

The Development of an Intergenerational and Intercultural Resilience Framework: A Cree Medicine Wheel Approach

September 2020

**A COLLABORATION BETWEEN THE RIVERDALE IMMIGRANT
WOMEN'S CENTRE, THE NATIVE CHILD AND FAMILY SERVICES OF
TORONTO AND THE ALLIANCE FOR INTERGENERATIONAL
RESILIENCE**

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The IIRF Framework utilizes the Medicine Wheel as the overall framework for the project. These Medicine Wheels were developed in consultation with community members who were taught by the Late Herb Nabigon an Ojibiway Elder as well as other Elders and Knowledge Keepers from the community including Don Ense. They summarize many teachings and ways of knowing. The use of the Medicine Wheel is both an academic and experiential exercise. To use the Medicine experientially one must receive the teachings from Elders and Knowledge Keepers as it is a ceremony. We therefore ask in the spirit of reconciliation that this be respected.

“I live in my heart, not on the surface of my skin”¹

SUMMARY

Today’s city of Toronto - where the communities who make up this project live - sits on the traditional territory of many First Nations who over thousands of years, long before settler society arrived, lived, gathered, and travelled through here². These societies were based on reciprocal, kincentric relationships that honoured both human, plant and animal relatives, and had their own treaty agreements to guide human conduct.

Today Toronto or *Tkaronto*³ as it was named by its Mohawk inhabitants, is home to many diverse First Peoples of Canada. Over time it has also become home to the descendants of its former colonizing European nation states (England and France) and other countries from the West, and in more recent years (racialized) peoples, from industrializing countries. Due to historical and contemporary forms of colonization, this later group of immigrant and refugee people experience challenges that are also shared by the area’s First Peoples. These issues include forced migration and displacement, cultural dislocation (loss of language and cultural practices), intergenerational trauma, racism, poverty, social exclusion, bearing the disproportionate impacts of climate and ecological crisis, and lack of access to culturally appropriate wellbeing services⁴.

Today, immigrant and refugee women often arrive in Canada already in a state of internal colonization and for a variety of reasons, holistic views of wellbeing tend to be suppressed. Living in Toronto, these urbanized communities have no access to their traditional lands (if they had any in their homelands), or to land where they are able to nurture holistic ways of being well⁵. Furthermore, adherence to Western health and social service approaches often maintains the colonization process⁶.

In October 2018, the Riverdale Immigrant Women’s Centre together with the Alliance for Intergenerational Resilience applied for and received a grant from Heritage Canada to develop an innovative response to the challenges outlined above. A short time after that the Native Child and Family Services of Toronto joined the project as another key partner and stakeholder.

The two primary **aims** of the project were:

¹ Elder Don Ense, Advisory Board member for the project.

² These nations include the Mississauga of the Credit, the Anishinabek, the Chippewa, the Haudenosaunee and the Wendat peoples.

³ Tkaronto actually means “Trees standing in the waters” and is a reference to ancient fishing weirs set up along lakes Simcoe and Couchiching.

⁴ Indigenous and racialized immigrant and refugee communities also have significant differences. For example, Indigenous communities are often working towards self-determination and wanting to get ‘out’ of the Nation State, while as new comers, immigrant and refugee communities want to get into the Nation State and often come under social and economic pressures to be ‘good’ citizens.

⁵ Williams, L. & Hall, L. (2014). Women, well-being and migration: Building epistemological resilience through ontologies of wholeness and relationship. *Journal of Global Change, Peace and Security*, 26 (2), 211-221. <http://dx.doi.org/10.1080/14781158.2014.881335>

⁶ Linklater, R. (2014). *Decolonizing Trauma Work: Indigenous Stories and Strategies*. Fernwood Publishing: Winnipeg.

- To adapt First Nations' Resilience Strategies for racialized immigrant and refugee communities through the development of an intercultural intergenerational resilience framework; and,
- To build bridges between racialized immigrant, refugee and Indigenous communities in Canada to strengthen our resilience against the intergenerational impact of racism and discrimination.

The short, medium and long-term **intended outcomes** of the project were:

- *Short-term*: establishment of the Advisory Board and Research Team, and project protocol, project networks through community outreach, and completion of an environmental scan of existing resilience frameworks and models;
- *Medium-term*: Increased awareness of cultural diversity and experiences of colonialism and resilience between project partners and participants through intercultural dialogue, and the development of an intergenerational resilience framework with culturally specific recommendations for implementing resilience strategies into program delivery and community capacity building;
- *Long-term*: Use of the conceptual framework to open a dialogue that will assist immigrant and refugee communities in building their own platform for continuing to develop a living body of knowledge and practice of identity, migration and ecological connections, over time sharing this framework with project partners who can use it to develop intergenerational resilience platforms relevant to their own needs⁷.

Commencing August 1st, 2019, the project has been steered by an Advisory Board comprised of the three key collaborating organizations. Using a participatory process, over several months the Advisory Board together with the research team, developed a Cree Medicine Wheel Approach to Intergenerational and Intercultural Resilience (IIRFMW). This was presented over three 'familiarisation' workshops with the project team and representatives of collaborating service provider organizations.

In proposing and introducing the idea of a Cree Medicine Wheel approach to intergenerational and intercultural resilience, the members of the Advisory Board who are Indigenous to Canada, have made it clear that a Medicine Wheel approach to intergenerational and intercultural resilience is not an intellectual exercise. Moving through the medicine wheel is done in an experiential and ceremonial way that cannot be captured on paper and easily replicated. From an Indigenous Life-World perspective it is fluid, grounded in spirit and Cree understandings; its expression will be very different from group to group, day to day.

The project concluded with a discussion amongst collaborating agencies about principles and processes for consideration regarding the IIRFMW application and possible next steps for articulating what has been developed to date. This report outlines the processes undertaken for the project, emergent findings and outcomes to date.

⁷ Development of an Intercultural, Intergenerational Resilience Framework, Project Brief for Community Partners. Developed by the Riverdale Immigrant Women's Centre for prospective project partners, August 2019.

