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Indigenous Child Wellness
A Scoping Review of Best Practices with Initial Advising from Indigenous Community Members on Contextual Considerations and Next Steps

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Résumé de l'article

The measurement of wellness among Indigenous Peoples is crucial to understanding the needs of communities today and for generations to come. Here, we summarize the extant research on assessments relevant to measuring the wellness of Indigenous children in Canada through an examination of existing international best-practices. A thoughtful identification of wellness metrics aligned with Indigenous cultural contexts is important because in the past, wellness assessments that were not co-developed by Indigenous partners have perpetuated systemic harms. A scoping review of existing measures across Canada, the United States, Australia and New Zealand was completed consistent with the PRISMA guidelines across five databases. These guidelines provided guidance for the process of the review, as well as the structure for this paper. Search terms included "Indigenous" or "Aboriginal", "wellness", "child-welfare", "children", "families" and "framework" or "measure". In total 896 abstracts were screened. Of these, 88 articles were reviewed, 16 measures and four frameworks were identified as most relevant to our work. All efforts were led by Indigenous students in keeping with Traditional Ways of Being and Knowing as well as self-determination practices. Semi-structured interviews were also conducted with four Indigenous community members in order to advise the process of developing such a project and to gauge considerations on the appropriateness of assessing wellness in our communities. Results highlight a unique set of factors to consider from an Indigenous values perspective when assessing child wellness. The most salient of these include incorporating elements of self-determination in both measure development and usage. Themes of family, community, and wholism were also emphasized. While this exemplifies an emerging assessment base for measuring wellness, minimal work to date is directly designed to be relevant for Indigenous children or youth. Moving forward, we will seek to fill this gap by supporting the development of a wellness measure with potential to multi-contextual relevance to promote the adequate and equitable dispersion of supports and resources to families and communities.

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Indigenous Child Wellness: A Scoping Review of Best Practices with Initial Advising from Indigenous Community Members on Contextual Considerations and Next Steps

Abstract

The measurement of wellness among Indigenous Peoples is crucial to understanding the needs of communities today and for generations to come. Here, we summarize the extant research on assessments relevant to measuring the wellness of Indigenous children in Canada through an examination of existing international best-practices. A thoughtful identification of wellness metrics aligned with Indigenous cultural contexts is important because in the past, wellness assessments that were not co-developed by Indigenous partners have perpetuated systemic harms. A scoping review of existing measures across Canada, the United States, Australia and New Zealand was completed consistent with the PRISMA guidelines across five databases. These guidelines provided guidance for the process of the review, as well as the structure for this paper. Search terms included "Indigenous" or "Aboriginal," "wellness," "child-welfare," "children," "families," and "framework" or "measure." In total 896 abstracts were screened. Of these, 88 articles were reviewed, 16 measures and four frameworks were identified as most relevant to our work. All efforts were led by Indigenous students in keeping with Traditional Ways of Being and Knowing as well as self-determination practices. Semi-structured interviews were also conducted with four Indigenous community members in order to advise the process of developing such a project and to gauge considerations on the appropriateness of assessing wellness in our communities. Results highlight a unique set of factors to consider from an Indigenous values perspective when assessing child wellness. The most salient of these include incorporating elements of self-determination in both measure development and usage. Themes of family, community, and wholism were also emphasized. While this exemplifies an emerging assessment base for measuring wellness, minimal work to date is directly designed to be relevant for Indigenous children or youth. Moving forward, we will seek to fill this gap by supporting the development of a wellness measure with potential to multi-contextual relevance to promote the adequate and equitable dispersion of supports and resources to families and communities.

