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Article

Communities being well for family well-being: Exploring the socio-ecological determinants of well-being in an Inuit community of Northern Quebec

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Abstract

Inuit communities of Canada experience many disparities in health and psychosocial context. Research in community psychology has shown associations between such socio-ecological factors and individual well-being. The objective of the study was to explore how community-level determinants of well-being influence family well-being in a northern community of Nunavik, Quebec. A total of 14 participants were interviewed. A thematic inductive analysis was conducted to extract community determinants of family well-being from the data. A system science approach was used to explore the associations between determinants and larger psychosocial dynamics. A community workshop was held to discuss the results and their meaning. A total of 25 determinants were coded, 16 of which were community-level. Community-level stressors were highly interrelated, whereas community supports were generally disconnected and superimposed on narratives of stressors. Participants spoke of desired supports. In their narratives, these supports were connected to a variety of determinants of well-being, suggesting the need to connect, redefine and support existing resources rather than simply add on new ones. We discuss intricate links between family and community well-being in small and geographically isolated communities.

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Introduction

Nunavik is the northern peninsula of the province of Quebec, Canada. It is home to approximately 12,000 Nunavimmiut. Ninety percent of its residents are Inuit. As will be described below, Inuit have experienced tremendous social changes and colonial practices that have heavily influenced people's daily lives. Prior to these social changes, people lived on the land as small family units, dependent on one another for survival. Since sedentarization, Inuit share geographic space and resources with multiple families and services. Populations of northern Quebec Inuit Communities vary between 300 and approximately 2,500. ''Community life'' is a relatively new phenomenon for Inuit. As discussed in this article, community life offers a variety of resources that families can build on, however it is also marked by a variety of stressors that can infiltrate into everyday lives of families. In this article, we explore which community-level determinants of well-being influence family well-being and how they do so. As presented in the discussion, the results allow community partners to reflect on concrete actions and attitudes that can enhance community participation within a larger action research aimed at developing a community-based ''family house.''

The transition to sedentary communities and its impact on well-being

Over the past 60 years, Inuit have transitioned from nomadic to ''sedentary'' lives.[1] Traditionally, Inuit lived in harsh environments with immediate family (Pauktuutit Inuit Women of Canada, 2006). Although family members were highly dependent on one another for survival, families were generally quite independent from other families, with whom they would only interact a few times a year during gatherings. The interactions that took place between family members generally ensured group harmony (Briggs, 2000; Pauktuutit Inuit Women of Canada, 2006; Rae, 2011). According to reports, such dynamics included not speaking of oneself in a positive manner, and not bringing up potentially conflictual interpersonal situations. Children followed their parents from an early age to learn the various traditional activities required for survival: hunting, skinning, cutting and curing the animal, sewing and keeping the fire going. Learning primarily took place through observation, experience and storytelling.

In the 1950s, following the development of government policies and the increased presence of government and non-government workers in the north, Inuit families started settling in communities. School became mandatory and many children were removed from their families to be placed within residential schools.[2] Others experienced federal day schools. Within the same historical period,

individuals presenting symptoms of tuberculosis were sent for months or years for treatment to urban centers where they had little, if any, contact with family and culture. Moreover, Inuit living in Nunavik experienced the extensive slaughter of sled-dogs that took place under the Royal Canadian Mounted Police (RCMP) between 1950 and 1970 (Croteau, 2010; George, 2012; Levesque, 2010) with enduring effects on family well-being and daily life. These various policies and changes have led to important ruptures in the transmission of parenting practices and traditional knowledge. They have also influenced family and community dynamics, which in turn have been the major causes of various psychosocial and mental health problems currently experienced by Inuit, and more generally by Aboriginal peoples who have lived through similar colonial policies and practices.

Indeed, Inuit experience various socio-economic difficulties, including high rates of poverty and hunger, overcrowded homes, lack of job opportunities, and high rates of suicide and alcoholism, to name only a few. These socio-environmental conditions have a well-known impact on individual, family and community well-being (R. D. Conger & Donnellan, 2007; Marmot et al., 2008; Rae, 2011; Raphael, 2009; Reading, 2006; Siegrist, 2000). Inuit also bear a highly disproportionate burden of mental health and psychosocial problems (Fraser, Geoffroy, Chachamovich, & Kirmayer, 2015; Kirmayer, Fletcher, & Boothroyd, 1997; Kirmayer, Malus, & Boothroyd, 1996; Sirois, 2007; Sirois & Montminy, 2010), which have been associated with historical trauma and the loss of cultural cohesion due to colonial practices, including various forms of social and cultural assimilation, and tremendous social change. Psychosocial and mental health difficulties have also been associated with a variety of socio-ecological determinants of well-being, including overcrowding, poverty, bullying, geographic isolation, and lack of personal and career opportunities (Lessard, Bergeron, Fournier, & Bruneau, 2008). Protective factors include connectedness within families, possibilities of going on the land (Carriere, 2005), speaking one's own language (Hallett, Chandler, & Lalonde, 2007; Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2012; Kulchyski, 2004), cultural continuity (Chandler & Lalonde, 1998), participation in traditional activities (Advisory Group on Suicide Prevention, 2003; Henderson, Mellin, & Patel, 2005; Kirmayer, Fraser, Fauras, & Whitley, 2009; Middlebrook, LeMaster, Beals, Novins, & Manson, 2001; Smye & Mussell, 2001), having access to traditional foods, and spirituality (Kirmayer et al., 1996).

Family life in Inuit communities today

For an outsider, northern life is intensely social. When staying with locals, one maybe in contact with community members from morning coffee to nighttime tea. In many households, friends and family may pop in at all times of the day and help themselves to prepared food. Sharing is a building block of family and community life, but these interpersonal relationships, what some have described as "strong social ties" (Granovetter, 1973), can come at a cost (Belle, 1983; Kawachi & Berkman, 2001). Indeed, having strong social ties also means supporting people

in difficult times. In northern Canada this can include sharing expensive groceries with family and neighbors or having people stay over for days, sometimes weeks or months when they do not have a place to live. For small communities, where everyone knows each other, it also means dealing with emotionally complex work/community situations such as being the boss of a family member, or competing for employment with close friends and family.

