Mobilities of Aboriginal Youth: Exploring the Impact on Health and Social Support Through Photovoice

by

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2013

Abstract

Dramatic growth in Canada’s urban Aboriginal population has led to high rates of Aboriginal mobility. Despite much quantitative data, very little is known about the mobility experiences of Aboriginal peoples or its impacts. Furthermore, while mobility may present barriers for shaping social connections important to individual health, research in this area is minimal, especially among Aboriginal youth. Using community-based participatory research (CBPR) the purpose of this thesis is to examine how mobility shapes the social networks and health of Aboriginal youth in the city of Winnipeg, Manitoba. While highlighting the use and valuableness of CBPR methods, the research demonstrates that mobility impacts both the development and maintenance of social relationships among Aboriginal youth as well as influences the types and qualities of these relationships. Additionally, mobility indirectly shapes health through its effect on social support, which was shown to impact health positively and negatively through direct and indirect pathways.
Acknowledgments

I never thought that any of this would be possible and would like to take the time to acknowledge all of those who contributed to this great accomplishment. I would first like to thank everyone at the Eagle’s Nest Project and the EAGLE Urban Transition Center who took part and assisted with this project. I am so grateful for your immense kindness and hospitality and to the youth who shared their stories. You all have forever touched both my heart and mind. I would also like to thank my supervisor Kathi Wilson for her incredible support and encouragement in making this an invaluable life experience. I would like to say special thanks to my family and friends for their continual support and allowing me to stay strong through out this experience. Thanks Mama Bird, Cass and Dany for putting up with my insanity and for the much needed comical relief. Thank you to my defense committee, Dana Wilson and Sarah Wakefield. Your insightful feedback and enthusiasm for this project was greatly appreciated. Finally, I dedicate this thesis to my Granny whose spirit will continue to fuel my future endeavors.
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Chapter 1

1 INTRODUCTION

1.1 Background and Research Questions

Since the 1950s Aboriginal\(^1\) peoples have become increasingly urbanized in Canada. Less than 60 years ago, only 7 percent of the total Aboriginal population lived in urban areas (Statistics Canada, 2006a). Today, more Aboriginal peoples live in urban centres than they do on reserves\(^2\) with 53 percent (623,470) of the Aboriginal population residing in cities (Statistics Canada, 2006a). Like the general Aboriginal population, the urban Aboriginal population is quite youthful. Aboriginal youth comprise nearly 30 percent of the total urban Aboriginal population with more than 50 percent of Aboriginal youth between the ages of 10 and 24 residing in urban areas (Statistics Canada, 2006b).

Although the increasing urbanization of the Aboriginal population suggests a mass influx of Aboriginal peoples from reserves or rural areas into urban centres, this is not the case. The urbanization of the Aboriginal population presents a rather complex phenomenon (Peters, 2005). While migration from reserves to cities has contributed to the growth of the urban Aboriginal population, factors related to high birth rates, ethnic mobility (i.e., changes to self-reporting of ethnic affiliations), and legislative changes also underlie this growth (Peters, 2005). For example, a large increase in urban Status First Nations was observed following legislative changes to the Indian Act in 1985, which led to a reinstatement of women and their descendants whose status was previously lost (i.e., regained their legal title as Status First Nations) (Norris & Clatworthy, 2003; Peters, 2001). Guimond (2003) has argued that the large increase in urban Aboriginal populations observed from the time of this amendment up to 2001 was largely due to ethnic mobility. While much

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\(^1\) The term ‘Aboriginal’ is used to refer to the Indigenous peoples of Canada whom include the First Nations, Métis, and Inuit. While we recognize that each of these groups are culturally distinct and can be further subdivided; however, for the purpose of this thesis we use the term ‘Aboriginal’ to collectively refer to all individuals belonging to these groups.

\(^2\) Tract of land for which the legal title is held by the Crown, but is set apart for the use and benefit of an Indian band.
of the focus on Aboriginal urbanization has been related to reserve out-migration, there is also significant geographic mobility taking place between cities, within cities (residential mobility) and also circular migration (between reserve and city) (Norris, Cooke, Beavon & Guimond, 2004).

Although there is an extensive body of literature documenting the mobility of Aboriginal peoples, this literature is rather limited. With the exception of a few studies (Cooke, 1999; Cooke & Bélanger, 2006; Skelton, 2002), much of this literature has focused on quantitative measures of mobility documenting migration flows of Aboriginal peoples typically between cities and reserves (Clatworthy, 1996; Clatworthy & Norris, 2007; Cooke & Bélanger, 2006; Norris & Clatworthy, 2011; Siggner, 1977). These findings have demonstrated significant “churn” or circular migration among the Aboriginal population (Cooke & Belanger, 2006). This churn accounts for nearly half (40%) of the mobility among Status First Nations (Clatworthy & Norris, 2007). From 1991 to 1996 Norris et al. (2004) found that 61 percent of those leaving reserves migrated to urban areas, while 69 percent of those leaving cities moved to reserves. Although urban centres and reserves are primary destinations, the migration flow between cities to reserves is greater than reserve out-migration (Norris et al., 2004). For example, 18 percent of the migration flow of Status First Nations between 1996-2001 was urban out-migration (i.e., urban to reserve) compared to 11% of moves being reserve out-migration (Clatworthy & Norris, 2007). Furthermore, there is significant mobility among non-Status First Nations and Métis, accounting for 90 percent of migration flows with high levels of interurban migration, reserve out-migration and urban out-migration (Clatworthy and Norris, 2007). In addition to residential migration, residential mobility also represents an important source of movement, but has received far less attention.

Research has demonstrated significant movement within urban spaces (i.e., residential mobility) among Aboriginal peoples with rates double that of the non-Aboriginal population (Canada Mortgage & Housing Corporation, 2006; Norris & Clatworthy, 2011). Those Aboriginal peoples living off-reserve have been found to experience higher mobility than both the on-reserve Aboriginal population and the non-Aboriginal population (Norris, 1985). For example, the residential mobility rate
for Registered Indians\(^3\) in 2000-2001 was found to be two and a half times that of the non-Aboriginal population at 25 percent versus 9.6 percent and 19.8 percent for Métis (Clatworthy & Norris, 2007). Despite the obvious significance of residential mobility within the lives of Aboriginal peoples this process has failed to receive the same attention by researchers, as has migration. Even more so dismissed are the mobility experiences of Aboriginal peoples in general and Aboriginal youth in particular. General mobility research typically documents mobility based on the perceptions and experiences of adults or caregivers rather than children and youth, while making the assumption that children's moves are always made with the family unit (Adam & Chase-Lansdale, 2002). However, this may not be the case, especially within the context of Aboriginal youth.

While we know very little about mobility in the context of Aboriginal youth, statistics are suggestive that mobility rates of Aboriginal youth are high, such as the frequent mobility among Aboriginal families, high rates of incarceration (Department of Justice Canada, 2011), significant involvement in foster care (Aboriginal Justice Inquiry-Child Welfare Initiative, 2001; Disant et al., 2008), immense poverty (i.e., 55 percent of urban Aboriginal youth live below the low-income cut off) (Standing Senate Committee on Aboriginal Peoples, 2003). These statistics also indicate the mobility experiences of Aboriginal youth may greatly differ from those experiences of Aboriginal adults, especially as moves are commonly beyond the youth's control (i.e., adults make household decisions surrounding decision to move). Additionally, limited employment and educational opportunities available on reserves commonly push youth to leave their home communities to search for jobs or higher education in urban areas (Brown, Higgitt, Wingert, & Miller, 2005). For many, this transition can be a difficult experience, especially for those unfamiliar with the urban environment or without family or friends to support them through this immense change. As such, those new to the city may engage in circular mobility between the city and reserve or rural communities (Norris et al., 2004) to stay connected to these important social networks.

\(^3\) Registered Indians are those Aboriginal people registered with Indian and Northern Affairs Canada as according to the Indian Act of Canada.
While some Aboriginal youth find themselves moving back and forth between the city and their home communities (reserve and rural), other Aboriginal youth have lived in cities their entire lives (Brown et al., 2005). The circumstances of urban Aboriginal youth are complex. As mentioned previously, urban Aboriginal families experience higher mobility than on-reserve families (Norris, 1985). Although not well understood, various factors underlying Aboriginal residential mobility in the city have been identified. For example, one study examined the moving experiences of single mothers in Winnipeg, Manitoba and found that residential moves were most often related to housing affordability and size of accommodation (i.e., need for larger space) (Skelton, 2002). Specifically, mothers reported moves to be tied to opportunities to live in better accommodations and homes for their children. However, not all Aboriginal youth live with their biological families. Aboriginal youth are three times more likely than non-Aboriginal youth to be removed from their families as a result of foster care or adoption (Disant et al., 2008). Eighty percent of children in out-of-home care (e.g., foster homes, group homes, institutional care) are Aboriginal (Aboriginal Justice Inquiry-Child Welfare Initiative, 2001). While placement stability (i.e., minimal residential placement moves of youth) is ideal, many of those children and youth in care undergo multiple residential moves during their time in foster care (Newton, Litrownik & Landsverk, 2000).

Aboriginal youth may also find themselves separated from family and friends due to other factors. For example, Aboriginal youth are eight times more likely to be incarcerated than non-Aboriginal youth (Department of Justice Canada, 2012). For other Aboriginal youth living in the city, experiences of unstable housing may be common as they find themselves moving between friends, relatives, shelters or even living on the streets (Baskin, 2007; Brown et al. 2005; Lerner, Brown & Kier, 2005). It is these experiences that can leave youth estranged from their families and support networks in the city as mobility may present disconnections and challenges to establishing important social relationships (Berman, Alvernaz, Forchuk, Edmunds, Haldenyby & Lopez, 2009).
Despite the barriers mobility may present for shaping community and developing supportive networks, research is limited. The general mobility literature suggests that frequent mobility impacts educational achievement (Aman, 2008; Ingersoll, Scamman & Eckerling 1989; Pribesh & Downey 1999), adolescent sexual behaviour (Baumer & South, 2000; Stacks, 1994; South, Haynie & Bose, 2005; South, Lautz & Baumer, 2005), and adolescent delinquency (Haynie, 2001; Haynie & South, 2005). Although some have suggested this may be related to confounding factors (Dong, Anda, Felitti, Williamson, Dube, Brown & Giles, 2005; Fischer, 2002), there is extensive literature pointing to a strong link between mobility and such outcomes (Aman, 2008; Haynie, 2001; South et al., 2005).

While causal pathways between mobility and various outcomes (e.g., lower educational attainment, risky sexual behaviour) are not well understood, explanations typically turn to the influence of peers and social relationships in mediating these negative effects of mobility (South & Haynie, 2004). Studies have shown that mobile youth are more likely to be accepted into deviant peer groups than into prosocial peer groups (e.g., good academic standing, nondeliquent) (Haynie et al., 2006). Given the well-established literature documenting the role of social support and social relationships in influencing individual health and behaviours (Adler & Adler, 1998; House, Landis & Umberson, 1988; Richmond, 2009), the link between mobility, social support, and health needs to be better understood. However, very few researchers have explored the impact of mobility upon the development of peer networks and social support, especially as it relates to health.

Of the limited literature examining the influence of mobility on social networks, two general hypotheses have been put forward. On the one hand, research suggests moving presents opportunities for the creation of larger social networks (Brown & Orthner, 1990; Larner, 1990). On the other hand it is suggested that mobility hinders social integration because it weakens social ties (Haynie et al., 2006; Myers, 1999). The research involving youth primarily supports the latter of explanation. However, little is known regarding these impacts within the Canadian...
context, as most studies have focused on immigrant or general U.S. populations (Caxaj & Berman, 2010; Myers, 1999; Zhou & Logan, 1991).

Within the context of urban Aboriginal youth in Canada such research has important implications given mobility may further compound existing barriers they face regarding availability and access to social support. Additionally, urban Aboriginal youth experience significant disparities related to poverty, health problems, education, income, and employment in comparison to the non-Aboriginal urban population (Hanselmann, 2001). In consideration of the significant health implications of social support and social relationships, greater understanding is needed to explore these social determinants of health among Aboriginal youth (Mignone & O’Neil, 2005; Richmond & Smith, 2012). Furthermore, while movement may present challenges to the development of social networks important to one’s health, no research has examined this link among Aboriginal peoples. Considering the above, this thesis sets out to examine the implications of social support for the health of urban Aboriginal youth and more specifically how mobility intersects social support and health. Addressing the literature gaps within the fields of Aboriginal health and health geography, this master’s thesis examines the following research questions:

1) How do the mobility experiences of urban Aboriginal youth shape the development and maintenance of social support networks?; and

2) In what ways does the above intersect to influence the health and well-being of urban Aboriginal youth?

The research presented here strived to embrace a decolonizing approach to research through the use of a community-based participatory method. This project was carried out in close partnership between an Aboriginal Master’s student and an Aboriginal community partner. Using a mixed-methods approach including photovoice, questionnaires, participant observation and in-depth discussion, this thesis is guided by empirical, theoretical and methodological research objectives: i) to gain a deeper understanding into the health, mobility and social experiences of urban Aboriginal youth, (ii) to expand understandings of the relationship between health and social support as it is influenced by mobility within the context of urban
Aboriginal youth, and (iii) to contribute to knowledge regarding the use and effectiveness of a community-based participatory research method, photovoice, for Aboriginal populations.

**Thesis Outline**

This thesis is presented in five chapters, three of which are individual manuscripts. Chapter 2 provides a critical evaluation of the use of Photovoice for understanding how mobility shapes the social and health experiences among a group of marginalized youth. The chapter presents strengths, challenges and recommendations related to the use of photovoice based upon the experiences and evaluations provided by both the researcher and participants. Chapter 3 addresses the first research question. Using qualitative analysis of data collected through photovoice and a questionnaire, the chapter examines the mobility experiences of urban Aboriginal youth and the ways in which this mobility impacts social networks. Chapter 4 examines the health experiences of urban Aboriginal youth as they relate to mobility, social support and social relationships. In Chapter 5, the results of the previous three chapters are discussed and interpreted, focusing on the implications for research and policy (e.g., related to programs and services). The final chapter also discusses the overall contributions of the research and areas of future research.

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CHAPTER 2

“I can’t believe I can express myself through a photo like that”: Capturing the Voices of Aboriginal Youth Through the Lens of Photovoice

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Abstract
Research on Indigenous peoples has been an inherently colonial process marked by exploitation and misrepresentation. Consequently, Indigenous populations have reacted with resistance to colonial research and are pushing for the use of decolonizing research methodologies. Community-Based Participatory Research (CBPR) is one approach from which researchers and Indigenous communities can work towards the development of inclusive and respectful research. The findings reported here evaluate the use of one CBPR method, photovoice, with a group of vulnerable Aboriginal youth living in the city of Winnipeg, Manitoba, Canada. The evaluation was based upon the feedback and reflections of the photovoice experience from both the perspectives of the participants and first author. This evaluation took place as part of a larger community-based project study exploring health, social support and mobility among Aboriginal youth. The findings revealed photovoice to be a powerful and favourable method to use with Aboriginal youth and perceived as culturally appropriate. The authors provide recommendations based on modification, flexibility and the importance of research relationships within the photovoice process.
Introduction

For decades, Indigenous peoples have been subjected to the scrutiny of non-Indigenous scholars who perceived them as research objects to be analyzed and explained through outsider theory and knowledge. Such approaches to research stem from colonial conquests and have been perpetuated by academic institutions as they designate rights to academics to conduct research on Indigenous peoples. Ignoring the knowledge, values, worldviews, concerns, and desires of Indigenous peoples has resulted in research that is grounded in exploitation and involves unethical obtainment of information, cultural or biogenetic materials (Posey & Dutfield, 1996); such as in circumstances where Indigenous knowledge has been used for financial gain without consent or compensation paid to Indigenous peoples (Brush & Stabinsky, 1996). Aboriginal peoples\(^4\) in Canada are just one of the many Indigenous groups to have long suffered such exploitation and misrepresentation by academic researchers. As a result, many Aboriginal communities are refusing their traditional passive role within research and demanding for change (National Aboriginal Health Organization, 2005). In fact, Indigenous communities and many academics are moving forward to dismantle colonial research relationships through innovation and collaboration in the research process.

Community-based participatory research (CBPR) provides one framework from which researchers and Indigenous communities can work towards the development of inclusive and respectful research. Although well established, the

\(^4\) The term ‘Aboriginal’ is used to refer to the Indigenous peoples of Canada whom include the First Nations, Métis, and Inuit. While we recognize that each of these groups are culturally distinct and can be further subdivided; however, for the purpose of this paper we use the term ‘Aboriginal’ to collectively refer to all individuals belonging to these groups.
application of CBPR with Aboriginal peoples in Canada has been relatively recent (Castleden, Morgan & Lamb, 2012; Vukic, Gregory, Martin-Misener & Etowa, 2011). With its increasing use for research with Aboriginal populations attention is being drawn to the effectiveness of CBPR for such populations (Castleden, Garvin & Huu-ay-aht First Nation, 2008; Castleden et al., 2012; Fletcher, Mckennitt & Baydala, 2009; Jardine & James, 2012; Koster, Baccar & Lemelin, 2012). This paper sets forth to critically evaluate the use of one of several CBPR methods, photovoice. We will begin with a discussion regarding a few of the research methodologies that have been adopted for use with marginalized populations, including decolonizing and community-based participatory research. This will be followed with a brief overview of the reported benefits and challenges associated with the use of photovoice, which will lead the paper into its main objective of evaluating the use of photovoice with vulnerable Aboriginal youth. This discussion will present strengths, challenges and recommendations related to the use of photovoice based upon the experiences and evaluations provided by both the researcher and participants.

Decolonizing Research

You go to a university
and get a bit of paper
that says you are qualified.
Does it also say that you
have unlimited rights
to invade my space?
It seems that you believe your bit of paper
is both passport and visa to my place,
that henceforth you have the right
to scrutinize the bits and pieces
of me.

(excerpt taken from ‘Something there is...’ by Barbara Nicholson)
‘Research’ has become a word often dreaded by Indigenous peoples as it represents both a history and a present whereby Indigenous minds, bodies, cultures, and spaces were and continue to be invaded by ‘outsiders’ often without homage paid or permission obtained to do so (Tuhiwai Smith, 2012). Often research has been an unwelcomed experience for many Indigenous groups as researchers have failed to consult with those communities they want to investigate. Without community input research is carried out that is often irrelevant to the community and of no direct benefit to them (Cohcran, Marshall, Garcia-Downing, Kendall, Cook, McCubbin & Grover, 2008). It is this common experience that has led both academics and Indigenous communities to challenge colonial research through decolonizing research methods.

Colonial research can be defined as exploitative research that maintains the ‘western’ world’s domination over marginalized groups as it denies the acknowledgement of the concerns, knowledge, experiences, and worldviews of marginalized populations as the ‘truth’ (Hay, 2010). In response decolonizing research seeks to be emancipatory (Howitt & Stevens in Hay, 2010). It aims to help those marginalized reclaim control over their knowledge by undertaking research that is both culturally sensitive and approved by the community (Tuhiwai Smith, 2012). Although the degree of participant involvement in the research process varies, a common element is community input and research that addresses a community concern or interest and is of benefit to the community (Howitt & Stevens in Hay, 2010).
One example of an Aboriginal group's demand for decolonizing research is observed in the research licensing process set forth by the Inuit population in Canada. All research conducted within Nunavut Territory must apply for and receive a Science Research License administered by the Nunavut Research Institute (NRI) (Nunavut Research Institute website: www.nri.nu.ca/). The online application is relatively straightforward requiring details such as project research proposal and an overview of community involvement and regional benefits. However, all researchers are strongly encouraged to engage and communicate with community authorities and others who may be affected by the project prior to licensing. The NRI offers a guide to direct researchers through the negotiation of research relationships with Inuit communities. The guide reviews the process of community or site selection, negotiating research relationships, determining community involvement and research licensing. Emphasizing community participation the guide recommends the incorporation of community knowledge and input in all stages of the research from the design, collection and analysis of data, and communication of findings. Also reviewed are appropriate strategies for communication of project details and results, proposing several suggestions for possible methods ranging from radio shows, websites, community workshops and presentations, as well as posters and brochures. These protocols draw upon the principles of OCAP, which stand for ownership, control, access, and possession, and were developed by First Nations to define research involving Aboriginal peoples (National Aboriginal Health Organization, 2005). The principles of OCAP represent First Nations desire for self-determination within research and “relate to the
collective ownership of group information; First Nations control over research and information; First Nations’ management of access to their data and physical possession of the data” (National Aboriginal Health Organization, 2005). Steps like these are being mirrored within the methodologies set forth by academics as witnessed in the development of collaborative and participatory methods, such as CBPR.

**Community-Based Participatory Research**

CBPR is a research approach predicated on a belief in the importance of conducting research that emerges at the community-level rather than simply taking place at a community-level (Minkler & Wallerstein, 2005). Numerous fields, one of which is health research, have adopted CBPR. Within health research CBPR combines education and social action to address health disparities while striving to improve health (Wallerstein & Duran, 2007) and is best defined as:

A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities. (W.K. Kellogg Foundation’s Community Health Scholars Program, 2001)

CBPR differs from other research approaches in that it is based on reciprocal relationships of equality where both researchers and community work together on all aspects involved in the research process, including the development of research questions, methodology, data collection, analysis, and dissemination of findings (Castleden et al., 2008). Lying at the heart of CBPR is the engagement of community members in the process of identifying and addressing social issues, most often tied to health and health disparities, with the ultimate goal of social change (Minkler,
In consideration of this, CBPR presents a promising approach for research involving marginalized groups, such as Aboriginal peoples, as it disassembles the traditional researcher-participant relationship by emphasizing the engagement of the community and their needs, knowledge and experiences.

