

The following tables contrast Inuit Qaujimajangit (what Inuit know) with mainstream Canadian rehabilitation services for children. The tables are shaded from yellow to blue to show how the perspectives of these groups do not exist in an us/them dichotomy, but rather, on a spectrum. Participants expressed a range of perspectives that could be mapped across the width of the tables. Similarly, the evidence base and perspectives of timimut ikajuqsivik practitioners does not always strictly follow what is written in the right columns of these tables. (Consider especially the perspectives of Inuit timimut ikajuqsivik providers and non-Inuit providers who have practiced in Nunavut for many years.) The text on the left and right of these tables simply represents the greatest points of difference that emerged in the research. Centred text in the tables represents points of shared understanding across the two sets of perspectives. Illustrations by Aija Komangapik on the tables depict people coming together to hunt and fish, showing how people with differing perspectives can work together for the common good. Wherever on the spectrum of perspectives therapists or the people they work with might locate themselves, finding means to bridge difference while showing openness and respect is encouraged. Recognizing the power that Eurocentric/mainstream perspectives have, we can see the potential harm that can come from assuming they are universally relevant.

Table 1. How perspectival differences (from beliefs to objectives to actions to outcomes) influence support for childhood learning and skill building.

	Inuit Qaujimajangit	Mainstream Canadian rehabilitation services for children
Beliefs	What is the conceptualization of childhood learning and skill building? Part of inunnguiniq. Supporting learning and skill building is an inherent part of parenting.	Child development. Supporting learning and skill building is compartmentalized.
	How is “normal” childhood learning and skill building understood? Everyone has their own normal. Everyone has a valued role in their community.	What is considered normal can be objectively measured (e.g., through standardized assessment).
	How is a child’s learning and skill building described? In terms of abilities and inabilities.	Development is characterized as delayed if it does not follow standardized norms. Emphasis on labeling issue/diagnosis.
	When should families seek external support with a child’s learning and skill building? Variation in abilities doesn’t necessarily cause concern until family feels they are not able to support the child to progress in their skills.	Delayed development is cause for concern and should lead families to seek external support.
	<i>It can be helpful for parents to get support from people with relevant knowledge and experience.</i>	
	Who has a valued role in supporting childhood learning and skill building? <i>Parents/caregivers are key to the child having good outcomes. Occupational therapists, physiotherapists and speech-language pathologists can be helpful, depending on circumstances.</i>	
	Parents are first teachers (families lead).	Rehabilitation providers have expertise and families should be collaboratively engaged in the the therapy process (practitioners lead).
	What is the conceptualization of the service that supports childhood learning and skill building? Timimut ikajuqsivik.	Rehabilitation.
Objectives	What are the objectives in supporting children with varying abilities? Support children to learn at their own pace. Accept everyone as they are.	Push children to “catch up” to standardized norms. Make everyone “normal” (as defined by standardized developmental norms, which change over time as science and society evolve [Holm et al., 2021]).
	How is the method of supporting children determined? There can be many valid ways to do something; the method should fit the context.	There can be one best way to do something (e.g. best practice, standardized assessments).
Actions	What is the approach to supporting childhood learning and skill building? Build on strengths and abilities. Introduce new skills as children are ready.	Fix/resolve problems and inabilities.
	<i>Provide encouragement and helpful ideas.</i>	
	What is the focus of action to support learning and skill building? What the child is ready to learn next.	What the child “should”/is expected to be doing at a certain age.
	<i>Support children to practice skills they have difficulty with.</i>	
	What aspects of learning and skill building are addressed? Holistic focus, including attitude, social and emotional wellbeing, physical and mental skill development, behaviour, community and interpersonal relationships, connection to natural and spiritual worlds.	Each profession focusses on a specific domain (speech-language pathology = communication, physiotherapy = physical abilities, and occupational therapy = occupation).
	What actions support inclusion of the child? Community needs to adapt to the individual.	Individual needs to change to fit a include a community (develop skill or strength, obtain assistive devices, etc.).
Outcomes	What is the desired outcome? <i>Children are supported with learning and skill building. Everyone is included in their community.</i>	
	Society expects people of varying abilities, so they are included as a regular function of community. A person is never left behind.	Society is built for people who fit normed expectations. If people don’t fit the norms, inclusion requires action to help them fit. Effort is required to include a person with different abilities.

