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The challenges of decolonising participatory research in indigenous contexts: the *Atautsikut* community of practice experience in Nunavik

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ABSTRACT

Historically, research involving Indigenous peoples has been the scene of power imbalances between Indigenous communities and researchers. Indigenous peoples have often been put in the position of passive subjects of research rather than participants or collaborators with agency, a situation that the current movement of decolonisation of research and practices in the field of Indigenous health aims to counteract. Participatory research seeks a better balance of input, decision-making and power between research participants and research teams and values participants' knowledges. As such, it is a particularly relevant approach for researchers to involve community members and support self-determination of Indigenous people. Yet, if its explicit intentions are aiming at a decolonising approach, the socio-structural context of participatory research initiatives in Indigenous communities brings obstacles to the approach's success. The development and implementation of the participatory project *Atautsikut: A Community of Practice in Youth Mental Health and Wellness in Nunavik*, has been an occasion to document certain barriers that take place in participatory research. This article describes *Atautsikut* as a starting point for a reflection on the challenges of decolonising participatory research. It discusses how, despite intentions, structural barriers, blind spots and unexpected contextual elements may challenge the journey towards decolonising research.

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Introduction

Research involving Indigenous peoples has historically failed to acknowledge Indigenous worldviews and ensure benefits to their communities [1]. Indigenous communities have and continue to experience oppression by researchers and to suffer from unequal power relations where the Indigenous communities are put in a position of passive subjects of research rather than agentive self-determining actors [2,3]. There is a strong movement towards decolonisation of research and practices in the field of Indigenous health. Decolonisation of research attempts to address the ongoing power imbalances between researchers and Indigenous community members [2,4], low representation of Indigenous peoples in academia [5], and the tendency to conceptualise "research" as restricted to academic competence [3,6]. This movement seeks to ensure respectful and meaningful research initiatives, framed and implemented together with Indigenous community members, in order to reimagine research, policies and practices that recognise a diversity of knowledges and ways of doing [2,5,7]. Directives of research grant agencies now have integrated instructions and values aimed at decolonisation of research. For example, chapter 9 of the Canadian Tri-Council Policy Statement on "Ethical Conduct for Research Involving Humans" emphasises the necessity of fostering Indigenous community engagement in research process (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada [NSERCC] & Social Sciences and Humanities Research Council of Canada [SSHRCC], 2018) [8]. An increasing number of researchers, both Indigenous and non-Indigenous, who stand as allies of Indigenous communities, integrate and value Indigenous ways of knowing in their research projects. Valid knowledge, as constructed by the mainstream scientific community, can then be challenged by reviewing what may constitute evidence within health research.

Coloniality is the framework by which historical colonial powers continue to dominate populations identified through ethnic and racial categories [9]. Coloniality continues to be present within systems of care: the "Commission Viens" [10], an inquiry in the Province of Quebec, Canada, released its report in 2019, which

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concluded in the presence of systemic racism towards Indigenous peoples within public services; in 2020, the tragic death of Mrs Joyce Echaquan, an Atikamekw woman who passed away in a Quebec hospital shortly after being uttered racist comments by medical staff, served as a reminder of discrimination against Indigenous community members in the health system. The research system also needs to reflect on how power inequalities and discrimination have and are still likely to be creeping into the research practices. This implies an ongoing review and unpacking of research methodologies to detect incidences where Indigenous voices are lacking, instrumentalized or disempowered.

The concept of decolonisation

Decolonisation is a process rooted in the concept of self-determination [11,12], reframing power relationships and partnerships between Indigenous and non-Indigenous peoples and institutions, as to limit potentiality of oppression and microaggressions. In research, it recognises Indigenous communities' agency and their ownership of research data. It requires a paradigm shift building on the value and complementarity of multiple epistemologies with emphasis on Indigenous epistemologies [2,12,13]. It implies building on Indigenous values, knowledge, and practices while integrating the potential of Western research approaches. As Kovach [7] suggests, the responsibility of researchers is to go beyond the binaries of Indigenous-settler relations "to construct new, mutual forms of dialogue, research, theory, and action" [p. 12]. Indigenous scholar Wilson [12] suggests that research methods may be borrowed from other paradigms as long as they fit the "ontology, epistemology, and axiology of the Indigenous paradigm" [p12]. It is not only about choosing a unique paradigm to work with but also to be able to create bridges between different epistemologies and methodologies [12,14].

When addressing the question of Indigenous epistemologies, it is important to acknowledge their plurality. They are derived from multiple sources, including traditional teachings (storytelling, oral transmission) and experience-based empirical observations (dreams, visions, spiritual intuitions). These epistemologies rely on relational qualities and value lived experiences [6, 13, 15, 16, 17].