**Photovoice: Brief Overview of the Benefits and Challenges**

One of the many methods to emerge from CBPR is photovoice. Photovoice is a method that allows research participants to explore community issues through photography and narrative (Nykiforuk, Vallianatos & Nieuwendyk, 2011). Since its development by Wang and Burris in the 1990s its use within health education and more recently within social sciences continues to grow. In projects using photovoice, participants use cameras to capture images illustrating community concerns and later participate in facilitator-led focus groups using the photographs to discuss these issues and devise possible solutions for action (Nykiforuk et al., 2011). Photovoice is founded upon three key goals:

1) to enable people to record and reflect their community’s strengths and concerns

2) to promote critical dialogue and knowledge about important issues through large and small group discussion of photographs

3) to reach policymakers (Caxaj & Berman, 2010, p. 369)

In accordance with the principles of CBPR, photovoice stresses empowerment by making participants an integral part of the research by placing them in the position of the researcher rather than the researched. By giving those vulnerable and marginalized the opportunity to share their perspectives and
experiences that may not be easily represented or expressed through words alone, photovoice has been demonstrated as a powerful tool to use with various populations and cultures (Wang & Burris, 1997). Photovoice projects have included a wide array of populations ranging from children and youth (Rudkin & Davis, 2007; Mitchell & Kearns, 2007; Strack, Magill, & McDonagh, 2004; Wilson, Dasho, Martin, Wallerstein, Wang & Minkler, 2007; Zenkov & Harmon, 2009) to seniors (Leclerc, Wells, Craig & Wilson, 2002; Lockett, Willis, & Edwards, 2005), homeless and poor African Americans (Carlson, Engebretson, & Chamberlain, 2006; Killon & Wang, 2000), rural communities (Downey, Ireson, & Scutchfield, 2009) and Aboriginal peoples (Castelden et al., 2008; Hajdu, 2007; Lardeau, Healey & Ford, 2011; Moffitt & Vollman, 2004;). Along with its wide applicability with various populations and groups, photovoice holds numerous potential benefits for all stakeholders involved (i.e., participants, community, policy-makers) (Nykiforuk et al., 2011) and such strengths are particularly appealing for use with Aboriginal peoples.

Photographs can greatly enhance data collection by capturing a deeper understanding of participants’ stories through a visual medium and can further facilitate participant discussion (Nykiforuk et al., 2011). As for use with Aboriginal peoples, photovoice may present a culturally appropriate (Castelden et al., 2008) method as it parallels Indigenous traditions of storytelling through the use of narrative and photography. Furthermore, photovoice has been found to balance power within the research process by fostering trust, building capacity, and creating ownership through data collection, analysis and dissemination (Castelden et al., 2008). Photovoice is unique in that it emphasizes participants’ roles as co-
researchers rather than passive actors (Lardeau et al., 2011) allowing participants to acquire training and skills as both researchers and photographers (Castelden et al., 2008). As co-researchers individuals take control over the data collection process as they choose what to photograph, assign meaning to these images and later share their results with the community and others. In doing so, meaningful research is generated, which has often been missing within research conducted with Aboriginal peoples (Lardeau et al., 2011).

Beyond the participant, photovoice provides a powerful platform for dialogue to take place between participants, community, and key stakeholders. Providing those marginalized or with less power the opportunity to share their experiences is tremendously valuable as their voices often go unheard (Strack et al., 2004; Wang & Burris, 1997). Increasing awareness of issues among community and decision-makers can serve as a catalyst for change to transpire and community concerns to be addressed (Wang & Burris, 1997). Furthermore, photographs can enhance understanding of various issues by allowing policy-makers and stakeholders to see issues from the eyes of community members (Nykiforuk et al., 2011). Additionally, allowing participants the opportunity to devise solutions to the issues that directly affect them can lead to innovative ideas that policy-makers may not have envisioned (Wang & Burris, 1994). This last component is of great significance in regards to the desired self-determination within research for Aboriginal peoples.

While numerous strengths exist for photovoice there are also inherent challenges presented with its use. Reaching decision-makers is one of photovoice’s
primary objectives, however, this goal can prove challenging and is not always achieved. Establishing relationships and obtaining an invested interest by key stakeholders for projects may be difficult, especially if not completed early on in the project (Lardeau et al., 2011). Further, the desired change or outcomes participants had hoped for or expected to take place as a result of the research might not occur immediately or at all even with decision-makers present (Wang & Burris, 1994); and change may be less likely to occur when participants include those with limited social capital such as youth and children (Strack et al., 2004).

In addition, despite being a powerful tool for documentation and discussion, photography can present barriers that may hinder the research. Camera equipment can be costly and the use of this equipment by participants can lead to the potential for damage, misuse, technical mishaps or even theft (Castleden et al., 2008). Further, photography can only document what is observable, thus important concepts or ideas might get excluded from the participant’s discussion (Rose, 1993). Finally, it is recommended that photovoice projects span over a period of several months (Catalani & Minkler, 2010) resulting in a lengthy process that requires significant commitment and time on behalf of researchers and participants as well as greater research costs (Lardeau et al., 2011). Such commitment can deter initial participation or result in significant attrition over the course of the project (Castleden et al., 2008).

Despite the obvious strengths of photovoice and applicability to Aboriginal peoples few researchers have evaluated its use with Aboriginal populations (but see Castleden et al., 2008; Jardine & James, 2012; Moffitt & Vollman, 2004).
Furthermore, while its use as an effective methodology for youth populations has been demonstrated (Brazg, Bekemeier, Spigner & Hubner, 2011; Strack et al., 2004; Wang, 2006), the applicability of photovoice for use with Aboriginal youth has yet to be examined in any great depth. This paper will address this gap by evaluating the successes and challenges of using photovoice in a community-based project examining the impact of social support and residential mobility on the health of a group of Aboriginal youth living in Winnipeg, Manitoba, Canada. The focus of this project emerged from an existing community research partnership examining mobility among Aboriginal adults. Our community partner identified the need to build upon this existing mobility project by involving Aboriginal youth and indicated their desire to use a visual methodology to carry out research on mobility and social support. For both the benefit of the academic and Aboriginal community, conducting a critical evaluation of the use of photovoice with Aboriginal youth was viewed as a valuable opportunity to assess its appropriateness and usefulness as a research method to employ with Aboriginal populations. The evaluation involved obtaining the youth's feedback on their experience as photovoice participants, which was completed over the course of the project through informal discussion with the youth both during and outside of the photovoice sessions. Following an overview of the project, including community context, recruitment and project direction, this paper will discuss the successes and challenges of using photovoice with a group of vulnerable Aboriginal youth.

**Project Overview**

*Community Context and Research Partner*
The photovoice project described in this paper was designed in collaboration with Eagle Urban Transition Centre (EUTC) and their youth program, the Eagle’s Nest Project, located in Winnipeg, Manitoba, Canada. In 2006, the Aboriginal population in Canada surpassed one million people. Aboriginal people living in the province of Manitoba represent 15 percent of the total Aboriginal population in Canada (Statistics Canada, 2006b). The City of Winnipeg, Manitoba’s capital, has the largest urban Aboriginal population of all Canadian Census Metropolitan Areas accounting for 10 percent of the city’s population (Statistics Canada, 2006b) with half its total Aboriginal population currently under the age of 25 (Statistics Canada, 2006a). The Eagle’s Nest Project is an Aboriginal community-based initiative aimed at providing Aboriginal youth with an opportunity to develop their professional and personal skills (http://winnipeg.ca/cms/ays/eagles_nest.stm). Those Aboriginal youth eligible for the program are between the ages of 15 and 30 and are often in transition, with the majority exiting corrections and or child and family services (CFS) and are currently not active in the education system or labour force. As such, the program is designed to assist youth in reaching goals related to employment and education through providing support and training, as well as linking participants to any external services that may be of assistance.

Given the unique background and needs of Aboriginal youth in the program, EUTC identified the need for a better understanding of Aboriginal youth within the context of mobility. The mobility of Aboriginal youth is complex and is often a result of external factors. Aboriginal youth who move may do so due to family instability, involvement in corrections or because they are exiting CFS and find themselves
moving between communities, neighbourhoods, shelters, and foster homes (Brown, Higgitt, Wingert & Miller, 2005). Given the youthfulness of the Aboriginal population in combination with dramatic health disparities (Ning & Wilson, 2012) and frequent mobility, the following research questions were developed:

1) How do the mobility experiences of urban Aboriginal youth shape the development and maintenance of social support and peer networks?

2) In what ways does the above intersect to influence the health and well-being of Aboriginal youth?

Readers should note that this paper will not present the findings for the above research questions, but rather will focus on the evaluation of the method used to answer these questions.

**Youth Recruitment**

Recruitment was undertaken at the start of one of the Eagle’s Nest Project’s three annual youth intakes, which typically include 25 youth. Youth were informed of the proposed photovoice project through the dissemination of flyers within the center and a staff-forwarded email detailing the project and inviting them to attend an information session taking place on the first day of programming. The goal of the session was to provide more detailed information about the photovoice project with a brief introduction of the project’s goals, photovoice, enrolment, benefits (honorarium, volunteer hours, possible community benefits (e.g., service development/changes, etc.), participant responsibilities as well as any potential risks. A total of 18 youth completed a verbal consent process in agreement to partake in the project. However, over the course of the project ten participants
withdrew, but all consented to the use of their data (i.e., narratives and photographs) within the results presented here.

The age of the photovoice youth participants ranged between 15 and 25 years. While varying age definitions of youth exist, it is becoming increasingly recognized that youth are entering into adulthood at later stages (e.g., completion of school, entering into the workforce, marriage) (Settertson & Ray, 2010). The Eagle’s Nest Project is one of many programs acknowledging youth may experience delayed adulthood transitions. Therefore, they have established a broad definition of youth that ranges from 15 to 30 years of age. As such, for the purpose of our study, the age for recruitment was defined by the youth definition put forward by the Eagle’s Nest Project. The eight participants who completed the project (i.e., did not withdraw) equally represented males and females. None of the youth were employed or in school during the time of the research. Many were experiencing numerous life struggles (e.g., overcoming addictions, involvement with corrections and CFS, unstable housing) and came to the Eagle’s Nest Project to make positive changes in their lives, such as returning to school or gaining employment.

**Project Direction**

Following the steps provided by Wang and Burris (1997) the photovoice project involved facilitator-led focus groups and photography assignments. The initial curriculum involved a total of 6 one-hour weekly sessions, but due to irregular participant attendance, individual make-up sessions were completed in addition to the scheduled weekly sessions. A total of three photography assignments were completed, with the fifth session dedicated to final discussion and the last
session used for the preparation of a photo exhibit (see Table 1). The topics for the photography assignments included: health (challenges and barriers to good health); social support (types and sources of support); and healthy communities (community strengths and concerns). All youth participants were provided with a digital camera.

The first session focused on introducing photovoice, discussing the participant’s perceptions of research and the project goals (i.e., research questions). The initial session used group activities to foster team building and rapport among participants, which was essential for facilitating discussion and sharing in the sessions to follow. In the spirit of participatory research the youth developed ‘research values’ during the first photovoice session representing principles to follow and guide the project. The following were decided upon: respect, honesty, and participation. The youth were also consulted on what the research relationship should be like between the participants and facilitator (first author). The youth emphasized the importance of having clear communication, trust, and being able to have input throughout the research process. Having the youth develop research values and discuss the desired researcher-participant relationship reflects the principles of research values set forth by Aboriginal groups such as OCAP and respected broader movements of self-determination within the research process (National Aboriginal Health Organization, 2005).

**Table 2.1 Description of Photovoice Sessions**

<table>
<thead>
<tr>
<th>Week 1/Session 1: Introduction: Photovoice and Research Ethics</th>
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<tbody>
<tr>
<td>• Introduction to research area (social support; mobility; health) and research questions</td>
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<tr>
<td>• Youth conceptions research, development of ‘research values’ and</td>
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participant-researcher relationship
- Overview of ethics and photovoice
- Overview of photographic assignment
- Brainstorm ideas for possible photographs

<table>
<thead>
<tr>
<th>Week 2/Session 2: Generate Data and Discussion</th>
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<tr>
<td>• Photographs projected on television monitor</td>
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<tr>
<td>• Participant presentations of photos and discussion</td>
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<tr>
<td>• Participants are given one week to complete second photo assignment</td>
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<table>
<thead>
<tr>
<th>Week 3/Session 3: Generate Data and Discussion</th>
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</thead>
<tbody>
<tr>
<td>• Activities of session 2 repeated</td>
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<table>
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<tr>
<th>Week 4/Session 4: Generate Data and Discussion</th>
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<tbody>
<tr>
<td>• Activities of session 2 repeated</td>
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<table>
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<tr>
<th>Week 5/Session 5: Final Discussion</th>
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<tr>
<td>• Final group discussion- recap on research questions</td>
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<table>
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<tr>
<th>Week 6/Session 6: Photo Selection and Preparation for Exhibit</th>
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<tr>
<td>• Group analysis- youth review photographs and assign codes to images</td>
</tr>
<tr>
<td>• Group discussion- reflecting on major findings and themes</td>
</tr>
<tr>
<td>• Participants determine overall messages they would like to convey to exhibit attendees and community</td>
</tr>
<tr>
<td>• Selection of photos to be mounted and displayed at exhibit</td>
</tr>
<tr>
<td>• Youth complete narratives for mounted photos</td>
</tr>
<tr>
<td>• Debrief participants</td>
</tr>
</tbody>
</table>

**Evaluating the Use of Photovoice with Vulnerable Aboriginal Youth**

In evaluating the use of photovoice, we share the successes and challenges encountered focusing on the three central components of photovoice (i.e., the photography, photo-sharing, and dissemination of findings). In doing so, we discuss the steps taken to overcome specific challenges and make recommendations for improvements when using photovoice with vulnerable Aboriginal youth. The findings begin by highlighting the importance of researcher-participant relationships, followed by our experiences related to photography, photo-sharing circles, and the final photo exhibit and concludes with a final discussion of the youth's reflections of their overall experiences with photovoice.

**Photovoice in Action: Challenges, Successes, and Lessons to be Shared**
Beyond the Research Relationship

Often left out of the literature evaluating photovoice is the importance of relationship building between participants and researchers. Over the course of the project it became clear that developing meaningful and trusting relationships with the youth were integral to the success and completion of the photovoice project. Several youth shared their general distrust of individuals as many had experiences of being taken advantage of or being misguided by individuals whom they had previously trusted. As such, much time and effort was placed in rapport building with the youth. Although the photovoice sessions themselves only occupied a few hours a week, the first author was present on a daily basis at the centre and essentially assumed a full time role helping the youth and program coordinators with everyday activities. Assisting the youth with daily program assignments and taking an interest in their lives beyond the research fostered their commitment to the project. Furthermore, building meaningful relationships facilitated the research process in terms of data collection:

You came everyday and you bonded a relationship with a lot of people first and like gained their trust and then when asking them questions it is more comfortable for them because they know you. (Female participant)

As demonstrated in the quote, researchers should be willing to increase their commitment to the community and participants by demonstrating personal investment beyond the scope of the project. The mistrust that arose from Aboriginal communities’ experiences with colonization and later on with research makes the establishment of trust and rapport pivotal to the success of photovoice involving Aboriginal populations.

Photographic Assignments
Of the eight youth who completed the project (i.e., did not withdraw) each stated they would participate in another photovoice project if provided with the opportunity. In fact, the youth indicated that the photography was their favourite component of the research. When asked about their interests in the research project, most of the youth said they participated just to “try something new” and for the experience itself. The greatest driving factor for participation was the opportunity to take photographs. As one youth stated:

I took this project because I thought it was interesting how you get a chance to take photos in a different expression. I guess instead of taking them of people, it’s of taking them of things to express yourself. (Female participant)

Upon completion of the project two youth even indicated a desire to pursue training in photography and film:

I took this [project] because it is photography and I like to take photos and it’s going to help me when I start doing filming for school. (Male participant)

The youth indicated that using digital cameras was valuable because it enabled them to see what they photographed and reflect on the images in order to prepare for the photo-sharing circle. Interestingly, one participant suggested that the use of disposable or film cameras might have resulted in a more candid unedited perspective:

Just because like even if you make a mistake you’re still capturing it and really your first photo is really [...] your first choice of what you’re trying to do instead of like correcting it. (Female participant)

The decision to use digital versus disposable cameras was formed through discussion between the first author and program coordinators. The program coordinators believed giving the youth digital cameras would help to reinforce
values of responsibility, reciprocity, and respect. As described by one participant: “I thought it was really cool how we were given the camera, like we were responsible for it”. Of the 18 cameras provided only three cameras did not return, one due to theft by a non-photovoice participant, one lost and one damaged.

Although the photography portion of photovoice was the reason that most youth chose to participate in the project, it also proved to be the most challenging for several reasons. First, having the youth take photographs was surprisingly challenging for some. That is, some returned after being given their assignment without having taken any photographs. When discussing this challenge as a group, it became clear that the key challenge was related to figuring out how to photograph non-tangible ideas or issues, such as social support. In recognition of this, group brainstorming was completed allowing group discussion of possible photo ideas prior to going out and taking photos. For example, one assignment focused on the types of social support the youth received. The group discussion then focused on brainstorming ideas of how the youth could capture social support on film, such as photographing a phone to represent emotional support (e.g., having someone to talk to).

To further ensure clarity of assignments individual follow-up discussions were conducted with participants on a regular (almost daily basis) between assignment deadlines to check in with the youth and answer any questions regarding the assignment. Encouraging the youth by placing emphasis on their role as researchers in the project, constantly providing positive feedback, and reminding
them of the importance of their knowledge and stories ensured the progress of the research project.

When asked how to overcome the challenges related to assignment completion, some youth suggested that the assignments could be completed in groups. They indicated that this would be less likely to result in the assignments being perceived as ‘homework’ to be finished during the youth’s personal time.

An additional assignment challenge was related to the youth’s limited access to transportation, as shared by one participant:

It was kind of hard depending on where I was [...] cause there were certain things I wanted to get pictures of, but I had to like, go with my like present environment and try to work off that. (Female participant)

In hindsight, future photovoice projects should consider providing participants with cab fare or money for public transportation to increase their mobility. If opting for group photography researchers may consider obtaining alternate transportation (e.g., renting a suitable vehicle) to accommodate participants for such field trips.

Another key challenge was the issue of accommodating the research schedule to the demanding lives of mobile Aboriginal youth. Several of the youth switched homes on numerous occasions and others even experienced homelessness within the short time period the project took place. This instability was often intertwined with other complexities such as appointments with parole officers, court hearings and CFS, often resulting in chaotic daily and weekly schedules. Many of the youth had to meet the demands of parenting as they were either responsible for the care of their own children or younger siblings, often resulting in program absence. Given this, flexibility was embraced throughout the research project. Often times, assignment deadlines required multiple extensions and photo-sharing circles
were rescheduled to accommodate the youth’s availability. In consideration of this obstacle, researchers wishing to use photovoice need to allow significant leeway within the project schedule to allow for such changes.

Lastly, photography ethics also presented an issue. Given the vulnerability of the youth, such as gang involvement, parole conditions, and monitoring by CFS, human subjects or images that could put them at risk (e.g., breach of parole) could not be photographed. Early on in the project, some of the youth appeared to be more interested in using the cameras for their own personal use rather than taking photographs for their assignments. In response to this we had youth return the cameras prior to the weekend to avoid any inappropriate photographs (e.g., partying).

*Photo-Sharing Circle*

Although the photographs are an important part of the photovoice process, it is the discussion that takes place around the photos that is fundamental to the research (Wang & Pies, 2004). As such, when conducting the photo-sharing circles attention needs to be paid to group size to ensure group discussion can take place with relative ease. Within our research group size posed a challenge early on. The initial photo-sharing circle included a total of 15 participants causing the youth to become restless and bored. Many indicated that the large group size caused them anxiety about sharing their photos in front of the others. It became obvious that several of the youth struggled with shyness:

I think it should be more of a one on one type of thing because some people don’t like talking in front of others. (Male participant)
All but one participant expressed a desire for the photo-sharing to take place in smaller groups or individual sessions. In addition to shyness, the youth spoke of their fatigue in listening to others and waiting for their turn to speak; “I’d say individually because it gets boring after awhile and people get restless”. Such boredom caused many to become disinterested in the session and severely limited their engagement during group discussions. As a result, the remaining sharing sessions were reduced in size to groups of only 4 to 5 participants, which proved to be much more manageable as it allowed more time for each individual to share their photos and gave way to greater in-depth group discussion.

Although removing participants from group discussion goes against typical photovoice procedures, individual sessions were found to be very productive. Participants were much more eager to share their stories and images when one-to-one, most often resulting in 30-60 minutes of discussion. Individual sessions may also be better suited for projects occurring outside of a program or organization given the difficulty in organizing the sessions around the schedules of several youth. Although not completed here, if individual sessions are not practical, time should be allocated for the youth to complete journal entries to reflect on their photographs and prepare for the photo-sharing circles in hopes to inspire participant dialogue.

Finally, incorporating hands-on activities should be made a priority to decrease boredom during sessions and to facilitate discussion. For example, word clouds were used as a group activity whereby youth focused on a single key theme that emerged from the sharing circle and expanded upon it through developing a web of relating words or ideas. For example, the youth developed a word cloud to
facilitate discussion regarding their thoughts on “research” (see Figure 1). This was helpful for the youth to reflect upon the ideas and main themes that emerged during group discussion. Researchers may want to incorporate word clouds or similar activities to have participants summarize the key findings or themes that emerge during the sessions and can be later used to assist in the final data analysis.

Final Photo Exhibit

The final photo exhibit is an important component of the photovoice process as it allows participants to receive recognition for their efforts and promotes awareness and dialogue between community members and stakeholders (e.g., policy makers, service providers, etc.) (Wang & Burris, 1997) and as mentioned earlier, represents the third primary goal of photovoice. Although the design and execution of photo exhibits vary between projects, preparing for an exhibit can be difficult, as it requires much time, effort and coordination on behalf of all those involved (e.g., researchers, participants, stakeholders). The youth’s intermittent attendance and participation, which became greater as the project progressed, proved most challenging in regards to preparing and executing the photo exhibit.

Photovoice projects typically span over a period of several months (Catalani & Minkler, 2010) – but this project was conducted over a six-week time frame and coincided with the Eagle’s Nest Project program schedule. Due to scheduling constraints the final photo exhibit took place in partnership with the Eagle’s Nest Project’s sessional open house, which is intended to increase community awareness of the youth program. Invited guests included community members, previous participants of the Eagle’s Nest Project, service providers, and program funders.
In preparation for the exhibit the youth selected photographs that they felt were the most important themes to share and were asked to provide a short narrative to go along with the photo which was later enlarged and mounted for display (see Figure 2.1). Among these themes the youth highlighted culture, positive sources of social support and family as significant to the health of Aboriginal youth. Both the first author and youth selected quotes from the photovoice sessions to include in the photo display to further contextualize the displayed photographs (see Figure 2.2).