Keywords

Indigenous Child Wellness, Indigenous ways of knowing and Children's health, Indigenous family and youth, Indigenous wellness research

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Indigenous Child Wellness: A Scoping Review of Best Practices with Initial Advising from Indigenous Community Members on Contextual Considerations and Next Steps

This project seeks to operate within a traditional understanding of wellness. It is critical to consider these ways in measuring wellness for Indigenous Peoples, to advance one's wellbeing through culturally safe approaches. Our goal is to identify feasible, acceptable, and evidenced-based approaches to measuring Indigenous child and family wellness among the available literature through a scoping review of existing Canadian and international best-practices in Indigenous wellness assessments. Some of the wellness assessments to be discussed are Indigenous measures created by community, for community, and grounded in Indigenous Ways of Being and Knowing. Others are measures created by non-Indigenous organizations and institutions, aimed at measuring wellness for a variety of contexts and demographics. Both approaches were analyzed to understand the body of work on this topic.

As a first step in this multi-phased project, the scoping review was conducted to examine the existing body of knowledge on the matter. As a second step, initial advising was sought from community members on project appropriateness, with a future phase being the creation of our own wellness measure in mind. Here, semi-structured interviews were conducted with Indigenous community members who hold knowledge in relevant areas to this work including Indigenous leadership and policy development, Indigenous family home visiting programs, Indigenous medicine, and Traditional Knowledge.

This work is being conducted in partnership with the Indigenous Advisory Committee of Until the Last Child and Indigenous student members of the Department of Psychology at the University of Manitoba, led by Anishinaabe student Ms. Levasseur-Puhach, with non-Indigenous academic support from Assistant Professor, Dr. Leslie Roos. Until the Last Child works to bring innovation and financial support to partnerships with child and family services (CFS) and community services agencies, with the goals of (1) preventing child apprehension (2) increasing child placement stability and/or permanency through connections to family and communities of origin. Until the Last Child has had multiple requests from community partners for a culturally aligned tool to assess Indigenous child wellness but has been limited by the lack of an existing measure consistent with Indigenous values or with input from child wellness experts in Manitoba. Dr. Leslie Roos brings expertise in the measurement of child well-being and multi-community member engagement to facilitate this process, with the intention of supporting self-governance, as guided by the Until the Last Child Indigenous Advisory Committee.

According to current literature, returning to practices and understandings informed by Traditional Knowledge of wellness from an Indigenous perspective is crucial to achieving wellbeing (Healey et al., 2016; Restoule, 2013; Sasakamoose et al., 2017; Teufel-Shone et al., 2006). There is also increasing consensus that Indigenous wellness research must be led or co-led by Indigenous persons (e.g. scholars, community members) appropriate for local contexts (First Nations Information Governance Centre, 2020). Failures to conduct research in this way have resulted in further oppression of Indigenous Peoples in larger society due to governmental control and jurisdiction over Indigenous affairs

(Indigenous Corporate Training Inc, 2018). As one of many examples, with the support of the Canadian federal government, research practices formerly targeted Indigenous populations as disposable experimental subjects in health studies. These included testing of tuberculosis vaccinations as well as inquiries into the effects of malnourishment on the human body (Lux, 1998; Mosby, 2013).

Wellness for the Indigenous Peoples of Turtle Island has been disrupted since the land was colonized into what we know as "Canada" today. Historically, Indigenous Nations thrived in wholistic wellness, defined as spiritual, emotional, mental and physical perspectives of being well, by living off of and being connected to the land as well as practicing spiritual ceremonial Ways of Being (ACHWM Research Publications, 2015; Assembly of Manitoba Chiefs, 2018; Awo Taan Healing Lodge Society, 2007; First Nations Health Authority, 2019). Colonial practices, including provocation of illness leading to population collapse, forced relocation, oppressive policies and abuse spanning generations are understood to have inflicted serious damage on traditional Indigenous Ways of Being and overall wellness (First Nations Health Authority, 2019). Policies targeting intergenerational transmission of caregiving created compounding harm to child wellness, through Residential Schools and the 60's Scoop, with Ways of Being damaged or lost (First Nations Health Authority, 2019; Restoule, 2013). Systemic discrimination in the governmental body of the Child and Family Services (CFS) system, such as inequitable funding and exclusion of culturally appropriate practices, resulted in further harm. In Manitoba, these policies have had a disproportionate impact, with almost 90% percent of children in care being Indigenous (Blackstock, 2009). Practices separating children from family, community, and culture are linked to poor mental and physical health (Center on the Developing Child, 2019; Legislative Review Committee, 2018).

