

INDIGENOUS GRANDMOTHERS RAISING GRANDCHILDREN

**Exploring the Lived Experiences of Indigenous Grandmothers Raising Grandchildren in
the Kinship Care Program of the Child Welfare System:
Digital Storytelling Rooted in an Indigenous Research Paradigm**

by

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Abstract

A growing number of Indigenous grandmothers care for their grandchildren in the Indigenous Child and Family Services (CFS) Authorities in Manitoba, Canada. These grandmothers often face complex issues in addition to being economically and socially disadvantaged. This study explored the lived experiences of Indigenous grandmothers raising their grandchildren within the *Kinship Care Program* of the CFS Authorities. The objectives of the study were: (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent CFS contributes to grandmothers' health and well-being, and (3) to explore grandmothers' perspectives on how they might want to be involved in CFS policy and practice changes and in CFS governance. The *Two-Eyed Seeing* conceptual model embedded in an Indigenous research paradigm, and storytelling as methodology, combined with digital storytelling as method, facilitated the authentic engagement of grandmothers. Recruitment of knowledge holders/Indigenous grandmothers was challenging; two Indigenous grandmothers participated in the study. Both knowledge holders/Indigenous grandmothers created a digital story, shared their digital story in a follow up semi-structured interview, as well as during the talking circle, contributing over 80 hours to the study. Two Indigenous key informants volunteered to participate in an individual one-hour semi-structured interview, viewed the digital stories, and participated in the talking circle with 5 to 6 hours of engagement each. Additional data sources included my reflective journals and field notes. Indigenous ceremony, informal and formal conversations, and the talking circle facilitated meaning-making. The prioritization of Indigenous grandmothers' situated knowledge and the meaning-making process gave way to surprising and disturbing findings. It became apparent that there was a collective and powerful story in the unspoken stories; the omnipotent fear of the child welfare system, reliving the past and present traumas of colonization, and fear of exploitation and harm was at the forefront. The

ever-present disempowerment of Indigenous grandmothers in the CSF system serves to perpetuate grandmothers' profound loss and grief, giving up of self, feelings of guilt and shame, and further silences the voices of grandmothers. Disempowerment is further reinforced, by depriving grandmothers and their families of needed psychosocial support and services. As such, Indigenous grandmothers experience fear as a constant companion, fear inhabits their daily lives; it is relentless and can be overpowering. Notwithstanding, Indigenous grandmothers/participants demonstrated resiliency, empowerment, and hope as they reclaimed Indigenous womanhood. This study highlights the urgent need for the involvement of Indigenous grandmothers at the helm of CFS governance, policy, and practice changes.

Acknowledgements

In this land acknowledgement, I wish to honour Indigenous women/grandmothers by quoting an excerpt of the Story of Grandmother Turtle by Paula Gunn-Allen (1986):

“on the body of grandmother Turtle, earth-island is formed ... the shell of the turtle is one of the hard substances connected to Hard Beings of women (p. 15)”.

I would like to acknowledge my Thesis Advisory Committee members in their unwavering support as I walked through the PhD journey. It has felt like years in the making, and indeed it was!

My deepest appreciation and gratitude to my thesis advisor Dr. Christina West; she was always there for me. Thank you for your patience, your understanding, your flexibility, and your support. You have listened, care, and stayed with me as I doubted, questioned, and challenged you. You helped me stay the course. I will always remember your kind words and compassion. No words can truly express the gratitude that I feel.

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And most importantly, to the two Indigenous grandmothers/knowledge holders/research partners who contributed endless hours (approximately 80 hours) in this study, I offer my profound gratitude. Their commitment to the creation of their digital stories, their participation in the one-on-one conversations/interviews, and their involvement in the talking circle went beyond expectations. Their contributions to this study were invaluable; their courage, determination, and knowledge sharing has paved the way for other grandmothers to share their stories. Thank you as well to the two Indigenous key informants who shared their insights through interviews and the talking circle.

Dedication

This work is dedicated to all grandmothers who have had and continue to have the courage to raise their grandchildren. It is indeed a noble stance!

I also dedicate this work to my own grandchildren. It is because of their involvement in my life that I have devoted these last few years to researching the lived experiences of grandmothers raising their grandchildren in the child welfare system. These have been challenging years, but we have come through with more resiliency than ever thought possible.

I dedicate this work to my own children who have walked with me through this journey of raising my grandchildren within the Kinship Care Program of the General Authority Child and Family Services of Winnipeg, Manitoba. They have understood, experienced my pain, suffering, and devastation. They have also been there for support, love, and the celebrations.

Lastly, I dedicate this work to my mother who has recently passed. She was at times frustrated that I did not visit often enough during these last few years. She struggled to understand why the time spent on this study was so important to me. She was thrilled when I informed her that I had submitted the first draft of my dissertation. At 105 years old, just a few weeks prior to her passing, we engaged in a long discussion about my research. She was enthralled by the topic and eager to discuss the findings of the study. My mother was my greatest supporter, my companion, and my rock through every step of the doctoral process ... with love and gratitude.

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Contribution of Authors

This dissertation is a sandwich or grouped manuscript style thesis with chapters 2, 3, and 4 being prepared for publications. The following describes the title of the manuscripts with their corresponding chapters, as well as the authors' contributions.

Chapter 2: Literature Review Manuscript

Where are the grandmothers in the child welfare system? Reclaiming, re-constructing, and re-defining the framework for Indigenous children's well-being

Author contributions:

Suzanne Nicolas (Thesis author): Literature review, writing of original draft, and preparation for publication

Christina West: Supervision, review and editing, and approval of final draft version of manuscript

Donna Martin: Review, editing, and approval of final draft version of manuscript

Marlyn Bennett: Review, editing, and approval of final draft version of manuscript

Mary Wilson: Review, editing, and approval of final draft version of manuscript

Chapter 3: Methodology Manuscript

Choosing the margins: Choosing research paradigm and methodology to honour the stories of the invisible victims of colonization'

Author contributions:

Suzanne Nicolas (Thesis author): Study conception and design, writing of original draft, and preparation for publication

Christina West: Supervision, study conception and design, review, editing, and approval of final draft version of manuscript

Donna Martin: Study conception and design, review, editing, and approval of final draft version of manuscript

Marlyn Bennett: Study conception and design, review, editing, and approval of final draft version of manuscript

Mary Wilson: Review, editing, and approval of final draft version of manuscript

Chapter 4: Findings Manuscript

A collective story in the unspoken stories: Raising grandchildren in Indigenous child welfare agencies'

Author contributions:

Suzanne Nicolas (Thesis author): Study conception and design, data collection, analysis and interpretation of findings, writing of original draft, and preparation for publication

Christina West: Supervision, review, editing, and approval of final draft version of manuscript

Donna Martin: Review, editing, and approval of final draft version of manuscript

Marlyn Bennett: Review, editing, and approval of final draft version of manuscript

Mary Wilson: Review, editing, and approval of final draft version of manuscript

Chapter I: Introduction

The introductory chapter of this paper-based thesis provides an overview of my qualitative research on the lived experience of Indigenous grandmothers raising grandchildren in the context of Child and Family Services (CFS). The term Indigenous is inclusive of First Nations, Metis, and Inuit People (Government of Canada, 2019).

The background section of this first chapter, consisting of the conceptual model and a literature review, serves to ground the study, so as to prioritize Indigenous worldview and Indigenous ways of knowing. The literature review gathers the current state of knowledge regarding Indigenous grandmothers raising their grandchildren in the *Kinship Care Program* of child welfare agencies in Manitoba and other Canadian and International child welfare organizations. I then take a moment to discuss my positionality and social location in regard to this study. Thereafter the purpose and objectives of my study are clearly delineated; this sets the stage for a discussion on the conceptual model, the choice of research paradigm and methodology.

The rationale and relevance of integrating the *Two-Eyed Seeing* conceptual model (Marshall, 2014) within an Indigenous research paradigm (IRP) is detailed, emphasizing the theoretical and philosophical underpinnings of this paradigm. Subsequently, digital storytelling as method used in the inquiry process is explicated, reasserting its congruence with traditional Indigenous storytelling practices (Williams et al., 2017) and Indigenous storytelling as methodology. The research design, which flows directly from an IRP, is further summarized. Thereafter, a broad overview of the publishable articles, constituting chapters II, III, and IV of this dissertation and how they relate to one another, is presented; as well, an outline of the

concluding chapter is elaborated. Lastly, key points discussed in the present chapter are summarized to facilitate the transition to the subsequent chapters of the dissertation.

Overview of the Research Topic

Surrogate parenting by grandparents is not a new phenomenon; it has occurred throughout history and typically flows from cultural beliefs, family connectedness, and mutual support (Dolbin-MacNab & Yancura, 2018). Grandparent-led households are one of the fastest-growing family structures around the world (Boam, 2019; Dolbin-MacNab & Yancura, 2018; Fuller-Thomson & Minkler, 2005; Hadfield, 2014; Whitley et al., 2015). Boam (2019) indicates that approximately 2.5 million grandparents worldwide are raising grandchildren both in informal arrangements and through the foster care system. In the United States between 2007 and 2017, close to one-third of children in foster care were in kinship placements, an increase of 16% (Williams & Sepulveda, 2019). In Canada, children being cared for by a grandparent in skipped generation households, increased by 20% from 1991 to 2001 representing close to 33,000 children aged 0 to 14 years (Fuller-Thomson, 2005; Statistics Canada, 2017).

In Canada, Indigenous children represent 53.8% of children in foster care while representing only 7.7 % of the child population (Government of Canada, 2023). Manitoba has among the highest rates of children in care with over 90% being Indigenous children (Manitoba Department of Families, 2022). Informal kinship is the most common living arrangement for these children (47%), followed by family foster care in the Kinship Care Program (37%) (Aboriginal Children in Care Working Group, 2015). Consistent with this reality, Indigenous grandmothers caring for their grandchildren are significantly over-represented within the Kinship Care Program (Fuller-Thomson, 2005; Fuller-Thomson & Minkler, 2005; Gough, 2006; Hill, 2016; Kiraly et al., 2014; Thompson et al., 2012). It is expected that this over-representation of

Indigenous grandmothers caring for their grandchildren will continue as child welfare agencies use the Kinship Care Program as the first option for placing children in a provisional foster home (Alvarez, 2017; Fuller-Thomson, 2005; Gentles-Gibbs & Zema, 2019; Gough 2006; Worrall, 2009).

The located literature acknowledges that grandmothers are most often the substitute caregivers in kinship care family structures (Aldgate & McIntosh, 2006; Gladstone et al., 2009). Grandmothers-as-parents are identified as being economically and socially disadvantaged (Valentine et al., 2013). Empirical data indicates that today's Indigenous grandmothers as caregivers, are single older women living in poverty; they are not employed, have less education, live in over-crowded and poor housing conditions, and typically live on reservations (Fuller-Thompson, 2005; Fuller-Thompson & Minkler, 2005).

Although there is a body of literature referencing the lived experiences of grandmothers raising their grandchildren and corresponding impact on health and well-being, there is a paucity of research specifically focused on the experiences of Indigenous grandmothers. There is an even greater gap in research related to urban Indigenous grandmothers' health and well-being in the context of raising their grandchildren within Indigenous child welfare agencies.

In Manitoba, it is not known if, how, and to what extent the Kinship Care Program of Indigenous Child and Family Services Authorities (CFS), who provide services to urban Indigenous grandmothers, promotes health and well-being of Indigenous grandmothers raising their grandchildren. Grandparents raising their grandchildren are at high risk of experiencing physical and mental health issues (Backhouse & Graham, 2012; Byers, 2010; Campbell & Handy, 2011; Fuller-Thomson & Minkler, 2005; Gentles-Gibbs & Zema, 2019; Hadfield, 2014; Harnett et al., 2014; Hughes, et al., 2007; McKenzie et al., 2010; Valentine et al., 2013; Whitley

et al., 2015) and these issues can be further aggravated when child rearing occurs within the child welfare system (Baker & Mutchler, 2010; Bennett & Blackstock, 2007; Hill, 2016; Letiecq et al., 2008; McKenzie et al., 2010; Thompson et al., 2012). However, there is a dearth of literature representing the experiences of Indigenous grandmothers. Further, absent from the literature is how the evidence can be used to inform social policies, which have a powerful impact on the health and well-being of grandmothers in grandmother-led families. Reducing this knowledge gap is of critical importance, as it has the potential to inform and maximize the collective success of Indigenous families, all the while reducing health and social inequities (Deatrick, 2017; McNeil, 2010; Russell et al., 2018).

The review of the literature underlined the significant limitations in the empirical research conducted to date. For the most part, studies included small non-representative samples of grandparents and their corresponding characteristics and family structures were not clearly delineated (Hadfield, 2014; Whitley et al., 2015). In addition, there has been minimal exploration of the benefits of grandchild care on grandmothers, particularly in light of Indigenous grandmothers' traditional and privileged roles with children (Anderson, 2011). There is no substantive evidence to demonstrate whether Indigenous grandmothers' experiences differ from other population groups and typically, the interpretation of the findings has not been through the lens of the life stages of Indigenous womanhood and the Indigenous worldview of family. Given the scarcity of studies involving Indigenous grandmothers, findings may be heavily influenced by the Western worldview of grandmothers within a patriarchal, hierarchical, and authoritative family structure, where the role of grandmothers is undervalued; this is in stark contrast with the powerful and revered role of Indigenous grandmothers in traditional Indigenous societies

(Anderson, 2011; Armstrong, 1996; Carter, 1996; Child, 2012; Chuchryk & Miller, 1996; Dudgeon & Bray, 2019; Gunn Allen, 1986; Kelm & Townsend, 2006; Wright, 2006).

Furthermore, the literature does not address how Indigenous grandmothers can reclaim their rightful place in the social order of Indigenous families and communities and how they can potentially influence social policies to improve their own, their grandchildren, their families' and overall Indigenous communities' health and well-being. This study is timely in light of the enactment of Bill C-92, whereby Indigenous Peoples now have the authority to develop policies and laws related to child welfare, based on respective Indigenous histories, cultures, and circumstances (Government of Canada, 2019). This law ascertains that the best interest of the child is central to all decisions related to child/children and family needing to access child and family services (Walqwan Metallic et al., 2019). With the over representation of Indigenous grandmothers in the formal Kinship Care Program of CFS, they are uniquely positioned to influence health and social policies, which has the potential to improve the health and well-being of children, women, families, and the broader Indigenous communities.

Colonization of Indigenous Women and the Indigenous Family

To contextualize and to underline the uniqueness of this study, a brief overview of the traditional Indigenous family and the traditional role of Indigenous grandmothers is warranted; this discourse reveals the diametrical opposition of the Indigenous and Western worldviews of women and family. It further unveils the artificial environment, that is, the Kinship Care Program of the contemporary child welfare system, within which grandmothers are raising their grandchildren and hence, the unique challenges they may be experiencing and the importance of this study.

Underpinning the traditional Indigenous worldview of family is the collective role of the community in raising children (Armstrong, 1996; Lindstrom & Choate, 2016; Muir & Bohr, 2014), the recognition of the centrality of women (Anderson, 2011; Armstrong, 1996; Bennett & Krone, 2018; Child, 2012; Guilfoyle et al., 2010), and the sacredness of children (Anderson, 2011). Of critical importance are the life stages of Indigenous womanhood to the health and well-being of the family and the community (Anderson, 2011), as well as the revered, respected, and prestigious life stages of grandmotherhood and eldership (Anderson, 1964; Anderson, 2011; Child, 2012). Traditional Indigenous grandmothers/Elders were the keepers of knowledge and held the responsibility of passing this knowledge from one generation to the next (Anderson, 2011; Guilfoyle et al., 2010). Indigenous grandmothers had a vital role in socializing, nurturing, and supporting children in maintaining tribal identity, and upholding cultural and spiritual traditions (Bastien, 1996; Silvey et al., 2019).

In pre-colonial/settler times, women and men were seen as equals, each having their roles and responsibilities, but each were interdependent on one another (Hungry Wolf, 1996). Indigenous women's lives were framed within "gender, equality, human dignity, respect, knowledge, and power to make decisions about their lives and the lives of their extended families" (Horáková, 2017, p. 12). Active features of tribal life included matriarchal, women-centered societies, and maternal control of household goods and resources (Anderson, 1964; Gunn Allen, 1986; Sleeper-Smith, 2006). Fundamental to this social organization of family was the concept of interconnectedness with all things and beings, connection and harmony with nature, the land, the spirit world, the localities, places, and physical geographies where ancestors lived; all of these characterized Indigenous relational worldviews (Weber-Pillwax, 2004). As such, Weber-Pillwax underlines that one's way of being and one's identity within families,

communities, and broader First Nations societies, was acquired through these relationships and connections.

In contrast, Western culture has created a definition of family with corresponding life stages, which are focused on the individual and the definition is “subjective, multiple, variable, and changing” (Peters, 1999, p. 61). Indeed, individual developmental stages remain the focal point of family, with a specific focus on couples, or parents and children within a nuclear family, and limited attention is given to extended family connections (McGoldrick et al., 2016; Russell et al., 2018). Moreover, autocratic and patriarchal family authority has been the hallmark of the Western family (McGoldrick et al., 2016; Peters, 1999). Of significance is the recognition that in Western societies, a patriarchal system and male developmental stages have been the cornerstone for understanding family (McGoldrick et al., 2016). The values of separation and autonomy (McGoldrick et al., 2016), emotional distancing, hierarchical dominance in family relationships, toughness, competition, aggression, and anger (Dolan Del Vecchio, 2008; Green, 1998; Kivel, 2010), have been endorsed by developmental theorists over the female values of caring, interdependence, (McGoldrick et al., 2016), nurturing, tenderness, and expressions of vulnerabilities (Dolan Del Vecchio, 2008; Green, 1998; Kivel, 2010). This has led to the marginalization and oppression of women and has rendered them voiceless and invisible (McGoldrick et al., 2016). It is within this Western patriarchal framework of family that the remodelling of Indigenous women and families occurred (Churhryk et al., 1996).

With colonization, Indigenous women’s historical roles of power and authority were significantly undermined (Lutz, 2006). Women lost their stance on matters of political, economic, spiritual, community, and family authority (Anderson, 1964; Armstrong, 1996; Blythe & Martin McGuire, 1996; Williams, 2006) and grandmothers lost their powerful and distinguished role as

the keepers of the next generations (Maracle, 1996). Colonization of women and the Indigenous family was further perpetuated with the inception of residential schools (Government of Canada, 2017), the Sixties Scoop (Aboriginal Justice Implementation Commission, 1999), and the contemporary child welfare system (Blackstock, 2019). Thus, to this day, the breakdown of the Indigenous family (Aboriginal Justice Implementation Commission, 1999; Truth and Reconciliation Commission of Canada, 2015), the disempowerment and marginalization of Indigenous women (Carriere & Richardson, 2009), and the exploitation of vulnerable children, primarily, Indigenous girls (Bennett & Blackstock, 2007; Bennett & Krone, 2018) persist.

The contemporary child welfare system continues to be structurally imbued with colonialism (Hill, 2016; McKenzie et al., 2010; Thompson et al., 2012); it is an autocratic, rigid, risk-focused, deficit-based, and crisis-ridden system (Wharf, 2009). With its assimilationist laws and policies (Micklefield et al., 2018), governments have been a powerful force in shaping the social environment of the Indigenous family; indeed, these have led to the destruction of Indigenous cultures, families, and communities (McNeil, 2010). Governments have become so powerful that vulnerable populations, such as Indigenous grandmothers raising their grandchildren, are often fearful of confronting the very system that is intended to support them (Letiecq, et al., 2008). Moreover, as emphasized by Russell, Coleman, and Ganong (2018), policies, which perpetuate health inequities, always target the most vulnerable families. This reality, combined with the intergenerational traumas suffered at the hands of the colonizers/settlers, is the stage upon which Indigenous grandmothers are being reintroduced, through the Kinship Care Program, to once again come forth to care, nurture, socialize, and support their grandchildren to Indigenous ways of knowing and being.

Background

Conceptual Framework

The *Two-Eyed Seeing* conceptual model (Marshall, 2014) constitutes the backdrop for my study. Marshall describes *Two-Eyed Seeing* as:

Learning to see from your one eye with the best or the strengths in the Indigenous knowledges and ways of knowing ... and learning to see from your other eye with the best or the strengths in the mainstream (Western or Eurocentric) knowledges and ways of knowing ... but most importantly, learning to see with both these eyes together, for the benefit of all (para.1).

Thus, this conceptual model provides a way to bridge the gap between the Indigenous and the Western worldviews, potentially leading to healing, transformation, and reconciliation (Blackstock et al. 2007; Lindstrom & Choate, 2016; Truth and Reconciliation Commission of Canada [TRC], 2015).

Accordingly, this model enables the prioritisation of Indigenous methodologies, Indigenous worldviews, and most importantly, Indigenous women's ways of knowing alongside those of Western science (Hall et al., 2015). Being able to capitalize on the strengths and ways of knowing of Indigenous women and Western knowledge, can serve as a springboard to improve the health and well-being of all children in care (Blackstock et al., 2007) and their grandmothers. In fact, the Canadian Institute of Health Research's (CIHR) Institute of Aboriginal People's Health (IAPH) has espoused the *Two-Eyed Seeing* framework in its vision to transform Indigenous health and well-being (CIHR-IAPH, 2016). As a framework for community-based and community-relevant health research (CIHR-IAPH, 2016) it also provides a pathway to decolonized research (Tuhiwai Smith, 2012). The *Two-Eyed Seeing* framework is a powerful

foundation in this research as it places Indigenous grandmothers and their stories at the centre of the inquiry process.

A narrative review (Greenhalgh et al., 2018) of peer-reviewed articles, books, and government documents was conducted to understand the vast body of literature pertaining to the impact of raising grandchildren on grandmothers' health and well-being; an integrative synthesis and analysis of the literature (Whittemore & Knafl, 2005) was conducted. The literature was organized in five domains (see Figure 1, Literature Review), namely, traditional Indigenous families and worldviews (1964-2019), colonization of the Indigenous family women/girls (1996 to 2019), the history of the Canadian and Manitoban child welfare system and the inception of the Indigenous child welfare system (1985 to 2020). Further, international empirical studies addressing grandmothers' health and well-being while raising children in the child welfare system were explored (2005-2023). In addition, the literature on an Indigenous

Literature Review

The original narrative review of the literature including peer-reviewed articles, books, and government documents spanned the years from 1964 to 2020. To gather the most recent empirical data related to Indigenous grandmothers raising grandchildren in the CFS system, I conducted an updated literature review of peer-reviewed articles from 2020 to 2023. Consistent with previous observations, for the most part, the current studies included small, non-representative samples of Indigenous grandparents. Further, as noted by Hadfield (2014), the majority of recent studies did not clearly define population characteristics and family structures. Of the ten (10) empirical studies conducted during this timeframe, only one study, involving one participant, described the lived experiences of an Indigenous grandmother (Varley, 2021); through storytelling this article relates the story of an Anishinabeg grandmother's experience in the child welfare system. In the

other study, Aboriginal or Torres Islanders represented 14-18% of participants; the sample size was significant (n= 518-887) and the number of participants in each of the four phases of the study varied (Ryder, et al., 2022). Additionally, two studies addressed experiences of minority grandparents raising grandchildren, notably Black kin caregivers (Wu, et al., 2022) and grandparents in Chinese, skipped-generation families (Hung, et al., 2021). All other studies either did not clearly define the population characteristics (Birchall & Holt, 2022; Dudley et al., 2023; Holt & Birchall, 2020; Holt & Birchall, 2022) or included diverse population groups in their study (Helton, et al., 2020; Xu, et al., 2020).

At the core of the findings, aligning with earlier studies, the recent empirical data suggests that the vast majority of caregivers raising grandchildren, whether in kinship care, or private family arrangements, are grandmothers (Birchall & Holt, 2022). These studies further support the notion that grandmothers in kinship care families experience economic hardships (Birchall & Holt, 2022; Dudley, et al., 2023; Xu, et al., 2020) and at times, grandmothers may even have to give up paid employment to stay at home with their traumatized grandchildren (Birchall & Holt, 2022).

Grandmothers endure significant emotional stress and psychological distress (Dudley et al., 2023; Helton et al., 2020; Hung et al., 2021; Xu et al., 2020). In part, this is related to grandmothers' experiences of role ambivalence, as they struggle to move from the role of grandmother to that of a parental grandmother (Dudley, et al., 2023; Hung, et al., 2021). In so doing, grandmothers also wrestle with reconstructing their family and family dynamics (Dudley, et al., 2023). The negative impact on relationships with other family members, who are influenced by the redefined family roles and structure, further aggravates the changing family dynamic (Ryder, et al., 2022).

When grandmothers parent within a kinship care arrangement, parenting stress is ever present (Wu, et al., 2022; Xu, et al., 2020). This may stem from initial feelings of being coerced and bullied by social workers to care for their grandchildren and feeling blamed and guilt-ridden for their child's difficulties (Birchall & Holt, 2022; Dudley et al., 2023; Hung, et al., 2021). Moreover, the stress experienced by grandmothers is perpetuated by challenges with navigating the bureaucracy of the system (Dudley, et al., 2023), feeling unsupported and undervalued (Birchall & Holt, 2022; Dudley, et al., 2023), having no rights, no say, and feeling dismissed by the system (Ryder, et al., 2022). Adding to the stress levels are the lack of supports in general (Dudley et al., 2023), culturally appropriate services to meet the needs of the children and family are not accessible (Wu et al., 2022), and grandmothers receive little support to help them parent highly traumatized children (Holt & Birchall, 2022). Respite is typically minimal, and grandmothers are "painfully aware of the support disparities, financial and otherwise" as compared to foster carers (Holt & Birchall, 2022, p. 1246).

A key finding not previously noted in the literature is the notion of grandchildren violence and a range of verbally and emotionally abusive behaviours toward grandparents in Kinship Care Programs (Birchall & Holt, 2022; Holt & Birchall, 2020; Holt & Birchall, 2022). These authors describe that grandmothers are most often targeted, and they tend to normalize abusive behaviours as a result of their knowledge about the trauma that has been experienced by their grandchildren. Further, the findings from these studies indicate that social workers do not respond to violence toward the carer, as the focus of attention is on the child. As a result, social workers do not support grandmothers and these practices further re-traumatize families. Grandmothers are fearful of the constant threats of either dealing with being the target for violence or having their grandchild removed from their care (Holt & Birchall, 2022).

Grandmothers are shouldering the burden of responsibility for raising traumatized grandchildren within kinship care contexts (Birchall & Holt, 2022). As a result, these grandmothers may experience loss of freedom and social relationships, become socially isolated, have less time to engage in self-care (Dudley et al., 2023; Hung et al., 2021; Ryder et al., 2022; Wu et al., 2022), be more susceptible to depression (Dudley et al., 2023; Hung et al., 2021), and be confronted with physical health issues (Helton et al., 2020).

My updated review of the literature supports and further emphasized the significant knowledge gap associated with the lived experiences of Indigenous grandmothers receiving services from Indigenous child welfare agencies. There was no reference in the literature relating to Indigenous CFS authorities, or agencies that are providing services to Indigenous grandmothers. Therefore, it is not known if services are culturally sensitive to Indigenous families and how it impacts the health and well-being of grandmothers. As well, due to the diversity of ethnic and cultural background of participants in the studies, it is challenging to understand which population group is being heard. A few of the current studies did target cultural minority groups, providing a glimpse into the psychological stress and distress experienced by the most vulnerable families within Kinship Care Programs. Although it is recognized that intersectoral collaboration among diverse health and social care providers is essential in addressing the needs of grandmothers (Holt & Birchall, 2022) and that social work practices and policy must change (Birchall & Holt, 2022; Dudley et al., 2023; Helton et al., 2020; Holt & Birchall, 2022; Hung et al., 2021; Wu et al., 2022; Xu et al., 2020), the current literature does not confront a fundamental issue, that being, how, or if grandparents wish to be involved in revamping policy and social change.

Positionality and Social Identity

Historically, research has been used as a mechanism to further colonize Indigenous Peoples (Archibald, 2019); it is thereby critical to recognize my positionality and social identity in this research endeavour, as I am a non-Indigenous, white, heterosexual female. I have led a successful career and am presently employed as the Dean of a School of Nursing in a practical nursing program at a community college in Winnipeg, Manitoba. I have advanced education and am currently completing this research to be awarded a PhD designation. By all measures, I am privileged; with that I have the inherent power of the dominant, colonial/settler class, who to this day, continue to oppress and marginalize Indigenous Peoples.

That being said, I am also a grandmother raising my grandchildren in the Kinship Care Program of the General Authority of the Winnipeg Child and Family Services. I have experienced the trials and tribulations of the very system professing to support families in need. It is this journey that has led me on the path of social justice, and indeed it is this experience that, ever so slowly, revealed my intense desire to work with Indigenous grandmothers raising their grandchildren in the Kinship Care Program. As a mother and grandmother, I have chosen the path to reconciliation - the difficult, challenging, but rewarding path to becoming an ally. It is my sincere desire that I can do justice to Indigenous grandmothers in this study and that I can honour Indigenous women's ways of knowing, being, and seeing.

Indigenous Ceremony in my Doctoral Research Process

In Indigenous societies, knowledge is transferred through ceremony/story; to that end, research is ceremony (Wilson, 2008). To conduct this study in the right way, ceremony was included from the outset in my doctoral process; it was of paramount importance that I gain an understanding of ceremony and its impact on my research. I have had the privilege of having Dr.

Mary Wilson. Elder, Knowledge Keeper, and Spiritual Guide, join my thesis committee. From the first meeting onward, Mary provided opportunities for ceremony, all the while patiently explaining and guiding ceremony. Indeed, it is through these ceremonies that I developed an understanding of honouring all relationships in the research process and of honouring myself as a non-Indigenous researcher. With Mary's guidance, ceremony has led me to a place of compassion, stillness, and humility (Weber-Pillwax, 2004); thus, it is within this context, that I have embarked and experienced this research journey.

Purpose and Objectives

The purpose of the study was to explore the lived experiences of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Programs of the CFS Authorities, who provide services to Indigenous citizens living in Winnipeg, Manitoba, Canada. To fully acquire the depth and breadth of knowledge of this phenomenon, the study was situated within the context of the traditional social organization of the Indigenous family. Critical to this study was the centrality of grandmothers, an Indigenous worldview of family, the meaning of Indigenous womanhood, and the corresponding life stages of Indigenous women. This study also acknowledged the traditional role grandmothers have had in socializing, nurturing, and supporting children in upholding Indigenous identity, cultural, and spiritual traditions (Bastien, 1996; Silvey et al., 2019). As such, the objectives of the study were: (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent CFS contributes to grandmothers' health and well-being, and (3) to explore grandmothers' perspectives on how they might want to be involved in CFS policy and practice changes and in CFS governance. Note, this study was approved by the Research Ethics Board at the University of Manitoba, Fort Garry Campus (Appendix A).

Research Design and Methods

In this study, I have used digital storytelling as method, embedded in an Indigenous research paradigm (IRP) and Indigenous storytelling as methodology (Archibald, 2019; Archibald et al., 2019; Behrendt, 2019; Kovach, 2010; Thomas, 2015; Tuhiwai Smith, 2012). This research design was most suited to explore the experiences of Indigenous grandmothers as it set the foundation for relationship building, engagement and empowerment of participants, the co-creation of knowledge, culturally appropriate protocols, and authenticity in the research process. As noted by Archibald (2019), Indigenous stories are ways of making meaning, reflect traditional ontology and epistemology, and Indigenous “stories speak from and to a deep understanding and philosophy about humans and their relations” (Tuhiwai Smith, 2012, p. 2). Further, this research approach paved the way, as coined by Wilson (2008), for research as ceremony. To emphasize the alignment with my study, I have provided a synopsis of the major theoretical and philosophical underpinnings of IRP and storytelling as Indigenous methodology and then describe digital storytelling (DST) as a method that is highly congruent with this methodology.

Indigenous Research Paradigm

An Indigenous research paradigm is rooted in Indigenous knowledge, cultural practices, values (Kovach, 2010; Wilson, 2008), and in holistic Indigenous worldviews (Chilisa, 2020; Kovach, 2010; Wilson, 2008). The theoretical and philosophical underpinnings, namely ontology, epistemology, axiology, and methodology are all informed by relationships (Kovach 2010; Wilson, 2008). Wilson underlines that one’s way of being is informed by relationships that one shares with reality (ontology). Indeed, reality is a process of relationships and one’s identity is acquired through those relationships, not only with human beings, but relationships with all

elements of the cosmos (Kovach, 2010; Weber-Pillwax, 1999; Wilson, 2008). It is only through relationships that one knows; knowledge is contextualized, created, given, and validated through these relationships, thus creating a holistic epistemology (Kovach, 2010). In this sense, knowledge belongs to the cosmos; it is shared with all creation (Kovach, 2010; Weber-Pillwax, 1999; Wilson, 2008) and is co-created (Wilson, 2008). Underpinning these relationships are what Weber-Pillwax (1999) refers to as ‘the natural laws’ of kindness, caring, sharing, respect, and service to community.

In an Indigenous research paradigm, axiology, or the ethical and moral underpinning of the research endeavour, is about relational accountability (Wilson, 2008). Fundamental to axiology is an understanding of values and right/wrong behaviours throughout the research process (Kivunja & Kuyini, 2017). Wilson adds that axiology is about researcher insight as to the knowledge that is worthy of gathering, how to acquire that knowledge, and how that knowledge is used. Weber-Pillwax (1999) articulated two fundamental ethical principles related to researcher accountability, notably, that research must be beneficial to the participants and the community and there must be a positive impact on the lives of those individuals.

One way to operationalize axiology within an IRP is the practice of the four ‘Rs’ namely, respect for others (Louis, 2007), relevance of ceremonies, protocols, ownership of knowledge (Chilisa, 2020; Louis, 2007), reciprocity related to benefits to researcher and participants/ community (Louis, 2007), and responsibility in terms of relational accountability to all relations in the research process (Chilisa, 2020; Kovach, 2010; Louis, 2007; Wilson, 2008). To further underline relational accountability, an IRP moves away from the Eurocentric language of research regarding validity and trustworthiness and advances the concepts of credibility and authenticity (Kovach, 2010, Wilson, 2008). The underpinnings of these concepts are about

building relationships (Kovach, 2010, Weber-Pillwax, 1999) and how the researcher is fulfilling all relationships within the study (Weber-Pillwax, 1999).

Methodology within an IRP is about how knowledge is constructed, more specifically how knowledge is acquired, interpreted, and disseminated; it is a direct product of ontology and epistemology (Chilisa, 2020, Weber-Pillwax, 1999; Wilson, 2008). Indigenous methodologies are unique ways of knowing (Kovach, 2010; Tuhiwai Smith, 2012; Wilson, 2008). Although there are diverse Indigenous knowledge systems (Tuhiwai Smith, 2012), Chilisa (2020) emphasized the common attributes to Indigenous methodologies, specifically: (1) respect for Indigenous worldviews, (2) revitalizes and restores lost identities and value systems, (3) legitimizes Indigenous knowledge, (4) removes the power imbalances inherent in the research process (Chilisa, 2020; Geia et al., 2013), (5) the researcher situates self in the context of the study, and (6) they advance collaborative research (Chilisa, 2020; Drawson et al., 2017).

Storytelling as Indigenous Methodology

Storytelling as an Indigenous methodology is methodologically congruent with Indigenous ways of knowing (Archibald, 2019; Archibald et al., 2019; Behrendt, 2019; Kovach, 2010; Thomas, 2015; Tuhiwai Smith, 2012). From time immemorial, stories have been the primary mechanism for passing Indigenous knowledge from one generation to the next within Indigenous communities (Kovach, 2010; Thomas, 2015); stories constitute the primary means of relationship building and connections (Kovach 2010; Lambert, 2014). Consequently, in this study, I have integrated DST within an Indigenous research paradigm to truly respect and honour the stories of Indigenous grandmothers' experiences of raising grandchildren in the Kinship Care program of the CFS.

In combining traditional Indigenous storytelling with DST, a unique arts-based medium (De Vecchi et al., 2016; Lambert & Hessler, 2020; West et al., 2022) as method, grandmothers/participants have created their own digital stories about raising their grandchildren. In their stories, grandmothers have used images, video, audio recordings of voice and music, and text to create gripping testimonials of their experiences (Gubrium, 2009). Participants in the study have noted that indeed, DST was a powerful means of sharing their stories, stories that they had not previously shared with anyone. Although DST brought forth strong emotions, participants felt empowered and concluded that DST was a relevant and meaningful way to keep their stories alive, stories they could recount to the generations to come.

Recruitment and Participation of Knowledge Holders

Kovach (2010) and Weber-Pillwax (1999) refer to the participant recruitment process as a relational endeavour; it is not only about the researcher choosing the participants, rather, it is a reciprocal process. As such, thoughtful consideration was given to the recruitment process. Through purposive sampling and the snowball technique (Ravitch & Carl, 2016), Indigenous grandmothers were recruited to participate in the study. Inclusion criteria were: (1) identifying as an Indigenous grandmother, (2) living in Winnipeg, (3) raising grandchildren within the CFS Kinship care program for one year or more, and (4) be a family led by the grandmother.

As the primary investigator (PI), I contacted Deadly Kookums, the Ma Mawa Chi Itata Centre, Fearless R2W, and Ka Ni Kanichihk to gain permission to post a recruitment poster (Appendix B) on their respective websites and Facebook pages. A script was developed (Appendix C) to provide information to potential participants. Once participants agreed to participate in the study, an information package (Appendix D - H) was mailed to, or delivered in person, as per the participant's preference. Thereafter, I followed up with each participant by

phone to schedule a Zoom preparation session to answer questions, review the storyteller's bill of rights (Appendix E), the written guidance on how to prepare for the storytelling session (Appendix F); consent for the study was also reviewed and signed (Appendix D). Participants wishing additional information were referred to five digital storytelling guides (Appendix H). During this conversation, special considerations when creating a digital story were discussed, including risks and benefits, the use of photographs and voice recording, maintaining confidentiality, anonymity (Appendix I), and obtaining assent of minors (Appendix J). The private storytelling session was also scheduled at that time.

Participants had the option to invite a support person from their family/friend network to be present during all our sessions together. The consent form for invitees in the data collection process (Appendix N) was developed, but not required during the study, as neither support persons or friends accompanied the participants through the data gathering. As well, provisions had been developed for the support people/friends to participate in a post DST conversation and the talking circle (Appendix N). Further, in the event that an image/photograph of a family or friend were included in the digital story, a consent form was prepared for that person to sign (Appendix M).

I also interviewed two key informants namely, an Indigenous Elder and an Indigenous Scholar, to gather information about the contextual factors shaping Indigenous grandmothers' experiences. In the process of data analysis and collection it became clear that there was significant fear that played into Indigenous grandmothers' unwillingness to participate in this study. The decision to extend participation to key informants was made following a discussion with my thesis committee, to further explore the reluctance of some grandmothers to participate. The key informants provided their perspectives on the challenges related to the recruitment of

participants. A key informant recruitment information guide was developed (Appendix Q). The consent form (Appendix P) was emailed to key informants and a key informant interview guide (Appendix O) was developed for these interviews. Key informants were also invited to participate in the talking circle.

Knowledge Gathering

Knowledge gathering occurred through a variety of methods and activities. Weber-Pillwax (1999) underlines that "... methods that enhance cooperation, require collaboration, depend on mutual thinking and reflection, spark creativity, and inspire visions and dreams and sharing of visions and dreams" (p. 40) are central to Indigenous methodology. These concepts were of paramount importance throughout the data collection process. As noted by Kovach (2010), the knowledge gathering process flowed on a continuum, from inward, internal, and external/community knowledges. Throughout the knowledge gathering process, inward knowledge was gathered; this consisted of researcher reflective memos, observations, and analytical memos (Ravitch & Carl, 2016). Internal knowledge was acquired through the storytelling sessions, the post storytelling conversation (Appendix K) with the participating grandmothers, the key informant interviews, and shared dialogue during the talking circle. Further, external/community knowledge (Kovach, 2010) was obtained through reflective conversation with my thesis advisory committee and the empirical evidence from previous research.

Research participants were engaged in the creation of their own digital story, a post digital story conversation, and a talking circle (Kovach, 2010), which included a celebratory feast. During the DST session, I guided the participants in the digital story process. After completion of the DST session, participants were invited to participate in a follow-up conversation (Appendix J)

with me to talk about the DST, experiences of parenting grandchildren in the Kinship Care program of the CFS, as well as their experience of creating their digital story. In addition, two key informants were interviewed to acquire insight in the struggles and challenges in recruiting participants to the study. Subsequently, a talking circle (Appendix L) was scheduled with all participants (grandmothers, key informants, and other research team members). Note that the research team was inclusive of the two Indigenous grandmother participants, the two Indigenous key informants, four co-investigators from my thesis advisory committee, and myself as the PI. During the talking circle, grandmothers were invited to share their digital story; key informants shared their views and knowledge of the child welfare system and connected the knowledge to their own life stories. A traditional Indigenous feast followed the talking circle. An Elder/knowledge keeper led the opening ceremony of the talking circle and provided cultural support and guidance to participants during this central aspect of the research process. One of the grandmother participants closed the talking circle with a prayer.