On the day of the exhibit only four of the youth were present and of those, only two participants had completed their narratives for the mounted photographs. Due to schedule changes the final session for group analysis was delayed to a later date leaving the youth three days to prepare their narratives. As timely assignment completion was a continual struggle throughout the project this time constraint likely hindered the youth’s narrative completion. Due to the low attendance of the photovoice participants there was no formal presentation of the findings as initially planned. Rather, attendees were encouraged to view the photo display at their own leisure and were invited to ask questions, which were answered by both the participants and researcher. The photovoice project was well received by the attendees and many were interested in learning more about the project and the findings. Though the exhibit was not exactly how initially envisioned, it was successful in communicating the results of the photovoice project with those who attended and was a proud moment for those youth present as it fostered a sense of accomplishment as it marked the final stage of the project.
In hindsight, allocating time for individual youth to receive one-on-one assistance in preparation for the exhibit (e.g., selection of photographs, narrative or caption writing, etc.) would be ideal. However, this would require much time on behalf of the research and as such it may be necessary to employ a research assistant from the community. Additionally, to increase recognition for their work and commitment to the project youth should participate in the presentation of findings. One strategy would be to conduct the final photo exhibit as a sharing circle comprised of the participants and stakeholders.

As photo exhibits require both considerable time and resources, others may choose an alternate format for the dissemination of findings. For example, having the youth develop a booklet or website detailing the findings and project for the community and key individuals. The design and development of this may occur over the course of the project as themes and findings emerge time can be allocated within sessions for the youth to work on the final product.

*Photovoice: From the Participant Perspective*

Upon completion of the project youth were asked to reflect on their experiences as a photovoice participant and evaluate its usefulness as a research method. All of the youth indicated their participation within the photovoice project was a positive experience. Except for one, none of the youth had ever participated in research prior to the photovoice project. During the initial photovoice session youth were asked to reflect on what research was about and meant to them. From the youth’s initial preconceptions about research it became evident that the youth’s perspectives about research changed over the course of the project. Youth had first
described research as setting out to answer a question or investigation completed through accessing resources such as the Internet, media, and books (see Figure 2.3). None of the youth had included any aspect regarding participants or researchers within their definitions. The youth’s descriptions of research suggested that it was not of much value or applicable to them and their lives. However, upon completion of the photovoice project, the youth viewed research in a very different light. They reported discovering that participants, such as themselves, are valuable sources of knowledge, which contrasted their prior depictions linking knowledge to things such as the Internet and books. The youth indicated that they discovered that research is important and allows individuals to learn from each other’s experiences and stories:

Yea, I think a lot of people learnt a lot about themselves during those sessions and what was around them and like the cause of a lot of things. Like I seen that in a lot of the [other] youth too. (Female participant)

This perspective aligns with Indigenous traditions of sharing knowledge through stories, such as in the photo-sharing circle. Given the cultural appropriateness of photovoice it has the potential to serve as a powerful tool for co-learning among researchers and participants and demonstrates the potential benefits of research for both the academic and Aboriginal community.

When asked, all the participants agreed that photovoice was a good research method to use with Aboriginal youth because of its cultural appropriateness. As described by one youth, “we [Aboriginal peoples] are just more visual and we tell stories. That is how we are”. As marginalized youth, it was clear that their voices and perspectives often went unheard and unseen. However, the youth stated that
PhotoVoice allowed them to share their experiences and to be acknowledged by others:

You get the opportunity to have a camera and take pictures and [others] get to see what [Aboriginal youth] see on a daily basis.

From this it was clear that the youth believed in the potential of PhotoVoice in creating awareness and understanding of the issues affecting Aboriginal youth through the use of powerful imagery in combination with narrative.

From both observations and discussions with the youth, it was evident that the PhotoVoice project was empowering for some. Providing the youth with responsibilities, assigning them tasks, and reminding them of the immense value of their stories created a sense of purpose among the youth. None of the youth were employed or in school and often spoke of issues of boredom leading to negative outputs, such as drug use or drinking. The youth stated that their participation in the PhotoVoice project was a “good experience and a good output” as it gave them something positive to do and belong to.

Additionally, the PhotoVoice project had positive effects related to building competence and self-confidence. One youth, reflecting on her participation in the photo exhibit, expressed pride in the work she had completed:

Yea, and just like the vision of it like ‘holy I took that!’ Like I can’t believe I can express myself through a photo like that. (Female participant)

PhotoVoice reveals the great potential in visual methods, as one youth stated, “images can be more powerful than words themselves”. For the most part the youth were amazed by how much a photograph could say. The most significant impact of the PhotoVoice project that the youth spoke of was the new insight they had gained
in regards to both their community and personal lives. Many of the youth stated they were surprised at just how much they had learnt in the process:

Like I didn’t know what to expect when I first did it, but I went along with it and I learned a lot. (Female participant)

Specifically, photovoice brought self-awareness as the youth realized the many factors shaping their lives, especially in regards to the severe health and social inequalities that many had personally experienced. One interesting example demonstrating this newfound awareness was a young female who repeatedly neglected larger structural factors in her discussions of Aboriginal youth health. For example, when asked to devise possible solutions to address health issues she commonly stated that it was entirely up to the individual for change to occur. However, by the end of the project she indicated that she had learned that health and health behaviours are not strictly a personal choice, but are shaped by several factors beyond the individual:

Like [other] perspectives kind of thing. I learnt a lot. [...] That a lot of it is not individually, a lot of it has to do with discrimination and stuff. (Female participant)

As a result of the project, the youth were also able to identify serious issues in their community, why they exist, and collectively develop possible mechanisms for positive change to occur. For example, in the very first photovoice session youth were asked to develop word clouds for health (i.e., what is important to health). Not a single word cloud included any aspect related to the social environment (see Figure 2.4). Yet, over the course of the project, the social context of health became apparent as the youth began to link various health issues to social factors, such as peer influences and family support. This became most evident when youth
unanimously proposed solutions revolving around spaces to foster positive support and healthy relationships (e.g., community recreation centres) to address issues such as youth gang involvement and substance use.

Giving individuals the opportunity to devise solutions to the issues affecting their lives gives them a sense of control (Wang & Burris, 1997); one Aboriginal youth shared the positive effect from such an opportunity: “to be part of a solution is a good feeling”. The fact that photovoice can provide participants with the ability to identify, explain, and address their own community’s concerns holds great potential as a research method for Aboriginal peoples. Returning back to the principles of OCAP this process embodies self-determination within the research process as it gives participants greater control over determining the direction and outcomes of the research.

**Concluding Remarks**

Research with Aboriginal peoples has commonly been carried out within a colonial paradigm that favours western worldviews while devaluing the knowledge, interests, and input of Aboriginal communities. This traditional approach to research has resulted in the resistance of Aboriginal peoples to participate in research. CBPR is one approach that has been adopted to reframe the research process in a manner favourable to Aboriginal peoples through its significant community and participant engagement. Photovoice is just one of the methods that falls under the umbrella of CBPR and is becoming increasingly popular for use with Aboriginal populations. Despite its growing use few have explored the applicability and effectiveness of photovoice for Aboriginal peoples (Castleden et al., 2008;
Moffitt & Vollman, 2004) and of these studies none have been specific to Aboriginal youth. The goal of this paper was to critically evaluate the use of photovoice with a group of vulnerable Aboriginal youth using both the feedback and experiences of the youth and researchers. Our study revealed that photovoice is a favourable method to use with Aboriginal youth and despite some challenges holds great potential as an empowering research method.

Existing research has demonstrated the many benefits of photovoice as a research method for use with youth populations. Such findings are related to overall youth satisfaction, empowerment, and the ability to engage youth in discussions at the community and policy-level (Brazg, Bekemeier, Spigner, & Huebner, 2011; Strack, Magill, & McDonagh, 2004; Wang, 2006). Similar to these findings, Aboriginal youth in our project reported satisfaction with their experiences as photovoice participants and many agreed that photovoice represents a culturally appropriate method to use with Aboriginal youth as its parallels traditions of storytelling. Overall, the youth were drawn to the project by the unique photography aspect, which was found to be an effective tool to facilitate participant discussion and communicate results to the wider community. Not only did photovoice increase awareness of the health experiences of Aboriginal youth, it also created a strong sense of self-awareness among the youth through self-reflection on their own life circumstances. Furthermore, our findings reveal that photovoice reflects many of the values and desires that Aboriginal peoples have set forth for decolonizing research. For example, photovoice supports the principles of OCAP as it allows
participants to have control over research and information (i.e., participants are responsible for data collection, analysis, and dissemination of findings).

Despite the numerous benefits, researchers must be aware of the inherent challenges posed from the use of photovoice with vulnerable populations, such as, mobile Aboriginal youth. Undertaking research with youth experiencing numerous life struggles (e.g., overcoming addictions, involvement with corrections and CFS, unstable housing, unemployment) presented several challenges throughout the research project, specifically related to data collection (i.e., photography and group discussion) and attendance. Although photography was the biggest incentive for participation, having the youth take photographs and complete assignments was quite difficult. Even when youth did complete their assignments, shyness presented an issue during photo-sharing circles, thereby limiting group discussion. In consideration of this, researchers need to pay attention to group size when undertaking various elements of the research project such as completing photographic missions as group activities yet conducting photo-sharing circles as smaller or better yet individually to be most successful. A third challenge was related to attendance and scheduling. When working with vulnerable youth, researchers need to take into special consideration the unique circumstances of the participants and modify the photovoice process accordingly while allowing for great flexibility within the project. The timeline should allow for leeway to accommodate for schedule adjustments and should value the youth’s input in terms of curriculum development to keep the youth active and interested. In addition, the success of the final dissemination of findings whether it is in the form of a photo exhibit or
alternative format is contingent on the time and dedication of both researchers and participants. As such, details and preparation for the presentation of findings should be confirmed and started during the early stages of the project, while allowing time for researchers to assist youth with their final contributions. Finally, previous research has overlooked the importance of relationship building and trust between researchers and participants engaged in photovoice. Yet, as demonstrated in this study, this is a key aspect of conducting research with Aboriginal peoples. Certainly, this research shows that establishing trust and rapport with Aboriginal youth became fundamental to the success of the research project. Being willing to spend considerable time and committing to forming bonds with participants based on reciprocity and genuine care will be of utmost importance to project success, especially when working with youth who may be lacking such relationships in their everyday lives.

This research shows that photovoice can be a powerful tool when working with Aboriginal youth as it reframes the participant’s role from one of a passive research subject to an actively engaged researcher-participant. Using the above recommendations and allowing for modification in the photovoice process makes it a promising method to be used within future research with Aboriginal populations. To achieve its true potential, future studies need to engage both researchers and participants in the evaluation of photovoice and continue to contribute to the methodological literature for others to draw upon.
Figure 2.1: Photo Narrative: A mounted photograph from the final photo exhibit describing the importance of culture to both the self-esteem and identity of Aboriginal youth.

Figure 2.2: Photo Exhibit Display: Display of photographs and written quotes
included in the final photo exhibit.

**Figure 2.3: Youth’s Perceptions of Research:** Word cloud illustrating youth’s initial concepts of research.

**Figure 2.4: Youth’s Perceptions of Health:** Word cloud illustrating the youth’s initial concept of health determinants.
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CHAPTER 3

From Their Eyes: Documenting Mobility and Social Relationships Among Aboriginal Youth Through Photovoice

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Abstract
Growing rates of urbanization among the Aboriginal population in Canada have led to high rates of mobility. While extensive research has documented Aboriginal mobility, research has typically focused on quantitative measures of flow between cities and reserves. Thus, very little is known about the mobility experiences of Aboriginal peoples or the impacts of this mobility on individuals. Furthermore, while we know mobility may present barriers for shaping community and social connections important to individual health, research in this area is minimal especially for Aboriginal youth. Through the use of photovoice the work reported here examines how mobility shapes the social ties of Aboriginal youth in Winnipeg, Manitoba, Canada. The research shows that mobility impacts both the development and maintenance of social relationships among Aboriginal youth but also influences the types and quality of these relationships. The significance of the results are discussed as they relate to policy and future research recommendations.
Introduction

Over the past 50 years, there has been dramatic growth of the urban Aboriginal population in Canada. From 1951 to 2006, the proportion of Aboriginal peoples living in cities increased from a mere 6.9 percent to over 50 percent of the total Aboriginal population (Statistics Canada, 2006). Growing rates of urbanization among the Aboriginal population has been accompanied by high rates of mobility from reserves to cities, but as well out-migration (urban to reserve), circular mobility (between the reserve\(^5\) and city), and residential mobility (within the same community) (Norris, Cooke, Beavon & Guimond, 2004).

With limited educational and financial opportunities present on reserves, many Aboriginal youth are often forced to leave their communities in order to obtain employment or higher education (Brown, Higgitt, Wingert & Miller, 2005). Within the city varying reasons underlie the residential mobility of Aboriginal youth. Urban Aboriginal families are more likely to move than non-Aboriginal families and this is commonly due to reasons related to housing affordability (Skelton, 2006). Furthermore, displacement is common among Aboriginal children and youth as they are three times more likely than non-Aboriginal youth to be placed in Child and Family Services (CFS) or adopted (Disant, Hebert, Bergeron & Bruneau, 2008). Additionally, incarceration rates for Aboriginal youth are eight times greater than non-Aboriginal youth (Department of Justice Canada, 2012) further contributing to higher mobility rates. With this mobility comes displacement from one’s home, family or community. For youth, mobility is commonly not within their control as parents and guardians are typically responsible for major household decisions related to residential moves. Given this, research has tended to focus on mobility among Aboriginal adults (Cooke & Bélanger, 2006; Skelton, 2006). In addition to their limited decision-making power, youth mobility differs from those of adults as Aboriginal youth may be moving between the homes of friends or family members, foster care, group homes, shelters, corrections or even the streets (Brown et al., 2005). More so, the literature has emphasized the measurement of Aboriginal

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\(^5\) Tract of land for which the legal title is held by the Crown, but is set apart for the use and benefit of an Indian band.
mobility in terms of documenting flow between cities and reserves and to a lesser extent movement within cities. With focus on documenting flows, the current body of literature largely dismisses the mobility experiences of Aboriginal peoples, specifically Aboriginal youth, leaving little understanding of the impacts of mobility upon both individuals and communities.

The general literature on residential mobility shows frequent mobility can leave individuals estranged from families and social networks as geographical disconnections make it difficult to both maintain and establish relationships (Berman, Alvernaz, Forchuk, Edmunds, Haldenby & Lopez, 2009). Such social disconnections warrant attention given that both social support and social environments are recognized as key determinants of health (Public Health Agency of Canada, 2012). Although we know social relationships influence individual health and behaviours (Cohen, 2004; House, Landis & Umberson, 1988; South & Haynie, 2004), very little is known about the impact of mobility in forming such important peer networks, especially for Aboriginal peoples in Canada. Despite frequent mobility (Cooke & Bélanger, 2006) and significant health disparities compared to the non-Aboriginal population (Adelson, 2005, Ning & Wilson, 2012), few researchers have examined the social and support experiences of Aboriginal peoples, in particular, Aboriginal youth, as they are affected by mobility.

In consideration of this, this paper examines how mobility influences the social relationships of Aboriginal youth living in Winnipeg, Manitoba, Canada. In doing so, the paper draws upon the findings from a unique qualitative research project that employed narrative and photography to illustrate the youth’s mobility experiences from their own perspectives.

**Effects of Residential Mobility on Youth**

There has been much interest in research examining the effects of residential mobility on youth in general. The majority of this research has focused on educational, behavioural and health outcomes (Dong, Anda, Felitti, Williamson, Dube, Brown & Giles, 2005; Jellyman & Spencer, 2005; Scanlon & Devine, 2001). Research has demonstrated links between high levels of mobility and poor academic
performance (Aman, 2008; Ingersoll, Scamman & Eckerling 1989; Pribesh & Downey 1999), school drop out (Astone & McLanahan, 1994; Rumberger & Larson, 1998), risky sexual behaviour, such as early onset of sexual behaviour (Baumer, Scott & South, 2001; Stacks, 1994; South, Haynie & Bose, 2005; South, Lautz & Baumer, 2005), teen pregnancy (South & Baumer, 2000) and multiple sex partners (Baumer & South, 2001), substance use (DeWit, 1998; Hoffman & Johnson, 1998) and adolescent violence (Haynie & South, 2005). For example, using data from an American national longitudinal study on adolescent health, research by South et al. (2005) reveals that those adolescents who had recently moved were one third more likely to have engaged in premarital intercourse compared to youth who were non-movers. Using the same data set, Haynie and South (2005) found that mobile youth exhibited higher rates of violent behaviour than non-mobile youth (Haynie & South, 2005). While it is acknowledged that the above outcomes may be tied to preexisting differences between mobile and non-mobile youth (Dong, Anda, Felitti, Williamson, Dube, Brown & Giles, 2005; Fischer, 2002), there is extensive research that suggests residential mobility and such outcomes are at least partially causal.

Although causal pathways are not well known and are difficult to establish, some have argued that peer networks mediate the relationship between mobility and various socioeconomic and health outcomes (South & Haynie, 2004). For example, it has been shown that mobile youth face greater difficulty being accepted into prosocial peer groups (e.g., good academic standing, nondeliquent) than they do with deviant peer groups (Haynie et al., 2006). Considering that research has demonstrated adolescent behaviour to be largely influenced by their peers (Adler & Adler, 1998; South & Haynie, 2004) and findings showing differential outcomes for mobile youth compared to non-mobile youth, we can assume that mobility likely has a role in shaping the structure of youth’s social networks. However, little research has directly focused on the impact of mobility on the development and maintenance of social networks and of this work research findings are mixed. On the one hand, research has shown that mobility disrupts social networks as it severs ties between individuals (Haynie et al., 2006; Myers, 1999). On the other hand, some research has demonstrated that mobility can improve one’s social networks as moving presents
opportunities to obtain larger social networks through the addition of new relationships (Brown & Orthner, 1990; Larner, 1990). Much of the literature on adolescents has revealed the disruptive nature of mobility. For example, a study examining the peer experiences of a group of American middle school students following relocation found their social experiences to be less positive with reports of fewer friends and less intimacy within their friendships compared to non-mobile students (Vernberg, 1990). In addition to weakened ties among peers, moving has been found to disrupt the parent-child relationship (i.e., lower quality relationships) (Adam & Chase-Lansdale, 2002; Sampson & Laub, 1993) prompting youth to look for recognition and approval from peers who are often deviant (DeWit, 1998; Haynie & South, 2005). In contrast, others have found few negative effects on social relationships of mobile youth and suggest that effects may be in part related to other factors such as reasons for moving and neighbourhood context (Pettit & McLanahan, 2003). For example, Pettit and McLanahan (2003) investigated mobility and social capital of relocated low-income families and found social disconnections among participants (Pettit & McLanahan, 2003). However, these findings were significantly attenuated once factors that influence the likelihood of moving (e.g., socioeconomic status) were taken into account.

Much of the literature on the effects of mobility has been conducted in the U.S. with very little to no research having been conducted in the Canadian context. Furthermore, the U.S. literature is comprised of general population studies and focused studies on subpopulations such as African Americans or immigrant groups. It is not clear to what extent the findings from these studies are applicable to Aboriginal youth especially considering distinct histories and cultural differences. In addition, much of this literature has relied on quantitative methods based on statistical analyses of questionnaire responses, thereby limiting knowledge of relationship characteristics to the size of social networks and frequency of contact. Missing from the literature are studies exploring details of these mobility and social experiences, particularly from the perspectives of youth. Qualitative research focuses on quality and richness of data rather than sheer quantity (Bradshaw & Stratford, 2000). As such, qualitative research methods can provide valuable insight
into understanding youth’s mobility experiences and its impact on the types and qualities of social relationships they develop or maintain while mobile. Through qualitative analysis this paper aims to enrich the existing body of quantitative mobility research work by providing an in-depth picture of the effects of mobility on adolescent social relationships among urban Aboriginal youth.

**Methods**

*Participants*

This research project was conducted in collaboration with the EAGLE Urban Transition Centre (EUTC) and their youth program, the Eagle’s Nest Project, located in Winnipeg, Manitoba, Canada. With an Aboriginal population of over 68,000, more Aboriginal people live in Winnipeg than any other Census Metropolitan Area (CMA) in Canada (Canada, 2009b). The Aboriginal population in Winnipeg represents 10 percent of the total city’s population. The Eagle’s Nest Project is an Aboriginal community-based initiative designed to provide Aboriginal youth between the ages of 15 and 30 with skills and training aimed at personal and professional development (http://www.winnipeg.ca/cms/ays/eagles_nest.stm). Research participants were recruited from one of the three annual Eagle’s Nest Project’s intakes. Intakes have class sizes totaling 25 participants. All participants were invited to an information session that took place on the first day of programming. Youth were notified of the project and information session through flyers disseminated throughout the Eagle’s Nest Project centre as well as by program staff through a forwarded email.

Initial recruitment consisted of 18 youth ranging from 15 to 25 years of age. While the defined age group of what constitutes youth varies, there is growing recognition that youth enter into adulthood much later than previously believed (Setterston & Ray, 2010). For example, in recognition of this, the Canadian Government has extended its definition of youth (i.e., increased the age limit) beyond the typical age of 18 for several programs (United Way of Calgary and Area, 2010). The Eagle’s Nest Project also recognized the need to provide services to those youth who may experience delayed transitions into adulthood (e.g.,
completion of school, entering into the workforce, marriage). Therefore, the age cohort for ‘youth’ for the purpose of this study was defined by the program’s age admittance (ages 15-30). Over the course of the project 10 youth withdrew, but consented to the use of their data within the findings presented here. Females and males equally represented the remaining eight youth who continued on with the project. The living circumstances of the youth ranged from being in placement (i.e., CFS), to living with parents, to those without permanent housing. Of those youth under the age of 18 (n=5), three were involved with CFS. Six of the participants were actively searching for alternate accommodation as they were dissatisfied with their current housing or were in need of housing (i.e., couch surfing). Two youth lived with partners in rental accommodations and six resided in single parent homes (i.e., mother). Nearly half of the youth had been involved in corrections within the previous 12 months leading up to the study.