Family has been described as central to Inuit culture and is a top priority for community development plans. In a study conducted by Kral, Idlout, Minore, Dyck, and Kirmayer (2011) with Inuit of Nunavut, stories of well-being were highly contingent on notions of family wellness, connection and traditional Inuit cultural values and practices. Working around family well-being in an Inuit community, we in the research team have been overwhelmed by the enthusiasm and hope of family members to have strong and connected families and communities. In our ethnographic work, we have also witnessed ongoing volunteerism and the commitment of community members to developing community plans to improve the well-being of local families. Family connectedness, and sharing between families being central to wellness, we wonder how current community life, with its ups and downs, influences family well-being?

Study context and objectives

The study is part of a large community-based participatory research project within a community of Nunavik with a population of approximately 800 (Fraser, et al., 2017). The aim of the larger action research is to develop community-led strategies for the prevention and promotion of family health and well-being. The principal investigator was invited by a group of regional leaders, members of the Regional Partnership Committee (RPC), to support community mobilization within the community of Kuujjuaraapik in order to document the needs of the community, explore its visions regarding family well-being, and participate in finding and implementing concrete actions towards the community's expressed goals. The Inuit coordinator of the RPC and the principal investigator visited the community on a variety of occasions, conducting informal interviews to identify community leaders interested in participating in the action research. A local advisory board was created at initial phases of the action research. The board was composed of five Inuit adults from the community (three women and two men). During initial meetings, the board clearly described its vision of developing a community hub where families would come to spend time together and to share with other families. The outcome of this action research would quickly become known as the "family house" in Nunavik. For the development of this "family house," the board expressed the desire to better understand the diverse needs of families, their experience with existing services, and their expectations regarding new forms of support. The results of the study would allow for more informed decision-making towards their concrete social actions based on community needs, experiences and culture (Eng & Blanchard, 1990). In light of the board's vision, the objective of this part of

the research was to explore how different families experience community-level stress and support, as well as to explore their expectations regarding potential new community-based support.

Methods

Community Based Participatory Research (CBPR) is socially motivated research that generally includes an intervention strategy (Dolbec, 2003). It is oriented towards social justice, reduction of social inequalities, empowerment and change (Fisher & Ball, 2003; Wallerstein & Duran, 2006). The principles of CBPR include, but are not limited to, inclusion of multiple stakeholders, recognizing the uniqueness and strengths of all partners, development of trust, collaboration and shared decision-making, and promoting capacity building and empowerment (Israel, Schulz, Parker, & Becker, 1998; LaVeaux & Christopher, 2009).

Procedure

The advisory board proposed the use of qualitative interviews as a first method for data collection. The principal investigator was part of many of the advisory board meetings, and held bi-weekly follow-up discussions with its members. From the various discussions and questions emerging from the meetings, a first draft of interview questions was proposed to the board. The board commented on the draft and suggested a method of recruitment. The protocol was submitted to the Université de Montréal ethics committee for approval.

In November 2013, the regional and local coordinator, as well as the primary investigator, introduced themselves on the community radio and explained the nature of this part of the project. Families were invited to call the local coordinator and provide their name and availabilities if interested in participating. In order to ensure the socio-economic diversity of participants, the local coordinator also personally invited different people from the community to participate. A total of 14 individuals participated in the interviews: 2 elders (women), 11 mothers, and 1 father; 9 participants came following the radio announcement and 5 responded to a personal invitation from the local coordinator. Although the invitation was made to "families," only mothers or fathers presented themselves at the interviews. Interviews were conducted at the municipal office in a closed and quiet room, and lasted approximately 45 minutes. Two Inuit translators were available at all interviews; however, they were used only by two Elder participants. All other participants chose to do the interviews in English with the primary investigator. Before beginning the interviews, participants were offered an explanation of the nature of the larger community-based participatory project as well as the nature of the current study. Verbal consent was obtained. The interviews included two sections that were often intertwined, depending on people's answers. The first section included questions concerning community needs and family needs in general. Probing questions explored ongoing experiences as well as idealized

situations (such as how to address these family and community needs). The second section explored the participants' own family, resources and needs. All interviews were recorded. Participants were offered $50 for their participation, which is a common practice and amount in northern Canada.

Data analysis

In order to take into consideration the complex inter-relation of variables, we proposed the use of a systemic framework (Ahmed, Elgazzar, & Hegazi, 2005; Mabry, Olster, Morgan, & Abrams, 2008). Systems sciences in general are used to conceptualize relationships between a multitude of variables or individuals as related to a specific "problem" (Mingers, 1997; Mingers & Brocklesby, 1997; Mingers & Gill, 1997). Systems scientists are particularly interested in illustrating the "big picture" of a research problem, conceptualizing how the various parts of the system are interrelated (Leischow & Milstein, 2006).

Interviews were transcribed by four research assistants (two of whom are familiar with northern reality and two of whom were not). Transcriptions were entered in QDAminer. A thematic inductive analysis was conducted (Braun & Clarke, 2006; Joffe & Yardley, 2004). The four research assistants were asked to write all their thoughts and reflections following each transcription; they were then asked to make a brief written summary of each interview. The four research assistants, three other research assistants very familiar with northern reality, and the primary investigator met for 4 hours to discuss emerging thoughts, reflections and themes, both across subjects and then within subjects. The discussion was recorded and transcribed. A list of social determinants of health (see Table 1 for a description) was derived from the narratives of participants. Two research assistants returned to the transcripts to code interviews using the list of social determinants and ensuring that the list of determinants represented the words and experiences narrated by participants. Finally, all material was re-read and coded by linking determinants into pairs and giving them a valence based on whether it was described by the participant as a stressor and/or a resource for families. This allowed us to map out how determinants are linked and in what context the determinants emerge, change, and influence each other. We then coded the pairs of determinants that were described as current/ongoing or ideal (how to address these situations).