Given the emphasis placed on the relational process of research with Indigenous communities [17,18] a dialogic approach is warranted and should acknowledge the imprint of colonisation on relationships between non-Indigenous researchers and Indigenous communities, recognising the effects of years of colonial power leading to social and health inequalities [2,16,19]. Such a dialogic approach builds on ongoing respectful contacts and its success depends on how communication unfolds, and how decisions are made. The very context where the research takes place shapes the potential conversations, stressing the need for a deep look into local circumstances. For this dialogue to arise, trustful relationships between research teams and Indigenous communities co-creating research projects are key. This trust is built over time and requires long-term relationships that go beyond a single project, as well as a constant review and reflection as a project unfolds. Indeed, grant agencies have started to emphasise the value of this process in their action plan and through initiatives such as the CIHR Network Environments for Indigenous Health research (Canadian Institute of Health and Research [CIHR], n.d.) [20] as an important part of the ethical stance needed to do research with Indigenous communities.

Participatory research

Participatory research is a method of inquiry built in collaboration with peoples directly concerned with the issue at stakes [21]. Priorities and perspectives of these peoples with lived experience are essential and central in initiating a project. Their engagement within the process is at the core of the endeavour [22]. While researchers have too often positioned Indigenous peoples as passive research subjects, the participatory research paradigm situates them as full subjects invested with agency [23,24]. In particular, community-based participatory research at its theoretical roots implies a process of shared decision-making, ownership and co-construction between researchers and the community(ies) where the research is to take place [25].

Especially in Indigenous contexts, this methodological approach positions itself as an undertaking rooted in a decolonisation framework [1,26]. The interest of participatory research in such contexts stems from its commitment to supporting communities that have traditionally had little voice in the research community and to supporting actions aimed at concretely influencing their situation [27]. Participatory research way of understanding knowledge creation is also consistent with writings that address Indigenous paradigms and methodologies [2,7,12,24] and emphasise the importance of epistemological plurality.

With these considerations in mind, the title of the article appears paradoxical: participatory research should, in and of itself, be decolonising. Yet, other aspects seem important to consider when unpacking

the capacity of participatory research initiatives to achieve a true decolonising process, if true decolonisation is even possible. How much participation defines participatory research? Is the system able to sustain ongoing constructive and meaningful participation given its rules, traditions, available resources and access to technologies? How safe and welcoming are the spaces of participation to foster community engagement? This article wishes to discuss how, despite an explicit decolonial intentionality, structural elements and blind spots or unexpected contexts elements may challenge the journey towards decolonising research. The experience of implementing a Community of Practice (CoP) in youth mental health and wellness in Nunavik has been the occasion to experience some of these barriers. This article uses this example as a starting point for a reflection on the challenges of decolonising participatory research initiatives, and on the efforts needed to work towards it.

The *Atautsikut* project

Context

Nunavik is the Northern region of the province of Quebec, Canada, and home to approximately13700Nunavimmiut[1] (people of the land in Nunavik) [28]. Ninety percent of Nunavik residents are Inuit. Nunavik is composed of 14 communities on two coasts, Hudson Bay and Ungava Bay. Each community hosts a local Health and Social Service centre, often referred to as "nursing station", offering front-line medical and social services as well as youth protection services [29]. Communities are accessible only by plane. In larger communities, there are onsite medical general practitioners (MDs), while in smaller communities, MDs typically visit 1 week per month. Medical specialists, such as psychiatrists and child psychiatrists, periodically fly into specific communities. The rest of the time, they are available by email, phone or telemedicine. However, due to Internet connection difficulties, videoconferencing can at times be hard to perform. Each coast has a hospital, one in Puvirnituq (Hudson) and one in Kuujjuaq (Ungava), where people from other communities are flown for certain specialised services. For some emergencies and specialised follow-ups, patients may be sent South to Montreal.

Youth mental health and wellness is a major concern for Nunavimmiut. While there are multiple examples of youth resilience and accomplishments in different domains, Inuit youth's mental health and wellness is often strained by the multiple stressors and social inequalities they face. Many youths experience emotional turmoil and suicidality [30–32], and many witness family and community struggles. Among young people, 60% report using cannabis and 4% report using solvents [33] and many describe this use as linked to attempts to decrease emotional difficulties. The suicide rate is particularly high in youth compared to the rate elsewhere in Quebec; it was calculated as 30 times higher between 1994 and 2008 [34]. This high rate has been fairly new in the last 50 years [35]. Many contributory factors to suicide have been proposed, including 1) colonisation processes that led to upheaval and significant social changes over a short period of time, as well as to transgenerational trauma; 2) adverse socio-economic and health conditions; and 3) insufficient mental health services. Suicide is only one indicator of well-being and mental health, yet it is an important indicator of individual and collective suffering [36,37] rooted in a history of colonialism [38].