Data Collection and Analysis

The data collection was carried out over a period of six weeks by the first author whom is an Aboriginal Master’s student. Data on mobility and social relationships was collected through the use of photovoice and a questionnaire. Photovoice emerges from community-based participatory research and allows those marginalized or in positions of less power (e.g., youth) the opportunity to engage in dialogue at the community level with the aim of facilitating social change (Wang & Burris, 1997). Photovoice allows individuals to document and reflect upon their community while increasing awareness and knowledge about community issues through group discussion (Caxaj & Berman, 2010). All participants were provided with a digital camera and asked to take photographs that reflected various community issues (e.g., issues facing urban Aboriginal youth) and personal experiences relating to mobility and social relationships. Following the photography assignments participants shared their photographs within a group setting or individually with the first author. A total of 6 weekly photovoice sharing sessions were held. The sessions typically lasted one hour and were audio recorded and transcribed verbatim. In addition to the photographs, data was derived from
participants’ written and/or verbal reflections of photographs and transcripts of group discussions. Transcripts were reviewed line by line and assigned descriptive codes (i.e., obvious or stated themes) and analytic codes (i.e., underlying messages) (Cope in Hay, 2010). In the spirit of photovoice, group analysis of the photographs was completed whereby participants reviewed and assigned codes to the images. During the final photovoice session, both participants and the first author collectively discussed and finalized the major themes and findings from the project.

Prior to participating in the first photovoice session, all participants were asked to complete a questionnaire aimed at collecting information on mobility (e.g., number of moves in the last year; degree of mobility over life course; impact of moving on relationships) and social relationships (e.g., types of social support received; frequency of contact with others; perceptions of availability of support). The questionnaire employed a point scale system, which depending on the question included various possible responses (e.g., ranging from strongly agree to strongly disagree). A single open-ended question was included asking participants to describe a time when they experienced changes to their living circumstances (i.e., change of residence) and the effects this had on their relationships. The open-ended question was stated as such: please describe a time in your life when you experienced changes to your living circumstances (i.e., changed residence) and the effect this experience had on your sources of support (i.e., relationships/connections with those close to you; establishing new relationships).

Data was also derived from the first author’s daily attendance at the Eagle’s Nest Project as she assisted youth and program coordinators with program curriculum and participated alongside the youth in various activities. In doing so, the researcher was able to obtain numerous hours of passive participant observation and participate in informal conversations with the youth, all of which provided further insight into their daily lives, experiences, and perspectives.

**Ethical Considerations**

Approval for this study was obtained from the university’s Research Ethics Board. Similar to Berman et al. (2009) parental consent was not required for
participation of those participants under the age of 18 given such consent was not feasible for many participants (e.g., estranged from parents/guardian, parents/guardian not living in the city, etc.). However, a letter of information was provided for parents and guardians. All youth wishing to participate were required to consent verbally. With respect to the oral traditions of Aboriginal cultures within Canada, verbal consent was considered culturally appropriate and as such was chosen for this research.

Findings

Experiences of Mobility

All of the youth who participated experienced some degree of mobility in their lives. When asked to self-rate their lives on a scale from stable to highly mobile, seven of the youth (n=18) described their lives as mobile with five defining their lives as stable and the last six equally divided between highly mobile and relatively stable. When asked how many times they had moved within the last year, all but four indicated at least one move. Three youth were highly mobile with reports of five, ten and 15 moves during the previous 12 months. Early on in the research it became evident that mobility was a common feature marking the lives of these Aboriginal youth. Within the first week of the research project, two participants were searching for housing after personal disputes that resulted in them being 'kicked out' of the homes they had been staying in. Such precarious living circumstances were not unusual as several of the youth discussed how they regularly couch surf (i.e., temporarily stay with friends or relatives). With the exception of two, all of the youth experienced unpredictable living circumstances whereby at any moment they could have found themselves homeless, back into corrections or moved to another foster home.

There were several reasons underlying the youth's frequent and pervasive mobility, which for many began at a young age. Unstable family environments were central to many of the youth's stories whereby substance abuse, poverty, neglect, and most predominantly a lack of parenting skills (i.e., lack of discipline,
communication, parental support, affection) perpetuated recurrent childhood mobility:

Mobile\(^6\) male participant: Unhealthy lifestyles.

Interviewer: What do you mean by unhealthy lifestyles?

Mobile male participant: Just like drug abuse, um, broken homes I guess.

Interviewer: How do you think that would make someone mobile having a broken home?

Mobile male participant: They can't keep to one spot; They're always on the go. Getting kicked out, not having enough rent money.

It was reasons such as these that often led to the youth’s involvement with CFS or into the care of relatives. From the photovoice groups discussions it became apparent that grandmothers regularly take on the role of caring for grandchildren (see Figure 3.1) and often are overburdened with the care of multiple grandchildren:

We were living with my Grandma and I don’t know, she was getting a little too old. So she sent us back up here because my parents weren’t really doing a good job of taking care of us when we were young. She moved us up here with our [other] Grandma, but than our Grandma had a whole bunch of other kids staying with her, all our cousins. We got put in foster care. (Mobile male participant)

During the youth’s discussions of mobility all spoke of a cycle of “broken homes” characterized by conflict, poverty, and substance abuse. As such, movement was often described as “out of their control” as families faced eviction or were unable to pay rent. When families moved by choice it was for reasons of safety as a means to escape harmful and dangerous neighbourhoods for the well-being of their children. Several of the youth shared childhood experiences of parents overcome by addictions, poverty and/or lack of skills to act as care givers. As such the youth were left to their own devices and often sought out support elsewhere, typically from other youth with similar experiences:

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\(^6\) This represents the self-reported mobility level of each participant ranging from stable to highly mobile. It should be noted that this definition was self-assessed and not tied to a set number of moves, but rather the participant’s perception of the level of residential stability over the course of their lives.
There is [positive youth], but I don’t know. I find that most kids that are on the drugs I can relate to every one of them with something. Either it’s their history or how they were raised or anything and most of these kids that were never on drugs or anything I have [can’t relate]. (Highly mobile female participant)

Although such friendships provided the youth with a sense of support and belonging, many youth described the deviant behaviours encouraged by these social ties. In particular, youth commonly identified the need to engage in unhealthy or risky behaviours in order to make or maintain friendships. As one youth described his challenges moving to the city from the reserve after becoming sober:

Interviewer: When you moved to the city what was it like to make friends here?

Mobile Male Participant: It was kind of different because I had stopped doing drugs and stuff and that’s probably the only way you can make friends around here.

Negative peer influences that encouraged school absence, drug and alcohol use, criminal activity, and gang involvement further perpetuated mobility among the youth as they found themselves as “run aways”, in and out of corrections, juggled between foster and group homes, or homeless. The youth also described the importance of their home reserves as they offered spaces of belonging, support, and community, which caused many youth to return or move between the city and reserve for varying periods of time. Many of the youth described a strong sense of community and belonging within their home reserves, feelings that were not present for them in the city:

Um it’s different. Like [...] in the city whatever, it’s different cause it’s different areas and you stay in one place or whatever, but in the reserve it doesn’t matter [...] which side is which you’re still altogether, you still all go to the same school, you still all grew up together, you still have that same thing, but in the city it’s like you become distant because you’re not in the same area or nothing [...] and it’s just like you stop seeing each other. (Highly mobile female participant)

The above quote highlights the significant contrast between the city and reserve related to differences in social support and interconnectedness. It is clear from the
quote that compared to the small-knit reserve community, cities represent spaces of exclusion and to an extent, social isolation.

_Socially Disconnected by Mobility_

Regardless of the reported frequency or type of mobility (e.g., churn or residential mobility) all of the youth agreed that moving made it difficult to maintain relationships with friends and family. Intrinsic to the youth’s stories were feelings of disconnection from their communities, families and friends rooted in their powerlessness as children and youth who did not have the ability to return to those places from which they were uprooted. The largest barrier preventing youth from maintaining friendships was tied to geographical barriers. Specifically, youth stated that they lacked the resources and money to visit those friends and families whom they had left behind:

> Having a stable home is so important. Moving from place to place is just...how do you form any connections? And especially as a young person, like you don't have the ability to get in your car and just go somewhere, right. When you leave a geographical spot, for young people, you are leaving behind your friends that are there a lot of the time. So that affects your relationships, stability, schools, just everything. (Stable female participant) (see Figure 3.2)

It was challenges such as these that left some youth with little support:

> Well it’s affected me because I didn’t have stability. I was constantly moving and there was really no one there to be like 'hey you’re doing this and that and this and that, you should be happy you know’. It always felt like I had no one there. (Highly mobile female participant)

Youth also spoke of their mobility within the city being constrained due to issues of safety. Belonging to low income families the youth resided in areas described by themselves as the “ghetto” where “hearing gun shots throughout the whole night” characterized a typical night’s rest. Frequently the youth spoke of violence, crime, and poverty that consumed their neighbourhoods thus severely limiting where they could go, what they could do, and whom they could see. This brief dialogue, taken from one photovoice session, illustrates the social hardships encountered when relocating to an
undesirable location away from friends and family and the disconnections that ensue:

Mobile Male Participant: It’s like I want to go out and see [friends and family], but I have a chance that I could get jumped just for my hat or shoes or anything just going to the bus stop and that’s pathetic.

Interviewer: So because where you live you think it is hard to stay connected with people because they don’t live in that same area?

Mobile Male Participant: Yes, it is. They don’t usually come into where I live now.

Interviewer: How does that make you feel not being able to have easy access to your friends and your family?

Mobile Male Participant: Depressed and it frustrates me, you know. Whenever I’m not having a good day or nothing I’m just like my buddy isn’t just across the street, I have to call him and wait 45 minutes [for the bus], by then I’m already calmed down.

As mentioned previously, some families may have the opportunity to make a move for the better to leave behind the dangers of their old neighbourhood and find safety elsewhere; however, such a move presents a dilemma. Families are faced with the decision to remove their families from harm, but at the expense of losing their familiar social networks and support systems:

Stable Female Participant: The ones that I know, when they switch homes they usually just stay in that same area […] when they do actually move from that area, it is a really big step for them. Like if you were born in Central all your life and you move in your forties with all your kids to a better area that is like a big step for them. You feel isolated because you’re not close to your family and everything like that or your kids’ friends are not there anymore. But at the same time it is like better for you because you’re out of that area and cycle.

Researcher: So why would people just stay in the same area?

Stable Female Participant: Cause they don’t want to move from their friends and family. Like I have friends who lived in the North end all their lives and they just moved the next street down, across the street, kind of thing.
Albeit perhaps negative sources of support, these less desirable neighbourhoods offered a familiar social environment for many families making relocation to other areas of the city less appealing due to fear of social isolation and disconnection.

Although geographical barriers and issues of neighbourhood safety limited the youth's social interactions, group discussions revealed that the online social networks facilitated the youth’s abilities to reconnect and maintain friendships:

Like, you can become really good friends with one girl and then you move and never see her again and when you are really young you can’t really control that, like you can ask for their phone number, but it is kind of like little kids don’t talk on the phone with other little kids [...] I would try to keep contact with my friends, but I was so young I couldn’t and then as I got older, I just found them through Facebook and now we talk. Facebook helped a lot. (Stable female participant)

While the Internet and cellular phones are one way to keep in touch when geographically separated, regular access to these sources of support may be less likely under circumstances of frequent mobility and poverty. Over the duration of the project several of the youth's telephones were disconnected and only three youth had cell phones. It was observed that many of the youth used Facebook as their primary method for communication as was evident during program hours. For some, Eagle’s Nest was their only opportunity for Internet access. Regardless of the opportunity for such virtual connections, discussions revealed that the physical separation was often too much to overcome and as a result relationships suffered:

Like I don’t really have a bond with my kids like I used to when I lived there and they’re becoming really distant from me. They are starting to refuse to come to the city and not acknowledging me as their mom anymore. (Mobile female participant)

During the project three youth were actively involved in CFS, however, the majority of the youth had also experienced foster care throughout their lives. Many shared their experiences of disconnection that arose between themselves and their families while in foster placement. Siblings that entered into foster care together often became separated as they were placed in different homes or even different cities. Many youth spoke about how placement in foster care disconnected them
from their parents or siblings until they had ‘aged out’ (i.e., no longer in guardianship of foster care after the age of 18). As one youth described his relationship with his parents while in care: “yea, that kind of went distant from when I was 12 until I was about 18 and then that’s when I really saw my parents”. Those who shared their experiences of foster placement revealed rather turbulent relationships with their parents prior to entering into care, which became exacerbated by their presence in CFS:

Moving around so much too, like I struggled in keeping connection to the support that I had. Because I was always moving around and [my family] didn’t know where I was or what I was doing unless I phoned them and a lot of the times I didn’t [...] My dad was always worried about where I was or what I was doing or even if I was still alive cause he would phone places and they’d be like “no, she moved” and he didn’t know where I was. (Highly mobile female participant)

It is unclear the extent to which CFS limited the contact between child and parent or if the child-parent bond was strained prior to them entering into care, but either way the youth lost much contact with their family while in custody as revealed above.

Mobility: Experiences of Social Exclusion

Mobility greatly affected the youth’s sense of belonging and ultimately their ability to connect and establish relationships with others. From the questionnaire, very few youth reported individuals in their lives they considered to be close friends whom they could trust. The youth repeatedly described a fear of loss that prevented them from forming new relationships due to the uncertainty surrounded by their mobile lives:

Might make you seclude yourself from making new friendships because you don’t want to like feel that, I don’t know, loneliness like if you lose a good friend, like say if you move away from somewhere so you just keep to yourself. (Highly mobile male participant)

I didn’t want to make friends because like I knew I wouldn’t stay in the area for long and [...] trust is like a big thing for me and I didn’t know if I could trust them or not and I didn’t give them a try to see if I could [...] Most of the time I was scared to trust them because a lot of people
that I’ve trusted have just walked out of my life or passed on or moved away and it hurt a lot and I just chose not to trust nobody. (Highly mobile female participant)

Implicit in these quotes are experiences of loss and loneliness as the youth watched individuals leave their lives as quickly as they had entered them. Their continual displacement weakened the youth’s sense of belonging as they found themselves repeatedly confronted by unfamiliar faces and spaces.

All of the youth identified racism as part of their everyday lives. The negative stereotypes and interactions perpetuated by this racism greatly interfered in the youth’s development of relationships with non-Aboriginals:

Like when I was in high school most of my friends were white, but I found a lot of underlying racism with them. Like a lot of ideas that were like wrong and I think that it was you know what they heard from their Grandma or what they were taught. So when I got to university my entire group of friends changed because I found people who were into like the same things I was and didn’t have that [racism]. There were a few times in high school when my friends would say something and I’d try to correct them and I was the one who was wrong! So that’s why I find it hard to hang out with white people in groups, I guess. (Stable female participant)

Prevalent stereotypes are perceived to divide the city of Winnipeg into spaces of inclusion and exclusion demarcating where and with whom Aboriginal peoples belong. The following dialogue is representative of one youth’s experience after she moved into a middle class neighbourhood:

Stable female participant: I see some girl walk down the street, you know white, blue eyes, blonde hair, and I don’t feel like talking to her and she probably doesn’t feel like talking to me either.

Interviewer: Why don’t you feel like talking to her?

Stable female participant: I don’t know, I don’t know if I feel too native or like, feel too Spanish, like, I bet if I was full Spanish I’d be chilling with these kids. Like I don’t know how to put it, I don’t feel a sense of belonging with these people.

Interviewer: Because of your Aboriginal ancestry?
Stable female participant: Yeah. I don’t feel like I should be in the area. I feel like I should be more further down Main.

Inherent to the youth’s stories was a strong association with being Aboriginal and belonging on Main Street, which was described as “the dirtiest place in Winnipeg” (See Figure 3.3). Although Main Street spans across the city, the ‘Main Street’ to which the youth referred to was related to a specific section of Main Street that is located in an area of Winnipeg that is viewed as the ‘rougher’ end of the city with a majority of low-income residents and a high concentration of Aboriginal peoples. This reference to Main Street was suggestive of an area that is visibly occupied by individuals plagued by poverty, homelessness and addictions. Unfortunately, many of those on Main Street are Aboriginal peoples. The youth pointed out that Main Street had become what defined Aboriginal peoples living in the city and perpetuated a stereotype in which the youth felt they could not escape. Racism was particularly hard felt among school peers making it difficult for the youth to transition to new schools (see Figure 3.4). As such, the youth spoke of occupying a position of double marginality being both the new kid and Aboriginal:

Everyone looked scared, like as if they’d never seen an Indian before and like, I don’t even look that Indian, but I would feel like no sense of belonging. I’m not even scary looking. (Stable female participant)

The youth also reported alienation as a result of their personal experiences and upbringing (e.g., foster care, poverty, or family homes filled with addictions, abuse and conflict) to which most other youth were unable to relate. It was those very reasons surrounding mobility that youth indicated were also responsible for the divide between them and non-Aboriginal youth:

Interviewer: So how did that make you feel not knowing anyone or to have friends?

Highly mobile female participant: Excluded.

Interviewer: How did being excluded make you feel?

Highly mobile female participant: Like I was alone, like I had nobody. Like I’ve gone through a lot of stuff and it is just easy to be like whatever, keep to myself.
Interviewer: How does keeping to yourself affect you now?

Highly mobile female participant: It hurts a lot because I'm alone.

As a result, many youth reported turning to solitude or found belonging among other youth, most commonly Aboriginal youth, who also shared similar experiences. When asked what brought such friendships together, one youth replied, “guess, they kind of felt excluded too”. It was this common ground, created by a shared exclusion and often shared trauma, that allowed the youth to develop new, but questionable friendships, as described in the next section.

*In Search of Belonging: Friend or Foe?*

Over the course of the photovoice sessions it became apparent that the youth struggled to build new relationships, as discussed above. However, mobility not only limited the number of relationships the youth had, but as well the quality of relationships. Many of these struggles were tied to racialized social boundaries, which restricted Aboriginal youth from entering into certain social groups (e.g., non-Aboriginal youth). In contrast, the youth indicated establishing friendships with other Aboriginal youth with relative ease:

> Cause most of the time you will only be accepted into groups of Aboriginal peoples. Like it’s hard for an Aboriginal person to fit into a group of white people who could be doing positive things and doing better than a native group that'll just accept you right away because of your skin colour. (Mobile female participant)

The promptness and ease with which the youth were able to find friendship among other Aboriginal youth was essential given their reluctance to spend time and effort into building new relationships due to their frequent mobility:

> If you are constantly moving, it's hard to put a lot of effort into building new relationships so if you are constantly mobile you don't have the energy to build relationships so it is hard to get new positive supports or finding positive supports in your life. (Stable female participant)

Given the segregation of Aboriginal peoples within the city, many youth struggled with finding belonging. Having a sense of belonging and support is an
inherent need and some youth described the lengths to which they would go in search of this. Several male participants shared experiences of absent father figures and a lack of belonging as precursors to their recruitment into gangs:

Sense of belonging [because they have] no father figure. [...] A lot of my old [gang] members, it was always, I remember my one buddy got really, really out of it on alcohol and pills and he was going on about how his dad never loved him and this and that and I was like, “hey hey hey”, I pulled the gang card and was like, “well you got us” and even I knew that was false and he just started laughing at me and was like you know me better than that and I was like “ah shut up! I’m just trying to calm you down”. It is a false sense of support because you’re just money to them. You’re just a source of income. It’s even worst for the women because they get their bodies used and men just get their bodies used physically. You have to fight, you have to deal drugs, you have to do this, you have to do that [...] Like some of [the women] think they are just one of the guys too, but that was like a false thing for them. That is a delusion they put themselves into, to cope with it I guess. (Mobile male participant)

For some, gang involvement was understood as “the easy way” to feel a sense of belonging, even if it was only a false sense.

While some youth reported such negative relationships as providing a false sense of support, others reported very limited support and a low sense of trust within their relationships:

Because of what some people have that some people don’t have and somebody might want it or someone might be jealous of what you have and try and sabotage you. Like somebody might be jealous that you have a vehicle and then you get stranded downtown one day and your car gets taken away and you start calling people for a ride and they’re like, “Haha! That person found trouble they deserve it, I’m not going to help them!” (Mobile female participant)

As described above, it became evident that the poor material circumstances affecting many Aboriginal peoples fueled much of this distrust and lack of support between individuals:

Cause I always had to watch my stuff and get into arguments. Yeah, a lot of family conflicts, someone stealing, like my aunty or uncle stealing from one of us. Then it would cause a big war and everyone would be fighting and people would be punching walls and stuff and being rowdy. (Mobile male participant)
From these excerpts it was found that the quality of relationship was not synonymous with the type of relationship (i.e., type of support or quality of relationship could not be determined from the type of relationship, friend versus close relative).

To the youth having stability in their lives meant more than residential stability; it was related to having a constant source of support, which mobility took away (see Figure 3.5). Descriptions of the support that the youth did receive from their families were mainly related to financial assistance, shelter, or transportation. The youth rarely indicated emotional support and often stated that affection and communication were absent from their relationships and therefore did not know how to give or receive such things in their own relationships:

Because they've grown up to just be taught don't share your feelings, don't talk to no one, don't tell your feelings to anyone [...] they don't know how to get support cause no one has ever taught them how to cause their parents are too busy off in their own world. (Stable female participant)

Relationships void of affection between the youth and their families were common and were intrinsically tied to the addictions, poverty, and neglect found within the youth's homes. Many youth suggested these relationships and behaviours to be tied to legacies of colonialism, specifically those related to residential schools. It was these common experiences that forged friendships between Aboriginal youth as they found belonging and familiarity through their shared trauma. Further, it was such experiences that the youth drew upon in forming their understanding and development of social interactions and ties as adolescents.

**Discussion and Conclusion**

The purpose of this paper was to examine the mobility experiences of Aboriginal youth and the ways in which mobility impacts the maintenance and development of social relationships. The results are similar to those of other studies investigating the impacts of mobility on social relationships of non-Aboriginal youth with findings indicating limited peer networks and common acceptance among deviant peers for mobile youth (Adam & Chase-Lansdale, 2002; DeWit, 1998; Haynie
Previous literature has largely dismissed the mobility experiences of Aboriginal peoples as research has focused primarily on quantitative measures of Aboriginal mobility, thus leaving little understanding of the impacts of mobility upon both individuals and communities, especially for Aboriginal youth. Furthermore, research investigating the impacts of mobility on important social networks has been greatly overlooked in Canada. This research here addresses these significant gaps in our understanding of the unique mobility experiences of Aboriginal youth and its role in shaping social relationships from the perspectives of Aboriginal youth. From this study three key findings emerged. First, mobility was often linked to unstable family environments related to family addictions, abuse, poverty, and conflict, commonly leading to the displacement of youth from their families and social networks. Second, mobility was revealed to create disconnections between the youth and their social networks through interference in both maintaining connections (due to geographical barriers) and the development of new relationships (due to social and psychological barriers). Third, mobility impacted the types of relationships the youth developed.

