schools), and transportation.

- Development and implementation of empowerment and mentorship initiatives specifically geared at youth to help address loneliness, healing from intergenerational trauma, build self-confidence, learn about culture, and build healthy relationships. Empowerment strategies would support building confidence and self-determination by recognizing strengths within young people and the community. Mentorship provides healthy role models to support and guide to youth. The community possesses many resources, individuals and organizations that can be mobilized for future initiatives to support youth. Example of initiatives might include youth sports team, preparing for powwows, community fieldtrips, cultural programming, engagement with Elders and healthy adults in the community etc. These initiatives will likely need to be tailored to address youth needs.

- Re-instituting school-band liaison to assist in coordination of resources for youth (e.g. attendance at school, mental health counsellors, after school and weekend youth activities).

- Working with schools to develop cultural extracurricular activities to enable learning across all students.
References


Appendix 1: Survey Instrument

The Building Strength Questionnaire is based on the BC Adolescent Health Survey (McCreary Centre Society, 2018).

<table>
<thead>
<tr>
<th>Ques.</th>
<th>Variables</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Gender</td>
<td>Male, Female, Other (specify), Prefer not to say</td>
</tr>
<tr>
<td>Q2</td>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td>What grade are you in?</td>
<td></td>
</tr>
<tr>
<td>Q4</td>
<td>Are you enrolled?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Q5</td>
<td>Which ethnicity do you identify?</td>
<td>European, East Asian, South Asian, Indigenous, Southeast Asian, Latin/South/Central American, West Asian, African, Australian/Pacific Islander, Don’t know, Other</td>
</tr>
</tbody>
</table>

The sixth question asks about your living situation. Please, you may choose more than one response by ticking 00 in the provided box.

| Q6    | Who do you live with most of the time? | Mother/stepmother, Father/stepfather, Two mothers or two fathers, Grandparent(s), Foster parent(s), Siblings/step-siblings, Own child or own children, Other children or youth, Other related adults, Other unrelated adults, Live alone, Live with both parents at different times |

Questions 7 to 13 focus on mental health and well-being. Tick where appropriate in the provided box.

<p>| Q7    | How do you rate your mental health? | Excellent, Good, Poor |
| Q8    | Which of the following health conditions have you experienced in the last year? | Anxiety disorder, panic attack, Depression, Attention deficit/hyperactivity disorder (AD/HD), Post-Traumatic Stress Disorder (PTSD), Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder (FASD) |
| Q9    | How often were you happy in the last month? | All the time, Most of the time, Some of the time, Little of the time, Never |
| Q10   | How stressed were you in the last month? | Very stressed in such way I could not work properly, Somewhat stressed, Less-stressed, Not stressed |
| Q11   | To what extent did you feel despair or hopeless in the last month? | Very despaired in such way I did not want to work, Somewhat despairing, Little despairing, Never felt despairing |
| Q12   | Have you accessed mental health services when you needed in the last year? | Yes, No |</p>
<table>
<thead>
<tr>
<th>Ques.</th>
<th>Variables</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q13</td>
<td>Which of the following reasons of missing mental health services you needed in the last year? (You may choose more than one response)</td>
<td>Thinking or hoping that the problem would go away. Did not want parents to know. Did not know where to go. Afraid of what I would be told. Afraid someone I know might see me. Too busy to go. Did not think I could afford it. Had prior negative experience. Parent/guardian would not take me. Had no transportation. Could not go when it was open. On a waiting list. The service was unavailable in my community. Other (specify).</td>
</tr>
</tbody>
</table>

Questions 14 to 17 focus on transportation. Please, tick with X in the appropriate box.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q15</td>
<td>How often have you missed class in the last month because of lack of transportation?</td>
<td>Once. Twice. Three times. More than 3 times.</td>
</tr>
<tr>
<td>Q16</td>
<td>How long does it take to get to school from home?</td>
<td>Less than 30 minutes. 30 minutes - 1 hour. 1 hour - 2 hours. 2 hours and more.</td>
</tr>
<tr>
<td>Q17</td>
<td>How often have you missed extra-curricular activities in the last month because of lack of transportation?</td>
<td>Once. Twice. Three times. More than 3 times.</td>
</tr>
</tbody>
</table>

Questions 18 to 20 focus on nutrition. Please, choose the statement that describes you the best.

|-------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

Questions 21 to 27 focus on risks to health development. Please, choose the appropriate response that describes you the best.