These ongoing disparities in health and social determinants question the adequacy of the current psychosocial and medical interventions [39–41]. The development, access, and delivery of mental health care to children, youth, families, and communities of Nunavik are challenged for a variety of reasons, including resources availabilities, lack of training, challenges in communication and interprofessional collaboration, and structural barriers that have been observed and reported by community members and services providers alike [32,42]. Authors have described the challenges of adapting services to the cultural, social and organisational realities of the Inuit population [39,43,44]. The low number of Inuit stakeholders, both in clinical milieux and in decision-making positions, and the limited knowledge regarding Inuit socio-cultural aspects among many non-Inuit caregivers tends to create uneven power relations and contribute to the predominance of Western models of care and management, at the expense of traditional Indigenous practices and approaches that are more culturally sensitive [29,45,46]. Although two recent studies conducted by the Nunavik Regional Board of Health and Social Services [NRBHSS] [47,48] identified that Inuit are generally satisfied with services, they also report experiences of discrimination in health care, with users reporting abuse,

[1]More than 2000 Inuit from Nunavik are living in Montreal under diverse circumstances (work, studies, being born in Montreal or having moved there, looking for a different future, having stayed after a hospital stay, etc.). They represent a fairly important group bringing movements and communications between Nunavik and Montreal.

stereotyping, poor quality of care, and lack of cultural safety, which sometime discourages Inuit from accessing health and social care [42, 49–52]. The numerous injustices that Indigenous people have experienced with health and social systems throughout history, and still today [29,53], are also an important factor to consider.

Nunavik is also facing a high turnover from non-Inuit staff. Prior to coming to Nunavik, they receive a pre-departure course over a few days. Yet, their level of training regarding Nunavimmiut's realities when they arrive in Nunavik is often still very limited. Their high turnover rates also prevent most non-Inuit staff from acquiring experiential knowledge of local socio-cultural realities. Difficulties of collaborating between services, amongst professionals, and between Inuit and non-Inuit workers have also been highlighted [50,54]. In a previous study, many non-Inuit workers indicated not knowing what other resources were available within the community, while Inuit felt that in order to develop trusting relationships and good collaboration, it was fundamental that non-Inuit be integrated in the community and learn from Inuit [50]. Inuit and non-Inuit have indeed expressed numerous times the desire and need to better work together and share knowledge, with the aim to improve services for youth and families [54].

In addition, work environments in Nunavik are often quite stressful when considering the level of traumatic events paired with health and social inequalities experienced by the population and the imprint of coloniality. For example, tragic deaths are numerous and often leave members of communities, including Inuit and non-Inuit workers, with multiple grieving processes and compassion fatigue. For local staff, having to intervene with people socially close to them (either family or people in their social network) can further increase the level of stress. Moreover, they often find themselves intervening within a structure where coloniality imposes processes that do not meet their needs. Prior to colonisation, Inuit intervened with their own people via well-established relational principles [55,56]. Finally, practitioners are involved in the management of complex clinical situations yet social support for these workers is scarce.

The design of the project

Prior to the development of the *Atautsikut* project, four of the authors of this paper had been working in Nunavik in various capacities in clinic and in research. One has worked as a child psychiatry consultant since 2008, another as a social worker since 2016, one has been involved for more than 9 years as a researcher in the field of participatory action research (PAR) and community mobilisation, and another as a research assistant in various projects for about 7 years. This has allowed for a long-term experience in different community contexts and an ongoing dialogue with first-line workers about their needs regarding their work with children, adolescents and families facing wellness and mental health issues. At different clinical and research meetings or encounters, informal requests were voiced by both Inuit and non-Inuit first-line workers, for more training and support in youth mental wellbeing. The idea of implementing a CoP in youth mental health and wellness emerged from these requests and information collected by different members of the research team from practitioners and administrators in Nunavik. Three areas of needed improvement for these first-line workers were identified, namely: 1) training (professional development and capacity building), 2) interprofessional collaboration, and 3) social support [54,57]. Indeed, in a recent collaborative care study [54], collaboration was qualified as the "way of the North" and the capacity of the service providers to "support one-another" was considered very important. The study identified as a priority the need to ensure services are more culturally sensitive and connected to community-based initiatives, with greater community governance and mobilisation supported by organisations and external resources, and increased integration of Inuit values in the mainstream system. Those ideas aligned with the literature in the field of Indigenous mental health, identifying promising strategies that integrate traditional, informal and formal systems of knowledge and practice to address and respect the different knowledges, experiences, and perceptions of needs of the diversity of actors involved in care [43,45,58].

Following a year-long conversation with workers and managers in Nunavik about a potential CoP initiative for first-line workers to specifically address the needs described above, the research team prepared, in close collaboration with community and institutional partners in Nunavik, a grant proposal to develop such an initiative in the field of youth mental health and wellness in Nunavik. The initiative was based on a participatory research approach. Many of the researchers gathered for the project had expertise in doing such research, including community-based participatory research with Indigenous communities, and particularly in Inuit contexts. The initiative was named *Atautsikut* (togetherness) by Minnie Grey, head of the NRBHSS. It aimed at contributing to youth mental health continuing

education and capacity building adapted to Inuit and non-Inuit service providers, and to foster interprofessional collaboration and support within this group of providers. This initiative was funded through a CIHR Project grant and supported in-kind by the NRBHSS and by the two regional hospitals: the Inuulitsivik Health and Social Services Center and the Ungava Tulattavik Health and Social Services Center. It received ethical approval.