Before discussing the findings, a few limitations deserve mention. First, as with all qualitative data, information obtained from photovoice is subject to dilemmas in interpretation and representation. As photovoice is based on participant-driven analysis (Wang & Burris, 1997) the participants and first author collectively decided upon the main findings of the project. Despite this, the authors are responsible for the final presentation of these results shown here, but all efforts were made to best represent those themes identified by the participants. A second methodological limitation is related to photography. Ideas or issues may not be easily captured through photographs and as such, may not have been discussed during participant sessions. However, this is unlikely given the multiple methods used (e.g., questionnaires, photovoice, participant observation). Third, it should be noted that these findings are based on a small sample size of vulnerable Aboriginal youth and therefore cannot be made generalizable to all Aboriginal youth. However, qualitative research does not focus on quantity, but rather the quality of data and is interested in understanding experiences or phenomenon from the perspectives of
select individuals (Bradshaw & Stratford, 2000). Additionally, these youth represented those Aboriginal youth whom are connected to important services (i.e., the Eagle’s Nest Project) and thus may be finding specific forms of support and social ties that other youth are not. Although feelings of social exclusion were reported, the youth here may feel more included than other youth who are not connected to organizations in the city.

Among our participants mobility was found to be a common and persisting feature in their lives. Of the 18 participants only four had not moved within the previous year. Many of the youth described their mobility as a recurring event, one that was beyond their control and to an extent, their families’ (i.e., parents/guardians) control as well. The youth’s stories and understandings of mobility reflected a perpetual cycle of “broken homes” that shaped both their mobility and social experiences. This cycle was associated with persisting issues of poverty, addictions, abuse, and family dysfunction that continue to shape the lives of many Aboriginal families. These issues are deeply seated within Aboriginal peoples’ experiences of colonization, specifically those related to residential schools (Smith, Varcoe & Edwards, 2005). While these Aboriginal youth represent the first generation free from the direct impacts of residential schools (i.e., not students) the findings from this study provide evidence of the intergenerational impacts of the residential school legacy.

While some researchers report that mobility can increase one’s social networks (Brown & Orthner, 1990; Larner, 1990), others have found mobility to disrupt or sever ties among mobile youth (Haynie et al., 2006; Myers, 1999). Our findings here confirmed that mobility does indeed cause disconnections in Aboriginal youth's social networks. These disconnections were tied to geographical and psychological barriers that disrupted both the maintenance and development of relationships. Both issues of safety and limited transportation restricted the youth’s ability to visit those family and friends they departed from. Additionally, disconnections arose due to psychological barriers imposed by frequent mobility. The uncertainty that stemmed from the youth’s mobility caused many youth to experience psychological barriers as they became weary of developing new
relationships. The youth admitted they feared the pain associated with losing relationships when they would move and as such, commonly isolated themselves from others. Mobility not only limited the quantity, but as well as the quality of the youth’s relationships.

The frequency and uncertainty of the youth’s mobility greatly impacted the types of relationships the youth formed. Our findings are similar with others (Haynie et al., 2006) demonstrating mobile youth to be more likely involved with deviant peers than prosocial peer groups (i.e., peers with good academic standing, non-deliquent). However, our findings are consisted with literature that states mobile youth may have a propensity for delinquency due to pre-existing differences (Gasper, DeLuca & Estacion, 2009; Pettit & McLanahan, 2003). Our study suggests several factors that may act as precursors to the development of deviant ties among Aboriginal youth and indicate that such factors are only further compounded by mobility. For example, mobility challenged the youth to establish new relationships as the ‘new kid’, but this process was also challenged by the social exclusion they further experienced as a visible minority. In attempts to find belonging and identity, the youth commonly reported turning to those peers they could find quick and easy acceptance from, such as gangs and other Aboriginal youth. The ability to form ties with relative ease was essential as the youth admitted it was hard to put effort and time into developing friendships given their frequency and uncertain mobility. Many of the youth perceived negative sources of support to be readily available and easier to access, which goes to support the literature stating deviant peers are more welcoming and accepting of new group members. The youth further noted that they related and bonded more with youth who shared similar upbringings and, often negative, experiences, such as those related to the ‘broken home’ concept mentioned earlier. These negative experiences and family dynamics are more conducive to the development of delinquent and problem behaviours (Gasper et al., 2009) and as such, this may explain why those peers the youth were drawn to were often understood as ‘negative’ ties. Furthermore, it appeared the youth’s parents and family environment largely influenced the youth’s peer selection and may partially explain the youth’s deviant behaviours as well. Some have suggested that youth
lacking parental involvement are more likely to seek approval and recognition among deviant peers (DeWit, 1998; Haynie & South, 2005). This may partially explain reports of peer deviance within this study as many youth reported living in single-parent homes and a lack parental guidance and support. This said the development of social relationships among mobile Aboriginal youth can be explained by additional factors that often coincide with frequent mobility.

While the findings presented here make important theoretical contributions to the literature, the stories shared by the youth also add valuable insight useful for policy and intervention. As was revealed vulnerable Aboriginal youth tend to gravitate and find belonging among other vulnerable youth. However, the supports and behaviours normalized within these peer groups tend to take shape as negative and potentially health-damaging behaviours (e.g., substance use, criminal activity). These behaviours can be linked back to the family environment that has, for many, been damaged by the legacy of residential schools. The theme of “broken homes” the youth spoke of were commonly shared experiences that united the youth. However, it was also these same behaviours and interactions characterizing such family environments that were later emulated within the youth’s relationships with one another. In consideration that parental influences largely shape adolescent behaviour as do their peers (Gasper et al., 2010), as was observed here, it is critical to provide vulnerable Aboriginal youth with positive role models. As such providing spaces through which these youth can come together and support each other in healthy, positive environments should be made a priority. Spaces likes those of the Eagle’s Nest Project are vital as they provide opportunities for healthy interactions, positive role models and support that are not always readily available to Aboriginal youth. As was observed at the Eagle’s Nest Project, programs can provide youth with a sense of belonging, friendship, acceptance, and guidance, things they may search for in the wrong places (e.g., gangs) when such programs are not available. As was demonstrated here it is vital for such resources and programs to be available to those beyond the typical age of 18 and for policy and programming to extend their definition of what constitutes “youth”. This is especially true for those vulnerable youth (e.g., mobile youth, foster children and youth) as their transition and
development to reach adulthood and various associated milestones (e.g., high school completion, employment) may be delayed, thus requiring greater assistance in achieving such goals compared to other youth. This research also highlights the need for policy and Government to address the current policy surrounding the “age out” and consider extending the age for youth to leave care given the disruptions in development (e.g., education) of such youth. Further still, given the significant influence of family dynamics upon the health and behaviour of youth, as was found here, interventions should focus on the family as a whole. In other words, holistic treatment and prevention based on the family unit in recognition that individual health does not transpire within a vacuum, but is shaped by one’s physical and social environment. One opportunity for such could be investing in programs aimed at teaching healthy family interactions (e.g., communication, discipline) as a means to mediate and combat the negative impacts the residential school system has had upon Aboriginal family functioning.

Although mobility did appear to shape the social relationships of this group of Aboriginal youth, it is evident that several factors underlie the development of social relationships for Aboriginal youth, which typically coincide with mobility. As was made evident here mobility intersects the social relationships of Aboriginal youth to lead to very distinct behavioural outcomes that can be linked to health. In consideration of this others should build upon this research and explore the relationship between mobility and social relationships as a pathway to health outcomes for Aboriginal youth. In consideration of this, future studies may want to adopt a mixed-methods approach to account for possible confounding factors (e.g., number of moves; socioeconomic status; age). Mixed-methods would allow for statistical analysis to be completed whereby external factors can be controlled for while using in-depth qualitative data to provide further understanding into such findings. Additionally, it would be of benefit to conduct a larger scale comparative study between mobile and non-mobile Aboriginal youth to gain a better understanding of the extent to which mobility shapes social relationships. As the Aboriginal population becomes increasingly urbanized, mobility and social marginalization will continue to shape the lives of Aboriginal peoples as they search
for belonging in spaces to which they have long been perceived to not belong. As was found here it is such experiences that can have great potential in impacting the health and well-being of Aboriginal peoples. Therefore, research, policy, and interventions must pay close attention to the mobility experiences of Aboriginal peoples and the ways mobility mediates their social and health experiences.

*Figure 3.1 Who are sources of support most important to you?: “That’s a picture of mine and my grandma’s hand. She is always there for me and always supports me. She cooks and gives me money all the time.” (Stable female participant)*
Figure 3.2 What is important to health and what contributes to your health?: “The picture represents like the environment, needing water in your life, needing somewhere safe to be. [Researcher: Do you think there are any challenges you face to accessing a safe environment and having something like this in your life?] Yea. Well, cause it’s so far. It’s just the people that are there you can never see, only see once a year. Being in the city is totally different. It’s destructive for me. [How so?] When you get bored you do stupid shit. Get in to drugs, drop out of school. Are disconnected from your family and friends, go different ways. (Highly mobile female participant)
**Figure 3.3** What is some thing that you feel is really negative to the health and well-being of those in your community: “Well this one is an unhealthy community, Main Street, because it is the dirtiest place in Winnipeg. There is a lot of bums, there is a whole bunch of drug addicts everywhere”. (Mobile male participant)

**Figure 3.4** What is a barrier to being healthy?: “I’m still the only native in that class [...] I remember walking into the change room and an Asian kid said ‘all those dirty Indian kids probably jacked my shit’ and I just went like that, [snapped]. ?] I didn’t want to be there because of that. That’s when I really got into the drugs and drinking cause every other native I met there, that’s all they’re in to. [Researcher: Why do you think that is?] Some of them were already in gangs, some of them grew up like that with abusive parents so they were already getting high by 9 or 10. I was 12 when I tried it, but I never really got into it because I can’t imagine living me life like this, getting high everyday it’s like in a dream, but then in high school it was something to do.” (Mobile male participant)
Figure 3.5 What is important to health and what contributes to your health?: “This is a bench in my yard because everyone needs stability in their life and that represents support.” (Stable female participant)

References


CHAPTER 4

A Look Through the Eyes of Aboriginal Youth: Using Photovoice to Understand the Link Between Social Support, Social Relationships, and Health

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Abstract
The links between social support and physical and psychological health are well documented. Though much of this research has reported the health benefits tied to social support, it is also acknowledged that some support can lead to health-damaging effects. While social support has been revealed as a significant determinant of Aboriginal health, no research has explored this link for urban Aboriginal youth. The study presented here draws upon results of a photovoice project revealing insightful perspectives of the ways social support shapes the health of Aboriginal youth living in a Canadian urban centre. The findings revealed social support is mediated at the level of the individual, family, and community and impacts health positively and negatively in both direct and indirect ways. The research further adds that while urban areas present larger social opportunities, Aboriginal youth are at risk of becoming trapped within unhealthy social ties. It is suggested that research and policy must pay attention to the significance of social support as a pathway to the health of Aboriginal youth.
Introduction

A substantial body of literature has demonstrated the links between social support and physical and psychological health (Berkman, Glass, Brisette & Seemen, 2000; Cohen, 1988; Uchino et. al, 1985). Mortality, morbidity and depression are just some of the negative health outcomes tied to low support (House, Landis & Umberson, 1988; Maulik, Eaton & Bradshaw, 2009; Robert, Frone, Russell, Cooper & Mudar, 2000). In addition, research has shown that societies reporting high rates of social support also produce healthier populations (Berkman, 1995; House et al., 1988). Among those reporting high social support are Aboriginal7 communities in Canada (Richmond, Ross & Egeland, 2007). Yet despite findings indicating social support to be both prevalent and a significant determinant of Aboriginal health (Daniel, Cargo, Lifshay & Green, 2004; House, Robbins & Metzner, 1982; Richmond, Ross & Egeland, 2007), the dire health statuses of Aboriginal peoples suggest otherwise. Aboriginal peoples experience a disproportionate burden of health disparities with much higher levels of morbidity and mortality compared to the non-Aboriginal population (Allard, Wilkins & Berthelot, 2004; MacMillian, Offord & Dingle, 1996; Trovato, 2001). Furthermore, such disparities are found to be strongly rooted within social inequities related to abuse, poverty, family violence, and suicide (Adelson, 2005). The social and health experiences of Aboriginal peoples are suggestive of findings revealing social relationships may in fact not always be supportive, but rather can shape health in a negative manner (Rook, 1984), which may be more prominent for those individuals with strong community ties.

Although research on social support and health within the Canadian Aboriginal context is limited, it has been found that the negative health effects of social support are more enduring than are the positive effects among Aboriginal

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7 The term ‘Aboriginal’ is used to refer to the Indigenous peoples of Canada whom include the First Nations, Métis, and Inuit. While we recognize that each of these groups are culturally distinct and can be further subdivided; however, for the purpose of this paper we use the term ‘Aboriginal’ to collectively refer to all individuals belonging to these groups.
peoples (Richmond & Ross, 2008). Unfortunately, no research has been carried forward to examine the social support-health relationship among Aboriginal youth. The existing research is further limited as it only pertains to Aboriginal peoples living in remote and rural communities. Drawing upon narratives and photographs from a photovoice project the following paper critically examines the link between health and social networks as it unfolds in an urban context among a group of Aboriginal youth.

**A Glance into the Health Experiences of Aboriginal Youth**

Compared to the non-Aboriginal population, Aboriginal peoples suffer a disproportionate burden of health disparities (Adelson, 2005) and among those experiencing the burden are Aboriginal youth (Ning & Wilson, 2012). For example, the mortality rate of Aboriginal youth is three times greater than that for non-Aboriginal youth (Disant et. al., 2008) with injuries accounting for the most deaths (Health Canada, 2001). Suicide is the leading cause of death at rates 5-6 times higher than non-Aboriginal youth for First Nations and Inuit between the ages of 10-24 (Disant et. al., 2008). In addition to suicide, injuries related to motor vehicle collisions, violence, abuse, falls and exposure (frostbite/hypothermia) also present major health concerns for Aboriginal youth (Heath Canada, 2001). Aboriginal youth are three times more likely to experience abuse or violence and this risk only increase for those faced by economic marginalization (Standing Senate Committee on Aboriginal Peoples, 2003). Economic uncertainty is reality for many as 55% of Aboriginal youth residing in Canadian census metropolitan areas (CMA) live below the low-income cut off (Standing Senate Committee on Aboriginal Peoples, 2003). Poverty and family dysfunction have been reported as precursors for gang involvement among Aboriginal youth leading many to a life of crime and incarceration with more than one quarter of youth in corrections identifying as Aboriginal (Department of Justice Canada, 2011). For females, economic marginalization commonly leads to sexual exploitation placing them at great risk for violence and sexually transmitted infections (STIs). Risky sexual behaviour among Aboriginal youth has resulted in significantly higher rates of STIs with reported
rates of Chlamydia seven times that of the non-Aboriginal population (Devries, Free, Morison, & Saewyc, 2009). Unsafe sex practice has also contributed to high teen pregnancy, which account for 20% of all First Nations births in comparison to 5.6% for the general Canadian population (Disant et al., 2008). AIDS and HIV are also on the rise among Aboriginal youth. In a period of ten years, AIDS cases increased by more than 12% among the Aboriginal population and of those individuals infected 25% are under the age of 30 (Health Canada, 2004). Risky sexual activity and intravenous drug use has spiked HIV infections among Aboriginal youth with 30% of Aboriginal HIV cases involving individuals between the ages of 20 and 29 (Centre for Infectious Disease Prevention and Control, 2003). Substance abuse, including marijuana, inhalants, alcohol and other stimulants, plagues many Aboriginal communities and the age of initiation is even more alarming (Coleman, Charles & Collins, 2001). A study examining inhalant use among Aboriginal youth found the average age of first use was 9.72 years with use often coinciding with alcohol and drug abuse (Coleman et al., 2001). Inhalant use has also been reported to be higher among those experiencing low family support and cohesiveness, poverty, and substance-abusing parents and peers (Howard & Jensen, 1999), while communities with high social assets are associated with low inhalant use (Coleman et al., 2001). Findings tying health to factors such as family support and community connectedness are worrying given the extremely high rate of Aboriginal children in care. In some provinces it has been reported that 80% of those children in out-of-home care (e.g. foster homes, group homes, institutional care) are Aboriginal (Aboriginal Justice Inquiry-Child Welfare Initiative, 2001). Although the above is not an exhaustive list of the health disparities experienced by Aboriginal youth it does capture the extent of the inequalities between the Aboriginal and non-Aboriginal youth population. Furthermore, it is suggestive of the social influences contributing to such disparities.

**Health Mediated Through Social Support**

There is extensive literature identifying a link between health and social relationships. Social relationships are complex and as such researchers have taken
different approaches in exploring the ways they intersect health and well-being. One way social relationships influence health is through social support. Social support can be understood as the perceived and received support by one’s social networks (House, 1981). The literature identifies four basic types of social support: positive interaction (the support one receives from spending time with others); emotional support (guidance or advice one provides to another to find a solution or to cope with a problem); tangible support (provision of material goods or services one provides to directly assist an individual); and affection and intimacy (the acts of caring, love, empathy, trust, etc.) (Duncan, Duncan & Strycker, 2005; House, 1981; Richmond, 2009). Social support is a primary function of social networks, which are conceived as a web of relationships comprised of varying individuals, such as family, friends, and acquaintances (Sluzki, 2010). Research on social support has tended to focus measures on the support one individual provides to another individual (Felton & Shinn, 1992). However, Felton and Shinn (1992) indicate this approach overlooks other important social processes and relationships that can provide individuals with support. As such, they propose research must conceptualize the social support one receives from factors such as social integration or one’s embeddedness in social roles (i.e., connectedness of individuals to one another in social environments) (Barerra, 1986). Social integration refers to the extent of an individual’s participation in a social network composed of a wide range of relationships (Brisette, Cohen & Seeman, 2000). It is social integration that allows individuals the opportunity to access resources, such as social support, from their relationships (Richmond & Ross, 2008). As such, social support arises at the level of the individual and the community (Felton & Shinn, 1992) and it is the interactions between both levels that provide opportunity for support (Berkman et al., 2000).

Within the broader literature on the relationship between social support and health research has primarily focused on measuring biological markers and physiological responses to stress to understand the health-related functions of social support (Cohen, 1988; House, 1981; Jacobsen, 1987; Uchino, 2006). Underpinning much of the research is the ‘buffering hypothesis’ that attributes social support to positive health effects through its ability to detract negative
symptoms by providing or enhancing coping behaviours in the presence of stress (Cobb, 1976; Cohen, Underwood & Gottlieb, 2000; Uchino, Cacioppo, & Kiecolt-Glaser, 1996; Rook, 1984). For example, Kirschbaum et al. (1995) examined the cortisol (also known as the ‘stress hormone’) responses of healthy males and females anticipating stressful events and found cortisol levels to be lower when individuals were in the presence of people enacting supportive behaviours. These positive effects are also observed among individuals who simply perceive support to be available. Rosengren et al. (1993) found higher mortality rates among middle-aged men experiencing greater stressful life events, but mortality was significantly reduced for those men who perceived they had adequate emotional support. Stress primarily influences health through the triggering of behavioural coping responses that may be harmful to health (e.g. smoking, alcohol consumption, or drug use) or physiological responses, such as activation of the sympathetic nervous system or hypothalamic-pituitary-adrenal axis (Cohen, 2004). These biological systems can have detrimental health effects when activated repeatedly or for prolonged periods (Glaser & Kiecolt-Glaser, 2005). Overall the buffering hypothesis focuses on the positive health effects of social support through its ability to minimize stress and its associated symptoms. But what about when stress is induced by sources of support?

Researchers often equate social relationships with positive social support, thus assuming that all social ties and interactions are inherently supportive (Rook, 1984). This approach gives way to measurements of social support and health based on frequency of contact and number of relationships. From this perspective it is assumed that those with low-levels of support have limited social contacts and fails to consider that such findings may not be related to the quantity of relationships, but rather the quality (Rook, 1984). However, research is increasingly recognizing that social ties are not always supportive of health and well-being and can contribute to adverse health effects (House, Umberson & Landen, 1988; Labianca & Brass, 2006; Rook, 1992; Seeman, 2001). Several terms have been used to describe this flip side of social support including ‘negative social support’, ‘negative interaction’, and ‘social hindrance’. This negative aspect occurs when relationships within social networks cause distress (Lincoln, 2000). Possible negative interactions
may include invasion of privacy, deterring the sharing of feelings, criticism, and conflict (Lincoln, 2000). Further still, research suggests that the negative effect of social relationships may have a stronger health influence than the positive effects (Labianca & Brass, 2006; Richmond & Ross, 2008; Rook, 1984).

To better understand these potential negative health influences of social relationships we must return to the context in which social support arises. For example, social integration not only facilitates individual access and availability of social support at varying social-structural levels (e.g., community, individual) (Richmond & Ross, 2008), but also provides individuals with a sense of belonging and identity (Cohen, 2004). However, with such connections come a set of expectations to guide the actions and behaviours of group members and it is these expectations that can pressure individuals to conform to varying health behaviours (Cohen, 2004; Richmond & Ross, 2008). These group norms may promote health through encouragement of behaviours such as exercise and diet or may work to harm health. For example, an individual may feel pressure to follow normative behaviours such as smoking or drinking to maintain the belonging and support they receive from those particular relationships.