This part of the analysis was much less participatory than could be expected for participatory research. It was particularly difficult to ensure the full participation of local members in the data analysis for a variety of reasons including: geographical distance, high level of engagement in the community actions related to the action research (and inherent difficulties related to such participation in community change), the relative novelty of research for the local partners, and the presence of multiple community events and challenges including deaths of community members, illness, and such. Indeed, as others have remarked, in marginalized communities, despite their commitment and interest, it can be difficult to involve community members in all stages of research (Díaz & Simmons, 1999).

Table 1. Description of family and community determinants of family well-being.

Variables	Description
Family well-being	Family characteristics describing the general state of the family.
Family unit	
Physical health	A family member is affected by physical health problems including difficulty walking, physical malformations, arthritis, or seizures.
Mental health	A family member is affected by psychological/mental health problems including anxiety or depression.
Self as support	Participant describes having to rely on one's own personal resources to take care of a situation, to deal with stress, or to support a family member. Examples include attempting to quite alcohol consumption on one's own, and offering hospice to people who were evicted from their homes.
Alcohol	All segments of narratives where participants describe alcohol use within the family. This would include family being affected by alcohol misuse of family members, or family members attempting to quit alcohol for family cohesion. There is, or there used to be, alcohol misuse within the family, or one's self, or one's family member, is trying to stop drinking or had stopped.
Family cohesion	All segments of narratives that describe degrees of connectedness or ruptures between family members. This includes family members not speaking to each other, family members spending time together, feeling close to each other, and sharing.
Spirituality	Availability of spiritual guidance in the form of individuals or structures. This category also includes statements about community spirituality.
Housing	Participant discusses how one's own housing situation affects the family. This may include overcrowding, space within the home, or state of the house.
Financial situation	When the participant refers to the family's financial situation, ex: struggling to pay rent, difficulty providing for family, obtaining a new job that provides better income.
Dependency	Situation within the family where an individual or the entire family is described as dependent on others, or on government support, for everyday life. This includes someone who for physical or mental health difficulties is unable to provide for themselves, and family units who feel dependent on external sources to pay for food and housing.
Community unit	
Informal services	Sources of support, either imagined or real, that are not part of the formal, institutionalized system of services. This may include availability of elders, the community freezer, spontaneous help from community members, the youth committee, or a place where community members can gather.

(continued)

Table 1. Continued

Variables	Description
Formal services	Institutionalized services including nursing station, social services, the school, the gym, the police station, and the treatment center for alcohol misuse.
Employment opportunities	General employment opportunities within the community
Availability of food	General statements concerning the price of food in the community, or availability of store bought or traditional foods.
Housing	General availability of housing within the community.
Friends	Individuals described as friends by participants, and living within the community or in another community
External family support	Members of the extended family (parents, grandparents, siblings, spouses, in-laws) as emotional, financial, material support (e.g., food, money, place to stay, babysitting)
No support	Any discussion around feeling the lack of support or absence of structures to support families within the community.
Alcohol	Alcohol issues observed at the community level, including accessibility of alcohol within the community and visibility of alcohol misuse or its consequences.
Bullying	Children or youth intimidating other children within the schools of the community
Fostering	Any mention of community issues related to fostering children, having children in the community that require fostering, or taking in a child from the community.
Culture and activities	Activities and practices that are described as traditional or cultural and include hunting, camping on the land, and sewing. This also includes all general statements about culture and its transmission within the community.
Transgenerational exchanges	Knowledge and values gained through inter-generational transmission.
Transgenerational trauma	Experiences related to colonial practices such as residential schools and sedentarization.
Language	Language spoken by the individual and used in services, and the difficulty of accessing some services because the language used.
Trust	General statements concerning the atmosphere of trust within the community. Examples include community concerns about being judged or rumors circulating.
Community well-being	General statements concerning the well-being and functioning of the community.

That having been said, the advisory board members were kept aware of all steps of our research and were regularly asked questions to validate the findings and the process. Moreover, an Inuit partner living in Montreal participated in monthly meetings for four months, which allowed us to hold reflexive sessions and enrich our understanding. In order to validate the findings and ensure the usefulness of results for community members, we chose to hold a reflexive session where all community members were invited to analyze the presented results. The workshop was recorded and used as complementary material and to assess the authenticity of findings, as will be described below.

We presented the article to a member of the advisory board, elected by the board to follow up on research-related activities. The data was also presented in the form of a story and a report for the community.

Results

The results reflect the narratives and experiences of adult parents living in a specific community of Nunavik. Indeed, no youth were interviewed in this study. We start by briefly describing the discussed determinants of well-being. We then go on to explain the complex inter-relation between stressors, resources and idealized resources.

The determinants

Determinants were coded into a total of 26 determinants: 9 family-level factors (10 including family well-being), and 17 community-level factors (see Table 1 for a list and description of variables). A total of 23 of the 26 determinants were used in narratives about difficult situations (stresses); 13 were used when speaking of resources/supports to family well-being. Finally, 7 community-level determinants were used to describe what would ideally be put in place to support family well-being.

Most of the variables we identified have been extensively described in previous literature (Allen et al., 2006; Kirmayer et al., 1996; MacDonald, Ford, Willox, & Ross, 2013; Wexler, 2014; Wexler, Jernigan, et al., 2014; Wexler, Joule, Garoutte, Mazziotti, & Hopper, 2014) and include community alcohol use, alcohol use within the family, culture, spirituality, language, extended family support, friends, informal services and formal services, physical and mental health problems, family cohesion, financial situation, employment opportunities, trust, availability of food, adoption/fostering, community and family housing, community well-being, situation of dependency, having to rely on oneself (self as support), feeling a lack of community support (no support), transgenerational knowledge, transgenerational trauma, and presence of bullying within the community.