Two of the authors and members of the research team had a positive experience of implementing a CoP in youth mental health in an urban area, which facilitated reflection on implementing one in Nunavik. CoPs in the field of primary healthcare have shown to have positive impacts on professional development and social support of its members, as well as on quality of service [59]. A CoP is a group of people brought together by a common professional practice or a shared domain of inquiry, who meet together to exchange, share and learn from one another. CoP members share resources, pool experience and knowledge, support and inspire one another, reflect on shared issues, develop a common repertoire of knowledge and develop a common collective identity [59–61]. Thus, the purpose of a CoP is to provide a way for practitioners to share information, to exchange knowledge and experiences and to have discussions on specific aspects of their common practice. There are many ways by which members communicate among themselves. In this sense, CoPs can take different forms and ways of functioning. For instance, a CoP can include only virtual and web-based activities, or members can hold their meetings in a face-to-face setting [62]. Yet, all CoPs have the same basic characteristics including the presence of facilitator and flexible modes of participation.

Furthermore, the CoP model would seem to be in synchronicity with Inuit values of collaboration and solidarity [54,63] and appears to offer a promising strategy to integrate knowledge and practices from diverse cultural and professional background. The participatory research approach appeared much appropriate in the context of this CoP initiative, which was to be evaluated through an implementation of research design using a critical participatory mixed-methods design. An advisory committee was put in place to discuss all steps of the research.

A logo for the *Atautsikut* project was developed by Mary Paningajak, an artist from Nunavik. It is a pictorial work representing the stems of *maniq* (moss), which are "flowers that grow together – *Atautsikut*" (personal communication with the artist, 2020), symbolising the concept of a CoP, of being together to think and support one another. Art by this Inuk artist was also integrated as a research methodology. The research design included her participation in CoP meetings and making graphical representations of the meetings inspired by her own impressions of it. This allowed for another mode of data collection, informed by an Inuk voice.

The *Atautsikut* CoP, which is an ongoing project, was designed for first-line workers in Nunavik who are likely to intervene regarding the wellbeing and mental health of children and adolescents in Nunavik. The CoP activities were elaborated in partnership with the advisory committee and through informal conversations with partners, and built on Inuit knowledge, values and practices, in complementarity with mainstream knowledge, to value this multiplicity of knowledge for clinical interventions. They include an important interactive part where Inuit and non-Inuit first-line workers, who are members of the CoP, are invited to share their experiential or formal knowledge. In Nunavik, the vast majority of Inuit speak Inuktitut and a large number also speak English, with quite a few, although to a lesser degree, being comfortable in French. Non-Inuit service providers have either English or French as their first language and a variable degree of comfort in the other of these languages. Very few speak Inuktitut in such a way that allows for a conversation to occur. The CoP was conceived as a multilingual space, with the predominance of English as a common language. Activities of the CoP include presentations being held in Inuktitut and English, and group discussions characterised by code switching between Inuktitut, English and French. This framework provides the richness of a multilingual environment while also revealing its challenges.

The CoP includes two types of activities: face-to-face and online activities. The core of face-to-face activities are small group meetings, regrouping Inuit and non-Inuit first-line workers from different sectors of intervention (health, social services, youth protection, school) involved in some manner in the wellbeing and mental health of children, adolescents, and families. Online activities consist of a website where members can exchange ideas, discuss topics of interest, and share about their practices. Different types of material are available on the website, including calendar of activities, information about the topics addressed in small group meetings (PowerPoint, summary, artwork inspired by the topic), audio and video clips, information about related projects, surveys, contact information, description of the project team members. People can communicate in English, French and Inuktitut. Diversity in communication methods is valued to reach as many people as possible.

The small group meetings are held monthly and last 90 minutes. They provide a short training session on a topic related to children, adolescent, family wellbeing and mental health, followed by a group discussion on the topic of the training. For these meetings, the *Atautsikut* team aimed to instal a welcoming and warm meeting environment. It planned to have local herb tea and bannock available, and welcome people in the language they wished to speak, with translation available as needed. These meetings start with an introduction in Inuktitut, English and French with a reminder of the confidentiality agreement and session structure, followed by a go-around-the-table to get to know fellow participants. Then, a short training on a specific topic is led by the facilitators (and eventually by a CoP member) and done with a mix of Inuktitut, English and French, according to the group preferences. Then follows a discussion period (contextualisation, impressions, questions, comments, reflections, recommendations) based on the sharing of lived experiences and stories by the CoP members (anonymised clinical and personal situations). The session ends with a summary of the discussed topic and closing remarks by the facilitators.

The facilitators are both Inuit and non-Inuit members of the research team, with different professional backgrounds (anthropology, social work, psychology, nursing). They provide the short training sessions, facilitate discussions in Inuktitut, English and/or French which includes allowing and managing code switching, and ensuring a group environment that is comfortable and safe for all participants, by establishing rules for the group ethics and inviting members to express themselves in their language of choice. Facilitators always work in pairs, so that one of them is always able to observe the room, feel the atmosphere and give cues regarding group dynamics.

The project was started with joining together first-line workers from two or three communities within small groups, to promote support and knowledge exchange between communities. Concretely, that meant linking them through videoconferencing, and having the facilitators being also linked through this technology. The choice of linking two or three communities depended on the size of the communities (two if bigger communities, three if smaller ones). Given that Nunavik encompasses 14 communities, six small groups were planned, each group meeting once a month. Partners in Nunavik advocated for an offer of the CoP activities in all 14 communities from the start, to ensure equity between communities. Each small group was to discuss the same topic on a given month. The different points discussed by each group on the same topic were to be compiled into a summary and posted on the website for members to consult, and eventually comment on in the discussion forum.

