Pandemic Impacts for Indigenous Children and Youth Within Canada: An Ethical Analysis

Carly Heck1, Meghan Eaker1, Satya Cobos1, Sydney Campbell1,2 and Franco A. Carnevale3

Abstract
In response to new and exacerbated challenges imposed by the COVID-19 pandemic, Indigenous children and youth in Canada have developed innovative and holistic solutions to amplify their voices, continue cultural engagement and combat social isolation for themselves and their communities as a whole. In this analysis, we have selected three Indigenous philosophical tenets as an ethical orientation for discussion of how the COVID-19 pandemic is impacting the well-being of Indigenous young people. The guiding values of interconnected relationships, holism and Indigenous-informed restorative justice help us interpret existing pandemic-specific literature and identify, define and prioritize considerations of child and youth well-being from an Indigenous-centred worldview. This analysis can (a) help inform future pandemic measures affecting Indigenous young people and (b) foster similar considerations for Indigenous communities in other regions of the world.

Keywords
Children, youth, young people, Indigenous, ethics, pandemic, COVID-19, Canada

During the COVID-19 pandemic, Indigenous young people, families and communities within Canada have faced new and intensified pre-existing challenges to their health and well-being (Giroux et al., 2020); challenges to which they have responded with innovative local solutions as regional and national government bodies fail to offer...
adequate and equitable support. Indigenous peoples are considered to be at an overall higher risk for COVID-19 because of risk factors related to the social determinants of health (Levi & Robin, 2020; Pasternak & Houle, 2020; Sinha et al., 2011), disproportionate rates of chronic physical and mental illnesses (Boksa et al., 2015; Mushquash, 2020; Rice et al., 2016) and other negative effects of colonization; for example, some families experience housing and water infrastructural issues that make it difficult to adhere to public health guidelines regarding physical distancing and handwashing. These disparities have likely been worsened by widespread health and economic crises resulting from the pandemic. However, given that Canada’s federal and provincial governments have failed to carry out consistent health outcome monitoring for Indigenous peoples, there are very few reliable statistics to support Indigenous leaders’ voiced concerns of pandemic-related crises in their communities.

In this article, we use the term ‘Indigenous’ to refer to First Nations, Métis and Inuit peoples who reside within Canada. We use the term ‘children’ to refer to persons below the age of majority, meaning less than 18 years of age. We have used this definition in congruence with terms used in the field of childhood studies and in the United Nations Convention on the Rights of the Child (United Nations, 1989). We use the term ‘youth’ to refer to persons aged 18–30 years, reflecting a recent increase in the defined age range for youth by Canadian institutions (Garriguet, 2021). We use the term ‘young people’ when referring to both children and youth. It is important to note that the English terms ‘children’ and ‘youth’ do not always translate directly to Indigenous languages; for example, nehiyaw (Cree) teachings include rites of passage for people as they pass through various life stages that are associated with spiritual roles and responsibilities (Wastesicoot, 2021). Stages of life are connected to milestones, such as learning to walk, more so than chronological age. As it is beyond the scope of this article and the expertise of the authors to provide a full description of how childhood is conceived by various Indigenous nations, we have chosen to use the terms ‘children’ and ‘youth’ in ways that are most relevant for the ethical and legal topics raised in this commentary. However, it is important to recognize that within colonial norms and laws, Indigenous young people sometimes experience imposed definitions of their identity that are dissonant with Indigenous worldviews.

Although there is no pan-Indigenous view of Indigenous childhood, many Indigenous peoples consider children as sacred gifts from the creator whose spirits must be nurtured with love and respect (Bell, 2016; Little Bear, 2009). Elders recognize that ‘children are the future’ and that they will be the ones to carry their cultures and ways of life forward (Greenwood, 2005; Robertson, 2019). Indigenous children and youth exist in vast kinship networks of interconnected relationships in which people outside of the nuclear family (e.g., aunties, uncles, cousins and grandparents) hold a very important place. Their well-being is considered holistic and includes their mental, emotional, physical and spiritual selves.

During past disease outbreaks in Canada, such as the Spanish Flu pandemic of 1918 and the mid-20th-century tuberculosis epidemic, Indigenous children were impacted in ways unique from any other population. When parents fell ill or died, many children were separated from their communities and culture as a result of colonial health care and child welfare system practices. Indigenous Elders today have told stories of ‘unresolved grief, cultural knowledge disruption, and isolation’ as a result of experiencing these separations (Oliver, 2020). Such practices that infringe upon the rights of Indigenous young people continue today; for example, child
welfare intervention as a first resort risks violating an Indigenous child’s right to non-discrimination and to participate in their culture, while necessary caregiver support from government bodies to prevent intervention is lacking (UN Convention on the Rights of the Child (CRC) Articles 2, 27, 30) (National Collaborating Centre for Aboriginal Health, 2013). To avoid the intensification of such tragedies during the COVID-19 pandemic, it is imperative to now attend to the perspectives and experiences of Indigenous young people.

The following ethical analysis is intended to recognize the particular impacts of the COVID-19 pandemic on Indigenous children and youth within Canada. Based on our understandings of childhood ethics (Carnevale et al., 2020) and Indigenous worldviews, we have chosen to position Indigenous young peoples’ experiences as integral to our articulation of a working framework for Indigenous childhood ethics. This working framework consists of three guiding Indigenous values and is intended as an initial step towards advancing our understanding of the ethical dimensions of the experiences of Indigenous young people. The values have been titled interconnected relationships, holism and Indigenous-informed restorative justice. We have drawn from transversally recognized formal sources to bolster our hope that our analysis can be seen as valid by Indigenous and Indigenous-focused policymakers and professionals who work within ethical and legal norms that have largely excluded Indigenous outlooks and have, therefore, perpetuated colonization. Although our analysis is focused on Indigenous experiences within Canada, some perspectives and strategies we highlight are potentially useful for Indigenous communities worldwide.