As mentioned above, the determinants were coded in pairs in order to identify relationships between determinants. For example, if someone spoke of how taking in a foster child was viewed as a form of stress that led to increased

alcohol consumption within the family, the pair was coded: Adoption-Fostering/Fam-Alcohol. Of the 14 interviews, a total of 195 pairs of determinants were coded. Of the 195, a total of 127 of those pairs included at least one community-level variable, which illustrates the importance of community on family well-being.

Each pair of determinants was coded as stressful or positive/resource as a function of the participant's narratives – i.e., the coding reflected the meaning that participants gave to the determinant as it related to family well-being. Certain determinants were consistently viewed as a resource when present and a lack of resource or a stress when absent; these determinants included spirituality, intergenerational exchanges, culture, informal services and family support. Other determinants were consistently described as a stress when present, including community and family alcohol misuse, and community and family housing problems. Other determinants could be discussed as a resource or a stress depending on the context: friends, formal services, no community support, and having to rely on oneself. In the next sections we describe how these various social determinants influence family well-being and how they are interrelated.

Experiences of stress

Figure 1 illustrates the community determinants described as stressful, and the interrelation between these determinants. As clearly illustrated, there are numerous determinants associated with stress, and these variables are highly interrelated. Indeed, all participants discussed community difficulties and how these community issues impact their daily family lives. Here we describe how these determinants are related. Socio-economic conditions within the community were mentioned by many participants as a major difficulty that could infiltrate into multiple aspects of families' lives.

Participants discussed recent evictions that took place in town and how families were left without homes. In Nunavik, virtually all housing is social housing for which families pay a rent based on family income. In the months preceding the interviews and following a change in policy, a certain number of families were evicted from their homes due to ongoing lack of payments. Family members had to separate in order to find housing with community members. Some families made tents for themselves on the outskirts of the community, while others found housing arrangements with family and friends. This led to even greater *overcrowding* in some homes, and to a lack of food, as well as to increased stress related to having new people in their household.

In other interviews, participants spoke of having to provide financial and other forms of support to family members or community members with *alcohol* and drug addictions, or to family members without a job. Many spoke of feeling overwhelmed with having to deal with the addictions and behaviors of individuals under the influence; however, the necessity of caring for others was an important part of peoples' narratives.

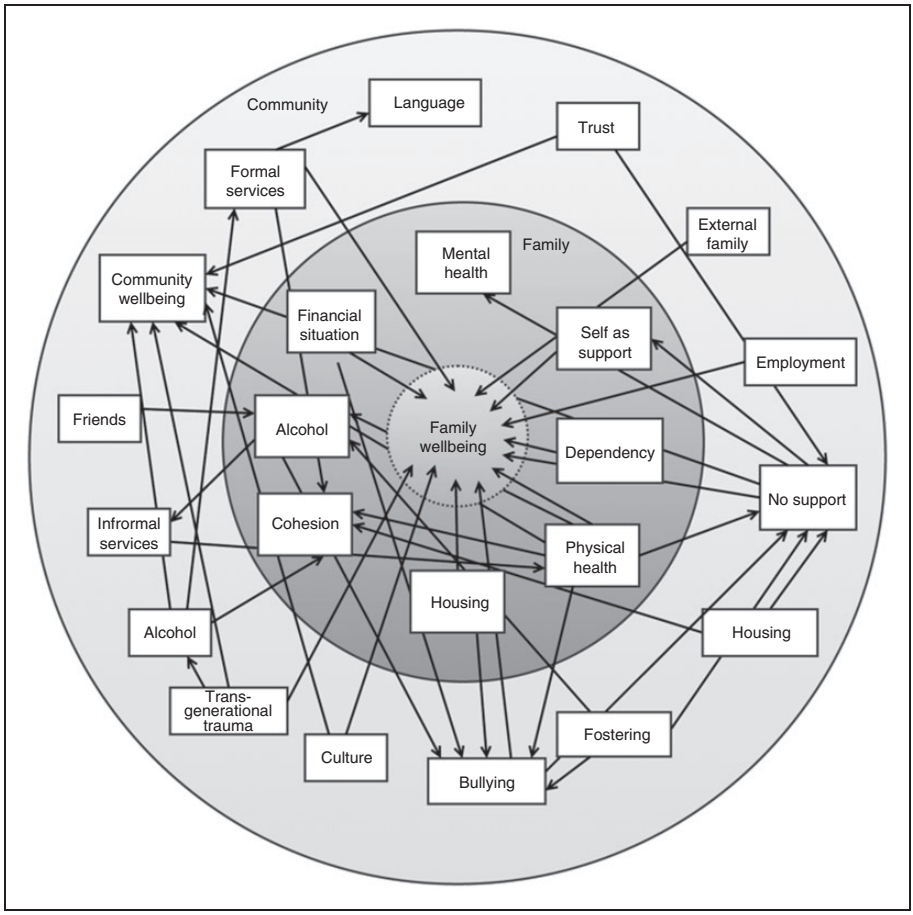


Figure 1. Association between determinants described as stressful or negative for family well-being.

Similarly, participants discussed the complexities surrounding family difficulties and the high rates of child placement within the community. Most participants had taken in a child at least once in their adult life. People received phone calls or heard requests on the radio to take in a child. Wanting to lend a hand, feeling sad about a child's situation and needing the economic compensations that come with *fostering* a child were various motives for people opening their homes to children. Most participants who had fostered children discussed the immense stress of taking in a foster child or temporarily providing care for the child of friends or family (i.e. lodging, food and parental care), which could mean sharing reduced space with more individuals, leading some families to leave their rooms to foster children to share a room or the living room with biological children. Moreover, the foster children often have a history of neglect or abuse, and presented to the foster

homes with behavioral difficulties such as drug use, breaking and entering, and stealing, which led to overwhelming stress and feelings of disempowerment. Participants named a great lack of support specifically for foster children and foster parents.

Some participants explained that the stress associated with fostering a child, or taking in a homeless person or someone experiencing a difficult family situation could sometimes become so great that they, the participant, would increase alcohol consumption and other unhealthy habits as a means of coping. A participant shared her story as a foster family for three children:

> P: And... I'm fostering since 3 months. But I'm going down.
>
> I: What do you mean going down?
>
> P: My foster kids, are not coming home at night. I think it's because I'm drinking more, since they came. [...] It's because of the stress.