PROJECT TERMINOLOGY

Colonisation: refers to the subjugation of one group by another. In colonized nation states, it is not a one-off historical event, but an ongoing set of material and political structures. These result in the loss of and occupation of territories and erasure of social, economic, and political systems leading to dependency on the colonizing system. Scientific colonization, the imposition of the colonisers ways of knowing – also plays a key role in these dynamics.

Decolonization: encompasses deconstructing and transforming dominant settler paradigms, such as the anthropocentric constructions of land and citizenship, in favour of relational and reciprocal constructions of people and land⁸ (decolonization of the mind). It also embraces the recovery of Indigenous lands and sovereignty, and renewal of non-commoditized cultural patterns such as intergenerational relationships⁹.

Immigrant and Refugee communities: People who identify as being either a first or second-generation refugee or immigrant and whose homelands have often been the recipients of colonization and are at the cultural and economic peripheries of today's globalized world.

First Peoples: The people who are directly descended from the original inhabitants and guardians of Turtle Island who have continuously occupied these lands and waters for thousands of years. A significant number of First Peoples prefer to identify themselves according to the specific nations of which they are members. For example, in the Canadian context this might be Woodland Cree, Anishinaabe or WSANEC, each of which are distinct cultural, linguistic and geographically orientated cultural collectives.

Indigenous Peoples: Used by a variety of official international, national and local level organizations, this is a relatively recent term that has emerged out of the desire to internationalize the experiences and struggles of some of the world's colonized peoples. Given the diversity of indigenous peoples, an official definition of "indigenous" has not been adopted by any UN-system body. However, key aspects of Indigenous identities include: *self-identification and acceptance by the community; *Historical continuity with pre-colonial and/or pre-settler societies; *Strong link to territories and surrounding natural resources; *Distinct social, economic or political systems; *Distinct language, culture and beliefs; *Form non-dominant groups of society; *Resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities¹⁰.

Turtle Island: The name Turtle Island refers to the significant role of Turtle in many of the creation stories of the First Peoples (including the Anishinaabe Peoples) in the formation of the land mass to which they are Indigenous. Dominant Eurocentric discourse refers to this land

⁸ Corntassel J. (2012) Re-envisioning resurgence: Indigenous pathways to decolonization and sustainable self-determination. *Decolonization: Indigeneity, Education and Society*, 1, 86–101.

⁹ Williams, L. & Claxton, N. (2017). Re-cultivating Intergenerational Resilience: Possibilities for Scaling DEEP through Disruptive Pedagogies of Decolonization and Reconciliation. *Canadian Journal of Environmental Education: Special Issue on Activism and Environmental Education*, 22, 60-81. <https://cjee.lakeheadu.ca/article/view/1534/870>

¹⁰ United Nations (n.d.). Who are Indigenous Peoples? Indigenous Peoples, Indigenous Voices. Fact Sheet. United Nations Permanent Forum on Indigenous Issues. https://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf

mass or continent as North America. This includes the colonial nations states of Canada and the United States of America.

IIRF(MW): Intergenerational and Intercultural Resilience Frameworks (A Medicine Wheel Approach).

White-Supremacy: The power, privilege and patterns of thinking associated with white people and colonizing societies premised on Eurocentrism and hetero-patriarchy. It's most overt forms manifest as violence towards Indigenous and Black peoples and ethnic minorities, women and children, Queer communities, disabled and those who are considered "Other" by the dominant culture.

OCAP Principles: These refer to the First Nations research principles of Ownership, Control, Access and Protection developed under the auspices of the First Nations Information Governance Centre¹¹.

WE ARE ALL TREATY PEOPLE

It is important to understand and acknowledge the ways in which this project is underscored and shaped by historical and contemporary treaty relations. As outlined in the introduction, historically the First Peoples of the Great Lakes region established treaties between themselves as to how they should live together. The "Dish with One Spoon" Treaty, was an agreement made between the Mississauga, the Haudenosaunee and the Anishinabek who live and travelled throughout the greater Toronto area, as a guide to living with one another in ways that also ensured the water and land relatives were also cared for. Subsequent Indigenous nations, European settlers and newcomers were invited to share this treaty in the spirit of peace, friendship and respect.

The Two Row Wampum is another clear declaration that sets down a code of conduct between Canada's Indigenous Peoples and newcomers. It is one of the oldest treaty relationships between the Onkwehonweh (original people) of Turtle Island (North America) and European immigrants. The treaty was made in 1613 between the Dutch and the Haudenosaunee (Iroquois) as Dutch traders and settlers moved up the Hudson River into Kanien'keháka (Mohawk) territory. The Haudenosaunee Peoples subsequently made a Two Row Wampum (a type of belt) to symbolize this treaty relationship. It is made up two rows symbolizing two paths or two vessels travelling down the same river. One row symbolizes the Haudenosaunee people with their law and customs, while the other row symbolizes European laws and customs. As nations move together side-by-side on the River of Life, they are to avoid overlapping or interfering with one another" (John Borrows)¹².

In 2015, nearly twenty years after the Royal Commission on Aboriginal Peoples, the Truth and Reconciliation Commission of Canada (TRC) and its 94 calls to action implored everyone in Canada to confront the legacy of residential schools and undertake sweeping reforms to build understanding and healing and forge a new relationship between Indigenous people and

¹¹ First Nations Information Governance Centre. (2014). Ownership, Control, Access and Possession (OCAP™): The Path to First Nations Information Governance.

https://fnigc.ca/sites/default/files/docs/ocap_path_to_fn_information_governance_en_final.pdf

¹² John Borrows in Keefer, T. (2014). A short introduction to the two-row wampum. Briar Patch, March 10th. <https://briarpatchmagazine.com/articles/view/a-short-introduction-to-the-two-row-wampum>

Canadians. “We are all Treaty People” recognizes the responsibilities that all people living in Canada have to uphold the Treaties.