As there are prominent literature gaps on Indigenous young people’s perspectives and a great diversity of Indigenous nations and perspectives within Canada and around the world, our goal is not to suggest specific solutions to pandemic challenges at the risk of reaching contrived conclusions; rather, our aim is to highlight strengths and ongoing challenges within Indigenous peoples’ pandemic experiences thus far in the interest of preventing siloed knowledge. Along with academic literature, we have also looked to organization websites, news media, social media, podcasts, blogs, webinars and virtual conferences in our attempt to capture current efforts towards uplifting and caring for young Indigenous peoples during the pandemic. Guided by our knowledge of Indigenous principles, child rights, social determinants of health and reconciliation, we hope to begin a dialogue about the possible paths forward to mitigate and adapt to the COVID-19 pandemic’s impacts on young Indigenous peoples, as well as how Indigenous perspectives might be related to our proposed ethics framework.

We first describe each authors’ background and positionality and our efforts to mitigate bias in this work. We then will present each guiding Indigenous value in more detail, followed by Canada-specific examples for illustration of pertinent ethical concerns related to each value, and lastly our reflections on this work and possibilities for innovation in childhood ethics.

**Author Positionality and Reflexive Actions**

The authors CH, ME and SC have recently completed graduate studies in Global Health Nursing with a focus on Indigenous health. Author ME is a nîhithaw iskwew (bush Cree woman) of mixed Cree and European ancestry belonging to the Woodland
Cree First Nation in Treaty 8 territory. Author CH is a White woman living on Treaty 6 territory and author SCo is a half-Ecuadorian, half-Russian woman who immigrated to Montreal 13 years ago. Authors CH and SCo each have 4 years of experience working with Indigenous communities on young people-centred projects. Author SCa is a White woman and a doctoral student at the University of Toronto studying health policy and bioethics. Author FC is a White man, son of Italian immigrants. He is a nurse, psychologist and child and youth services ethicist who leads the Views on Interdisciplinary Childhood Ethics (VOICE) research programme at McGill University in Montreal, Quebec, Canada (www.mcgill.ca/voice). Authors ME, CH, SCo and SCa have worked as research assistants in the VOICE team.

Each member of our team brought a unique set of strengths and skills to this work, and as a result, we learnt from each other in the process of writing this commentary. However, even with interpersonal checks and balances, we recognized that our selection and interpretations of the literature likely remain biased to our personal lived experiences. In an effort to mitigate bias, our team engaged in rich synchronous discussions of the intended purposes for this work and the audiences we wished to speak to, bearing in mind that much of the published literature on this topic is written by and for academic professionals, and often with a tone and framing that assumes the audience is largely non-Indigenous. We also made an effort to include young people’s voices in our presented evidence, an endeavour challenged by the long-standing marginalization of their perspectives in research and policy-focused literature (Bastien & Holmarsdottir, 2015, pp. 4–5). As mentioned, this work is meant to be primarily a display of what is known rather than a didactic effort, as we recognize our limited ability to understand and account for the wide variety of pandemic experiences of Indigenous young people across Canada and the world. However, we did choose to include some suggestions for improvement related to violation or neglect of fundamental rights that were identified by Canada-based Indigenous leaders of all ages. In a global context, not all topics discussed in this commentary may be relevant for every reader.

**Indigenous Guiding Values for the Commentary**

While there is no unified pan-Indigenous philosophy, many Indigenous philosophies embrace similar foundational values. We have selected a few Indigenous philosophical tenets as an ethical orientation for our discussion of how the COVID-19 pandemic is impacting the well-being of Indigenous young people. More specifically, these guiding values are meant to help us interpret existing pandemic-specific literature and identify, define and prioritize considerations of child and youth well-being from an Indigenous-centred worldview. While by no means exhaustive, these selected values are important in many diverse Indigenous communities across Turtle Island (North America). As one of the authors is a nîhîyaw iskwew, Cree values are discussed in the most depth, but we have tried to incorporate and consider the values of various Indigenous peoples.

The first foundational value to consider is the importance of *interconnected relationships*. In nêhiyawêwin (Plains Cree), wâhkôhtowin, a principle of Cree natural law, means kinship or being related to everything in creation (Friedland, 2016). Differing from Western conceptualizations of relationships, wâhkôhtowin
recognizes that human lives are interconnected with everything in creation including our human and other than human relatives, which are all imbued with spirit. It also includes the understanding that nothing in creation has a higher power over another, meaning that humans are not hierarchically placed above anything in the natural world (Buhler et al., 2014). Cree teachings tell us that by living in accordance with the laws of wâhkôhtowin (to have good relationships with all things) and of miyowichehtowin (to have good relationships with people), we are able to achieve miyopimatisiwin (the good life). Similar concepts of the good life are reflected in the Anishinaabe teachings of mino-bimaadiziwin (Bell, 2016) as well as the Inuit concept of Inuuqatigiiitiarniq (Healy, 2017).

The second value is that of holism. Many First Nations embrace the teaching of the Medicine Wheel, which outlines the physical, emotional, spiritual and mental aspects of health and well-being (Schroeter et al., 2017). The four quadrants of the Medicine Wheel represent other interconnected and balanced values according to many different teachings, such as the four stages of life (infancy, youth, adult and Elder) and the importance of intergenerational relationships (Bell, 2016). The Inuit concept of Inuuqatigiiitiarniq similarly represents the holistic nature of health, as well as a collectivist perspective that emphasizes the well-being of the community over individuals (Richmond et al., 2007).

Our third guiding value is embodied in Indigenous-informed restorative justice, a concept embraced by various Indigenous nations within Canada and around the world (Moore & Clarysse, 2018). Restorative justice has varying definitions and applications in law, criminology, sociology, education, political relations and philosophy. Within an Omushkegowuk (Swampy Cree) perspective learnt from community Elders, Inninew (Cree) restorative justice focuses on healing relations in community after a wrong has been committed (Hansen, 2012). Inninew restorative justice seeks accountability and responsibility from the perpetrator of the wrong in pursuit of restoring balance in the community. The offender must recognize the harm they have created, and they must make efforts to repair the harm they have caused. In this way, we use the concept of Indigenous-informed restorative justice to highlight how many pandemic-related challenges for Indigenous young people are the result of historical and ongoing harms perpetrated by Canadian institutions.