The great amount of stress sometimes led the foster family to bring the child back to youth protection services, as explained by another participant:

> I had a foster many years ago. It was hard. Because she was... She was molested, as a child. And... she would cry, she would steal, she wouldn't listen. So it was hard for me. [...] It was hard to see her too also... that... she would eat like there's no tomorrow. [...] Her father [...] didn't have a lot of meals. So... she was not used to having any... different kind of meals like us and she would have... like hiding food, at times. And... yeah, it was hard. Because she was not listening at school, and stealing. [...] So I couldn't handle it. So I had to take her back [to child welfare services].

Unfortunately these unstable contexts also made it difficult for children to remain within a single home and led to multiple turnovers, which have been described in a Quebec Human Rights Commission Report (Sirois, 2007; Sirois & Montminy, 2010).

Community alcohol misuse was a major determinant of family well-being. It infiltrated homes via the disruptive nature of behaviors exhibited by inebriated individuals in the streets. Participants felt that children were being exposed much too early and too frequently to alcoholism and inebriation. They felt that this exposure gave a negative example to children. Participants also described how the alcohol misuse of community members led to child maltreatment and then to having to care for the children, or to dealing with the consequences of difficult behaviors of children exposed to parental alcohol misuse. Community alcohol misuse also infiltrated family homes via peer pressure, or because it was a way of spending time with friends. Indeed, participants spoke of the prominence of alcohol within the community and especially amongst friends. They described

this prominence of alcohol in social settings as the greatest obstacle to quitting alcohol consumption themselves. They felt that if one was sober it was difficult to have social connections, and people to spend time with. A man spoke about his spouse's struggle to stop drinking:

> It just happens. Like, people coming in to your place, bringing a bottle, and when you're, let's say, when my girlfriend was trying to quit... even today, she struggles with it. That's... her friends are old friends and are asking her to come in and party. Giving her, offering her free drinks, they're everywhere, alcohol is everywhere.

Bullying was another community issue described by mothers who were afraid for their children's well-being. They felt that the bullying in the school was dangerous and the only way to protect their children was by keeping them at home. Some felt a lack of support from the school to protect kids from being bullied or to resolve the problematic situations. Bullying was seen as being due to other community problems including poverty, overcrowding and alcohol misuse in families. One participant explained that children who were bullies were experiencing violence in their own homes and were often hungry. Bullying was also seen as being related to high level of placements of children in foster homes:

> School is... it's... There's somebody who always bullies the kids I guess. We grew up, I grew up like that, and my kids are growing up like that too. But I'm trying my best to prevent that from happening. [My kids] they don't smoke like other kids, and... I don't know... I don't know why there's bullying... People, especially from gangs...Kids... that are fostered or staying at the foster homes. Sometimes I just don't take them to school when something really bad happens. [...]. Like, my kids don't, my kids don't go to school to get bullied.

Experiences of support/resources

When asked who or what were the primary forms of support or resources (see Figure 2), many participants discussed the role of their mother or parents (*family as support*). Mothers were often the only people that participants would feel comfortable speaking to about their difficulties and stresses. Parents were identified as caretakers of participants' children, sometimes for days and sometimes for years when their family was experiencing crises. Parents or other extended family members often offered a space to live when housing was an issue, or offered financial support when families could not make ends meet:

> I try to help my brothers and my sister. Like for example, if there is a lack of food, if they need help in anyway, I try to help them if I can, when I can. We try to do the same things with my in-laws. It works both ways so... when we need help they are there for us and when they need help we are there for them.

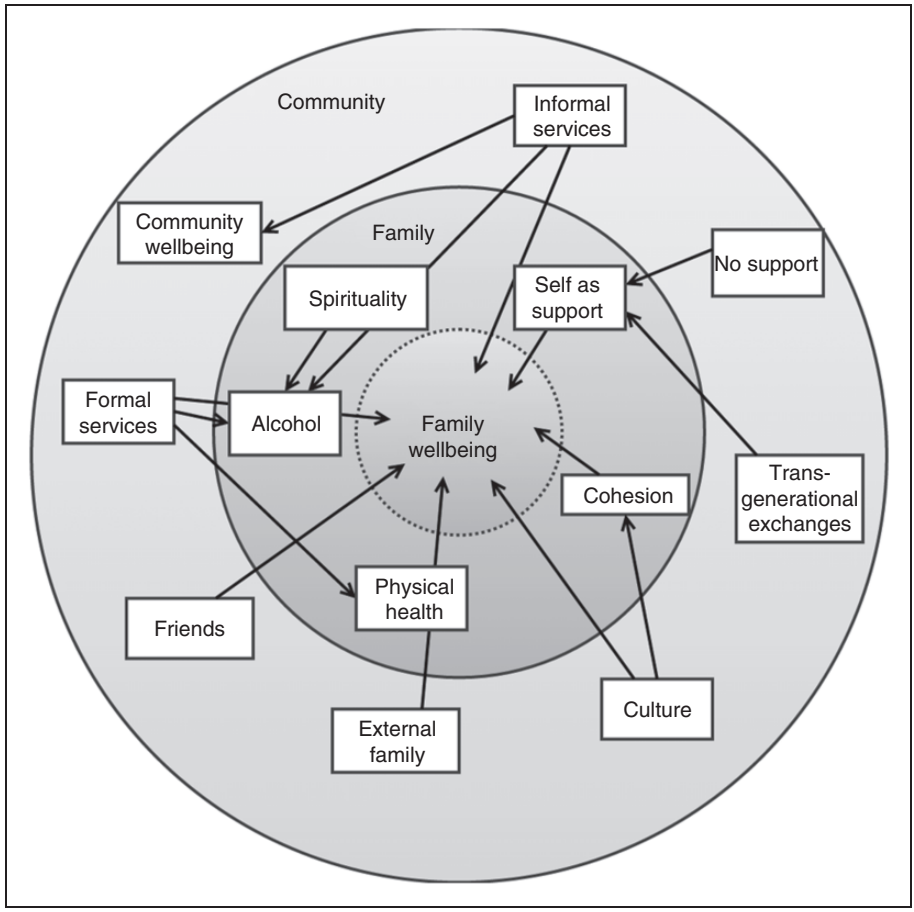


Figure 2. Association between determinants described as resources or as positive for family well-being.