PROJECT CHALLENGES: SOME ADDITIONAL COMMENTS ON CONTEXT

The project faced a number of contextual challenges which can be summarised as follows:

- Contemporary funding environments tend to be ‘results-driven’ emphasising outputs and outcomes which are concrete and can be easily measured, often looking for quantifiable outcomes. A decolonising approach on the other hand is equally focused on the relational aspects of the project, adapting to the fluid and changing nature of the environment or Lifeworld. Secondly, today’s structures which perpetuate colonialism mean that the ‘appropriation’ of Indigenous knowledges remains an ongoing reality for those who identify as Indigenous or retain Indigenous connections to ancestral lands. This tends to ‘rub’ up against the project goals of “Adapting First Peoples Resilience Strategies” and requires clear understandings of what ‘adaptation’ actually means or if there is a more appropriate word that could be used. The third issue is that Indigenous knowledge has traditionally been grounded in the oral traditions, passed on to the receiver by Elders in this way when the student is seen to be ready to receive it. For Indigenous Peoples, teachings tend to reveal themselves when the person is ready and able to integrate it into their own centre, in way which equates more with wisdom rather than ‘knowledge’. This is very different from westernized ‘banking’ methods of education. Furthermore, written forms of information can be open to misuse. Therefore, the history of colonization as well as its continuing forms, presented significant challenges to the project.
- COVID19 presented significant challenges to the project in a number of ways. Physical distancing protocol implemented through COVID19 meant that the majority of the project had to be conducted virtually using zoom. While this was an interesting experiment and virtual communications methods may need to be used more in the future, this did present some limitations, particularly given the goals of the project, the nature of the work and some of its themes (colonisation and intergenerational trauma), all of which required building relationship and trust. Perhaps even more significantly COVID19 negatively impacted the resourcing and time of participating organizations, particularly those represented immigrant and refugee communities.
- The ‘time poor’ environment and limited staff resources, presented us with the scenario of running the IIRFMW workshops over three 2-2.5-hour IIRFMW familiarisation modules. This effectively compressed the content and time available to present it within the modules. Given some of the participants were completely new to the material, this created some tensions.

PROJECT PRINCIPLES AND METHODOLOGY

The research and evaluation methodology utilized for the project has been participatory emphasising group process, relationship building, consensus decision making and group consent as the project progressed through each milestone (See Project Milestones, page 7). Formed at the commencement of the project, the Advisory Board has been the key decision-making forum and means through which these principles have been implemented. Comprised of members from the three collaborating organizations, it has represented the perspectives of immigrant and refugee communities and people who are Indigenous to Turtle Island. Its purpose has been to guide project directions and activities, including the appropriate use of

Indigenous knowledge. Protocol outlining guiding principles for the Advisory Board's functioning were drawn up and agreed to by the Board at the commencement of the project.

OCAP: The principles of OCAP have and continue to provide guidance to the project as to the ways in which Indigenous knowledge should be shared and drawn on for the project's on-going development. Both the project processes and emerging product IIRFMW have been guided by the OCAP principles of Ownership, Control, Access and Protection. For example, this report implements these principles through: ensuring the inclusion of Indigenous knowledge is appropriately attributed to its source (Ownership); appropriately included and contextualized (Protection); that representatives of First Peoples of Canada on the Advisory Board are satisfied with the finalized version of the report (Control); and, the project findings have been made publicly available on the Project's website which is jointly hosted by the Project's three collaborating organizations (Access).

The impacts of COVID19 meant that we also had to significantly change the methodology of the project in terms of disseminating the project's learnings. In addition to producing a written report and website with the project findings, the original intent was to hold community forums, taking people through the Medicine Wheels. This would have given interested people and stakeholders the opportunity to experience the medicine wheels first-hand, possibly increasing their understanding, self knowledge of their vulnerability and their ability to share and have difficult conversations and to go deeper into humanness. We are in part dealing with the impacts of this in terms of our decision-making about how to further develop the project (See conclusion).

PROJECT MILESTONES

July – August 2019	Establishment of project Advisory Board and Research Team, including drafting of Protocols for each group
Sept 2019 – Jan 2020	Literature search of existing resilience models (as applicable to Indigenous and immigrant and refugee peoples, with preference given to Turtle Island) carried out. An Annotated Bibliography and Research Summary paper “Intergenerational and Intercultural Resilience: Concepts Processes and Frameworks” drafted.
February 2020	Meeting of Project Group for the first in person over three half days in Toronto for the purposes of building relationships, deepening understandings of each other’s perspectives and the common purpose of the project, reviewing draft reports and planning next project steps. Decision by project group to adopt a Cree Medicine Wheel approach.
March -April 2020	Development of Cree Medicine Wheel approach to IIRF. Two Medicine Wheels developed: 1) Individual & Family Healing ; and, 2) Organizational and Community Change . Presentation of the Medicine Wheels to the Project Advisory Group and other key expert advisors.
June 2020	Two Focus Groups held with younger woman (of either first or second-generation refugee or immigrant identity living in Canada) for the purpose of gathering feedback on the IIRF(MW).
July 2020	Three IIRF(MW) familiarization modules held with agency representatives
September 2020:	Key project documents consolidated into a final publicly available report together with a user – friendly diagrammatic version of the MWs made available on the project website.

INTERGENERATIONAL AND INTERCULTURAL RESILIENCE FRAMEWORK: CREE MEDICINE WHEEL APPROACH

Our response to the challenges outlined in the introduction of this report and the project objectives outlined above has been to develop a framework based on the Cree Medicine Wheel¹³. Given the project’s twined objectives of adapting Indigenous resilience strategies for use by racialized immigrant and refugee communities and strengthening relationships between Indigenous and racialized immigrant and refugee communities, our response has been to develop two frameworks – “The Individual and Family Healing Medicine Wheel” and “The Community and Organizational Change Medicine Wheel”. These are intended to be adapted

¹³ Nabigon & Wahwiney, (1996). *Aboriginal Theory: A Cree medicine wheel guide for healing First Nations*. Social Work Treatment. Interlocking theoretical approaches. Francis J Turner (ed). 4th Edition, The Free Press, New York; Nabigon, H. & Wenger- Nabigon, A. (2012). “Wise practices: Integrating traditional teachings with mainstream treatment approaches”. *Native Social Work Journal*, Vol 8, 43-55.

from context to context and are applicable at individual & family, and community & organizational levels.