It is important to note, an Elder/knowledge keeper, who is also a member of my thesis committee, was available to provide support to all participants throughout the data collection process. Further, a list of additional support resources was provided to grandmother participants; the list of resources was appended to the consent form (Appendix D).

Knowledge was gathered through a user-friendly, audio-video Zoom platform. All interviews/conversations, as well as the talking circle were recorded via Zoom. In all instances the automatic transcription function of Zoom was enabled. I then conducted extensive reviews of all the transcriptions to ensure accuracy of the transcriptions. Thereafter, the transcripts were sent to participants for validation.

Meaning-Making

Kovach (2010) underlines the scarcity of literature on meaning making within Indigenous inquiry. Innate to Indigenous knowledge keepers and researchers is the ability to use intuitive logic, which encompasses an engagement with one's head, heart, and spirit (Wilson, 2008) to observe patterns and behaviour, and make sense of observations (Kovach, 2010). The meaning making process included both traditional integrative and iterative processes in qualitative data analysis and interpretation (Ravitch & Carl, 2016) to understand and honour the lived experiences of Indigenous grandmothers raising their grandchildren in the child welfare system. Indigenous meaning-making involved: (1) checking ideas and concepts with other people, (2) building a relationship with ideas, and (3) sharing, gaining, and building knowledge; as such credibility in the research process was ensured (Wilson, 2008). Being a non-Indigenous researcher, I reached out to the Indigenous scholar/researcher and Elder who are members of my advisory committee for guidance on intuitive analysis of the stories. As described by Wilson (2008), to uphold relational accountability in the meaning making process, feedback from participants was obtained throughout and following the data collection process (DST, post digital story conversations with grandmothers, the Talking Circle, and interviews with key informants); as such, data was collaboratively analyzed, which ensured accuracy and depth in the analysis. As the research team (members of the Talking Circle), we were able to elaborate on ideas, the research process, as well as to provide opportunities to listen, and to interpret concepts others were bringing forward. As a result, we were able to be "accountable to and analyze our shared relational reality together" (p. 121).

It was within the talking circle that the entire research team came together, in community, within the context of a shared relational reality (Wilson, 2008), that the research team co-created,

shared, interpreted, and gained further knowledge. The *Two-Eyed-Seeing* conceptual model facilitated the meaning-making process (knowledge gathering, analysis and interpretation) by ensuring involvement of both Indigenous and non-Indigenous participants and researchers, thereby promoting cultural sensitivity, curiosity, and openness in the creation and the subsequent plan for knowledge dissemination (CIHR-IAPH, 2016).

Knowledge Sharing/Dissemination

Shared dissemination and co-authorship of findings have been actively discussed and will be pursued; this process has and will continue to facilitate the continuation of ceremony, relational accountability (Kovach, 2010 & Wilson, 2008), and has promoted the movement toward healthy relationship building (Wilson, 2008). Thus, research stories as ceremony, imbued with symbolism and metaphor (Wilson, 2008), garnered from the relationships and connections with all involved in the research process, will be the primary vehicle to be used in the transfer of knowledge to Indigenous communities, to non-Indigenous and Indigenous academics (Kovach, 2010), to audiences in the CFS kinship program, policymakers, and to the general public. Of critical importance, grandmothers as participants will decide how they wish their knowledge to be disseminated; strategies could include co-authored articles in scholarly journals, presentations to public/professional audiences, or other strategies that grandmothers wish to pursue.

Significance of the Study

This study is timely! With the recent enactment of Bill C-92 (Government of Canada, 2019), whereby Indigenous Peoples jurisdiction over CFS is now enshrined in law, Indigenous People have the authority to develop policies and laws based on respective Indigenous histories cultures, and circumstances. The intent of this legislation is to decrease the number of Indigenous children in care and to keep them involved with their families, communities, and culture

(Walqwan Metallic et al., 2019). The findings of this study clearly underline the critical need to involve Indigenous grandmothers in paving the way forward, in designing child welfare policies and practices, in developing appropriate standards assessment tools, resources, and in actualizing the concept of the best interest of the Indigenous child. Seeing child welfare through the lens of Indigenous grandmothers raising grandchildren within the Kinship Care Program of Indigenous CFS and understanding the impact on the health and well-being of these grandmothers, is paramount in informing social policies that will be responsive to the needs of Indigenous grandmother's, their families, and communities.

The findings of this study also point to the need for health and social services providers to establish collaborative interdisciplinary relationships to meet the health and social needs of Indigenous grandmothers, their adult children, and their grandchildren. Caring for grandchildren within CFS impacts multiple social determinants of health (SDH) and these may have a significant impact on the health outcomes of Indigenous grandmothers and their families. Thus, the findings in this study are important not only for social workers practicing in CFS, but for health disciplines including nursing. In practice settings, social workers in the child welfare system have a leading role in decolonizing current practices and tailoring appropriate and culturally safe psychosocial supports and interventions, which encompass the entire family, not only the child in care.

From a multidisciplinary perspective, specifically the nursing profession, nurses in diverse healthcare settings are at the forefront of the provision of equitable and quality healthcare and have a duty to address cultural humility in their practice to ascertain a culturally safe healthcare experience, creating an environment where Indigenous grandmothers and their families will experience greater inclusion, equality, and justice, thereby optimizing health outcomes (College

of Registered Nurses of Manitoba [CRNM], 2022). It is also an expectation that nurses become knowledgeable about intergenerational traumas and how it impacts client's health and well-being, in addition to recognizing the resiliency and strengths that Indigenous Peoples brings to the health care encounter. This study sets the stage for nurses to recognize and gain awareness of the traumas, lateral violence, and overwhelming fear of Indigenous grandmothers within the CFS system and reflect upon how they can decolonize the health care experience for the Indigenous family.

This study also impacts educational programs encompassing health and social services disciplines. From a multidisciplinary lens, the findings of the study provide an opportunity to explore educational programming/curriculum in health and social services to include equity, diversity, inclusion, trauma-informed content, as well as cultural humility, cultural safety, and anti-racism in practice. From a nursing standpoint, the findings of this study provide an opportunity to open the dialogue in nursing programs to address education strategies, both classroom and clinical, to better educate nursing students and faculty to understand the connection between the SDH and health outcomes. As well, the findings of this study, may offer a pathway for nursing programs to provide innovative opportunities for interprofessional and interdisciplinary experiences in course work and clinical practicum experiences.

This study has contributed to narrowing the knowledge gap regarding Indigenous grandmothers raising grandchildren within Indigenous CFS authorities and agencies. Notwithstanding, further research will be important to expand the study to include a more diverse group of Indigenous women caring for their grandchildren; these include women in both rural and urban communities. As well, different Indigenous research methods, which are more readily accessible to grandmothers, such as stories/conversation may be used in future research to

facilitate participant/knowledge holder participation. Additionally, a longitudinal study of grandmothers raising their grandchildren in the child welfare system may provide a nuanced lived experience and long-term impact on their health and well-being. Further research with health and social services providers is recommended to obtain the perspectives/viewpoints of these workers within colonized systems, all the while attempting to decolonize their practice.

In this study, Indigenous grandmothers' stories were honoured and Indigenous women's ways of knowing, being, and doing were central to the inquiry. Through DST, grandmothers were empowered to share and reclaim their stories of raising grandchildren through the lens of the traditional Indigenous family and their role as knowledge holders.

Summary and Organization of Chapters

Three publishable manuscripts constitute Chapters II to IV, inclusively. A thumbnail sketch of each of the manuscripts is offered as a way of describing how each contributes and completes the thesis with respect to understanding the lived experiences of Indigenous grandmothers raising their grandchildren in the Kinship Care Program of the Indigenous CFS. With the three publishable manuscripts, there is some redundancy that was necessary, as they will be submitted as separate manuscripts to separate journals for publication.

Chapters II: Literature Review Manuscript

The manuscript presented in Chapter 2 '*Where are the grandmothers in the child welfare system? Reclaiming, re-constructing, and re-defining the framework for Indigenous children's well-being*' directly relates to the research topic, it challenges the continued influence of colonization in the child welfare system, and argues for the return of Indigenous grandmothers as the central figure in the Indigenous family and in the Indigenous Child and Family Services. The literature review within this manuscript explores the traditional life stages of Indigenous

womanhood, the role of Indigenous women, and the Indigenous worldview of family, before and after colonization, noting that colonization is an ongoing process in the child welfare system. The literature review also takes us down the historical path of the Canadian child welfare system, as one mechanism of colonization, which contributed to the traumatization and disintegration of the Indigenous family.

In addition, arguments are put forth in this article, that despite efforts to decrease the over-representation of Indigenous children in care, political and policy decisions have not achieved the desired outcomes. In fact, today, the problem is compounded by an over representation of Indigenous grandmothers in the child welfare system, as Kinship Care has become the model of choice for provisional foster care of Indigenous children. Most often kinship care is ‘grandmother care’. These grandmothers continue to be oppressed, marginalized, and silenced by the colonial structures of the child welfare system. Grandmothers, as a vulnerable population group are bearing the burden of responsibility of a failed child welfare system, yet they remain invisible. Finally, the authors assert that Indigenous grandmothers must be given their rightful place, not only as caregivers for their grandchildren, but also as the catalytic force that holds the power to change the system.

Chapters III: Methodology Manuscript

This manuscript ‘*Choosing the margins: Choosing research paradigm and methodology to honour the stories of the invisible victims of colonization*’ provides an overview of the research study and ensuing struggles as non-Indigenous and Indigenous researchers in ‘getting the story right and telling the story well’ (Tuhiwai Smith, 2012). It persuasively argues for the need to choose the right research paradigm and methodology to place women, the oppressed and marginalized, at the centre of the inquiry. The article explicates the use of the *Two-Eyed Seeing*

conceptual model to ground the study, which is followed by a discourse on the usage of an Indigenous research paradigm (IRP), storytelling as Indigenous methodology and digital storytelling as method; this was the chosen research strategy to authentically engage Indigenous grandmothers, to prioritize Indigenous women's ways of knowing, and to hear their stories. In addition, the authors contend that an IRP and a storytelling methodology authentically engaged Indigenous women and created a space where they reclaimed their rightful place in the Indigenous family and community.

Chapter IV: Research Findings Manuscript

The third manuscript '*A collective story in the unspoken stories: Raising grandchildren in Indigenous child welfare agencies*' articulates the key findings from this study and gives life to the experiences of Indigenous grandmothers raising their grandchildren in the Indigenous CFS authorities/agencies. The study, grounded in the *Two-Eyed Seeing* conceptual model and digital storytelling (DST) as method, within an Indigenous research paradigm, naturally gave way to the meaning-making process. This article expounds on grandmothers' experiences with DST as a way of keeping their stories alive. The article further delineates the process of meaning-making, namely, the mutual sharing of stories, the collaborative analysis, and co-creation of knowledge.

The findings of the study are presented; three themes were revealed notably, the unspoken stories, the disempowerment of Indigenous grandmothers, and reclaiming Indigenous womanhood/grandmotherhood. Within these broad thematic categories, subthemes including fear of the colonized child welfare system, lateral violence crippling for grandmothers, fear of exploitation and harm, profound loss and grief, guilty of not being enough, keeping grandmothers deprived of services, fear as a constant companion, were both surprising and disturbing. Notwithstanding these challenging experiences, subthemes of resiliency, empowerment, and hope

rise to the forefront. Further, the discourse on meaning-making paves the way for the path forward and future steps regarding policy, practice, and research.

Chapter V: Conclusion

The concluding chapter to this paper-based dissertation provides a discussion/summary of each of the preceding chapters. It incorporates a synthesis of the findings of the study all the while underlining its strengths and weakness, as well as recapping future research implications, policy, and practice recommendations. Lastly, this chapter includes a brief reflection of my experiences as a non-Indigenous researcher in this inquiry process and how this journey has carved a path to becoming an ally.

Chapter Summary

This introductory chapter encapsulated the current state of the problem, provided a background to the study, and described the conceptual model used to ground the study so as to prioritize Indigenous knowledge and worldviews. To ensure the most recent empirical evidence was captured, the literature review, spanning from 2020 to the present was conducted. Critical to conducting research with Indigenous Peoples is the ability to reflect and acknowledge one's status as white settlers; thus, I have situated myself in this chapter within the context of my positionality and social identity. I delineated the purpose and objectives of the study and provided a detailed narration of the research design and methods. The dissemination plan was put forth, as discussed and in collaboration with Indigenous grandmothers/research partners and key informants.

The significance of the study has been elucidated, noting that participants in the study are steadfast regarding the involvement of Indigenous grandmothers in the reform of the Indigenous child welfare system. Lastly, I provided a summary and organization of chapters II to V as way to

weave common threads across all chapters and to situate the reader as they explore the paper-based dissertation.

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Chapter II: Literature Review Manuscript

Where are the Grandmothers in the Child Welfare System? Re-claiming, Re-constructing, and Redefining the Framework for Indigenous Children's Well-Being

Proposed Authors

The International Journal of Qualitative Methods (2023) criteria were used to determine authorship. These were further discussed with my thesis advisory committee members to ascertain agreement. Note, that although the final decision has not been taken by the authors as to the journal where this manuscript will be submitted, options include: First Peoples Child and Family Review, Journal of Family Issues, Journal of Family Nursing.

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**Where are the Grandmothers in the Child Welfare System? Re-claiming, Re-constructing,
and Redefining the Framework for Indigenous Children's Well-Being**

Abstract

In pre-colonial times, the Indigenous family thrived within an interdependent and multigenerational kinship network, where children were seen as sacred gifts from the creator and highly valued as members of the community. They were celebrated through diverse ceremonies from birth to adulthood. Indigenous grandmothers held a central role in socializing children to Indigenous ways of being and knowing; grandmothers were the keepers of the next generations and they were the power that kept families strong and vibrant. Colonization imposed a Western patriarchal framework on the family, setting the stage for the disintegration of the very core of the Indigenous family. Grandmothers became invisible, voiceless, and lost their powerful and distinguished roles. The child welfare system further perpetuated the colonization of women and grandmothers; children were apprehended from their families to be placed in residential schools, in foster homes, and adopted into non-Indigenous families. The contemporary child welfare system continues to inflict harm on the Indigenous family; today however, child welfare systems are turning to Indigenous grandmothers to care for their grandchildren in provisional homes. Yet, where are the grandmothers in redefining the framework for Indigenous children's well-being? With recent legal and political decisions, Indigenous grandmothers are now well positioned to carve the path forward to re-claim, to re-construct their role, and to re-gain their rightful place within the Indigenous family. Indigenous grandmothers are central to reconciliation, decolonization, and transformation of the child welfare system; their stories need to be heard.

Where are the Grandmothers in the Child Welfare System? Re-claiming, Re-constructing, and Redefining the Framework for Indigenous Children's Well-Being

Introduction

Eloquent language is used in the literature to describe the sacred, powerful, and central role of Indigenous grandmothers in the traditional Indigenous family. Grandmothers have been referred to as being “the sacred hoop of be-ing ... the old woman who tends the fires of life ... who weaves us together in a fabric of interconnectedness” (Gunn Allen, 1986, p. 11), who “holds things together” (Child, 2012, p. 63). As head of households, traditional Indigenous grandmothers ensured the health, safety, and well-being of their communities; they were healers, teachers, keepers of the law, and doorkeepers to relationships with the spirit world (Anderson, 1964; Anderson, 2011; Child, 2012; Gunn Allen, 1986). As Elders, grandmothers were highly valued for socializing, nurturing, and supporting children in tribal identity, and upholding cultural and spiritual traditions (Bastien, 1996; Silvey et al., 2019); this ensured survival, resiliency, perpetuity of generations to come (Blackstock, 2003; Silvey et al., 2019), and served to promote intergenerational ties and collaboration (Child, 2012).

Colonization brought an abrupt end to the sacred and revered role of Indigenous grandmothers, which perpetuated the movement to the disintegration and disruption of the Indigenous family and community (Anderson, 1964; Chuchryk & Miller, 1996; Mussell et al., 2004). Inherent in the process of colonization was the oppression of Indigenous women and grandmothers (Anderson, 1964; Armstrong, 1996; Blythe & Martin McGuire, 1996; Williams, 2006). The centrality, power, and authority of women and grandmothers were eroded (Lutz, 2006) and Indigenous women/grandmothers became erased and non-existent (Anderson, 1964; Maracle, 1996), voiceless (Horáková, 2017), and invisible (Anderson, 1964; Carter, 2006;

Sangster, 2006). To this day, the breakdown of the Indigenous family continues through the contemporary child welfare system (Aboriginal Justice Implementation Commission [AJIC], 1999; Truth and Reconciliation Commission of Canada [TRC], 2015).

Indigenous grandmothers are now being brought back to the forefront in the child welfare system as caregivers for their grandchildren, through the Kinship Care Program; yet their stories remain silent. Where are the grandmothers in redefining the framework for Indigenous children's well-being in the child welfare system? How might grandmothers reclaim their Indigenous identity, ancestral traditions, customs, lifeway, ceremonies, culture (Anderson, 1964), and regain their rightful place in the Indigenous family? Where are the grandmothers in the reconciliation and decolonization movement of the child welfare system?

In this article, we explore the history of the Canadian and Manitoba child welfare system through the lens of an Indigenous worldview of family, Indigenous womanhood, and the traditional role of Indigenous grandmothers. This context serves as a powerful backdrop for understanding the historical movement of colonization and its impact on the social fabric of the Indigenous family. Thereafter, the legacy of a risk-focused, crisis-driven child welfare system, with its deficiency and pathological view of clients, sets the stage for a discussion on the impact on the health and well-being of grandmothers raising their grandchildren within the child welfare system. The path forward is examined in light of recent political and legal decisions, which have paved the way for Indigenous grandmothers to re-claim, re-affirm, and re-construct their nurturing role in the Indigenous family. Finally, the concluding comments underline how Indigenous grandmothers have the power to influence transformational change in the Indigenous child welfare system, leading to improved, equitable, and quality health and social services, both for themselves and their grandchildren.

Tribal Diversity of Indigenous Peoples

Indigenous Peoples are inclusive of First Nations, Métis, and Inuit people (Government of Canada, 2019); as such Canada recognizes the tribal diversity within each of these categories of Indigenous Peoples. It is therefore not the intent of the authors to generalize this discussion to First Nations, Métis, and Inuit women and families. Nonetheless, it is acknowledged that traditional Indigenous cultures promoted womanhood as a sacred identity, within a complex web of relationships, harmony, and balance (Anderson, 1964; Gunn Allen, 1986; Lindstrom & Choate, 2016; Silvey et al., 2019). Thus, this article focuses on understanding women's/grandmothers' power in the Indigenous family and community. To be clear, this narrative is not intentioned to reduce Indigenous women "to a single voice, a single identity, a homogenous history, and a singular cultural experience" (Chuchryk & Miller, 1996, p. 6); rather, it attempts to depict the privileged role of the Indigenous grandmother within the traditional Indigenous family and how re-claiming and re-constructing that role in contemporary society is critical to transforming the Indigenous child welfare system.

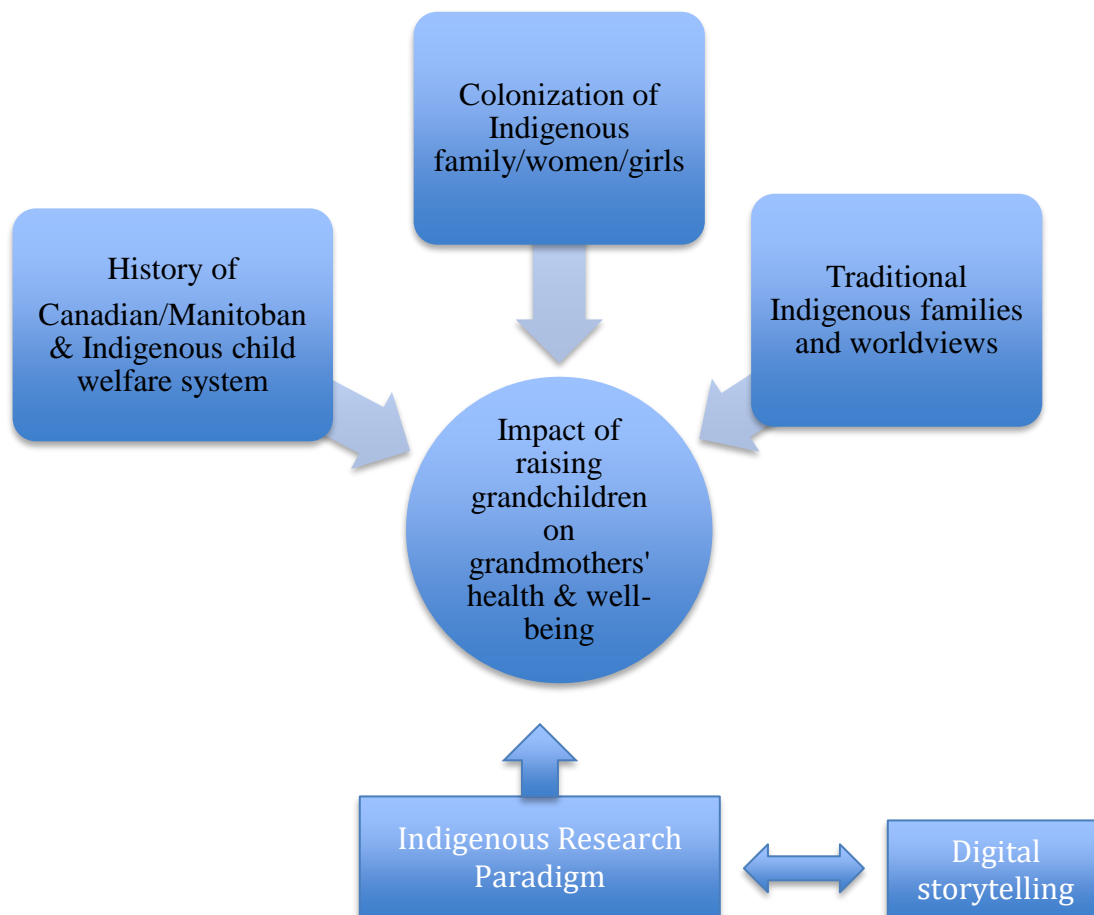
Literature Review Methodology

A narrative review (Greenhalgh et al., 2018) of peer-reviewed articles, books, and government documents was conducted to understand the vast body of literature pertaining to the impact of raising grandchildren on grandmothers' health and well-being; an integrative synthesis and analysis of the literature (Whittemore & Knafl, 2005) was conducted. The literature was organized in five domains (see Figure 1, Literature Review), namely, traditional Indigenous families and worldviews (1964-2019), colonization of the Indigenous family women/girls (1996 to 2019), the history of the Canadian and Manitoban child welfare system and the inception of the Indigenous child welfare system (1985 to 2020). Further, international empirical studies

addressing grandmothers' health and well-being while raising children in the child welfare system were explored (2005-2023). In addition, the literature on an Indigenous research paradigm and digital storytelling was reviewed to ascertain a good fit for studies involving Indigenous Peoples.

Figure 1

Literature Review



Indigenous Worldview of Family

In pre-colonial/settler times, women and men were seen as equals, each having their roles and responsibilities, but each were interdependent on one another (Hungry Wolf, 1996).

Indigenous women's lives were framed within "gender, equality, human dignity, respect,

knowledge, and power to make decisions about their lives and the lives of their extended families” (Horáková, 2017, p. 12). Active features of tribal life included matriarchal, women-centered societies, and maternal control of household goods and resources (Anderson, 1964; Gunn Allen, 1986; Sleeper-Smith, 2006).

Fundamental to Indigenous families was the interdependent kinship networks and the community and family roles and responsibilities within the community (Anderson, 1964; Muir & Bohr, 2014; Silvey et al., 2019). Emphasis was placed on multi-generational families, non-patriarchal, and a non-hierarchical social structure (Anderson 2011), shared responsibilities for child rearing (Anderson, 1996), and roles were designated for maintaining tribal culture (Silvey et al., 2019). Storytelling was a fundamental, powerful, and critical dimension in Indigenous families/communities; storytelling created a strong sense of identity, space to learn about womanhood and traditional knowledge of history, creation, culture, as well as providing a mechanism for preserving language (Armstrong, 1996).

The values of respect, interconnectedness with all things and beings, harmony with nature and the land, connection to the spirit world, kinship networks, and relationality (Silvey et al., 2019), all constituted the social and economic backbone of Indigenous societies (Birdsall, 1987; Silvey et al., 2019; Taylor et al., 2003). As such, family and societies were inseparable within the kinship system (Taylor et al., 2003). Large extended families and kinship networks provided a sense of belonging, security, and were the foundations of strength for community members (Anderson, 1996; Child, 2012; Lindstrom & Choate, 2016). Most importantly, the power that kept families strong and vibrant was the power inherent in the grandmothers who were the keepers of the coming generations (Anderson, 1996, Anderson, 2011; Armstrong, 1996; Child, 2012).

The Centrality of Women in Indigenous Family

In the traditional Indigenous family, community, and society, the centrality and sacredness of women is emphasized (Anderson, 2011; Armstrong, 1996; Child, 2012). Aboriginal women wielded immense power (Anderson, 2011; Armstrong, 1996; Carter, 2006; Child, 2012; Dudgeon & Bray, 2019; Chuchryk & Miller, 1996; Gunn Allen, 1986; Kelm & Townsend, 2006; Wright, 2006), nurtured the family unit, and ensured family health and well-being (Anderson, 2011; Armstrong, 1996; Bastien, 1996; Carter, 2006; Child, 2012; Chuchryk & Miller, 1996; Sleeper-Smith, 2006). Women were responsible for maintaining harmony and societal order (Anderson, 2011; Armstrong, 1996; Child, 2012; Sleeper-Smith, 2006) and made a vital contribution to cultural/tribal identity. By having and maintaining an economic role in the distribution of resources (Armstrong, 1996; Carter, 2006; Child, 2012; Wright, 2006), women ensured the physical survival of family/community (Armstrong, 1996; Bastien, 1996; Carter, 1996; Child, 2012; Sleeper-Smith, 2006).

The strong bonds created between girls, young women, and grandmothers provided a social context whereby the next generation of women would learn about and witness social and economic decision-making power, the enactment of gender roles and responsibilities, and the power of relationship for the survival of communities (Armstrong, 1996; Maracle, 1996). Thus, the roles and responsibilities of girls, women, and grandmothers were at the core of Indigenous family and community (Armstrong, 1996).

The Life Stages of Indigenous Womanhood

We draw on the Indigenous lifecycle teachings described by Johnston (1976) and Knight (2001) to gain insight into the life stages of Indigenous women. Additionally, Anderson (2011) has assisted us in better understanding the centrality of women in Indigenous families: she carves

out the life stages of Indigenous girls and women and explores how these life stages impact development and identity formation. Anderson further delineates the critical roles and responsibilities throughout the life stages and how the achievement of these is critical to the health and well-being of Indigenous girls and women, the family, and the community. Anderson (2011) guides us through the journey of Indigenous womanhood from conception to adulthood, to the revered, respected, and prestigious life stages of grandmother and eldership (Anderson, 2011; Armstrong, 1996; Child, 2012).

From Conception to Walking

Traditional Indigenous societies went to great lengths to protect the unborn child and mother throughout pregnancy. Indigenous Peoples valued the sacredness of new life as well as the sacredness of the child during infancy and the toddler years. The health of the baby was connected to the health of the family, community, and the natural and spirit world. Anderson (2011) indicates that pregnancy was considered a sacred time; it was a time to honour the spirit that was coming through the unborn child and a time to honour and nurture the mother who carried the spirit. Indigenous mothers were seen as being the conduit between the spirit life and life on earth (Hungry Wolf, 1996). Women were highly respected as they created life (Armstrong, 1996; Dudgeon & Bray, 2019; Hungry Wolf, 1996); having the power to make life, was the source of all power (Gunn Allen, 1986). There was pride and honour in bringing forward new life into the community. Families and communities held celebrations at the news of a pregnancy and thereafter invested in the well-being of the pregnant woman. There were pregnancy protocols and ceremonies, some of which included the father, to ensure the health and well-being of both mother and child (Anderson, 2011).

Childhood and Youth

From childhood up until puberty, gendered identities were not defined (Anderson, 2011). Childhood and youth were a time of identity formation, where children were nurtured, developed self-esteem and a sense of belonging to family and community. Raising children was a collective role shared by the family, extended family, and community. Children were not seen as the possession of the biological parent, but rather, they were seen as “gifts and on loan from the Creator” (Armstrong, 1996, p. 159), they were “at the heart of the community and are precious spirits” (Armstrong, 1996, p. 162). Armstrong (1996) further emphasized that everyone in the community had a role to play in ensuring the well-being of the child.

Armstrong (1996) highlights that children learned about self-discipline and were raised within an extended family and community network, with elders and grandparents playing a key role. This was of particular importance as grandparents facilitated traditional cultural/tribal education, reciprocity in relationships, and facilitated learning of tasks and responsibilities to promote self-reliance, responsibility, interdependency, relationships, and community health and well-being (Anderson 2011; Armstrong, 1996). Through sacred ceremony, children were taught self-concepts that were not separate, but connected to community and the spiritual world (Bastien, 1996).

In traditional Indigenous societies there was an absence of corporal punishment, reprimand, and coercion. Children were free to do as they pleased and when discipline was warranted, it occurred through role-modelling, storytelling, game-playing, and rites of passage ceremonies (Anderson, 2011; Armstrong, 1996; Muir & Bohr, 2014; Van Kirk, 1980). Typically, aunts and uncles were more involved in this stage of development than grandparents. Praise was

given to children on the basis of their contribution to the family and community (Anderson, 2011).

Adolescence, or the fast life, as described by Johnston (1976), was a time of vision and quest that occurred through ceremonies, or rites of passages, such as fasting. This stage was about advancing the moral and spiritual journey of boys and girls. This was a time where girls experienced the coming-of-age ceremonies with the onset of menstruation, which represented a critical transition of the pubescent girl into the women's circle and her transition into the spiritual world. Therein began the recognition of the sacredness of women, and the empowerment of girls to fulfill their roles and responsibilities in ensuring family survival and the welfare of others (Anderson, 2011; Armstrong, 1996; Child, 2012; Gunn Allen, 1986; White, 2006; Wright, 2006). For pubescent girls, this was also a life stage of significant physical and spiritual transformation (Child, 2012), preparing them to enter the women's circle.

The Women's Circle

Adulthood or the planning/planting life phase (Knight, 2001) was more clearly delineated by gender (Anderson, 2011). Anderson underlines that this was a time where women provided and cared for family, the young and old, and the community. Childbearing responsibilities, nurturing life, raising children, gaining authority, learning to manage the home front, in short, all responsibilities to ensure well-being and survival of the community were of paramount importance during this stage of life. This also included learning to manage available resources in terms of food management and security, transforming furs, hides, cloth, and beads into clothing, and participating in the cash economy by selling furs, berries, and other goods (Anderson, 2011).

This particular phase in the family life cycle was also a time where women learned the cooperative and social activities that were paramount to building and maintaining community

(Anderson, 2011; Child, 2012). Women became the keepers of relationships, building strong relationships with other women to maintain unity of the women's circle, but also relationships within the broader kinship and community networks. The older women were also responsible to mentor young women in areas of sexuality, courting, and marriage. Foundational to this stage of development was creating and strengthening bonds of kinship and family to ensure family and community well-being. Anderson (2011) stressed this stage as a time of sacrifice for women.

Grandmothers and Elders

Anderson (2011) emphasized that the phase of elderhood applied to both women and men. As women aged however, they moved away from the role of authority as a mother to the authority of a grandmother, one of the most powerful times in a women's life cycle (Anderson, 2011; Armstrong, 1996; Child, 2012; Gunn Allen, 1986). Underpinning the elderhood phase was status, strength, wisdom, a highly evolved spiritual connection, authority, and unconditional respect (Anderson, 2011; Armstrong, 1996; Child, 2012; Gunn Allen, 1986). Moreover, older women and grandmothers, as head of extended families, were critical to the survival of Native Nations (Armstrong, 1996).

Anderson (2011) summarizes five key aspects of the roles and responsibilities of grandmother/Elderhood: (1) maintaining community safety and well-being, (2) ensuring leadership and governance, (3) managing the health of communities, (4) teaching, and (5) being the doorkeepers to relationships and the spirit world. Women were the keepers of the law and through their role as storytellers, enacted those laws (Anderson, 2011). As midwives, doctors, and herbalists, grandmothers managed and maintained the health of their community (Anderson, 2011; Child, 2012). They held special ceremonial connections and expertise with the use of plants and medicines (Child, 2012). As teachers, grandmothers provided foundational formal and

informal education to ascertain that children and community members were aware of and able to live up to their roles and responsibilities within the community (Anderson, 2011). Anderson emphasizes that Elders were the keepers of knowledge about worldviews, traditional beliefs, values, and cultural practices and were responsible for passing on the knowledge from one generation to the next.

Finally, as keepers of relationships and the doorkeepers to the spirit world, grandmothers were instrumental in nurturing relationships among and between family, kin, and community, with the spirit world, and with the natural world (Anderson, 2011; Bastien, 1996; Child, 2012, Hungry Wolf, 1996). It was the grandmothers, through sacred ceremonies, who would connect the spirit world with the human world (Hungry Wolf, 1996).

Colonization of Indigenous Women and Family

Lutz (2006) posits that colonization was a gendered process resulting in significant impact on both men and women; however, Lutz brings attention to the negative impact on women and the Indigenous family. Notably, women's historical roles of power and authority were significantly undermined through colonization. Native women lost their honoured stature and stance on matters of political, economic, spiritual, community, and family authority. Families became individual units of consumption, and the gendered division of labour disappeared; the balance and harmony of the Native family disintegrated (Anderson, 1964; Armstrong, 1996; Blythe & Martin McGuire, 1996; Williams, 2006).

As such, women became dependent on men, they were stripped of their economic freedom and isolated from one another; respect for women and children vanished, and men's roles and responsibility in the Native family shifted dramatically (Anderson, 1964; Fiske, 1996). Women were relegated to a submissive role in the home as mothers (Anderson, 1964; Barman,

2006; Sleeper-Smith, 2006;) and grandmothers lost their powerful and distinguished role as the keepers of the next generations (Maracle, 1996). Women and grandmothers became oppressed by white patriarchal views of the family, losing what had historically been roles of considerable honour, power and strength; thus, began the purposeful breakdown of the Indigenous family and community systems (Anderson, 1964; Chuchryk & Miller, 1996).

The Child Welfare System

Historical accounts of critical events in colonization underline the profound and sustained impacts on Indigenous women, children, and families namely, (1) the establishment of residential schools (1882-1996), (2) the Sixties Scoop, and (3) the contemporary phase of the child welfare system. The enactment of the Indian Act of 1894 expedited the inception of the first phase of child welfare in First Nations communities and was sanctioned through the residential school system (Royal Commission on Aboriginal Peoples [RCAP], 1996). Fournier and Crey (1997) indicate that the Act was enforced through apprehension of children, coercion of parents, and the removal of children by force (as cited in Kufeldt & McKenzie, 2011). Indigenous children were removed from their families as the primary vehicle for civilization and assimilation; these children were forced to renounce their traditional languages, dress, religion, and lifestyle (Government of Canada, 2017). It is within the residential school system that Indigenous children began to experience sexual, physical, and emotional maltreatment (Caldwell & Sinha, 2020). As noted in the most recent reports on the discoveries of mass unmarked graves at the former Kamloops Indian Residential School (Coburn, 2021) and at the Marieval Indian Residential School (Austen & Bilefsky, 2021), many children lost their lives as a result of negligence and abuse; indeed, the residential school system was the perpetrator of cultural genocide against Indigenous Peoples (TRC, 2015).

The early twentieth century is also the beginning of the era where Indigenous children were entering the child welfare system in large numbers with little legal scrutiny (Kufeldt & McKenzie, 2011). This was exacerbated by the revision of the Federal Indian Act in 1951, which allowed provincial child welfare agencies to expand their reach in First Nations communities (Sinclair et al., 2004). The revision of the Act gave way to the Sixties Scoop, the second period of First Nations child welfare in Canada (RCAP, 1996). This era had a profound negative impact on Indigenous communities, whereby massive apprehension of Indigenous children and placement of these children in non-Indigenous families became the norm (AJIC, 1999). Indigenous parents were seen as being incapable of caring for their children based on perceptions of risks, including malnutrition, unsanitary living conditions, and poverty, and as a result, children were permanently separated from their families (TRC, 2015). Hence, the 1960s onward saw a significant increase in Indigenous children in care (Kufeldt & McKenzie, 2011; Sinha et al., 2011; Tilbury & Thoburn, 2011).

The 1980s set the stage for the emergence of the third phase of the First Nations child welfare history in Canada, namely the contemporary phase (RCAP, 1996), whereby the responsibilities for the delivery of child welfare from provinces/territories was transferred to First Nations Communities. As a result, First Nations Child and Family Services Agencies were established. Through a delegated service model, First Nations agencies hold the authority to provide services according to the provincial child welfare legislation and standards (Blackstock, 2003). For more than a century, Canadian policies have supported the removal of Indigenous children from their families and communities and these practices continue today through this contemporary phase of the child welfare system (Caldwell & Sinha, 2020).

The child welfare system continues to see an over-representation of Indigenous children in care (Blackstock, 2019). In Canada, Indigenous children represent 53.8% of children in foster care while representing only 7.7 % of the child population (Government of Canada, 2023). Informal kinship program is the most common living arrangement for these children (47%) followed by family foster care in the Kinship Care programs (37%) (Aboriginal Children in Care Working Group, 2015). Increasingly, Indigenous children in foster care are being cared for by grandmothers in kinship foster arrangements, resulting in a disproportionately high number of Indigenous grandmothers involved with the child welfare system (Fuller-Thomson, 2005; Fuller-Thomson & Minkler, 2005; Gough, 2006; Hill, 2016; Kiraly et al., 2014; Thompson et al., 2012). This over-representation will continue, as child welfare agencies are turning to Kinship Care programs as the option of choice for placing children in provisional homes (Alvarez, 2017; Fuller-Thomson, 2005; Gentles-Gibbs & Zema, 2019; Gough 2006; Worrall, 2009).

A Risk-Focused Child Welfare System

The contemporary child welfare system is structurally imbued with colonialism (Hill, 2016; McKenzie et al., 2010; Thompson et al., 2012) and operates within a risk-focused paradigm (Wharf, 2009). Wharf purports that child welfare as a risk-focused enterprise, has institutionalized the concept of risk, which (1) protects policy-makers, managers, and practitioners, (2) promotes a politicized, bureaucratic, and hierarchical organization, (3) promotes development of standard procedures, such as risks assessments, (4) supports an individual casework approach based on a case/client's inability to deal with personal problems, thus requiring casework/counselling, (5) focuses on a pathological view of the client, (6) creates a crisis-ridden environment, (7) sets the stage for investigations, and (8) encourages individual approaches to practice.

The notion of the institutionalization of the risk paradigm sent a clear message to the public that children would be protected, but Wharf (2009) argues that this paradigm serves to protect, not the children, but policymakers, in the event of tragedy. Accordingly, within this paradigm, accountability is of critical importance, hence the development of standardized assessment instruments and uniformity in practices. Moreover, this risk-focused, patriarchal, hierarchical, and bureaucratic child welfare system continues to target the poorest, most vulnerable, and marginalized families and children, of which Indigenous children and grandmothers are significantly overrepresented.

Inherent in a risk-focused child welfare paradigm is the notion of a pathological and deficient view of the ‘client’ (Wharf, 2009). Risk assessments, inclusive of risks of neglect (Sinha et al. 2013), focus on individuals and personal characteristics of parents, typically focusing on deficits, weaknesses, and pathology. This gives way to a case-based approach (Libesman, 2014), which is in direct contradiction with the social organization of the Indigenous family, whereby health and well-being is not individualistic, rather these concepts are interpreted within the context of relationships and interconnectedness with all dimensions of the universe (Anderson, 2011).

A case-based approach in the context of underfunding, an overworked child welfare system (Libesman, 2014), and a risk-focused paradigm (Wharf, 2009) leads to crisis management, which is a typical feature of the child welfare system (Libesman, 2014; Mussell et al., 2004; Wharf, 2009). A case-based approach, particularly in times of crisis, addresses children and families in isolation of one another and does not engage family and community support (Libesman, 2014). Yet, as highlighted by Libesman (2014), it is during these times of crisis that families, parents, and communities are assessed.