Many participants also talked about the importance of *friends*. They could sometimes count on friends for financial help or food. It was generally felt that friends were there to have a good time with and have fun, and not necessarily to talk of difficulties with or to rely on. However, as described earlier, spending time with friends was often associated with gambling and alcohol consumption, which could be felt as a source of stress, especially when attempting to quit alcohol misuse.

Many participants talked of *culture* as being essential for family well-being. It was perhaps the only source of support that "bound individuals together" via sharing food, sharing language, hearing elders' stories and going out on the land.

Some described the importance of going out on the land for their family well-being and cohesion:

> We often go to bush by plane. And... Or inland, camping... And we stay there 6 to 8 weeks. It helped a lot. Going... Inland, camping. It's... It's a routine for us now... And my kids are being taught by their father and grand-parents. It helps a lot, going camping.

The connection with traditional activities whilst spending time together allowed for parents to feel competent in their role as parents:

> The best thing I know [for the family to be well] personally is hunting. Because hunting is a big part of living in a northern community. That's not just hunting on the father's side, but on the mother's side that's a lot of show and tell. Even if the child doesn't realize, the child is learning. [...] Some people consider it like family time, but it's a learning process... It's something being done together like for example, if you are out on the land, he may be, he is just watching, but it's a learning process; the younger they are in the learning process, the faster it gets locked in.

Unfortunately, many were unable to do activities on the land because they were unable to afford the gas and equipment necessary to do such activities. The inability to partake in cultural activities and the feeling of losing culture were described as contributing to family issues.

Formal services were described in relation to specific needs including economic, housing, foster children and health concerns. Even if formal services were often described as a positive, they were also described by some as having a negative impact on family well-being in certain cases, such as when children were taken out of care, when services were not able to offer the expected support and when there was a lack of trust. Formal services included the nursing station, social services, the school, the gym, the police station, and the out-of-community treatment center for alcohol misuse.

Informal services are defined by the participants as people and places in the community that are supportive for individuals and for the community in general. This included elders, the community freezer, and spontaneous help from community members and the youth committee. They were described as being concretely used only by two participants. However, this concept of informal services was highly present in participants' discourses when talking about what families would need to be well. Indeed, they described the need for informal gathering spaces for people to come together and share. As opposed to formal services that were described as mostly being for individuals and for specific issues, informal services would be for general well-being, and connection: "I imagine families being able to go to a place to learn of, from each other. Teach each other

stuff or exchanging information, what they know, what they do.'' Another participant remarked:

> We need more elders. Like, we need to be more around them 'cause we are mostly now talking in English too and we don't have a lot of elders now, but when we... while we still have them I think we need to do stuff with them.

These idealized informal services (Figure 3) were the only form of resources that were associated with other resources within peoples' narratives. Indeed, informal services, as desired by participants, were linked to culture, spirituality, alcohol misuse within the community, community well-being and formal services. Informal desired services included shelter, a place where people could go to and do activities they want to, such as cooking and sewing, and a place they could share time, information and experiences and where they could be together.

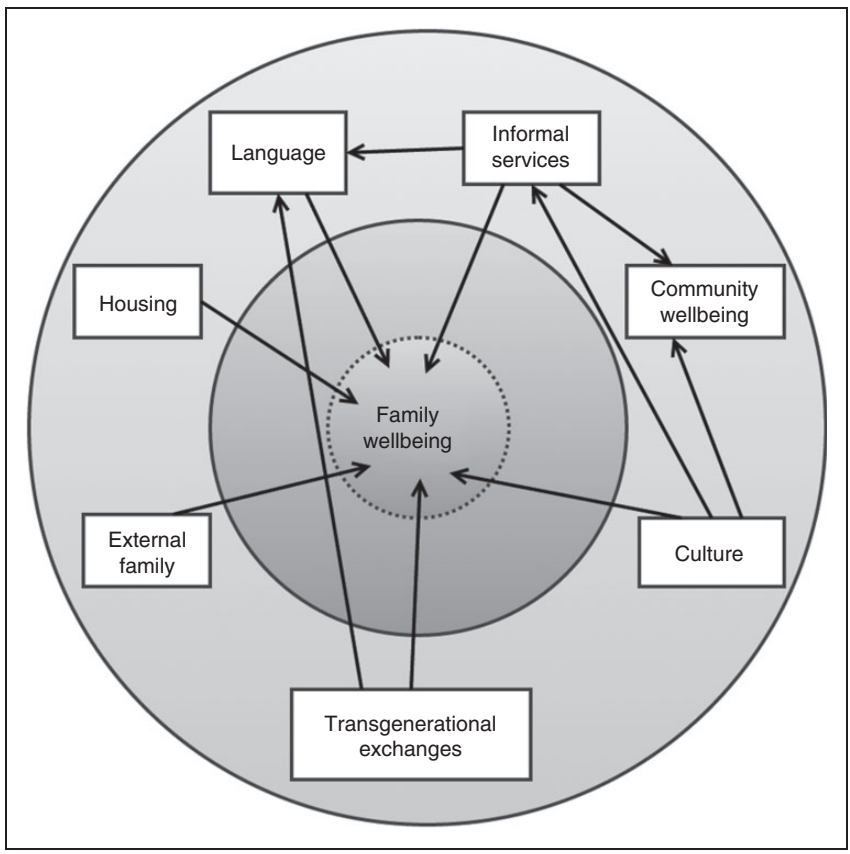


Figure 3. Association between determinants as desired for the future, in an ideal situation.