Each medicine wheel has complementary strengths. *The Individual and Family Healing Medicine Wheel* is grounded in the everyday realities of service users and is aimed at individual and family healing and capacity-building with immigrant and refugee communities. *The Community and Organizational Change Medicine Wheel* provides a larger-scale means of capacity-building in that it is intended to: **1.** facilitate ongoing conversations between Indigenous and immigrant and refugee communities to strengthen and refine the Individual and Family Healing Medicine Wheel, and **2.** facilitate community capacity building to challenge colonial approaches to immigration and settlement.

Origins of and Spiritual Values underlying the Cree Medicine Wheel: The basis for the (Cree) Medicine Wheel used here has been developed by the Project's Research Advisory Group. It is informed by the teaching of Elder Herb Nabigon (Pic River First Nation, Northern Ontario) of the *Nishnaabeg Peoples*¹⁴ whose self-informed Indigenous healing approaches have contributed widely to the wellbeing of Indigenous and non-Indigenous peoples. The colonial Indigenous diaspora within Canada means that many Indigenous Peoples are not always able to learn the traditional ways of their own people. Like many Indigenous peoples displaced by colonization, Herb received some of his traditional teachings from Elders of the Cree Nation on the Canadian Prairies.

Based on the ancient Indigenous ceremonial medicine wheels of the North American Prairies in which circles of stone beings were carefully placed, the medicine wheel is powerful for both its physicality and spiritual energy. It is not just a concept, but rather a living body of knowledge handed down from the ancestors. It therefore should be treated with great reverence; it's qualities respectfully drawn on with the guidance of those who have received the teachings, and with gratitude to the elements and helping spirits shown.

Use of the Medicine Wheels: The Individual and Family Healing Medicine Wheel has been created directly in response to the project brief of adapting First Nations' Resilience Strategies for racialized immigrant and refugee communities through the development of an intercultural intergenerational resilience framework while the Community and Organizational Change Medicine Wheel responds to the second project brief of building bridges between racialized immigrant, refugee and Indigenous communities in Canada to strengthen resilience against the intergenerational impact of racism and discrimination. Italicized questions in the Community and Organizational Change Medicine Wheel are intended for members of immigrant and refugee communities, while those in normal font are intended for First Peoples of Canada.

In keeping with the flow and changing circumstances of peoples lives and needs, each is intended as a guide. While the questions in each have been organized to have some fit with each of the 'four directions' and their respective meanings and the suggestion of moving through the wheels in a clock-wise direction is implied as a means to guiding healing and

¹⁴ The Nishnaabeg (or Anishinabek), meaning "the people," refers to an indigenous nation encompassing the Ojibwe, Odawa, Potawatomi, Mississauga, Saulteaux, and Omàmiwinini. At different points in history, the peoples of this nation have formed confederacies. They reside in the lands today colonized by the "United States" and "Canada (Anarchy in Action, 2019). <https://anarchyinaction.org/index.php?title=Nishnaabeg>

relationship-building processes, each wheel is intended to be used fluidly, guided by the needs of the individual or group.

Creating Safety is one of the most essential aspects in using the Medicine Wheels with individuals and groups. This includes setting clear ground rules within the facilitation process, taking the time to build up trust between participants, and making it clear that the medicine wheels can also be used as a means for self-reflection as well as dialogue.

More about the Intercultural and Intergenerational Resilience Medicine Wheels and their use can be found on the project website along with the worldviews, principles and values that form their basis, and other contextual information.

SUMMARY OF PROJECT ACTIVITIES

Sept 2019 – Jan 2020: Literature search of existing resilience models

A literature search brief was prepared by the research team and a doctoral student hired to carry out a literature search of the resilience literature as relevant to First Peoples of Turtle Island and immigrant and refugee peoples living here as well as Indigenous and immigrants and refugee peoples internationally. Using the Google Scholar search engine, keywords used to search for publications were mainly associated with the word “resilience”; for examples “Indigenous resilience”, “Indigenous urban resilience”, “Indigenous women’s resilience”, “intercultural resilience”, “immigrant resilience”, “intergenerational resilience”, “socio-ecological resilience” and “resilience and resistance”. An annotated bibliography of the 100 most relevant articles published between 2009-2019 was created. The research lead (Williams) with assistance from the project coordinator (Li) then created a synthesis report of the key findings of the literature search as relevant to the project for presentation to the RAG. Available on the project website these two reports are:

- “Intergenerational and Intercultural Resilience: Annotated Bibliography
- “Intergenerational and Intercultural Resilience: Concepts Processes and Frameworks”

February 2020: workshops

During the month of February 2020, the Project Advisory Board met in person at the Riverdale Immigrant Women’s Centre over two half days for the purpose of: building understanding and relationships between project advisory board members; reviewing project objectives and project work developed to date (In particular the key concepts, processes and frameworks that had emerged as a result of the literature review); and to discuss the application of OCAP principles to the project and the proposed framework.

During the discussions at the first meeting and at the instigation of the Native Child and Family Services representatives (NCFS), a spontaneous decision was undertaken by the group to spend part of the second half day meeting, learning about the Treaty History of the local area. As a result, the group watched the Video “Michi Saagiig Treaties” made by Curve Lake First Nation about colonial treaty history throughout Southern Ontario. Following this, time was allocated for attendees to debrief about their responses to the information shared in the videos. This process was supported by NCFS members sharing their knowledge and experiences of treaty relations between First Peoples and Settler society.

Following this the “Intergenerational and Intercultural Resilience: Concepts Processes and Frameworks” report was presented to the Research Advisory Group by the research led and after some discussion the teachings of Herb Nabigon on the relevance of the Cree Medicine Wheel for healing was introduced to the group by representatives of CNFS (Elder Don Ense and Charlene Avalos). A subsequent decision was made by the group to draw on the Medicine Wheel teachings to inform the development of the IIRF.