<table>
<thead>
<tr>
<th>Q21</th>
<th>How often did you go to bed hungry last year?</th>
<th>Always. Often. Sometimes. Never.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q22</td>
<td>Which of the following items do you lack but wish to have? (You may choose more than one response)</td>
<td>Money for self. Smartphone. Space of their own to hang out in. Money for school supplies, trips. Lunch for school. Money for lunch. Access to transport. Equipment/clothes for extracurricular activities. Clothes to fit in. Quiet place to sleep. Access to internet.</td>
</tr>
<tr>
<td>Q23</td>
<td>Have you been discriminated in the last year?</td>
<td>Yes. No.</td>
</tr>
<tr>
<td>Q24</td>
<td>Have you been teased in such a way you felt sad/extremely uncomfortable in the last year?</td>
<td>Yes. No.</td>
</tr>
<tr>
<td>Q25</td>
<td>Have you been physically attacked to or from school?</td>
<td>Yes. No.</td>
</tr>
<tr>
<td>Q26</td>
<td>Have you engaged in bullying someone in the last year?</td>
<td>Yes. No.</td>
</tr>
<tr>
<td>Q27</td>
<td>Did you carry a weapon to school last month?</td>
<td>Yes. No.</td>
</tr>
</tbody>
</table>

Questions 28 to 46 focus on supporting health development. Please, choose the best response by ticking X in the provided box.

<table>
<thead>
<tr>
<th>Q28</th>
<th>Does your family understand you?</th>
<th>Yes. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q29</td>
<td>Does your family have fun together with you?</td>
<td>Yes. No.</td>
</tr>
<tr>
<td>Ques.</td>
<td>Variables</td>
<td>Attributes</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Q30</td>
<td>Does your family respect you?</td>
<td>Yes, No</td>
</tr>
<tr>
<td></td>
<td><strong>To what extent do you agree with the following statements?</strong></td>
<td></td>
</tr>
<tr>
<td>Q31</td>
<td>I feel like I am part of my school</td>
<td>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</td>
</tr>
<tr>
<td>Q32</td>
<td>What is your educational plan?</td>
<td>Finishing high school, Plan to go on to post-second, any education I do not plan to finish high school, I did not think about it, I do not know</td>
</tr>
<tr>
<td>Q33</td>
<td>Which of the following reasons are why you missed class last month? (You may choose more than one response)</td>
<td>Illness, Appointments, Skipping class, Slept in, Other school responsibilities, Mental health (e.g., anxiety, depression), Family responsibilities, No transportation, Work, Bullying, Drugs use, Alcohol use</td>
</tr>
<tr>
<td>Q34</td>
<td>How much do you feel connected to your community?</td>
<td>Very much connected, Somewhat connected, Little connected, Not at all connected</td>
</tr>
<tr>
<td>Q35</td>
<td>How much do you feel safe in your neighborhood?</td>
<td>Very safe, Somewhat safe, Unsafe, Very unsafe</td>
</tr>
<tr>
<td>Q36</td>
<td>Is there any adult in your neighborhood or community—outside your family or school—who really cared about you?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Q37</td>
<td>Do you have a close friend?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Q38</td>
<td>Would your friend be upset with you if you drop out of school?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Q39</td>
<td>Would your friends be upset with you if you get pregnant or got someone pregnant?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Q40</td>
<td>Would your friend be upset with you if you beat someone up?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Q41</td>
<td>Would your friend be upset with you if you use marijuana?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Q42</td>
<td>Would your friend be upset with you if you got drunk?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Q43</td>
<td>Do you have an adult person in your family you may talk to when you have a serious problem?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Q44</td>
<td>Do you have an adult person outside your family you may talk to when you have serious problem?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Q45</td>
<td>Who did you approach for help in the last year? (You may choose more than one response)</td>
<td>Family member, Teacher, Doctor, Nurse, Sport coach, School counsellor, Spiritual leader, School staff (other than teacher, counsellor, or Aboriginal Education Worker), Friend's parent, Mental health counsellor, Youth worker, Social worker, Aboriginal Education worker, Indigenous Elder</td>
</tr>
<tr>
<td>Q46</td>
<td>How do you appreciate the support you got when you requested it?</td>
<td>Very helpful, Helpful, Somewhat helpful, Not helpful at all, I did not request a help</td>
</tr>
</tbody>
</table>