The Legacy of the Child Welfare System and Indigenous Grandmothers

Historically, formal child welfare agencies, have been led by white, middle-aged-men who have limited understanding and are disconnected with the realities of front-line workers and the vulnerable populations they serve (Wharf, 2009). Wharf further adds that these ‘leaders’ have created rules and regulations with no input from front-line workers and clients and are oftentimes perceived as being impractical. In addition, it appears that the evolving political structures, laws, and policies “seemed more concerned with achieving the institutional role of gatekeepers to scarce resources” (Lafrance & Bastien, 2007, p.108) and governments putting their needs ahead of children’s needs (Blackstock, 2009) rather than guaranteeing quality children’s services (Blackstock, 2009; Lafrance & Bastien, 2007). A focus on adversarial (Office of the Children’s Advocate, 2016), bureaucratic and management practices (Lafrance & Bastien, 2007), and the fierce competition for children and funds (Hurl, 1984) have been the hallmarks of the child welfare system.

The legacy of this colonial child welfare system frames the context within which Indigenous grandmothers are now raising their grandchildren in Kinship Care Programs. The extant literature acknowledges that grandmothers are most often the substitute caregivers in Kinship Care family structures (Aldgate & McIntosh, 2006; Birchall & Holt, 2022; Gladstone et al., 2009). Grandmothers-as-parents are identified as being economically, and socially disadvantaged (Birchall & Holt, 2022; Dudley, et al., 2023; Valentine et al., 2013; Xu, et al., 2020), which can lead to actual or self-perceived deterioration in health status (Sands et al., 2005). Notwithstanding actual or perceived health deterioration, the literature consistently underlines that grandparents raising their grandchildren are at higher risk of ill health (Backhouse & Graham, 2012; Byers, 2010; Campbell & Handy, 2011; Fuller-Thomson & Minkler, 2005;

Gentles-Gibbs & Zema, 2019; Hadfield, 2014; Harnett et al., 2014; Hughes, et al., 2007; McKenzie et al., 2010; Valentine et al., 2013; Whitley et al., 2015).

There is a dearth of literature that supports the deleterious impact of parenting on the physical health of grandparents (Hadfield, 2014); however, scholars acknowledge that impacts on Indigenous grandparent's physical health may differ; they tend to be older and have greater disabilities than other population groups (Fuller-Thomson, 2005; Kiraly et al., 2014; Worrall, 2009). The empirical evidence supports significant psychological and emotional well-being issues related to grandparents-as-parents notably, depression (Dudley et al., 2023; Fuller-Thomson, 2005; Hadfield, 2014; Hung et al., 2021; Minkler & Fuller-Thomson, 1999), stress (Wu, et al., 2022; Xu, et al., 2020) and distress (Dudley et al., 2023; Gladstone et al., 2009; Helton et al., 2020; Hung et al., 2021; Xu et al., 2020), role conflict (Bailey et al., 2009; Campbell & Handy, 2011; Dudley, et al., 2023; Hung, et al., 2021; Musil et al., 2009; Worrall, 2009), changes in lifestyle (Backhouse & Graham, 2012) and family dynamics (Dudley, et al., 2023), separation/divorce (Worrall, 2009), inadequate social supports (Dudley, et al., 2023; Harnett et al., 2014), and financial aid/support and legal custody issues (Backhouse & Graham, 2010; Backhouse & Graham, 2012; Meyer & Kandic, 2017; Worrall, 2009).

Caring for grandchildren within the Kinship Care Program of child welfare agencies can further alter grandmothers' mental health and well-being, particularly as it relates to Indigenous grandmothers (Hill, 2016; McKenzie et al., 2010; Thompson et al., 2012). Grandmothers are fearful of the system (Birchall & Holt, 2022; Letiecq et al., 2008), feel helpless (Gentles-Gibbs & Zema, 2019; Worrall, 2009); feel undervalued, not respected (Backhouse & Graham, 2012; Birchall & Holt, 2022; Dudley, et al., 2023; Gentles-Gibbs & Zema, 2019), and feel misunderstood by child welfare workers (Backhouse & Graham, 2010, Worrall, 2009), resulting

in feelings of loss, grief, frustration (Backhouse & Graham, 2012; Harnett et al., 2014; Valentine et al., 2013), anger, shame, remorse, guilt, and embarrassment (Worrall, 2009). Grandmothers distrust the child welfare system (Kiraly et al., 2014; McKenzie et al., 2010). The system is seen as being punitive toward grandmothers (Gentles-Gibbs & Zema, 2019) and strips them of decision-making authority when parenting their grandchildren (Gentles-Gibbs & Zema, 2019; McCroskey, 2001; Ryder, et al., 2022). In addition, grandmothers perceive the system as creating barriers to accessing culturally appropriate services (Kiraly et al., 2014; Wu et al., 2022), financial support (Backhouse & Graham, 2010; Gentles-Gibbs & Zema, 2019; Gough, 2009; McKenzie et al., 2010), as well as critical information required to understand the child welfare system and grandparents' rights and responsibilities when raising their grandchildren (Valentine et al., 2013).

Recent studies also underline that grandmothers feel bullied and coerced by the system and blamed for the children's difficulties (Birchall & Holt, 2022; Dudley et al., 2023; Hung, et al., 2021). Grandmothers are victims of their grandchildren's verbal and emotional abuse (Birchall & Holt, 2022; Holt & Birchall, 2020; Holt & Birchall, 2022) and receive no support from the social workers (Birchall & Holt, 2022). As a result, grandmothers become socially isolate, experience loss of freedom and relationships, and have little time for self-care (Dudley et al., 2023; Hung et al., 2021; Ryder et al., 2022; Wu et al., 2022).

The Path Forward

As demonstrated through the historical discourse put forth in this article, the child welfare system rests upon a colonial history (TRC, 2015) and as emphasized by Libesman (2014), reviews and reports have not focused on how to decolonize the child welfare system or look at responses to children's well-being as restitution for past wrongs. Reconciliation can only be

achieved through critical partnerships between Indigenous and non-Indigenous peoples of Canada to redefine infrastructure, policies, legislation, and practices (Lindstrom & Choate, 2016). The white settlers, however, have to acknowledge the historical and ongoing poor child welfare practices and respect Indigenous Peoples rights to self-determination in matters of child well-being; only then can valuable collaborations arise to improve and/or rebuild the child welfare system (Blackstock et al., 2007). It also behoves all involved to fully accept and admit the intergenerational traumas caused by the assimilationist laws and policies, which led to the destruction of Indigenous cultures, families, and communities (Micklefield et al., 2018). Moreover, underpinning this complex work is the full comprehension of the Indigenous worldview of family and the centrality of grandmothers in ensuring survival, resiliency, and perpetuity of generations to come (Blackstock, 2003 Silvey et al., 2019). It is critical to operationalize an Indigenous worldview of family in child protection legislation, policies and practices.

Recent Child and Family Political/Legal Decisions

Recent political and legal decisions namely, the *TRC: Calls to Action* (2015), the historic decision from the Canadian Human Rights Tribunal (CHRT) (2016), and the most recent enactment of Bill C-92 (Government of Canada, 2019), all have the potential to set in motion significant changes to improve the well-being of Indigenous children and families. Moreover, the opportunity presents itself to ground child welfare policies in Indigenous epistemology, leading to social change, leadership, and healing (Clark, 2016) and to design a creative child welfare framework based on a strength-based, resiliency, and well-being model (Lucero & Leake, 2016). Notwithstanding that the stage is set for change, Blackstock (2011) is insistent that “we keep repeating the same mistakes” (p. 38) and further questions if we indeed have the moral fortitude

to make the necessary changes. In the words of Blackstock (2019), “will this new legislation bring about historical changes, or will this just be another paper tiger?” (p. 5).

The TRC (2015) addresses the legacy of the Canadian child welfare system and articulates major recommendations to redefine a framework for Indigenous children’s well-being and to reduce the overrepresentation of Indigenous children in care. In 2016, the Canadian Human Rights Tribunal rendered its decision regarding Canada’s role in perpetuating the historical disadvantage and discrimination against Indigenous Peoples; it acknowledged the lack of adequate funding and culturally appropriate child welfare services to First Nations People (Blackstock, 2019; Walqwan Metallic et al., 2019). Although these historical decisions and recommendations have the potential to significantly improve the health and well-being of Indigenous children and families, how can these be operationalized and embedded in daily interactions with families? How long will it take to shift this massive child welfare system to truly appreciate and understand that behind this legalese are very real children, women/grandmothers, and families? The path to reconciliation is growing weary for those who have been oppressed, marginalized, and made vulnerable, as children, women, and families continue to live in poverty, and as underlined by Bennett and Blackstock (2007), poverty is the new colonization.

The recommendations articulated by the TRC (2015) and the historic decision by the CHRT (2016) appear to have the best interest and well-being of Indigenous children, families, and communities at heart; however, historically, the child welfare system has been severely underfunded on First Nations reserves (Blackstock, 2012; First Nations and Family Caring Society of Canada, 2023). Blackstock (2019) further emphasized that “all of these options will need to be enabled by federal legislation, including resources to develop, implement, and

evaluate child welfare and ancillary laws and mechanisms” (p. 6). Moreover, Blackstock underlines that critical issues such as culturally based responses to poverty, addictions, housing issues, lack of appropriate consultations with experts in the field of First Nations Child and Family services, including Elders/grandmothers, contradicts legislation toward achieving self-determination.

The recent enactment of Bill C-92 (Government of Canada, 2019) represents an unprecedented step forward in Canadian history in regard to its relationship with First Nations, Inuit, and Métis children, youth, and families (Walqwan Metallic et al., 2019). Walqwan Metallic et al. (2019) underlined that the purpose of Bill C-92 is to enshrine in law, Indigenous Peoples jurisdiction over child and family services. The ultimate goal of this legislation is to reduce the number of children in care and to keep Indigenous children connected to their families, communities, and culture. Under this legislation, Indigenous Peoples will be in a position to develop policies and laws based on respective histories, cultures, circumstances, and transition toward exercising partial or full jurisdiction over child and family services (Government of Canada, 2019). Notwithstanding this major step forward, a pressing question remains: Is Bill C-92 sufficient to improve the lives of Indigenous children, women, grandmothers, and families?

Bridging the Divide

Colonial laws and policies have caused destruction and devastation in the lives of Indigenous children, women, family, and communities. Even now, the consequences of the current child welfare system continue to perpetuate harm on Indigenous children, perhaps worse than those of the residential school (Blackstock, 2003; Lafrance & Bastien, 2007), and on the health and well-being of grandmothers. While the numbers of Indigenous children in care continues to grow, Blackstock (2011) underlines that governments continue to point fingers at

one another for their shortcomings. How do we bridge the gap between the Indigenous worldview and the Western worldview, which is

more linear than holistic, hierarchical and specialized rather than generalised, more materialistic and self-interested than sharing, less concerned about relationships and kindness than competitiveness, more aggressive than respectful, and more focused on external sources of control and authority than the development of internal controls (Lafrance & Bastien, 2007, p. 117)?

We assert that it is long past time to finally acknowledge that Indigenous grandmothers have a privileged role in reconciliation and decolonization of the contemporary child welfare system. Understanding, incorporating, and capitalizing on women's ways of being and knowing (Lafrance & Bastien, 2007) may indeed be the path forward. Armstrong (1996) summarized this notion:

It is the spirit of the female, holding in balance the spirit of the male, in a powerful co-operative force that is at the core of family and community. It is the strength of this female force that holds all nations and families together in health. It is the bridge to the next generation. It is this female power that is the key to survival ... (p. xi).

Reclaiming family from an Indigenous worldview, cultivating the wisdom, power, strength of Indigenous grandmothers, and returning to a matriarchal, women-centered child welfare system has potential to lay the foundation for an innovative Indigenous model of child welfare, which will contribute to reconciliation, healing, and community capacity building. Reintroducing the traditional Indigenous worldviews of family, whereby children are the core and the heart of Indigenous Nations (Anderson, 1964), is critical to child and family well-being

legislation, policies and practices. Moreover, the traditional social organization of Indigenous societies must underpin Indigenous child and family well-being both in philosophical grounding and organizational structures. As described by Anderson (1964), this will entail understanding the traditional roles of grandmothers/Elders vis-à-vis the children in teaching “the spiritual, social and cultural lifeways of the nation” (p. 159), of women as life givers, and of men as protectors and providers of the children.

In the advent of recent political and legal decisions, it is time to dismantle and discontinue the use of Eurocentric methodologies in child welfare practices and to meaningfully involve Indigenous Peoples, specifically, Indigenous grandmothers, in developing culturally appropriate standards, assessment tools, and resources (Choate & Lindstrom, 2018), policies, and practices. Further, community and Indigenous involvement is critical in actualizing the concept of the best interest of the child (Blackstock, 2009; Caldwell & Sinha, 2020). Drawing upon Indigenous knowledge, stories, and ways of being will be fundamental to point the way forward (Gosek & Bennett, 2018; Guilfoyle et al., 2010; Johnson, 2012).

Conclusion

Clearly, colonization with its ensuing Canadian political and policy decisions, through the enactment of the Indian Act in 1894, the revision to the Federal Indian Act in 1951, and the current Child and Family Services Act (RCAP, 1996) have and continue to destroy the very fibre of the Indigenous family (Tilbury & Thoburn, 2011). While the numbers of Indigenous children in care continues to grow, governments continue to point fingers at one another for their shortcomings (Blackstock, 2011) and are now turning to Indigenous grandmothers to provide provisional homes for their grandchildren within Kinship Care programs (Alvarez, 2017; Fuller-Thomson, 2005; Gentles-Gibbs & Zema, 2019; Gough 2006; Worrall, 2009).

For over a century, Indigenous children, women, and grandmothers have experienced marked health inequities due to the oppressive forces of colonization (McKenzie & Shangreux, 2011). The overrepresentation of Indigenous children in care (The Vanier Institute, 2019), which has resulted in an increasing number of grandmothers caring for their grandchildren, both in informal and formal care (Fuller-Thomson, 2005; Fuller-Thomson & Minkler, 2005; Gough, 2006; Hill, 2016; Kiraly et al., 2014; Thompson, et al., 2012), has increased the burden of responsibility on the most vulnerable (Backhouse & Graham, 2010), and has had powerful impacts upon their health and well-being (Mikkonen & Raphael, 2010).

As the number of Indigenous children in care continues to rise, grandmothers are called to re-assert their rightful place in the Indigenous family. This is a challenging call to action given the intergenerational traumas inflicted on the Indigenous family, the relentless disempowerment, marginalization (Carriere & Richardson, 2009), oppression of Indigenous women (Anderson, 1964; Chuchryk & Miller, 1996), and the continued exploitation of vulnerable Indigenous children, primarily Indigenous girls (Gosek & Bennett, 2018). By gaining a deeper understanding of Indigenous women's ways of knowing, worldview of family, the meaning of traditional Indigenous womanhood, and the revered role of grandmothers in traditional societies, can provide the foundation upon which reconciliation and decolonization of the child welfare system can begin. Particularly in light of the devastating consequences of the residential schools, it is critical that Indigenous grandmothers re-claim, re-affirm, and re-construct their nurturing role in the Indigenous family and re-gain their rightful place and voice in child welfare infrastructure, policies, legislation, and practices.

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Chapter III: Methodology Manuscript

**Creating Space for the Marginalized: Choosing an Indigenous Research Paradigm and
Digital Storytelling to Honour the Stories of Indigenous Grandmothers**

Proposed Authors

The International Journal of Qualitative Methods (2023) criteria were used to determine authorship. These were further discussed with my thesis advisory committee members to ascertain agreement. Note, although the final decision has not been taken by the authors as to the journal where this manuscript will be submitted, options include: Journal of Indigenous Wellbeing, International Journal of Qualitative Methods, Qualitative Health Research.

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**Creating Space for the Marginalized: Choosing an Indigenous Research Paradigm and
Digital Storytelling to Honour the Stories of Indigenous Grandmothers**

Abstract

The colonialized child welfare system has been instrumental in destroying the social organization of Indigenous families. This reality persists today. Indigenous grandmothers raising their grandchildren in Kinship Care Programs continue to be oppressed, invisible, and silenced. Their privileged role as keepers of Indigenous knowledge is not recognized. As such, there is a body of situated knowledge that can only be revealed through the stories of Indigenous grandmothers. Choosing a *Two-Eyed Seeing* conceptual model and digital storytelling rooted in an Indigenous research paradigm, allowed space for the stories from the margins to be expressed and honoured. The use of digital stories empowered, unified, and placed a human face and voice on grandmothers' experiences. Placing grandmothers' experiences at the centre of the research inquiry provided an opportunity to reaffirm and reclaim their privileged and sacred role in Indigenous ceremonies and family. Cultural humility, trusting relationships, and accountability were fundamental to ceremony within the research process. Choosing to position Indigenous grandmothers as storytellers, transformed the research inquiry into ceremony.

Creating Space for the Marginalized: Choosing an Indigenous Research Paradigm and Digital Storytelling to Honour the Stories of Indigenous Grandmothers

Introduction

Multifaceted acts of colonialism, assimilation, and the oppression of Indigenous Peoples have relegated Indigenous families to the margins of mainstream society (Archibald et al., 2019). In the words of Minister Philpott (2017), “we are facing a humanitarian crisis in this country where Indigenous children are vastly, disproportionately overrepresented in the child welfare system” (para.1). Manitoba has the highest percentage of Indigenous children in care (Manitoba Department of Families, 2023; The Vanier Institute, 2019); 37% of these children are living in formal family/kinship care arrangements (Aboriginal Children in Care Working Group, 2015). Consistent with this reality, Indigenous grandmothers caring for their grandchildren are significantly over-represented within kinship care (Fuller-Thomson, 2005; Fuller-Thomson & Minkler, 2005; Gough, 2006; Hill, 2016; Kiraly et al., 2014; Thompson et al., 2012); kinship care often translates to grandmother care (Worrall, 2009). As a result, grandmothers are bearing the burden of responsibility of caring for their grandchildren (Backhouse & Graham, 2010), while current political and policy decisions are perpetuating health inequities among the most vulnerable families (Mikkonen & Raphael, 2010; Russell et al., 2018).

Grandparents raising their grandchildren are at high risk of experiencing physical and mental health issues (Backhouse & Graham, 2012; Byers, 2010; Campbell & Handy, 2011; Fuller-Thomson & Minkler, 2005; Hadfield, 2014; Harnett et al., 2014; Hughes, et al., 2007; McKenzie et al., 2010; Valentine et al., 2013; Whitley et al., 2015); these issues can be further aggravated when child rearing occurs within the child welfare system (Baker & Mutchler, 2010; Bennett & Blackstock, 2007; Hill, 2016; Letiecq et al., 2008; McKenzie et al., 2010; Thompson

et al., 2012). Notwithstanding this evidence, there is a dearth of knowledge representing the experiences of Indigenous grandmothers; this creates a significant knowledge gap, which is critical to informing political decisions and policy development in Child and Family Services.

The purpose of the study was to honour the stories of the invisible victims of colonization notably, Indigenous grandmothers parenting their grandchildren in the Kinship Care Program of the child welfare system. The study was situated within the context of the traditional Indigenous worldview and the social organization of the Indigenous family, which acknowledges the centrality of grandmothers in socializing, nurturing, and supporting children in upholding tribal identity, cultural, and spiritual traditions (Bastien, 1996; Silvey et al., 2019). To overcome the current knowledge gap, three objectives were pursued in the study: (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent the Child Welfare System (CFS) contributes to grandmothers' health and well-being, and (3) to explore grandmothers' perspectives on how they might want to be involved in CFS policy and practice changes and in CFS governance.

In this article, we take a methodological stance on conducting socially just research (Strega & Brown, 2015), specifically as it relates to Indigenous grandmothers. We begin by critically reflecting on the concepts of power and privilege that are at play in this research inquiry and we provide insight into the first author's life experiences with the child welfare system, so as to challenge the complexity of research neutrality and objectivity. The first author further delineates her struggles as a non-Indigenous researcher, to come to the place, as described by Tuhiwai Smith (2012), where she could get the story right and tell the story well. This reflection is presented within the context of 'choosing the margins' as a powerful way of exploring knowledge that has been marginalized through colonization (Tuhiwai Smith, 2012).

We then explore and consider the concepts of the *Two-Eyed Seeing* conceptual model (Marshall, 2014), which framed this study. This model was deemed to be a good fit with our study objectives, as it allowed us to prioritize the knowledge held by grandmothers who are parenting grandchildren in the Kinship Care Program of CFS. In this context, we positioned the study within an Indigenous research paradigm (IRP) (Wilson, 2008), recognizing that this approach is seldom used when conducting research with Indigenous Peoples. Thereafter, we put forth the rationale of using digital storytelling (DST) as a qualitative research method rooted in an IRP and argue that this research approach is the most appropriate way to honour Indigenous grandmothers' ways of knowing, being, and doing. The theoretical and philosophical assumptions of an IRP and DST as method are further explicated, setting the stage for how knowledge was gathered, how meaning-making occurred, and how knowledge was co-created, and shared. The concluding comments reiterate the power of choosing the 'right' research paradigm, methodology, and method; when this occurs, research can be a life-giving ceremony (Wilson, 2008).

Choosing the Margins

This research began with the first author's experience of raising her grandchildren in the child welfare system; unbeknownst to her, what followed was a commitment to social justice. The first author is a non-Indigenous, white grandmother-parent who has been raising her grandchildren in the Kinship Care Program of the CFS for more than six years; during this time, her family has been dealing with a revolving door of social workers; nine of them thus far. Like many grandmothers before her, she has suffered and endured at the hands of the child welfare system. Social workers have come and gone, they have exercised their power and authority, and

have discounted what the first author, in her role as grandmother, knew was best for her family, resulting in more harm and devastation.

Although the first author has come to this experience from a colonial/settler perspective, her journey led her to want to work for, with, and alongside Indigenous families who have been and continue to be marginalized by the colonial child welfare system (Blackstock, 2003; Choate & Lindstrom, 2018; Lafrance & Bastien, 2007; Muir & Bohr, 2014; Tilbury & Thoburn, 2011; TRC, 2015). The three non-Indigenous members of the research team (SN, DM, & CW) have had to take a critical stance toward self. As non-Indigenous researchers, we recognized our privilege and position of power in this inquiry process. Our positionality as members of the dominant culture shaped how we entered into relationships, made decisions about the inquiry process, and interpreted lived experiences (Strega & Brown, 2015). It is within this context that we have to “consciously, intentionally, and repeatedly bring awareness to the question of what influences perceptions, conceptions, and responses ... throughout the research process” (Strega & Brown, 2015, p. 8). Indeed, Wilson (2008) posits that locating self is a critical step in building relationships in Indigenous inquiry; it is foundational to Indigenous ontology and epistemology. Through this work, the research team (SN, CW, DM, MB, MW) has embarked on the path of reconciliation and it is our hope that we can honour the stories of Indigenous grandmothers. Choosing the margins has been a painful journey, but as underlined by Bishop (2002), it is also the path to reconciliation and to becoming an ally.

Our Struggles as Non-Indigenous Researchers

An important aspect of colonization is the inherent colonization of the ‘self’ (Tuhiwai Smith, 2012). As a result, a myriad of questions arose in considering research with Indigenous grandmothers. There was significant self-doubt, unease, and questions abounded, for example: Is

it our place as white women to be involved in conducting this research? Is this ethical and can we do this right? Will we cause more harm/further colonize? What if we make mistakes? What are Indigenous methodologies and decolonizing research? And most importantly, how do we manage the inherent and colonial power position and extractive mentality of the traditional Western researcher?

Within the research team, there were variable degrees of comfort in conducting research with Indigenous Peoples. Certainly, from the first author's perspective and experience, knowledge related to Indigenous research paradigm and methodologies was limited. The first author was challenged in grasping the concepts, the essence, the meaning of Indigenous methodologies and relationality, which is an ongoing challenge for "friend and foe" (Kovach, 2015, p. 46). Nonetheless, as a research team, and more specifically, the first author began to engage with the literature and studies conducted by Indigenous scholars; it became abundantly clear that relationships were at the core of research with Indigenous Peoples (Wilson, 2008). The first author began to gain a greater understanding of how language shapes the way we think about the world of research (Kovach, 2015) and its impact on research with Indigenous Peoples. Throughout the early stages of this research journey, much discussion occurred within the research team regarding the use of an Indigenous research paradigm and methodology, but the struggles, confusion, and a sense of vulnerability persisted. Hence, it was critical to include an Indigenous scholar and an Indigenous spiritual leader as part of the research team to guide and facilitate the research process. As well, once the grandmothers/participants were recruited, they too became integral members of the research team.

The constant reflection and questioning are normal and should occur on the path to allyship, reconciliation (Kilian et al., 2019), and the movement to becoming "active disruptors of

the systems of whiteness and racism that continue to harm Indigenous Peoples” (Anderson, 2019, p. 931). Critical reflexivity is a vulnerable endeavour and a necessary process in “decolonizing self” (Krusz, et al., 2020, p. 212). Indeed, Krusz and colleagues frame this process as one of cultural humility, which encompasses self-awareness, an ongoing and necessary sense of discomfort, and non-dualistic thinking. Thus, it is through cultural humility and relationships that mutual trust between researchers and participant researchers (grandmothers) developed (Pyett, 2002), participants became meaningfully engaged in the research process (Rieger et al., 2021), power relations inherent in the research inquiry were shared (Kovach, 2015, Strega, 2015; Wilson, 2008), and Indigenous knowledge was honoured and protected (Kovach, 2015).

Furthermore, espousing the fundamental values of research with Indigenous Peoples namely respect, relevance, reciprocity, and responsibility (Kovach, 2015), we purposefully engaged and entered into relationship with participants/grandmothers as partners and co-researchers in this study. In the words of Weber-Pillwax (1999), “A good heart guarantees a good motive, and good motives guarantee benefits to everyone involved” (p. 42). In addition, self-care was a critical dimension of the research journey, as research with Indigenous Peoples is holistic for both researcher and participant (Kovach, 2010b). It is within this context that Indigenous scholar (MB) and the Elder/spiritual guide (MW) have facilitated and guided the research team to a place of compassion, stillness, and humility (Weber-Pillwax, 2004), as the only way forward in this inquiry process. Through an early introduction of Indigenous ceremony by MW and the kind, gentle nudging of MB, we have begun to understand the importance of research as ceremony and the importance of honouring oneself and grandmothers/participants, in our journey of co-sharing, co-creating, and in our quest to co-becoming in the context of this work. We have come to learn that there is ceremony in honouring all of our relationships.

Honouring the Stories of the Invisible Victims of Colonization

Western research has been a critical tool used to colonize Indigenous Peoples (Archibald et al., 2019). Historically, research was used to destroy Indigenous ways of being and knowing and constituted an invasion, theft, and devaluing of intellectual, cultural, and spiritual vitality (Archibald et al., 2019). Archibald and colleagues (2019) stated, “story-takers and the story-makers usually misrepresented, misappropriated, and misused our Indigenous stories” (p. 5). The Euro-Western research paradigms continue to erode and damage Indigenous knowledge, further perpetuating the notion of the superiority of Eurocentric knowledge (Battiste, 2014). As such, Tuhiwai Smith (2012) affirmed that researchers choosing to work with communities that have been oppressed ought to choose methodologies “to facilitate the expression of marginalized voices that attempt to re-present the experience of marginalization in genuine and authentic ways” (p. 205). Tuhiwai Smith also indicated that approaching research from this standpoint is powerful in creating an understanding of social inequality, oppression, disadvantage, and the misuse of power.

Researchers who work in the margins need research strategies that enable them to survive, to do good research, to be active in building community capacities, to maintain their integrity, manage community expectations of them, and mediate their different relationships (Tuhiwai Smith, 2012, p. 213).

We were guided by the *Two-Eyed Seeing* conceptual model (Marshall, 2014) in the work to honour Indigenous grandmothers’ relational ways of knowing, to prioritize their ways of doing (practices and ceremonies), and their ways of being, as the life force of the Indigenous family (Anderson, 2011). As well, we argue that an IRP was the paradigm of choice in this study as it further contextualized and grounded the study in relationships and relational accountability

(Wilson, 2008). We assert that combining the emerging arts-based medium of DST (DeVecchi et al., 2016; Lambert & Hessler, 2020; West et al., 2022) with the traditional practice of Indigenous oral storytelling as methodology, honoured the stories of the misinterpreted and marginalized (Kovach, 2010b). Throughout this discourse, we also introduce culturally appropriate language to address the steps of the research inquiry namely, data gathering, meaning making, co-creation, and sharing of knowledge.

Grounding the Inquiry in the Two-Eyed Seeing Conceptual Model

In traditional Indigenous communities, grandmothers were the keepers of relationships and knowledge (Anderson, 2011; Bastien, 1996; Silvey et al., 2019). It was through the enactment of stories and storytelling in ceremonies and celebrations, that Indigenous grandmothers were also known as the keepers of the new generations (Bastien, 1996; Silvey et al., 2019). Grandmothers' ways of knowing however, were never recognized, honoured, or valued in the colonized child welfare system (Blackstock, 2003; Choate & Lindstrom, 2018; Lafrance & Bastien, 2007; Muir & Bohr, 2014; Tilbury & Thoburn, 2011; TRC, 2015). In this study, the use of the *Two-Eyed Seeing* conceptual model served to recognize and honour, grandmothers as the keepers of knowledge; as partners in the research endeavour, grandmothers were at centre of the inquiry process. The *Two-Eyed Seeing* conceptual model as the backdrop to the study consisted of:

Learning to see from your one eye with the best or the strengths in the Indigenous knowledges and ways of knowing ... and learning to see from your other eye with the best or the strengths in the mainstream (Western or Eurocentric) knowledges and ways of knowing ... but most importantly, learning to see with both these eyes together, for the benefit of all" (Marshall, 2014, para. 1).

A note of caution is needed here: on the surface, learning to see from both eyes seems simple and straightforward; we would argue that this is not easy. As white settlers, we must continuously work to remove the cataract from the other eye, or the cloudy area in the lens that leads to blurred vision. Otherwise, we cannot begin to understand, appreciate, and honour the non-dominant worldview. We further argue that the first author's lived experience as a grandmother raising grandchildren in the child welfare system has enabled seeing more clearly from the 'other eye' and as a result, seeing from both eyes facilitated relationships, connections, respect, and reciprocity within the research team, which was inclusive of Indigenous grandmothers.

Indeed, in our study, *Two-Eyed Seeing*, set the stage for a shift in the power relationship (Tuhivai Smith, 2012), it enabled the prioritisation of Indigenous worldviews (Hall et al., 2015; Martin, 2012; Micklefield et al., 2018), and most importantly, it highlighted and emphasized Indigenous women's ways of knowing alongside Western knowledges (Hall et al., 2015). Further, the *Two-Eyed Seeing* conceptual model paved the way for the research team to fully engage in relationship (CIHR-IAPH, 2016) and grandmothers could determine their degree of involvement in the research process; notably, they determined what knowledge was shared through storytelling and how that knowledge would be co-created, namely by the sharing of ideas, discussions, and meaning-making around those ideas. Wilson (2008) described this process as 'being in relationship with ideas. In addition, as research team members, grandmothers will participate in decisions regarding how knowledge will be disseminated for example, in scholarly journals with co-authorship and their involvement in presentations. Grandmothers will also determine if and how they would most want to be involved in redefining and reframing the child welfare system, so as to find their rightful place in the social order of Indigenous family.

Applying the *Two-Eyed Seeing* (Marshall, 2014) model in our study is consistent and builds on the work of the Canadian Institute of Health Research's (CIHR) Institute of Aboriginal People's Health (IAPH) (2016). These institutes have espoused the *Two-Eyed Seeing* model in their vision to transform Indigenous health and well-being (CIHR-IAPH, 2016). It is hoped that using the *Two-Eyed Seeing* conceptual model in this study, will create a pathway to improving the health and well-being of all children in care (Blackstock et al., 2007) and their grandmothers. *Two-Eyed Seeing*, as a framework for community-based and community-relevant health research (CIHR-IAPH, 2016) also provided an opportunity to decolonize the research process (Tuhiwai Smith, 2012).

Research Paradigm, Methodology, and Methods

Battiste (2014) argued that the stir-and-mix model of bringing Indigenous worldviews into the Euro-Western research paradigms continues to undermine Indigenous knowledge. Wilson (2001) further affirmed that researchers need to move away from simply adding an Indigenous perspective to the dominant research paradigms and move toward researching from an Indigenous research paradigm (IRP); an IRP is rooted in Indigenous knowledge, cultural practices, values, and worldviews (Chilisa, 2020; Kovach, 2010a; Tuhiwai Smith, 2012). In stark contrast with Western research paradigms, an IRP is rooted in Indigenous epistemology, and comprises unique theoretical perspectives and philosophical assumptions. IRP is informed by the relationship that one shares with reality (ontology), relational ways of knowing (epistemology), relational accountability (axiology), and methodology that conforms to relational accountability (Wilson, 2008).

Ontology and Epistemology

An Indigenous worldview espouses a belief system about the nature of reality, being or becoming, and what it means to exist (Chilisa, 2020; Kivunja & Kuyini, 2017; Wilson, 2008) within relationships or sets of relationships (Wilson, 2008). Wilson emphasizes that reality is a process of relationships and as such there is no one reality, only relationships. It is only through these relationships that knowledge is gained; one's way of being and one's identity is acquired through relationships and connection with all life forms, the land, localities, places, and physical geographies where one's ancestors have lived (Kovach, 2010a; Weber-Pillwax, 2004; Wilson, 2008). Thus, fundamental to Indigenous ways of knowing are relationships that one shares with reality (Wilson, 2008). It is through these relationships and connections that knowledge is contextualized, created, given, and validated (Kovach, 2010a). Knowledge is relational, it is shared with all of creation (Kovach, 2010a; Webber-Pillwax, 1997; Wilson, 2008), and as such, Wilson draws attention to Indigenous ontology being the same as Indigenous epistemology. Wilson further adds, "because this relationship is shared and mutual, ideas or knowledge cannot be owned or discovered" (Wilson, 2008, p.177).

Wilson (2001) also noted, that one of the fundamental differences between an IRP and the dominant Western paradigms, is the notion that knowledge "is an individual identity" (176). The belief that the researcher, as an individual, is on a quest to gain knowledge from individual participants in the study is counter-intuitive to Indigenous epistemology. Kovach (2010a) stresses that Indigenous epistemology is holistic; that is, knowledge does not belong to the individual, but to the cosmos, to all of creation including animals, plants, the land, the spirit world and ancestors (Kovach, 2010a, Wilson, 2008). Relationality is about a web of connections with the land, the

cosmos, people; this is how we come to know and understand (Kovach, 2010, Wilson, 2008); therefore, “knowledge can never be human-centric” (Tynan, 2021, p.1).

It is critical to underline, that since time immemorial, Indigenous knowledge was shared through stories and storytelling (Archibald et al., 2019; Kovach, 2010a, Tuhiwai Smith, 2012. Traditional Indigenous grandmothers were the holders of Indigenous ways of knowing and being; they were the keepers of relationships, the knowledge holders of worldviews, traditional beliefs, values, and cultural practices (Anderson, 2011; Bastien, 1996; Silvey et al., 2019), and they ensured the survival, resiliency, and perpetuity of future generations (Blackstock, 2003; Silvey et al., 2019). It was through the enactment of stories and storytelling in ceremonies and celebrations, that Indigenous grandmothers, as head of extended families, were the central figures in the survival of Native Nations (Armstrong, 1996). Thus, using an IRP in our study was a natural flow and aligned with Indigenous grandmothers’ ways of knowing and being; it was a way of honouring grandmothers and their traditional role in the Indigenous family; it also served to set the stage to explore the value of reclaiming and reframing their privileged role in the Indigenous family, as well as within the Kinship Care Program of the contemporary child welfare system.

Axiology

Ethical and moral conduct guides the research endeavour. Axiology permeates the entire research process by allowing the researcher to ensure and demonstrate an understanding of ethical behaviour and values (Kivunja & Kuyini, 2017), decipher which knowledge is worthy of gathering, how knowledge is acquired, and how knowledge is used (Wilson, 2008). Further, when conducting research with Indigenous Peoples, Weber-Pillwax (2004) emphasized two fundamental ethical principles: namely, researcher accountability for the impact of research on

the participants' lives and the community and ensuring that the research is beneficial to participants/community. Underpinning these ethical principles, Weber-Pillwax adds, the natural laws that govern all relationships during the research journey are kindness, caring, sharing respect, and service to community. Hence, the notion of relational accountability is the foundation of an Indigenous axiology (Wilson, 2008).

From the outset, relational accountability in our study has been at the forefront; it began by building relationships within and with individual members of the research team and being accountable to those relationships. Relational accountability goes beyond simply having conversations; it also includes developing cultural humility and being open to not knowing. Our research journey began by attending and participating in Indigenous ceremonies offered by MW and gaining a deeper understanding of ceremony, stories, and storytelling, and the role of Indigenous grandmothers in these sacred events. In addition, the first author attended a variety of seminars with Indigenous scholars and pursued readings on diverse topics, as a way of building knowledge and preparing to authentically engage in the research inquiry process with Indigenous grandmothers. Without question, it is through relationships and relational accountability that the research team were able to choose the most fitting research approach and to arrive at how we could bridge the conceptual to the practical application of an IRP.

Indigenous Methodologies

Methodology, or the theory of how knowledge is constructed, is a product of ontology, epistemology, and Indigenous axiology (Chilisa, 2020; Weber-Pillwax, 2004; Wilson, 2008). Methodology clearly delineates the logical flow and processes, which is adhered to by the researcher throughout the research project (Chilisa, 2020). Indigenous methodologies focus on how one comes to know reality and enables the researcher to reflect on questions surrounding

how knowledge will be acquired, interpreted, and disseminated in the name of the knowledge contribution (Chilisa, 2020; Wilson, 2008).

Indigenous methodologies constitute unique ways of knowing (Kovach, 2010a; Tuhiwai Smith, 2012; Wilson, 2008). It is noteworthy to underline, there is not one single methodology in Indigenous scholarship (Archibald et al., 2019), as Indigenous Peoples are highly diverse. Notwithstanding the diverse knowledge systems, there are common attributes specifically, relationships and connections with all dimensions of the universe being the focal point (Louis, 2007). Relational Indigenous methodologies are respectful of Indigenous worldviews and serve to “advance collaborative research that is inclusive of communities’ voices, revitalizes and restores lost identities and value systems, and legitimizes Indigenous knowledge as content and as a body of knowledge” (Chilisa, 2020, p. 28). Indigenous methodologies steer away from asking questions around validity and reliability to questions associated with how the researcher is fulfilling all relationships within the research study (Weber-Pillwax, 1999). Wilson (2008) further asserted that knowledge gained through the research process is the very mechanism by which the research relationship is achieved.

Storytelling as Indigenous Methodology

Since time immemorial, Indigenous grandmothers have used stories and storytelling as a critical tool in the socialization of children to tribal ways of knowing and being (Anderson, 2011; Armstrong, 1996; Bastien, 1996; Silvey et al., 2019; Thomas 2015). Hall and colleagues (2015) further stated that “... stories were a part of articulating our world, understanding our knowledge system, naming our experiences, guiding our relationships, and most importantly, identifying ourselves” (p. 5). Further, Brayboy (2005) stated, “... stories are the guardians of accumulated knowledge within communities” (p. 427). Storytelling was and continues to be vital to the

survival of First Nations People; stories, rooted in a deep sense of kinship were passed down from generations and became a form of resistance to colonization (Archibald, 2019; Archibald et al., 2019; Behrendt, 2019; De Santolo, 2019; Tuhiwai Smith, 2019; Thomas, 2015).

In our study, participants/grandmothers from diverse Indigenous cultural backgrounds came together to create and share their stories about raising their grandchildren in the child welfare system; storytelling in this context, served as a unifying Indigenous methodology (Archibald et al., 2019; Tuhiwai Smith, 2012), which is methodologically congruent with Indigenous knowledges (Archibald et al., 2019; Behrendt, 2019; Kovach, 2010a; Thomas, 2015; Tuhiwai Smith, 2019). Kovach emphasized that “stories and knowledge are inseparable” (p. 94), they “cross cultural divides” (p. 96), and stories are the medium by which knowledge is transferred between generations (Kovach, 2010; Thomas, 2015). Indigenous storytelling is a powerful methodology and supported our aim to step closer towards decolonizing the research process (Tuhiwai Smith, 2019).