March – April 2020: Review of frameworks

During these months the Research Lead (Williams) drew on the teachings of the Cree Medicine Wheel to develop a Medicine Wheel IIR framework consisting of the Medicine Wheel for Individual and Family Healing and the Medicine Wheel for Organizational and Community Change. This framework (IIRFMW) was then incorporated into a short report “Intercultural and Intergenerational Medicine Wheels: Concepts and Application” which outlined the philosophy, values, ethics and possible applications of the medicine wheel to address the two project objectives by the research led. Feedback on this was then sought on this from members of the Advisory Board and experts in the field. During this time two Research Assistants (RA) (one of whom is Indigenous to Turtle Island while the other identifies as second-generation immigrant) in their 20s were hired to work on the project.

June: Youth Focus Group

As the project progressed, the Advisory Board recognized the absence of younger women’s voices within the communities represented in the project. To address this issue, six potential focus group participants aged between 20-35 (three of whom identified as being Indigenous to Turtle Island and three representatives who identified as being either of 1st or 2nd generation refugee or immigrant identity) were invited to participate in 2 focus group meetings for the purpose of providing feedback on the IIRFMW approach. An Invitation to potential participants was developed and a series of focus group questions developed (Appendix A). An ethics review of the procedures carried out in the focus groups was under-taken by the New Zealand Ethics Committee and a Certificate of Approval obtained. Each focus group ran for 1.5 hours. The purpose of the first meeting was to introduce participants to each other, establish ground rules and to introduce the participants to the framework. Prior to the second focus group, draft copies of each medicine wheel (Individual and Family Healing and Community and Organizational Change) were circulated to the participants. The second focus group session concentrated on participant’s feedback on the IIRFMW. In the end, in part due to the attrition of prospective Indigenous participants, five women from Newcomer communities, including Christa Sato, the RA, provided feedback on the IIRFMW.

Christa Sato¹⁵: Each of the young women were very enthusiastic and interested in contributing feedback to this project and offered unique insights based on their diverse identities and life experiences. At the same time, there were common threads interwoven throughout their stories that spoke to their collective experiences related to intergenerational and intercultural resiliency. Central to connecting with each other, participants shared narratives about who they are. This entailed a process of articulating how they understand their own complex and

¹⁵ This section is written by Research Assistant Christa Sato who as a second generational immigrant to Canada was a participant observer in the younger women’s focus group. Accordingly, the terms ‘our’ and ‘they’ are both used.

intersecting identities as young, racialised women who are situated on colonised land in Canada and our relations to our ancestral homelands that also have their own complex colonial-settler histories. The importance of reconnecting with their ancestral roots through ceremony, rituals, and cultural practices were fundamental to challenging the colonial narrative that is still strong in operating to suppress and silence the essence of who they are and their ancestral roots. In reviewing the IIRF MW, participants agreed that this approach provided important space for young women to critically examine: *a*) how their narratives have been constructed (particularly by through a hegemonic colonial narrative), *b*) deconstruct those narratives from a decolonial lens, and *c*) then reconstruct their own stories in way that captures the complexities of their intergenerational and intercultural traumas and resiliencies. Moreover, they felt the IIRF MW was an embodied way of moving towards empowerment and hope in reclaiming their authentic selves to be embraced lovingly for themselves and future generations.

Not only was it important to look within oneself, but to also extend healing from the individual and family level to the community and organizational level. Most of the young women resisted the idea of our narratives being grounded only in the intergenerational and intercultural traumas they have encountered but rather to highlight the ways in which we have survived and thrived within the structural violence (e.g., historical and contemporary manifestations of racism) that has occurred as a result of colonisation. Without minimising the experiences of trauma and violence, the young women wanted to centre the healing components and the contributions that young women make within their communities to address these traumas and promote collective “healing from the root” and empowerment in solidarity with others who experience marginalisation. Finally, in considering the relevance of the IIRFMW to their lives as first or second-generation young immigrant or refugee women, participants strongly valued the holistic approach to healing that is often not included within the scope of western models. In particular, the emphasis on sensory and emotive aspects of healing as well as spirituality to bring out compassion in self and others were noted as strengths of this emerging framework.

July 2020: MWIIRF Familiarisation Workshops

During the month of July members of the Research Advisory Group met on two occasions to plan one 2 hour and two 2.5-hour workshops for the purpose of introducing and familiarising representatives of partnering agency organizations with the IIRFMWs. As a result of the planning process it was decided that the sub-objectives of the workshops would be:

1. To facilitate increased understanding of historic and ongoing colonization in Canada (including treaty agreements), with a secondary emphasis on colonization and treaty agreements in the homelands of immigrant and refugee communities;
2. Introduction to each Medicine Wheel (MW) and development of self-understanding of MW's relevance to workshop participants in terms of own immigrant or refugee/and or life experiences or those of the communities they work with;
3. To facilitate understanding of MW's application with immigrant and refugee communities including exploration of intergenerational trauma, white supremacy and hetero-patriarchy and intergenerational resilience;
4. To facilitate reflection amongst workshop participants on ways in which the medicine wheel may need to be modified for different community contexts, and the skills necessary for successful application of the MW within these.
5. Conduct a brief workshop evaluation regarding participant's reflections on the MW and applicability as well as their learnings as a result of the workshop.