**Questions 47 and 48 focus on access to health services:**

<p>| Q47   | Where did you get healthcare services when you needed last year? (You may choose more than one response) | Family doctor, Walk-in clinic, Emergency room (ER), Counsellor/psychologist, Nurse, Youth clinic, School wellness centre, Traditional healer |</p>
<table>
<thead>
<tr>
<th>Ques.</th>
<th>Variables</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>Did you get health-care services you needed?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Questions 49 to 55 focus on resilience and quality of life.*

<table>
<thead>
<tr>
<th>Q49</th>
<th>How would you rate your quality of life?</th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Bad</th>
<th>Very Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q50</td>
<td>How would you rate your hope about the future?</td>
<td>Very hopeful</td>
<td>Quite a bit hopeful</td>
<td>Somewhat hopeful</td>
<td>A little hopeful</td>
<td>Not at all hopeful</td>
</tr>
<tr>
<td>Q51</td>
<td>How do you feel confident about yourself?</td>
<td>Very confident</td>
<td>Confident</td>
<td>Somewhat confident</td>
<td>A little confident</td>
<td>Not at all confident</td>
</tr>
<tr>
<td>Q52</td>
<td>How often do you push yourself to achieve your goals?</td>
<td>Always</td>
<td>Very often</td>
<td>Sometimes</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Q53</td>
<td>How often do you feel the activities you engage in are meaningful?</td>
<td>Always</td>
<td>Very often</td>
<td>Sometimes</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Q54</td>
<td>How often do you feel your ideas are listened and considered?</td>
<td>Always</td>
<td>Very often</td>
<td>Sometimes</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Q55</td>
<td>How important is your spirituality?</td>
<td>Very important</td>
<td>Important</td>
<td>Somewhat important</td>
<td>Little important</td>
<td>Not important</td>
</tr>
</tbody>
</table>
Appendix 2: Strengths Assessment Worksheets

The Stay Strong Plan worksheets are an Aboriginal-designed assessment tool developed in Australia (Thunderbird Partnership Society).

NAME ___________________________ DATE ___________________________

DATE OF BIRTH: ___________________________ MONTH DAY YEAR

STAY STRONG PLAN

Step 1
People that help to keep me strong (family, friends, elders, carers)

FAMILY AND FRIENDS

YOU

I trust this person to give advice about my treatment: ___________________________
What keeps us strong?

Step 2
Things that help to keep me strong (spiritual, cultural, physical, family, social, mental and emotional.) Write in strengths.

- SPIRITUAL
  - BELIEFS
  - ART/CRAFTS
  - MEDITATION
- PHYSICAL
  - DANCE
  - EXERCISE
- SOCIAL
  - FAMILY
  - FRIENDS
- EMOTIONAL
  - SUPPORT
  - BEING POSITIVE
  - KNOW ABOUT ILLNESS
  - WORK
  - FOOD
Worries that take my strength away:

**Step 3**

Things that make me feel weak, write them in the circles.

**Step 4. Setting goals**

a) Goals I have for changing my worries:
   - **Goal one:**
     - Step 1
     - Step 2
     - Step 3
   - **Goal two:**
     - Step 1
     - Step 2
     - Step 3

b) Other things to do that help:

1. 
2. 
3. 
4. 