Our analysis focuses on the application of restorative justice approaches informed by Indigenous teachings in the context of relations between Canada and Indigenous nations. The ethos of Indigenous-informed restorative justice in Canada is apparent in the numerous commissions, court cases and movements led by Indigenous peoples calling for the beginning of a new relationship between Indigenous and non-Indigenous peoples based on mutual respect. In 1996, the Royal Commission on Aboriginal peoples argued that restorative justice in an Indigenous context in Canada refers to:

The obligation to relinquish control of that which has been unjustly appropriated: the authority of Aboriginal nations to govern their own affairs; control of lands and resources essential to the livelihood of families and communities; and jurisdiction over education, child welfare and community services. (Canada & Dussault, 1996, p. 15)

The commission also highlighted the need for corrective justice to eliminate ‘the disparities in economic base and individual and collective well-being that have
resulted from unjust treatment in the past’ (Canada & Dussault, 1996, p. 15). Following the 2006 Indian Residential School Settlement Agreement, the largest class action settlement in Canadian history, the Truth and Reconciliation Commission of Canada (TRC) launched 94 Calls to Action to address the legacy of policies imposed by the Government of Canada on Indigenous peoples (TRC, 2015). These Calls to Action are a first step ‘to facilitate reconciliation among former students, their families, their communities and all Canadians’ (Northern Affairs Canada, 2018) and they outline what Canada and Canadians need to do to move from apology to action (TRC, 2015, p. 211). For the purposes of our ethical analysis, we have made links to the legal and moral elements within the Truth and Reconciliation Commission Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007) and the Convention on the Rights of the Child (CRC) to support the philosophy within our guiding value of Indigenous-informed restorative justice.

We have structured the following ethical analysis around these three guiding values. Although presented separately and in a linear order, we see all three values as having equal importance for Indigenous childhood ethics. We have also made efforts to recognize the possible relationships between each of the values throughout our analysis and reflections.

**Ethical Analysis: Value of Interconnected Relationships**

Some Indigenous peoples view the pandemic, in part, as an opportunity to strengthen relationships with family, community, land and spirituality (Banning, 2020). To support interconnectedness, local and national organizations have created COVID-19 text resources, some available in traditional languages, for Indigenous young people and families that contain information about self-care, healthy relationships, parenting skills, on-the-land learning and staying connected safely (UNDRIP Article 15.1, 16.1). Some young people have expressed appreciation at having visuals in COVID-19 resources to better understand the rationale for certain public health measures (Bellegarde, 2020). Communities have also taken grassroots action to maintain interconnectedness; for example, some have provided funding to families for extended on-the-land trips so that they can reconnect with each other, with creation and with traditional teachings and avoid sickness (Indigenous Climate Action, 2020; Yellowhead Institute, 2020a). Initiatives that foster a social safety net are especially important for community members in vulnerable situations during the pandemic (e.g., women and children who reside in homes with the presence of substance abuse) (Indigenous Climate Action, 2020; Power et al., 2020).

Indigenous Elders are a group that have found themselves especially vulnerable to the impacts of COVID-19. Although some child-focused COVID-19 research has critiqued the unequal attention paid to the pandemic’s health impacts for the elderly compared to the social impacts for children (Oliver, 2020), the protection of Elders takes on a different meaning in Indigenous communities that cannot be understated. Indigenous Elders are considered by their communities to hold a sacred place and to possess invaluable knowledge that will help ‘forge a path forward in Canadian society that recognizes the need for reconciliation while honouring Traditional knowledge, constitutional rights, cultural identity, and rights to self-determination’ (First Nations Information Governance Centre, 2020). In the recent First Nations
Regional Health Survey, 72.6% of children and 63% of youth identified grandparents and Elders as their top resource for cultural knowledge (First Nations Information Governance Centre, 2020). The COVID-19 pandemic threatens to disrupt Elder–young people relationships and, therefore, Indigenous cultural continuity (Leonard, 2020). Some communities have begun online ‘#ProtectourElders’ movements to encourage young people to support and protect their Elders during the pandemic. These initiatives support the values of holism and wâhkôhtowin in Indigenous young peoples’ well-being, and they uphold Indigenous peoples’ right to protection of inter-generational knowledge transfer (UNDRIP Article 13.1–2).

The principle of wâhkôhtowin also applies to Indigenous young peoples’ relationship with the non-human beings of creation, including the land on which their peoples and ancestors live. Unfortunately, the COVID-19 pandemic has brought new threats to this relationship. Due to prolonged confinement and travel restrictions, many families in Canada have increased their time outdoors, often travelling through and visiting rural Indigenous communities. Some of these communities have chosen to close their borders to outside travel for the duration of the pandemic because they have experienced increased traffic—and therefore potential exposure to COVID-19—pollution and disrespect of their lands (UNDRIP Article 4, 8.1-2) (Banning, 2020; Charania & Tsuji, 2014; Leonard, 2020; Mushquash, 2020). An Indigenous community’s decision to restrict visitors is also in alignment with the philosophy of Indigenous-informed restorative justice where Indigenous nations should be active agents in governing their own affairs, lands and resources.

While Indigenous peoples have adapted ways of maintaining interconnectedness during the pandemic, these efforts and the necessary related support are scarce in some communities, placing an unjust burden on young Indigenous peoples’ well-being. Community-centred COVID-19 pandemic responses are considered important for the well-being of Indigenous young people within Canada as well as those in some resource-limited countries (Campbell et al., 2021).

**Ethical Analysis: Value of Holism**

**Culturally Attuned Supports and Services**

The COVID-19 pandemic has exacerbated health challenges for some young Indigenous peoples, especially those linked to mental well-being (Goodwill & Morgan, 2020; Junior et al., 2020). Quarantine and physical distancing measures have created a need for support and services capable of reaching people in the conditions imposed by the pandemic. Some existing child-centred services have already made modifications to better serve their communities online. There is also a push for the creation of grassroots and government virtual and physically distanced services that are based on the worldviews of Indigenous young people (Banning, 2020; Junior et al., 2020; Wright, 2020); for example, the Canadian Mental Health Association has created tailored mental health services for Indigenous young people that include storytelling, circles of support and the use of the Medicine Wheel (Schwartz et al., 2020). Kids Help Phone has a recently established virtual counselling programme for Indigenous children and youth called ‘Finding Hope’, with a collaborating Indigenous youth activist stating that since young people are now spending more
time on mobile devices, that is where they should be able to find mental health supports. On-the-land programming has also been shown to support resilience among young people (Freeman, 2019), with Indigenous Elders and advocates describing the land as ‘our biggest healthcare system’ (Indigenous Climate Action, 2020). However, Indigenous communities continue to need permanent resources to train full-time, local counsellors to decrease the number of people needing to leave their community for various treatments (Wright, 2020). These needs are especially urgent for communities that have chosen to close their borders to visitors.