The past decade has seen emerging acknowledgment of colonist-perpetuated harm on the wellness of Indigenous children with apologies and settlement money provided from the government. This was done by prime ministers in 2008 and 2017, offering an apology to Indigenous Peoples in Canada for the devastations the Residential School system caused (McIntyre, 2017). However, apologies and financial compensation have been criticized as insufficient by many who felt the injustices of the past must be addressed by concrete reconciliatory actions (Facing History and Ourselves, 2015). Initiatives borne of this sentiment aimed to expose harms of colonial systems and encourage systemic change to be made, such as the Truth and Reconciliation Commission. Here, survivors of Residential Schools were welcomed to document their stories, allowing for calls to action to be created and presented (Truth and Reconciliation Commission of Canada, 2015). One step toward reconciliation in Manitoba has included increasing involvement of Indigenous Authorities in managing Child and Family Services (CFS), with ongoing efforts for Indigenous-led jurisdiction over (CFS).

Guiding Principles

All work through this project will be culturally grounded and guided by Calls to Action from reports related to issues of injustice and colonial impacts. These supporting sources include: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019), Jordan's

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Principle (Assembly of First Nations, 2007), the United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007), and the recommendations of the Truth and Reconciliation Commission of Canada (2015). Here, the importance of adhering to cultural protocol, as well as asserting sovereignty and self-governance, is conceptualized as an integral aspect of working with Indigenous Peoples. Therefore, we have ensured that we conduct this research in culturally respectful ways as additionally outlined by both the First Nations Information Governance Center (FNIGC) and the Notah Begay III Foundation (2020). Through their framework for respectful research, the FNIGC developed principles of ownership, control, access and possession (OCAP) to ensure researchers adhere to reciprocal and safe practices when interacting with communities and to define the terms of that engagement. Specifically, with regard to how data is collected, used and shared (First Nations Information Governance Centre, 2020). Similarly, the Notah Begay III Foundation produced a list of recommendations as part of their *Indigenous Voices and Practices: Recommendations for Grantmaking to Native-led Organizations.* This document states that when non-Indigenous and Indigenous groups work together on projects, there must be an investment in the self-determination of community members, a commitment to working from a place of mutual respect, and the work must honour Indigenous Ways of Being and Knowing (Notah Begay III Foundation, 2020). We are committed to operating within the guidelines recommended by these reports and frameworks. Our methodological approach will ensure that Elders and Traditional Indigenous Knowledge Keepers are consulted throughout. We also encourage community collaborators to lead decisions on how to collect information, how to engage with community members, and how to share collected information.

Methods

Local Interviews

Approval was granted for the engagement of participants in advisory interviews with protocol # P2020:027 (HS23846) from the University of Manitoba Research Ethics Board. Interviewees were selected based on suggestions from the Indigenous advisory board at Until the Last Child as well as study supervisor input. Notes were typed throughout meetings and data was analyzed manually and informally. Consultations were made with local Indigenous community members to discuss the appropriateness and need for this project along with other considerations regarding respectfully conducting this research with the community and producing culturally safe work. Meetings incorporated Indigenous practices such as offering of tobacco and/or sacred medicines to those who share their gifts of knowledge to another. These semi-structured interviews consisted of 30-60-minute conversations between the project manager and interviewee. The proposal of the project from Until the Last Child was presented, along with examples of like assessments developed in Canada and the United States making up only a portion of all that were found as part of this review.