Atautsikut has been developed for front-line workers, working in the field of youth mental health and wellness, to offer them a space to share their experiential and theoretical knowledge, to feel supported in their work, with the abovementioned objectives. Youth were not directly solicited since they were not directly targeted by the interventions, but the project intends to gather some of the youth voices as it evolves.

The implementation of the project

The CoP wished to allow the emergence of a space where Inuit voices and decisional power could be supported. It followed the desire of the project to promote local Inuit knowledge and a governance respecting Inuit values, such as respect, welcoming, working together, being innovative, and making decision through consensus [63,64]. This was embedded within the CoP from its start by 1) a sustained Inuk presence within the advisory committee (made of representatives of different sectors of first-line care: Youth protection and Sukait representatives, social services, doctors, head of nursing programme, head and representatives from the NRBHSS, researchers involved in different PAR projects in Nunavik, mental health and suicide prevention workers, community and wellness workers), the facilitators team (with a mix of Inuit and non-Inuit research team members), and the members of the CoP gathering Inuit and non-Inuit workers; 2) the presence of Inuit knowledges in the provided training; and 3) a multilanguage space that values Inuktitut.

The research methods also aimed at integrating an approach highlighting relational processes, in line again with an important Inuk value. It also includes a creativity-based medium used by an Inuk artist to promote generating knowledge from an Inuk perspective. The project focused on local needs as the CoP training topics were chosen by the CoP members (Inuit and non-Inuit), and CoP modalities were to be adapted as the project was deployed to integrate ongoing comments of its members. A new questionnaire to assess CoPs was developed together with CoP partners in Nunavik and validated in Nunavik [65].

Barriers to decolonisation

The challenge of ensuring optimal Inuk presence and participation

Management positions are still nowadays rarely held by Inuit in Nunavik, as are clinical positions [50]. This low presence can be explained in part by the laws in place in

the health and social services sector. Bill 21 requires certain positions to be held by members of specific professional orders, thus overvaluing techno-professional knowledge versus local experiential knowledge [50,66]. In forming the advisory committee, the parity of membership between Inuit and non-Inuit was difficult to obtain. Fortunately, the head of the NRBHSS as well as a few health and social services managers are Inuit. And apart from inviting managers from the different fields of first-line intervention on the committee, the research team solicited Inuit with important experiential knowledge to ensure a strong enough voice of Inuit. It is an ongoing challenge to ensure enough space is given to Inuit voices, and the research team contacts members of the advisory committee outside regular meetings to counter this challenge. For many Indigenous nations, and perhaps more so for Inuit, the path towards higher education is strewn with pitfalls. Initiatives have been put in place to encourage youth towards these professional trajectories, but it is still one of the main struggles Indigenous peoples face. Among promising initiatives, there is work done in making the path towards recognitions of traditional and experiential knowledge as valid towards a degree, and innovative education programmes adapted to local circumstances to decrease barriers to education for Indigenous peoples.

In addition, Inuit key stakeholders often hold many roles in their community and are likely to be oversolicited. In small communities, community members occupying positions in health and social services or in schools are often recognised for their implication and wisdom. This makes them key community members to be solicited to intervene in diverse circumstances. This is true for members of the advisory committee as well as for Inuit CoP members. If there is an event or an emergency during an advisory board or a CoP meeting, they are likely to miss the meeting for lack of people to replace them in their other occupations. This is also true for Inuit involved in the research team. Life, family, and community circumstances may represent realities impacting on an ongoing involvement.

On another note, the team had initially intended to maintain a balance between the use of Inuktitut, English and French. This was revealed to be laborious. The dominance of English as the usual shared language makes it an important limit to the use of Inuktitut even in contexts where it is strongly encouraged. Inuit speakers are quite familiar and at ease with English so the shift away from Inuktitut is a common phenomenon. The reduced use of Inuktitut limits the transmission of knowledge and communication patterns inscribed within the language. Therefore, extra efforts are warranted to promote Inuit knowledge.

Finally, the pandemic also affected the project so far. By limiting the presence of facilitators in the communities, it impacted the upkeep of relationships with local partners given the importance of in-presence contacts to foster lasting and enduring relationships. Throughout the pandemic, different strategies to foster relationships with CoP members were used.

Promises and pitfalls of technology

Videoconferencing seemed to be a promising tool to gather CoP members and the research team given the geographical distance between communities, and between Nunavik and Montreal, where the research team is situated. It is a tool susceptible to decreasing barriers to participation in meetings and trainings. In fact, when the Health Ministry's internal videoconferencing system was installed in all communities of Nunavik a few years ago, it allowed for improved care by facilitating communications among professionals and with patients. Overall people adapted well to this new mode of communication.