Digital Storytelling as Method

We combined the emerging arts-based medium of DST (De Vecchi et al., 2016; Lambert & Hessler, 2020; West et al., 2022) with the traditional practice of Indigenous storytelling. Digital stories “are 3-5 minute visual narratives that synthesize images, video, audio recordings of voice and music, and text to create compelling accounts of experience” (Gubrium, 2009, p. 186). DST as a research method was deemed to be an appropriate method in this study; it is culturally appropriate (Williams et al., 2017), it engages Indigenous worldviews (Bishop, 2012), and DST places a human face and voice on the experiences of the marginalized (Gubrium & Harper, 2014). DST also holds the potential to empower (Gubrium & Harper, 2014) participants and promote psychosocial health and well-being (Gubrium, 2009). Further, DST can trigger new

insights and needed conversations around critical issues as a way of facilitating community dialogue (Cunsolo et al., 2013; DeVecchi et al., 2016; Gubrium & Harper, 2014; Wexler et al., 2014), which was a vital dimension in our study.

That being said, to maximize grandmothers/knowledge holder participation, we could have offered the option of an interview/conversation rather than teaching participants the use of DST. DST can be challenging for an older population group who may not be as familiar with emerging technology. Participant grandmothers did confirm that DST, may have deterred Indigenous grandmothers from participating in the study. The participants underlined their own apprehension of using DST and oftentimes through the process of creating their story considered withdrawing from the study. As well, participants indicated that Elders may not support the use of DST as a method that is congruent with the traditional practice of Indigenous storytelling.

Notwithstanding the above observation, grandmother participants/knowledge holders confirmed the benefit of DST. In this study stories and storytelling, rooted an IRP, was paramount to elevating grandmothers' stories from the margins. As well, storytelling aligned beautifully with the *Two-Eyed Seeing* conceptual model, as it prioritized Indigenous women's ways of knowing, facilitated entering into relationships with grandmothers (Kovach, 2010b), and it enabled the meaning-making processes (Tuhiwai Smith 2012 Weber-Pillwax, 1999); storytelling fostered partnerships and relationship in the co-creation of knowledge (Tobias et al., 2019).

In this study, we deviated from the traditional digital workshop format. The research team decided to use a private digital story creation and recording session, so as to accommodate grandmothers who had childcare responsibilities. We thought that it might be challenging for grandmothers to free themselves of their parenting responsibilities to attend a workshop. These

decisions were also informed by the presence of Covid-19 and the need to collect data virtually. We did not adhere to the typical 3-5 minute digital story format to allow grandmothers to share their stories in a relaxed and comfortable manner and to allow them to share their stories in the way that fit best for them. Setting the parameters of their storytelling process would have been counter intuitive to Indigenous storytelling and an IRP; one digital story was 12 minutes and the other 9 minutes.

Prior to embarking on this study, three members of the research team had learnt the art of DST by creating their own digital stories. In particular, the first author created her own story about raising her grandchildren in the child welfare system; this story was shared with the participants/grandmothers. In sharing the first author's story, it opened the way for relationship building and facilitated connection with participants, which led to deeper, intimate relationships (De Vecchi et al., 2016; Lambert & Hessler, 2020; West et al., 2022) and understanding (Reiger et al., 2018) between the first author and the participating grandmothers. As noted by Oliveira (2016), sharing of the first author's digital story also facilitated mutual sharing, the co-creation of knowledge, meaning-making processes, and served to authentically engage participants in trusting relationships (Rieger et al., 2021).

Recruitment and Participation of Knowledge Holders

We intended to recruit up to ten Indigenous grandmothers to participate in the study through the use of purposive sampling and snowball technique (Ravitch & Carl, 2016). Inclusion criteria included: (1) identifying as an Indigenous grandmother, (2) living in Winnipeg, (3) raising grandchildren within the CFS Kinship Care Program for one year or more, and (4) be a family led by a grandmother. As a first step in the recruitment process, one of the Indigenous scholars on the research team (MB) assisted the first author (SN) in developing a culturally

appropriate recruitment poster, in respect of Indigenous grandmothers. Thereafter, members of the research team identified organizations and social media avenues within which recruitment might occur. The recruitment process was predicated on relationships with key Indigenous partners/collaborators/networks, as this set the stage for honouring of relationships. Various organizations such as Mawa Chi Itata Centre, Mount Carmel Clinic, North End Women's Centre, Aboriginal Health and Wellness were accessed to gain permission to post our recruitment poster. As well, posters were posted on social media sites including the Deadly Kookums, Fearless R2W, and Ka Ni Kanichihk.

Two key informants were also recruited to participate in the study. Key informants were knowledgeable about the topic of study, they provided valuable insight and understanding of the phenomenon, and they provided a perspective that as a white settler, novice researcher, I could not otherwise have obtained. In addition, the Indigenous scholar had previous expertise in the field of child welfare, had worked with the majority of the above noted organisations, and was deeply involved with Indigenous communities. The other key informant, Indigenous Elder, grandmother, and spiritual leader also had involvement with the Child and Family Services system, conducted Indigenous ceremonies with Indigenous grandmothers, and had deep insight into the cultural and social context within which participants would be recruited; as such, she was in a privileged position to contribute a depth and breadth of knowledge, which was not accessible to the first author; both key informants were recommended by the Chair of my thesis advisory committee. As noted by Pauwels and Hardyns (2014), these two key informants had the capacity to provide meaningful and non-biased information related to Indigenous grandmothers raising their grandchildren, thus only two key informants were required to generate valid and reliable knowledge.

Knowledge Gathering

Multiple knowledge gathering approaches were used in this study notably, digital story creation, individual qualitative research conversations/interviews, and the talking circle. First, Indigenous grandmothers were invited to create a digital story about their experience of raising grandchildren in the specific context of CFS involvement; a three to four-hour DS session was organized with each individual grandmother. The first author facilitated the process of DST. The individual data collection sessions occurred online via Zoom technology with one of the participants as a result of the Covid-19 restrictions. The rigid Covid-19 restrictions were lifted when the individual data collection sessions were scheduled with the second participant; hence, the sessions occurred in the participant's home, or a location of her choosing. A follow up conversation (Appendix K) was held post digital story creation between the first author and grandmothers; this provided an opportunity to review the digital story and continue the sharing and co-creation of knowledge. This conversation also provided an opportunity for grandmothers, as research partners, to share their views and experiences related to the DST processes. Thereafter, all participants, inclusive of research team members and the Indigenous knowledge keeper/grandmother/Elder/Spiritual Leader (MW), came together in person and one key informant (MB) via Zoom and shared their knowledge and experiences in the context of an Indigenous talking circle (Kovach, 2010b).

At all data collection points namely, the digital story creation, the individual qualitative interviews with grandmother/participants and key informants, and talking circle, sessions were recorded using Zoom technology. In-person sessions were audio-recorded only, while online Zoom sessions were both audio and video recorded; all with participants' consent at every step of the process. During the talking circle, one of the key informants (MB) participated via Zoom,

while all other participants came together in person. In all instances, the automated Zoom transcription was enabled. Thereafter, the first author reviewed each of the audio and video transcription for accuracy.

To honour Indigenous ceremony, it is critical to understand when to use a talking circle versus the sacred sharing circle. In our study, the talking circle was used as a relational process which created space for the sharing of stories, encouraged dialogue, respect, co-creation of learning, co-construction of knowledge, and sharing (Kovach, 2010b). In coming together as community in a talking circle, a deeper sense of interconnectedness and reciprocal relationship building ensued, resulting in reflection, creativity, and inspirations (Weber-Pillwax, 2004). As such, in this coming together, grandmothers were invited to share their digital story, and the PI shared the initial meanings she had developed about Indigenous grandmothers' experiences of raising children in CFS, based on earlier stages of the research study. Team members shared their thoughts, experiences, and ideas throughout the data gathering and meaning making processes. Grandmothers and co-investigators were invited to offer their understanding of the ideas put forth by team members. In this way, we worked together to interpret what was learnt through the sharing of memories, understandings, and story in the context of a community. We had an opportunity to enter into relationship with these living dimensions of the inquiry process. The Indigenous knowledge keeper/grandmother/Elder/ Spiritual Leader (MW) opened the talking circle with ceremony and one of the grandmothers closed the talking circle with a prayer, followed by a celebration and the sharing of food. The celebratory feast provided another opportunity for the research team to enter deeper into relationship and to pursue the meaning-making process in culturally sensitive manner. The choice of a talking circle and ensuing

processes were carefully developed in consultation with the Indigenous knowledge keeper/grandmother/Elder/Spiritual Leader (MW) on the PI's advisory committee.

It is important to underline that it was anticipated at the outset of this study that grandmother participants could expect to commit from 15-20 hours of their time for all of the knowledge gathering processes. In reality, participants spent at least 40 hours each in creating their digital stories, participating in the post digital story conversation, engaging in the talking circle, and validating the transcripts. In addition, introducing DST as an arts-based digital medium (De Vecchi et al., 2016) to traditional Indigenous storytelling (Rieger et al., 2021) may have deterred some participants from engaging with the study. Although the two grandmother/participants in this study were keen on creating the digital story, and saw great value once the story was completed, they at first were intimidated and seriously considered withdrawing from the study. It was acknowledged by both grandmothers that the time commitment and the use of technology would have intimidated many Indigenous grandmothers. As well, grandmothers noted that older people, or Elders would not approve of DST, as this method is not seen as being congruent with storytelling as an oral tradition.

Meaning-Making

As noted by Kovach (2010a), the literature describing how one undertakes meaning-making within Indigenous inquiry is scarce. Notwithstanding the paucity of information, the research team, inclusive of participants/research partners in the study explored, discovered, and experienced the meaning-making process with the assistance of the Indigenous Scholar (MB) and the Indigenous Elder (MW), two members of the PI's thesis committee (TAC). Further, consistent with the *Two-Eyed Seeing* conceptual model (Marshall, 2014), both Indigenous and traditional integrative and iterative processes in qualitative data analysis and interpretation

(Ravitch & Carl, 2016) were used to understand and honour the lived experiences of Indigenous grandmothers raising their grandchildren in the child welfare system. Capitalizing on both Indigenous and traditional qualitative processes in meaning-making, within the context of an IRP (Kovach, 2010b; Wilson, 2008) and storytelling as methodology (Archibald, 2019; Archibald et al., 2019; Behrendt, 2019; Kovach, 2010a; Thomas, 2015; Tuhiwai Smith, 2012), provided a strong foundation for ensuring cultural balance in the creation and the subsequent sharing of knowledge (CIHR-IAPH, 2016).

Meaning-making, was an ongoing process that occurred throughout the research inquiry (Table 1). From an Indigenous perspective, it involved: (1) checking ideas and concepts with other people, (2) building a relationship with ideas, and (3) sharing, gaining, and building knowledge; as such credibility in the research process was ensured (Wilson, 2008). Further, contributing to the meaning-making process was the unique characteristic, innate to Indigenous knowledge keepers and researchers, the ability to use intuitive logic, which encompasses an engagement with one's head, heart, and spirit (Wilson, 2008) to observe patterns and behaviour, and make sense of observations (Kovach, 2010a) in the context of relationship, remained at the forefront. As a team of non-Indigenous and Indigenous researchers, we received guidance from Indigenous Scholar (MB) and Elder (MW) on intuitive analysis of the stories, emerging ideas, and meaning-making of the shared knowledge.

Meaning-making was initiated at the burgeoning stages of the research inquiry process. The research topic, the purpose, and objectives of the study emerged from early and ongoing conversations with the PI's TAC members and a review of the literature. Engaging in relationship with the PI's ideas and the extant literature related to child welfare, kinship care programs, and more specifically, grandmother's experiences of caring for grandchildren within Child and

Family Services Agencies, revealed the gaps and the paucity of research involving Indigenous grandmothers. Checking ideas and concepts, sharing and gaining external knowledges (Kovach, 2010) with the PI's TAC began the process of building knowledge, which was perpetuated throughout the data collection, analysis and interpretation process with grandmothers/research partners and key informants (see Table 1 for specific meaning-making processes).

Table 1*Meaning-Making Throughout Research Inquiry*

Meaning-Making Approaches	Credibility in Indigenous Research Process			Analysis of Shared Reality
	Checking Ideas & Concepts	Building Relationships with Ideas	Sharing, Gaining, Building Knowledge	Themes Being Revealed/Meaning-making unfolding
Research Topic	√	√	√	Literature & discussions with TAC
Purpose & Objective of Research	√	√	√	Literature & discussions with TAC
Choice of Conceptual Model	√	√	√	Literature & discussions with TAC
Research Design & Methodology				Literature & discussions with TAC
Indigenous Research Paradigm	√	√	√	
Indigenous Storytelling	√	√	√	
Research Method - DST	√	√	√	
Digital storytelling sessions	√	√	√	Stories
Individual Interviews		√	√	
Grandmothers	√	√	√	Stories & interviews
Key Informants	√	√	√	Interviews
Co-investigators	√	√	√	Discussions
Talking Circle	√	√	√	
Research partners	√	√	√	Stories/conversations
Co-investigators	√	√	√	Stories/conversations
Validation of meaning-making	√	√	√	Participants/research partners edit transcripts & final manuscript

Analysis and interpretation of data acquired through the DST sessions, the individual interviews, the talking circle, and my field notes and reflective memos, were all vetted through both traditional qualitative data analysis and interpretation processes (Ravitch & Carl, 2016) and

Indigenous ways of meaning-making (Kovach, 2010a; Wilson, 2008) (see Table 2). At each step of the data gathering and prior to the following data collection approach was initiated, the PI brought forward ideas, observation, themes of what was being revealed through the meaning-making process for the research team's validation (including the Indigenous grandmothers). This process also included validation of the verbatim transcripts by each of the respective participants.

Table 2*Meaning-Making Processes Applied to Knowledge Gathering Approaches*

Knowledge Gathering Approaches	Data Organization & Management	Integrative & Iterative Processes in Qualitative Data Analysis & Interpretation (Ravitch & Carl, 2016)	Indigenous Meaning-Making Processes (Kovach, 2010a; Wilson, 2008)
Digital Storytelling Sessions	<ul style="list-style-type: none"> • Plan developed • Organized/labelled all data sources • Digital recordings & transcriptions of all data collection approaches by PI 	<ul style="list-style-type: none"> • Pre-coding data • Written memos/reflections • Inductive & deductive coding • Connecting strategies to develop context of data • Dialogic engagement through interactions with research team • Combining and clustering of themes • Checking and rechecking interpretations <ul style="list-style-type: none"> ○ Participant validation of themes ○ Triangulation of data ○ Reflexivity processes • Draft document of findings & validation by participants 	<ul style="list-style-type: none"> • Checking Ideas & Concepts • Building Relationships with Ideas • Sharing, Gaining, Building Knowledge • Intuitive logic
Individual Interview with Grandmothers	<ul style="list-style-type: none"> • Validation of transcripts by participants 		
Interview with Key Informants			
Talking Circle Session			

Once the data had been gathered, analysed, interpreted, validated, and the PI had written the first draft of the findings, participants had a further opportunity to validate the findings; this collaborative process was a powerful experience in the co-creation of knowledge. Indeed, building knowledge as a community served to enhance the depth and breadth of the meaning-making processes.

In summary, as described by Wilson, relational accountability was upheld through the meaning making-process which ensured that stories were not misrepresented, misinterpreted, and misused (Archibald et al., 2019). Indigenous grandmothers and key informants actively contributed to this process to be “accountable to and analyze our shared relational reality together” (Wilson, 2008, p. 121).

Knowledge Sharing/Knowledge Translation

In Indigenous societies, knowledge is transferred through ceremony/story (Wilson, 2008). In our study, Indigenous grandmothers shared their knowledge through DST. Ceremony inclusive of prayer and smudging, was an integral dimension of the DST process. The images, voice recordings, and music within grandmothers’ digital stories were imbued with symbolism and metaphor (Wilson, 2008), providing a powerful and compelling account of these grandmothers’ experiences. Consistent with an IRP and Indigenous storytelling, knowledge translation will facilitate the continuation of ceremony, and relational accountability (Kovach, 2010a; Wilson, 2008), and promote the movement toward healthy relationship building (Wilson, 2008).

In this study, grandmothers will be invited to decide how they wish the knowledge acquired through their stories and the process of storytelling to be broadly disseminated with various audiences. Thus far, participants are considering co-authorship and collaborative presentations to stakeholder groups. In addition, they will determine how they wish to be involved in those activities. As such, research stories as ceremony, garnered from the relationships and connections with all involved in our study (Kovach, 2010a), will be the primary vehicle used to transfer knowledge to Indigenous communities, to non-Indigenous and Indigenous academics to audiences in the CFS Kinship Program, and to the general public.

Conclusion

This study grounded the inquiry process in the *Two-Eyed Seeing* conceptual model (Marshall, 2014) and advances the use of DST within an Indigenous storytelling methodology (Kovach, 2010), rooted in an Indigenous research paradigm (Chilisa, 2020; Kovach, 2010; Tuhiwai Smith, 2012; Wilson, 2008). These were the drivers to situate Indigenous grandmothers and their body of knowledge at the centre of the inquiry process and to prioritize their ways of knowing, being, and doing. It is critical to place grandmother's marginalized knowledge at the centre of this inquiry process. As such, this study positions the research inquiry to become a "life changing ceremony" (Wilson, 2008, p.61) for participants/research team, a mechanism for healing, well-being, and transformation (Hall et al., 2015; Weber-Pillwax, 1999), restoration and social justice (Tuhiwai Smith, 2012), and ultimately, self-determination (Rigney, 1999; Tuhiwai Smith, 2012).

The timing of this study is critical in light of the recent enactment of Bill C-92 (Government of Canada, 2019), which enshrines in law, Indigenous Peoples jurisdiction over child and family services and the political and legal decision issued through the Truth and Reconciliation Commission (TRC) of Canada: Calls to action (2015), and the Canadian Human Rights Tribunal (CHRT) (2016). We put forth the argument that Indigenous grandmothers must have a vital role in shaping the path forward in the child welfare system. Grandmothers, as co-researchers, have the power to reclaim and reaffirm their rightful place in the social organization of the contemporary Indigenous family and to influence transformational change in the best interest of the child. By authentically engaging Indigenous grandmothers in this study, they will choose how and if they wish to be involved in informing the way forward in child welfare practices. Seeing child welfare through the lens of Indigenous grandmothers raising

grandchildren within the Kinship Care Program of Indigenous CFS and understanding the impact on their health and well-being, is paramount to inform social policies, which then may be more responsive to the needs of Indigenous grandmother's and their families.

Actively choosing the margins heightens researcher vulnerabilities, struggles, critical reflection, and cultural humility; these will continue to be part of the landscape in our research journey. It reflects one path to becoming an ally and a forward movement toward reconciliation. This is the process leading to getting the story right and telling the story well. In the words of Tuhiwai Smith, (2012), "research for social justice expands and improves the conditions for justice, it is an intellectual, cognitive, and moral project, often fraught, never complete, but worthwhile" (p. 215). In summary, research with Indigenous Peoples is all about relationships and accountability to those relationships; indeed, it is about honouring relationship and ceremony within those relationships that shape the inquiry process (Kovach, 2010a; Wilson, 2008).

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Chapter IV – Results

A Collective Story in the Unspoken Stories: Indigenous Grandmothers' Experiences of Raising Grandchildren in Indigenous Child Welfare Agencies

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The International Journal of Qualitative Methods (2023) criteria were used to determine authorship. These were further discussed with my thesis advisory committee members to ascertain agreement. Note, although the final decision has not been taken by the authors as to where this manuscript will be submitted, journal options include: The International Indigenous Policy Journal, Journal of Intergenerational Relationships, Journal of Indigenous Wellbeing, International Journal of Qualitative Methods.

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Chapter IV – Findings

A Collective Story in the Unspoken Stories: Indigenous Grandmothers' Experiences of Raising their Grandchildren in Child Welfare Agencies

Abstract

There are a growing number of Indigenous grandmothers caring for their grandchildren in the Indigenous Child and Family Services (CFS) Authorities in Manitoba, Canada. These grandmothers often face complex issues in addition to being economically and socially disadvantaged. This study explored the lived experience of Indigenous grandmothers raising their grandchildren in CFS Authorities. The objectives of the study were three-fold: (1) to understand Indigenous grandmothers' lived experiences, (2) to uncover if, how, and to what extent CFS contributes to Indigenous grandmothers' health and well-being, and (3) to explore Indigenous grandmothers' perspectives on how they might want to be involved in CFS policy and practice changes and in CFS governance. The *Two-Eyed Seeing* conceptual model and digital storytelling, rooted in an Indigenous research paradigm set the stage for the study's methods. The meaning-making process, mutual sharing of stories, collaborative analysis, and co-creation of knowledge gave way to surprising and disturbing findings. Three main themes were co-identified from the meaning-making process: 1) Indigenous grandmothers' unspoken stories; 2) disempowerment of Indigenous grandmothers; and 3) reclaiming Indigenous womanhood/grandmotherhood. The fear, which inhabits the Indigenous grandmothers' lives, takes center stage. Notwithstanding, Indigenous grandmothers demonstrate resiliency, empowerment, and hope as they reclaim Indigenous womanhood and take the stance that Indigenous women need to be at the helm of policy and practice changes in the child welfare system.

**A Collective Story in the Unspoken Stories: Indigenous Grandmothers' Experiences of
Raising their Grandchildren in Child Welfare Agencies**

“We want to treasure the family, not break it down” (MW)

Introduction

Historically, colonial laws and government policies were instituted to eradicate Indigenous cultures (Micklefield et al., 2018). At the core of colonization was the oppression of Indigenous women and their families (Anderson, 1964; Armstrong, 1996; Blythe & Martin McGuire, 1996; Williams, 2006). Women/grandmothers' roles in the family and broader community were marginalized (Anderson, 1964, Maracle, 1996), women were silenced (Horáková, 2017), and they became invisible (Anderson, 1964; Lutz, 2006; Sangster, 2006). History has come full circle and Indigenous grandmothers have now been given a central role in Kinship Care Programs of Child and Family Services (CFS) agencies; Indigenous children in care are finding their way back to the arms of their grandmothers. Although a step in the right direction, complex issues for grandmothers remain outstanding.

The located literature acknowledges that grandmothers are the family members most often called upon to become caregivers in the Kinship Care Program of the child welfare system (Aldgate & McIntosh, 2006; Gladstone et al., 2009). These grandmothers are typically economically and socially disadvantaged (Valentine et al., 2013) predisposing them to increased risk of health issues (Backhouse & Graham, 2012; Byers, 2010; Campbell & Handy, 2011; Fuller-Thomson & Minkler, 2005; Gentles-Gibbs & Zema, 2019; Hadfield, 2014; Harnett et al., 2014; Hughes, et al., 2007; McKenzie et al., 2010; Valentine et al., 2013; Whitley et al., 2015). Notwithstanding the dearth of evidence supporting the impact of caregiving on grandmothers'

health and well-being, scholars concur that health issues can be exacerbated when grandmothers are involved in the child welfare system (Baker et al., 2010; Bennett & Blackstock, 2007).

The literature also denotes clear limitations in the empirical research conducted to date. Typically, studies include small non-representative samples of grandparents and sample characteristics and family structures have not been clearly defined (Hadfield, 2014; Whitley et al., 2015). Further, previous studies did not identify whether Indigenous grandmother participants received services from an Indigenous or a non-Indigenous CFS agency.

Given the scarcity of studies involving Indigenous grandmothers, there is no substantive evidence to demonstrate the extent to which Indigenous grandmothers' experiences differ from other population groups and typically the interpretation of the findings has not been through the lens of the life stages of Indigenous womanhood and definition of family. Further, findings may be heavily influenced by the Western worldview of grandmothers within a patriarchal, hierarchical, and authoritative family structure, where the role of grandmothers is undervalued; this is in stark contrast with the powerful and revered role of Indigenous grandmothers in traditional Indigenous societies (Anderson, 1996; Armstrong, 1996; Carter, 1996; Child, 2012; Chuchryk & Miller, 1996; Dudgeon & Bray, 2019; Gunn Allen, 1986; Kelm & Townsend, 2006; Wright, 2006). As such, there is also a dearth of evidence to support the benefits of grandchild care on grandmothers, particularly in light of Indigenous grandmother's traditional and privileged role in supporting the health and well-being of children (Anderson, 2011; Bastien, 1996; Silvey et al., 2019).

The purpose of this qualitative study was to explore the lived experiences of Indigenous grandmothers raising their grandchildren in the Kinship Care Program of CFS agencies, who are providing services to Indigenous children and families in Winnipeg, Manitoba, Canada. The

study was situated within the context of the traditional social organization of family, which acknowledges the centrality of grandmothers in the Indigenous family (Bastien, 1996; Silvey et al., 2019). The objectives of the study were three-fold: (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent CFS contributes to Indigenous grandmothers' health and well-being, and (3) to explore Indigenous grandmothers' perspectives on how they might want to be involved in CFS policy and practice changes and in CFS governance.

Using the *Two-Eyed Seeing* conceptual model (Marshall, 2014) and digital storytelling (DST) (De Vecchi et al., 2016; Lambert & Hessler, 2020; West et al., 2022), rooted in an Indigenous research paradigm (Wilson, 2008) created space for the stories of Indigenous grandmothers to be expressed, heard, and honoured. DST as a culturally appropriate method placed grandmothers at the centre of this inquiry, put a human face and gave voice to their experiences of raising their grandchildren in the CFS agencies (Gubrium & Harper, 2014; Williams et al., 2017).

Background

The enactment of the Indian Act of 1894 set the stage for the first phase of child welfare in First Nations communities, namely the residential school system (Royal Commission on Aboriginal Peoples, 1996). This was followed by the revision of the Federal Indian Act in 1951, which facilitated the apprehension of Indigenous children in First Nations communities (Sinclair et al., 2004), resulting in what is known as the Sixties Scoop, the second period of First Nations child welfare (Royal Commission on Aboriginal Peoples, 1996). The third or contemporary phase of the First Nations child welfare history in Canada began in the 1980's (Royal Commission on

Aboriginal Peoples, 1996). For the first time in Canadian history, the responsibility for the delivery of child welfare services was to rest with First Nations communities.

In late November 2003, the CFS Authorities Act was proclaimed, which provided the legislated foundation for the inception of four Child and Family Services (CFS) Authorities for the province of Manitoba (AJI-CWI, 2007); three of which were Indigenous, notably the First Nations of Northern Manitoba, the First Nations of Southern Manitoba, and the Métis Child and Family Services (AJI-CWI, 2007). These CFS Authorities operate under the same legislative and policy framework namely, the Child and Family Services Act and the Child and Family Services Authorities Act of Manitoba. The cornerstone of this legislative framework rests upon a colonial history (TRC, 2015) and on the Western ideology of family (Navid, 2012), which differs significantly from the traditional and contemporary social organization of the Indigenous family (Blackstock, 2003; Lafrance & Bastion, 2007). As a result, Indigenous children in care are over-represented (Tilbury & Thoburn, 2011) as well as their grandmothers (Fuller-Thomson, 2005; Fuller-Thomson & Minkler, 2005; Gough, 2006; Kiraly et al., 2014; Hill, 2016; Thompson et al., 2012).

Another historical milestone was the passing of Bill C-92 (Government of Canada, 2019). This bill recognizes the legal right of Indigenous Peoples' jurisdiction over child and family services. Its objective is to ensure families stay together and to keep children in care connected to their cultural roots (Walqwan Metallic et al., 2019). This legislation aims to facilitate the development of policies, regulations, and laws that will be responsive to the needs of First Nations, Inuit, and Métis children, youth, and families (Government of Canada, 2019).

Notwithstanding these significant advancements in Indigenous child welfare, Indigenous children continue to be over-represented in the CFS agencies. In the 2021 Census data, the

Government of Canada (2023) reported that 53.8% of children in foster care, between the ages of 0-14 years, were Indigenous, all the while representing only 7.7 % of the national child population. In Manitoba, over 90% percent of children in care are Indigenous (Manitoba Department of Families, 2022), resulting in a corresponding increase in the number of Indigenous grandmothers providing care to their grandchildren (Fuller-Thomson, 2005; Fuller-Thomson & Minkler, 2005; Gough, 2006; Hill, 2016; Kiraly et al., 2014; Thompson et al., 2012). This trend is expected to continue, as child welfare agencies are turning to grandmothers/parents and kin to provide culturally appropriate care (Alvarez, 2017; Fuller-Thomson, 2005; Gentles-Gibbs & Zema, 2019; Gough 2006; Worrall, 2009).

Although there is a dearth of empirical evidence to support the impact of raising grandchildren in Indigenous CFS agencies, the literature has described some of the unique challenges confronting grandmothers. Grandmothers generally fear the CFS system, they are afraid of potential retribution, feel helpless, penalized , undervalued, and not respected for their contributions (Backhouse & Graham, 2012; Gentles-Gibbs & Zema, 2019; Letiecq et al., 2008; Worrall, 2009). Once grandmothers enter the CFS system, they lose their decision-making authority over their grandchildren and feel misunderstood by child welfare workers (Backhouse & Graham, 2010; Gentles-Gibbs & Zema, 2019; McCroskey, 2001; Worrall, 2009). Lack of accessibility to culturally appropriate services (Kiraly et al., 2019), lack of financial support (Backhouse & Graham, 2010; Gentles-Gibbs & Zema, 2019; Gough, 2009; McKenzie et al, 2010), and lack of understanding of their rights and responsibilities, all serve to further perpetuate feelings of loss, grief, frustration, anger, shame, remorse, guilt, and embarrassment (Backhouse & Graham, 2012; Harnett et al., 2014; Valentine et al., 2013; Worrall, 2009).

In light of the growing number of Indigenous children in care and the increasing number of grandmothers who accept to raise their grandchildren in a Kinship Care arrangement with the CFS, it is critical to understand the lived experience of Indigenous grandmothers. Society and governments have an obligation to provide social support services to these women and their families. This is challenging if Indigenous grandmothers remain invisible and their experiences remain silent. This study is timely, relevant, and aimed to unveil grandmothers' experiences with CFS and the corresponding impacts on health and well-being.

Research Paradigm, Methodology and Method

Indigenous Research Paradigm

An Indigenous research paradigm (IRP) rooted in Indigenous knowledge, cultural practices, values, and worldviews underpinned this study (Chilisa, 2020; Kovach, 2010a; Tuhiwai Smith, 2012). The use of an IRP was critical to emphasize the relational aspect of the study, more specifically, relationships as ways of knowing and being and relationships as a means of accountability (Wilson, 2008) in every aspect of the research process. An IRP espouses the notion that knowledge is relational (Kovach, 2010a; Weber-Pillwax, 1999; Wilson, 2008) and it is through these relationships that knowledge can be contextualized, created, and shared (Kovach, 2010a). This paradigm was particularly fitting to the study as it facilitated the embrace of grandmothers' traditional roles as the knowledge holders and keepers of relationships (Anderson, 2011; Bastien, 1996; Silvey et al., 2019) and set the stage to explore grandmothers' lived experiences of caring for their grandchildren within the CFS agencies.

Methodology and Method

Choosing methodology and method to honour Indigenous grandmothers' relational ways of being and knowing was fundamental to the study (Anderson, 2011). Anchoring the study in the

Two-Eyed Seeing conceptual model (Marshall, 2014) prioritized Indigenous women's worldviews and ways of knowing (Hall et al., 2015; Micklefield et al., 2018) alongside Western ways of knowing. Indigenous grandmothers, as participants were invited and became partners in the research process. They carved out the path in how their situated knowledge would be shared, further co-created, and how meaning-making would occur, thus shifting the nature of the relationships in the research endeavour. As partners on the research team, Indigenous grandmothers' stories were placed at the centre of the inquiry process, so as to honour, reaffirm, and support grandmothers' desire to reclaim their nurturing role in the Indigenous family. The research team consisted of myself as the PI, three members of my thesis advisory committee (CW, MB, & MW), the grandmother/participants, and Indigenous key informants.

We drew upon DST, an emerging arts-based medium (De Vecchi et al., 2016; Lambert & Hessler, 2020; West et al., 2022) as method combined with storytelling as an Indigenous research methodology (Archibald, 2019; Archibald et al., 2019; Behrendt, 2019; Kovach, 2010b; Thomas, 2015; Tuhiwai Smith, 2012). DST was deemed to be culturally appropriate (Williams et al., 2017) by the research team to explore the lived experiences of grandmothers raising their grandchildren in the CFS Agencies. As noted by Hall and colleagues (2015), "... stories were a part of articulating our world, understanding our knowledge system, naming our experiences, guiding our relationships, and most importantly, identifying ourselves" (p. 5). As such, storytelling is a powerful methodology (Kovach, 2010b), which we integrated within an Indigenous research paradigm to honour the voices of Indigenous grandmothers and to illuminate their experiences of raising grandchildren in the Indigenous CFS Agencies.

Recruitment and Participation of Knowledge Holders

Purposive sampling was used to recruit participants to the study. Participant inclusion criteria included: (1) identifying as an Indigenous grandmother, (2) living in Winnipeg, (3) raising grandchildren within the CFS kinship care program for one year or more, and (4) be a family led by a grandmother. Consultations occurred with Indigenous members of the research team to determine the best strategies for participant recruitment. Recruitment strategies were predicated on having, or establishing relationships with organizations, which would facilitate the recruitment process. Organizations such as Mawa Chi Itata Centre, Mount Carmel Clinic, North End Women's Centre, Aboriginal Health and Wellness, as well as social media sites including the Deadly Kookums, Fearless R2W, and Ka Ni Kanichihk, were accessed to gain permission to post our recruitment poster. In addition, members of the research team who had formal, or informal relationships/networks with Indigenous Peoples, also facilitated the distribution of the recruitment poster. Thereafter, interested grandmothers contacted the first author via telephone or email, to obtain more information about the study. A recruitment script was used to provide information about the study (Appendix C); if participants were interested in pursuing participation, information sheets and consent forms were emailed, or hand delivered to them.

A follow up meeting was organized with each participant to sign the consent form, to respond to questions, and to schedule the DST preparatory session. During the in-person, or the online (Zoom) preparation session, the storyteller's bill of rights was reviewed and written guidance on how to prepare for writing a story and creating a digital story was provided and further discussed. This was followed by a discussion on the special considerations, including risks and benefits, the use of photographs and voice recordings, confidentiality, anonymity, and obtaining assent of minors, when creating a DS. At this time, the private storytelling session was

scheduled; participants determined if the DST session would occur either in their home, or in a location agreeable to the participant. Throughout all interactions, grandmother research partners had the option to invite a support person from their family/friend network to be present for our sessions. As well, an Indigenous Elder, spiritual leader was accessible to participants for additional support if required.

Snowball sampling (Ravitch & Carl, 2016), whereby grandmothers in the study were able to recruit other interested participants, was also used to recruit additional participants. In total, 9 individuals reached out to the first author for information about the study. Although the study engaged grandmothers' attention, as demonstrated by the social media posts and phone inquiries, only two grandmothers completed the study. One participant left the study prior to the DST session, and the other six did not respond to telephone calls or emails/text messages after the initial contact. Each of the three grandmother participants who started the study, were receiving services from three separate Indigenous CFS agencies.

As a result of the challenges with recruiting participants over an 18-month period, approval was sought from the Research Ethics Board to interview two key informants who had the depth and breadth of knowledge about the child welfare system, the ongoing impact of colonization on the Indigenous family, and the perpetual challenges of raising grandchildren in the CFS: an Indigenous Elder and an Indigenous Scholar (who is an Indigenous woman). My thesis advisory committee members knew key informants and as such, were able to confirm the key informants' capacity to provide meaningful, non-biased, valid and reliable knowledge (Pauwels & Hardyns, 2014), hence two key informants were deemed to be sufficient. The key informants provided their perspectives on the recruitment challenges and put forth compelling

historical and contextual arguments related to the difficulties recruiting Indigenous grandmothers into this study.

Knowledge Gathering

Three data collection approaches were used to gain insight into the lived experiences of Indigenous grandmothers raising their grandchildren in CFS Agencies, including: 1) digital story creation, 2) individual qualitative research conversations/interviews, and 3) the Talking Circle. Throughout the data collection sessions, with permission from all participants, the sessions were recorded via Zoom technology and the automated transcription function was enabled. The first author conducted a thorough review of the transcriptions to assure fidelity to the recording. All transcripts from the DST sessions, the follow-up conversations, and the Talking Circle were forwarded to the research participants for review and validation of content.

Digital Story Creation

First, research participants were engaged in the creation of their digital story about their experience of raising their grandchild/grandchildren in CFS. The first author coached the two participants throughout the process of writing their story. An iPad was provided to each of the participants so they could record their digital story on I-movie.

The DST processes with the first participant occurred during the Covid-19 pandemic, which resulted in the use of online Zoom technology for all data collection sessions, including coaching and recording of the digital story. This process was cumbersome and challenging for the grandmother participant, so she engaged her nephew in the process of her digital story recording, using another media platform. In-person sessions, both in the participant's home and in the first author's office space, were held with the second participant; the first author guided the DST and

recording, as well as facilitated the use of music, photographs, and stock photos in the digital story.

In her reflective journal, the first author noted her observations regarding the grandmothers' digital stories. One of the first entries noted the amount of time required by grandmother participants to gain some mastery and comfort over the use of the technology. Another entry was specific to the stories, noting that the digital stories revealed so much pain and suffering, as Indigenous grandmothers described heart wrenching details of their experiences of raising their grandchildren. As noted in one of the Indigenous grandmother's DS (LT), as she was describing the experience of grief, "I grieved with my grandsons when it was evident they were not ever going back into their mother's care. I cried with them when we didn't know where she was or if she were even alive."

Individual Qualitative Interviews

The second data collection approach used to gain further insight into Indigenous grandmothers' experiences consisted of a one-hour, post DST conversation, via Zoom (1 participant), or an in-person session (1 participant). The post DST conversations allowed for discussions around participants' experiences with the digital story creation process, time was allocated to view the digital story, and participants had an opportunity to comment and/or provide additional details to their story (Appendix K). The conversations with both of the participants were recorded and transcribed using the Zoom automated transcription function. The first author then conducted an in-depth review of all transcriptions to ensure accuracy and a copy was sent to each of the grandmothers for validation.

An entry in the first author's reflective journal regarding these conversations underlines the ease with which grandmothers reinforced the content of their digital stories. "There was a

sense of relief in having told their stories, stories they had never shared with anyone. The trust established between the first author and the grandmothers contributed to the depth and breadth of knowledge shared.” Both grandmothers/participants acknowledged at first being afraid to create their DS, that fear is summed up by the words of one of the grandmothers:

You know, before this, I got so many messages ... you’re going to cancel and you know it’s just the dark stuff, right, yeah actually we’re going to go through with it ... you bet, we’re going to do this story. We’re going to do this no matter what the dark was trying to put it into fear, still going to happen, it will, it will.” (MC, Indigenous grandmother)

Two key informant research interviews were conducted, one with an Indigenous Scholar and one with an Indigenous Elder (Appendix O). Both interviews occurred online using Zoom technology. Interviews were recorded on Zoom and the transcribing function was enabled. The first author verified the transcriptions for accuracy. A copy of the transcript was sent to each of the participants, Indigenous grandmothers and Indigenous scholars, for review and further comments. Again, in the first author’s reflective journal, reference was made to the valuable insights, knowledge, and context brought forth by the two experts in the field.

Talking Circle

Subsequently, a Talking Circle was scheduled with grandmother participants, key informants, and other members of the research team. The Talking Circle was held in-person with one of the participants joining online, via Zoom technology. Prior to the Talking Circle, tobacco was offered to the Elder/Knowledge keeper, who then led the opening ceremony and provided cultural support and guidance to all participants. One of the grandmother participants closed the Talking Circle with a prayer.

During the Talking Circle, Indigenous grandmother participants were invited to share their digital story, which created an environment of mutual sharing and community; themes were identified and validated through further storytelling. Opportunities were created for in-depth listening, interpretation of concepts and ideas, which ensured the accuracy of the meaning-making process. As underlined by Wilson (2008), the Talking Circle allowed the research team, inclusive of the grandmothers to be “accountable to and analyze our shared relational reality together” (p. 121). Indeed, in one of the first author’s reflective memo, it was noted how smoothly the conversation had unfolded during the talking circle. Participants were respectful and supportive of each other; they listened attentively and built upon one another’s ideas/stories, all the while further expanding the stories, continuing to weave common threads of understanding throughout the conversation. It was like the circle had taken a life of its own! A good example of this was the discussion surrounding the role of grandmothers/ancestors; each participant recalled and shared memories of relationships with their own grandmothers and the impact that grandmothers/ancestors had in their own lives. It was a powerful and moving experience.

Data Analysis/Meaning-Making

Throughout the data gathering and analysis process, meaning-making continually unfolded. The traditional integrative and iterative processes in qualitative data analysis and interpretation (Ravitch & Carl, 2016) and Indigenous meaning-making processes were combined to align with the *Two-Eyed Seeing* conceptual model (Marshall, 2014). Prioritizing Indigenous ways of being and knowing through the use of the *Two-Eyed Seeing* conceptual model, nested within an IRP, facilitated the cultural balance in the co-creation of knowledge (CIHR-IAPH, 2016). The meaning making process involved: (1) checking ideas and concepts with participants and the research team, (2) building a relationship with ideas, and (3) sharing, gaining, and

building knowledge; as such, credibility in the research process was ensured (Wilson, 2008).