Good things about these goals for change are:

My early warning signs of getting sick again are:
Appendix 3a: Interview Guide for Youth

1. Individual assets
To start, can you draw me a diagram of all the parts of your life that make you feel good or positive? This can include people. It might be a friend, teacher, or family member. This can include skills or talents. It might be personal knowledge, values, or an achievement.
Probes:
   a. Can you tell me about the parts of your life you’ve listed?
   b. Why are they important to you?
   c. What could this community do to better support the things you’ve listed?
   d. Can you tell me about a new activity, skill, or talent you’d like to try? (if so, why/when?)

2. Community assets
Like you just did, could you draw me another diagram, but this time draw me the most important parts of your community, the parts that make you feel good or safe? (e.g., parks, schools, community centres)
Probes:
   a. Can you tell me about the places you’ve listed?
   b. Why are they important to you?

3. Cultural connectedness
Tell me about how youth stay connected with culture.
Probes:
   a. Are there any aspects of culture youth would like to learn more about?
   b. Are there any programs or services that help youth feel more connected to culture?
   c. What could this community do to better help young people stay connected with culture?

4. Education context
Tell me about your experience at school.
Probes:
   a. Can you describe what it’s like to go to high school here?
   b. What aspects of high school work well for you?
   c. Why did those certain aspects stand out for you?
   d. What do you think are the biggest challenges for young people in high school here?
   e. What could this community do to better help young people with these challenges?
5. **Education support**  
Tell us about services, programs, or extracurricular activities in your high school that make young people feel supported.  
Probes:  
   a. What do you like about these services, programs, or extracurricular activities?  
   b. How could the services, programs, or extracurricular activities be improved?  
   c. What would you like to see offered in your high school that would support youth?  

6. **Post-secondary education goals**  
What post-secondary educational programs, training, or certifications are you interested in?  
Probes:  
   a. Did anything or anyone prompt this future goal? (if so, who/how?)  
   b. Can you tell me about who or what motivates you to complete this goal?  
   c. What do you think are the biggest challenges for young people in completing post-secondary education goals?  
   d. What could this community do to better help young people with these challenges?  

7. **Employment**  
Tell me about what type of jobs interest you?  
Probes:  
   a. Did anything or anyone prompt this interest (if so, who/how?)  
   b. In high school, what employment supports are helping young people?  
   c. In high school, what supports do young people need for employment?  
   d. After high school, what employment supports are helping young people?  
   e. After high school, what supports do young people need for employment?  
   f. What do you think are the biggest challenges for young people to gain and maintain employment in your community?  
   g. What could this community do to better help young people with these challenges?  

8. **Youth health**  
What do you think affects youth health in your community?  
Probes:  
   a. What are some services youth use?  
   b. How can these services be improved?  
   c. How do young people stay healthy?  
   d. Are there any health topics young people want to learn more about?
Appendix 3b: Interview Guide for non-Youth

1. Community assets
To start, could you tell me about the most important parts of your community, the parts that make youth feel positive or safe? (e.g., parks, schools, community centres)
Probes:
   a. Can you tell me about the places you’ve listed?
   b. Why are they important to youth?

2. Cultural connectedness
Tell me about how youth stay connected with culture?
Probes:
   a. Are there any aspects of culture youth would like to learn more about?
   b. Are there any programs or services that help youth feel more connected to culture?
   c. What could this community do to better help young people stay connected with culture?

3. Education context
Tell me about youth in school.
Probes:
   a. Can you describe what it’s like to go to high school here for youth?
   b. What aspects of high school work well for youth?
   c. Why did those certain aspects stand out?
   d. What do you think are the biggest challenges for young people in high school here?
   e. What could this community do to better help young people with these challenges?