However, some logistical issues emerged through the use of videoconferencing for the CoP. For example, the participation in the advisory committee, particularly for Inuit but also for non-Inuit, was impacted by the instability or limitation of Internet connections in Nunavik communities as well as by the time needed to make the connection work. Communication equipment is sometimes out of order. The time required to repair the material is often long in small villages. Some communities lack an adequate space to host a group. In fact, space availability tends to change within health and social services institutions in Nunavik, as managers are trying to adapt to the limited space and different requests. In one community, for example, there was a well-sized room equipped with videoconferencing device that could nicely accommodate the group. The room offered had wide windows with views of the land. It was one of the best rooms to hold meetings. While it had been available for several years, the administration decided to split it and use it for individual working spaces, making it impossible to be used for CoP meetings. People in Nunavik are used to adapting to non-ideal spaces, so this was not an insurmountable problem. It was unfortunate nonetheless. Again, regarding room adequacy, when a surprisingly big group came for one of the meetings, it was a struggle for everyone to find a place.

The bandwidth is far from optimal in Nunavik, although it is slowly improving. It varies between communities, between locations within the same village

and depending on the time of the day. Access to the Internet can be particularly difficult during busy office hours. In fact, Nunavik communities are facing more technological obstacles than in other Indigenous communities overall [67]. It happened when communities had trouble connecting to a CoP meeting or having difficulty hearing or seeing other participants. Moreover, the bandwidth is greater in the clinics as compared to community spaces, dissuading from organising CoP meetings in a community space, or for people to access meetings from home. This adds to the challenge of decolonising, given clinical spaces are settings where non-Inuit still have more decisional power compared to their Inuit colleagues and therefore are not neutral spaces.

When the Covid pandemic started, the *Atautsikut* small group meetings had to be put on hold due to the sanitary rules. Other CoPs outside of Nunavik (personal communication with a researcher) have been able to thrive during the Covid pandemic by resorting to videoconferencing, with all members being connected virtually. This was done in the context of good Internet connections, with the majority of people sharing the same schedule and work obligations, making it easier to participate in the CoP. Contexts such as the one in Nunavik hold extra challenges by cumulating barriers to comfortable virtual meeting spaces given the technological hurdles, including non-possibility for most CoP members to be connected from their home. In view of the issues regarding the stress in the work environment and increased tasks for first-line workers imposed by the pandemic context, it was felt as an impossible task at the start of the pandemic.

Another aspect of using the videoconferencing technology involved managing group dynamics and creating a comfortable environment for all participants from a distance. This task was particularly challenging when addressing large groups for the first time. In first encounters, ensuring acknowledgement of participants' presence is particularly important to ensure each feels welcomed. Second and smaller meetings ran more smoothly.

Complex spaces where decolonisation and cultural safety are put to the test

The development of the CoP as a space for dialogue encountered obstacles in terms of tensions arising and discomfort. This CoP overarching theme, the wellbeing and mental health of Nunavimmiut, is in and of itself a loaded topic that can bring destabilising emotional responses. In Nunavik, the number of traumatic deaths and events is high. The proximity of the traumatic space for first-line workers in their everyday life (both work and private life) burdens their psychic, emotional, spiritual, and physical self. The research team had anticipated moments of stress emerging within meetings. This was explicitly named for CoP members. Yet the team had not evaluated the intensity that tensions might reach in certain meetings.

A conversation regarding the mental health of Nunavimmiut cannot be held without tackling the causes of the predicament in which Inuit peoples find themselves now, including coloniality. Gathering a heterogeneous group of people to discuss such a sensitive topic is not an easy task as exemplified by the recent debate on systemic racism in Quebec. One could suspect tensions arising between Indigenous and non-Indigenous people debating this topic. Rather, the CoP has so far encountered moments of disagreements between non-Inuit holding different views on coloniality.

Coloniality can still be highly present in modes of communication between Inuit and non-Inuit. As an example, consensus is highly valued by Inuit as a way of communicating and making decisions [68–71]. This value of consensus, although shared to a lesser degree among many non-Inuit, is not always well understood by them. In addition, non-Inuit tend to start to speak faster than Inuit. This might in part be due to the feeling of having the legitimacy to speak, which is engrained in coloniality, but it also coincides with traditional ways to enact verbal communication. As such, it was expected that a talking space between Inuit and non-Inuit implied some tensions between modes of communication [57], and this was observed in some CoP meetings. Furthermore, the *Atautsikut* project showed how there was a need to manage not only modes of relations between Inuit and non-Inuit but also among non-Inuit who do not all present the same communication style and comfort within debates.

Trusting relationships are at the heart of a CoP. Relationships must be built between Inuit and non-Inuit CoP members, and also between the group and the facilitating team. For CoP members to invest in the initiative, they need to believe in the legitimacy of the facilitators in providing a meaningful and useful meeting space.

As such, the North–South divide and the clinical milieu versus academic one were stronger than expected. This was expressed in a meeting by non-Inuit CoP members reacting to the facilitating group being situated in Montreal and therefore seen as a repetition of Academia imposing its views on a remote clinical milieu. The past experience of the facilitating group members working in Nunavik seemed to be

devalued in the minds of certain non-Inuit CoP members. The focus was placed on the location and current roles of the facilitators rather than any other possible legitimacy to be facilitating the meetings.