When the resources are not enough

One of the great obstacles to creating or using support systems was general *mistrust* and community negativity. There was a general concern that if one opened up to others, one would be judged and rumors would circulate throughout the community. There was also a certain mistrust of people from outside the community, a feeling that non-Inuit may not truly understand the difficulties faced within the community. There was also a great mistrust of child welfare services and a frustration with what were felt to be inadequate services. People described taking in foster children and not receiving support. Others said that they asked for help from social services even though it generated mistrust within the family, but they stopped because they did not receive the support needed.

This general mistrust and negativity was discussed within the community workshop as being a central issue requiring attention for community change. Lack of resources and general mistrust lead to having to manage family and community situations alone. *Self as support* was never described as a choice, but rather as a reality that they had to accept. Becoming the main resource for oneself or for others could be described either negatively or positively, and largely seemed to depend on the perceived outcome. Indeed, in certain contexts, having to rely on oneself was described as a form of empowerment and pride. In such contexts, families also describe having access to support systems and positive family cohesion.

However, in certain situations, lending support led to a feeling of dependency and of being overwhelmed, which placed a burden on the family. In these situations, participants spoke of powerlessness, frustration and hopelessness:

> I'm living on my foster checks. I mostly take that for food and rent. [. . .] It's hard because you know when people are evicted. They have no place to go. That young man is not relation to me but he's friend with my daughter and he had no place to go. So I felt bad. I took him.

Another participant said:

> It's very stressful when you are running out of food. The person that's living with me, he eats a lot.

From reading stories to telling stories: "The big picture"

In writing this article, we attempted to list the resources before the stressors in order to highlight the positive, but this looked like a list of independent determinants, and did not reflect the stories we heard from our participants. We returned to the larger picture of relations between variables and independently mapped out the associations between family determinants (with family well-being in the center) and ecological stressors (Figure 1), ecological resources (Figure 2) and ideal services (Figure 3). For each figure, the middle represents family well-being, the second

circle represents family-level determinants, and the third represents socio-environmental community determinants.

Looking at the figures and going back to the narratives, we noticed that community stressors were narrated as being associated with one another, whereas the potential resources (formal and informal services, family and friends) were all discussed separately. Indeed, sources of support, described as being disconnected in the section above, were never associated with other sources of support. Each source of support seemed to have a specific function and to be isolated from the other sources. That is to say, support from the health clinic, from elders, from parents, from church, from family and from youth protection services were all disconnected. As opposed to current sources of support, the "imagined" or desired resources were described as being integrated and varied. Moreover, certain determinants were both discussed as potential stressors and resources either because they offered support in times of stress or because they simultaneously offered support and stress.

In response to these observations, we went back to the verbatim transcriptions and looked at where the resources were placed amongst the stressors. We noticed two "types" of general narratives. In the first, people talked of sources of support that were omnipresent in their lives. These were invariably close family members (a parent, a grandparent or a spouse). In these stories, community difficulties and family difficulties were described as situations that can be overcome. In the second type of narrative, the stories were described around stressors. Punctual resources, that is, resources that were only used occasionally and more often in times of crisis, were superimposed on these stories of difficulty. In such cases, the resources just seemed to be drained into an ocean of distress.

Discussion

The purpose of this study was to explore the role of socio-ecological community factors in family well-being as narrated by Inuit families of Nunavik, Quebec. The results offer insight into challenges and possibilities for community-driven strategies to improve family well-being.

We adopted the Family Adjustment and Adaptation Response model as a theoretical framework to reflect upon participants' narratives (McCubbin & Patterson, 1983). The theory was developed on the foundations of family stress models (Hill, 1949). It acknowledges that all families live through both time-limited and ongoing events and stressors that accumulate. Families attempt to give meaning to these events and stressors. This framework suggests that families experience a variety of factors as stresses and resources depending on the meaning that they give to such experiences. Socio-environmental stresses and family socio-economic position affect the life course development of a family and may lead to interpersonal stresses amongst family members (J. A. Conger, 1992; R. D. Conger, Conger, & Martin, 2010; R. D. Conger & Elder, 1994; Elder & Conger, 2014).

Two main mechanisms by which socio-environmental factors influence family emerged from participants' narratives and will be described in greater detail below.

The first mechanism is perhaps more distal, but nonetheless omnipresent and pervasive. It includes all indirect exposures to community difficulties. The second is more proximal, including actively supporting community members.

Regarding more distal mechanisms, people spoke of how everyday life and family interactions were influenced by the presence of community stressors. For example, parents may feel worried and frustrated at having children playing in an environment where they are exposed to alcohol misuse and violence. Exposure to such persistent daily stressors is a strong predictor of negative psychological outcomes (Kanner, Coyne, Schaefer, & Lazarus, 1981; Patterson, 1983). According to the literature, children and adults living in socio-economically deprived communities are at greater risk of mental health and social problems including depression, and anxiety (Aneshensel & Sucoff, 1996; Cutrona, Russell, Hessling, Brown, & Murry, 2000; Elliott, 2000; Geis & Ross, 1998; Ross, 2000; Sampson, Morenoff, & Gannon-Rowley, 2002).

Another related example of this more distal mechanism was peer bullying. Parents felt that bullying within the community was due in part to hunger, poverty, exposure to violence, and children being placed in foster homes. Bullying was a constant threat to families and led parents to distance their children from other children and from school. Isolating oneself, and family, from community-level issues has also been observed in other urban and rural socio-economically disadvantaged areas (Jarrett, 1999). This strategy has benefits: children who are isolated from major neighborhood stressors by their parents have been found to fare better than children who have more permeable family boundaries (Furstenberg, 1999; Jarrett, 1999). In our study, participants sometimes contemplated distancing not only their children but also themselves from community issues. However, isolation strategies also have potential downsides. Indeed, participants described feeling guilty and isolated when they distanced themselves from community issues. Since the community is so small, most individuals are extended family or close friends who you encounter on a daily basis. Perhaps in part for these reasons, many participants helped community members or family members in need, which was the second and more direct infiltration of socio-environmental factors in family life. Participants spoke of taking care of people who had been evicted, of older parents or family members who were very sick, of children under foster care, of community members with addiction problems, or of victims of violence. This could lead to increased stress due to financial constraints, overcrowding in houses, and direct exposure to alcohol misuse. This then tarnished family dynamics.