4. Education support
Tell us about services, programs, or extracurricular activities in high school that make young people feel supported.
Probes:
   a. What do you like about these services, programs, or extracurricular activities?
   b. How could the services, programs, or extracurricular activities be improved?
   c. What would you like to see offered in high school that would support youth?
5. Post-secondary education goals
What post-secondary educational programs, training, or certifications are available to youth?
Probes:
   a. What is working well with the programs?
   b. What do you think are the biggest challenges for young people in completing post-secondary education goals?
   c. What could this community do to better help young people with these challenges?

6. Employment
Tell me about what type of jobs are available/interest youth?
Probes:
   a. In high school, what employment supports are helping young people?
   b. In high school, what supports do young people need for employment?
   c. After high school, what employment supports are helping young people?
   d. After high school, what supports do young people need for employment?
   e. What do you think are the biggest challenges for young people to gain and maintain employment in your community?
   f. What could this community do to better help young people with these challenges?

7. Youth health
What do you think affects youth health in your community?
Probes:
   a. What are some services youth use?
   b. How can these services be improved?
   c. How do young people stay healthy?
   d. Are there any health topics young people should learn more about?
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Vancouver, B.C. Canada V6T 1Z3
Email: chspreception@ubc.ca

www.chspr.ubc.ca
Appendix M  Stay Strong Plan

The Stay Strong Plan worksheets are an Aboriginal-designed assessment tool developed in Australia (Thunderbird Partnership Society).

NAME ___________________________ DATE: __________________
DATE OF BIRTH: _______________________________________
MONTH  DAY  YEAR

STAY STRONG PLAN

Step 1  People that help to keep me strong
(family, friends, elders, carers)

FAMILY AND FRIENDS

YOU

I trust this person to give advice about my treatment: ____________________________
What keeps us strong?

Step 2

Things that help to keep me strong (spiritual, cultural, physical, family, social, mental and emotional.) Write in strengths.

SPIRITUAL

BELIEFS

DANCE

SUPPORT

ART/CRAFTS

EXERCISE

FRIENDS

BEING POSITIVE

MEDITATION

FOOD

WORK

SOCIAL

FAMILY

EMOTIONAL

KNOW ABOUT ILLNESS
Step 3
Things that make me feel weak, write them in the circles.

Step 4. Setting goals
a) Goals I have for changing my worries:
   Goal one:
   Step 1
   Step 2
   Step 3

   Goal two:
   Step 1
   Step 2
   Step 3

b) Other things to do that help:
   1.
   2.
   3.
   4.

   Good things about these goals for change are:

   My early warning signs of getting sick again are:
Interview Guide

Building Strength: A Quesnel Dakelh Education & Employment Society Collaboration with the University of British Columbia

1. INDIVIDUAL ASSETS

To start, can you draw me a diagram of all the parts of your life that make you feel good or positive? This can include people. It might be a friend, teacher, or family member. This can include skills or talents. It might be personal knowledge, values, or an achievement.

Probes:
   a. Can you tell me about the parts of your life you’ve listed?
   b. Why are they important to you?
   c. What could this community do to better support the things you’ve listed?
   d. Can you tell me about a new activity, skill, or talent you’d like to try? (If so, why/when?)

2. COMMUNITY ASSETS

Like you just did, could you draw me another diagram, but this time draw me the most important parts of your community, the parts that make you feel good or safe? (e.g., parks, schools, community centers)

Probes:
   a. Can you tell me about the places you’ve listed?
   b. Why are they important to you?

3. CULTURAL CONNECTEDNESS

Tell me about how youth stay connected with culture?

Probes:
   a. Are there any aspects of culture youth would like to learn more about?
   b. Are there any programs or services that help youth feel more connected to culture?
   c. What could this community do to better help young people stay connected with culture?

4. EDUCATION CONTEXT

Tell me about your experience at school.

Probes:
   a. Can you describe what it’s like to go to high school here?
   b. What aspects of high school work well for you?
   c. Why did those certain aspects stand out for you?
   d. What do you think are the biggest challenges for young people in high school here?
   e. What could this community do to better help young people with these challenges?
5. EDUCATION SUPPORT
Tell us about services, programs, or extracurricular activities in your high school that make young people feel supported.
Probes:
  a. What do you like about these services, programs, or extracurricular activities?
  b. How could the services, programs, or extracurricular activities be improved?
  c. What would you like to see offered in your high school that would support youth?