In addition to improved mental health services, Indigenous peoples have expressed the desire for access to traditional ceremonies and medicines to discover solutions and help cope with pandemic challenges (UNDRIP Article 24.1; TRC Call 22) (Indigenous Climate Action, 2020; Mushquash, 2020; Power et al., 2020; Wright, 2020). Some communities that were experiencing suicide clusters pre-pandemic are concerned about how the pandemic will affect the mental health of residents. Physical distancing makes it difficult to interact with people who are at risk of experiencing mental health challenges and to organize ways to collectively grieve and heal. Thus, it is important to promote safe ways to hold sharing circles and other cultural events for people to grieve, cope with anxiety and learn about their cultural identity (Mushquash 2020; Wright, 2020; Yellowhead Institute, 2020b). Social visiting is considered a medicine in and of itself by some Indigenous peoples, stressing the need to find ways to safely connect.

**Child and Youth Engagement**

Indigenous young people have developed creative and innovative solutions to challenges imposed by the COVID-19 pandemic, seeking to amplify their voices, continue cultural engagement and combat social isolation for themselves and for their communities as a whole. Using various online platforms (e.g., social media, podcasts, video streams and Indigenous organization websites), together they have addressed the pandemic’s impacts in a holistic manner, with consideration of their peers’ physical, mental, emotional and spiritual well-being: for example, one Indigenous university student hosts a podcast to interview children in care and capture how the pandemic has affected their lives (Atter, 2020). Other young people have created and shared content on best hygiene practices, the importance of protecting Elders, mental wellness and photography, healing dances and ceremony and traditional language learning, just to name a few efforts (Banning, 2020; Bellegarde, 2020; Deer, 2020). Some Indigenous child-focused programmes have transitioned to online and physically distanced formats to combat isolation, which in some cases has meant saved costs and consequently increased participant capacity (Métis Nation of Ontario, 2020).

The COVID-19 pandemic response has resulted in young Indigenous peoples experiencing social isolation, mental health challenges and difficulties in accessing traditional teachings and medicine. They are showing perseverance as they use modern platforms to reach solutions that address multiple aspects of well-being and consequently honour the value of holism. However, it is imperative that Indigenous child- and youth-focused practices and policies undergo significant modifications to adequately support holistic well-being (Cooper et al., 2019; Sasakamoose et al.,
Ethical Analysis: Value of Indigenous-informed Restorative Justice

In this section, the guiding value of Indigenous-informed restorative justice is used to reveal injustices against Indigenous young people during the COVID-19 pandemic as well as potential remedies for the harms caused. Specifically, we have considered the lack of COVID-19-related support and data monitoring, gaps in public services, insufficient broadband connectivity and, ultimately, how these factors impact the health and well-being of Indigenous young people. The injustices highlighted below can also be related to our other guiding values of interconnected relationships and holism due to their cascading effects on Indigenous young people’s lived experiences.

COVID-19 Support and Data Monitoring

Despite additional funding with widened eligibility requirements from Canadian provincial and federal bodies, Indigenous young people continue to face disproportionate pandemic-related challenges (e.g., inadequate diagnostic capacity, personal protective equipment shortages and absence of test-and-isolate measures), especially those who reside in remote/fly-in communities, group care homes or custody centres (Giroux et al., 2020; Mushquash, 2020; Ontario Public Service Employees Union, 2020). These deficits in preparedness and action are a direct result of inequitable government support both before and during the COVID-19 pandemic (Pasternak & Houle, 2020). Equitable financial support for Indigenous communities is key to the resolution of and recovery from the impacts of COVID-19. To guide further action in addressing these concerns, accurate data on COVID-19 and Indigenous peoples are needed. However, no institutions in Canada routinely collect ethnicity information, making it ‘almost impossible for any racialized community to seek accountability for poorer outcomes or service based on racial discrimination’ (Skye, 2020). These data are long-standing and ubiquitous in public services (e.g., health, child welfare, policing), and they come with grave consequences. Through the lens of Indigenous-informed restorative justice, the resolution of these issues requires improved data collection and monitoring as a fundamental step towards authentic recognition of the best interests of the child (CRC Article 3), equitable services for young people and actualized Indigenous governance. The perpetrator, in this case the Government of Canada, would be responsible for ensuring that Indigenous nations have equitable resource access and are satisfied with how their health data are collected, managed and utilized (TRC Calls 19 and 55).

Public Services

Health and social services are a focal point of pandemic-related concerns for young Indigenous peoples; for example, nearly three-quarters of surveyed Inuit peoples in
Canada reported they do not have a family physician (Statistics Canada, 2020), and First Nations children have been officially recognized by the Canadian Human Rights Tribunal to experience unlawful discrimination by public services on the basis of race (Blackstock, 2016). The Tribunal has issued many non-compliance orders to the Government of Canada, given their continued injustices against Indigenous children; it has also called for the full implementation of ‘Jordan’s Principle’ which would guarantee equitable access to public services for children and families (First Nations Child and Family Caring Society, 2021).

First and foremost, in the context of the COVID-19 pandemic, there is a need to continue services through telehealth and other virtual modalities, especially for those in vulnerable contexts. There have also been concerns that child welfare is not adequately recognized as an essential service and so has not received the necessary support to function during the pandemic (Ontario Public Service Employees Union, 2020). Some stakeholders have called for the re-initiation of parenting classes to avoid further delays in reunification, fewer restrictions on visitation policies and better communication to keep caregivers updated. The pandemic has also made it even more challenging for aged-out youth to access housing, employment and continued education.

Overall, the COVID-19 pandemic has increased the urgency of long-standing calls to ameliorate public services for Indigenous young people and their families. The Truth and Reconciliation Commission of Canada’s Calls to Action contain many mentions (Calls 1(iii, iv), 10, 12, 18, 22, 23(iii), 24, 28, 33, 36, 57, 62(ii), 65) of the need to improve professional services and to provide professionals with additional training in intercultural competency, conflict resolution, human rights and anti-racism. An important element within the work of improving professional practices is to recognize that a ‘pan-Indigenous’ approach to services fails to respect the uniqueness across and within the different Indigenous nations of Canada. To shift further away from blanket approaches to care, professionals should be taught to actively seek out a culturally attuned understanding of the Indigenous peoples they serve. Such improvements in professional education and practice are necessary for Indigenous young people to receive holistic, culturally appropriate and non-discriminatory services (CRC Article 2) (Curtice & Choo, 2020).