Innate to Indigenous knowledge keepers and researchers is the ability to use intuitive logic, which encompasses an engagement with one's head, heart, and spirit (Wilson, 2008) to observe patterns and behaviour, and make sense of observations (Kovach, 2010b). The first author also wrote reflective memos/observations, discussions occurred within the research team, and conversations were ongoing with the grandmother partners/participants; all contributed to the collaborative analysis and co-creation of data. Further, the draft of the findings document was shared with all participants in the study for their feedback (see Tables 1 and 2 in Chapter III for additional details related to the meaning-making/analysis process).

Findings

The vast majority of the knowledge shared arose from the grandmothers' digital stories. For the first time, as underlined by the grandmothers, they were telling their stories about the horrors experienced as they were struggling to care for their grandchildren in the Kinship Care Program of the CFS. Both digital stories were filled with raw emotions, pain, and suffering at the hands of the CFS workers in the system and grandmothers described the devastating impacts on their health and well-being. The stories also displayed grace and fortitude, gratitude, and depicted the privileged relationships between grandmothers and their grandchildren. The post digital story conversations with the grandmothers served to provide additional details/knowledge surrounding lived experiences. The interviews with the key informants brought new insights into the lived experiences of these grandmothers and provided a rich contextual background to the stories. Lastly, it was during the talking circle that meaning-making resonated with all the participants; all members of the research team build upon the knowledge brought forth throughout the knowledge gathering phases of the study; knowledge was shared, validated, and co-created in the

process of co-becoming; this was beautifully reinforced during the talking circle and summarized by one of the participants:

I honour all stories, everything that you said, you shared, because this only makes us richer, stronger, and there's no one that can stop us; they can't, it's impossible because we got it out now, we got it out on the table. We got it out there and the universe is listening; the trees are listening, the ancestors here, and their grandmothers here are listening. (MC, Indigenous grandmother)

Through the knowledge gathering approaches, three main themes were identified as meaning-making was unfolding: 1) the unspoken stories; 2) disempowerment of Indigenous grandmothers; and 3) reclaiming Indigenous womanhood/grandmotherhood. These themes are supported by the words of the Indigenous grandmothers, the vast majority from their digital stories and/or the post digital story conversations. Quotes from the key informants, are primarily from the individual interview that I conducted with each one of them. Quotes derived from the talking circle will be identified as such.

Indigenous Grandmothers' Unspoken Stories

An unexpected theme that came to light in this study was the unspoken stories; the space and silence created by the Indigenous grandmothers' stories that were not shared or heard was a key finding. Research participants were unanimous in their stance as to the reasons why more Indigenous grandmothers did not come forward to share their stories. Subthemes of the unspoken stories as identified by research participants (grandmothers and key informants) included the omnipotent fear of the colonized child welfare system, reliving the traumas of colonization, and fear of exploitation and harm.

Omnipotent Fear of the Colonized Child Welfare System

When you think about the child welfare system, it is such a colonizing idea that we have. Most of our Indigenous people that are employed in the child welfare field, control our own people; this is non-Indigenous legislation. So, I think the lateral violence in our communities, that's the legacy of residential school, that has seeped into the ways child welfare operates. So, there are really hurtful things that happened to Indigenous families that are engaged with our Indigenous child welfare agencies. (Key

Informant, Indigenous Scholar (IS)

This key informant (IS) further emphasized that the Indigenous CFS agencies are, "... still pushing that non-Indigenous way of dealing with people." It is recognized however, that these agencies "are still very much colonized because we have to follow provincial legislation and all the rules and regulations apply that have been created by non-Indigenous ways of practices of social work." As a result, grandmothers, although they may want to share their stories, will not come forward; "It's really sad, you know, there's lots of stories out there, but there is so much fear that surrounds them, that it's the fear that's preventing them from coming out ... fear they could lose their grandchildren" (key informant, IS).

Once grandmothers and their grandchildren are in the CFS system, they lose control and authority over their family and are unable to give voice to their experiences. One key informant stated, "the child welfare has so much power over their [grandmothers'] lives, that they are afraid to tell their truths" (IS). One of the grandmothers stated, "grandmothers ... don't have a voice ... that's why a lot of grandmothers will be so intimidated, so fearful, so reluctant, they will hold back" (MC, grandmother partner). "Fear is omnipotent" and as such, grandmothers fear "retribution from the system" (IS, key informant) if they share their stories. So, grandmothers

choose to remain invisible, “they’d rather stay invisible than make noise because there is a risk, there’s a huge risk” noted the other key informant (Indigenous Elder (IE), key informant talking circle). It is the “ever-present surveillance, I think, that really has them afraid to speak their truths” (IS, key informant). As noted by grandmother participants and key informants, grandmothers feel that they “are constantly being watched” and under “the microscope”. Thus, as summarized by one key informant “we know there’s stories out there, but we can’t bust through that bubble of fear that is there ... we haven’t gotten to the heart of the truth yet” (IS, key informant).

In summary, one of the grandmothers stated, “it’s a system that does not want to change” (LT.). A key informant underlined, “Until we deal with that lateral violence that is in our community, I’m really fearful of what that might look like” (IS). The other key informants affirmed:

We are still living in a very colonial structure and that it’s still not safe for our families and it isn’t. There’s still way too much and for grandmothers who are raising their children, they just don’t want the interference from those oppressive places. (IE)

Reliving traumas of colonization

Another dimension of the unheard stories may be related to reliving traumatic stress experiences. One key informant stated “complex post-traumatic stress disorder ... so it’s one trauma on top of another, you know, the traumas they’ve experienced in their life, they compound ... no one is giving them help with how to cope with becoming the major caregiver of you know, their grandchildren ...” (IS, key informant). Nine grandmothers, who heard about the study, were keenly interested in participating however, one of the key informants stated:

When you think of the systems that have been involved in the lives of Indigenous People, so I'm thinking, the reason some of these women will show up and then just drop out is because it opens up those memory banks of trauma. And you know, they feel it in their body and it is not a pleasant feeling to have to relive. Although I think they want to, they obviously for some reason they want to be heard ... but I think the moment they let it out, I think it may trigger them into all the things that was not pleasant for them when they went through the experience of working with or having involvement with the child welfare system. (IS, key informant)

Grandmothers were crippled by the lateral violence they experienced during their involvement with CFS. One key informant (IS) articulated it in the following statement: "the trauma from lateral violence, by our own people, through these organizations [Indigenous CFS], it's crippling" for grandmothers. In their digital stories, grandmother participants further described this crippling state as:

It felt like I was in jail. I felt that my grandchildren were wrapped in a system that they couldn't get out. That these bars were around them and that they were so tight and that they couldn't do anything, I couldn't do anything, unless I had the approval of child and family. (MC, Indigenous grandmother)

Yeah, a destruction ball, one of those great big steel ones ... when I feel I have to do something, I'm being forced to do something ... there is that 500-pound ball. (MC, Indigenous grandmother).

I knew I was going to war on every front when it came to providing care for my grandchildren. (LT, grandmother)

One grandmother stated, “circumstances change over time, but it’s such an unforgiving system ... we’ll play God with your lives ... they are all superior, knowledgeable system, they know what’s best” (LT, grandmother). As such, grandmothers believed that “the system totally, totally, works against us. It doesn’t work for us, it doesn’t work for us, and yet that’s what they say” (MC, grandmother). Accordingly, this grandmother described how the system further perpetuates trauma, “I would get hurt by being reactive to their energies ... I’d have these flare ups of so much emotion inside of me, like rage, so doing a lot of yelling ...”. As eloquently stated by one of the key informants, “... we are still living in a very colonial structure and that it’s still unsafe for our families ... grandmothers who are raising their grandchildren, they just don’t want the interference from those oppressive forces” (IE, key informant). This was further articulated in the words of the other key informant, “So it’s really related to the trauma of colonization, the re-traumatizing from the perspective of raising their own child and being re-traumatized again by the perspective of raising their grandchildren” (IS). As such, Indigenous grandmothers were afraid to come forward, to share their stories; they are trying to heal themselves and are feeling vulnerable. One grandmother underlined that, “so it would be awesome to have their stories, the digital stories, but I feel the grandmothers, they’re in addictions, or just coming out of it, it will be very, very intimidating ... unless they have somebody supporting them” (MC, grandmother).

Fear of Being Exploited and Harmed

Indigenous grandmothers may still feel that white researchers are trying to exploit them, they fear being harmed, and they may not trust how their stories will be used. “If one Nation is always oppressing another, and it is white passing, or white in color, this is very frightening for a lot of families” (IE, key informant). Further, one grandmother stated, “And I mean that’s likely why they’re not coming forward now to participate in the study, because it is yet another study,

right? And what are we going to do with that study” (MC) The other key informant elaborated “maybe there is a fear of being exploited for being, like, quote, white researchers mining our stories” (IS). This finding was summarized by a poignant comment made by one of the grandmothers who did not complete the study:

By coming into my home, by wanting to hear my story, it’s like you’re taking away my spirit, and it won’t change anything. It’s hard to put all of this in writing, I’ve been in the system all my life, where do I start, it is such a broken system, and what are you going to do with this story anyway? (Paraphrased)¹ (Indigenous grandmother)

During this particular encounter, I as the first author, observed much anger, sadness, and suffering; it was disheartening to witness. One of the key informants interpreted my experience as having been a witness to and having had an opportunity to glimpse into an “understanding and naming this fear that cannot be spoken about” (IS).

Disempowerment of Indigenous Grandmothers

Through beautifully crafted digital stories, two grandmothers eloquently described their experiences of raising their grandchildren in Indigenous child welfare agencies. While there is no direct evidence in this study to support raising grandchildren in the CFS system negatively impacts grandmothers’ physical health, the disempowerment of Indigenous grandmothers in the child welfare system had striking repercussions on their psychological health and well-being. Grandmothers revealed three inextricably linked subthemes surrounding disempowerment and its effects on psychological health and well-being: profound loss and grief, guilty of never being enough, and living with fear as a constant companion. Notwithstanding these negative

¹ Approval received from the Human Ethics Office on May 30, 2023 to include the paraphrased quote from a participant who did not complete the study.

repercussions, grandmothers also highlighted the benefits of raising their grandchildren; these beneficial effects are grouped under the third broad theme of reclaiming Indigenous womanhood and grandmotherhood.

Profound Loss and Grief

Loss and grief are intricately weaved in all aspects of these grandmothers' lives and are further exacerbated by the child welfare system. In their stories, grandmothers shared their journey, as they navigated the path of being a foster parent in the child welfare system and having to reorient and redefine themselves going through the life stage of Indigenous grandmotherhood. They further shared heartbreaking stories of their struggles in holding the generations together.

Giving up of Self. Both grandmother research partners in the study were well educated, had gainful employment, and were self-sufficient at the time the CFS agencies came into their lives. These grandmothers passionately described their profound loss and grief as they were called to re-orientate and redefine their role as grandmother to one of foster parenting. One grandmother referred to balancing the "loss of freedom" with the choice of raising her grandchildren, which she described in her digital story: "I felt as though prison doors had slammed shut on my life. I knew I had to make a choice" (LT). She further mentioned that through the "jumble of emotions, there really "was no choice", that she would give up the "life she had dreamed and hoped for" to prevent her grandchildren from going into the care of CFS agencies.

The second grandmother's (MC) life changed dramatically as well, as she left her employment in a Northern community to relocate to Winnipeg. The many conflicting messages from social workers regarding these women's livelihood demonstrated the extent to which the "system" takes over these women's' lives. "I was told by the worker that I cannot go back to

work because ... I had to be in the home”. Even more devastating was “... when the threat came in, when they told me that if I wasn’t there for a certain percentage of time, that I could lose my grandchildren”. On the other hand, this grandmother was told, “... when are you going back to work? That’s how she said it to me” (MC, Indigenous grandmother).

Further, within the CFS agencies, grandmothers find themselves relegated to the role of foster parent and have to learn to live by a new set of rules. This translates into having to give up their role as a grandmother and their privileged status in their family. One grandmother affirmed, “I am a grandmother, a Kookum, a great grandmother” (MC), but the system, “they don’t want you to have those connections, right” stated the second grandmother (LT). Grandmothers acknowledged their changing role, “You know we’re raising our grandchildren, we’re in it, we did our parenting. Now we are grandparenting, we are re-parenting. So it’s a different, whole new different in some ways, and some to the death” (MC). Participants affirmed that as a foster parent, grandmothers lose decision-making power over their grandchildren, “I find it ridiculous that you have to ask for every little thing” stated one grandmother (LT). Grandmothers face frustration in being forced into submission by the CFS system, “and when I feel I have to do something, I’m being forced to do something, my spirit is forced to react ... I would get so angry ... I was unsettled, I wasn’t at peace ... when things weren’t taken care of as the way I think things should have been cared for by the system” (MC). As such, CFS interferes with the natural flow of Indigenous grandmothers’ ways of being.

And our grandchildren are important to us because we got the seeds and we have to start giving them to our grandchildren and we can’t get interference from the child and family system. I’m telling you, this energy of the CFS, once you’re in it, it’s hard to

get out of it. So that is big time interference when we want to transfer our seeds to our grandchildren and children. (MC)

Grandmothers are vulnerable as they transition to the role of foster parent in the child welfare system. Grandmothers are not valued, acknowledged, or respected for their contribution in raising their grandchildren. One key informant stated:

And so you know, instead of honouring [grandmothers], they [CFS], often just, you know, make you feel like you're an old shoe, and in the way, and as I said, that you're an interference rather than a somebody to be honoured and treasured, and respected for those teachings. (IE)

The other key informant further described "... that reverence that we used to have in our culture for grandmothers ... it's eroded to some extent" [IS]. One of the grandmothers summarizes the difficult transition into the role of foster parenting by stating, "I had to report anything ... I had to get every kind of forms, consent forms done, I had to abide by their rules ... according to them, I can't do it right" (MC). Not being listened to and feelings of being suffocated by the negative energies of the system engulfed the grandmothers in a state of hopelessness and a web of perpetual pain and suffering. She then stated:

When I stayed stuck into that energy, their energy of being negative and that, this is where I would get hurt. I would get hurt by being reactive to their energies, reactive to their decisions, reactive to my grandchildren and I'd have this flare up of so much emotion inside of me, like I was raged, so doing a lot of yelling. (MC)

Added to the burden of the conflicted roles of grandmothers within the CFS system, were societal expectations of how life should be lived and the adherence to the natural lifecycle of womanhood. One grandmother expressed this in the following way: "we buy into a lot of things

that society is telling us that we should do in different stages of our lives” (LT). Not fitting into that mold can be painful, particularly in light of having to become a grandmother/parent.

I was a single parent for most of my life and then I found myself being a single grandmother ... I definitely felt that life was closing in on me ... it was very painful because I was in a self-pity mode ... I was really angry, like I said, pitying myself ... I’m right back to all of these single mother days. (LT)

Holding Our Families Together. There is yet another significant dimension to the profound loss and grief experienced by grandmothers, that is, the continual pursuit of holding their families/generations together.

And you know, that poor grandmother, she loves her grandchildren, but she also loves the parents of those children, but she can’t help that generation, and there’s so much sadness that comes from that and trauma too ... remembering the trauma they face as a grandparent, as an Indigenous person who walked in this society and as someone who feels powerless to help themselves, but more than anything, to help their own children. (IS, key informant)

The agonizing pain and suffering were palpable when grandmothers spoke about their adult children. The feelings of helplessness and hopelessness in dealing with addictions and the resultant lack of parenting abilities of adult children, is a heavy burden for grandmothers raising the children of their children. “I was yelling, I was screaming, I was swearing, I was threatening, I was doing so much harm to my grandchildren, not understanding their grief in losing their mom” (MC, talking circle) stated one grandmother who lost her daughter to addictions. She further elaborated:

The people in addictions don't have a sense of how am I going to get out of this ... I give up, ... we're gonna do this together and how we're gonna do it, I have no idea, but we're gonna do it together, and I'm gonna do what I can, and I'll do the best I can. It's not an easy road, there's no way it's easy. (MC)

Yet grandmothers have that unwavering desire to help their children and "trying to continue as normal of family life as possible" (LT), underlined one of the grandmothers. "We sacrifice a lot for the love of our families, more than people will ever imagine; we'll take the food and the blood from our own hearts to have our children survive" (IE), noted one of the key informants. The other key informant attested to challenges that Indigenous grandmothers face by affirming:

Now they're [grandmothers] grappling with their adult children, who have, you know issues of their own they're trying to cope with, and then they become caregivers of their grandchildren. So, you're seeing them [the grandmothers] trying to connect that generation in a broken world" (IS).

One of the grandmothers described the helplessness and grief that grandmothers carry:

[I was] sad for my grandchildren, angry at my daughter who couldn't get herself together enough to be a parent ... I grieved for my grandchildren when it was evident, they were not ever going back to into their mother's care. I cried with them when we didn't know where she was, or if she were even alive (LT).

One of the key informants summarized the motivation, determination, and perseverance of grandmothers in their desire to protect and help their family. There is a recognition that, "If the system gets involved, then they [children, grandchildren] don't have a hope in hell to get out of it,

then it creates that ability to feel powerless and then, they give up ... it marks your family for the rest of their life ...” (IE, key informant talking circle).

In spite of grandmothers’ extraordinary efforts to keep their families together, the “system really seems to work hard to sever any kind of tangible relationships they [grandchildren] had ... there is nothing to help families stay together”, stated grandmother (LT). She further added, “And yet they don’t acknowledge the damage that they’re doing, even today, to relationships, and yet ... they say, oh we care for the children and families, and you, no you don’t, really, you don’t”. One of the key informants summed it up in the following way, “they need to hold families up and together rather than apart” [IE]. Decisively, one grandmother stated:

You look at their vision for the children and community ... we are here for the children, for the family, for the community, we help them to stay together, but behind that, I just find it to be so false. It’s like something to cover up the actual motives of keeping this machine going to benefit everyone else but the children. (LT)

Loss of control over their families, loss of goals and personal aspirations, and the loss of traditional grand-mothering relationships generated profound loss and grief for these grandmothers. One of the grandmothers stated, “Grief can be so complex and can be all consuming if one lets it ... the thing about grief is to look at what is behind that, but not to dwell on it ... cause it can make you stuck and not move forward” (LT).

Guilty of Never Being Enough

A complex web of trauma and re-traumatization came into focus when grandmothers related stories of raising grandchildren in the CFS agencies. Overwhelming stress and distress became apparent related to the feelings surrounding the guilt of never being enough in their role as grandmother; these feelings are relentless and overpowering. Three additional sub-themes

were unveiled during the meaning-making process, specifically feelings of shame and being blamed, our voices are being silenced, and we are deprived of needed services and supports; all perpetuating the feelings of inadequacy.

Feelings of Shame and Being Blamed. In drilling down to the core of the avalanche of stress and distress experienced by Indigenous grandmothers raising grandchildren in Indigenous CFS agencies, the shaming and blaming of grandmothers for the situation they find themselves in, was identified. One of the key informants affirmed:

We are blamed for having been in care previously, we are blamed because we went to residential school, we are blamed because we were in a relationship with domestic violence, we're blamed for all those things without going back to the root of why those things are happening. (IS, key informant)

Inhabited by this collective shame, one of the grandmother's words resonated, "... it's a system designed to say you're not enough, you know, you, ah, you don't have a say, you have to do what we say and how to do it, and if you don't do it, then this can happen to you" (MC).

Shaming and the resulting guilt were also evidenced in situations that were life changing for grandmothers. For example, guilt was further internalized when grandmothers were pressured in considering guardianship of their grandchildren, "yeah, there is that pressure, oh well, don't you want this? Well of course I do, but you know I'm not going to be able to provide for them on the amount I make on my salary" (LT). As further noted by this grandmother:

Yet they expect grandmothers and blood relatives to, well it's just like, you're a relative, how can you not accept that? It's poverty line but your love should cover that ... don't you love them enough that you could just overlook the dollar amount? ... and you do feel

guilty ... I should love my children enough to not want [financial support], but yet you do want. I wanted the best for my grandchildren. (LT)

Undeterred by that culture of blaming, grandmothers become fiercely protective of their grandchildren notwithstanding the personal sacrifices, “for me there was not a choice, I could not live with myself in good conscience if I lived for myself ... I became very protective of them ... I always felt like I was holding them in one hand and fending off the agency with the other” (LT). As further reiterated by the other grandmother participant, “And you know, it’s not our people’s fault, and it’s not the workers’ fault, because it’s the law ... because it’s the law ... that child and family law that is designed by the European people” (MC).

One of the grandmothers, however, did not fall prey to the shaming, the pressure, and resultant guilt that social workers were inflicting on her, “They did suggest that I be their guardian, but seeing that they would never stop being involved with my life, I thought, but no, you guys are going to continue to give me maintenance to look after them to the best of my ability ...” (LT). As a previous CFS worker, this grandmother took a courageous stance, but the same cannot be said of the vast majority of grandmothers, “... you know, had I not known what I do know about the system going in, you know I had all of this experience before I became a foster parent ... I feel so bad for the ones that don’t know” (LT). The other participant stated, “I really feel sorry for those grandmothers because they don’t have the resources and services and they don’t have someone there saying, look, you can do this, you know encouraging them, empowering them” (MC).

One grandmother participant, however, did acquire guardianship for one of her grandchildren, in spite of having to financially support the child herself. The thought of the ongoing challenges in dealing with the CFS agency was unbearable to her and it outweighed the

financial support. Out of necessity, she did however succumb to the CFS agency, “I held on ... I never ever thought I would have to do this, but cause ... my situation financially, I needed to keep the child in care until I went back to work” (MC). In the years that followed, the constant innuendos and pressure from the system were palpable but often, not expressed outright. Nonetheless, at an unconscious level this grandmother was inhabited by the guilt of not being in a position to acquire guardianship: “I think that was guilt coming from me to want to rush” (MC talking circle).

Our Voices Are Silenced. Further promoting the state of perpetual stress and distress were the tactics used by social workers with grandmothers, who are trying their best to abide by the rules of the CFS agency. A formidable barrier was the use of language that was complex and not readily understood by grandmothers. One of the grandmothers affirmed, “And one of the things that the child and family [services] does, is they will throw these terms at you, these legal terms, that you know, the people that are not educated don’t understand” (LT). This serves to silence the grandmothers, sidestep important conversations, and creates tension in the relationship between grandmothers and CFS workers. One grandmother summed it up in this way:

Please talk to me and explain to me what you mean. Even though I’m educated, what you’re saying doesn’t make sense to me, I need you to tell me in a way I can understand, because if I’m going to help my daughter, I need to, to help her understand ... so please tell me in a way that I can understand ... then, I will work toward what I need to work toward to make change to help my grandchildren and to help my daughter (MC).

Another social work practice used to silence and disempower grandmothers was “there is like that unspoken, unspoken code that you [CFS workers] don’t tell them [the grandmothers]

everything to help themselves. It's like, if they ask, then yeah, but if they don't, then don't share" (LT) emphasized this grandmother. But on the other hand, grandmothers were told to share with the social workers everything that is happening with the grandchildren and their families, "child welfare will tell you should try to share a lot of stuff that the children tell you, and stuff like, that has changed for them, and so I felt protective of that" (LT). In the face of negative repercussions however, grandmothers chose silence over voice, "like if I divulge too much, what are they going to do with my grandchildren?" (LT). A key informant stated:

If you have child and family involved, it's like you really can't talk about it, because what if the authorities find out about having trouble with my kids, somebody's gonna report me, so it breaks down the families, it breaks down everything. It's a constant hammer on the family's integrity. (IE)

Silencing of grandmothers was further compounded by the threats issued by social workers not to share any information about their grandchildren with anyone. As emphasized by a key informant, "...they have been coerced in not being able to tell their truths ... there are those warnings that social workers give to grandmothers... you're not allowed to talk to this, about anything, to anyone" (IS). As such, grandmothers are caught between the system and their own family and social network, promoting further isolation and perpetuating feelings of helplessness and hopelessness. The other key informant underlined, "... so how can you expect grandmas to feel safe when that the simplest of simple things have been stripped from them, even friendships because you can't talk about your grandchildren with each other safely" (IE).

We Are Deprived of Needed Services and Supports. Services and resources for Indigenous grandmothers raising their grandchildren in the CFS agencies are limited and substandard. All research participants were unanimous in their stance that grandmothers are not

getting the supports they need. One grandmother articulated the underpinning of this reality: “it is a broken system, not made of traditions and customs like we are made of and where we come from, traditions and culture, and way of life” (MC). Notwithstanding the lack of culturally appropriate services, access to services such as financial support, respite, and transportation is mediocre at best. Particularly in challenging times, barriers in accessing services come to the forefront, (MC) further stated, “... when things got really tough ... it was like a battle zone every day, so I’d be calling child and family and asking them please help me, please, I need respite ... respite was barely hardly anything ... I would be calling them and I would be crying to the worker, please help me” (MC). Help is not forthcoming for Indigenous grandmothers; this keeps them in a state of upheaval, limiting their ability to regain control over their families.

Further aggravating access to services, was the notion that, “when they ask for more, they are seen as villains rather than as grandmothers who just need support” (IE), stressed this key informant, or requests are denied on the basis of workers saying that “their hands would be tied, that they couldn’t help” (MC, grandmother). In spite of the cries for help, one of the grandmothers highlighted, “... they [grandmothers] feel like nobody’s listening and you know when they go to CFS and ask when they need this extra help, they don’t get it or even you know, for extra help for medical trips ... they feel hopeless” (MC).

Grandmothers also described the lack of, or the inappropriateness of services and support for their grandchildren. For example, in one instance where respite was provided, “... like you know, he had to sleep on the floor, like on the mattress on the floor ... he really wanted to come home ... and ah, there’s so many experiences like that, that are so frustrating and disheartening with the system” (MC). The other grandmother affirmed, “... they [grandchildren], have not had any help from the CFS agency by way of transitioning properly” (LT). Alarming, grandmothers

also recount stories about the challenges they faced with CFS agencies for example, when requesting services/resources for their grandchildren with disabilities, “so when the time came ... the finance manager or whatever, erased and changed the numbers, that these kids were not disability” (MC).

One cannot lose site however, that the barriers to culturally appropriate and accessible services goes beyond the immediate focus on the grandchildren; the scope of services has to be broadened to encompass the entire family. One key informant emphasized that the focus of CFS “is entirely on children and they forget the family piece”. She further stated:

We’re coming from a lot of brokenness, we’re coming from alcohol and drug addictions and homelessness, and displacement, and residential schooling, and so we’re not far away from it yet to be healed up enough from it to be okay to be able to nurture our families back together again, because we have so many of our wounded people coming wounded warriors, we have so many of them that, how do we sustain that ... and there the services are woefully inadequate to help us with the issues ... we need to put more resources into providing services that provide treatment to help people recover from those things. (IS talking circle)

Fear as a Constant Companion

“Fear is omnipotent” (IS), stated this key informant! Grandmothers are suffocated by this fear in their daily lives. For the most part, the fear revolves around losing their grandchildren to the CFS agencies asserted the grandmother, “big time fears, that if I don’t listen, this is what is going to happen” [MC]. One of the key informants stressed that aggravating this intense emotion of fear is the continual surveillance, that notion that:

There is always someone looking over your shoulders ...and its that ever-present surveillance ... that has them really afraid to speak their truths ... and their spidey-sense, you know, kicks in and they're really protective and don't want to draw attention to anything that might put their situation with their grandchildren in jeopardy. [IS]

Generally speaking, grandmothers are scared of the CFS system because it is seen as a "very powerful system with all others backing it, like the police, education, health, and all those that are made aware of what CFS is all about" (LT). Grandmothers fear sharing too much information about themselves, or their grandchildren with the CFS agencies, for example, when relationships change, "this was also something that I could not share with the agency", when serious illness hit, "I could not even share this very personal and frightening journey with the CFS workers. I knew they immediately would deem me too sick or unfit to continue caring for my grandchildren" (LT). Grandmothers also feared being reported to the CFS agencies and needing to face more interference by the system. As underlined by one of the key informants, "that is a level of violence, right, and it's not a healthy way to interfere in the lives of families that may be struggling" [IS].

Reclaiming Indigenous Womanhood/Grandmotherhood

Alongside the gripping pain, suffering, and the crippling and traumatic experiences of raising children in the CFS agencies, the theme of reclaiming Indigenous womanhood/grandmotherhood was emphasized. The innate ways of knowing and being and Indigenous grandmothers' role in holding the family together manifested itself in the joy and pride grandmothers experienced in their ability to be present for their grandchildren. Three subthemes come to the forefront namely, resiliency, empowerment, and hope.

Resiliency

Through the initial years of hardship navigating the CFS agencies, both grandmothers expressed the movement from feeling suffocated by the system to regaining a sense of balance in their lives. One grandmother stated, “I was in reactive mode back then ... I’m stronger, I’m more aware and I have a lot of context” (MC). She further added, “Today my favourite words are, this too shall pass ... because my self-esteem and my power, and I know I can get over it”. The other grandmother indicated:

I had to do a shift change in my mind, look at it as a curse, or a blessing and so once I started looking at it as a blessing it started to change. And that I’m going to see my grandchildren grow day to day; we’re going to share things, I should cherish that. And it paid off, they’re in their 20’s, they share things with me I know that a lot of my own children did not feel as close to me, to share what my grandsons are able to share with me today. So as a grandmother who has raised these precious young men, I have to say, it’s been an honour and blessing to be their grandmother. The challenge we face on our journey is one that I would not exchange for world travel on my own. (LT)

Today, both grandmothers have newfound confidence and recognize that they can indeed begin to reclaim their rightful place in their families. This is summarized by the words of one of the grandmothers:

I am a Kookum ... we have to do it our way, not what the CFS system tells us what to do, or how we do it, or maybe not even do it. I don’t know, but I can’t allow you know, accept what they’re trying to tell me. You know, I just can’t accept the way they want me to do things at times because I know what’s best for me and I know what’s best for my grandchildren. (MC)

Empowerment

Empowered by their painful journey of raising their grandchildren in the CFS agencies, these two grandmothers came forward to share their stories; stories never before shared with loved ones, in the hope of helping other grandmothers. One grandmother summed it up in this way:

Right there, a threat made me stand up stronger, and say NO, I can't let this happen ...

I'm going to use my voice, I'm gonna use what I have, what I know, and what my

Kookum and what my mom had taught me and that was never to give up. (MC)

Both of the grandmothers' words are echoed in the following quote:

My intent for this story is to reach those grandmothers, that know, they have support, they have a voice and that they know that there is always someone out there that will listen to them, because in the child and family it is so difficult to break free from that, it is a broken system. (MC)

Further, all Indigenous research partners (key informants and grandmothers) concurred and underlined the power of their grandmother ancestors in propelling them forward, "the power of grandmothers, whether they're here on the material earth now, or whether they're in the spirit world, they are still with us" (IS, key informant talking circle). One of the grandmothers summed up the power of ancestors in the following way:

How amazing is that! I knew it was the grandmothers, I knew it was the grandfathers. I knew it was the ancestors, so we are truly blessed and I just wish for all of us to listen to our ancestors, because they're so alive. They're so real and they come and they tell us, you know, they wanna help. What I wanna do is help you and show us some guidance, because we can't go wrong. (MC talking circle)

Hope

Amidst the traumatic and distressing experiences of raising grandchildren in CFS agencies, grandmothers maintain hope that the CFS system will improve, “I just pray and hope that in my lifetime, I can see some positive changes” (LT). However, not only were they hopeful, they were articulate about what needs to change, as expressed by one of the grandmothers, “I can say the system truly requires a major overhaul. There has to be some political will to make one big swoop of changes to the policy, standards, and regulations” (LT). The other grandmother added, “But yeah, this is quite the big job, a really, really big law/act that is so strong, and we need to crumble it, we need to crash it, we need to change it and we’re going to do it as Indigenous women, grandmothers (talking circle). We’re gonna do it” (MC talking circle). She further added, “I just know that I can’t allow the system to do this, no I can’t because I’m a changer, I’m a strong changer, I’m an advocate, like what I’m doing, so yeah, so in order for me to help others, to teach others, I gotta walk and talk the talk”. (MC talking circle)

Discussion

Indigenous grandmothers’ lived experiences bring to light the realization that colonized CFS legislation and social work practices continue to destroy the Indigenous family; it is disheartening and even shocking. All participant grandmothers and key informants unanimously brought forward compelling arguments regarding the colonial structures within Indigenous CFS agencies. Lateral violence imbued in child welfare practices and this omnipotent fear generated by the system were at the forefront of perpetuating generational traumas and continued oppression of Indigenous women, children, and families. This reality is preventing Indigenous grandmothers from reclaiming their rightful place at the heart of their families. The stories revealed visceral and at times disturbing and startling revelations of grandmothers’ experiences

within Indigenous CFS agencies. These lived experiences are disturbing when juxtaposed with the seemingly progressive policy movements evidenced in the creation of the three Indigenous Child and Family Authorities in Manitoba and most recently the enactment of Bill C-92, the Act respecting First Nations, Inuit, Métis children, youth, and families (Government of Canada, 2019). Concurrently however, stories of grace, fortitude, and resiliency in the face of pain and suffering were manifested.

Indigenous grandmothers and key informants alike affirmed and lent credence to the previous empirical evidence, that caring for grandchildren within CFS agencies, significantly influences the psychological health and well-being of grandmothers (Bailey et al., 2009; Campbell & Handy, 2011; Fuller-Thomson, 2005; Gladstone et al., 2009; Hadfield, 2014; Minkler & Fuller-Thomson, 1999; Musil et al., 2009; Worrall, 2009). All the while supporting the evidence, the findings of this study also diverge from the norm by situating grandmothers' experiences within a complex web of colonial CFS legislation and social work practices, which re-traumatize the most vulnerable members of society, and prevent grandmothers from re-claiming and regaining their rightful place in their Indigenous family. The ongoing disempowerment of Indigenous grandmothers along with omnipresent fear related to over-surveillance, lateral violence, and potential retributions, have dramatic impacts on the psychological health and well-being of women, children, and families.

The findings of this study push beyond the boundaries of the status quo and highlight the pressing need for CFS agencies to broaden their service to include the whole family, rather than merely focusing on the children. Indigenous grandmothers need support in dealing with their own addictions and trauma, as well as support for their children from whom the grandchildren have been apprehended. Grandmothers are desperately attempting the impossible of keeping their

families together; “so you’re seeing them trying to connect that generation in a broken world” [IS], noted one key informant, while the CFS agencies are pulling in the other direction.

Furthermore, the findings of this study support the empirical evidence that raising grandchildren does and can have a positive impact on grandmothers’ psychosocial health and well-being (Becker, et al., 2003; Backhouse & Graham, 2010; Dunne & Ketler, 2007; Hughes et al., 2007; Pruchno & McKenney, 2002). However, in this study, participants have framed the benefits of raising their grandchildren in the powerful context of reclaiming Indigenous womanhood and grandmotherhood, as well as having the power, support, and guidance from their ancestors, the grandmothers who have gone before them. These two research partners/grandmothers have had to first embark on the difficult journey of healing and self-discovery, but today, they feel strong and have newfound determination, courage, and confidence. Having gone through intense experiences within Indigenous CFS agencies, these grandmothers want to support other grandmothers; they want their stories to reach all grandmothers for the benefit of all, women, children, and the Indigenous family.

Policy/Practice/Education/Future Research Implications

The findings of this study provide an opportunity for critical conversations and the full involvement of Indigenous women in redefining legislation, particularly in light of the recent enactment of Bill C-92 (Government of Canada, 2019). There is a dire need to ground child welfare policies in Indigenous ways of knowing and being; this transformation can only happen if women/grandmothers are positioned at the forefront of this movement, as was the case in traditional Indigenous societies. There is an urgent call to action, to design a child welfare system where Indigenous grandmothers can regain their rightful place in (1) maintaining community safety and well-being, (2) ensuring leadership and governance, (3) managing the health of

communities, (4) teaching, and (5) being the doorkeepers to relationships and the spirit world (Anderson, 2011).

The findings of this study have multidisciplinary relevance in practice, education, and research. The study provides critical insight into the lived experiences of Indigenous grandmother raising their grandchildren in the child welfare system and the significant impact on the health and well-being of these women, their adult children, and their grandchildren. It behoves CFS staff, nurses, and all other health and social services providers to acquire greater awareness of the intergenerational traumas experienced by Indigenous women and the lateral violence within the CFS system that continues to re-traumatize the Indigenous family. Social workers hold an important role in decolonizing child welfare practice and allowing grandmother to have more involvement and influence in decisions regarding their grandchildren and adult children.

Grandmothers and their families also perceive that the colonized health care system is not supportive in improving the their health and well-being. As such, from a nursing standpoint, nurses are called upon to bring cultural humility, cultural safety and anti-racism in practice (College of Registered Nurses of Manitoba [CRNM], 2022). Nurses in diverse settings interact with Indigenous grandmothers and their grandchildren. As frontline providers, nurses are critical in the provision of equitable and quality healthcare and have a responsibility to create an environment where Indigenous grandmothers and their families will be empowered to become full participants in their care. This necessitates the recognition of the traumas inflicted on these women by the child welfare system, but also rests on the acknowledgement of grandmothers' contributions, resiliency, and strengths to the their own and their families health outcomes.

From an educational perspective, the study findings reinforce the need for nursing and other health and services educational programs to introduce trauma-informed curriculum, equity,

diversity, inclusion content, as well to provide educational interventions and practice opportunities to address the social determinants of health that will have a favourable impact on health outcome. As well this study provides a pathway for educational programs to integrate innovative strategies and opportunities for interprofessional and interdisciplinary experiences, such as pairing a nursing student, a social work student, and an Indigenous grandmother and her grandchild to come up with a plan to improve their health and well-being.

This study calls for further research with more diverse Indigenous grandmothers living in urban and rural communities. A longitudinal study would also provide additional information on the lived experiences of grandmothers over time. As well, research involving health and social services professionals would provide the viewpoint of the provider, thereby gaining insight into their lived experiences, potentially facilitating the decolonization of practice.

Choice of research design is critical to research with Indigenous Peoples and as such, the research design must prioritize and honour Indigenous way of knowing and being. The use of the *Two-Eyed Seeing* conceptual model (Marshall, 2014), embedded in an IRP (Chilisa, 2020; Kovach, 2010; Tuhiwai Smith, 2012; Wilson, 2008), Indigenous storytelling as methodology (Kovach, 2010), combined with DST (De Vecchi et al., 2016; Lambert & Hessler, 2020; West et al., 2022) as an option to traditional storytelling, is recommended as the backdrop to further studies involving Indigenous Peoples. One of the grandmothers/research partners stated, “We live in a digital society and I think we have to be relevant ... I think we need to be relevant when telling our stories”. The other grandmother emphasized “it feels powerful ... I did it, I feel strong, ... I’m using my voice to tell the truth ... I’m so grateful I was introduced to this ... and so I think it’s cool”.

Limitations

It was not the intent of this study to generalize the findings of this study to all Indigenous grandmothers raising grandchildren in the child welfare system; the applicability or transferability of the findings will need to be determined, at least in part by future readers, those who engage and encounter this work. Nonetheless, one key informant believes that through these two stories, "... there is an unspoken story, a collective story that only two people can sort of give an insight into what's happening collectively for Indigenous grandmothers in our province" (IS). This notion of the collective voice came up time and time again, not only through the personal experiences of these two grandmothers, but as well through their professional work/careers, where they were witness to the experiences of other grandmothers raising their grandchildren in Indigenous CFS agencies.

Both key informants emphasized that the Indigenous CFS is a colonized system that continues to perpetuate harm to the most vulnerable members of society, women and children. The omnipotent fear of the system and the lateral violence innate in CFS continue to silence women, render them invisible, and as a result, grandmothers will not come forward to speak their truths.

Although the small number of participants may have contributed to the study limitation, the concept of information power supports the strengths of the study (Malterud et al., 2016). Notably, (1) the study aim was narrow and focused, (2) the two grandmother participants were engaged in this project for a combined total of 80 hours and had extensive work experience with the CFS, the two Indigenous key informants had experience and substantial knowledge related to the child welfare system, and I am a grandmother raising grandchildren in the Kinship Care Program of the CFS, (3) the study was framed within established Indigenous theoretical

perspectives, namely an IRP (Chilisa, 2020; Kovach, 2010a; Tuhiwai Smith, 2012), Indigenous storytelling as methodology (Williams et al., 2017) combined with DST, an arts-based medium (De Vecchi et al., 2016; Lambert & Hessler, 2020; West et al., 2022), and the Two-Eyed Seeing conceptual model (Marshall, 2014), (4) the quality of the dialogue and the extensive engagement of grandmothers (close to forty hours each) and key informants (5-6 hours) of in-depth conversation/stories, experiences, and perspectives, all served to increase the strength of the study.