The health effects exerted by one’s social ties may be more profound for those individuals belonging to networks that are considered close-knit or marginalized, such as Canadian Aboriginal communities. Within the Canadian context some have found social support to be a significant health determinant of Aboriginal health (Richmond, Ross & Bernier, 2007; Richmond, 2009; Perry, 2010). For example, Giles et al. (2008) found social support to be associated with healthier lifestyles (e.g., diet, physical activity), positive outlooks and healthy eating among a Mi’kmaq community in Newfoundland. Richmond et al. (2007) also demonstrated a link between health and social support; however, not all types of social support were found to be equally beneficial. Specifically, Richmond et al. (2007) discovered a positive relationship between good health and three types of social support (emotional, tangible, and positive interaction) among Aboriginal females. Interestingly, those females reporting high affection and intimacy were less likely to report good health and for males only emotional support was related to good health.
As Aboriginal communities are often located in remote and rural areas and are typically small and socially interconnected they are assumed to exude high levels of social support (Richmond, Ross, & Egeland, 2007). However, despite the supportive and tight-knit nature of Aboriginal communities, Aboriginal peoples remain plagued by numerous health disparities (Adelson, 2005). Richmond and Ross (2008) attribute this discrepancy to factors of poverty and colonization that have negatively shaped the nature of social support within Aboriginal communities. Furthermore, the social isolation experienced in remote communities may make it increasingly difficult for individuals to escape or change health-damaging behaviours that have become normalized within the community setting (Richmond & Ross, 2008).

Although research has illustrated the significance of social support to Aboriginal health the majority of literature has focused on remote Aboriginal communities (i.e., rural reserves or northern Inuit communities) where social integration is high. As such, these results are not representative of the 50% of the Aboriginal population living in larger ethnically diverse urban environments (Statistics Canada, 2006a). Furthermore, more than 50% of Aboriginal youth (10-24 years of age) reside in urban areas (Statistics Canada, 2006a). The urban environment presents an interesting space for examination of the social support-health link given the significant marginalization of Aboriginal peoples within cities (i.e., lower socioeconomic status, higher rates of homelessness) (Peters, 2002). Not only are Aboriginal peoples marginalized within the city, but pervasive ideologies demarcating Aboriginal peoples and the urban space as incongruent challenge urban Aboriginal identity and belonging (Peters, 2002). This paper will explore how the health of urban Aboriginal youth is influenced by social support mediated by three levels: the individual, the family and the community.

**Methods & Analyses**

**Participants**

The research project presented here was conducted in collaboration with the EAGLE Urban Transition Center (EUTC) and their youth program the Eagle Nest’s Project located in Winnipeg, Manitoba. The national Aboriginal population
surpassed the one million mark at 1, 172, 790 in 2006 with Manitoba representing the highest provincial population at 15% (Statistics Canada, 2006b). Winnipeg has the largest urban Aboriginal population of all Canadian CMAs accounting for 10% of the city’s population (Statistics Canada, 2006b) with half its total Aboriginal population currently under the age of 25 (Statistics Canada, 2006a). The Eagle’s Nest Project is a community-based initiative aimed at providing Aboriginal youth between the ages of 15 and 25 with the opportunity for both personal and professional development (http://winnipeg.ca/cms/ays/eagles_nest.stm). The program assists youth who are often unemployed and out-of-school to reach various goals (e.g., returning to school) by providing them with a stable and supportive learning environment. Participants for the research project were recruited from one of the program’s three annual intakes. Information detailing the project was distributed through flyers within the Eagle’s Nest Project and youth received notification by email from staff regarding the details of the project and inviting them to attend an information session, which was held on the first day of programming.

A total of 18 youth agreed to participate and were required to complete a verbal consent process. Eight youth completed the project (i.e., did not withdraw) and were equally represented by males and females between the ages of 15 and 25. While the defined age for youth varies, literature and service providers are increasingly recognizing youth are entering into adulthood later on (e.g., completion of school, entering into the workforce, marriage) (Settertson & Ray, 2010). The Eagle’s Nest Project is one program acknowledging such delayed adulthood transitions and is open to those individuals between the ages of 15 to 30. As such, our definition of youth followed that of the Eagle’s Nest Project. Of those ten youth who withdrew all consented to the use of their data within the results presented here. Three of the five youth under the age of 18 were in foster care. Six youth were actively searching for housing either due to dissatisfaction with their current housing or were in need of housing (i.e., couch surfing). Only two youth resided with partners in rented accommodations and the remaining six youth resided in single parent homes with their mothers. Nearly half of the participants were involved in corrections within the previous year prior to the study.
Data Collection & Analyses

The first author, an Aboriginal Master's student, completed the data collection over a period of 8 weeks using photovoice and a questionnaire. EUTC identified photovoice as the preferred method of data collection as it was viewed as both culturally appropriate and suitable for the context of the participants. Photovoice is often associated with community-based participatory research methods and has been demonstrated to be an emancipatory tool for individuals who often lack power, money and a voice within larger society (Wang & Burris, 1997), thereby making it ideal for use with vulnerable Aboriginal youth. Using digital cameras the youth completed photographic missions that entailed documenting their experiences, perceptions and knowledge about social support and health through photography and discussion. Following the missions the youth participated in group or individual discussions led by the first author using the photographs to facilitate dialogue. A total of six one-hour weekly photovoice sessions where held. All sessions were audio recorded and transcribed verbatim.

Transcripts were analyzed line by line and were allocated descriptive codes (i.e., obvious or stated themes) and analytic codes (i.e., underlying messages) (Cope in Hay, 2010). Following traditions of photovoice participants completed group analysis of the photographs (i.e., reviewing and coding of images accordingly). The final photovoice session was used for the participants and first author to review and finalize major findings and themes, which were later presented at a community photo exhibit.

Prior to the commencement of the photovoice sessions participants completed a questionnaire designed to collect information on the level and type of social support among participants as well as their health status (see Table 4.1). The questionnaire was comprised of two parts using a five-point scale system (e.g., ranging from strongly agree to strongly disagree). The first section of the questionnaire asked questions about health and social relationships (e.g., Overall, do you feel your family positively influences your health and well-being?). The second
part asked participants to compile a list of individuals they viewed as important to their lives. Participants then answered questions for each listed individual to assess the support each provided them with using the four subtypes of social support: positive interaction; affection and intimacy; tangible support; and emotional support. Questions to assess social support were based on the Medical Outcomes Survey Social (MOS) support survey, which has been validated as a universally applicable tool to measure social support among diverse populations (McDowell, 2006; Moser, Stuck, Silliman, Ganz & Clough-Gorr, 2012; Sherbourne & Stewart, 1991; Yu, Lee & Woo, 2004).

Lastly, data was greatly enriched by the first author's daily presence at the youth center, which provided an opportunity to establish strong rapport and trust with participants while engaging in program activities alongside the youth. Through this the first author was able to undertake numerous hours of passive participant observation and engage in informal discussion with the youth all of which further contextualized the information shared within the photovoice sessions. The research findings presented in this paper will draw upon the photovoice sessions, questionnaire responses, and these informal conversations.

**Results**

In presenting the results, we build upon the body of literature emphasizing social support as a process mediated by one's social integration at varying social structural levels (Gottlieb, 1985; Felton & Shinn, 1992; Richmond & Ross, 2008). As such, this paper pays particular attention to the ways in which social support is shaped at the level of the individual, family, and community and the ways in which it influences the health of Aboriginal youth.

*Individual Level*

At the individual level of analysis we focus on the ways the individual moderates social support (i.e., personal decisions and influences over types and access of social support). Youth identified several factors shaping their social support, which commonly led to limited networks of support made up primarily of
positive interaction and emotional support, but void of intimacy (i.e., trust). Many of the youth’s lives were marked by instability perpetuated by frequent moves due to their involvement in Child and Family Services (CFS), the Justice System, family conflict, and migration between reserve communities and the City of Winnipeg. This instability was often also felt within their relationships making the youth hesitant to develop new bonds. As described by one highly mobile youth involved in CFS:

I didn’t want to make friends because like I knew I wouldn’t stay in the area so long and I didn’t, trust is like a big thing for me and I didn’t know if I could trust them or not and I didn’t give them a try to see if I could […] most of the time I was scared to trust them because a lot of people that I’ve trusted have just walked out of my life or passed on or moved away and it hurt a lot and I just chose not to trust nobody. (Female participant)

Another youth believed frequent mobility hindered an individual’s ability to establish supportive relationships:

If you are constantly moving, it’s hard to put a lot of effort into building new relationships so if you are constantly mobile you don’t have the energy to build relationships so it is hard to get new positive supports or finding positive supports in your life. (Female participant)

The youth reported the availability of support was also largely influenced by their Aboriginal identities. The youth strongly identified with their Aboriginal roots, which brought them to feel an intrinsic sense of belonging to other Aboriginal youth. As mentioned by several of the youth:

Makes me want to fight back against white people even though I’m half white I still take my native side more. (Male participant)

That’s how I am too. Even though I have a white side I still identify more with being Aboriginal. (Female participant)

As the above quotes indicate, racism often pushed the youth to develop strong bonds with other Aboriginal youth:

Like when I was in high school most of my friends were white, but I found a lot of underlying racism with them. Like a lot of ideas that were wrong and I think that it was you know what they heard from their Grandma or what they were taught. So when I got to university my entire group of friends changed because I found people who were into like the same things I was and didn’t have that [racism]. There were a few times in high school when my friends would say something and I’d try to
correct them and I was the one who was wrong! So that’s why I find it hard to hang out with white people, I guess. (Female participant)

As such the development of strong ties with non-Aboriginal youth was limited or non-existent. Furthermore, many described their lack of connection to non-Aboriginal youth:

I see some girl walk down the street, you know white, blue eyes, blonde hair, and I don’t feel like talking to her and she probably doesn’t feel like talking to me either. [...] I don’t know if I feel too Native or like, feel too Spanish, like, I bet if I was full Spanish I’d be chilling with these kids. Like I don’t know how to put it, I don’t feel a sense of belonging with these people. (Female participant)

Although the youth found support and belonging among other Aboriginal youth these relationships often arose from negative contexts, such as when they bonded over shared negative life experiences (e.g., family conflict, abuse, addictions, foster care, incarceration):

There is [positive youth], but I don’t know. I find that most kids that are on the drugs I can relate to every one of them with something. Either it’s their history or how they were raised or anything and most of these kids that were never on drugs or anything I have [can’t relate]. (Female participant)

Unfortunately drawing upon shared negative experiences to forge friendships frequently resulted in unhealthy forms of support. Several youth described their personal uptake of behaviours such as drinking, drug use and skipping school came along with these friendships. As suggested by one youth describing his difficulties to cope with racism at school:

Male participant: I remember walking into the change room and an Asian kid saying “all those dirty Indian kids probably jacked my shit” and I just [snapped]. There is other ways to deal with it, I know that now. [But] I didn’t want to be there because of that [racism]. I don’t know, that’s when I really got into the drugs and drinking cause every other native I met there, that’s all they’re in to.

Researcher: Why do you think that is?

Male participant: Some of them were already in gangs; some of them grew up like that with abusive parents so they were already getting high by 9 or 10. I was 12 when I tried it, but I never really got into it because I
can't imagine living me life like this, getting high everyday it's like in a dream, but then in high school it was something to do.

As described by many youth, health-damaging behaviours such as binge drinking and drug use typically became accepted as group norms and these behaviours eventually became the basis of their relationships. This was illustrated by several youth reporting losing friendships over lifestyle changes:

Ever since I got pregnant all my friends left me and only one stuck by me because you can't drink no more. Because all my friends are partiers and I got pregnant and they all just went their own way and only one stuck by. (Female participant)

For some youth, friendships ended involuntarily due to group rejection, while others indicated ending relationships on their terms to escape negative peer influences:

Well yea. Now I’m changing. I don’t want to keep the same friends really because they are the ones that always bring me down and yea, cause they were just doing shit that I didn’t want to be involved in anymore. (Female participant)

Another added:

I used to drink a lot in my early 20’s when I was like 20, 21. I was just drinking and then I decided to go back to school and stop hanging around with certain people, but even though I lost those friendships I don’t regret it because they weren’t good friendships and they weren’t giving me any positive support and I met new friends that were giving me positive supports when I did go back to school. (Female participant)

Whether it was rejection by their peer groups or a personal decision to sever ties, the loss of relationships was difficult for many:

It hurts a lot because I’m alone, but at the same time I know, like I’m trying to get help for myself and trying to do better. (Female participant)

The above stories are indicative of the youth’s awareness of the significant influence their peers have in shaping personal health behaviours.

Some of the youth perceived positive supports to be “far and few in between” (i.e., limited), while others perceived positive supports to be available, but were found in places where the youth may not frequent:
If you find positive friends it’s either in support groups, in schools or places where you don’t normally hang out. Sports teams or anything, but the friends that hang out at the mall and stuff like that, mostly are the ones on drugs and experimenting. (Female participant)

I don’t know, because the kids I do interact with are partying all the time and the kids that don’t party all the time aren’t really my type or style of person I would like to hang out with. (Female participant)

As such the youth indicated that they were often faced with the hard decision of making positive lifestyle changes at the expense of social isolation or to continue on destructive paths while maintaining the support of their friends:

Right now, the only real person I do things with is the staff worker at my house because I dropped all of my friends because they were all bad support. They were all on drugs. (Female participant)

Although it was evident the youth’s peers played a significant role in determining their health, few youth indicated friends within their responses of those most important to them. Friends were mainly described as providers of positive interaction (i.e., to hang out with) or emotional support (i.e., having someone to talk to about problems). The majority of the youth characterized their friendships as “false” or “temporary”, especially during periods of residential instability. For example, gang involvement was perceived as a superficial sense of belonging and support. Several males indicated gang involvement was tied to a need for belonging among others and absent father figures. As shared by one youth trying to comfort a fellow member’s distress:

He was going on about how is dad never loved him [...] so I pulled the gang card and was like, ‘well you got us’ and even I knew that was false and he just started laughing at me and was like you know me better than that and I was like ‘ah shut up! I’m just trying to calm you down’. It is a false sense of support because you’re just money to them. You’re just a source of income. It’s even worst for the women because they get their bodies used and men just get their bodies used physically. You have to fight, you have to deal drugs, you have to do this, you have to do that [...] Like some of [the women] think they are just one of the guys too, but that was like a false thing for them. That is a delusion they put themselves into, to cope with it I guess. (Male participant)
Some youth rationalized gang involvement as a quick fix to gain companionship, support, and belonging, but ultimately it was these dangerous ties that placed the youth at risk for things such as incarceration, criminal records, substance use, violence, sexual exploitation, abuse, injury, and even death.

Additionally geographical barriers also restricted the youth’s access to supports. For example, one youth shared his frustrations with living far from his best friend and the lengthy inconvenience of public transit:

Depressed and it frustrates me, you know. Whenever I’m not having a good day or nothing I’m just like my buddy isn’t just across the street, I have to call him and wait 45 minutes by then I’m already calmed down, you know. (Male participant)

One participant suggested that some youth, particularly males, may be hesitant to reach out for support because they have been taught not to do so or do not know how to:

Female participant: They could get out and like, there are so much programs out there to help Aboriginal youth and Aboriginal people and they could just reach out. Like usually they feel just so silent that no one actually listens to them while all these people are here to hear what they have to say.

Researcher: Why do you think they don’t access these supports and services?

Female participant: Because they’ve grown up to just be taught don’t share your feelings, don’t talk to no one, don’t tell your feelings to anyone.

Researcher: So to be tough?

Female participant: Yea and probably don’t have very many social skills on how to ask for help.

Although the above stories focus on the youth’s role in accessing social support, the youth’s decision-making process points to larger structures influencing both the type of supports and access of such supports, such as the family environment.

*Family-Level*
Family appeared to be the most significant source of support within the youth’s lives and perhaps the most influential in shaping the youth’s overall health. Tangible support was the most often cited source of support received from family members, including things such as shelter, food, money, and transportation (see Figure 4.1). Very few youth identified receiving positive support in the form of affection, positive interaction, or guidance from their parents. Most indicated their relationships with their parents were strained. The youth used terms like ‘source of conflict’ and ‘stress’ to describe relationships with their parents. One youth shared her frustrations in recovering from addictions and her frustrations with the lack of support she received from her family:

Most of it I had to give up a lot of friends and stop seeing family because when I would see family I would get all depressed and angry and not want to feel anything [...] Because [...] like, I missed them so much and it's like [...] to them it was like I wasn't even gone or anything or I wasn't even gone for like a month or whatever. They just didn’t realize and then when I’d see them it was like they were all on drugs or they were doing something and it was just like I couldn’t be around that. (Female participant)

Similar to the findings in the previous section, the participants discussed the role of family in normalizing and supporting health-damaging behaviours. For example, over the course of the project the youth identified several issues confronting urban Aboriginal youth. Of these, gang involvement and drug use were reported to be the most prevalent. The youth commonly linked gang involvement to family:

For me though it was all my cousins were in this one gang so I felt it was my family duty to get in to it. (Male participant)

It goes both ways though. Your family is either part of the gang or your family is against it and either way your family is going to be mad at you for some reason anyways. Either for joining a gang because they don’t want you to be like them, which they obviously don’t know how to say it properly or if you don't want to join a gang [...] that just means you don't want to be part of the family. So it goes both ways. Does that make sense? (Female participant)
Many of the male participants discussed gang involvement as a means to gain a sense of belonging and support, elements that many youth stated were missing in their home life:

Just do it the easy way and join a gang so you feel like you have some sense of belonging, right? [...] Cause people don’t care about you [...] It’s like he said I haven’t talked to my mom for a good 12 years now so I kind of just forgot about her. So I just came up with an easy, you know people that are going to be there for me. (Male participant)

I guess their family members too just like they don’t, I guess they’re not loved or their parents are addicted to drugs and they want to find that affection so they go out and join the gangs and they got it. (Female participant)

As previously discussed, this support was usually described as false or temporary given members were viewed as income and the affection they did receive was for things such as receiving approval and recognition for doing jail time.

While male youth reported seeking out companionship through gang affiliation to overcome a lack of family support, female youth tended to report seeking companionship and affection in male partners:

Because a lot of them don’t have that love at home so they look for it somewhere else and when they find it in a boy it ends up going to far and before they know it the girl is pregnant. [...] That’s how it was for me. Like my mom didn’t show me any affection so yeah, I looked for it elsewhere so I ended up having a baby when I was 17. (Female participant)

Such risky sexual behaviour placed the youth at risk for STI’s and teen pregnancy. For example, five of the female youth experienced premarital pregnancy as teenagers, whereas only male participant had fathered children as a teen.

While some youth turned to negative sources of social support in the face of family conflict, some reported that they did find comfort through other relatives and extended family. Specifically, Grandmothers were found to play an important and central role as providers of support for the youth (see Figure 4.2):

I moved to my Granny’s when I got kicked out. [...] I noticed a big difference there and I was there for the last two years until recently, but yea I noticed a big difference it was, I guess because it was a house with sobriety. My grandmother used to call it her family rehab. [...] She would
actually talk to me where my mother wouldn’t cause she was always like ‘I’m too stressed out to talk today!’ and it was like, ‘well, ok’. (Male participant)

From these stories it was clear that family played a large role in providing the youth with support. However, family members were not all equally supportive in regards to both the types and quantity of support given.

**Community-Level**

At the community-level the youth shared the ways through which their neighbourhoods and the greater Winnipeg community (non-Aboriginal/Aboriginal) influenced access to and availability of support. The social exclusion the youth experienced among their peers was also experienced at the greater community-level. While the youth’s collective identity as Aboriginal peoples represented strength in terms of creating a sense of belonging leading to the development of relationships between Aboriginal youth, having pride in their Aboriginal identity was inherently difficult. Although the youth reported shared experiences of racism united them in their friendships, racism was reported to have detrimental effects to the collective self-esteem and identity of the youth. As one youth described the ways pervasive racism permeated the Aboriginal community down to the individual:

> [Aboriginal peoples] don’t feel they have a right in the world because they’re brown and everyone keeps looking down on them. [...] You go low self. You start to become depressed. You start to think that everything they’re saying is true. You become suicidal because you think there’s nothing left for you. It’s mental abuse and emotional. (Female participant)

The youth commonly spoke of the rejection they felt from the wider community, which limited both the spaces and relationships they could occupy:

> Cause most of the time you will only be accepted into groups of Aboriginal peoples, like it’s hard for an Aboriginal person to fit into a group of white people who could be like doing positive things and doing better than a native group that’ll just accept you right away because of your skin colour. (Female participant)
The youth commonly emphasized Main Street as a space that influenced the perpetuation of racism and stereotypes. Although Main Street spans across the city, the ‘Main Street’ the youth referred to was related to a specific section visibly occupied by homeless and those suffering from extreme poverty and addictions. The youth stated it was perceived and known as the “dirtiest place in Winnipeg”. Many youth believed Main Street was the experience the non-Aboriginal community relied upon in constructing their views and understandings of urban Aboriginal peoples due to area’s high presence of Aboriginal peoples. Below one youth described her lack of belonging in a middle-class neighbourhood due to prevalent stereotypes of where Aboriginal peoples belong in the city:

Yea. I don’t feel like I should be in the area, I feel like I should be more further down Main. (Female participant)

Another added:

A lot of people will assume that because we’re native that were either going to fail and end up on Main Street, like a lot of the natives have, so they treat us differently and they always assume that we are going to fail. (Female participant)

As observed, the youth perceived there to be little positive support from the wider community for Aboriginal peoples. The negative depictions of Aboriginal youth were difficult for many to cope with:

When you’re fighting against a stereotype too and if it’s always coming at you, you’re always fighting, you’re always fighting and that can be really hard to always be fighting something. (Female participant)

Overcome by the persisting stereotypes, some youth gave up the battle:

It’s like they talk about us being so much one way, somebody was calling me gangster one time just because I was like [Aboriginal] and then I just sat there and thought ok, these people are calling me gangster, know what, I will be a gangster and I will start acting like this, will start to fight back against whatever, the law. So that’s what happened, that’s what I started doing. [...] Yea, it pissed me off more than anything.

Another shared similar experiences:

Because for me it was being brown skinned that a lot of people thought I was going to end up on main street, I was going to end up on welfare with kids and be a big drug addict and I believed for so long that I was
going to end up that way so I let it go that way. But I realized that I am my own individual, I can change it, I can change the way I want it to go and live my life and who I want to be. (Female participant)

Youth identified the need for positive supports to provide role models for community members to look up to in order to facilitate change: “being able to see someone doing better makes you know you can do better too.”