Overview of the workshop

Module One, 3.30pm – 5.30pm Friday 24th July.	<ul style="list-style-type: none"> • Opening prayer and acknowledgement to the Land: Elder Don • Overview of the three modules, round of Introductions and overview of our time together: Lewis Williams • Presentation: TREATYS and colonial history of Canada (Video) and framing the project within the Seven Fire Prophecies: Elder Don Ense, Charlene Avalos and Rita Souliere • Closing Reflections.
Module Two, 3.30pm – 6.00pm Monday 27th July	<ul style="list-style-type: none"> • Opening Prayer • Participant reflections on their own cultural and ancestral identities and the communities they work with, and relationship to colonial history of Canada and homeland countries: Lewis Williams • Introduction to the Cree Medicine Wheel and its origins: Elder Don Ense and Charlene Avalos • MW for Individual and Family Healing - participant experiential exercise: Charlene Avalos • Closing reflections
Module Three 3.30pm – 6.00pm Tuesday 28th July	<ul style="list-style-type: none"> • MW for Community Healing and Organizational Change: Group dialogue and exchange: Lewis Williams • Group discussion regarding community-specific applications of MW and the necessary practitioner skills and organizational capacities needed: ALL • Brief Workshop evaluations: Lewis

WORKSHOP FINDINGS

A letter of invitation was drawn up (Appendix B) and three workshops were attended by agency representatives from 3 of the partnering organizations: Oasis Centre des Femmes, a not for profit charitable organization dedicated to providing services for Francophone women 16 years and up who have or are experiencing domestic violence and/or sexual assault (2 people); the Barbra Schlifer Commemorative Clinic which offers legal, counselling and interpretation services to marginalized populations of women who have survived violence (1 person); and, the Native Child and Family Services of Toronto, a multi-service urban Aboriginal agency providing holistic, culture-based programs and services for Aboriginal children and families, (5 people). Representatives from the Riverdale Immigrant Women’s Centre also attended and participated (2 people) while the other collaborating organization, Alliance for Intergenerational Resilience, a Canadian-based not for profit dedicated to increasing human-environmental resilience through the resurgence of Indigenous knowledges and lifeways (1 person). The research lead, Lewis Williams (Alliance for Intergenerational Resilience) coordinated and undertook some facilitation, along with 2 representatives of the Native Child and Family Services who are also part of the Advisory Board for the project. At the conclusion of modules one and two, the facilitation team met briefly to debrief and make any necessary adjustments to the following day’s program. At the conclusion of module 3, participants were asked to fill out a brief written workshop evaluation (Appendix C). A total of six participant workshop evaluations were received, evenly representing the organizations serving First Peoples and immigrant and refugee communities.

Reflections on Overall experience of workshops modules 1-3: Overall, workshop participants were very engaged with the goals of the project and the workshop content and process. Comments pertaining to people’s overall impressions of the three modules include:

- “[I enjoyed] Learning and values sharing, healing journey” (Im)¹⁶
- “It was an excellent opportunity to enhance my knowledge about Canada’s Indigenous Peoples and their history, past and present oppression” (Im)
- “It was great to learn more about the participant’s lived and personal experiences and I loved how it brought folks from diverse cultural backgrounds together, but [in ways] somewhat relevant to the issues we’ve come to tackle” (Im)
- “Overall, I thought the workshop and research was well-rounded. I learned that immigrant women don’t have adequate and appropriate knowledge, people and history, when they emigrate to Canada” (I)

Reflections on experience of Modules One and Two: Without exception everyone agreed that the content and process of the first two workshops which focused on establishing the context of Treaty relations throughout parts of Ontario, settler colonial history and the disenfranchisement of First Peoples (module one); and the introduction of and an experiential exercise of the Cree Medicine Wheel for Individual and Family Healing (module two) were very worthwhile:

- “I really enjoyed the experiential component of walking through the medicine wheel. It was a great exercise to showcase the spirit of our teachings & why we use them in our work” (I).
- “I really liked how we took the time to focus more on one another’s experiences and struggles” (Im).

Another participant alluded to the good fit between the content of both modules: *“Indigenous cultural history is important for unveiling the censorship about colonization and the ongoing oppression of Aboriginal People in Canada.....I found the cultural aspect of the medicine wheel as a way to fully integrate the indigenous experience in Canada and could be potentially effective in helping immigrant women heal their traumas too”* (I).

Module Three: This module focused on familiarizing participants with the second medicine wheel and drawing the threads of the three workshops together in deciding on next steps for the project. The module’s purpose was threefold: To increase understanding of the ways in which the Community and Organizational Change Medicine Wheel could be used to facilitate: **1)** dialogue and increased understanding between Indigenous peoples and members of racialized immigrant and refugee communities regarding the impacts of colonialism as well as meanings of intergenerational resilience; **2)** thereby beginning to inform what the application of the IIRFMW might look like in practice. This includes the sorts of organizational capacities and ongoing partnerships with First Peoples needed for service organizations working with racialized immigrant and refugee individuals, families and communities, to begin to apply this in practice; and, **3)** consider the next steps for developing the IIRFMW further.

As with module Two which focused on the Individual and Family Healing Medicine Wheel, the group was also asked to move through the four directions of the wheel starting with the East (a place associated with arrival) and finishing in the North (a place associated with

¹⁶ Im stands for ‘Immigrant and Refugee’ while I stands for ‘Indigenous’.

envisioning next steps). While around the same themes, the questions that were posed to the NCFST participants and those representing the service organizations working with immigrant and refugee communities reflected their different relationships as First Peoples of Turtle Island and Newcomers.

On reflection the three-pronged focus of this module was too ambitious for the third module; particularly given the time constraints and that this module required some fairly complex issues to be worked through - for example, how could OCAP principles inform work towards the project goal of: “adapting First Nations’ Resilience Strategies for racialized immigrant and refugee communities”? One participant who is Indigenous to Canada expressed that she found the questions in this module to be “*jarring*”, to lack context, and that not enough time had been taken to build up trust and safety. This person suggested that some of the questions in this medicine wheel could be framed differently. For example, rather than focusing on the types of knowledge or resilience strategies that First Peoples might like to share with Newcomers, to shift the focus to the types of conditions under which people would feel safe sharing. Another Indigenous participant and co-facilitator echoed these comments about safety: “*I believe we need to process the experiences of participants more slowly and with more safety*” intimating that more time was needed for personal experiences to be expressed “*before moving to the organizational level*”.

Another Indigenous participant (an Elder) was satisfied to answer questions about what he would like to share with newcomers, talking of the importance of the Wampum Belts (mentioned earlier), and sharing stories of the land including petroglyphs. He also emphasised the importance of sharing general principles, rather than specific Indigenous knowledge which is more open to misuse and abuse.