Table 2. Perspectival differences related to the structure and delivery of timimut ikajuqsivik/rehabilitation services.

Inuit Qaujimajangit	Mainstream Canadian rehabilitation services for children
Accountability is important.	
Relational accountability: Prioritize relationships, being human, showing your heart, not being too rigid.	Prioritize procedure and rules of professionalism.
Accountability to land, ancestors, spirits and community.	Accountability to regulatory college and employer, Canadian law, Eurocentric ethics.
Rehabilitation should take a holistic approach.	
Broader than Qallunaat definition, includes community and natural and spiritual worlds.	Express belief in holism but this is limited by health-care system and Eurocentric understandings of holistic.
People should have access to the services they need.	
Holistic coordinated care should be delivered close to home.	Services can be provided by specialists which often means traveling to access them.
Resources can be allocated fairly when they are insufficient to meet needs.	
Resources should be shared with the whole community.	Services should be provided to individuals based on priority level (gatekeeping, someone with power makes a decision). Resources may be withheld in order to follow protocols (e.g., not loaning a wheelchair until an assessment has been completed, and this must wait until the person’s turn on the waitlist).
Services should be culturally relevant, respectful, humble, kind and welcoming.	
Inuit should provide more services and they should be offered in Inuktitut.	Qallunaat can provide services with interpreters and by following approaches such as cultural safety, cultural humility, anti-oppressive practice, etc.
The rigidity of procedure and professional boundaries should be minimized in support of building trusting relationships.	Client-centred practice includes ideas of respect, humility, etc.
Knowledge informs practice.	
Life-long learning is valued.	
Practical tools can be employed to gain knowledge.	
Inuit perspectives should be heard first on Inuit lands (as shared by Aupilarjuk, recorded in McGrath, 2018). One can only speak to their own experience, not on behalf of everyone.	The Eurocentric worldview and evidence-based practice are relevant for everyone (including standardized tools).
Oral teachings and observation are highly valued. Hands-on learning, learning by doing.	Book knowledge is highly valued. Instruct the brain and think on paper (Tagalik, 2012a).
Knowledge often comes from listening, observation and experience. Mind, body, heart and emotion are all involved.	Practice can be informed by experience, reflexivity, research/literature, practice evidence, and client knowledge.
Elders and people with lived experience are highly respected sources of knowledge.	Academic experts and research (especially developmental neuroscience, physiology and psychology) are highly respected sources of knowledge.
Experiential knowledge is valued.	
Qualifications/expertise come from experience.	Experience stemming from academic degrees are heavily weighted as qualification. Practice experience is also highly valued.
Knowledge should be shared between practitioners and families.	
Non-interference approaches, non-confrontational means of sharing critical feedback, teaching with storytelling and opportunities to gain skill. e.g., “I’m going to let the children do the activity.”	Give direct recommendations; tell people what they <u>should</u> do to gain skill. e.g., “I’m going to get the children to do the activity.”
Tradition of oral knowledge sharing. Model what you hope families will learn.	Give paper handouts and written and oral instructions.