There seems to exist a certain moral and emotional conflict between protecting family from community difficulties and providing support to communities so that families can be well. On one hand, knowing that community difficulties can impact family well-being, families have a stake in community well-being. On the other hand, the family well-being can be at stake when attempting to improve community well-being. Isolation or distancing can confer a certain protection, however, as discussed above, it can also be accompanied by guilt and can lead to frustrations on behalf of other community members who feel "abandoned" or uncared for,

perpetuating a feeling of mistrust and negativity. This creates a double bind and a negative feedback loop that may be due in part to being in small isolated communities with few formal services.

Although the benefits of informal social affiliation have been widely described within the broad literature on social capital (House, Landis, & Umberson, 1988; Richmond, Ross, & Bernier, 2007; Richmond, Ross, & Egeland, 2007; Sampson, Raudenbush, & Earls, 1997), among Inuit of Canada, social support has been associated with negative health behaviors and exposure to stress due to its association with social obligations (Richmond & Ross, 2008; Richmond, Ross and Egeland, 2007). Richmond (2009) coined this phenomenon the *paradox of social support*. This has been observed in other small communities in the United States where social dependency is high due to lack of services and high emotional connections between community members (Caughy, O'Campo, & Muntaner, 2003; Ross, 2000). Sociological research suggests that "weak social ties" may be better sources of social support than "strong social ties" (Granovetter, 1973). Similarly, Ross and Mirowsky (2009) found lower levels of anger and anxiety in people living in disadvantaged communities who are not integrated into social networks. Lemert (1962) suggests that mistrust and negativity emerges in social contexts where individuals are highly dependent on one another, as is the case in small and isolated communities with few resources. When situations go awry, people tend to blame one another and to lose confidence in their ability to create change. Ross and Mirowsky (2009, p 59) describe how community difficulties "undermine the sense of personal control and stimulates a sense of mistrust in equal measure." In our fieldwork it was not uncommon to hear individuals ask: "why is it we cannot take care of our own people?"

This having been said, there exist various forms of formal and informal support in the community that are used in different ways. Support of grandparents, spirituality, going on the land, and friends were all described as positive and beneficial and were never described negatively. Family and friends have often been described in the literature on Aboriginal health as essential for well-being. People also spoke of going to the nursing station to see the fly-in psychiatrist or the local community worker. These supports could help individuals get through particularly difficult times. Going on the land and spending time with friends offered different forms of support.

Limitations

This study has several limitations. The interviews took place in a single community with a sample of 14 community members. However, the sampling strategy allowed for a diversity of families to be represented within the study. Men were largely under-represented within this study. It is unclear how the results would have differed had there been more men interviewed. The one man who was interviewed offered insight regarding the role of men within families and the role of culture in parenting. It is impossible to know whether the specifics of this interview are due to

gender or personal experience. We also found that one-on-one interviews conducted by a non-Inuit, and structured around a specific subject, were not necessarily optimal or sufficient to understand the rich context of family experiences. For this reason, the interview material was contextualized using an ethnographic approach, reflexive discussions and a community workshop. We do not assume that the experiences described within this study are complete and representative of all Inuit, however we are confident that, with the various methods used, the results provide insight into the daily lives and dynamics of many families in Nunavik.

Conclusion: From results to action

This study identified community-level factors that influence family well-being among Inuit. The results of the study were intended to be used by community representatives (co-researchers in a larger action research program) in the development of family-oriented and community-based support and were discussed in a variety of contexts with different community members over a two-year period in order to translate findings into action. The first method of knowledge exchange used for this purpose was a community discussion using a three-dimensional maquette illustrating the findings described. Community members discussed two main topics that they chose to focus on for their "family house": 1) exploring the types of supports that men would be inclined to use, and 2) exploring ways of increasing positivity and decreasing community mistrust.

Regarding the first topic, community members present at the workshop spoke of their desire to reach more men within the community and to better understand their needs in order to ensure their involvement in the community family house. The participants prepared a small needs-assessment survey for men, which they themselves passed out to men. The survey explored what would make men interested in participating in a family house, to which men answered: spending time with other men to talk about family life and life struggles; sharing and learning how to make traditional foods; and making hunting tools. The family house now integrates some of these ideas within its program and intends to include all of these activities in the near future.

Regarding the second topic of discussion, a variety of small concrete actions were taken to focus on positivity. The first such action was to hold a community activity at the family house where participants discussed positive words or statements in Inuktitut that would then be printed on jars of jam made by women within the community and distributed to families. During another community workshop held at the family house, people were invited to prioritize values that promoted positivity and trust that were then written on the walls of the house as guidelines for interacting with one another. A third action was to co-create a fable that represented the experience of families and of the board of directors creating the family house in a way that highlighted the nuanced experiences of families with a message of connection and hope. We also developed short promotional video and pamphlet materials based on positive messages offered by community members.

The results of the interviews also brought about precisions and modifications in the objectives and the planning of the family house initiative, including: enhancing connections between existing resources, especially between institutional services and community support systems; exploring methods of supporting the natural supporters within the community—and focusing on creating a positive group dynamic between these natural supporters; and rethinking who the target clientele of such a house would be.

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Notes

1. Although Inuit life is often described as being sedentary as opposed to traditional nomadic life, it is interesting to note that for a variety of reasons, such as limited health resources in communities, limited schooling, travel requirements associated with work, and the need to "get out of town" or to visit relatives, Inuit tend to travel quite a bit to other communities and to the larger southern cities.
2. For more details on Inuit experiences of residential school systems and federal day schools, see King (2006). See also: http://weweresofaraway.ca/wp-content/uploads/2013/04/Inuit-and-the-RSS.pdf; http://weweresofaraway.ca/resources/

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