Interviews were conducted with four Indigenous community members who hold knowledge in several relevant areas. Some of these advisors have experience working with local Child and Family Services agencies, as well as skills in practicing Indigenous Ways of Being in professional and personal settings,

and experience leading community non-profits involving knowledge in policy development. Others interviewed have experience with home visiting interventions and prevention of child maltreatment through the promotion family wellness. Additionally, some of these individuals have research experience pertaining to reconciliation in Canada and professional Indigenous healthcare and healing knowledge. These advisors were recruited according to recommendations from the Until the Last Child Indigenous Advisory Committee and were initially engaged via email, wherein background information and supporting materials were made available. Interviews were conducted in-person, at locations that suited each advisor, before the Covid-19 outbreak.

An Elder was also consulted for advising at the beginning stages of the project. This person carries wisdom and Traditional Knowledge in areas of child welfare and is a member of Treaty 1 territory in Manitoba. This consultation served as a means for gaining a traditional perspective on the appropriateness of this project and to honour the practice of seeking the leadership of Elders in the community to guide the direction of initiatives impacting our people.

Information Sources

Databases consulted for this study include Google Scholar, PubMed, ProQuest, MEDLINE, and PsycInfo. Google Scholar was searched first in May 2019 where eligibility criteria had not extended to include literature from Australia or New Zealand. Only Canadian and American works were identified at this stage. PubMed and ProQuest were searched in April 2020, and MEDLINE and PsycInfo were searched in May 2020 when, thereafter, the literature review was decidedly complete. These databases were selected in partnership with a University of Manitoba Department of Psychology librarian. We sought input from both health-related databases and ones with more general scope in order to satisfy all criteria. MEDLINE was consulted separately in order to ensure all relevant literature was captured through the related PubMed database.

Search Strategy

Our search strategy involved selecting the database, inserting our key words including “child-welfare” or “child and family services” and "Indigenous" or "native" or "Aboriginal” and "health" or "wellness" or "well-being" or “thriving” and "youth" or "children" or "Families" and “framework” or “measure” or “assessment” and “Australia” or “New Zealand” or “Canada” or “United States”, (Only “Canada” or “United States” in the Google Scholar search), and applying limitations of publication year within the past decade as well as ensuring we were screening English language journal articles. The last decade was the timeframe chosen for the search understanding that older measures that are still relevant today would appear in recent studies when cited.

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Approach

All frameworks and measures reviewed were required to meet the criteria of focusing on wellness related to children, youth, adults and/or families. Studies from across Canada, the United States, Australia and New Zealand were eligible for this analysis in both Indigenous and non-Indigenous contexts. We excluded articles with measures relevant to neonatal children exclusively as the overall goal of this work in the development of a wellness assessment for youth is targeted for older children with greater speech capacity, i.e., 5+ years old. These countries were selected due to the Indigenous populations of those areas, many with similar Ways of Being and Knowing (Boot & Lowell, 2019).. In this way, we recognize that all Nations are distinct across the world and within our own country of Canada, with their own laws and systems of thinking and being. However, we also want to acknowledge the overlap in our sacred ways and recognize the connection among all our relations.

Selection of Evidence Sources

The screening process began with an assessment of titles, keywords, and abstracts. Results deemed relevant were separated from the database for further, future screening at a more in-depth level. We continued this process in each database until either all results were screened or until we encountered 100 consecutive non-relevant results. in a row. Once the results warranting further inquiry were all drawn from their respective databases, full articles were analyzed for relevance. Here, results were either found to be appropriate or inappropriate measures or frameworks to include as evidence in this study based on the eligibility criteria described above including English language journal articles focusing on wellness assessments or frameworks applied in the last 10 years, related to children, youth, and/or families, coming from Canada, the United States, Australia and New Zealand in either Indigenous or non-Indigenous contexts.

Data Charting Process

As articles were found yielding informative frameworks and/or useful measures for reference, they were added to a spreadsheet according to the database in which they were found. Information was noted regarding context, location, assessment type and evidence base.