When speaking of public service improvements, it is important to acknowledge geographic location as a central social determinant of Indigenous health in Canada. Whether one resides in an urban/rural/remote area or on-/off-reserve has major implications for how public services are delivered and regulated and under which jurisdiction (e.g., federal, provincial, regional or local). Because of this heterogeneous and often inequitable service delivery structure, Indigenous young people face unique sets of challenges depending on where they reside; for example, Statistics Canada estimates that 30% of young Indigenous peoples in urban areas live in poverty (Arriagada et al., 2020). While the Government of Canada is putting in place pandemic-specific measures and support funds to assist Indigenous peoples in urban areas, it is important to consider that navigating through governmental applications is not a familiar process for many young people (Government of Canada, 2020). Facilitating access to such off-reserve programmes would be essential to ensure that such resources are being properly utilized (TRC Call 20).
Digital Technology

One of the most pressing concerns for Indigenous young people at this moment, underpinning many of the topics discussed in this commentary, is of broadband connectivity and mobile technology access (First Nations Information Governance Centre, 2020; Yellowhead Institute, 2020b). Some Indigenous organizations have already used funding towards providing children and youth with needed digital technology (Walters, 2020). The issue of broadband connectivity is especially relevant for those who live in rural and remote communities where only one-third of households receive the minimum bandwidth standard (Hyslop, 2019). Internet access has been argued as a moral human right and a ‘universal entitlement because it is necessary for people to be able to lead minimally decent lives’ (Reglitz, 2020). Its absence under pandemic conditions risks infringement of Indigenous peoples’ rights to education and to economic opportunity (UNDRIP Article 14.1–3, 21.1–2; TRC Call 7). Disparities in essential digital infrastructures were long-standing before the COVID-19 pandemic, but they have now reached a new level of urgency due to the transition to online formats for many services and day-to-day activities. Despite federal plans to increase broadband access in 190 Indigenous communities over the next decade (Government of Canada, 2019), Indigenous young people have a current unaddressed need that is negatively impacting their lives in a multitude of ways, restricting their access to public services as well as their ability to socialize and engage in health-promoting activities online.

True reconciliation requires that Indigenous peoples have access to adequate and equitable opportunities, supports and services. However, the current pandemic has highlighted how far we are from achieving this foundational step and from resolving the ongoing injustices for Indigenous peoples and Indigenous young people in particular. It is important to note that concepts of justice differ dramatically across cultures, communities and societies, and that this has a direct impact on the ways harms are perceived, conceptualized and addressed (Campbell et al., 2021). Therefore, the guiding value of Indigenous-informed restorative justice may be limited in its transferability to Indigenous contexts outside of Canada.

Summary and Reflections

We wish to thank readers for taking interest in this commentary. We hope to have advanced a discussion of how Indigenous young people’s experiences have been affected, for better and for worse, during this global pandemic. Indigenous communities have been adapting to the new realities imposed by the COVID-19 pandemic. However, additional resources are needed to better uphold and respect the rights of Indigenous young people (National Collaborating Centre for Aboriginal Health, 2013). Some of the most fundamental actions include ensuring all Indigenous young people live with adequate housing, water access, public services, broadband connectivity and digital technology, emergency funding and COVID-19 diagnostic and protection capacity. All people should have the necessary supports to live a safe and healthy life, which has been undermined for many Indigenous children and youth. It is imperative to support the ongoing creation of safe and loving spaces for Indigenous
young people, led by Indigenous leaders, who recognize the importance of all aspects of well-being and enable them to share their gifts with others. This process can be guided by the values of interconnected relationships, holism and Indigenous-informed restorative justice. As previously stated, our goal in this commentary is not to make specific recommendations in respect of the wide diversity of experiences of Indigenous peoples and maintaining reflexivity in our work. We do wish to present our own reflections here, but foremost, we wish to hear from readers regarding your own interpretations and reflections from this analysis.

Guided by our gathered resources and our three stated values, we have provided reflections on the intersection of childhood and ‘Indigenous ethics’ in the context of a global pandemic. Related to the value of interconnected relationships, Eurocentric conceptualizations of childhood priorities are often bereft of explicit acknowledgement of the importance of Elders and connection to environment in children’s development and well-being. In the context of the COVID-19 pandemic, the value of interconnected relationships for Indigenous young people can be supported by recognizing the importance of protecting their Elders, community and land. Indigenous young people themselves have modelled this value by engaging in initiatives to create culturally and linguistically adapted print and video resources on maintaining the health and safety of their loved ones during this time. They have also engaged their communities online and in physically distanced ways to amplify their own voices, combat social isolation and continue their cultural learning. To maintain connection to a healthy land, funding for families, communities and organizations to host on-the-land activities should be a priority in both rural/remote and urban regions. In addition, Indigenous communities should be supported in their decision to close their borders to unwanted tourism, potential exposure to disease and misuse of their lands. These actions support both a relational and holistic approach to Indigenous child and youth well-being.

Holism is particularly important for the many young Indigenous peoples who find themselves ‘walking in two worlds’ (Bellegarde, 2020), striving for a balance across not only the different aspects of their health, but also of their multifaceted identity. New conditions imposed by the pandemic might make finding this balance even more challenging. To discover solutions to and better cope with such pandemic challenges, many Indigenous peoples are calling for a greater reliance on traditional knowledge. We have seen several examples of where Indigenous young people have extended the reach of traditional knowledge to include it in virtual and telephone mental health supports that are more attuned to their worldviews. Beyond these examples, we believe there is an urgent need to promote the inclusion of diverse Indigenous child and youth voices in pandemic planning and that this action is an important element within Indigenous-informed restorative justice for young Indigenous peoples. Largely missing from our collected body of literature for this commentary were the perspectives of Indigenous young people who belong to diverse groups, including the LGBTQIA2S+ (lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual, and two-spirit) community, as well as those who face disability, chronic illness, addiction, homelessness and incarceration.