6. POST-SECONDARY EDUCATION GOALS
What post-secondary educational programs, training, or certifications are you interested in?
Probes:
  a. Did anything or anyone prompt this future goal? (if so, who/how?)
  b. Can you tell me about who or what motivates you to complete this goal?
  c. What do you think are the biggest challenges for young people in completing post-secondary education goals?
  d. What could this community do to better help young people with these challenges?

7. EMPLOYMENT
Tell me about what type of jobs interest you are interested in?
Probes:
  a. Did anything or anyone prompt this interest (if so, who/how?)
  b. In high school, what employment supports are helping young people?
  c. In high school, what supports do young people need for employment?
  d. After high school, what employment supports are helping young people?
  e. After high school, what supports do young people need for employment?
  f. What do you think are the biggest challenges for young people to gain and maintain employment in your community?
  g. What could this community do to better help young people with these challenges?

8. YOUTH HEALTH
What do you think effect youth health in your community?
Probes:
  a. What are some services youth use?
  b. How can these services be improved?
  c. How do young people stay healthy?
  d. Are there any health topics young people want to learn more about?
Appendix O  Debriefing Handout and List of Local Providers

Study Title
Building Strength: A Quesnel Dakelh Education & Employment Society Collaboration with the University of British Columbia

Principal Investigators
Sabrina Wong – Professor, School of Nursing, University of British Columbia,

Co-Investigators
Emily Jenkins – Assistant Professor, School of Nursing, University of British Columbia
Lerato Chondoma – Director, Indigenous Research Support Initiative, University of British Columbia
Allan Okabe – CEO, Quesnel Dakelh Education & Employment Society
Innocent Ndabebi – Graduate Student, School of Nursing, University of British Columbia
Veena Mudaliar – Graduate Student, School of Nursing, University of British Columbia

Thank you for participating in our project. We are doing a study to learn how to help young people from the three Southern Dakelh First Nations. We are asking you to help because we don’t know very much about what young people need to be healthy.

Benefits
If you participate in the project, we hope this information will help find ways the Quesnel Dakelh Education and Employment Society can help young people. What we learn in this project may help you and other young people stay healthy, finish school and obtain a job.

Risks
It is possible you’ll feel uncomfortable because of the personal questions we ask you. We have provided a list of people that can help you. We have procedures in place to keep you safe.

Confidentiality
The information you gave me will be kept confidential. This means that it will be impossible for people to know what you told me. In group interviews, we ask participants not to talk about the interview. We can’t control what other participants say.

If you have questions, or concerns, or would like a copy of the results, please contact Dr. Sabrina Wong [______]. If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at [______] or if long distance e-mail [______].
Resources

1. Mental Health and Addictions Clinician

2. School District 28 Counsellor

3. Quesnel Tillicum Society Native Friendship Centre

4. Quesnel Tillicum Society Native Friendship Centre
   Fetal Alcohol & Drug Effects FASD/E Coordinator

5. Aboriginal Patient Liaison
6. Child & Family Services Office

7. Options for Sexual Health

8. Crisis line

9. Trans Lifeline

10. Native Youth Crisis Hotline

11. KUU-US Crisis response services

12. Kids Help Phone, text-based crisis support:
Appendix P  Distress and Suicide Protocol

The Distress and Suicide Protocol for Research Team Members

1. When should the protocol be followed?

The distress and suicidal protocol will be followed in cases where an individual participant indicates experiencing significant distress include, but are not limited to:

- the participant’s mood is deteriorating (without thoughts of harming self)
- the participant has extremely low mood and thoughts of ending their life (these thoughts may be fleeting or be regular)
- the participant, in addition to having thoughts of ending their life, may also have plans in place for suicide
- the participant has experienced recent loss or trauma
- the participant’s friend or family express concern for the participant

The highest risk is for those individuals who have thoughts of killing themselves, plans in place as to how they would do so, and the means (e.g. knives, a rope, drugs) by which to end their life.