Given the negative misconceptions of Aboriginal peoples in the city, several youth emphasized the importance of having resources and spaces representing positive Aboriginal identities and cultures to counteract these stereotypes (see Figure 4.3). Many youth shared finding support and stability through the practice of their cultures. While some youth were able to gain such teachings from family members, others stated their parents had no or limited knowledge of their culture. However, many youth reported accessing important cultural resources at the community-level:

I think for me it was because my mom never did anything to embrace that part of us or did anything to teach us. It wasn’t until I was a teenager that I started finding programs and learning about sweats. In the group home they actually took us to programs and stuff to learn about our Aboriginal heritage. (Female participant)

Having cultural supports was perceived to be important to the health and well-being of the youth, particularly through its positive influence to their self-esteem (see Figure 4.4):

I think because it takes you back to who you are, your roots, you need to know where you've been to know where you're going. It's like a sense of pride when you are learning about it so it contributes to your self-esteem. (Female participant)

Even though such programs are important, the youth did discuss numerous challenges they face in accessing them due to their limited availability and location. Some youth felt that program hours were limited mainly to weekdays, leaving youth bored and vulnerable to the influences of negative supports:

The good supports, like community centers or organized ones, like it’s only from a certain time to a certain time, then the rest of the day you're just kind of out there and those negative supports are always there. I find the good ones close after a certain hour. (Female participant)
The location of programs also presented a barrier for access by the youth:

For me, I live all the way by the Perimeter and I have to look to for resources through the internet like that’s how I found this place and that’s how I find all these other Aboriginal organizations, like to try to put myself in a positive position with positive people so I have to travel like all the way from the perimeter into the middle of the city. (Female participant)

The youth also perceived there to be an overall lack of resources and programs available to Aboriginal youth within their neighbourhoods, which the youth identified played a role in issues such as youth gang involvement and substance use:

It’s a lot of gangs, shootings, and stabbings. [...] Makes it look like people don’t want to go there. It looks dirty, it’s unsafe, people are scared to walk around there, like even during the day. Yea. And um, I don’t know, if there were more community centers out there, like if people started to get together as groups and started making organized sports for teenagers then you wouldn’t have a lot of gangs or nothing like that around here or the North side. I mean West end or North side. (Male participant)

The youth depicted their neighbourhoods as lacking a sense of community and often viewed the social environments of these areas as unhealthy (see Figure 5) compared to wealthier areas of the city. As one youth shared his experiences with living in a middle-class area:

Well, when I was living in a [middle-class neighbourhood] well me and my buddies we always put ourselves into hockey tournaments. We just kept ourselves busy instead of just not always out there drinking and driving, doing stuff we shouldn’t be doing, getting caught by and in trouble with the police. Um, there’s a lot of parks to go to, always see people having baseball games in [middle-class neighbourhood]. (Male participant)

Contrasted by another youth describing life for youth living in the North end of the city:

Like you don’t really hear about people saying “my dad is taking me to the ball game today.” You don’t really hear that. It’s like “oh my dad is drinking today, I can go out”. That kind of thing. Some of them don’t even have dads. (Female participant)
Another youth added:

Um where I live right now it’s upper/middle class so there’s not really any crime that goes on around there, but I don’t see any problems where I live, but the area that I was raised there was a lot of prostitution and vandalism and there was a lot of youth that participate in crime and that do drugs and assault people. (Female participant)

As the above excerpts reveal the social interactions were perceived to greatly differ between neighbourhoods, which had an influence on the health behaviours of the youth residents.

Despite these tensions, it was at the community-level the youth believed positive change could be facilitated to strengthen supports and foster a healthy Aboriginal community. Resources and activities such as youth programs, organized sports, recreation facilities, and parks were understood as central components needed for healthy, supportive communities. When asked to envision the term ‘healthy community’ the youth’s photographs focused on opportunities for positive interaction, in other words places for healthy socializing:

I was taking pictures of community centres, basically for interaction of young youth or older people, drop-in-centre to come in and get to know our young youth and to be involved in each other’s lives and be part of the community. I took a picture of a BBQ for like family gatherings and for celebrations and for basically mainly everybody getting together and getting to know each other. Um, what else did I take a picture of? I took a picture of a park. Basically for families and friends or whatever to be able to communicate in a healthy way by going to a park or going somewhere for activities or meeting people. (Female participant)

Having places where the youth and community members could come together to foster healthy and supportive relationships was pertinent throughout the youth’s stories of building strong communities:

While you’re playing the sport you can do a lot of cheering and supporting each other, making friends, have something to talk about, asking questions about how long they they’ve been doing that and they can become friends from that. (Male participant)

Furthermore, all of the youth believed that providing spaces to increase supportive actions between community members would address many of the issues affecting
Aboriginal youth (e.g., drug and alcohol use, teen pregnancy, racism, sexual exploitation and gang involvement). The youth unanimously agreed and emphasized the need for intervention at the community-level:

Your community center you go play rec sports, you go play touch football, if there is soccer field you can go play soccer [...] and it’s also good for the little kids so they’re like not looking up to their older cousins who are in gangs and don’t want to be like them and they’re actually getting motivated, like doing stuff in the world that’s going to benefit them later in life instead of them being in jail or dead. (Male participant)

In highlighting the need for programs to keep youth busy and provide opportunities for Aboriginal youth (see Figure 4.6), the youth’s narratives were also strongly suggestive of the way social relationships within the wider social environment influence the health of individuals:

You know what I think? There needs to be a program out there that works with the family instead of just the person who is in the gang because that is where it is going to go back to the home environment, like if there is drinking going on, or if there is people who are selling drugs, like they are going to influence the individual to join and so I think a whole like a holistic approach to fix the family so the family can live in a healthy environment. (Female participant)

Discussion

The purpose of this paper was to explore the relationship between health and social support among a group of urban Aboriginal youth through the use of photovoice. Overall, the youth’s stories were indicative of the important role that social support and social ties play in the health and well-being of urban Aboriginal youth. We examined the link between health and social support as it is mediated at the level of the individual, family, and community.

Before discussing the findings, a few limitations deserve mention. First, qualitative data presents inherent dilemmas in regards to its interpretation and representation. While the first author and participants collectively decided upon the main findings of the study, the authors were responsible for the final presentation of these results. This said all efforts were made to most accurately represent those themes identified by participants. A second methodological limitation is related to
As photography is limited to capturing only what is observable some ideas or issues may have not been included in the participants photographs and therefore overlooked in discussions. However, this limitation was likely attenuated for given the multiple methods employed (e.g., questionnaires, photovoice, participant observation). Third, qualitative research focuses on obtaining rich information from the perspectives of participants and as such the study sample was small. Therefore, findings cannot be made generalizable. Furthermore, these youth are a unique subgroup that represented Aboriginal youth who are connected to important services (i.e., the Eagle’s Nest Project). Given the youth’s participation within the Eagle’s Nest Project the youth may have access to forms of support and social relationships than other youth who are not connected to organizations in the city. Finally, the questionnaire poses limitations. The use of closed questions limits the participants’ responses to defined categories and interpretation of questions may have varied between participants. While questionnaires were administered face-to-face to provide clarification of questions this method poses potential limits due to ‘interviewer effects’ whereby participant responses may be shaped to be socially desirable (McGuirk & O’Neil in Hay, 2010).

Social support was found to shape health both negatively and positively. Our findings demonstrate that the negative health impacts of social support may outweigh the positive effects. The three social structural levels were found to mediate the link between health and social support in direct and indirect ways. The most significant sources of support to the health and well-being of Aboriginal youth were found to be positive interaction and affection. While both the presence and absence of social support impacted the health of Aboriginal youth directly, mainly through its effects on emotional well-being, support was also largely tied to health through indirect pathways.

Family was observed as the most important social structural level mediating the health of the youth. While family represented the greatest source of tangible support (e.g., money, transportation), affection and positive interaction were commonly reported to be absent. This lack of nurturance and support is rooted within the intergenerational effects of residential schools that continue to mark
Aboriginal communities today. The lack of affection and support within the family unit mediated health in distinct ways for males and females. The absence of father figures left many males to seek male companionship and support through gang affiliation, increasing the youth’s risk of injury, violence, and for some death. On the other hand, females commonly sought out support and affection through male companionship, often engaging in risky sexual behaviour and increasing their risk for pregnancy and STI’s.

At the community-level the youth’s lack of social integration within the wider community greatly shaped the social support exchanged between Aboriginal youth. Relationships can be a source of comfort and support as they provide individuals with a collective identity and sense of belonging. However, finding identity as an urban Aboriginal youth and belonging within the city can prove quite challenging.

Racism was a pervasive issue underpinning the youth’s access to social support. The racism and stereotypes perpetuated at the community-level depicted where Aboriginal youth belong and whom they belong with. Racism also broke down the integrity and self-esteem of the urban Aboriginal community. Effects like these can be detrimental to the mental health and well-being of Aboriginal youth and may transpire in the form of personal harm through injury or unhealthy behaviours, such as substance abuse. The social exclusion and negative social interactions experienced at the community-level worked to strengthen the youth’s bonds and connections to other Aboriginal youth. Yet this connectedness can greatly influence health as individuals feel pressure to conform to the norms and behaviours expected by the peer groups they belong to.

In addition to shared experiences of racism, problematic family ties commonly led youth to look for support in others with similar problems typically resulting in negative sources of support. While friends provided youth with much positive interaction (i.e., support you receive from spending time with others) these interactions typically took form as negative health behaviours (e.g., drinking, drug use, deviant behaviour). These negative health behaviours were reported to stem from a lack of positive spaces (e.g., recreation centres) available for healthy interactions at the community-level. Furthermore, it was reported that youth might
support poor coping behaviours (e.g., drinking, smoking) within their friendships as such behaviours are modeled at the family-level. Despite the city providing greater opportunity for networking and social resources than reserve communities urban Aboriginal youth commonly found themselves entrapped within limited supportive ties that were often associated with negative health effects.

Although others (Richmond & Ross, 2008) have suggested the isolation of First Nations and Inuit communities may make it increasingly difficult for individuals to escape harmful relationships, it was found that such entrapment can occur in urban locations. The research findings show that urban Aboriginal youth may become entrapped within their social networks due to the social exclusion they experience at the community-level. Similar to other findings regarding the development of relationships among socially excluded youth, Aboriginal youth commonly forged friendships with deviant peers (Haynie & South, 2005; Sampson & Laub, 1993). It was often negative social norms and behaviours, such as substance use, partying, and skipping school, that youth engaged in to maintain the support of their friends. As these behaviours came to define their relationships the youth faced immense difficulty when trying to make positive lifestyle changes (e.g., quitting drinking, returning to school). Such changes usually involved the severing of ties as the youth were either rejected by their peer groups or chose to physically remove themselves from these negative peer influences.

Despite the health benefits associated with lifestyle changes these changes also resulted in negative health effects related to negative emotions tied to feelings of loneliness and social isolation. Although supports and resources were readily available in the city in comparison to reserves, such programming was mainly tied to treatment rather than preventative measures. In other words, support was only made available to those youth who were experiencing distinct hardships (e.g., fighting with addictions, homeless). The youth emphasized the importance of having resources and programs available for youth as strategies for health prevention (e.g., lowering gang involvement, increasing educational attainment, addressing youth addictions). The importance of recreation programs was related to opportunities for the youth and Aboriginal community with opportunity for positive social
interaction, emotional support, belonging and a space to model healthy behaviours (e.g., participating in community team sports, showing support). The experiences and solutions shared by the youth illustrates social support is a significant pathway to the health of Aboriginal youth.

**Conclusion**

Despite much research reporting the health effects of social support, there has been little research to explore this relationship among Canadian Aboriginal peoples. Furthermore, the majority of research within this area has focused on the positive health effects of social support. Recent findings have demonstrated the significance of social support to the Aboriginal health (Richmond, 2007; Richmond, Ross & Bernier, 2007; Richmond, Ross & Egeland, 2007). Among these analyses social support was shown to not always be health protective within the Aboriginal context (Richmond & Ross, 2008). This paper supports these findings within the context of a group of urban Aboriginal youth. Social integration influences the social support one receives at varying social structures ranging from the level of the individual and beyond the family to the greater community. It is through these levels that we can understand how social support works to influence health and well-being. The lack of social integration in the wider community resulted in greater interconnectedness among those Aboriginal youth living in the city. However, it was this marginalization and racism that limited the youth’s social networks, which exerted more pressure upon the youth to conform to the health-damaging behaviours of their peer networks due to fear of further social isolation.

As the results demonstrate, a number of the health issues experienced by urban Aboriginal youth are rooted within their social environment. The emphasis the youth placed on investing in programs and spaces to foster positive social support and healthy relationships highlights the need for researchers, public health and policy to further consider the social support-health relationship among Aboriginal youth. Furthermore, increasing positive community spaces for Aboriginal peoples based on prevention rather than treatment can serve to showcase and emphasize a healthy Aboriginal community and detract from the negative
stereotypes that are perpetuated within the greater urban community. Further, such policy and programming need to consider those vulnerable youth (e.g., those youth involved in corrections, CFS or highly mobile) may encounter greater difficulty successfully transitioning into adulthood and obtaining related milestones (e.g., high school completion, post-secondary education, employment). In consideration of this policy and programs should extend the definition of what defines “youth” and increase support to those older than 18 as vulnerable youth may require increased assistance (i.e., services and support) for lengthier periods of time compared to other youth. As was demonstrated here, research, policy and interventions must consider the social environment through which social support and social interactions take shape to influence the health and well-being of Aboriginal youth.

Figure 4.1 Who are sources of support most important to you? “This represents my dad cause he’s jumping inside his car and then he always gives me rides and he’s always there and whenever I need to ask a question, I can just call and he’s always there.” (Female participant)
Figure 4.2 Who are sources of support most important to you? That’s a picture of mine and my grandma’s hand. She is always there for me and always supports me. She cooks and gives me money all the time. (Female participant)

Figure 4.3 What does a ‘healthy community’ mean to you? These are just pictures of the vigil gathering at the legislative building for the missing and murdered women and I think these show that how much positive comes out of like, when you see our people like you see, we get judged a lot because a lot of them are like drinking or sitting on the sides of the street and people think we’re all like that so I think that this shows the positive side of us and how we all pull together and show
support for each other and shows that we are a healthy community. So yea, that’s just what this one show. (Female participant)

Figure 4.4 What is important to health and what contributes to your health? “It’s a pow wow. It’s good to have tradition and stability in your life. Well, the way I look at it is just like, it’s a way of life, it’s stable, secure. It’s a lot better than doing drugs and stuff. It’s a way of living.” (Female participant)
**Figure 4.5** What represents something that negatively affects the health of your community or neighbourhood? I took a picture of a beer bottle because I have neighbours and all three floors all drink. First of all, it disrupts us. I rather see a lot of healthier things instead of her drinking everyday, like out with her kid enjoying life rather than sitting on the deck and being drunk and yelling at random people down the street. (Female participant)

**Figure 4.6** One youth describing the importance of community programs to the health of Aboriginal youth: “Because it’s a good way to spend your free time and feel like you’re doing something productive and being part of a team, people that care about you, people that want you to do something better.” (Female participant)

**References**


Maulik, Eaton, Bradshaw (2009). The role of social network and support in mental health service use: findings from the Baltimore ECA study. Psychiatric Services, 60(9).


Chapter 5

5 DISCUSSION AND IMPLICATIONS

5.1 Introduction

The purpose of this thesis was to explore the relationship between health and social support as it is mediated by mobility among a group of urban Aboriginal youth. The research was guided by two research questions: i) how do the mobility experiences of urban Aboriginal youth shape the development and maintenance of social support networks; and ii) in what ways does the above intersect to influence the health and well-being of urban Aboriginal youth? In addition to these research questions this thesis was also guided by empirical, theoretical and methodological research objectives: i) to gain deeper understanding into the health, mobility and social experiences of urban Aboriginal youth, (ii) to understand the pathways linking social support to health outcomes, and (iii) to contribute to knowledge regarding the use and effectiveness of a community-based participatory research method for Aboriginal populations. In addressing the above, Aboriginal health was conceptualized using a social determinants approach and was examined employing qualitative research methodologies. This chapter will discuss the major findings from this research as well as implications of this study, recommendations and areas for future research.

5.2 Summary of Key Findings
Chapter 2 provided a critical evaluation of the use of photovoice with vulnerable Aboriginal youth using both the feedback and experiences of the youth and researcher. While photovoice is becoming increasingly popular to use in research involving marginalized populations, very few have evaluated its use with Aboriginal peoples. Our evaluation revealed photovoice to be a favourable method to use with Aboriginal youth reporting overall satisfaction with their participation and was perceived as a culturally appropriate method. However, this method is not without its challenges. The very participatory nature of photovoice represents a strength in terms of Aboriginal self-determination within research, but results in a lengthy process requiring significant time and dedication on behalf of the participants. Such commitment can make for a challenging experience when working with a vulnerable and mobile population. For example, how do you make research a priority for an individual wondering where he or she will sleep that night? Our study revealed three key determinants to the success of photovoice with vulnerable youth: flexibility in the research design, accommodation in the research timeline, and the most significant factor, relationship building. Relationship building and establishing trust between the youth and myself was a key aspect in not only conducting this research, but for the overall success of the project. Therefore, future photovoice users must acknowledge that strong community research relationships typically go beyond the scope of the research. Therefore, researchers must be willing to dedicate significant time and commitment in fostering such important relationships with participants. Overall, with modification and accommodation of
participants’ needs and special circumstances photovoice has the potential to be a powerful research tool to use with Aboriginal youth.

Chapter 3 focused on examining how the mobility experiences of urban Aboriginal youth shape their social networks. The participants experienced varying degrees of mobility ranging from 0-15 moves within the previous year. Unstable family environments related to family addictions, abuse, poverty, and conflict, were found to underlie much of the youth’s mobility. Most of the participants agreed that mobility negatively impacted their social relationships with both family and friends through disconnections imposed by geographical and psychological barriers. As such, mobility impacted both the quality and quantity of the youth’s relationships. Geographical barriers were typically tied to physical separation of youth from their families and friends (e.g., placement in foster care), while psychological barriers were related to the youth’s hesitation to form bonds due to the uncertainty regarding their residential stability. While mobility contributed to the social exclusion of Aboriginal youth from their peers, racism was also found to underlie this exclusion. As a result many found support among other Aboriginal youth with similar life experiences to them (e.g., involvement in foster care, addictions, family conflict). However, most often youth were found to associate with deviant peers. In terms of the impacts on the quality of relationships, low levels of intimacy and affection were perceived within child-parent bonds. The low levels of parent support were intertwined within mobility through physical separations between youth and parents and tied to impacts of residential schools on family functioning. Friendships were characterized by low levels of trust and were often described as
negative sources of support, usually related to peer influences to engage in drug use, drinking or criminal activity.

Building upon Chapter 3 the fourth chapter examined how the social networks shaped by mobility impacted the types and sources of support available to urban Aboriginal youth and how this support influences health and well-being. Social support was found to be mediated by three levels: the individual (i.e., personal decisions and influences over types and access of social support), family, and community. All three social structural levels were found to shape the health experiences of Aboriginal youth in distinct, but interconnected ways. Furthermore, these pathways were found to be both direct and indirect. At the level of the family the most common source of support received was tangible. Affection and positive interaction were the least reported within the family environment and were found to be the most significant support pathways to health outcomes. Friends regularly provided supports related to emotional, affection, and positive interaction. Intimacy (e.g., trust) was the least available support at all levels. Positive interaction often transpired as negative health behaviours (e.g. drinking, drug use, deviant behaviour) due to limited positive spaces (e.g. recreation centre) for healthy interactions available at the community-level or modeled at the family-level. Our results demonstrated that not all social relationships are supportive in nature (i.e., health-enhancing). While social support was found to directly impact health through positive or negative effects on the emotional well-being of youth, social support largely influenced the health of the youth indirectly. For example, seeking out support in negative manners (e.g., gang affiliation, risky sexual behaviour) when
support is not provided at the family-level. The findings also highlighted that while the city may present greater opportunities for networking and social resources compared to reserve communities urban Aboriginal youth are at risk for becoming entrapped within limited supportive ties that may perpetuate negative health behaviours.

5.3 Contributions

This study makes empirical, theoretical, and methodological contributions to research on social relationships, mobility, and Aboriginal youth health. Empirically, this study revealed important insight into the mobility and social experiences of urban Aboriginal youth, an area that has been greatly overlooked within research. Research has mainly been limited to quantitative measures documenting migration flows between urban and reserve/rural spaces (Clatworthy, 1996; Clatworthy & Norris, 2007; Cooke & Bélanger, 2006; Norris & Clatworthy, 2011;). As such, we know very little about the mobility experiences of Aboriginal peoples or the impacts of this mobility on individuals. Furthermore, this research has largely excluded youth. First, this study demonstrated mobility to be a common feature in the lives of Aboriginal youth. Mobility was viewed as beyond the control of the youth and to an extent, their families (i.e., parents/guardians). The youth’s stories highlighted a perpetual cycle of “broken homes” that shaped both the mobility and social experiences of many Aboriginal youth. This cycle is related to persisting issues of poverty, addictions, abuse, and family dysfunction that continue to shape the lives of many Aboriginal families. Such issues are rooted within Aboriginal peoples’ experiences of colonization and residential schools. While these Aboriginal youth
represent the first generation free from the direct impacts of residential schools (i.e., not students) the findings from this study provide evidence of the lingering effects of the residential school legacy; effects that are translated through generations and are felt throughout all aspects of Aboriginal peoples' lives.

Furthermore, the findings inform us that social support networks and social environments are two significant determinants of Aboriginal youth health. However, our results are supportive of other findings (Richmond & Ross, 2008) that demonstrate while social support is a significant dimension of Aboriginal health it is not always supportive of health (i.e., health-enhancing). Additionally, our results demonstrate that negative influences of social support may outweigh the positive effects of social support. Positive interaction and affection appeared to be the two most important support pathways to the health and well-being of the youth. The absence of affection within the family unit translated into indirect pathways to health outcomes commonly leading youth to engage in risky sexual behaviour or gang affiliation. At the community-level social integration (i.e., connectedness to others in social environments) largely mediated pathways to both support and health. For example, while limited, positive interaction was the most important source of support at the community-level. Spaces and opportunities (e.g., The Eagle's Nest Project) for healthy positive interaction between community members enhanced the emotional well-being of youth as it provided youth with belonging and contributed to their self-esteem through the strengthening of their Aboriginal identity. However, when such support was not available (i.e., experiences of social exclusion due to racism) this translated into direct (e.g., depressed mood) and
indirect (e.g., seeking negative supports such as gang involvement) health impacts. Furthermore, our research highlights the importance of social integration in shaping social support and health among Aboriginal youth.