Concluding Comments

These study findings open the path for critical conversations regarding policy, practice, and research, particularly in light of the recent enactment of Bill C-92 (Government of Canada, 2019). Research partners/participants in this study have taken the stance that significant policy change must occur to improve the health and well-being of Indigenous women/grandmothers, children, and families in Manitoba. Moreover, grandmothers and key informants emphasized the dire need to ground child welfare policies and practices in Indigenous ways of knowing and being, more specifically, a system that will honour women as the matriarch of their immediate and extended families. Furthermore, they have taken a stance that this can only happen, if women/grandmothers are at the forefront of this movement.

While this study has contributed to the body of knowledge, it has also served to provide a call to action for all health/social services professionals to respond to Indigenous women with culturally safe and appropriate health/psychosocial supports/interventions. Further, the findings of this study create an opportunity for Indigenous grandmothers to become involved in setting policy and practice direction in Indigenous CFS agencies for example, establishing a grandmother's council (Bennett & Krone, 2018, p. 158). In Manitoba grandmothers caring for

their grandchildren are known as foster parents, this nomenclature has to change so that Indigenous grandmothers can be acknowledged for their rightful place in the Indigenous family. Further, there are no Indigenous grandmother support groups in existence in Manitoba. Grandmothers of all Nations could vastly benefit from this type of structure to build community, gain support, and empowerment in reclaiming the role of womanhood/grandmotherhood within CFS and contemporary Indigenous societies. As articulated by one of the key informants, “we need to put a new spin on the way that we used to operate” (IS).

The findings from this study set the stage for broader research involving Indigenous grandmothers raising their grandchildren in the Indigenous CFS agencies. Their stories are critical in redesigning the child welfare system to honour the role of grandmothers in the Indigenous family and community. The active involvement of Indigenous women is imperative in moving away from an autocratic and rigid, deficit-based child welfare system to a matriarchal model of services, which will empower children and families to reclaim their Indigenous ways of being, knowing, and doing. We believe the use of DST (De Vecchi et al., 2016; Lambert & Hessler, 2020; West et al., 2022) with storytelling as methodology (Williams et al., 2017), nested in the *Two-Eyed Seeing* conceptual framework (Marshall, 2014) within an IRP (Chilisa, 2020; Kovach, 2010a; Tuhiwai Smith, 2012) is promising for future research with Indigenous grandmothers in rural and Northern Manitoba.

In summary, the findings of the study emphasize the ongoing colonization of Indigenous women and their families and provide insight in the complex web of colonial CFS practices, which continue to re-traumatize Indigenous women’s and their families. The profound negative impact of the system on the lived experiences of Indigenous grandmothers must be recognized, acknowledged, and action must follow to move toward truth and reconciliation.

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Chapter V: Conclusion

Introduction

In this concluding chapter of the dissertation, the objectives of the study and the content of the manuscripts found in Chapters 2 and 3 are revisited, as a way of setting the foundation for a review of Chapter 4, the findings of the study. Thereafter, the study findings are contextualized within the state of the literature so as to gain a fulsome perspective of the experiences of grandmothers raising their grandchildren in the CFS system. The strengths, limitations, and significance of the study are further delineated followed by a discussion on future research, policy and practice recommendations. Finally, the concluding comments wrap up the purpose for the study, its context/background, and the path forward in the journey toward reconciliation.

Objectives of Research Study

This study explored the lived experiences of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program of the Child and Family Services (CFS) Authorities, who provide services to Indigenous citizens living in Winnipeg, Manitoba, Canada. To further contextualize the current state of the problem, it was critical to understand the impact of colonization on Indigenous women and family and to situate the study within the concepts of the Indigenous worldview of family and the traditional roles of Indigenous grandmothers. The objectives of the study were three-fold: (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent CFS contributes to grandmothers' health and well-being, and (3) to explore grandmothers' perspectives on how they might want to be involved in CFS policy and practice changes and in CFS governance.

Content of Manuscripts

Chapters II – IV of this dissertation contain the manuscripts presenting the literature review, the methodological foundation, and the findings of the study. Each chapter is summarized below with a focus on Chapter 4, the findings.

Chapter II – Literature Review Manuscript

The literature review presented within the context of Chapter II, *Where are the Grandmothers in the Child Welfare System? Re-claiming, Re-constructing, and Re-defining the Framework for Indigenous Children's Well-Being* served to situate the study within the traditional life stages of Indigenous womanhood, the role of Indigenous women, as well as the Indigenous worldview of family pre-colonization. This chapter further described the powerful forces at play in the colonization of the Indigenous woman and family and demonstrates how colonization is still ever present among us, particularly as it relates to the Child and Family Services (CFS). The manuscript enlightened the reader on the state of Indigenous children in care in Manitoba (Manitoba Department of Families, 2022) and the corresponding over-representation of grandmothers raising their grandchildren in the Kinship Care Program (Fuller-Thomson, 2005; Fuller-Thomson & Minkler, 2005; Gough, 2006; Hill, 2016; Kiraly et al., 2014; Thompson et al., 2012). The arguments put forth in this manuscript further demonstrated that grandmothers are bearing the burden of responsibility (Backhouse & Graham, 2010) of caring for their grandchildren and that current policies continue to perpetuate health inequities among the most vulnerable families (Mikkonen & Raphael, 2010; Russell et al., 2018).

This current literature review was critical in contextualizing the need for the study, particularly in light of Indigenous grandmothers' powerful and revered role in the Indigenous family (Anderson 2011). Further, the literature review revealed the paucity of empirical evidence related to the lived experiences of Indigenous grandmothers raising grandchildren within child

welfare agencies. This has contributed to the knowledge gap in understanding the impact of the CFS on grandmothers' health and well-being. Also, absent from the literature is how women can reclaim and reconstruct their rightful place in the Indigenous family and how they can influence and inform social policies to maximize the health and well-being of Indigenous families.

Chapter III – Methodology Manuscript

Chapter 3, the methodological manuscript, *Creating Space for the Marginalized: Choosing an Indigenous Research Paradigm and Digital Storytelling to Honour the Stories of Indigenous Grandmothers*, provided the theoretical and conceptual foundation and rationale needed to move away from using a colonized research paradigm, and methodology, which continues to further colonize Indigenous knowledges (Battiste, 2014). As underlined by Strega & Brown (2015), there is a critical need to conduct socially just research particularly in light of vulnerable Indigenous grandmothers who continue to be oppressed, invisible and silenced. Through colonization, the privileged roles of grandmothers, as keepers of Indigenous knowledge has not been recognized and their sacred role in the Indigenous family continues to be eroded by the contemporary CFS system (Mikkonen & Raphael, 2010; Russell et al., 2018). Consistent with being respectful of Indigenous grandmothers' knowledges and cultural ways of being, the authors advanced the use of an Indigenous Research Paradigm (IRP) (Chilisa, 2010; Kovach, 2010; Tuhiwai Smith, 2012), storytelling as Indigenous methodology (Archibald et al., 2019; Tuhiwai Smith, 2012), a mechanism that is seen to be congruent with traditional Indigenous storytelling (Archibald, 2019; Archibald et al., 2019; Behrendt, 2019; Kovach, 2010; Thomas, 2015; Tuhiwai Smith, 2012), and the use of the Two-Eyed Seeing conceptual model (Marshall, 2014), to access a body of situated knowledge that can only be revealed through the stories of Indigenous grandmothers.

Accordingly, the *Two-Eyed Seeing* conceptual model (Marshall, 2014) enabled the prioritisation of Indigenous methodologies, ways of being, and knowing alongside those of Western science (Hall et al., 2015). Being able to capitalize on the strengths and Indigenous ways of knowing and being and the Western knowledges, can serve as a springboard to improve the health and well-being of all children in care (Blackstock et al., 2007, CIHR-IAPH, 2016) and their grandmothers. Thus, combining the Two-Eyed Seeing conceptual model, the use of and IRP, storytelling as methodology, and DST (De Vecchi et al., 2016; Lambert, 2013; West et al., 2022) as method, provided a research design to bridge the gap between the Indigenous and the Western worldviews, which held the potential to create forward movement in healing, transformation, and reconciliation (Blackstock et al. 2007; Lindstrom & Choate, 2016; Truth and Reconciliation Commission of Canada [TRC], 2015).

Chapter IV – Findings Manuscript

A Collective Story in the Unspoken Stories: Indigenous Grandmothers' Experiences of Raising Grandchildren in Indigenous Child Welfare Agencies encompassed the findings of the study. Three main themes emerged from the meaning-making process, notably: 1) Indigenous grandmothers' unspoken stories; 2) disempowerment of Indigenous grandmothers; and 3) reclaiming Indigenous womanhood/grandmotherhood. The newly shared knowledge was both surprising and disturbing. Although participant recruitment was challenging, it quickly became apparent that there was a collective story in the unspoken stories. Underpinning the lived experiences of Indigenous grandmother is reliving the traumas of colonization and the resulting crippling consequences on grandmothers' health and well-being. Participants described the ongoing disempowerment of grandmothers raising grandchildren in the Indigenous CFS agencies and they shared their stories related to living with constant fears. Through it all however,

Indigenous grandmothers demonstrated resiliency, empowerment, and hope as they strived to reclaim Indigenous womanhood/grandmotherhood.

Study Findings Contextualized Within the State of the Literature

In this section, the study findings are contextualized within the state of the literature, demonstrating how this study has contributed to and supported the current body of knowledge regarding Indigenous grandmothers raising their grandchildren in the child welfare system

Indigenous Grandmothers' Unspoken Stories

The empirical evidence underlines that grandmothers experience fear when raising grandchildren in the child welfare system (Gentles-Gibbs & Zema, 2019; Holt & Birchall, 2022; Letiecq et al., 2008) however, there are no studies to date that have explored the depth and breadth of the reasons for grandmothers' experiences of fear, termed as the unspoken fears in our findings; in this study, the fears inhabited the day to day lives of Indigenous grandmothers. The lack of specificity of the fears of Indigenous grandmothers in past studies may be in part, due to the lack of grounding in Indigenous worldviews of family, the life stages of Indigenous womanhood, and the continued oppression and marginalization of Indigenous women in the child welfare system. This study involving two Indigenous grandmothers living in Winnipeg, Manitoba and two Indigenous key informants, uncovered reasons why grandmothers are not able to come forward to share their stories; their truths and the fears that they carry. It is perturbing and almost incomprehensible, the extent to which these women's lives are fraught with an omnipotent fear; fear of the very system that is said to be there to protect their children and families. Participants were adamant, this fear is discernable in the collective stories of Indigenous grandmothers; this fear remains unspoken and was revealed, at least in part, through Indigenous grandmothers' reluctance to participate in the study, to tell their stories.

Omnipotent Fear of the Colonized CFS System

The findings speak to the fears related to the colonized child welfare legislation and practices and the unrestricted power that the Indigenous CFS system has over the lives of Indigenous women. The fears related to the retribution from CFS; the most alarming being the fear of removal of the grandchildren from the grandmother's care and the feelings of constantly being under the microscope. In this study, it appeared that these fears contributed to grandmothers remaining invisible, silent, and afraid of speaking their truths.

Reliving the traumas of colonization

Adding to the relentless fear, which inhabits these grandmothers' lives, was the experience of being constantly re-traumatized by the CFS system. Indigenous women have been and continue to be victims of colonization. Layer upon layer of traumas define grandmothers' lives; these traumas are compounded and intensified through CFS Authorities and its agencies, as noted by all the research partners (grandmothers and key informants). The lateral violence occurring within the CFS that is directed toward the grandmothers by both non-Indigenous and Indigenous workers in the system is crippling for grandmothers. Indigenous grandmother/research partners used powerful language to describe their experiences namely, feeling like they were in jail, prison doors slamming shut on their lives, a destruction ball in their paths, and going to war with the system. The perpetual traumas, the frequent emotions of hurt, pain, sadness, and the oppressive forces working against these grandmothers, is unfathomable.

Certainly, the literature acknowledged the oppressive forces of colonization on Indigenous women (Hill, 2016; McKenzie et al., 2010; Thompson et al., 2012) and the most recent findings (Birchall & Holt, 2022; Holt & Birchall, 2020, 2022) described the concept of grandchildren violence toward grandmothers. Further, the grandmothers' perception that social workers ignored this violence may be a form of lateral violence, but this evidence is not described in these terms.

That being said, the empirical evidence does not position the findings within the context of trauma and re-traumatization of Indigenous women, the lateral violence, and the crippling fears related to raising grandchildren in the child welfare system, as underlined in this study.

Fear of Exploitation and Harm

Another dimension revealed in this study that was critical and an ever-present integral component of colonization, was the fear of misuse, misappropriation, and misinterpretation (Tuhivai Smith, 2012) of grandmothers' stories. Research partners expressed that grandmothers feared exploitation, removal of grandchildren from their care, being taken advantage of, and being misunderstood, all constituting a significant risk for Indigenous grandmothers; one that they are not willing to take. The literature is silent regarding this dimension and its potential impact on the recruitment of Indigenous women/grandmothers as participants in research.

Disempowerment of Grandmothers

The disempowerment of grandmothers is persistent and reinforced by the CFS system. The faces of disempowerment take different forms and capitalize on the vulnerabilities of Indigenous grandmothers. Although the empirical evidence brings forth facets of the disempowerment of grandmothers by the child welfare system (Gentles-Gibbs & Zema, 2019; Helton et al., 2020; Hung et al., 2021; McCroskey, 2001; Varley, 2021; Xu et al., 2020), the findings have not previously been contextualized from the perspective of Indigenous grandmothers lived experiences within the colonized child welfare system and social work practices, the continued oppression, and marginalisation of Indigenous women. The lateral violence, the fear, the threats, the coercions, the blaming and shaming, the silencing, the guilt, all amplify the negative experiences and corresponding impacts on health and well-being. As expressed in the next few pages, the findings of this study described the degree to which colonization is further perpetuated within the Indigenous family in the contemporary child

welfare system. By targeting the matriarch, the grandmother, the disintegration of the Indigenous family continues.

Profound Loss and Grief

The findings of this study emphasized that one of the major defining moments in grandmothers' lives as they accepted the responsibilities of parenting their grandchildren was reorienting and redefining their role as grandmother/Elder to one of 'grandmother-parent'. As noted in the literature, profound loss and grief (Backhouse & Graham, 2012; Dudley, et al., 2023; Harnett et al., 2014; Hung, et al., 2021; Ryder, et. al., 2022; Valentine et al., 2013) is further exacerbated by the CFS and becomes the hallmark of these women's lives, particularly in the early days of the grandchildren arrival into their home. In this study, participants further expounded on the experiences of loss and grief in the context of giving up self and holding their families together.

Giving up of Self. When giving up self is considered within the context of the revered and sacred role of Indigenous grandmothers, it created disharmony and dis-balance in the lives of these women. Juggling the loss of personal freedom, having to make significant changes in their lives to accommodate the grandchildren, specifically as it related to employment, housing, loss of decision-making power, being relegated to the role of foster parent, being forced to give up their ways of being, and ultimately, being suffocated by the negative forces/energies of the CFS system, is demoralizing for grandmothers. In the newly imposed role as foster parents, the grandmothers felt they were not valued, acknowledged or respected for their contribution in raising their grandchildren. Further adding to the complexity of settling into the role of grandmother as parent, were the societal expectations of the contemporary Indigenous grandmother. Being torn between the traditional and the contemporary role of Indigenous

grandmotherhood and not fully fitting into either of these roles/expectations was described as being very painful and triggered a jumble of emotions.

Holding Our Families Together. There is yet another dimension to the profound loss and grief that these grandmothers experience that is not captured in the academic literature. Innate in today's Indigenous grandmothers' being, are their ancestral roots to keep the survival and resiliency of the generations (Blackstock, 2003; Child, 2012; Silvey et al., 2019). The Indigenous grandmothers/partners in this study clearly articulated how they were trying to keep their families together; they were trying to hold the generations together. The intense feelings of helplessness and hopelessness as they tried to deal with their children's addictions, the lack of parenting abilities, and absences from their grandchildren lives are palpable when grandmothers speak about this. There is agonizing pain and suffering, but grandmothers pushed forward. They sacrificed their lives for the lives of their own children and grandchildren. As they grappled with adapting to their new role of grandmother parent, there was no limit to what they would endure to prevent their grandchildren from going into foster care; nor was there a cap on what they would do to re-unite their children and grandchildren, notwithstanding the perceptions that CFS appears to be constantly working against them and relegating them to the role of foster parent.

Guilty of Never Being Enough

The findings of this study illustrated that the disempowerment of Indigenous grandmothers in the CFS is relentless and overpowering, pushing these grandmothers' experiences of stress and distress to the limit. Shaming, blaming, and silencing of grandmothers was a recurrent theme in the grandmothers' stories.

Shaming and Blaming. As previously noted in the literature (Backhouse & Graham, 2012; Dudley, et al., 2023; Harnett et al., 2014; Hung, et al., 2021; Valentine et al., 2013; Worrall, 2009) and supported by the findings in this study, workers blame and shame Indigenous

grandmothers for the situation they find themselves in with their children and grandchildren. Grandmothers described and experienced these feelings as guilty of never being enough; the resultant guilt experienced by Indigenous grandmothers was overwhelming. The unyielding shaming and blaming, and resultant guilt served to continually erode grandmothers' confidence. Grandmothers in our study and in previous studies (Birchall & Holt, 2022; Hung, et al., 2021) felt coerced and pressured into falling in line and doing as they were told, or else; the constant threat of the grandchildren being removed from their care was always present. Grandmothers spoke about conversations with social workers regarding guardianship arrangements and how they were made to feel significant guilt for not being in a position to adopt/assume the guardianship role for their grandchildren. Lack of financial resources, supports for their children and themselves, and the constant hovering of CFS in the lives of these grandmothers, even after adoption/guardianship, was counter-intuitive to acquiring legal rights to their grandchildren, yet the pressures persisted.

Silencing Grandmothers. Findings from previous studies illustrated that grandmothers raising grandchildren in the child welfare system are silenced, invisible, and voiceless (Backhouse & Graham, 2010; Gentles-Gibbs & Zema, 2019; Valentine et al., 2013). In our study, these characteristics were reinforced and further articulated, demonstrating that indeed colonized social work practices serve to further disempower Indigenous grandmothers. Indigenous grandmother's voices are silenced through covert tactics such as the use of complex language not readily understood by Indigenous grandmothers, withholding information, referred to by one participant as the "unspoken code", coercion of grandmothers, as well as using threats such as forbidding grandmothers to share any information about their grandchildren, or family to anyone but the social worker. Thus, grandmothers were caught between the CFS system and their family

network, promoting further isolation, and perpetuating feelings of helplessness and hopelessness, which constitutes an act of further colonization of Indigenous women.

Keeping Grandmothers Deprived of Services/Supports. The extant literature is replete with references to inadequate, insufficient (Backhouse & Graham, 2010; Dudley et al., 2023; Gentles-Gibbs & Zema, 2019; Gough, 2006; Harnett et al., 2014; McKenzie et al., 2010; Valentine et al., 2013), and culturally insensitive resources and supports (Kiraly et al., 2014; Wu et al., 2022) for Indigenous grandmothers and their families. The findings of this study aligned with that literature, however in this study participants named the true impact of this shortfall, notably the disempowerment and continued colonization of women and their families. Failing to provide access to needed supports and services keeps women dependent on the system and powerless to make decisions for their families. Grandmothers in the study reported that they were not receiving the services and supports they required. They underlined the lack of financial support, transportation, respite, other services for children to transition out of care, and culturally appropriate resources. At best, the services received were limited, fragmented, inconsistent, or simply not available to themselves, their children, or their family as a whole. CFS only focused on the grandchildren. When they asked for help, grandmothers felt ignored, no one was listening and if they were heard, they were made to feel like villains rather than being seen as grandmothers who need support. A recurrent tactic used by social workers, which may be legitimate, was the message that they could do nothing more, they couldn't provide more services. This, however, further destabilized these grandmothers and their families, highlighting the critical need for increased resources and advocacy at the level of CFS and provincial/national governments. The lack of resources/supports left Indigenous grandmothers to struggle on their own as they attempted to hold their families together.

Fear as a Constant Companion

Fear is omnipotent! Grandmothers are suffocated by this fear in their daily lives. The continual threat of the grandchildren being taken away, the constant surveillance, and having someone looking over their shoulders was unsettling. Grandmothers know that the system is powerful, and they feel that all other institutional systems, including justice, education, health, and social systems, were all supportive of one another and these systems often worked against them and their families. They feared sharing too much, not enough, they feared sharing about personal illnesses, being reported to the agency, in short, they feared everything. As such, participants in the study indicated that most grandmothers choose not to draw attention to themselves and their families and they prefer to stay invisible. The finding of fear is consistent with the previous empirical data (Gentles-Gibbs & Zema, 2019; Letiecq et al., 2008), but the notion of fear generated by constant surveillance and the fear related to the cumulated power of all public systems surrounding the grandmothers and their families and corresponding impact on these women, is knowledge which has not previously surfaced.

Reclaiming Indigenous Womanhood and Grandmotherhood

The literature refers to the benefits on grandmothers' lives that come from experiences of raising their grandchildren. From a social and individualistic perspective, relationships can be mutually beneficial for both grandchild and grandparent (Becker, et al., 2003). Caring for grandchildren can be uplifting and rewarding (Backhouse & Graham, 2012; Backhouse & Graham, 2010; Pruchno & McKenney, 2002), can provide a more active and healthier lifestyle (Backhouse & Graham, 2012), can instil a sense of pride, accomplishment, a new lease on life (Dunne & Ketler, 2007), and can provide a second chance at parenting and create stronger bonds between generations (Backhouse & Graham, 2010). Again, there is no indication in the previous literature whether this reflects the voices of Indigenous grandmothers. There may be important

nuances to be considered related to Indigenous grandmothers, particularly in light of their traditional, sacred, and privileged roles as grandmothers in Indigenous societies.

In this study, the stories illustrated that parallel to the gripping pain and suffering and the crippling and traumatic experiences of raising grandchildren in the CFS agencies, grandmothers have a strong desire, determination, and are adamant that they need, and they will reclaim their rightful place as the matriarch in their families and communities. Through the expressed joy and pride they experienced in continuing to raise their grandchildren, the grandmothers in this study have demonstrated resiliency, have been empowered, and have renewed hope. The grandmothers describe a sense of pride and are honoured to have been there for their grandchildren.

The two Indigenous grandmothers/research partners experienced the benefit of raising their grandchildren much more broadly than what the empirical data denotes. As in the traditional role of Indigenous grandmothers/Elders, they continue to have their communities and extended families as their focal point. By virtue of their difficult and challenging lived experiences and guided by past generations of mothers and grandmothers, the two grandmothers in this study wish to empower other grandmothers and want to reassure them that they are not alone. They both want their stories shared to illustrate the brokenness of the CFS system, all the while, inspiring hope, unity, and vision for the future. As expressed by one of the grandmothers, “there has to be some political will to make changes to policies, standards, and regulations.” In the words of the other grandmother, “But yeah, this is quite the big job, a really, really big law/act that is so strong, and we need to crumble it, we need to crash it, we need to change it and we’re going to do it as Indigenous women, grandmothers. We’re gonna do it.”

Strengths of the Study

This study lends credence to the empirical evidence from previous studies, further underlining that caring for grandchildren within CFS agencies, significantly influences

grandmothers' psychological health and well-being (Bailey et al., 2009; Campbell & Handy, 2011; Fuller-Thomson, 2005; Gladstone et al., 2009; Hadfield, 2014; Minkler & Fuller-Thomson, 1999; Musil et al., 2009; Worrell, 2009). As well, this study further contributed to the body of knowledge regarding Indigenous grandmothers' lived experiences of raising grandchildren within CFS authorities and agencies. Indigenous grandmothers' experiences contextualized within an Indigenous worldview, Indigenous women's situated knowledge, and the ongoing acts of colonization in the CFS, provided a glimpse into the complexity of women's lived experiences in CFS. More specifically, the findings situate grandmothers' lived experiences within a complex web of colonial legislation and social work practices, which continue to re-traumatize the most vulnerable members of society and prevents grandmothers from re-claiming and regaining their rightful place in their Indigenous family. The profound loss and grief, the continual disempowerment of Indigenous grandmothers, along with omnipresent fear related to over-surveillance and silencing, lateral violence, and potential retributions, have dramatic impacts on the health and well-being of Indigenous women, children, and families.

Contrary to other studies, the findings of this study emphasized the need to broaden the access to services and supports to the entire family, not only as it relates to the needs of the child/grandchildren. The family is a system and must be addressed in that manner. Services and supports related to understanding grandchildren's trauma, grief, and loss are imperative, as well as services to support the grandmother in dealing with their own traumas, and losses. Further, services are imperative for the mothers of the grandchildren; traumas, addictions, child apprehension, and re-integration of the family unit are of utmost importance in upholding the health and well-being of the entire family.

The findings of this study also highlighted the benefits to grandmothers as parents.

Participants have framed the benefits of raising their grandchildren in the powerful context of reclaiming Indigenous womanhood and grandmotherhood. These two grandmother/research partners have had to first embark on the difficult journey of healing and self-discovery, but today, they feel strong and have newfound determination, courage, and confidence. Having gone through intense experiences within Indigenous CFS agencies, these grandmothers want to support other grandmothers; they want their stories to reach all grandmothers for the shared benefit of all women, children, and the Indigenous family.

Further, situating this study within the context of an IRP (Chilisa, 2020; Kovach, 2010; Tuhiwai Smith, 2012), the *Two-Eyed Seeing* conceptual model (Marshall, 2014), storytelling as methodology (Kovach, 2010), and DST as method (De Vecchi et al., 2016; Lambert & Hessler, 2020; West et al., 2022), has proven to be a powerful qualitative research approach. This research design provided the foundation within which to prioritize and honour Indigenous women's way of knowing and being, to share stories, and co-create knowledge in the process of co-becoming. In addition, the use of storytelling facilitated entering into relationships with grandmothers (Kovach, 2010; Lambert, 2014; Tobias, 2019; Weber-Pillwax, 1999). Certainly, the study demonstrated that Indigenous grandmothers' stories and knowledge were one of the same; the two could not be separated (Kovach, 2010). The experience of storytelling within this study further supported the use of storytelling as Indigenous methodology and demonstrated its congruence with Indigenous women's ways of knowing (Anderson, 2011; Armstrong, 1996; Bastien, 1996; Silvey et al., 2019; Thomas 2015) and proved to be a powerful methodology that holds the potential to move us a step closer towards decolonizing research (Tuhiwai Smith, 2019). One of the grandmothers/research partners stated, "We live in a digital society and I think we have to be relevant ... I think we need to be relevant when telling our stories". The other

grandmother emphasized “it feels powerful ... I did it, I feel strong, ... I’m using my voice to tell the truth ... I’m so grateful I was introduced to this ... and so I think it’s cool”.

Finally, the extensive engagement with only two grandmother participants, which may have been a limitation of the study, also has contributed to its strength. Throughout the data collection process, the research team continually assessed the challenges related to the limited number of participants. The concept of information power (Malterud et al., 2016), served as a guidepost to determine if the sample size was adequate. From the perspective of the research team, including grandmothers and key informants as research partners, the characteristics defining information power were addressed. More specifically, the study aim was narrow and focused, notably Indigenous grandmothers raising grandchildren in the Kinship Care Program in Winnipeg for more than one year. Secondly, the two key informants had previous experience and extensive knowledge related to the child welfare system and I am a grandmother raising grandchildren in the Kinship Care Program of the CFS. As well, one of the grandmothers had previous experience working in the child welfare system and the other grandmother, a professional, counselled numerous grandmothers raising their grandchildren in CFS. Thirdly, situating the study within established Indigenous theoretical perspectives, namely an IRP, Indigenous storytelling as methodology combined with DST, an arts-based medium, and using the Two-Eyed Seeing conceptual model, all served to increase information power.

The fourth characteristic of information power deals with the quality of the dialogue (Malterud et al., 2016). In this study, each grandmother engaged in close to 40 hours of in-depth conversation/stories about their experiences and key informants dedicated more than 5-6 hours of their time in the interviews and talking circle, serving to promote in depth and strong dialogue related to the objectives of the study. Grandmothers/research partners contributed immensely to the co-creation of knowledge and uncovered startling and at times disturbing findings not found

in the empirical data. Their participation also led to a greater understanding related to the struggles of recruiting grandmothers to the study. Inherent to the meaning-making process (data analysis), knowledge was co-created and co-constructed throughout the data collection process. The talking circle brought the research team together, inclusive of the PI, co-investigators, grandmothers, and key informants for an in-depth analysis of knowledges acquired throughout the study. Thus, on the basis of information power, the relevancy and depth of knowledges and experiences, the sample size notably, two grandmothers and two key informants as research participants/partners was deemed sufficient.

As well, the addition of two key informants to the study proved to be highly valuable in providing insight into the recruitment challenges, contextual factors shaping Indigenous grandmothers' experiences, and the understanding that this represented an important finding in this study. One of these key informants provided the following insight, "... there is an unspoken story, a collective story that only two people can sort of give an insight into what's happening collectively for Indigenous grandmothers in our province". This notion of the unspoken story thus became a central theme in the findings of the study.

Finally, my lived experience as a white grandmother caring for grandchildren within the Kinship Care Program of the CFS has contributed immensely to the study. Participants quickly identified with my story, relationships were established, a mutual bond was created, and the stories of Indigenous grandmothers truly resonated with me. I felt that I could truly honour these grandmothers' stories and was touched by the trusting relationships and the ease of sharing intimate details of their lives.

The Study's Limitations

Significant challenges were experienced in recruiting Indigenous grandmothers, as participants (research partners) in the study. Participant recruitment occurred over one and a half

years (July 2021 to December, 2022), with only two grandmother participants completing the study. This may have been due to multiple factors, perhaps the most critical being that I, as a white settler researcher, did not have established relationships, or pre-existing networks with Indigenous Peoples in Winnipeg. This was my first opportunity to conduct research with Indigenous populations and as such there was a steep learning curve, which was concurrent with the recruitment efforts. However, notwithstanding that challenge, two Indigenous co-investigators/advisory committee members in the study did have prior networks, relationships, and contacts with Indigenous women and key recruitment sites, yet recruitment remained a challenge.

Recruitment was launched just prior to the start of the Covid-19 pandemic and so protocols required modification to meet the requirements of the Research Ethics Board, related to the new Covid-19 guidelines. Concretely, this meant that no face-to-face contact was allowed with interested grandmothers, thereby necessitating the use of on-line resources, more specifically, Zoom technology for some of the data collection. That being said, near the end of the pandemic, the data collection was completed via both in-person and Zoom technology, all the while adhering to the research ethics protocol. In addition, remotely coaching participants in the use of the technology for DST proved to be stressful and demanding for both participants and PI and required more time than initially anticipated.

In addition, introducing DST as an arts-based digital medium (De Vecchi et al., 2016) to traditional Indigenous storytelling (Rieger et al., 2021) must be given further consideration and reflection. In this study, DST may have deterred some participants from engaging with the study. Although the two grandmothers/research partners in this study had post-secondary education and had some degree of comfort with technology, both acknowledged that initially they felt intimidated by DST and at times, considered withdrawing from the study. Once the participants gained more

confidence in the process of DST, they did appreciate DST as a way to share their stories and to keep their stories alive. One grandmother/research partner underlined however, that DST would have intimidated many Indigenous grandmothers and that older people, or Elders would not approve of DST, as this method is not seen as being congruent with storytelling as an oral tradition.

I was intimidated, I was really intimidated ... and I have to say fearful too, because I'm not doing it right, ok, and a lot of older people, older Elders and grandmothers will definitely feel that pressure, no, this is not, and I don't want to see myself on the screen. I don't want anybody to see my face on the screen, eh ... but I feel the grandmother they're in addictions, or just coming out of it, will be very, very intimidated, eh, unless they have somebody supporting them.

As a result, it is possible when I shared with prospective participants that the data would be collected via DST, necessitating the use of I-movie software on the I-pad, that it deterred participants from engaging in the study. None of the grandmothers who were inquiring about the study had any experience with this technology. The two grandmothers/participants did confirm that perhaps the use of technology may have been daunting for other Indigenous grandmothers and may have dissuaded interested participants from engaging in the study. In support of this observation, it is interesting to note that all grandmothers who participated in the information session were willingly sharing segments of their stories on the first encounter, so perhaps the option of simply recording the conversation with grandmothers could have been offered as an alternative method to DST at the outset, rather than offering this as an option once we recognized the challenges related to participant recruitment.

Lastly, one of the limitations of the study is the considerable time commitment for grandmothers as participants/research partners in the study. It had been anticipated that

approximately 20 hours would be required to participate in the DST sessions, the post-DST session, and the talking circle. In reality, each participant contributed close to 40 hours of their time to the study; the DST creation and recording sessions consumed the greatest amount of time. This may not be reasonable for all Indigenous grandmothers who have the responsibility of caring for their grandchildren.

Significance of the Study

With the inception of Bill C-92, the Act respecting First Nations, Inuit, Métis children, youth and families (Government of Canada, 2019), Indigenous Peoples have a leading role in establishing public policies and laws to decrease the number of Indigenous children in care (Walqwan Metallic et al., 2019). The findings of this study underline the ongoing and continued colonization of the most vulnerable members of society, notably Indigenous grandmothers', their grandchildren, and their families who are involved with the CFS. The omnipotent, daily fears experienced by these grandmothers, comes to life through their unspoken stories and the perpetual disempowerment of Indigenous grandmothers in the child welfare system. As such, women's situated knowledge is critical in redesigning legislation relating to the child welfare system.

Indigenous women and grandmothers in this study emphasized the need for the involvement of women at the helm of child welfare policy and practice changes. This would be a continuation of their historical and traditional roles as grandmothers and Elders. With the implementation of Bill C-92, Indigenous grandmothers may have an unprecedented opportunity to determine how they might want to be involved, or how they might want to influence change within the Indigenous CFS Kinship Care Program. The active involvement of Indigenous women is imperative in moving away from an autocratic, patriarchal, and rigid, deficit-based child welfare system (Warf, 2009) to one that honours and respects traditional matriarchal families.

This will serve to empower children and families to reclaim their Indigenous ways of being, knowing, and doing and with time lead to improved, equitable and quality health and social services both for women, their children, and their grandchildren.

From a policy perspective, it is clear that Indigenous grandmothers have the power to influence transformational change in the Indigenous child welfare system. It is the perspective of grandmothers/participants and key informants in the study that this can only be achieved by the active involvement of those experiencing the devastating consequences of raising grandchildren in the child welfare system. As emphasized in the findings of this study, reclaiming Indigenous womanhood/grandmotherhood within the context of the CFS is imperative in improving the health and well-being of Indigenous grandmothers and their families, as well as reducing the number of Indigenous children in care. Through sharing of their stories/knowledge, Indigenous grandmothers/partners in this study described the degree of resiliency, empowerment, and hope they have acquired through their involvement in the CFS and how this knowledge can be used to the benefit of all.

Policy direction has a direct link to health outcomes and well-being of Indigenous grandmothers and their families, hence a direct relevance on the practice of health and social services professionals. As underlined by Indigenous grandmothers and key informants in this study, caring for grandchildren in the Kinship Care Program of the Child and Family Services (CFS) can have deleterious impact on their health and well-being, their adult children, and their grandchildren. Although caring for grandchildren within the CFS is not recognized per se as a social determinant of health, (SDH) it encompasses many of the social determinants of health such as housing, income, and social support network. The World Health Organization (2024) states the majority of studies underline that the SDH comprise 30-55% of health outcomes. As

such, the findings of the study are significant for social workers, nurses, and the broader multidisciplinary team.

Thus, it is incumbent on the multidisciplinary team to include cultural humility in their daily practice, as they gain greater awareness of ongoing colonization practices and its impact on Indigenous grandmothers, their adult children, and their grandchildren. Creating culturally safe environments for the Indigenous family is critical to their health and well-being. Certainly, social workers have a primary role in decolonizing their practices to be more responsive to the needs of the Indigenous family.

Nurses are also at the forefront of the provision of equitable and quality healthcare to these grandmothers and their families. Client-centered practice is a distinctive feature of the nursing profession. Inherent in this concept is the ability of the nurse to undertake cultural humility, which creates an environment for a culturally safe and anti-racism practice. Further, cultural humility allows for Indigenous voices to be at the forefront of the nurse/client relationship, ensuring Indigenous peoples' active involvement in the choices that impact them and in developing their plan of care (CRNM, 2022). Nurses also hold the responsibility to promote "culturally safe health care experiences where the clients' physical, mental/emotional, spiritual, and cultural needs can be met" (CRNM, 2022, p. 3). As such, nurses must grasp the depth and breadth of the experiences of Indigenous grandmothers' raising their grandchildren in the CFS Kinship Care Program.

Further, the study findings reinforce the need for nursing and other health and services educational programs to introduce trauma-informed curriculum, equity, diversity, inclusion content, as well to provide educational interventions and practice opportunities to address the social determinants of health that will have a favourable impact on health outcome. As well this

study provides a pathway for educational programs to integrate innovative strategies and opportunities for interprofessional and interdisciplinary experiences and practice.

Future Research

The findings from this study set the stage for broader research involving Indigenous grandmothers raising their grandchildren in the CFS agencies. There remain many unspoken stories regarding the lived experiences of Indigenous grandmothers in Manitoba, who are raising their grandchildren in the CFS authorities and agencies. Women's situated knowledge is critical in redesigning the child welfare system and one way to share this knowledge is through Indigenous grandmothers' stories. Further research is needed with Indigenous grandmothers as research partners throughout the province, inclusive of women living in rural and urban Manitoba.

In addition, further research with CFS staff and professionals from other disciplines confined within colonial institutional values, actions, and responsibilities is needed to gain insight into their lived experiences. The two grandmothers who shared their stories often indicated that it was not the worker's fault, but the system was to blame; the blame was directed to broader social systems inclusive of health, education, and justice. Understanding the lived experiences of both social services providers and recipients of services may enlighten the path forward.

This research also provided support for incorporating the use of the *Two-Eyed Seeing* conceptual model (Marshall, 2014), embedded in an IRP (Chilisa, 2020; Kovach, 2010; Tuhiwai Smith, 2012; Wilson, 2008), and Indigenous storytelling as methodology (Kovach, 2010), as the backdrop to further studies involving Indigenous Peoples. Equally important, is the need for thoughtful reflection regarding the use of DST (De Vecchi et al., 2016) as method as a way of sharing and co-creating knowledge.

Policy/Practice/Education Recommendations

The findings of this study has multidisciplinary relevance and provides an opportunity for critical conversations regarding policy and practice, particularly in light of the recent enactment of Bill C-92 (Government of Canada, 2019). Timing is critical. The implementation of Bill C-92 makes provision for the full involvement of Indigenous Peoples, inclusive of grandmothers in redefining legislation. Participants in this study have taken the stance that significant policy change must occur to improve the health and well-being of Indigenous women/grandmothers, children, and families in Manitoba. Moreover, participants emphasized the dire need to ground child welfare policies in Indigenous ways of knowing and being and have taken a stance that this transformation can only happen if women/grandmothers are positioned at the forefront of this movement. Further, participants in this study recommended the creation of a grandmother's council (Bennett & Krone, 2018, p. 158) to lead policy and practice changes.

In Manitoba, grandmothers caring for their grandchildren are known as foster parents, this nomenclature has to change so that Indigenous grandmothers can be acknowledged for their rightful place as the matriarch in the Indigenous family. Further, there are no Indigenous grandmother support groups in existence in Manitoba. Grandmothers of all Nations could vastly benefit from this type of structure to build community, gain support, and to be empowered to share their stories. As articulated by one of the key informants, “we need to put a new spin on the way that we used to operate.”

As for practice, it is highly recommended that staff within CFS and all other health and services providers acquire a deeper understanding of Indigenous women's ways of knowing, the Indigenous worldview of family, the meaning of womanhood, and the revered role of grandmothers in traditional societies. This is critical to grasp the depth and breadth of the experiences of Indigenous grandmothers' raising their grandchildren in the Indigenous CFS

Kinship Care programs. It is imperative that health and social services providers acknowledge that the CFS continues to colonize Indigenous women and families; fear, lateral violence, profound loss and grief associated with colonized social work practices, and the provision of fragmented, inconsistent, and insufficient services continue to disempower, marginalize, and oppress the Indigenous family and grandmothers. In tandem with increasing cultural sensitivity, the findings of this study provide a pathway for health/social services professionals to not only focus on the child, but also to respond to Indigenous women, grandmothers, and their families with culturally safe and appropriate supports and interventions.