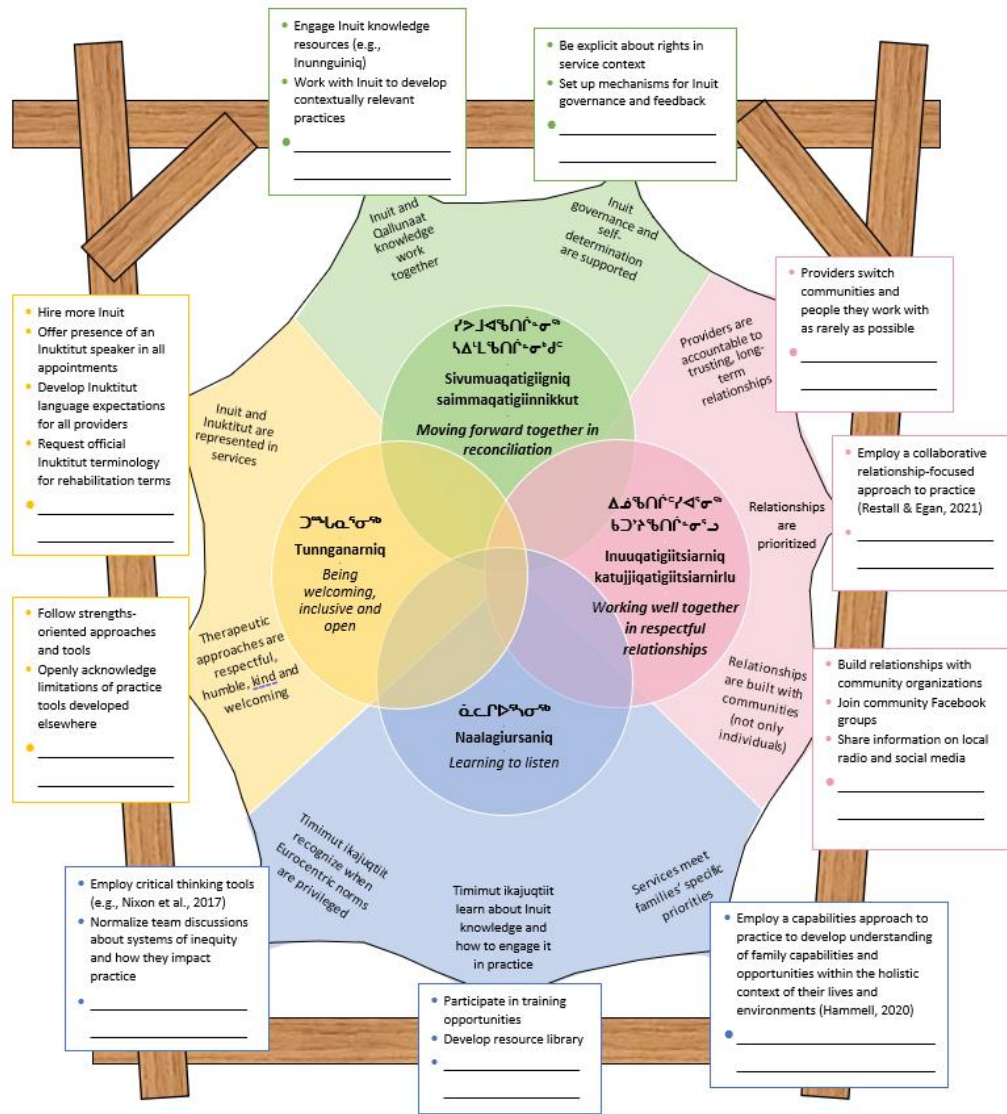


Figure 1. Guidance from Inuit knowledge concepts that may offer direction for timimut ikajuqsivik for children and families in the Qikiqtani Region of Nunavut. An *innirvik* is a frame on which animal skins are stretched and dried to prepare them to be turned into clothing and useful goods. Likewise, this figure depicts a frame for preparing actions that can turn into useful practices. The interconnected circles at the centre of the figure contain Inuit knowledge concepts that can be thought of as guiding values for timimut ikajuqsivik for children. The text on the perimeter of the skin represents responsibilities that timimut ikajuqtiit can commit to as a way of enacting these values in practice. The text boxes on the innirvik frame contain examples of concrete and specific actions that could support the work of the responsibility statements.

- Notes for timimut ikajuqsivik providers:
- This figure is intended to be dynamic and evolving. The actions listed are just ideas. Blank spaces are included for you and the people you work with to fill in other actions that would bring these values to life.
 - The guiding concepts listed here are just a starting point. Keep your ears open for other concepts and approaches that may be helpful to your practice.