Synthesis of Results

Results charted will be summarized below. This information came together throughout the full-text review portion of the search, wherein notes were taken and relationship to our question and objectives was analyzed.

Results

Results of Individual Sources of Evidence

As seen in figure 1, the final 20 evidence sources deemed qualified as relevant per our eligibility criteria include the below information from the following sources. We describe these measures and frameworks as they embody our central focus of identifying feasible, acceptable, and evidenced-based approaches to measuring Indigenous child and family wellness. In this research, we consider a measure to be anything that contains a tool for the assessment of wellness, whereas a framework has been considered a theoretical basis for creating a measure, though it does not explicitly include any tool to do so.

Characteristics of Sources of Evidence

The sample included six measures that are Indigenous focused and ten Western. Four of these were in Canadian studies, eight American, three from New Zealand and one Australian. Of the frameworks identified, three were Indigenous focused and one was Western. One of these frameworks was developed in Canada, two in the USA and one in Australia. A number of key themes emerged in the measures and frameworks identified within the scoping review. These include wholism, connection to community, kinship family prioritization, incorporating traditional methods into mainstream processes, and strengths-based perspectives among Indigenous-led examples. Western approaches emphasize stress buffering through supportive parental relationships, adaptations of non-Indigenous assessments to Indigenous contexts, and the differentiation of assessment components based on age-range of recipients and setting, as described below.

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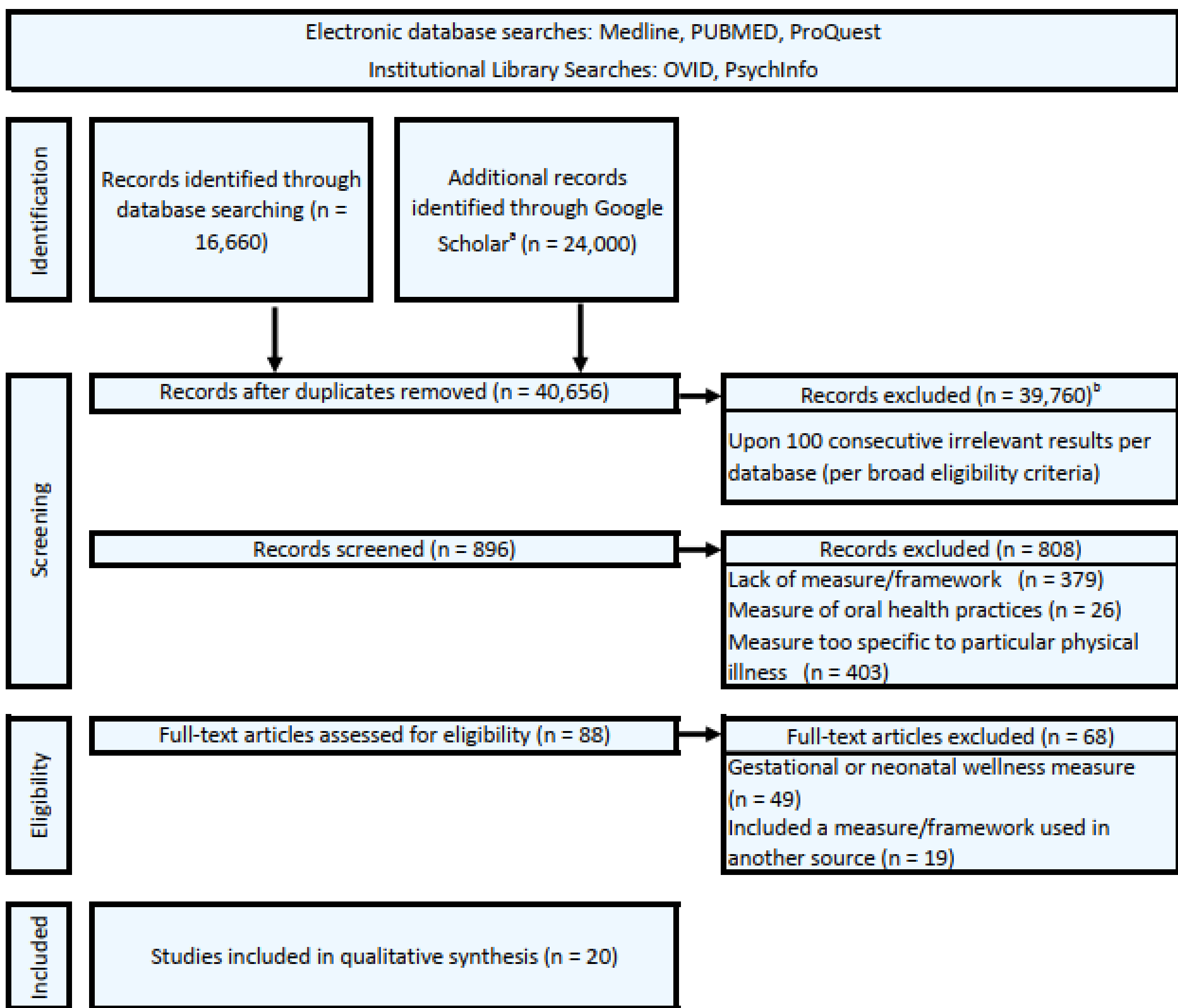
Figure 1. Selection of Sources of Evidence