From a nursing practice perspective, nurses are at the forefront of providing equitable and quality healthcare to Indigenous grandmothers, their adult children and their grandchildren. Gaining cultural awareness is critical to grasp the depth and breath of the experiences of Indigenous grandmothers' raising their grandchildren in the CFS Kinship Care Program and corresponding impact on health and well-being. The acquisition of cultural sensitivity and cultural safety competencies is essential for nurses in diverse settings to respond to Indigenous women with culturally safe and appropriate physical and mental health supports/interventions, to design and promote treatment plans with Indigenous grandmothers for themselves as primary caregivers to their children and grandchildren, and to promote quality care.

As well in educational programs, more specifically from a nursing education perspective, the findings of this study provide an opportunity to open the dialogue in nursing programs to address education strategies, both classroom and clinical, to better educate nursing students and faculty to understand the connection between the SDH and the challenges of Indigenous grandmothers and their families. In addition, the results of this study, supports the literature regarding the need for interprofessional and intersectoral collaboration (Holt & Birchall, 2022) to address the needs of Indigenous grandmothers and their families. Nurses alone cannot achieve

this, but collaboration can strengthen the interventions to maximize health outcome for Indigenous grandmothers and their families.

Conclusion

The TRC (2015) acknowledges the challenges and complexities of reconciliation; this can only be achieved through critical partnerships between Indigenous and non-Indigenous peoples of Canada to redefine infrastructure, policies, legislation, and practices (Lindstrom & Choate, 2016). This process, however, has to acknowledge everyone's histories and realities, values and beliefs regarding poor child welfare practices, and respect one another's rights; only then can valuable collaborations arise to improve and/or rebuild the child welfare system (Blackstock et al., 2007). It also behoves all involved to fully accept and admit the intergenerational traumas caused by the assimilationist laws and policies, which led to the destruction of Indigenous cultures, families, and communities (Micklefield et al., 2018; Russell, 2018). Moreover, underpinning this complex work is the full comprehension of the Indigenous worldview of family and further operationalizing this worldview in child protection policies and practices.

Examining the federal and provincial history of child welfare through the lens of Indigenous worldviews, provides overwhelming and shattering evidence of the dramatic impact of colonization on the lives of Indigenous Peoples. The atrocities imposed on Indigenous children and women are beyond imagination, yet to this day, Indigenous Peoples are standing up for their rights and standing up for their children and the children of future generations. Although Manitoba is perceived as being forward thinking when compared to other jurisdictions, there are still substantial gaps in meeting the needs of Indigenous children and their caregivers (Indigenous grandmothers) in Kinship Care Programs. Indeed, as previously mentioned, Manitoba has among the highest number of Indigenous children in care (Manitoba Department of Families, 2022) and

Eurocentric policies and practices continue to undermine the health and well-being of these children and families (Mikkonen, 2010; Russell et al., 2018).

With the recent political and legal decisions, there is an opportunity to reconceptualise the Manitoba child welfare system to promote the well-being of Indigenous children and families. There is much to challenge in current policies and practices, but change can only occur by fully acknowledging the harm done to Indigenous Peoples and respecting divergent worldviews. Only then, can we aspire to do better; to move from an autocratic and rigid, deficit-based child welfare system (Wharf, 2009) to a matriarch-based model of services, which will empower children and families to reclaim their Indigenous ways of being, knowing, and doing. Thus, the motivation behind this study is to move toward the reparation of past injustices and to guard against similar harm being perpetuated in vulnerable and marginalized populations. It is the hope that such a model can benefit all children and families in need of support.

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Appendix A: Protocol Approval



**University
of Manitoba**

Research Ethics and Compliance

Human Ethics - Fort Garry
208-194 Dafoe Road
Winnipeg, MB R3T 2N2
T: 204 474 8872
humanethics@umanitoba.ca

PROTOCOL APPROVAL

To: **Suzanne Nicolas** (Advisor: Christina West)
Principal Investigator

From: **Jonathan Marotta, Chair**
Research Ethics Board 1 (REB 1)

Re: **Protocol # R1-2021:088 (HS25007)**
Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Winnipeg Child Welfare System: Digital storytelling rooted within an Indigenous research paradigm

Effective: July 20, 2021

Expiry: July 20, 2022

Research Ethics Board 1 (REB 1) has reviewed and approved the above research.

REB 1 is constituted and operates in accordance with the current [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 \(2018\)](#).

This approval is subject to the following conditions:

- i. Approval is granted for the research and purposes described in this application only.
- ii. Any changes to this research must be approved by the Human Ethics Office (HEO) before implementation.
- iii. Any deviations to the research or adverse events must be reported to the HEO immediately.
- iv. This approval is valid for one year only. A Renewal Request Form must be submitted and approved prior to the above expiry date.
- v. A Study Closure Form must be submitted to the HEO when the research is complete prior to the above expiry date, or if the research is terminated.
- vi. The University of Manitoba (UM) may request to audit your research documentation to confirm compliance with this approved protocol, and with the UM [Ethics of Research Involving Humans](#) policies and procedures.

Funded Protocols: Email a copy of this Protocol Approval, with the corresponding UM Project Number, to ResearchGrants@umanitoba.ca

Appendix B: Participant Recruitment Poster



**INTERESTED IN SHARING
YOUR STORIES ABOUT RAISING
YOUR GRANDCHILDREN IN THE
KINSHIP CARE PROGRAM?**

**1. Are you
raising a
grandchild?**

**2. Are you an
Indigenous
grandmother
living in
Winnipeg?**

**3. Are you a
family led by
a grandmother?**

If so, you may be interested in participating in a study
which is looking at exploring the experiences of Indigenous
grandmothers raising their grandchildren in the Kinship Care
Programs within Child and Family Services

**If you would like to participate, please contact
Suzanne Nicolas via email at
[redacted] call [redacted]**

 **University
of Manitoba**

This research is being conducted by Suzanne Nicolas RN, PhD candidate in the College of
Nursing, University of Manitoba, to satisfy the requirements of the PhD in Nursing. This study
was approved by the 'Research Ethics Board at the University of Manitoba, Fort Garry Campus'.

Appendix C: Participant Recruitment Script

EXPLORING THE LIVED EXPERIENCES OF INDIGENOUS GRANDMOTHERS RAISING GRANDCHILDREN IN THE KINSHIP CARE PROGRAM OF THE WINNIPEG CHILD WELFARE SYSTEM: DIGITAL STORYTELLING ROOTED IN AN INDIGENOUS RESEARCH PARADIGM

Information provided to interested research participants at the first point of contact includes a brief description of the study, expectations of participants, and how the study will be conducted.

Participants will be informed that:

- The study is to explore and understand the experiences and needs of Indigenous grandmothers raising their grandchildren in the Kinship Care Program of the Winnipeg Child and Family Services (CFS) System. Grandmothers will describe their experiences through stories.
- Participants will require an I-pad to participate in the study. If an interested grandmother does not have an I-pad, one will be provided for her use during the study.
- Grandmothers will be meeting with myself, Suzanne, as the lead researcher on four occasions; all meetings will occur on a password protected Zoom videoconferencing platform. I will review with you quick tips on how to access the Zoom technology. Sometimes my colleague researchers may join me in some of the Zoom meetings we will have.
 - The first time we meet will be to talk about the study in more detail and to answer any questions you might have. I will review the consent, which you will be asked to sign (if you agree to participate in the study), and talk about storytelling and how to prepare for what is involved in preparing your story.
 - The second time we meet will be to support you in creating your story (if you need assistance). This is the session where we will also record your story using an iPad. Myself and another researcher will guide you through this process.
 - The third time we meet will be to have a conversation about your experience in creating your digital story (DS), if you agree, we will view your DS and talk about your experience of parenting your grandchildren in the Kinship Care Program of the CFS.
 - For the last meeting, all participants/grandmothers will be invited to a ‘Talking Circle’ (on the Zoom platform), with the other researchers on my team, to better

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understand your experiences of raising grandchildren in the Kinship Care Program of the CFS. As partners in the research, grandmothers and researchers will share ideas and collaboratively interpret your stories in the context of a community. A virtual feast to honor and celebrate the grandmothers who participated in the study will follow the 'Talking Circle'.

- An Indigenous grandmother/Elder/Wisdom Keeper will be present and available to all participants during the study if grandmothers need to talk to someone other than myself. Other resources will also be available to participants if needed.
- Grandmothers/participants in the study will be able to invite a family/friend every time you meet with myself and other members of my research team.
- All meetings will be virtual using the Zoom virtual meetings platform; these will occur in a private location of your choosing, where you feel most comfortable. You will also decide the best times that you are available to meet
- Participants will learn about digital storytelling techniques. It doesn't matter if you don't know how to do this, some members of the team have a lot of experience with this and we will be there to guide you.
- The digital story that you will produce will belong to you and you will have a choice about how your story and information about your experience is used.
- You will be paid an honorarium of \$150.00 in total. This is intended to thank participants for their time.
- Participants who have participated in story in the past, tell us they were scared at first, but once they got into it, they really enjoyed themselves.

Do you have any questions or do you require clarification on any of the information read to you?

Appendix D: Digital Storytelling Research Participant Consent Form

Research Project Title:	Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Kinship Care Program of the Winnipeg Child Welfare System: Digital storytelling rooted in an Indigenous Research Paradigm
Principal Investigator:	Suzanne Nicolas, RN, PhD(c) College of Nursing Rady Faculty of Health Sciences [REDACTED]
Research Advisor/ Co-investigator:	Christina West, RN, PhD Associate Professor, College of Nursing Rady Faculty of Health Sciences Christina.west@umanitoba.ca [REDACTED]
Research Committee Advisory Members/ Co-investigator:	Marlyn Bennett, PhD Director/Assistant Professor Masters of Social Work Based in Indigenous Knowledges, Faculty of Social Work, University of Manitoba Marlyn.bennett@umanitoba.ca [REDACTED]

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The research and its purpose

The purpose of the study is to explore the experiences of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program of the General Child and Family Services Authority (CFS) in Winnipeg. It is not known if, how, and to what extent the Kinship Care Program of the CFS promotes health and well-being of Indigenous grandmothers raising their grandchildren. As such, the objectives of the study are three-fold namely, (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent CFS contributes to grandmothers' health and well-being, and (3) to explore grandmothers' perspectives on how they might want to be involved or have their voice

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heard in the Kinship Care Program of the CFS.

Participants in this research

Ten Indigenous grandmothers who are currently raising their grandchildren in the Kinship Care Program of CFS (Winnipeg) will be asked to participate in the study. In order to take part in this study, potential participants need to: (1) identify as an Indigenous grandmother, (2) live in Winnipeg, (3) have been raising grandchildren in the CFS Kinship Care Program for one year or more, and (4) be a family led by the grandmother. Participants will be invited to create their own digital story (DS) with the support of the researcher(s), meet with the lead researcher (Suzanne Nicolas) to share a conversation about their DS and experience of raising their grandchildren in the CFS Kinship Care program, and participate in a 'Talking Circle'. The 'Talking Circle' will include Indigenous ceremony led by an Elder and Wisdom Keeper (Mary Wilson). The researcher(s) (Suzanne Nicolas, Marlyn Bennett, Christina West), and other grandmother participants will be invited to participate in the 'Talking Circle' where they will work together to interpret the knowledge shared in earlier parts of the study, through the sharing of memories, understandings, and story. The talking circle will end with a feast to honour each of the grandmother storytellers in this study.

The time required to create a DS will vary depending on the needs of the participants. Generally, a minimum of 10-15 hours is required to create a DS. The conversation about your DS and experience of parenting children within the Kinship Care Program of the CFS will take 45 minutes to 1 hour of your time. Finally, the talking circle and celebration feast will require 3-4 hours of your time and will be held in your home or another private location of your choice, as participants will come together virtually.

Note: All meetings between the participant and the researchers will occur virtually through Zoom videoconferencing technology. Participants will be guided in the use and access of Zoom. Even if you do not have experience with this technology, you can still participate in the study. Suzanne will be there to guide you every step of the way if you need that support.

Invitation to participate as a research partner in this research study

This study is guided by Indigenous ways of knowing and being. As such, we are inviting each grandmother to be involved as a research partner with other grandmother participants, and members of the research team. As the research team, we will talk about the ideas that develop in this study, so that we work together to interpret what is learnt through the sharing of your memories, understandings, and story in the context of a shared community. Together we will create knowledge and will collaboratively decide how it will be shared at the completion of the study. You will have an opportunity to share your unique understandings and story when you meet with the researcher (Suzanne) to talk about your DS, and during the talking circle. If you choose to do so, you will also be invited to participate in presentations about the knowledge we co-developed, as well as participate as co-authors on any publications we write about this work. It will be your choice about how you want to participate in this research, and when it is most convenient for you to meet with the researcher.

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If I participate in this research, what will I be asked to do?

Prior to meeting for the preparation session, I will send you an information package that includes Zoom “how to tips”, the study consent form, the Storyteller’s Bill of Rights, and some written guidance on what to think about and how to prepare for writing your story. You are welcome to invite a support person (friend or family member) to join us for our meetings, which will include: 1) a preparation session, 2) a storytelling session, 3) a conversation about your digital story, and 4) a talking circle with the researchers, an Indigenous Elder, and other participating grandmothers.

- 1) **Preparation Session:** Prior to the storytelling session, I (Suzanne, the principle investigator) will speak with you on the phone or meet you over Zoom to prepare you for the storytelling session. At that time, I will review this consent form, and answer any initial questions you have about this study. During this preparation session, I will review with you the ‘*Storyteller’s Bill of Rights*,’ and the process we will follow in making your DS during the storytelling session (to be booked at a time that is convenient to you). I will also ask you some questions about your experience with digital equipment and recording. I will also talk with you about preparing for the storytelling session by thinking about important aspects of your story of raising grandchildren in the Kinship Care Program (CFS). We will review the information about writing your story, which can be found in the information package. I will also ask your permission to record the Zoom meetings we will have (digital storytelling session, the conversation, and the Talking Circle). We are hoping you might be able to begin to write your story (1-2 pages) before we meet for the storytelling session. You will also be asked to collect photographs, images, music, songs, quotes, and or poems that you might like to include in your story. The amount of time involved in preparing for the storytelling session will vary depending on each participant, however, it is anticipated that participants could complete the preparation over 1-2 days and 1-3 hours of time. Please be assured that Suzanne will work with you every step of the way to support you in creating your digital story.
- 2) **Storytelling Session using Zoom:** One or two researchers will meet with you over Zoom and guide you through the storytelling session, which will include the creation of your DS about being a grandmother who is raising her grandchildren in the Kinship Care Program of the CFS (Winnipeg). You will be assisted in creating your own 3-5 minute digital video, which includes a recorded, narrated story that you have written, with images/photographs, and music/sound effects of your choosing. If you have not had time to write your story prior to meeting with the researcher(s) for the storytelling session, we will talk with you about your story, and about what images/photographs are important for you to include and give you some time to write your story. We will work together to create your DS on an iPad.

We will talk with you about the impact of using photographs or recording your voice as part of your DS and how this might enable you to be recognized. We acknowledge that for some people, being visible in their story will be important. For others, we know that they would prefer to be anonymous. Your choice will be respected and we will work with you to ensure that you fully understand your choices. You will be able to keep the DS that

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you create; we will leave a copy of your DS with you on a USB stick. With your permission, I will audio or audio/video record on Zoom the digital story telling session; this recording will automatically be transcribed through Zoom and I will do a final review of the transcript for accuracy. The transcript will be shared with you via email or mail, depending on your preference, for your comments and editing. If you wish to use regular mail, I will provide you with a stamped return envelop so you can send your edited transcript back to me. Once you agree to participate in the storytelling session, you will receive a \$75.00 honorarium to thank you for sharing your experiences and to acknowledge the time you have committed. A cheque will be mailed out to you. You will be able to keep this payment even if you later choose to withdraw from the study.

You will be asked if you want to share your DS with other grandmothers who participate in this study during the Zoom ‘Talking Circle’ and the virtual Feast (see description below). We will ask all participants in the ‘Talking Circle’ to keep the information that they learn about others or share during the ‘Talking Circle’ private; they will be asked not to share your information with anybody outside of the ‘Talking Circle’ gathering. If you choose to share your DS, or parts of your story with the other grandmothers and researchers in the ‘Talking Circle,’ that will be your choice. You do not have to share your DS to participate in the ‘Talking Circle.’

Your DS will not be posted on any website or used in any way without your permission. However, you will be shown how to post your digital story on youtube.com. If you choose to post your story, we (researchers in this project) may ask your permission to link to your DS in publications, and/or presentations about this study. As a community of research partners (researchers and grandmother participants), we will collaboratively decide how and when we share what we’ve learned during our study. This will always involve a conversation with you about how you want your DS used.

I would like to caution you however that if you decide to post your story on YouTube, you will not be able to delete it. It is important to consider using images that will not identify anyone other than those who have given you their permission through formal consent/ assent procedures to take or use a photograph of them. If you choose to post your digital story on YouTube, it is important that any identifiable individual (child/adult) who is included in your digital story is aware you will be posting it on YouTube, and have provided you permission to do so.

Conversation about your Digital Story following its Creation: Following the storytelling session, you will be invited to participate in a follow-up Zoom conversation with the principle investigator (Suzanne) to talk about your DS, experiences of raising grandchildren in the Kinship Care Program of the CFS, as well as your experience of creating your DS. We will also talk about the permanency of posting your digital story. With your permission, this conversation will be audio or audio/video recorded on Zoom. The Zoom recording will be automatically transcribed word for word through Zoom and I will do a final review of the transcript for accuracy. The transcript will be shared with you via email or mail, depending on your preference, for your comments and editing. If you wish to use regular mail, I will provide you with a stamped return envelop so you can send your edited transcript back to me. You will receive a \$25 honorarium to thank you

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for your participation in this conversation and sharing your knowledge. Once you agree to participate in the Zoom conversation, a cheque will be mailed out to you. You will be able to keep this payment even if you later choose to withdraw from the study.

3) Talking Circle with other Grandmother Participants, Indigenous Elder, and

Researchers: Once all the grandmothers participating in this study have had an opportunity to complete their DS in a storytelling session with the researcher(s), we will invite you to come together with the researchers (Suzanne Nicolas, Marlyn Bennett, Christina West) and an Indigenous knowledge keeper (Mary Wilson) to share in a Zoom ‘Talking Circle.’ Mary will open and close this gathering with Indigenous ceremony. As previously noted, you will be invited to share your DS or parts of your DS during the ‘Talking Circle,’ but this is completely your choice. You do not have to share your DS to participate in the ‘Talking Circle’.

Suzanne (principle investigator) will share with you some of her thoughts and experiences after creating the digital stories with you and speaking with you about your DS. You will be asked to offer your understanding of the ideas that Suzanne has developed, so that we work together to interpret what is learnt through the sharing of your memories, understandings, and story in the context of a community. Although we are introducing the ‘Talking Circle’ in the introduction to this study, please know we will ask you to sign an additional, informed consent for your specific participation in that part of the study. If everyone participating in the ‘Talking Circle’ provides permission, this conversation will be audio or audio/video recorded on Zoom. The Zoom recording will be automatically transcribed word for word through Zoom and I will do a final review of the transcript for accuracy. The transcript will be shared with you via email or mail, depending on your preference, for your comments and editing. If you wish to use regular mail, I will provide you with a stamped return envelop so you can send your edited transcript back to me. You will receive a \$50 honorarium to thank you for your contribution to the ‘Talking Circle’, which you will be able to keep even if you later choose to withdraw from the study. The honorarium will be paid by cheque, which will be mailed to your address after you have agreed to participate in the Talking Circle.

Benefits of participating in this research

There are a number of potential benefits to being involved in this research. Research participants will have an opportunity to create and possibly share their story of raising grandchildren in the Kinship Care Program of the CFS using digital storytelling. We are using digital storytelling to hear and honour the voices of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program, with the hope of better understanding grandmothers’ experiences and needs. Previous research has shown the potential healing power of digital storytelling; you may come to understand your experience of raising grandchildren differently as you create and share your story in this research. Your story may also influence the care and support available to Indigenous grandmothers involved with Child and Family Services organizations in Manitoba and across Canada. Involvement in this research also will provide you with an opportunity to learn about digital media and how to create a digital story. Lastly, you will have an opportunity to

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create a digital story that is your story, you will keep your digital story and you will decide how and if you would like to share your DS with others.

Potential risks involved in participating in this research

Although storytelling holds healing potential and may help you further understand your experiences, telling stories that are deeply personal and close to the heart, specifically those related to relationships between grandchildren and grandmothers, can evoke painful and strong emotions. As such, participants may experience emotional distress. Recognizing this is a potential risk, Mary Wilson, an Indigenous Elder and Wisdom Keeper will be available to participants for support, if the need arises. Mary will be able to provide emotional, psychological, spiritual, and cultural support to participants. To access this support, please contact Suzanne Nicolas (principle investigator), whose contact information is found at the top of this consent form.

You may also wish to access additional resources. A list of links to resources has been provided for you on the last page of this consent form for your review. If you are not able to access those electronic links for the resources electronically, the PI will email these to you, or print them off, and either mail, or drop these off to you, according to your preference.

Do I have to participate?

Participation in this study is completely voluntary. If you decide to take part in this study, but later decide you don't want to participate, it is important for you to understand that you may withdraw at any time before April 29, 2021. Before this date, you are free to decide to have your data removed from the data collection, and/or refrain from answering any questions you prefer to omit without any consequence. You may withdraw from the study by speaking to Suzanne Nicolas (principle investigator) by contacting her by phone or email. Your social supports from CFS will not be affected in any way if you choose to withdraw from this study. You are free to withdraw before, during, or after the preparation or storytelling session. If you complete the storytelling session but then decide you don't want to participate in the 'Talking Circle' you can withdraw from the study without consequence. If you decide to withdraw at any point in the study, the principle investigator (Suzanne) will speak with you about whether you want the information you have already provided to still be included in the study or to be destroyed by electronic and/or paper deletion.

What else does my participation involve?

The findings from this study may be presented at a health conference, to health care and social services professionals, Indigenous peoples and/or policy makers interested in this research or be published in a professional journal. In these publications, we might also want to quote you directly. Near the end of this study, we will decide together where and how we feel it is important to share what we have learned in this study. If you decide that you would like to have your full name used to recognize your contributions to our shared work in professional journal publications, and/or research presentations, then we will honour this choice. In all other instances, your full name will not be discussed or revealed to anyone.

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Will my records be kept private?

Once you have completed your DS it will be transferred from the iPad on an encrypted USB stick and will be transferred to a University of Manitoba (College of Nursing) password protected shared drive and/or the lead investigator's password-protected computer. The only people who will have access to your DS and other information collected in this study will be the researchers named above.

All information collected in this study [your DS, Zoom recording and transcripts of your conversation with the researcher about the creation of your DS, and the Zoom recording/transcript of the 'Talking Circle'] as well as computer written notes, will also be stored in the password protected shared drive and/or the lead investigator's password-protected computer. Any hand-written notes will be stored in a locked filing cabinet in the researcher's home. Personal identifier (i.e. your real name) will be removed from the information collected, and replaced with a pseudonym name and code number. All documents/data related to this research will be shredded and/or electronically deleted five years after the completion of the research, in July 2027.

It is also important to understand that your image and voice may be recognizable in the DS you create. If you choose to keep your identity/name confidential, we will work with you to ensure you are not recognizable in your DS. To ensure that the information we discuss in the Talking Circle remains confidential, you are asked not to share any of the information shared by other grandmother participants or researchers when talking to your friends/ neighbours, who are not part of the study. Your support person will also be asked to sign a consent form indicating that he/she will not share with anyone the information that you or other grandmother participants will be sharing during our time together in the Talking Circle.

Can I waive the right to anonymity as a participant in this study?

By participating in this study and working with the team of researchers in the creation of your digital story and the Talking Circle, you will not be anonymous to the researchers and other research participants. You may also choose to post your digital story on social media with your name and personal photos, you may wish to have your full name used to recognize your contributions to our shared work in professional journal publications, in direct quotes, and/or research presentations; if so we will honour this choice.

Will I be paid for participating, or will I have to pay for anything?

Participants who choose to participate in the creation of a DS (storytelling session, the conversation about your DS, and the 'Talking Circle') will receive an honorarium totaling \$150.00. This honorarium is intended to thank participants for their time, which you will be able to keep even if you later choose to withdraw from the study. The honorarium will be paid by cheque, which will be mailed to your address after you have agreed to participate in different steps of the data collection process.

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

As a participant in the study, “Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Kinship Care Program of the Winnipeg Child Welfare System: Digital storytelling rooted in an Indigenous Research Paradigm”

- ☐ I agree to participate in the preparation and storytelling sessions where I will be assisted to create my own digital story about raising my grandchildren in the Kinship Care Program of the CFS (Winnipeg).
- ☐ I agree to participate in a Zoom conversation with the lead researcher (Suzanne Nicolas) about my digital story and experience of raising grandchildren in the Kinship Care Program of the CFS, as well as my experience of creating my digital story.
- ☐ I understand that at a later time in this study, the researcher will review a second consent form with me at which time I will decide whether to consent to participate in the Zoom ‘Talking Circle’ and virtual feast. I also understand that at that time, I will have an opportunity to decide whether or not I want to share my digital story, or parts of my digital story in the ‘Talking Circle.’ I understand that I can still participate in the ‘Talking Circle’ even if I decide not to share my digital story.
- ☐ I understand that I can choose to waive my right to confidentiality for the purpose of having my contributions acknowledged with my real name in publications and/or presentations.
 - ☐ Yes, I choose to waive my right to confidentiality
 - ☐ No, I do not choose to waive my right to confidentiality
- ☐ I understand that if the researcher discovers the possibility that abuse of children is/has occurred that Suzanne, the lead researcher has a responsibility to immediately notify the child protection agency.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the Research Ethics Board (REB1) at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Officer at 204-474-7122 or HumanEthics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

This study was approved by ‘the Research Ethics Board at the University of Manitoba, Fort Garry campus’.

Participant's Signature:

Date:

Researcher's Signature:

Date:

- ☐ I would like to receive a summary of what is learnt in this research study. I understand that I can expect to receive a summary of the research study by July 2022.

I would like to receive the summary of the findings in the following manner:

Email contact for receiving the research study summary: _____

Regular mail: _____
Your Address

Dropped off at my home: _____
Your Address

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

ADDITIONAL SUPPORT RESOURCES FOR YOU

- The Culture of Well-being by the WHRA – Guide to mental health resources for First Nations, Métis & Inuit people in Winnipeg.
<https://professionals.wrha.mb.ca/old/extranet/publichealth/files/MentalHealthGuide.pdf>
- Klinik's Trauma-Informed Toolkit: [https://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed Toolkit.pdf](https://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf)

Appendix E: Storyteller's Bill of Rights²

EXPLORING THE LIVED EXPERIENCES OF INDIGENOUS GRANDMOTHERS RAISING GRANDCHILDREN IN THE KINSHIP CARE PROGRAM OF THE WINNIPEG CHILD WELFARE SYSTEM: DIGITAL STORYTELLING ROOTED IN AN INDIGENOUS RESEARCH PARADIGM

As the storyteller, you have the rights to:

- **THE RIGHT TO** Know from the outset why a digital recording session is being carried out.
- **THE RIGHT TO** Assistance in deciding whether you are ready to share your story.
- **THE RIGHT TO** Understand what is involved in the process of producing a story.
- **THE RIGHT TO** Know who might view your finished story, after the recording is completed.
- **THE RIGHT TO** Decide for yourself whether or not to participate in the digital recording session.
- **THE RIGHT TO** Ask questions at any stage of the digital recording session, before, during, or after.
- **THE RIGHT TO** Ask for teaching instructions to be repeated or clarified.
- **THE RIGHT TO** Skilled emotional support, if your experience of making a story is emotionally challenging.
- **THE RIGHT TO** Tell your story in the way you want, within the limits of the session.
- **THE RIGHT TO** Decide whether or not to reveal private or personal information to fellow participants and instructors in follow up sessions.
- **THE RIGHT TO** Competent advice about whether revealing your identity or other personal details about your life, in your story, may place you at risk of harm.
- **THE RIGHT TO** Leave information and/or photographs that identify you or others, out of your final story.
- **THE RIGHT TO** Reject story feedback (about words or images) if it is not useful or not offered in a spirit of respect and support.
- **THE RIGHT TO** Decide what language to use in telling and creating your story.
- **THE RIGHT TO** Be respected and supported by capable researcher/facilitator.
- **THE RIGHT TO** A written consent form, if your story will be shared publicly, including a signed copy for your records.
- **THE RIGHT TO** Know what contact and support you can expect after the workshop.

² Storycenter, (n.d.). Ethical practice: Storyteller's bill of rights. Retrieved February 13, 2021 from www.storycenter.org

After the digital recording session, you have the rights to:

- **THE RIGHT TO** Decide collaboratively with project partners how your story will be shared.
- **THE RIGHT TO** View and retain a copy of your story before it is shared publicly in any way.
- **THE RIGHT TO** Know who is likely to screen your story and for what purposes.
- **THE RIGHT TO** Know who is likely to watch or read your story and when (e.g. rough timeframe).
- **THE RIGHT TO** Counsel on the potential sensitivities of sharing your story in public.
- **THE RIGHT TO** Emotional support if you are present when your story is shown in public.
- **THE RIGHT TO** Demand that no one should be able to sell your story for profit.
- **THE RIGHT TO** Know if any funds will be generated as a result of your story being shared (e.g. to support similar projects with other storytellers).
- **THE RIGHT TO** Withdraw your consent for the use of your story at any time.
- **THE RIGHT TO** Information about the limits of withdrawing consent for your story to be shared, if it has already been circulated online or in other digital formats.

Appendix F: Preparing for Your Storytelling Session

EXPLORING THE LIVED EXPERIENCES OF INDIGENOUS GRANDMOTHERS RAISING GRANDCHILDREN IN THE KINSHIP CARE PROGRAM OF THE WINNIPEG CHILD WELFARE SYSTEM: DIGITAL STORYTELLING ROOTED IN AN INDIGENOUS RESEARCH PARADIGM

We are excited about working with you to create your own digital story about your experience of raising your grandchildren in the Kinship Care Program of the Winnipeg Child and Family Services (CFS). The researchers I am working with have helped people make digital stories before, so you will be supported and guided through the creation of your story.

We would like to remind you that you are invited to bring a support person (friend/family member) to your storytelling session with Suzanne (principle investigator), and if you think it would be helpful, you might also ask that person to listen to you as you begin to think about what you think will be important to include in your digital story, or you may prefer to work through this preparation on your own.

What is a digital story?

Digital stories are short, powerful clips that are narrated by storytellers, common everyday people who are interested in telling their story. A digital story is created when the story is combined with digital technology that often includes photographs, video, and music. Storytellers reflect on their experience and can use easy iPad technology to create powerful stories that often contain important messages about their experience.

If you have never seen a digital story you can view two stories that we have made by members of the research team:

Suzanne's story of raising her grandchildren in the Kinship Care Program of the CFS – she will share her private story with you during our digital story session.

My mother's love was in a bowl of porridge: A digital story by Marlyn Bennett, co-researcher <https://oralhistorycentre.ca/2013/09/18/my-mothers-love-was-in-a-bowl-of-porridge-a-digital-story-by-marlyn-bennett/>

Storytelling session in your home using Zoom videoconferencing platform

During our storytelling session, one or two researchers will work with you and guide you to create your own story about raising your grandchildren in the Kinship Care Program of the CFS. You will be assisted in creating your own 3-5 minute digital video, which includes a recorded, narrated story that you have written, with images/photographs, and music/sound effects of your choosing. If you have not had time to write your story prior to meeting with the researcher(s) for the storytelling session, we will talk with you about your story, and about what images/photographs you might want to include and give you some time to write your story. We will work together to create your DS on an iPad.

Your story

As you know, the storytelling session will focus on your experiences of raising grandchildren in

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the Kinship Care Program of the CFS. The best digital stories are short – we usually work to create a story that only lasts for two to three minutes, so the finished story is usually only about 1-2 pages long.

You may already have a great idea for your story, but if you don't, please don't worry about that – we have made lots of stories with people of different ages and from different walks of life. People often say, 'I am not good at writing' or 'I don't know where to start' or 'I am a bit worried' – these thoughts are all really normal. What we do know is that by the end of the storytelling session people feel very proud and are delighted with what they have created.

The best and most powerful stories are ones told from the heart. It is always helpful to do a bit of thinking about what your story might be about, but during our workshop we will work together to refine these ideas. We believe you will have many stories to tell about raising your grandchildren in the Kinship Care Program of the CFS. Sometimes it is difficult to know exactly which part of your story you most want to tell.

As you think about your story, think about what makes it important. Great stories come to life when the person listening can imagine what you were feeling. A good place to start is by imagining how you would tell your story to a friend. If you think it might be helpful to do some writing before the storytelling session, you could try writing your story as if you were telling it to a friend – rather than writing your story as a structured set of events, think about how you could tell your story in a creative way. Some people find that spending a little bit of time writing before a session like this, helps them come to understand what is most important to share in their story. You can play with this and see what happens – it doesn't need to be the final story, or what you think a good writer would create – it is your own unique story, and this is a way for you to begin to explore.

Think about what makes a good story when you hear it – a beginning, middle, and an end – the point of the story.

It would be great if you could do some preparation before the storytelling session. For some of you, you may want to come with something written down. For others, it might be only a few random scribbles on a bit of paper. Either is fine.

Images

It is good idea to start thinking about what sort of images you might want to use in your digital story. You may want to consider using images to represent your grandchildren, rather than having a picture of them. You can use photographs of your grandchildren if you wish, but this will require the permission of the CFS worker, as CFS is the legal guardian of the child/children). If you intend on sharing your video and you want to use photographs of your grandchildren, then you will need to obtain the permission from the CFS. If you would rather not talk to CFS about your involvement in this study, then we will work with you to find images that speak to your experiences, without using the photographs of the grandchildren you are raising.

We will be working on iPads, so we will need to upload images onto them. Don't worry if you haven't used an iPad before – we work on them because they are so easy to use. It would be very helpful if you have selected the images that you might want to use before the storytelling session.

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You can have images on a memory stick, or printed images, you might want to use, that is not a problem. The iPads have cameras so you can easily, and quickly, photograph art, drawings or photos straight on to the iPad. The researchers can also help you with preparing these images/photographs when they to meet with you for the storytelling session.

We will have an iPad for you to use, but if you own an iPad you are welcome to use it. If you plan on using your own iPad it would be great if you could have any art, drawings, photos or any other images loaded on to it.

You can also use stock images that are available online but please ensure that these images are available for reuse, that is, copyright free (we will talk to you in the storytelling session about the copyright of images and music).

If you would like to use photographs of people you know, other than your grandchildren, please ensure that you have their permission for their image to be used in your video story.

You will be able to add music to your story, but again it must be copyright free. We will have some copyright free music that you might wish to use at the storytelling session.

Please be assured that if you are experiencing challenges with uploading your photos or creating your digital story on the iPad, Suzanne will spend the time with you to make sure you have all the support you need. If you are not able to work with this technology, Suzanne will provide a digital recorder so you can simply record your story. You can also upload your photos on a memory stick (that Suzanne will provide) and with your direction, Suzanne can put your story and photos together. Suzanne will then review your digital story with you to make sure the story is exactly how you were wanting it.

Practicalities

The storytelling session will occur in a private location of your choice, either in your home or a friend's home, using Zoom videoconferencing technology. It will be your choice as to when it is most convenient for you to meet with us for the storytelling session.

Many people who participate in storytelling say they felt a bit apprehensive before they got started, but at the end, people always say what a great time they had. Because this session is being held in your home/ private location and you may choose to invite a friend/family member, the session will be fun, we will get to know each other, you will receive individual attention, and you will have a fantastic story at the end to show for all of your work.

Thank you so much for taking time to take part in the storytelling session. We look forward to spending time with you.

Just a reminder that you will be invited to participate in a Zoom conversation about your digital story after the storytelling session. I will schedule a meeting time with you at the end of the storytelling session.

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Please do not hesitate to email or call me if you have any questions. My contact information is included below:

Suzanne Nicolas

Phone:

Email:

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Appendix G – Zoom “How to Tips”

ZOOM is a user friendly video conferencing platform. We will be using Zoom for all of our meetings. You do not need to worry if you have never used Zoom before. You and I can set up a practice session using Zoom, before the preparatory meeting if you would like.

Here are a few tips to help you with Zoom :

1. I will send you an invitation on your email address to participate in the Zoom meeting.
2. The email that I will send out will contain all the meeting information that you need and how to gain access.
3. You will be asked to enter your password. Your password can be found on the invitation email I sent you.
4. Put in your password and you are now in the Zoom call. If you log in before I do, it will simply give you a message that the host (me) has not yet logged in. As soon as I log in you will be logged in as well.
5. Once you are in the Zoom call, there are other things that you can do. The first is to make sure your microphone and video are on (check left lower corner of the screen and simply click on the buttons to turn video and mic on and off).
6. We will discuss other functions that you may need while we are on the call.
7. If you wish to view a video on how to use Zoom, you can visit any Zoom YouTube video.

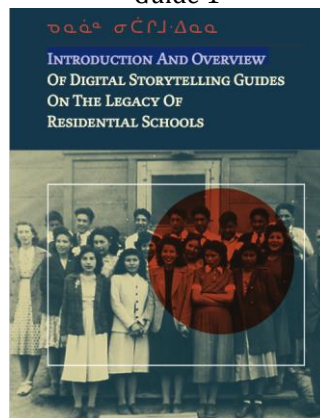
Appendix H: Guides for Digital Storytelling

EXPLORING THE LIVED EXPERIENCES OF INDIGENOUS GRANDMOTHERS RAISING GRANDCHILDREN IN THE KINSHIP CARE PROGRAM OF THE WINNIPEG CHILD WELFARE SYSTEM: DIGITAL STORYTELLING ROOTED IN AN INDIGENOUS RESEARCH PARADIGM

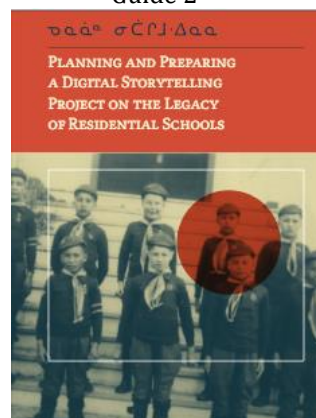
Below, you will find 5 guides you can review for digital storytelling if you would like more information. Although the focus of the project described in these guides is the Legacy of Residential Schools, the process we will follow in this study will be similar. These are not required reading for participation in this research study, but available for you if you would like to read more about digital storytelling with Indigenous peoples. I (Suzanne) will forward these to you if you are interested.

THE NINDIBAAJIMOMIN: A DIGITAL STORYTELLING RESOURCE FOR CHILDREN OF RESIDENTIAL SCHOOL SURVIVORS TOOLKIT³

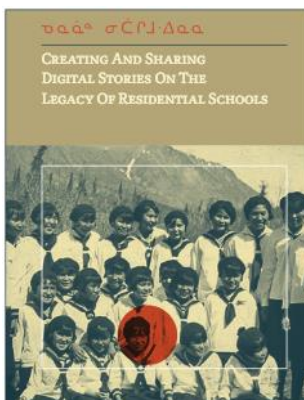
Guide 1



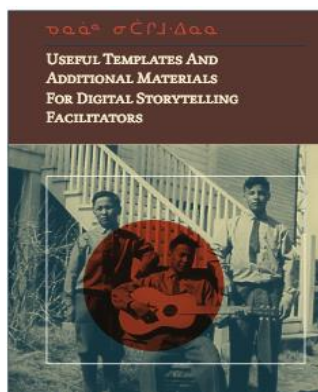
Guide 2



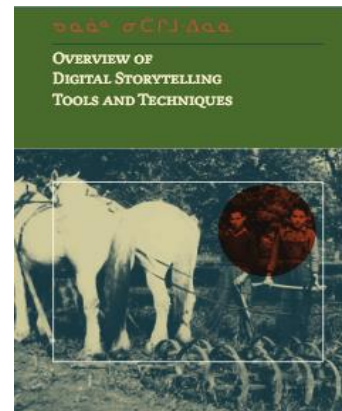
Guide 3



Guide 4



Guide 5:



³ Bryce, H. (2014). Guides to support healing across the generations. Oral History Centre, University of Winnipeg.

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Appendix I: Photograph/Video-Recorded Image Permission Form

Research Project Title: Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Kinship Care Program of the Winnipeg Child Welfare System: Digital storytelling rooted in an Indigenous Research Paradigm

Principal Investigator: Suzanne Nicolas, RN, PhD(c)
College of Nursing
Rady Faculty of Health Sciences
[REDACTED]

Research Advisor/: Christina West, RN, PhD
Co-investigator Associate Professor, College of Nursing
Rady Faculty of Health Sciences
Christina.west@umanitoba.ca
[REDACTED]

Research Committee Marlyn Bennett, PhD
Advisory Members/ Director/Assistant Professor
Co-investigator: Masters of Social Work Based in Indigenous Knowledges,
Faculty of Social Work, University of Manitoba
Marlyn.bennett@umanitoba.ca
[REDACTED]

Name of digital storyteller: _____

Title of digital story (if known): _____

The research and its purpose

The purpose of the study is to explore the experiences of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program of the General Child and Family Services Authority (CFS) in Winnipeg. It is not known if, how, and to what extent the Kinship Care Program of the CFS promotes health and well-being of Indigenous grandmothers raising their grandchildren. As such, the objectives of the study are three-fold namely, (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent CFS contributes to grandmothers' health and well-being, and (3) to explore grandmothers' perspectives on how they might want to be involved or have their voice heard in the Kinship Care Program of the CFS.