Some Indigenous youth organizations within Canada have begun efforts to amplify youth voices during the pandemic, guided by the motto ‘nothing about us without us’ (Bellegarde, 2020). One Indigenous youth leader sees the new normal post-COVID as a time for connection to self, identity and revitalized priorities attuned to Indigenous youth outlooks. From a childhood ethics perspective,
Indigenous children and youth should be actively consulted on matters affecting them, including pandemic response measures (Carnevale et al., 2020). Furthermore, the ongoing exclusion of young Indigenous peoples from pandemic-related discussions is ethically problematic as it directly infringes upon their right to have their views respected and their right to participate in all aspects of their lives (CRC Article 12–15) (National Collaborating Centre for Aboriginal Health, 2013). Indigenous young people should be able to actively contribute to decisions concerning their well-being and the well-being of others that they care about, and not be treated as passive recipients of services.

Because aspects of the response to the COVID-19 pandemic might infringe upon young peoples’ rights and/or deprioritize pressing concerns for Indigenous peoples, we have referred to some of the salient priorities outlined in existing formal texts including the Truth and Reconciliation Commission of Canada’s Calls to Action, UNDRIP and CRC to support the concerns raised in this commentary. A good path forward involves ‘healing, reconciliation, and renewal, with the well-being of children and youth at the focus, [and a] community-developed, outcomes-directed, child-centred national plan’ (National Collaborating Centre for Aboriginal Health, 2013). The working framework proposed in this ethical analysis is meant to support advancement along such a path. Similar frameworks oriented to local values can be created by and for Indigenous communities across the globe.

**Future Directions**

Despite long-standing calls for better recognition and respect of Indigenous worldviews in public institutions, many non-Indigenous, child-focused professionals learn and practise in alignment with settler conceptions of children’s best interests and child protection that are seriously disconnected from Indigenous knowledge. In the context of the COVID-19 pandemic, we are concerned that the disconnect between Indigenous moral horizons and professionals’ daily imposed obligations is becoming even more deleterious for Indigenous young people’s well-being; for example, professional bodies commonly lack a formal structure and process by which practising members can collaborate with an Indigenous authority (e.g., a community council) to reach decisions regarding a child’s well-being that could be recognized in line with their professional ethical and legal obligations. What we have partly inferred from this situation is that there is an unmet need to inform the field of *childhood ethics* with Indigenous peoples’ perspectives on what is considered good for their children and youth. As a result, our team is working on a project titled ‘Indigenous Pedagogies on Childhood’. This commentary’s three guiding value approach is our proposed way forward, which we hope to draw on in future work.

**Declaration of Conflicting Interests**

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

**Funding**

The authors disclosed receipt of the following financial support for the research authorship, and/or publication of this article: This work was supported by the Newton Foundation.
References

Arriagada, P., Hahmann, T., & O’Donnell, V. (2020). Indigenous people in urban areas: Vulnerabilities to the socioeconomic impacts of Covid-19. https://publications.gc.ca/pub?id=9.887759&sl=0

Atter, H. (2020, May 27). Sask. podcast amplifies voices of youth in care during pandemic. CBC News. https://www.cbc.ca/news/canada/saskatchewan/youth-voices-today-sask-podcast-1.5586755?__vfz=medium%3Ddsharebar

Banning, J. (2020). How indigenous people are coping with Covid-19. CMAJ: Canadian Medical Association Journal, 192(27), E787–E788.

Bastien, S., & Holmardsdottir, H. B. (Eds.). (2015). Youth ‘at the margins’: Critical perspectives and experiences of engaging youth in research worldwide. Springer.

Bellegarde, P. (2020, May 8). Covid-19 and First Nations youth. Ahkameyimok Podcast with National Chief Perry Bellegarde. https://blubrry.com/ahkameyimok/60219925/covid-19-and-first-nations-youth/

Bell, N. (2016). Mino-bimaadiziwin: Education for the good life. In F. Deer, & T. Falkenberg, (Eds.), Indigenous perspectives on education for well-being in Canada (Ch. 1). ESWB Press, University of Manitoba.

Blackstock, C. (2016). Toward the full and proper implementation of Jordan’s principle: An elusive goal to date. Paediatrics and Child Health, 21(5), 245–246.

Boksa, P., Joober, R., & Kirmayer, L. J. (2015). Mental wellness in Canada’s aboriginal communities: Striving toward reconciliation. Journal of Psychiatry and Neuroscience, 40(6), 363. https://doi.org/10.1503/jpn.150309

Buhler, S. M., Settee, P., & VanStyvendale, N. (2014). Teaching and learning about justice through wahkohtowin. The Annual Review of Interdisciplinary Justice Research, 4, 182–210.

Campbell, S., Oneto, C. C., Saini, M. P. S., Attaran, N., Makansi, N., Santos, R. P. D., Pukuma, S., & Carnevale, F. A. (2021). Impacts of the Covid-19 pandemic on children: An ethical analysis with a global-child lens. Global Studies of Childhood 11(1), 105–114. https://doi.org/10.1177/2043610620976142.

Canada, E. G., & Dussault, R. (1996). Report of the Royal Commission on Aboriginal Peoples. The Commission.

Carnevale, F. A., Collin Vézina, D., Macdonald, M. E., Ménard, J. F., Talwar, V., & Van Praagh, S. (2020). Childhood ethics: An ontological advancement for childhood studies. Children and Society. https://doi.org/10.1111/chso.12406

Charania, N. A., & Tsuji, L. J. S. (2014). Assessing the effectiveness and feasibility of implementing mitigation measures for an influenza pandemic in remote and isolated First Nations communities: A qualitative community-based participatory research approach. Rural and Remote Health, 14(1), 1–14.

Cooper, E., Driedger, S. M., & Lavoie, J. G. (2019). Employing a harm-reduction approach between women and girls within indigenous familial relationships. Culture, Medicine, and Psychiatry, 43(1), 134–159. https://doi.org/10.1007/s11013-018-9603-x

Curtice, K., & Choo, E. (2020). Indigenous populations: Left behind in the COVID-19 response. The Lancet, 395(10239), 1753.