This study presents a novel contribution to understanding the relationship between social support and health as it is influenced by mobility. This study revealed that mobility does indeed cause disconnections in important social relationships, thus limiting the available support Aboriginal youth have access to both in regards to quantity and quality. By limiting both the quality and quantity of support mobile individuals may become socially confined to negative sources of support due to limited social opportunities to escape harmful relationships or networks.

Theoretically, this research contributes to a limited knowledge of the relationship between health and social support for Aboriginal youth. Our findings revealed new understanding into the ways social support impacts health positively and negatively through both indirect and direct pathways at three social levels. While it is important to examine social support through dyadic relationships (support provided from one individual to another) this approach overlooks other important sources of social support (Felton & Shinn, 1992). For example, social support as it is experienced from larger units or scales of social relationships (e.g., the family unit, community) and social processes (e.g., social integration). Our research demonstrated social support is mediated at the level of the individual, family, and community and each level shape the health-social support relationship in distinct ways.
Methodologically, this paper makes significant contributions. The most significant of these contributions was a critical evaluation of photovoice as a research method to use with vulnerable Aboriginal youth. The development of culturally appropriate and inclusionary research methodologies for Indigenous populations is crucial to the growth and opportunity of research with Indigenous communities. While photovoice is becoming increasingly popular to use with marginalized groups, few have critically evaluated its effectiveness for such populations. Our research demonstrates the importance and value of Community-Based Participatory Research for Aboriginal peoples. As was demonstrated by our research, undertaking research based on partnership and valuation of the cultures and knowledge of the participants and community is pivotal to community-based research. Furthermore, our experiences emphasized the immense significance of relationship building between researchers and participants/community to the success of conducting research that is beneficial to both parties (i.e., academic and community). By sharing the successes and challenges associated with the use of photovoice with Aboriginal youth, we highlight key aspects fundamental to the research process for marginalized groups. Others can draw upon these recommendations to improve the use of photovoice, but as well take into consideration such factors when using other community-based participatory methods. By building upon the methodological literature we provide an important step within the process of decolonizing research relationships with marginalized populations.

5.4 Limitations
Prior to discussing the implications of this study, there are several study limitations to note. First, as with all qualitative data, information obtained from photovoice is subject to dilemmas in interpretation and representation. Photovoice is participant-driven (Wang & Burris, 1997) and as such both the participants and first author collectively decided upon the main findings of the project. Despite this process, it was the authors who were responsible for the final presentation of the results (i.e., thesis). However, all efforts were made to accurately represent those themes identified by the participants. A second methodological limitation was related to photography. Photography is limited to only documenting what is visual or tangible. This said, certain ideas or issues may not be easily photographed or filmed at all and as such, may have been overlooked during participant sessions. However, this limitation was likely attenuated for given the multiple research methods used. Third, given these findings are based on a small sample size of Aboriginal youth they cannot be made generalizable to all Aboriginal youth. However, it is important to note that making generalizations is not the goal of qualitative research, but rather to capture rich information on phenomenon from the perspectives of participants (Bradshaw & Stratford, 2000). While the project is limited to a small sample size, it must be noted that using multiple methods, including extensive participant observation, allowed for data saturation. Additionally, the intimate bonds fostered between the participants and myself were invaluable to the research findings and provided significant dimension and insight to the research findings presented here. Another limitation of this study is the recruitment process. All of the participants were recruited from the Eagle’s Nest
Project and as such represent those youth who are connected to and have more access to important community services. In doing so, our findings exclude the experiences of those youth who are not connected to such services and may be less likely to have access to sources of support important to health and well-being. Last, Winnipeg represents a unique space for examination. Winnipeg is a highly integrated city in terms of Aboriginal-led organizations and a highly visible Aboriginal presence. The city has more than 60 Aboriginal-led organizations and was the first city in Canada to open an Aboriginal Friendship Centre (Lindsay, 1998; Peters, 2002). In consideration of this, findings may have greatly differed if this research was carried out in another city. The breadth of Aboriginal organizations and services in Winnipeg indicates greater access and availability of support for Aboriginal peoples compared to less integrated cities. The prominent Aboriginal population would also have impacts on the support available at the community-level compared to those in cities who are significantly marginalized among relatively small Aboriginal populations. As such, this research leaves room for further understanding of how social support and health are experienced by Aboriginal youth in other cities.

5.5 Implications, Recommendations and Future Research

This study found mobility to negatively shape the relationship between social support and health of Aboriginal youth. However, several other factors were also found to influence the development of social relationships, which are further compounded by mobility. In consideration of this, future studies may want to adopt a mixed-methods approach to account for potentially confounding factors (e.g.,
frequency of mobility, age, education, family socioeconomic status) and examine the
impacts experienced with types of moves (e.g., foster placement, reserve to urban).
As such, policy interventions or service development may be developed to address
specific mobility transitions. Additionally, future research would benefit from a
larger scale comparative study between mobile and non-mobile Aboriginal youth to
better understand the extent to which mobility shapes social relationships. For
example, the Aboriginal Peoples Survey (APS) contains questions related to
mobility, which would be useful for more extensive analysis. However, APS does not
reach those who are highly mobile (e.g., those experiencing churn) and as a result
misses the experiences of mobile youth. Mobility data can also be found within the
First Nations Regional Health survey, but the use of this data is restricted to
Aboriginal researchers for reasons related to OCAP. Finally, a comparative study
between two urban areas would be of interest to learn if those cities, such as
Winnipeg, with highly visible Aboriginal populations and numerous Aboriginal
organizations differ from those less integrated cities.

The research demonstrates social support and social relationships present
both indirect and direct pathways to health outcomes (both beneficial and harmful)
among Aboriginal youth. Much of the literature on Aboriginal youth health has
focused on personal health practices and coping skills (e.g., substance use) (Ning &
Wilson, 2012), while important greater research is needed to investigate the
influences shaping such behaviours. As our research has indicated social support
and social environments have significant influence over the health behaviours of
Aboriginal youth, suggesting further attention needs to be drawn to social
relationships and support as pathways to health outcomes for Aboriginal youth.

Given the strengths of both qualitative (i.e., in-depth understanding) and quantitative (i.e., breadth of findings) methods, it would be beneficial to adopt a mixed-methods approach to obtain a broader understanding of this relationship.

This study revealed the significance of programs and community services to the lives of Aboriginal youth. Programs like that of the Eagle’s Nest Project provide immense support to Aboriginal youth who are in transition. Although the Eagle’s Nest Project focuses on providing support to transition youth into the labour market or education system, it became evident that the centre was a great source of positive interaction. The program was a place for youth to come and build relationships with other youth in a positive and healthy environment, spaces and opportunities that may be limited for mobile youth. As several youth identified the Eagle’s Nest Project as their primary source of support, funding must be made a priority for this program among others elsewhere to ensure the continuation of such vital services into the future. While there are several Aboriginal-led organizations within the city of Winnipeg, many of these services are directed towards rehabilitation (e.g., addictions, exiting correctional facilities). In other words, Aboriginal youth must be identified or labeled with a ‘problem’ to gain access to such services. As recommended by the youth, services and programs need to be developed as preventative measures and available to all in the community. The youth emphasized the need for spaces for Aboriginal youth to come for a sense of belonging, purpose, pride, and support, as the absence of these factors commonly led youth to engage in deviant behaviours. Such resources are vital to provide youth with a stable source of
support. This said, cities should prioritize the availability of community and recreation centers in low-income neighbourhoods (i.e., those with higher mobility) to better the health of youth, but also the health of the entire community.

While the research presented here makes key contributions to the academic community and important policy recommendations, there is still much work to be done. Addressing the numerous health disparities and needs of Aboriginal youth is by no means easy. However, as shared by the participants, there are steps to be taken to alleviate some of the significant issues impacting the lives of many Aboriginal youth. From our experiences and findings of this research, working together with Aboriginal communities presents a promising approach in bettering the health of Aboriginal peoples.

References


Appendix 1
Informed Verbal Consent Form

[UTM Letterhead]

THE MOBILITIES OF ABORIGINAL YOUTH: EXPLORING THE IMPACT ON HEALTH AND SOCIAL SUPPORT
Guideline to Informed Verbal Consent

DATE

Overview of project
- The goal of this research project is to use photographs and discussion to understand your moving experiences in regards to changes in your living situations (e.g. moving to the city and/or moving within the city) and how this movement affects your social networks (e.g. Has moving affected your ability to stay connected with friends and families or made it difficult to make new friends?). Furthermore, I am interested in exploring the ways by which the above shape your health and well-being.
- Six 1-hour weekly sessions
- Overview of photovoice: photographic assignments (provided with cameras and take photographs on your own time), presentation and sharing of photos and experiences with group, group coding & final photo exhibit.
- Photography ethics: you will not be allowed to take pictures of any individuals.
- A questionnaire will be included as part of participation.

Compensation/Benefits
- You will receive a $10 gift card for each session you take part in, as well as have the opportunity to receive volunteer hours for your time.
- Possible research outcomes: policy changes, changes/development of services available to youth who are in transition (looking to get back into school, working, etc.) and mobile (moving, new to the city, etc.)
- Findings will be shared to the wider community during a final photo exhibit.

Participation
- Your participation is 100% voluntary and that if you choose not to partake there will be no such penalties and it will not affect your ability to participate in the youth program (Eagle’s Nest).
- You are able to withdraw from the project at any time for any reason without penalty. You will receive your honorarium for the sessions you attend. If you choose to withdraw, all data provided by you will be removed and destroyed from the research.
- Your parents/guardians will be provided with an information letter outlining the project.

Potential Risks
- Potential risks associated with participating: might bring about emotional responses (e.g. stress, embarrassment, frustration, or other negative emotions). Sensitive topics may
arise, but all efforts will be made to ensure your safety and comfort of at all times. You do not have to answer any questions you do not wish to and that at any time you are able to voice your concerns regarding the discussion or activities taking place.

- A youth mentor from Eagle’s Nest will be present throughout the duration of the project. As well, contact information of a counselor will be provided to you (will be given at each session) should you require such assistance.
- Any information that is obtained during this study will be kept confidential to the full extent permitted by law. All participants will not discuss or share any matter discussed within the sessions outside of the study setting.
- Your name and the names of others mentioned within the research will not appear in any publications. Researcher will take all possible measures to minimize any legal risks: destroying audio files immediately after transcription; replacing all names and initials with pseudonyms (nicknames); discussing any criminal activity in a general manner to minimize possible identification.
- Despite all measures taken to ensure the safety of you (and all participants) a court challenge could still be possible. Under such circumstances it is possible as a result of legal action the researcher may be required to reveal information obtained in the course of this research to a court or other legal body. The safety of you the participant is of utmost importance.

Duty to report

- Duty to report: child abuse (any information you share giving reasonable suspicion of child abuse involving anyone under the age of 18 will need to be reported; information revealing intent to seriously harm oneself or another will be assessed by Eagle’s Nest staff and appropriate measures will be taken if need be (i.e. depending on one’s risk assessment various actions could follow, for example referral to mental health services e.g. counsellor, to more immediate action being required if one was at high risk e.g. calling 911).

Data

- Outcomes of findings: results may be distributed in the community research reports, academic journals, and conference presentations, and a summary of the results will be made available to participant if they wish.
- Recording of sessions and transcription: Sessions will only be tape-recorded and transcribed with your permission.
- If you like, I will later send you a written copy of the interview so that you have the opportunity to confirm what was said during our conversation.
- All audiotapes, transcriptions, and notes will be used only by researchers and that no other person will have access to them. The audiotapes and transcripts will not have your name or any other individual’s name or any other identifying information on them. A research code or pseudonym (nickname) will be used instead.
- All data will be stored securely (encrypted, password protected and locked cabinets in locked offices) and all data will be destroyed three years following project completion.
- All audio files will be immediately destroyed following their transcription.
- Summary reports providing an overview of the major findings of the study will be given to Eagle’s Nest.
• Please feel free to contact U of T Ethics Office number, if you have any further questions or concerns: 416-946-3273.
• Please feel free to contact any of the following individuals for more information:

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Checklist:

The participant fully understands:

☐ the research goals, methods, possible outcomes associated with the project;
☐ parents/guardians will receive an information letter;
☐ that participation occurs weekly (one hour) for six weeks;
☐ they are not to take any photos containing any individuals;
☐ the possible benefits (gift card honorarium) and risks related to the project;
☐ the potential risks and procedures of ‘duty to report’;
☐ the extent of confidentiality of the research;
☐ they are not to share or discuss any information obtained from any of the sessions;
☐ they do not have to share any information or answer any questions they feel invasive, offensive or inappropriate
☐ they have the freedom and choice to speak up if uncomfortable at any point within the project;
☐ that the research is 100% voluntary and there are no penalties associated if they do not partake
☐ their participation in Eagle’s Nest will not be affected by their (non-)participation in the project
☐ they are able to withdraw at any time for any reason from the research without penalty;
☐ the outcomes of the results of the study related to publication and presentations;
☐ sessions are only recorded and transcribed with their permission;
☐ Provide opportunity for participant to ask questions;
☐ [participant pseudonym] is fully aware of and understands all the terms and conditions related to the project and has verbally agreed to participate in the study examining mobility, social support and health and well-being of Aboriginal youth.
Appendix 2
Letter of Information

[UTM Letterhead]

THE MOBILITIES OF ABORIGINAL YOUTH: EXPLORING THE IMPACT ON HEALTH AND SOCIAL SUPPORT
LETTER OF INFORMATION

DATE

Dear Participant,

My name is Ashley Ning and I am a Geography student at the University of Toronto in the Collaborative Program in Aboriginal Health. This letter is an invitation to participate in a study I am undertaking as part of my Masters research and in partnership with Eagle’s Nest Youth Resource and Recreation Program (Winnipeg). This letter will provide you with some information about this project.

The goal of this research project is to photographs and discussion to understand your mobility experiences in regards to changes in your living situations (e.g. moving to the city and/or moving within the city) and how this movement has influenced your social relationships in terms of maintaining or developing such connections with friends or family etc. Furthermore, we are interested in exploring the ways by which the above shape your health and well-being. You have been approached because your voice and your knowledge are extremely important and valuable to this project. We believe that your stories, wisdom, and life experiences (e.g. talking about why you moved, your feelings about moving, the role of your friends and family in your life, significance of places etc.) may assist in influencing or improving the services that are (or are not) available to you. I very much hope that you will consider participating in this project.

Participation in this study is up to you. Once a week we will meet as a group for one hour over a 6 week period to discuss photographs that you have taken on your own time (cameras will be provided). Through the photographs and sharing of your stories we will explore the topics mentioned above. You choose to discuss what you feel comfortable sharing with the group and you may also decide to leave the session at any time without any negative consequences. If you choose not to participate or decide to withdraw at any point in the study it will not affect your ability to participate in [insert name of community/youth group]. With your permission, the sessions will be audio recorded. If you like, I will later send you a written copy of the interview so that you have the opportunity to confirm what was said during our conversation. All information you provide is considered completely confidential. Please see the attached consent form for more information.

If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please feel free to contact us or the Ethics Office at the University of Toronto 12 Queen’s Park Crescent West, 3rd Floor, Toronto, ON M5S 1S8 Phone: 416-946-3273.

I look forward to speaking with you and thank you in advance for your time and effort with this research project.

Many thanks for your time, Meegwetch
Appendix 3
Parent Letter of Information

[UTM Letter head]

THE MOBILITIES OF ABORIGINAL YOUTH: EXPLORING THE IMPACT ON HEALTH AND SOCIAL SUPPORT
LETTER OF INFORMATION- PARENT/GUARDIAN

DATE

Dear Parent/Guardian,

This is to inform you that your child has been invited to participate in six 1-hour photovoice sessions to be held weekly at the Eagle’s Nest Youth Resource and Recreation Center to discuss how their mobility experiences (e.g. moving between the city and reserve, within the city, etc) affect their relationships with others and their well-being. This project is part of a study conducted by researchers from the Department of Geography at the University of Toronto Mississauga and the Eagle’s Nest Youth Resource and Recreation Program.

As a participant in the photovoice project, your child will be given a camera and asked to take photographs of images they feel illustrate and represent their mobility experiences and social support (e.g. friends, family, services, etc.) that they feel influence their health and well-being. The sessions will be tape-recorded (with their permission) and transcribed. Your child will choose to share only information he or she is comfortable with. All information discussed within the sessions will be confidential and participants will not discuss any information outside of the class setting. Data collected will only be used by researchers and will be destroyed after the study period. Results will be made anonymous and no data will be presented in a manner that could possibly identify your child. Your child may choose to stop participating at any point during the project.

This research will contribute to our understanding of the mobility experiences of Aboriginal youth and will contribute to our understanding in ways by which services can assist in their needs in terms of various support.

Many thanks for your time,

Meegwetch,

[contact info]
Appendix 4
Questionnaire

[UTM Letter head]

THE MOBILITIES OF ABORIGINAL YOUTH: EXPLORING THE IMPACT ON HEALTH AND SOCIAL SUPPORT
Questionnaire

1. How old are you? ______

2. Please indicate your gender: _______

3. How many times have you moved (changed place of residence) in the last year? ______

4. Overall, how would you describe your living situations during your lifetime:
   A) Stable
   B) Relatively stable
   C) Mobile
   D) Highly mobile

5. I...
   A) have always lived in the city
   B) moved to the city from a reserve or rural area
   C) moved to the city from another city
   D) find myself back and forth between the city and my reserve/rural home community

6. What is your current living situation:
   A) renting
   B) staying with friends
   C) living with parents/guardians
   D) living with relatives
   E) do not currently have a place to stay
   F) other: ________________________

7. I believe the more friends and family you have, the more support you have:
   A) Strongly Agree
   B) Agree
   C) Not sure
   D) Disagree
   E) Strongly disagree

8. I find it easy to make new relationships and friendships with others:
   A) Strongly agree
   B) Agree
   C) Not sure
9. I believe moving or changes to my living situations can make it difficult to maintain relationships with friends and family:
   A) Strongly agree
   B) Agree
   C) Not sure
   D) Disagree
   E) Strongly Disagree

10. How important are your friends in your life?
    A) Very important
    B) Important
    C) Somewhat important
    D) Not important

11. How important is your family in your life?
    A) Very important
    B) Important
    C) Somewhat important
    D) Not important

12. I would describe my health as:
    A) Excellent
    B) Good
    C) Fair
    D) Poor

13. I believe that your relationships with others can affect your health and well-being?
    A) Strongly agree
    B) Agree
    C) Not sure
    D) Disagree
    E) Strongly disagree

14. Would you say the people you spend time with on a regular basis have healthy lifestyles (e.g. exercise, eat healthy, take care of their health, etc.)?
    A) Yes, most of them
    B) Some do, other don’t
    C) No, most of them don’t

15. I feel that I have access to good sources of support (e.g. people who help me and make me feel good):
    A) Strongly agree
    B) Agree
    C) Not sure
    D) Disagree
    E) Strongly Disagree

16. Overall, do you feel your friends positively influence your health and well-being?
17. Overall, do you feel your family positively influences your health and well-being?
   A) Strongly agree
   B) Agree
   C) Not sure
   D) Disagree
   E) Strongly Disagree

18. After spending time with my family I feel:
   A) Happy
   B) No different
   C) Worse
   D) Other: (Please describe) ________________________________________

19. After spending time with friends I feel:
   A) Happy
   B) No different
   C) Worse
   D) Other: (Please describe) ________________________________________

20. My biggest source of support is:
   ________________________________________

21. In the past year have you participated in any cultural activities?  YES / NO

22. Do you think culture is important to one’s health and well-being?  YES / NO
Part II

Please use the table provided below to list those people who are important in your life.

• In the 1st column write their initials
• In the 2nd column write their relationship to you (Mother, friend, neighbour, Elder, etc.)
• In the 3rd column answer if they live in Winnipeg or elsewhere (if so, write outside of city).
• In the 4th column state how long you have known that person. Select a letter from the following answers and write it in the last column.
  A) Less than 6 months; B) 6-12 months; C) 1-3 years; D) more than 3 years.

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<th>1) INITIALS</th>
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<th>3) CITY/OUTSIDE CITY</th>
<th>4) LENGTH OF RELATIONSHIP</th>
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Using the table attached to the end of this questionnaire, please answer the questions below for each person you have listed in the above table. Place the initials of each person you listed above in this new table on the left side. Answer the questions by writing down the letter to each correct answer that you feel best describes or applies to that person under the question #.

1. How much do you trust this person to share with them your personal stories or experiences or information?
   A) A lot
   B) A fair bit
   C) Not really
   D) Not at all

2. How much does this person make you feel loved or cared for?
   A) A lot
B) A fair bit
C) Not really
D) Not at all

3. No matter what happens I know this person will always be there for me:
   A) Strongly agree
   B) Agree
   C) Not sure
   D) Disagree
   E) Strongly Disagree

4. This person provides help or advice in finding solutions to my problems:
   A) Strongly agree
   B) Agree
   C) Not sure
   D) Disagree
   E) Strongly Disagree

5. If I am upset and needed someone to talk to I would go to this person:
   A) Always
   B) Usually
   C) Not very often
   D) Never

6. If I was sick or in need (e.g. ride, a place to stay, etc.) this person would help:
   A) Always
   B) Usually
   C) Not very often
   D) Never

7. This person invites me to do things with them:
   A) Always
   B) Usually
   C) Not very often
   D) Never

8. How often do you have direct contact with this person? (e.g. visit or see them in person)
   A) Daily
   B) Weekly (2 times or more)
   C) Monthly (Once or twice a month)
   D) Few times a year
   E) Once a year or less

9. How often do you have indirect contact with this person? (e.g. text, phone calls, Facebook, emails, letters, etc.)
   A) Daily
   B) Weekly (2 times or more)
   C) Monthly (Once or twice a month)
   D) Few times a year
   E) Once a year or less
10. Do you feel changes to your living situations (moving) have affected your contact or relationship with this person?

A) Very much
B) Somewhat
C) Not at all

FILL IN YOUR ANSWER (A; B; C; D; E) TO EACH OF THE TEN QUESTIONS FOR EACH PERSON

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Appendix 5
Recruitment Flyer

A Research Project Exploring Mobility, Social Support & Health of Aboriginal Youth

We are interested in learning about how your mobility experiences (moving to the city/within the city) have shaped the social support available to you (friends & family) & this influences your health & well-being

Let your VOICE be heard!
Gift cards & food will be provided!