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As part of this research, participants in the study will create a digital story about their experiences raising their grandchildren in the Kinship Care Program of the CFS. Digital storytelling consists of writing, images, photographs, and audio to produce a 3-5 minute video. As such participants (grandmothers) may approach you to include you, or your children in a picture, or video that they would like to include in their digital story.

The digital story belongs to the participants in the study; grandmothers may choose to keep their digital story private, post it on the Internet, and/or share their digital story with the research team, which includes other grandmother participants in the study who will be invited to also be research partners, and the researchers named above. Indigenous grandmothers, who participate in this study, will choose how they wish to have their digital story shared. As a result, it is possible that people who will view the photo and/or video may recognize you.

Your permission is required for the participant (grandmother) to take a picture of you, use and possibly share the pictures and/or video, with the researcher team and other audiences such as posts on the Internet, in public presentations, in scholarly conferences, in presentations to health care and social services professionals, Indigenous peoples and/or policy makers interested in this research.

I, _____
(Name of person photographed. Please print your first and last name)

Give permission to: _____
(Name of research participant/Indigenous grandmother)

AND

Principle Investigator: _____
(Suzanne Nicolas, doctoral nursing student in the College of Nursing,
Rady Faculty of Health Science, University of Manitoba)

To (Please initial each of the following statements):

_____ Use photos wherein I have agreed to be photographed, or given my permission to use older photos of me, as part of the digital storytelling.

_____ Use these photos for the purposes of sharing the results of the study with other researchers, on academic websites, in virtual or face-to-face presentations at scholarly conferences, and/or in articles published in scholarly journals.

_____ Use these photos in the digital story for the purposes of sharing the results of the study with the public.

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_____ I also understand and acknowledge that once the photograph(s) and/or video have been released/published as indicated above, that it will not possible to retract them. However, I understand that I (and my children, if applicable) will be given an opportunity to view and approve the use of our photograph in the finished digital story that may be used in the research for the above stated purposes.

Name of adults and child/children photographed:

Please print names: _____

Address: _____
 Apartment #/Street Address/City/Province/Postal Code

_____ Signature of person photographed	_____ Date
_____ Signature of person photographed	_____ Date
_____ Signature of person photographed	_____ Date
_____ Signature of person photographed	_____ Date

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CONSENT OF PARENT OR LEGAL GUARDIAN IF PERSON PHOTOGRAPHED IS A MINOR NOT UNDER THE CARE OF CFS

I consent and agree, individually and as parent or legal guardian of the minor named above who is **NOT** in the care of CFS, to the terms and provisions stated above. I hereby warrant that I am of full age and have every right to provide consent on behalf of the minor in the above regard. I confirm that I have read and understand the research and the statements presented in this form.

Signature of parent/guardian: _____

Relationship to the child/children):

☐ Parent

☐ Guardian

NOTE: If participants in the study are wishing to photograph their grandchildren, they will need to seek the consent of CFS to use these photographs or other images, which may identify the children. However, participants may use images that will not identify the child/children, which will maintain the confidentiality and anonymity of their grandchildren, in which case would not require consent from the CFS.

CFS CONSENT AS LEGAL GUARDIAN OF A MINOR PERSON PHOTOGRAPHED

As the legal guardian of the minor child/children named above, I hereby warrant that I am of full age and have every right to provide consent on behalf of the minor in the above regard. I confirm that I have read and understand the research and the statements presented in this form.

Signature of legal guardian (CFS): _____

Date: _____

Signature of participant: _____

Date: _____

If you have any questions regarding this research and digital storytelling, you may contact Suzanne Nicolas, PhD(c) at [REDACTED] or by email at [REDACTED]

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USE OF PHOTOGRAPHS/VIDEOS OF DECEASED INDIVIDUALS

In the event that the grandmother/participant wishes to use photographs from deceased family members, the PI will encourage the participant to share this information with family members to ensure that families are aware of the use of the photographs. If family members do not agree with the use of the photographs, the participant will be encouraged to either not use the photographs in the digital story or to create the digital story with the photographs, but to keep the digital story private. The digital story would not be posted on social media or used in any type of scholarly presentations, however the content of the digital story could be used in reporting the findings of the study, all the while, ensuring the confidentiality of the deceased individual(s).

Signature of participant: _____

Date: _____

Appendix J: Assent Form for Children Participating in Digital Storytelling

Study title:	Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Kinship Care Program of the Winnipeg Child Welfare System: Digital storytelling rooted in an Indigenous Research Paradigm
Principle Investigator:	Suzanne Nicolas, RN, PhD(c)
Co-investigators	Dr. Christina West, RN, PhD Dr. Marlyn Bennett, BA, MA, PhD

Why are you here?

We would like to tell you about a study that we are doing with grandmothers about what it is like for them to care for their grandchildren. Grandmothers will be telling us their story, and we will be helping them create a short video (3-5 minutes) about their story using photographs and music. They may want to use your picture or pictures of something special that belongs to you in their digital story. So, we would like to ask your permission for grandmothers to use a photograph of you in the story they create for this study. If there is anything you don't understand, please ask your grandmother, a family member, or myself.

Why are we doing this study?

We are doing this study to learn more about what it is like for grandmothers to be caring for their grandchildren. We want to listen to grandmothers' stories, to learn from them, and to understand what they need to stay healthy.

What will happen if I agree to have my photographs used in a digital story?

If you give a grandmother [participant name] permission to take a picture of you or to use older photographs of you in her digital story then this is what will happen:

1. The grandmother [participant name] may want to take pictures (photographs) of you or of something that belongs to you such as a picture you have drawn, or a special toy that you have. She may also want to use a photograph of you that has been taken in the past.
2. With your picture, or those special things, the grandmother [participant] will write a story. It will be a very short story, about 3 -5 minutes.
3. This digital story will belong to the grandmother [participant name]. You and the grandmother [you and participant name] will be able to decide what you do with this digital story. You may want to share it with your friends, share it with other grandmothers and children, share it with other researchers (who are interested in grandmothers' experiences of caring for their grandchildren), and others who want to hear your grandmother's [or participant name] story, or you may want to keep it for

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yourselves.

4. If you and the grandmother [participant name] decide to share the digital story, people may recognize you, and know who you are and you won't be able to change that.
5. If you and the grandmother [you and participant name] decide not to share this digital story with your pictures, then no one will know that you or the grandmother [participant] were part of this study.

Will giving permission for my photograph to be used in this study make me feel sad?

When you watch and listen to the digital story the grandmother [participant] made and see pictures of yourself and your special things, it may make you feel sad. The grandmother and your family members will be there for you to talk about this with you.

If this is your grandmother and you are living with her, it may make you think of times before you were living with your grandmother. It might make you feel sad that you cannot live or spend time with other members of your family. You can talk to your grandmother if you feel sad.

Will I feel less sad if I give permission for my photograph to be used in this study?

Giving the grandmother [participant] permission to use your photograph, and watching the digital story may not make you feel less sad. But sometimes when we can talk about things that make us feel sad, we feel better. A grandmother or someone in your family will be there with you to talk about those things that make you sad and I can also talk with you about those things, if you would like.

What if I have any questions?

You can ask questions any time, now or later. You can talk with the grandmother or you can talk to me at any time.

Who will know what I did in the study?

If you and the grandmother [participant] decide you want to share this story, then people may hear you and watch the digital story the grandmother [participant's name] creates. If you and the grandmother [participant name] decide not to share this story, then anything that you have shared with us will be kept private. The only people that will know, except the grandmother [participant name], will be myself and my team, who are working with me on this study. We will also share the information that the grandmothers tell us when we meet together with all the grandmothers who participated in this study to talk about their stories of raising their grandchildren. When we share that information, it will use a 'pretend' name, so that grandmothers' stories remain private and people don't know which grandmother shared the information with us.

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What happens if I don't give my permission to have my photograph used in the digital story?

If you do not want your photograph used in the digital story that the grandmother [participant name] is making, you do not have to. No one will force you or be mad at you if you choose not to give us your permission. We will ask the grandmothers if they would like to be in the study. Even if they want to be in the study, you can still say no to having a photograph of you or something that belongs to you included in the digital story that the grandmother will create.

☐ I give my permission to be photographed, to have and use an older photograph of me, or something that belongs to me (that can identify me) to be used in the grandmother's [participant's name] digital story.

_____		Verbal assent given Yes <input type="checkbox"/>
Print name of child		
_____	_____	_____
Signature of Child	Age	Date
_____	_____	_____
Printed name of person obtaining assent	Signature of person obtaining assent	Date

University of Manitoba Bannatyne Campus
REB

Version: June 22, 2004

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

Appendix K: Conversation Guide – Post Digital Storytelling Session

EXPLORING THE LIVED EXPERIENCES OF INDIGENOUS GRANDMOTHERS RAISING GRANDCHILDREN IN THE KINSHIP CARE PROGRAM OF THE WINNIPEG CHILD WELFARE SYSTEM: DIGITAL STORYTELLING ROOTED IN AN INDIGENOUS RESEARCH PARADIGM

Following the Zoom storytelling session, participants will be invited to a follow-up unstructured Zoom conversation to talk about the digital story experience, participants' experiences of raising grandchildren in the Kinship Care Program of the CFS, as well as participants' experiences of creating a digital story. With the permission of participants, the conversation will be recorded through the Zoom meeting.

Although, this conversation will not follow a prescribed set of questions, general question that may be addressed include:

1. How did you experience the storytelling session?
 - i. What was it like for you?
 - ii. Was there anything difficult about participating in the storytelling session?
 - iii. Was there anything meaningful for you about participating in the storytelling session?

2. Can we look at your digital story together?
 - i. Tell me more about your story so we can better understand what it is like for you to raise your grandchildren in the Kinship Care Program.
 - ii. Is there anything that stands out for you in watching your digital story again?
 - iii. How does it feel to hear your story narrated in your own voice?
 - iv. Did you gain new/different understanding about your experiences in creating and hearing your story?
 - v. Is there anything you weren't able to include in your digital story that it would be important for me to know about to better understand your experience of raising your grandchildren in the Kinship Care Program?

3. Can you tell me about your experience in creating your story?

Appendix L: Consent for Participating in Talking Circle

Research Project Title:	Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Kinship Care Program of the Winnipeg Child Welfare System: Digital storytelling rooted in an Indigenous Research Paradigm
Principal Investigator:	Suzanne Nicolas, RN, PhD(c) College of Nursing Rady Faculty of Health Sciences [REDACTED]
Research Advisor/ Co-investigator	Christina West, RN, PhD Associate Professor, College of Nursing Rady Faculty of Health Sciences Christina.west@umanitoba.ca [REDACTED]
Research Committee Advisory Members/ Co-investigator:	Marlyn Bennett, PhD Director/Assistant Professor Masters of Social Work Based in Indigenous Knowledges, Faculty of Social Work, University of Manitoba Marlyn.bennett@umanitoba.ca [REDACTED]

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The research and its purpose

The purpose of the study is to explore the experiences of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program of the General Child and Family Services Authority (CFS) in Winnipeg. It is not known if, how, and to what extent the Kinship Care Program of the CFS promotes health and well-being of Indigenous grandmothers raising their grandchildren. As such, the objectives of the study are three-fold namely, (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent CFS contributes to grandmothers' health and well-being, and (3) to explore grandmothers' perspectives on how they might want to be involved or have their voice heard in the Kinship Care Program of the CFS.

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

Participants in this research

Ten Indigenous grandmothers who are currently raising their grandchildren in the Kinship Care Program of CFS (Winnipeg) will be asked to participate in the study. In order to take part in this study, potential participants need to: (1) identify as an Indigenous grandmother, (2) live in Winnipeg, (3) have been raising grandchildren in the CFS Kinship Care Program for one year or more, and (4) be a family led by the grandmother. Participants will be invited to create their own digital story (DS) with the support of the researcher(s), meet with the principle investigator (Suzanne Nicolas) to share a conversation about their DS and experience of parenting grandchildren in the CFS Kinship Care program, and participate in a 'Talking Circle'. The 'Talking Circle' will include Indigenous ceremony led by an Elder and Wisdom Keeper (Mary Wilson). The researcher(s) (Suzanne Nicolas, Marlyn Bennett, Christina West), and other grandmother participants will be invited to participate in the 'Talking Circle' where they will collaboratively interpret the knowledge shared in earlier parts of the study, through the sharing of memories, understandings, and story. The talking circle will end with a feast to honour each of the grandmother storytellers in this study.

The time required to create a DS will vary depending on the needs of the participants. Generally, a minimum of 10-15 hours is required to create a DS. The conversation about your DS and experience of parenting children within the Kinship Care Program of the CFS will take 45 minutes to 1 hour of your time. Finally, the talking circle and celebration feast will require 2-4 hours of your time and will be held in a private location.

Note: All meetings between the participant and the researchers will occur virtually through Zoom videoconferencing technology. Participants will be guided in the use and access of Zoom.

Invitation to participate as a research partner in this research study

This study is guided by Indigenous ways of knowing and being. As such, we are inviting each grandmother to be involved as a research partner with other grandmother participants, and members of the research team. As the research team, we will talk about the ideas that develop in this study, so that we collaboratively interpret what is learnt through the sharing of your memories, understandings, and story in the context of a shared community. Together we will create knowledge and will collaboratively decide how it will be shared at the completion of the study. You will have an opportunity to share your unique understandings and story when you meet with the principle investigator (Suzanne) to talk about your DS, and during the talking circle. If you choose to do so, you will also be invited to participate in presentations about the knowledge we co-developed, as well as participate as co-authors on any publications about this work. It will be your choice about how you want to participate in this research, and when it is most convenient for you to meet with the researcher.

If I accept to continue to participate in this research, what will I be asked to do?

Now that the grandmothers who have participated in this study have each had an opportunity to complete their DS in a storytelling session, you are invited to come together with the researchers

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(Suzanne Nicolas, Marlyn Bennett, Christina West) and an Indigenous knowledge keeper (Mary Wilson) to share in a Zoom ‘Talking Circle.’ Mary will open and close this gathering with Indigenous ceremony. As previously noted, you will be invited to share your DS or parts of your DS during the ‘Talking Circle,’ but this is completely your choice. You do not have to share your DS to participate in the ‘Talking Circle’.

I (Suzanne, principle investigator) will share with you some of my thoughts and experiences after creating the digital stories with you and speaking with you about your DS. You will be asked to offer your understanding of the ideas I have developed, and we will work together to interpret what is learnt through the sharing of your memories, understandings, and story in the context of a community. If everyone participating in the ‘Talking Circle’ provides permission, I will audio or audio/video record on Zoom the digital story telling session; this recording will automatically be transcribed through Zoom and I will do a final review of the transcript for accuracy. A copy of the transcription will be sent to you via email or mail (as per your preference) for your comments and editing. If you wish to use regular mail, I will provide you with a stamped return envelop so you can send your edited transcript back to me. You will receive a \$50 honorarium to thank you for your contribution to the ‘Talking Circle’, which you will be able to keep even if you later choose to withdraw from the study. The honorarium will be paid by cheque and mailed to your address after you have agreed to participate in the Talking Circle.

Benefits of participating in this research

There are a number of potential benefits to being involved in this research. Research participants will have an opportunity to create and possibly share their story of raising grandchildren in the Kinship Care Program of the CFS using digital storytelling. We are using digital storytelling to hear and honour the voices of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program, with the hope of better understanding grandmothers’ experiences and needs. Previous research has shown the potential healing power of digital storytelling; you may come to understand your experience of raising grandchildren differently as you create and share your story in this research. Your story may also influence the care and support available to Indigenous grandmothers involved with Child and Family Services organizations in Manitoba and across Canada. Involvement in this research also will provide you with an opportunity to learn about digital media and learn how to create digital stories. Lastly, you will have an opportunity to create a digital story that is your story, you will keep your digital story and you will decide how and if you would like to share your DS with others. A reminder that if you decide to post your story on youtube, you will not be able to delete it.

Potential risks involved in participating in this research

Although storytelling holds healing potential and may help you further understand your experiences, telling stories that are deeply personal and close to the heart, specifically those related to relationships between grandchildren and grandmothers, can evoke painful and strong emotions. As such, participants may experience emotional distress. Recognizing this is a

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potential risk, Mary Wilson, an Indigenous knowledge keeper, will be available to participants for support, if the need arises. Mary will be able to provide emotional, psychological, spiritual, and cultural support to participants. To access this support, please see contact Suzanne Nicolas (principle investigator), whose contact information is found at the top of this consent form.

You may also wish to access additional resources. A list of links to resources has been provided for you on the last page of this consent form for your review. If you are not able to access those electronic links for the resources electronically, the PI will email these to you, or print them off, and either mail, or drop these off to you, according to your preference

Do I have to participate in the ‘Talking Circle’?

Participation in the ‘Talking Circle’ is completely voluntary. If you decide to take part in the ‘Talking Circle’, but later decide you don’t want to participate, it is important for you to understand that you may withdraw at any time before April 29, 2021. Before this date, you are free to decide to have your data removed from the data collection, and/or refrain from answering any questions you prefer to omit without any consequence. You may withdraw from the ‘Talking Circle’ by speaking to Suzanne Nicolas (principle investigator) by contacting her by phone or email. Your social supports from CFS will not be affected in any way if you choose to withdraw from this study. You are free to withdraw before, or during, the ‘Talking Circle’. If you decide to withdraw at any point in the ‘Talking Circle’, the principle investigator (Suzanne) will speak with you about whether you want the information you have already provided to still be included in the study or to be destroyed by electronic and/or paper deletion.

What else does my participation involve?

The findings from this study may be presented at a health conference, to health care and social services professionals, Indigenous peoples and/or policy makers interested in this research or be published in a professional journal. Near the end of this study, we will decide together where and how we feel it is important to share what we have learned in this study. If you decide that you would like to have your full name used to recognize your contributions to our shared work in professional journal publications, and/or research presentations, then we will honour this choice. In all other instances, your full name will not be discussed or revealed to anyone.

Will my records be kept private?

Once you have completed your DS it will be transferred from the iPad on an encrypted USB stick and a University of Manitoba (College of Nursing) password protected shared drive and/or the lead investigator’s password-protected computer. The only people who will have access to your DS and other information collected in this study will be the researchers named above.

All information collected in this study [your DS, Zoom recording and transcripts of your conversation with the researcher about the creation of your DS, and the Zoom recording/transcript of the ‘Talking Circle’] as well as computer written notes, will also be stored in the password protected shared drive and/or the lead investigator’s password-protected

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computer. Any hand-written notes will be stored in a locked filing cabinet in the researcher's home. Personal identifier (i.e. your real name) will be removed from the information collected, and replaced with a pseudonym name and code number. All documents/data related to this research will be shredded and/or electronically deleted five years after the completion of the research, in July 2027. It is also important to understand that your image and voice may be recognizable in the DS you create. If you choose to keep your identity/name confidential, we will work with you to ensure you are not recognizable in your DS

Although I (Suzanne), as the principle investigator, will take every precaution to maintain confidentiality of the research data, I cannot guarantee confidentiality because of the nature of the 'Talking Circle'. I will remind participants at the start of the 'Talking Circle' to please respect the privacy of other participants and not to repeat what is shared during this event. To ensure that the information we discuss in the Talking Circle remains confidential, you are asked not to share any of the information shared by other grandmother participants or researchers when talking to your friends/neighbours, who are not part of the study. As well, your support person will also be asked to sign a consent form indicating that he/she will not share with anyone the information that you or other grandmother participants will be sharing during the talking circle. Further, at the end of this consent, you will also be asked to sign off on respecting participants' privacy and the confidentiality of what participants will share.

Can I waive the right to anonymity as a participant in this study?

By participating in this study and working with the team of researchers in the creation of your digital story and the Talking Circle, you will not be anonymous to the researchers and other research participants. You may also choose to post your digital story on social media with your name and personal photos, you may wish to have your full name used to recognize your contributions to our shared work in professional journal publications, in direct quotes, and/or research presentations; if so we will honour this choice.

Will I be paid for participating, or will I have to pay for anything?

Participants who choose to participate in the 'Talking Circle' will receive an honorarium of \$50.00. This honorarium is intended to thank participants for their time. Suzanne will also deliver a snack and beverage package at your home prior to the Talking Circle so that we can share this, in our respective homes, during the virtual Feast.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Officer at 204-474-7122 or HumanEthics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

As a participant in the study, “Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Kinship Care Program of the Winnipeg Child Welfare System: Digital storytelling rooted in an Indigenous Research Paradigm”

- ☐ I would like to share the digital story I created in earlier part of this research study during the ‘Talking Circle.’
- ☐ I would like to share only parts of the digital story I created in earlier parts of this research study during the ‘Talking Circle.’ I understand Suzanne (principle investigator) will work with me in choosing the section(s) of my digital story that I would like to share during the ‘Talking Circle.’
- ☐ I will respect the privacy of my fellow participants and I will not discuss/repeat what is shared during this ‘Talking Circle’ with others.
- ☐ I understand that I can choose to waive my right to confidentiality for the purpose of having my contributions acknowledged with my real name in publications and/or presentations.
 - ☐ Yes, I choose to waive my right to confidentiality
 - ☐ No, I do not choose to waive my right to confidentiality

Participant’s Signature:

Date:

Researcher’s Signature:

Date:

- ☐ I would like to receive a summary of what is learnt in this research study. I understand that I can expect to receive a summary of the research study by July 2022. How they wish to receive

I would like to receive the summary of the findings in the following manner:

Email contact for receiving the research study summary: _____

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Regular mail: _____
Your Address

Dropped off at my home: _____
Your Address

ADDITIONAL SUPPORT RESOURCES FOR YOU

- The Culture of Well-being by the WHRA – Guide to mental health resources for First Nations, Métis & Inuit people in Winnipeg.
<https://professionals.wrha.mb.ca/old/extranet/publichealth/files/MentalHealthGuide.pdf>
- Klinic's Trauma-Informed Toolkit: https://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

Appendix M: Consent From Third Parties to Publish Digital Story

Research Project Title: Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Kinship Care Program of the Winnipeg Child Welfare System: Digital storytelling rooted in an Indigenous Research Paradigm

Principal Investigator: Suzanne Nicolas, RN, PhD(c)
College of Nursing
Rady Faculty of Health Sciences
[REDACTED]

**Research Advisor/
Co-investigator:** Christina West, RN, PhD
Associate Professor, College of Nursing
Rady Faculty of Health Sciences
Christina.west@umanitoba.ca
[REDACTED]

**Research Committee
Advisory Member/
Co-investigator:** Marlyn Bennett, BA, MA, PhD
Director/Assistant Professor
Masters of Social Work Based in Indigenous Knowledges,
Faculty of Social Work, University of Manitoba
Marlyn.bennett@umanitoba.ca
[REDACTED]

Sponsor: College of Nursing Endowment Fund Graduate Student Research Grant

Name of digital storyteller: _____

Title of digital story (if known): _____

The research and its purpose

The purpose of this study is to explore the experiences of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program of the General Child and Family Services Authority (CFS) in Winnipeg. It is not known if, how, and to what extent the Kinship Care Program of the CFS promotes health and well-being of Indigenous grandmothers raising their grandchildren. As such, the objectives of the study are three-fold namely, (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent CFS contributes to grandmothers' health and well-being, and (3) to explore grandmothers' perspectives on how they might want to be involved or have their voice heard in the Kinship Care Program of the CFS.

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

As part of this research, participants in the study will create a digital story about their experiences raising their grandchildren in the Kinship Care Program of the CFS. Digital storytelling consists of writing, images, photographs, and audio to produce a 3-5 minute video. As such you may be approached by the participant/grandmother to include you in their digital story.

The digital story belongs to the participants in the study. As part of their participation in this study, grandmothers may choose to keep their digital story private, post it on the Internet, and/or share their digital story with the research team, which includes the other grandmother participants in this study, who will be invited to also be research partners with the researchers named above. Indigenous grandmothers, who participate in this study, will choose how they wish to have their digital story shared. If grandmothers decide to share their story and agree to have details of their story published in research journals, presented at scholarly conferences, in presentations to the public or to health and social services professionals, Indigenous peoples and/or policy makers interested in this research, your permission to do so is required.

I, _____
(Name of third party. Please print your first and last name)

Give permission to: _____
(Name of research participant/Indigenous grandmother)

AND

Principle Investigator: _____
(Suzanne Nicolas, a doctoral nursing student in the College of Nursing,
Rady Faculty of Health Science, University of Manitoba)

To (Please initial each of the following statements):

- _____ Use photos wherein I have been photographed as part of the digital storytelling.
- _____ Use these photos/story for the purposes of sharing the results of the study with other researchers in research journals
- _____ Use these photos/story on academic websites to share the results of the study
- _____ Use these photos/story in virtual or face-to-face presentations at research conferences

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

_____ Use these photos/story in the digital story for the purposes of sharing the results of the study with the public (print form or presentation)

_____ If the grandmother participant who uses my photo/story in her digital story chooses to post the digital story on youtube, then I give my permission for her to do so with my photo/story included in the digital story.

_____ I also understand and acknowledge that once the digital story has been released/published as indicated above, that it will not possible to retract it. However, I understand that I will be given an opportunity to view and approve the story before it is shared with any audiences or included in a research publication.

If you have any questions regarding this research and digital storytelling, you may contact Suzanne Nicolas, PhD(c) at _____ or by email at _____

Signature of third party

Date

Signature of Principle Investigator

Date

Appendix N: Consent for Invitees in Data Collection Sessions

Research Project Title:	Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Kinship Care Program of the Winnipeg Child Welfare System: Digital storytelling rooted in an Indigenous Research Paradigm
Principal Investigator:	Suzanne Nicolas, RN, PhD(c) College of Nursing Rady Faculty of Health Sciences [REDACTED]
Research Advisor/ Co-investigator:	Dr. Christina West, RN, PhD Associate Professor, College of Nursing Rady Faculty of Health Sciences Christina.west@umanitoba.ca [REDACTED]
Research Committee Advisory Member/ Co-investigator:	Marlyn Bennett, BA, MA, PhD Director/Assistant Professor Masters of Social Work Based in Indigenous Knowledges, Faculty of Social Work, University of Manitoba Marlyn.bennett@umanitoba.ca [REDACTED]
Sponsor	College of Nursing Endowment Fund Graduate Student Research Grant

The research and its purpose

The purpose of the study is to explore the experiences of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program of the General Child and Family Services Authority (CFS) in Winnipeg. It is not known if, how, and to what extent the Kinship Care Program of the CFS promotes health and well-being of Indigenous grandmothers raising their grandchildren. As such, the objectives of the study are three-fold namely, (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent CFS contributes to grandmothers' health and well-being, and (3) to explore grandmothers' perspectives on how they might want to be involved or have their voice heard in the Kinship Care Program of the CFS.

As part of this research, participants in the study will create a digital story about their experiences raising their grandchildren in the Kinship Care Program of the CFS. Digital storytelling consists of writing, images, photographs, and audio to produce a 3-5 minute video. The Principle investigator [PI] (Suzanne Nicolas) and the co-investigators (Christina West and Marlyn Bennett) will support the participants/grandmothers in developing their digital story.

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

Following the digital storytelling session, the PI (Suzanne Nicolas) will meet with the participant to share a conversation about their DS and experience of raising their grandchildren in the CFS Kinship Care program, and then participants will be invited to participate in a 'Talking Circle'. The 'Talking Circle' will include Indigenous ceremony led by an Elder and Wisdom Keeper (Mary Wilson). The researcher(s) (Suzanne Nicolas, Marlyn Bennett, Christina West), and other grandmother participants will be invited to participate in the 'Talking Circle' where they will work together to interpret the knowledge shared in earlier parts of the study, through the sharing of memories, understandings, and story. The talking circle will end with a feast to honour each of the grandmother storytellers in this study.

The participant/grandmother has invited you as her support person (friend or family member) to join us for our meetings, which will include: 1) a preparation session, 2) a storytelling session, 3) a conversation about the digital story, and 4) a Talking Circle with the researchers, an Indigenous Elder, and other participating grandmothers. As such you will be asked to keep all information you hear/see as private and confidential. You are asked not to share any of this information with other family members, friends, or neighbours.

I, _____
(Name of invitee [support person]. Please print your first and last name)

UNDERSTAND

That all information, photographs, stories, and other personal objects that may be shared during the sessions with the participant/grandmother and the researchers is private and confidential. I will not share/divulge any of the private and confidential data to anyone that I may come in contact with.

If you have any questions regarding this research and digital storytelling, you may contact Suzanne Nicolas, PhD(c) at [REDACTED] or by email at [REDACTED]

Signature of invitee (support person)

Date

Signature of Principle Investigator

Date

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

Appendix O: Interview Guide – Key Informants

EXPLORING THE LIVED EXPERIENCES OF INDIGENOUS GRANDMOTHERS RAISING GRANDCHILDREN IN THE KINSHIP CARE PROGRAM OF THE CHILD WELFARE SYSTEM: DIGITAL STORYTELLING ROOTED IN AN INDIGENOUS RESEARCH PARADIGM

The key informants conversations are 45 minutes to one hour in duration. The purpose of these conversations is to gain insight into the challenges faced in recruiting Indigenous grandmothers to share their stories about raising their grandchildren in the Kinship Care Program of the CFS. With the permission of key informants, the conversations will be recorded through Zoom.

Although, this conversation will not follow a prescribed set of questions, three key questions will guide the conversation namely:

1. What is your perspective related to the challenges in recruiting grandmothers to participate in this study?
2. What are your thoughts on if/how the grandmother's involvement with the Child Welfare System may have influenced the recruitment challenges I have experienced?
3. Can you speak to the considerations/impact of colonization and oppression of Indigenous women on the recruitment challenges?

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Appendix P: Key Informant Consent

Research Project Title:	Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Kinship Care Program of the Child Welfare System: Digital storytelling rooted in an Indigenous Research Paradigm
Principal Investigator:	Suzanne Nicolas, RN, PhD Candidate College of Nursing Rady Faculty of Health Sciences [REDACTED]
Research Advisor/: Co-investigator	Christina West, RN, PhD Associate Professor, College of Nursing Rady Faculty of Health Sciences Christina.west@umanitoba.ca [REDACTED]
Research Committee Advisory Members/ Co-investigator:	Marlyn Bennett, PhD Director/Assistant Professor Masters of Social Work Based in Indigenous Knowledges, Faculty of Social Work, University of Manitoba Marlyn.bennett@umanitoba.ca [REDACTED]

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The research and its purpose

The purpose of the study is to explore the experiences of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program of the Child and Family Services Authorities (CFS), who are providing services to Indigenous citizens living in Winnipeg. It is not known if, how, and to what extent the Kinship Care Program of the CFS promotes health and well-being of Indigenous grandmothers raising their grandchildren. As such, the objectives of the study are three-fold namely, (1) to understand the lived experiences of Indigenous grandmothers raising their grandchildren, (2) to uncover if, how, and to what extent CFS contributes to grandmothers' health and well-being, and (3) to explore grandmothers' perspectives on how they might want to be involved or have their voice heard in the Kinship Care Program of the CFS.

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

Participants as key informants in this research

You have been asked to participate in this study as a key informant because of your experience as an Indigenous Elder, knowledge keeper and/or as an Indigenous Scholar with expertise in women raising their grandchildren in the Kinship Program of the Child and Family Services. As participants/key informants you will be invited to share your perspective of the challenges in recruiting grandmothers to participate in this study and to speak to the considerations/impact of colonization and oppression of Indigenous women on the recruitment challenges.

The time required to participate in the conversation will be between 45 minutes to one hour.

Invitation to participate as a research partner in this research study

This study is guided by Indigenous ways of knowing and being. As such, we are inviting key informants along with the grandmothers/participants to be involved as a research partner and other members of the research team. As the research team, we will talk about the ideas that develop in this study, so that we collaboratively interpret what is learnt through the sharing of grandmothers' memories, understandings, and stories, as well as key informants perspectives in the context of a shared community. Together we will create knowledge and will collaboratively decide how it will be shared at the completion of the study. If you choose to participate as a key informant, you will also be invited to participate in presentations about the knowledge we co-developed, as well as participate as co-authors on any publications about this work. It will be your choice about how you want to participate in this research, and when it is most convenient for you to meet with the researcher.

If I accept to participate in this research, what will I be asked to do?

As a key informant you will be asked to participate in a 45 minute to one-hour conversation with me (Suzanne Nicolas, principal investigator) about your perspectives on the challenges I have experienced in recruiting Indigenous grandmothers to share their stories about raising children within Child and Family Services. With your permission, this interview will be audio recorded on Zoom and the automated transcription function will be enabled.

You will also be invited to come together with the researchers (Suzanne Nicolas, Marlyn Bennett, Christina West) and an Indigenous knowledge keeper (Mary Wilson) to share in a Zoom or in-person 'Talking Circle.' Mary will open and close this gathering with Indigenous ceremony.

During the Talking Circle, I (Suzanne, principal investigator) will share with you some of my thoughts and experiences after creating and speaking with grandmothers about the digital stories they created and after gaining insight from you as key informants. You will be asked to offer your understanding of the ideas I have developed, and we will work together to interpret what is learnt through the sharing of memories, understandings, stories and perspectives in the context of a community. If everyone participating in the 'Talking Circle' provides permission, I will audio record the Talking Circle session on Zoom; this recording will automatically be transcribed through Zoom and I will do a final review of the transcript for accuracy; as a safe guard, I will also use a digital recorder as back up. A copy of the transcription will be sent to you via email or mail (as per your preference) for your comments and editing. If you wish to use regular mail, I

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will provide you with a stamped return envelope so you can send your edited transcript back to me. You will be given 2 weeks to review and edit the transcript. If the PI has not received the edited transcript by the end of week three, the PI will reach out to you via email to confirm if you have any edits. If there is no response to the email within three working days, the PI will assume there are no further comments or edits to the transcript.

Benefits of participating in this research

As key informants, your participation in this research can be highly beneficial in gaining a greater understanding and interpretation of the findings. By using Indigenous key informants alongside the Indigenous grandmothers stories and lived experiences, we will be more attuned to hearing and honouring the voices of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program and gaining a better understanding of grandmothers' experiences and needs. Your perspectives may also influence the care and support available to Indigenous grandmothers involved with Child and Family Services organizations in Manitoba and across Canada.

Potential risks involved in participating in this research

As key informants, there is minimal risk in sharing your perspectives of recruitment challenges in this study.

Do I have to agree to be a key informant?

Participation as a key informant in this study is completely voluntary. You may withdraw your participation in the study at any time during the data collection i.e. prior to the key informant interview, prior to the Talking Circle, or you may choose not to be involved in the data interpretation, the discussion of findings, and dissemination of the findings. Withdrawal from the study can occur no later than November 30, 2022. You are also free to decide to have your data removed from the study, and/or refrain from answering any questions you prefer to omit without any consequence. If you choose to have your data removed from the study after it has occurred, it will be destroyed by electronic and/or paper deletion. You may withdraw by speaking to Suzanne directly via phone [REDACTED] or email: [REDACTED]

What else does my participation involve?

The findings from this study may be presented at a health conference, to health care and social services professionals, Indigenous peoples and/or policy makers interested in this research or be published in a professional journal. Near the end of this study, we will decide together where and how we feel it is important to share what we have learned in this study. If you decide that you would like to have your full name used to recognize your contributions to our shared work in professional journal publications, and/or research presentations, then we will honour this choice. In all other instances, your full name will not be discussed or revealed to anyone.

Will my records be kept private?

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

Once you have completed the conversation with the PI the transcript will be saved on an encrypted USB stick and a University of Manitoba (College of Nursing) password protected shared drive and/or the lead investigator's password-protected computer. The only people who will have access to your information collected in this study will be the researchers named above.

All information collected in this study [the Zoom or audio recording, the transcript of your conversation with the researcher, as well as computer written notes, will also be stored in the password protected shared drive and/or the lead investigator's password-protected computer. Any hand-written notes will be stored in a locked filing cabinet in the researcher's home. Personal identifier (i.e. your real name) will be removed from the information collected, and replaced with a pseudonym name and code number. All documents/data related to this research will be shredded and/or electronically deleted five years after the completion of the research, in July 2028.

Although I (Suzanne), as the principal investigator, will take every precaution to maintain confidentiality of the research data, I cannot guarantee confidentiality because of the nature of the 'Talking Circle' (if you choose to participate). I will remind participants at the start of the 'Talking Circle' to please respect the privacy of other participants and not to repeat what is shared during this event. To ensure that the information we discuss in the Talking Circle remains confidential, you are asked not to share any of the information shared by other grandmother participants or researchers with anyone who are not part of the study. Further, at the end of this consent, you will also be asked to sign off on respecting participants' privacy and the confidentiality of what participants will share.

Can I waive the right to anonymity as a participant in this study?

By participating in this study and working with the team of researchers, you will not be anonymous to the researchers and other research participants. You may wish to have your full name used to recognize your contributions to our shared work in professional journal publications, in direct quotes, and/or research presentations; if so, we will honour this choice.

Will I be paid for participating, or will I have to pay for anything?

Key informants will not receive an honorarium for their participation in the study.

As a participant in the study, "Exploring the lived experiences of Indigenous grandmothers raising grandchildren in the Kinship Care Program of the Winnipeg Child Welfare System: Digital storytelling rooted in an Indigenous Research Paradigm"

- ☐ I consent to have my interview and the Talking Circle audio recorded on Zoom or a digital recorder.
- ☐ I understand that if the researcher discovers the possibility that abuse of children is/has occurred that Suzanne, the lead researcher has a responsibility to immediately notify the child protection agency.

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Officer at 204-474-7122 or HumanEthics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature:

Date:

Researcher's Signature:

Date

This study was approved by 'the Research Ethics Board at the University of Manitoba, Fort Garry campus'.

Appendix Q: Recruitment Information for Key Informants

EXPLORING THE LIVED EXPERIENCES OF INDIGENOUS GRANDMOTHERS RAISING GRANDCHILDREN IN THE KINSHIP CARE PROGRAM OF CHILD WELFARE SYSTEM: DIGITAL STORYTELLING ROOTED IN AN INDIGENOUS RESEARCH PARADIGM

Information provided to interested key informants as participant in the study at the first point of contact includes a brief description of the study, why key informants are critical to gaining insight regarding recruitment challenges, and expectations of participants.

I (Dr. Christina West) am emailing you this information sheet to invite your participation in a study conducted by Suzanne Nicolas, a PhD candidate in the College of Nursing. Please read through the information below and if you are interested in learning more about this study and possibly participating in the study, please contact Suzanne Nicolas directly (contact information included at the end of the information sheet).

Information regarding the study:

- This study aims to explore the experiences of Indigenous grandmothers who are raising their grandchildren in the Kinship Care Program of the Child and Family Services Authorities (CFS) who are providing services to Indigenous citizens (grandmothers) living in Winnipeg. In this study, grandmothers are being asked to describe their experiences through digital stories and further conversations about the digital stories within the context of a one-on-one conversation with each grandmother, followed by coming together in community, in a Talking Circle that will be led by an Indigenous Elder.
- The objectives of the study include:
 - to understand the lived experiences of Indigenous grandmothers raising their grandchildren in association with the Kinship Care Program of Child and Family Services (Winnipeg);
 - to uncover if, how, and to what extent CFS contributes to grandmothers' health and well-being; and
 - to explore grandmothers' perspectives on how they might want to be involved or have their voice heard in the Kinship Care Program of the CFS.
- As an Indigenous Elder, knowledge keeper, and/or as an Indigenous Scholar with expertise in understanding Indigenous women's experiences in raising grandchildren in the Kinship Program of the CFS, we would like your perspective regarding the challenges

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that Suzanne (PhD candidate and lead investigator) has experienced in recruiting Indigenous grandmothers into the study, notably around the considerations/impact of colonization and oppression of Indigenous women.

- You will be asked to participate in a 45 to 1 hour semi-structured interview with Suzanne Nicolas (lead investigator).
- The interview will be held in-person (private location) or via a Zoom virtual meeting platform, which ever is most convenient for you and at a time that suits you best.
- You will also be invited to participate in a Talking Circle with the participating Indigenous grandmothers (participants and research partners), but this is not a requirement.

If you have questions, would like to hear more about this study, and/or are interested in participating in this study as a key informant, please contact Suzanne (lead investigator) directly :

Suzanne Nicolas

[REDACTED]

Home : [REDACTED] or

Office : [REDACTED]