These aspects negatively affected some of the small groups, challenging the management of the group dynamic from a distance.

Adjustments

Adjustments to the project were made according to pilot small group meetings and ongoing informal discussions with various CoP members to enhance engagement in the initiative. The small group meetings began before the pandemic and had to stop in March 2020 as they implied in-person meetings with first-line workers. These first meetings (some done through videoconferencing with bigger and smaller villages, and some done in-presence) served as pilot meetings and informed the advancement of the project and the reflection on strategies to further promote research participants' engagement.

The in-community presence of the facilitating team helped create an environment that was more adequate for a nuanced and relational approach. In-presence allows facilitators to address the tone of voice, comments and silences in subtle ways, and allowed for a more sustained visual presence. Overall, activities were thus refocused around in-presence activities, with limited use of videoconferencing. This meant starting meetings in only a few communities, to slowly build the CoP, and eventually include the 14 communities. This would also allow for some meetings to be held on the land, a possibility which brought both the benefit of the land as an important healing space and being less limited by rooms availabilities. Meetings being held in-presence in a community would also allow to take advantage of some other spaces lacking videoconferencing access.

Limiting the use of videoconferencing meant reviewing the desired connections between villages to support one another. Targeting all at once the three objectives of the project in terms of training, collaboration, and support, was quite ambitious. The pilot meetings were a reality check to downsize the project ambitions to ensure feasibility.

The high turnover of non-Inuit first-line workers, which has increased in the last few years and has been accentuated with the pandemic, interfered with the building of trusting relationships between Inuit and non-Inuit. This meant investing more time and efforts in integrating new members of the CoP into the small-group meetings. There has also been a significant turnover of managers and clinical advisors, making logistics more difficult at times.

Hence, the initial ideal setting for the CoP that the partners on the project first agreed on had to be revised, as structural and local realities brought obstacles to embedding this ideal set-up.

Discussion

The experience of implementing the CoP in Nunavik as a participatory project that is meant to act on coloniality and decolonisation encountered contextual and structural barriers, particularly in terms of providing the optimal environment for Inuit voices to be heard, of accessing resources and technologies, and of offering culturally safe spaces to address loaded topics. Some of these barriers were to be expected, however others were unexpected or not fully appreciated at first. The pandemic context played a part in these barriers. So far, the experience of the *Atautsikut* project illustrates how, beyond the initial decisions and intentions, such a participatory research initiative faces realities on the ground and structures which can be detrimental to working against coloniality.

As the literature is starting to acknowledge [6,72], using the paradigm of participatory research does not guarantee a decolonising approach. Structures into which a participatory research initiative is implemented risk to act as barriers to such a process. Many have described major challenges for research to be truly decolonising given ongoing coloniality within institutions: standardised vocabulary, academic and grant agencies traditions and requirements, access to technologies, and availabilities of resources tend to restrict integration of Indigenous knowledge and empowerment of Indigenous communities [2,3,6,17,73]. Simpson [6] argues, that even if PAR is part of an alternative movement in research, it nonetheless is fundamentally inscribed within Western paradigms. Yet, participatory research that adopts critical positioning, through its intent to promote emancipatory justice and engagement of research subjects and communities, offers important promises as an investigative methodology in Indigenous contexts.

Respecting local needs and honouring local knowledge, both at the heart of a decolonising process, are about ongoing adjustments that require time. As stated earlier, such a work must be preceded by trustful relationships built beforehand. But even with relationships nourished before the development of the project, they should not be taken for granted: each step needs to be carefully processed with the advisory committee and project

participants. The CoP members included both Inuit and non-Inuit peoples and given the high turnover of non-Inuit first-line workers, the research team needed to repetitively review the project with new participants or managers to ensure an understanding of the spirit of the CoP by all and continuous engagement in the project.

Anang and colleagues [74] report, of a research experience in youth mental health in Nunavut where the needed time to invest in its implementation to follow a respectful process with partners was more considerable than the usual project time frame as enforced by grant agencies and academic conventions. Similarly, Goodman and colleagues [75] stated that "Convention in academia present formidable challenges to effective community engagement and are often at odds with calls from community organizations and funding agencies to conduct research driven by community priorities and values [p.4]". Academic research agendas adapt with difficulty to the demands on Indigenous key stakeholders' shoulders. Time appears to be an essential condition to focus on the needs of communities rather than the academic needs.

The difficulty of avoiding coloniality in participatory research initiatives, despite a clear positionality to do so, was also brought to light by Anang and colleagues [74]. This resonates with the *Atautsikut* project, as it puts forward the necessity to constantly question and revise a project's stance, interrogating in detail its modes of functioning. The reason why it felt so at home appears to be the proximity of contexts from the two projects: youth and communities in Nunavut and Nunavik are experiencing similar circumstances.

The *Atautsikut* project is another eye opener on the obstacles to equity of voices between Indigenous and non-Indigenous, and the very context where it takes place. Participatory research faces specific challenges when implemented together with communities facing much trauma. The trauma-informed approach [76] developed within clinical spaces should advice how participatory research is carried out in contexts facing traumatic issues and stressors. This involves being alert to topics that might be more difficult to discuss or moments when a participant or collaborator might need to disengage momentarily from the project. Extraordinary contexts such as the COVID-19 pandemic put further pressure on communication spaces and the highly needed rebalancing of power between research and community partners.