Deer, K. (2020, July 26). Learning language through whispers: Indigenous youth launch ASMR campaign. CBC News. https://www.cbc.ca/news/indigenous/indigenous-whispers-asmr-campaign-shares-language-1.5662153

First Nations Child and Family Caring Society (FNCFCS). (2021). Non-compliance orders. https://fnccaringsociety.com/fr/non-compliance-orders
Heck et al. 395

First Nations Information Governance Centre (FNIGC). (2020). *RHS statistics for shaping a response to Covid-19 in First Nations Communities*. https://covid19.cssspnql.com/wp-content/uploads/2020/04/RHS-Statistics-for-Shaping-a-Response-to-Covid-19-in-First-Nations-Communities.pdf

Freeman, B. M. (2019). Promoting global health and well-being of indigenous youth through the connection of land and culture-based activism. *Global Health Promotion, 26*(3), 17–25. https://doi.org/10.1177/1757975919831253

Friedland, H. L. (2016). Reclaiming the language of law: The contemporary articulation and application of Cree legal principles in Canada (Doctoral dissertation). University of Alberta. https://doi.org/10.7939/R3G737B9G

Garriguet, D. (2021, February 1). *Portrait of youth in Canada: Data report*. Statistics Canada. http://publications.gc.ca/collections/collection_2021/statcan/42-28-0001/CS42-28-0001-2021-1-eng.pdf

Giroux, R., Blackstock, C., Jetty, R., Bennett, S., & Gander, S. (2020, May 27). *Covid-19 and indigenous children in Canada: What can paediatricians do?* Canadian Paediatric Society Blog. https://www.cps.ca/en/blog-blogue/covid-19-indigenous-children-in-canada-what-can-paediatricians-do

Goodwill, A., & Morgan, J. (2020). Pandemic experiences and impacts of Covid-19 on the mental health of indigenous communities. Preliminary Knowledge Synthesis. https://cihr-irsc.gc.ca/e/52058.html

Government of Canada (GOC). (2019). *High-speed access for all: Canada’s connectivity strategy*. Innovation, Science, and Economic Development Canada. https://ic.gc.ca/eic/site/139.nsf/vwapj/ISEDCC_19-170_Connectivity_Strategy_E_Web.pdf/$file/ISEDCC_19-170_Connectivity_Strategy_E_Web.pdf

Government of Canada (GOC). (2020). *Indigenous community support fund: Urban and off-reserve indigenous organizations and communities*. Indigenous Services Canada. https://www.sac-isc.gc.ca/eng/1585928331845/1585928356443

Greenwood, M. (2005). Children as citizens of First Nations: Linking Indigenous health to early childhood development. *Paediatrics and Child Health, 10*(9), 553–555. https://doi.org/10.1093/pch/10.9.553

Hansen, J. G. (2012). Countering imperial justice: The implications of a Cree response to crime. *Indigenous Policy Journal, 23*(1). http://www.indigenouspolicy.org/index.php/ipj/article/view/47/106

Healy, G.K. (2017, June 20). *What if our health care systems embodied the values of our communities? A reflection from Nunavut*. The Arctic Institute. https://www.thearcticinstitute.org/health-care-systems-values-communities-nunavut/

Hyslop, K. (2019, Dec 12). *Closing BC’s indigenous internet gap*. The Tyee. https://thetyee.ca/News/2019/12/12/Closing-BC-Indigenous-Internet-Gap/

Indigenous Climate Action (ICA). (2020, May 8). *Caution, ceremony, compassion and community webinar series*. https://www.indigenousclimateaction.com/entries/ica-webinars-w-indigenous-rising-media-amp-idle-no-more

Júnior, J. G., Moreira, M. M., Pinheiro, W. R., de Amorim, L. M., Lima, C., da Silva, C., & Neto, M. (2020). The mental health of those whose rights have been taken away: An essay on the mental health of indigenous peoples in the face of the 2019 Coronavirus (2019-nCoV) outbreak. *Psychiatry Research, 289*, 113094. https://doi.org/10.1016/j.psychres.2020.113094

Leonard, K. (2020). Medicine lines and Covid-19: Indigenous geographies of imagined bordering. *Dialogues in Human Geography, 10*(2), 164–168. https://doi.org/10.1177/2043820620934941

Levi, E., & Robin, T. (2020, April 29). *Covid-19 did not cause food insecurity in indigenous communities but it will make it worse*. Yellowhead Institute. https://yellowheadinstitute.org/2020/04/29/covid19-food-insecurity/
Little Bear, L. (2009). *Naturalizing indigenous knowledge, synthesis paper.* (ISBN: 978–1-926612–32–4) University of Saskatchewan, Aboriginal Education Research Centre. First Nations and Adult Higher Education Consortium.

Métis Nation of Ontario (MNO). (2020). *MNO summer youth program takes a different route during Covid-19.* http://www.metisnation.org/news-media/news/syp-program-2020/

Moore, S. A., & Clarysse, L. B. (2018). Truth, reconciliation, restorative justice, and Canadian discourses of legitimation in educational contexts. *Beijing Law Review, 9*, 481.

Mushquash, C. (2020). *Podcast: Voices from the field (10)—Supporting First Nations, Inuit and Métis peoples’ mental health and well-being during Covid-19.* National Collaborating Centre for Indigenous Health. https://www.nccih.ca/495/Podcast__Voices_from_the_Field_10_-_Supporting_First_Nations_Inuit_and_M%C3%A9tis_Peoples%E2%80%99_Mental_Health_and_Well-being_during_COVID-19.nccih?id=295

National Collaborating Centre for Aboriginal Health (NCCAH). (2013). *The rights of First Nations children in Canada.* https://www.ccnsa-nccah.ca/docs/health/FS-RightsFNChildren-Bennett-Augur-EN.pdf

Northern Affairs Canada. (2018). *Calls to action: Health.* https://www.atlas101.ca/pm/concepts/truth-and-reconciliation-commission-of-canada/

Oliver, C. (2020). *Expanding role and reach: A community-centered child welfare response to Covid-19.* SSRN. http://dx.doi.org/10.2139/ssrn.3618161

Ontario Public Service Employees Union (OPSEU). (2020, June 26). *Staff, youth put at risk of Covid-19 in custody centres.* CISION. https://www.newswire.ca/news-releases/staff-youth-put-at-risk-of-covid-19-in-custody-centres-824765380.html