Figure 2. This figure uses the metaphor of picking a path to join friends at a fire to depict how Inuit knowledge and the knowledge of mainstream rehabilitation in Canada can differ. *Itsutit* (Arctic heather) has traditionally been used by Inuit for centuries as fuel for fire. Pallets and wood scraps that have been imported from southern Canada are now also commonly used for fire. Someone wishing to collect resources to build the fire following solely Inuit knowledge is likely to select a path on the left side of the image where they would find the most heather. Someone who only has knowledge from Southern Canada of how to build a fire is likely to select a path more to the right of the image where they could collect the most wood. There are also many path options that would allow someone to collect both heather and wood on their way to the fire. Each person headed to the fire, including Inuit and timimut ikajuqtiit/rehabilitation professionals (and those who identify as both), will have a unique path, collecting resources according to their understanding of what makes a good fire. If we imagine building a fire to be a shared goal of all hikers headed to the gathering, we can see that this goal can be achieved in different ways, fueled by differing kinds and proportions of resources. The paths of those headed to the fire may diverge and converge depending on alignments or tensions between their views about resources to build a fire. Note: Images of itsutit are depicted proportionally larger than they are in nature to be visible in the figure.

Summary of key messages from the research project as a whole:

- There is a wealth of Inuit knowledge on supporting childhood learning and skill building that can inform timimut ikajuqsivik for children. E.g., see resources available at www.qhrc.ca
- Eurocentric mainstream norms and systems of inequity (e.g., coloniality, the myth of meritocracy, Eurocentrism) raise barriers to Inuit knowledge being foregrounded in timimut ikajuqsivik practice. Therapists are encouraged to seek awareness and to resist these where possible.
- There are wonderful opportunities for timimut ikajuqsivik to evolve towards increased contextual relevance and relational accountability in collaboration with Inuit stakeholders.
- Opportunities exist within areas of difference between ways of knowing. Us/them dichotomies are unhelpful. Rather, we can focus on respecting one another's positions and seeking ways to bridge them within relationships.

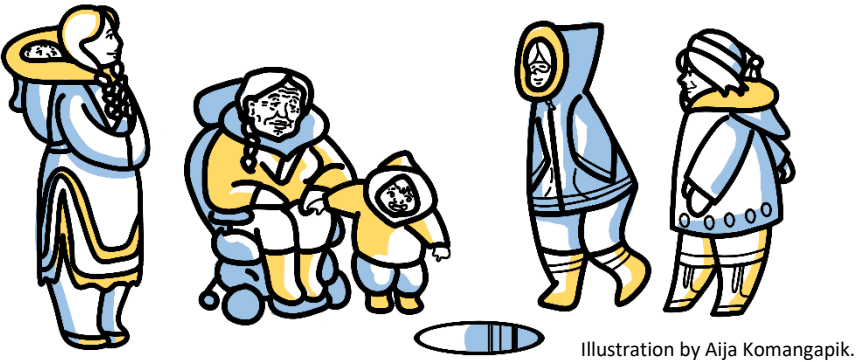
**Naalagiursaniq Tunnganarnirlu
(Learning to Listen and be Welcoming):
Engaging Inuit Perspectives on
Timimut Ikajuqsivik
(Rehabilitation Services)
for Children in the Qikiqtani Region of Nunavut**

Doctoral research by Janna MacLachlan, University of Toronto

Supervisor: Stephanie Nixon

Committee members: Andrea Andersen, Anita Benoit, Earl Nowgesic

Community collaborators: Leetia Janes and local advisory group



Janna is an occupational therapist who has worked in Nunavut off and on since 2006. Her objectives in the research project were to:

- illuminate knowledge on how the timimut ikajuqsivik interests of Inuit children in the Qikiqtani Region of Nunavut can be understood and supported by foregrounding perspectives of Inuit and Inuit worldviews.
- compare and contrast requirements for supporting the timimut ikajuqsivik interests of Inuit children with current mainstream rehabilitation service norms.

The rationale for these objectives was based on a recognition that:

- There have been calls for Inuit knowledge to be represented in services but little done to consider how this can occur.
- Mainstream rehabilitation is dominated by Eurocentric norms, which may be inappropriate and even harmful when applied where they are not a good fit.
- In places where service access is limited, it becomes especially important to reflect on the composition of services offered.
- Relationships are central to service evolution in Nunavut.

The research involved meeting with 25 participants in two communities in the Qikiqtani Region. Development of the findings was supported by participatory analysis and discussion with collaborators and stakeholders. This handout contains tools that emerged from the findings that may be helpful to service providers. For more information, or to access the full dissertation or research articles as they are published, please contact:

janna.maclachlan@mail.utoronto.ca