Anang and colleagues [74] also discuss the challenges of navigating complex relational layers within communities. Paralleling this idea, and in view of the *Atautsikut* project, it can be argued that bringing together Indigenous and non-Indigenous participants in a project is yet another relational layer adding to the complexity. In fact, the number of non-Indigenous peoples within a given Indigenous community varies immensely in Canada. In a context such as Nunavik, where a majority of health and social services workers as well as managers are non-Inuit, this layer takes an important place. In such a situation, participatory research is likely to involve a fair number of non-Indigenous peoples as partners and there is an ongoing risk of domination of non-Indigenous discourses. Participatory research navigates within that relational layer, which can come in the very way of building relations with Indigenous community members.

Moreover, Anang and colleagues' description of "struggles in coming together as academic and community partners" (p.4) echoes with the *Atautsikut* project. The *Atautsikut* experience brought to light the added layer of the coming together of academic and non-academic non-Indigenous partners. The positionalities of the university researchers, of the different professions represented (including the imagined and constructed hierarchy of professions), and of the North–South location of people (working full time in communities versus being short-term visitors) all need to be unpacked to understand how they may interfere within a given project and favour some voices rather than others. Participatory research, which involves working with different partners from different backgrounds, invites different forms of knowledge. The positionality towards knowledge of these different partners who have variable affiliation to the academic or institutional milieu may be manifold. Some may doubt the relevance of their knowledge, some may feel stronger about it. For the research team, this requires to always pay close attention to ensure that everyone's knowledge is recognised and respected and to create spaces that are safe enough for everyone to express themselves.

The building of a relational ethic and the art of the nuance

Participatory research is a many-layered relational process engaging an ethical stance which goes beyond initial intentions. It needs to position itself as an ongoing flirt with uncertainty, an ongoing questioning of the research team self. In this vein, researchers working in partnership with Indigenous communities should, as suggested by Kovach [17], repetitively ask themselves: "Am I creating space or taking space?" [p. 52].

The relational ethic is also about the quality of the encounter, the human presence offered. Projects, such as *Atautsikut* where gatherings of peoples are at the core of the initiative, emphasise the importance of that presence. Technology offers some alternative forms of presence when circumstances make it difficult to gather people in the same physical place. The use of video-conferencing has become an important tool to link the North and the South. The screen permits some visual presence but may lack depth and perspective, not offering the same quality of experience compared to in-situ gatherings. It may be difficult to see people's face, recognise their voices and their individuality. This is particularly true for larger groups. Individuals can quickly be assigned (or feel) a totalising identity (e.g. representing an institution, the North or a community instead of a specific individual with their own ideas, feelings and thoughts). This questions what should be considered a good enough presence to ensure for participants to be able to voice and listen in a comfortable dialogue. It questions the conditions for such a space. The *Atautsikut* project regroups people in their working role, an encounter quite different from a therapeutic encounter, where the presence needs to be more proximal. Yet, the *Atautsikut* project focuses on emotionally challenging topics which impose a more sensitive navigation between participants and unpacking these relational layers in an ongoing way.

This presence ought to bring a welcoming of the other and of their voice. Such a positionality implies accepting, valorising, and promoting nuanced viewpoints. Nowadays, polarisation of discourses easily invades public spaces [77]. A CoP is not immune to such phenomena, particularly when bringing loaded topics. The choice of words is a sensitive aspect, and allowing a nuanced talking space that welcomes a diversity of views is not an easy task.

Allowing nuance is about allowing discourses from the margins to occupy the centre. Indigenous peoples have often found themselves on these margins. Decolonisation of action and research is then about a commitment to allow these soft voices to be heard. Academic research methods have often ignored Indigenous knowledge [2,7,12], and it is easy for researchers, when focusing on producing results and meeting the expectations of their universities and granting agencies, to undermine Indigenous voices by moving too quickly or by using research and analysis methods that exclude Indigenous ways [7]. It is also important to remember that people from the margins are not protected from the internalisation of dominant ideologies, even when they are contrary to their interests [78, 79]. Through this hegemony of knowledge, colonialism has a direct impact on people's confidence in themselves, their knowledge and that of their people [8]. It limits people's influence by generating a belief that people are not informed enough to participate in the creation of knowledge and in change, and Nunavik is not immune to this reality [50]. Decolonising research entails a mutual relationship and the reciprocity of a research collaboration between researchers and a community which results not only in mutual benefits but also in the mutual learning that is a cornerstone of reconciliation [80].

An ethic of the relation of participatory research builds then on cultural humility, a lifelong commitment to self-reflection and self-critique [81], which is about a space to allow nuance and diversity of points of view to emerge in a non-monopolising way. One may have to mourn the idea of a perfectly crafted project, learn to take the time to rethink an initiative, rather than to quit when things become complicated and are not working as planned. It requires time, patience, communication, and a lot of humility.

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