Pasternak, S., & Houle, R. (2020, April 9). *No such thing as natural disasters: Infrastructure and the First Nation fight against Covid-19.* Yellowhead Institute. https://yellowheadinstitute.org/2020/04/09/no-such-thing-as-natural-disasters-infrastructure-and-the-first-nation-fight-against-covid-19/

Power, T., Wilson, D., Best, O., Brockie, T., Bourque Bearskin, L., Millender, E., & Lowe, J. (2020). Covid-19 and indigenous peoples: An imperative for action. *Journal of Clinical Nursing, 29*(15–16), 2737–2741. https://doi.org/10.1111/jocn.15320

Reglitz, M. (2020). The human right to free internet access. *Journal of Applied Philosophy,* 37(2), 314–331. https://doi.org/10.1111/japp.12395

Rice, K., Te Hiwi, B., Zwarenstein, M., Lavallee, B., Barre, D. E., & Harris, S. B. (2016). Best practices for the prevention and management of diabetes and obesity-related chronic disease among indigenous peoples in Canada: A review. *JCJD Canadian Journal of Diabetes, 40*(3), 216–225. https://doi.org/10.1016/j.jcjd.2015.10.007

Richmond, C. A., Ross, N. A., & Bernier, J. (2007). *Exploring Indigenous concepts of health: The dimensions of Métis and Inuit health* (Vol. 4) Aboriginal Policy Research Consortium International. https://ir.lib.uwo.ca/aprci/115

Robertson, B. (2019, May 5). *Indigenous ways of knowing: The early learning perspective.* https://aace.ca/sites/default/files/Indigenous%20Ways%20of%20Knowing_0.pdf

Sasakamoose, J., Scerbe, A., Wenaus, I., & Scandrett, A. (2016). First Nation and Métis youth perspectives of health: An indigenous qualitative inquiry. *Qualitative Inquiry, 22*(8), 636–650. https://doi.org/10.1177/1077800416629695

Schroeter, A., Brunton, N., Kakekagumick, K., Cromarty, H., Linkewich, B., O’Driscoll, T., & Kelly, L. (2017). Using the First Nations medicine wheel as an aid to ethical decision-making in healthcare. *The Canadian Journal of Native Studies, 37*(2), 179–191.

Schwartz, C., Yung, D., Barican, J., Gray-Grant, D., & Waddell, C. (2020). *Supporting children by supporting practitioners and families during Covid-19 and beyond. Rapid research review on effective approaches for reducing childhood anxiety.* Children’s Health Policy Centre, Simon Fraser University.

Sinha, V., Trocme, N., Fallon, B., MacLaurin, B., Fast, E., Prokop, S. T., Petti, T., Kozlowski, A., Black, T., Weightman, P., Bennett, M., Formsma, J., Brascoupe, P., O’Brien, S., Flette,
E., Gray, R., Lucas, L., Hoey, S., Levi, J.,..., Richard, K. (2011). Kiskisik Awasisak: Remember the children. Understanding the overrepresentation of First Nations children in the child welfare system. Assembly of First Nations. https://cwrp.ca/sites/default/files/publications/FNCIS-2008_March2012_RevisedFinal.pdf

Skye, C. (2020, May 12). Colonialism of the curve: Indigenous communities and bad Covid data. Yellowhead Institute. https://yellowheadinstitute.org/2020/05/12/colonialism-of-the-curve-indigenous-communities-and-bad-covid-data/

Statistics Canada. (2020). Impacts on indigenous peoples. A presentation series from statistics Canada about the economy, environment and society. Government of Canada. https://www150.statcan.gc.ca/n1/pub/11-631-x/2020004/s7-eng.htm

Truth and Reconciliation Commission of Canada (TRC). (2015). Canada’s residential schools: The final report of the truth and reconciliation commission of Canada (Vol. 1). McGill-Queens’s Press-MQUP.

United Nations. (1989). Convention on the rights of the child (CRC). United Nations Office of the High Commissioner. https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). (2007). United Nations. https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html

Walters, J. (2020, May 28). Group helping youth in remote First Nations hopes to keep connection alive through Covid-19. CBC News. https://www.cbc.ca/news/canada/thunder-bay/northwestern-ontario-remote-first-nation-youth-support-1.5587282?cmp=rss

Wastesicoot, J. (2021, February 11). Cree storytelling and rites of passage by Jeff Wastesicoot. Anish Corporation.

Wright, T. (2020, May 3). Chiefs concerned about mental health impacts of Covid-19 in their First Nations. CBC News. https://www.cbc.ca/news/canada/saskatchewan/covid-19-coronavirus-first-nations-communities-mental-health-1.5554185?cmp=rss

Yellowhead Institute. (2020a, April 7). Covid-19 in community: How are First Nations responding? Yellowhead Institute. https://yellowheadinstitute.org/2020/04/07/corona-in-community-the-first-nation-response/

Yellowhead Institute. (2020b, May 12). An episode collaboration with Heartberry podcast. https://yellowheadinstitute.org/2020/05/12/heartberry-podcast-episode/

Authors’ Bio-sketch

Carly Heck, MScN, RN, recently graduated from a Global Health Nursing programme. She has 4 years of research experience working with Indigenous communities on youth-centred projects. She is a White woman who currently lives on Treaty 6 territory (Alberta) and the unceded lands of the Kanien’kehá:ka Nation (Tiohtià:ke/Montréal, Quebec).

Meghan Eaker, MScN, RN, recently graduated from a Global Health Nursing programme. She is a nîhithaw iskwew (bush Cree woman) of mixed Cree and European ancestry belonging to the Woodland Cree First Nation in Treaty 8 territory.

Satya Cobos, MScN, RN, recently graduated from a Global Health Nursing programme. She has 4 years of experience working with Indigenous communities on youth-centred projects. She is a half-Ecuadorian, half-Russian woman who immigrated to Canada in 2003.
Sydney Campbell, MA, is a PhD student studying health policy and bioethics in the Institute of Health Policy, Management and Evaluation at the University of Toronto. She works as a research assistant with the Views on Interdisciplinary Childhood Ethics (VOICE) team at McGill University. She is a White woman from a British lineage.

Franco A. Carnevale, RN, PhD, is a nurse, psychologist and child and youth services ethicist who leads the Views on Interdisciplinary Childhood Ethics (VOICE) research programme at McGill University in Montreal, Quebec, Canada (www.mcgill.ca/voice). He is also a full professor at this university.