2. What is the overall purpose and importance of the protocol?

The aim of this guide is to assist research staff in dealing with these scenarios, to provide procedures that ensure staff are supported by researchers/clinicians, and to ensure the safety of participants. These discussions can be distressing and unsettling; if you experience feelings you want to talk about, reach out to a trusted colleague to debrief.

The principal investigator must be notified so they can follow up with the participant, to be assessed for their risk of suicide. Even if the participant is made ineligible for the study, individuals must receive follow up.

3. General guidance to users of the protocol:

- Address the participant in a calm and respectful manner and let the participant know that you take their concerns seriously and give them high importance.
- Avoid responding too quickly or with anxiety. Speak in a compassionate tone and allow for silences from the participant. Rather than saying, “So you’ve got plans?” or “So you’ve got things at home with you?” validate what the person has told you and reflect back to them what they have said. E.g. “So you think about killing yourself every day and these kinds of thoughts are happening constantly? And when you have these thoughts, they scare you?
- Let the person know that you are employed as a researcher or are a research student etc. and that as such you are not in a position to provide a clinical/ therapeutic service. However, explain that it is your role to contact a person who will be able to help.
- Try to anticipate any likely obstacle to help-seeking (e.g., clinician is engaged) and discuss how the person can manage those (e.g., give at least 3 referrals to mental health services).
4. The steps to be followed:

I. Acknowledge the person’s distress and offer information, e.g.:
   - All the information gathered as part of this study is confidential, but any time when we are really concerned for somebody’s mood or their safety, we have a duty to tell a clinician/health care worker so that they can be in contact with you.
   - I'm concerned about you, so I want to give you information on resources that are available to receive support and help and so you can have them for future reference.
   - I'm going to contact one of our clinicians/researchers on the project to call you. Someone will contact you as soon as possible. If you feel you want to talk to someone in the meantime it might be helpful to make an appointment with your doctor or contact a telephone service such as Crisis Centre 24/7 at 1-800-784-2433
   - Provide referrals that are appropriate to the participant’s location and/or situation, e.g. Quesnel child and youth mental health services or school counsellor

II. Be prepared for a variety of responses. Some participants will say nothing, others will express relief, and others will express further hopelessness: e.g.:
   - “I've tried calling x before and it didn’t help.” or “Well, if I call they'll just tell me to have a rest or something.”

III. There are always good reasons for their so-called resistance. Say to them:
   - I know everything feels helpless now. I'm just really glad you told me about this and I'm happy I can hopefully get you some support.

IV. Explain that they will receive a call from the child and youth mental health clinician. Be transparent. Say that you will explain the conversation to the clinician. Explain what the participant can expect, e.g.:
   - The clinician will call you to get a better idea about a plan of how to keep you safe.

V. If you feel that the person is at risk of harming themselves, has just harmed themselves, or plans to harm themselves within a short time frame (e.g., within the next few hours or even days):
   - If you are able and it seems appropriate, inform the participant that you are seeking immediate medical attention on their behalf. Call 911 and provide details of the emergency.
   - Explain that in this situation you also have to call the Principal Investigator
VI. Fill in a Suicide/Distress Checklist Report listed below and notify the Principal Investigator and/or the Study Physician

Suicide/Distress Checklist Report:
- The report should be completed for each participant who matches the criteria listed in #1.
- Note the time, date, context (in-person or phone interview, etc.) and the information you have provided to the participant and what other actions you have taken.
- Contact the Principal Investigator as soon as possible and provide the relevant details so follow-up can be undertaken immediately.

VII. Describe under what circumstances an incident report needs to be attached to the ethics application (by whom, appropriate time frame, details to include).

- An incident report needs to be attached to the ethics application by the Principal Investigator Dr. Sabrina Wong within one week of the incident. Details will include the time, date, context, actions that were taken at the time of the incident and any follow-up actions. As well as an update on the current status of the individual.