Google scholar is classified outside of other databases according to the PRISMA flowchart model and this will be reflected as such above. In the rest of this paper, we will refer to it as a database with all others.

This model follows the PRISMA flowchart outline for scoping reviews (The PRISMA Group, 2009). However, a modification was made with the addition of this box to accommodate for our search method to screen for potential sources of evidence once 100 consecutive irrelevant results were populated in a given database.

Indigenous-Centered Approaches to Wellness

Wholism in North America. Among Indigenous-centered frameworks, a central focus exists on wholistic wellness encompassing the mental, emotional, spiritual and physical components of the self (ACHWM Research Publications, 2015; Awo Taan Healing Lodge Society, 2007). For example, The Awo Taan Wellness Assessment is grounded in principles of the four directions as they align with a wholistic view of the self (Awo Taan Healing Lodge Society, 2007). It is through knowledge of the Seven Sacred Teachings that interconnection informs this assessment of wellness, done with the support of Elders (Awo Taan Healing Lodge Society, 2007). A measure of wellness within the Native Wellness Assessment involves both a self-report and observer report using a wholistic scope, emphasizing Indigenous spirituality to assess wellness (Thunderbird Partnership Foundation, 2015).

Family, Culture, and Community in Australia and New Zealand. Frameworks centering Indigenous Australian wellness focus on social and traditional values such as cultural connection and community (McRae-Williams et al., 2018; Raman et al., 2017). Indigenous Measures from Australia and New Zealand reveal emerging themes of wholistic wellness and are inclusive of family. This is exemplified in the Hua Oranga Instrument and Pacific Identity Wellbeing Scale (Durie & Kingi, 1997; Manuela & Sibley, 2013). Differing slightly from wholism as described by First Nations in Canada, where the mental, emotional, spiritual and physical components are considered in the conceptualization of wellness (Awo Taan Healing Lodge Society, 2007). Furthermore, identifying and connecting with one's culture is another component of wellness expressed by measures for Indigenous people in Australia and New Zealand (Durie & Kingi, 1997; Manuela & Sibley, 2013).

Child Welfare Considerations. A number of frameworks evaluated provide insight into child welfare-specific matters, such as the Live-In Family Assessment. This healing program outlines wellness related to family kinship family reunification subsequent to involvement in the Manitoba child welfare system (First Nations Child and Family Caring Society, 2018). This work highlights valuable considerations while working with families but lacks a measure to assess child and family wellness upon permanent placement, a reoccurring issue among many frameworks reviewed. Further, it has been stressed that providing culturally competent care to Indigenous children involved in Child and Family Services systems is a crucial component to their wellbeing (Blackstock, 2011; Raman et al., 2017).