People felt there was great value in sharing experiences of trauma as well as resilience, along with the cultural values, ceremonies and practices and there was generally a strong desire for sharing between the two communities. It is interesting however (as reflected in both the evaluations and the dynamics within the three modules), the organizational representatives tended to talk quite a lot less than participants Indigenous to Turtle Island. For one of the First Nation participants this produced a feeling of “*being watched*”. It is hard to know the reason for this, but it may be indicative of the internal colonisation that immigrant and refugee people feel in Canada (particularly those separated from their own customs and traditions by colonization over several generations within their own homelands) and therefore related to the conundrum of this project in the first place – the desire and need to connect with some of the Indigenous knowledges and traditions in Canada in order to start to heal and feel at home.

Newcomer perspectives did however also emphasise that immigrant and refugee people have their own experiences of trauma and are at quite different stages of healing; the importance of bridging the gap between First Nations and newcomers; and the significance of ceremonies and practices within their own cultures that had often been left behind in their home countries and had not found expression in Canada.

NEXT STEPS

In many ways discussion surrounding the project’s next steps regarding how to move what has been developed to date out in such a way so that it can start to become accessible to immigrant and refugee and Indigenous communities produced more questions than answer, indicating that

there are some important shared understandings to be still reached and further relationship-building to be done.

The key question that this conversation centred around is *“How can the Medicine Wheel be will be drawn on in a way that honours the principles and the teachings without taking, misinterpreting or appropriation?”*

Workshop participants Indigenous to Turtle Island emphasised:

- It's important to be clear about the processes that we have that are safeguarding that and honouring the treaties.
- The need to take into consideration what is the giveback to the people of Turtle Island
- That perhaps there's a specific discussion around OCAP and Medicine Wheels that we need to have, to actually look at what the application would look like under OCAP
- Knowledge sharing is really important and not appropriating is really important. Whoever would be using the Medicine Wheel with their community members would have teachings and knowledge passed on to them from an elder or from somewhere like Native Child; someone who could give them the tool and the process behind it
- The desire to use the medicine wheel as a way to bridge all the people who are coming into this land here. It needs to be accessible but not to the point that it's going to be used for whatever they want.

In summary the remaining key issues which remain for the Advisory Board to resolve are:

- What the application of the IIRF(MW) would like from an OCAP perspective
- Whether the project might like to follow more of a 'braiding approach' that more equally emphasises the knowledge and cultural practices of all participating groups.

Dissemination

All documents will be translated into French and project website will be developed in collaboration with project partners

CONCLUSION

By their very nature, the project's goals of “adapting First Nations' Resilience Strategies for racialized immigrant and refugee communities through the development of an intercultural intergenerational resilience framework” and “building bridges between racialized immigrant, refugee and Indigenous communities in Canada to strengthen our resilience against the intergenerational impact of racism and discrimination” are and should always be regarded as a ‘work in progress’. Decolonization is ongoing work. In this regard, while the project has achieved a significant amount in terms of producing the intended Intercultural and Intergenerational Resilience Framework, much remains to be done in terms of breaking down the barriers that exist between immigrant, refugee and First Peoples in Canada, through facilitating ongoing conversations between these communities, and refining what has been developed to date.

The project's second goal of building bridges between the communities in order to strengthen resilience, (particularly with respect to racism and discrimination) is an important capacity-building objective. Experiences of racism and discrimination featured quite strongly throughout the dialogues, particularly amongst the younger women. Racism continues to be very present in Canadian society at inter-personal and structural levels, often operating invisibly in terms of its impact on cultural and intergenerational knowledge transmission and connectivity. While opening conversations between First Peoples and immigrant and refugee communities has been powerful in terms of giving voice to these experiences, it has also equally revealed how little these communities know about each other. These kinds of 'laying on the table' are critical aspects of community capacity building and intercultural resilience which will continue to be strengthened through the ongoing use of the Community and Organizational Change Medicine Wheel.

With regard to the project's first goal, the development of an Intergenerational and Intercultural Resilience Framework which is both relational and outcome orientated, our co-creation of a 'first stage' tangible framework, while a significant achievement, will also need to be carefully refined in terms of both content and application. Discussions are currently under-way regarding how it will be piloted with service users of immigrant and refugee organizations as well as members of these communities together with First Peoples of Turtle Island more broadly.

APPENDIX A.

Focus Group – Semi-structured Interview: Sample

Preamble: You will now be familiar with each of the Medicine Wheels that have been developed for the project. The First is the “Medicine Wheel for Individual and Family Healing”. This is for use with immigrant and refugee women and their families, by therapists and facilitators in individual and extended family healing sessions. The second Medicine Wheel “The Medicine Wheel for Community Healing and Organizational Change” is intended to facilitate ongoing conversations between Indigenous, and refugee & immigrant communities for the purpose of **1.** Strengthening and refining the individual and family healing medicine wheel; and **2.** Facilitating community capacity building to challenge colonial approaches to immigration and settlement. To date the Medicine Wheels have been developed by representatives of community agencies most of whom are older. The purpose of this group is to gather the reflections of younger women on what has been developed to date.

We have developed some questions which are intended as a guide to our conversation today.

- Can you please briefly describe your cultural identity and background as either an Indigenous woman of Canada or as a first or second generation-migrant, and how this shapes your interest in this project.
- What do intergenerational and intercultural resilience mean to you and how are they relevant to your life as either an Indigenous woman or a 1st or 2nd generation newcomer to Canada?
- What are your general impressions of each medicine Wheel and the relevance of these for your communities?
- Are there particular issues or questions that you think are important to address that are not included in the medicine wheel?
- What issues to you think are important to include when facilitating training on the application of the Medicine Wheels in therapeutic or community settings?

APPENDIX B

Intercultural and Intergenerational Resilience Frameworks for working with members of immigrant and refugee communities: A Cree Medicine Wheel approach.

Training modules, July 2020, Background information for Participants

Dear participant,

A warm welcome to our three-part workshop on developing Intergenerational and intercultural resilience with immigrant and refugee communities. As you will know, over the past few months representatives from the Riverdale Immigrant Women's Centre, the Alliance for Intergenerational Resilience and the Native Child and Family Services of Toronto have been meeting together to develop a Canadian-based Indigenous Approach to healing and belonging (intergenerational and intercultural resilience) for use by immigrant and refugee service organizations in working with their communities.

Guided by the representatives on our team from the Native Child and Family Services (Toronto), we are basing this approach on the Cree Medicine Wheel, which you can learn more about in your information pack. The workshop objectives together with an overview of each workshop module are below. In as much as possible we aim to make this a holistic, experiential workshop which combines our knowing, feeling and practical attributes (mind, spirit and body). We will be asking you to draw on your personal experiences as well as to 'walk in the moccasins' (shoes) of the people you work with. We also ask that wherever you are joining us from virtually, that you make sure you are in a quiet uninterrupted spot with your cell phones off. Please come prepared on the first day to share a little about your own background, interest in the project and your organization's needs in this area.

Our workshop facilitators will be:

- Don Ense, Elder in Residence at Native Child and Family Services, Toronto.
- Charlene Avalos, Native Child and Family Services, Toronto
- Rita Souliere, Native Child and Family Services, Toronto
- Lewis Williams, Alliance for Intergenerational Resilience.

Workshop Aim: This introductory workshop will familiarize participants with a Cree Medicine Wheel Approach to strengthening Intergenerational and intercultural resilience with immigrant and refugee communities living in Canada. It is intended for service provider organizations working with these communities.

Sub-objectives: Below are several workshop subobjectives which will be covered in the workshop:

6. To facilitate increased understanding of historic and ongoing colonization in Canada (including treaty agreements), with a secondary emphasis on colonization and treaty agreements in the homelands of immigrant and refugee communities;
7. Introduction to each Medicine Wheel (MW) and development of self-understanding of MW's relevance to workshop participants in terms of own immigrant or refugee/and or life experiences or those of the communities they work with;
8. To facilitate understanding of MW's application with immigrant and refugee communities including exploration of intergenerational trauma, white supremacy and hetero-patriarchy and intergenerational resilience;

9. To facilitate reflection amongst workshop participants on ways in which the medicine wheel may need to be modified for different community contexts, and the skills necessary for successful application of the MW within these.
10. Conduct a brief workshop evaluation regarding participant's reflections on the MW and applicability as well as their learnings as a result of the workshop.

The **workshop outline** below is a guide to our time together.

Module One, 3.30pm – 5.30pm Friday 24th July.	<ul style="list-style-type: none"> • Opening prayer and acknowledgement to the Land: Elder Don • Overview of the three modules, round of Introductions and overview of our time together: Lewis Williams • Presentation: The Seven Fire Prophecies and colonial history of Canada: Elder Don Ense, Charlene Avalos and Rita Souliere • Closing Reflections.
Module Two, 3.30pm – 6.00pm Monday 27th July	<ul style="list-style-type: none"> • Opening Prayer • Participant reflections on their own cultural and ancestral identities and the communities they work with, and relationship to colonial history of Canada and homeland countries: Lewis Williams • Introduction to the Cree Medicine Wheel and its origins: Elder Don Ense and Charlene Avalos • MW for Individual and Family Healing - participant experiential exercise: Charlene Avalos • Closing reflections
Module Three 3.30pm – 6.00pm Tuesday 28th July	<ul style="list-style-type: none"> • MW for Community Healing and Organizational Change: Group dialogue and exchange: Lewis Williams • Group discussion regarding community-specific applications of MW and the necessary practitioner skills and organizational capacities needed: ALL • Brief Workshop evaluations: Lewis

Video-recording and future use of training material: We will be video recording the training modules via zoom. This is because 1) The formal presentations by team members may be used in the future for educational purposes; and, 2) The video may also be used to as a record of the process aspects (not the content) of the group work in assisting us to write up the report of the project which will be appearing on the project website (currently being created). No parts of the video that have you in it will used publicly to promote the project without your express written permission.

We look forward to meeting you!

APPENDIX C

The Development of an Intercultural and Intergenerational Resilience Framework for working with immigrant and refugee individuals, families and communities: A Cree Medicine Wheel Approach.

Evaluation of Introductory Workshops (July 24, 27 and 28) and Steps for what's next.

The aim of these workshop has been to familiarise you with a Medicine Wheel approach to 1) strengthening intergenerational resilience with the individuals, groups and communities you work with; and, 2) strengthening dialog and ongoing relationships with Canada's Indigenous Peoples.

The three introductory modules are just that, an 'introduction'. Further familiarisation, knowledge and skills development regarding the Medicine Wheels' application will be necessary as will be continuing to develop partnerships with Indigenous communities and organizations. At the end of Module Three we will carry out a brief evaluation of the three introductory modules.

We will also ask you about next steps you and your organization would like to be involved in regarding further capacity building activities towards the Medicine Wheels' use and application with the communities you work with. We will discuss the last issue towards the end of module three on Tuesday. Can you please come prepared to discuss it?

Below are some *sample* evaluation questions we will be asking you in the brief evaluation questionnaire following the conclusion of Module Three. Your responses to the evaluation will be included in the final project report. Please let me know if you would like to see any different or additional questions posed.

Q 1. What was your experience of the workshop overall?

Q 2. What aspects of the familiarisation process stood out/did you find particularly effective in learning about the Medicine wheel's potential application?

Q 3. What would you have liked more of or less of?

Q 4. Can you briefly rate your experience of each module (on a scale of 1-10, where 1 is poor and 10 is exceptional) and give a brief reason for your rating.

- Module One:
- Module Two:
- Module Three:

Q 5. What would you like to learn or know more about regarding the Medicine Wheel approach to Intergenerational and Intercultural Resilience and what do you consider the next steps to be towards building capacity of service organizations and communities to successfully use the Medicine Wheels?