Balancing Ways of Knowing. Certain frameworks include conducting research with Indigenous people while operating within Western systems and collaborating with non-Indigenous people and institutions. For example, a community in eastern Canada developed a model of wellness in which traditional Mi'kmaq knowledge is brought forth while also utilizing Western methods of mobilizing these knowledge pieces, referred to as "Two-Eyed Seeing" (Hutt-MacLeod et al., 2019). This is an example of process and content relevant to this work given the blend of perspectives adopted in collaborative projects. Similarly, a framework proposed by Willie Ermine (2007) states that in order to engage in culturally safe research between Indigenous and non-Indigenous people, we must understand the "ethical space" in conducting work together, one involving respect, reciprocity and relationship building

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in combination with methodology and ethics. This approach outlines methods for ensuring the wellbeing of Indigenous Peoples amid interactions involving opposing ideologies, as may be expected in the context of wellness assessments.

Generalist Approaches to Wellness

Western-Values-Based Frameworks. The Three Principles to Improve Outcomes for Children and Families developed by Harvard University emphasizes the importance of supportive relationships between parents and children in order to best buffer stressors (Center on the Developing Child, 2017). The Forum for Youth Investment (2011) and Annie E. Casey Foundation (2019) offer frameworks relevant to youth wellness in the United States regarding work readiness and child-welfare related outcomes respectively. While comprehensive, these frameworks lack cultural specificity and reflect values significant to Western cultures such as stress mitigation, professional success and independence.

Applications in Indigenous Contexts. Measures developed by non-Indigenous groups and institutions are being used in a variety of cultural contexts, sometimes including Indigenous children. These include, for example, the National Aboriginal and Torres Strait Islander Health Survey as well as the Western Australian Aboriginal Child Health Survey (Australian Bureau of Statistics, 2018; Zubrick et al., 1995). Among these non-Indigenous measures used with Indigenous populations in Australia and New Zealand, a sense of belonging is an emergent value that is deemed crucial to wellness. This community connection perspective informs the types of items used in questionnaires and the way they are delivered. This is illustrated in the National Aboriginal and Torres Strait Islander Health Survey (2018) which involves community Elders in the questionnaire process to advise the survey delivery group on particular community customs.

Similarly, the Affect Balance Scale (Bailie et al., 2014; Bradburn, 1969), Sense of Coherence Scale (Antonovsky, 1987; Evans & Davis, 2018) and the Strengths and Difficulties Questionnaire (Goodman, 1997; Macedo et al., 2019) are also non-Indigenous centered instruments brought to Indigenous communities and urban populations. These scales were not originally developed in partnership with Indigenous communities nor were they developed specifically for use in Indigenous contexts, therefore, they lack elements specific to traditional understandings of wellness. Researchers have initiated studies inquiring into the appropriateness of the use of these scales and although they might be validated for use within an Indigenous population, this does not mean that they are culturally aligned, only that they are not harmful. This persistent threat of cultural misalignment, then, reveals the need to mobilize Indigenous knowledge and allow for concepts to be put into practice and disseminated into academic spheres for knowledge sharing.

Age Specificity. Other characteristics revealed include developing various versions of a measure to accommodate for a range of ages with whom the measure may be used. This trend was observed with the Western Australian Aboriginal Child Health Survey (Zubrick et al., 1995), the Strengths and Difficulties Questionnaire (Goodman, 1997), the Children’s Worlds International Survey of Children's Well-Being

(Children's Worlds, 2009), and Pediatric Quality of Life Inventory (Varni et al., 1999). With these measures, age-appropriate questions can be asked and will produce a more accurate view of wellness per specific demographic.

Similarities and Differences Across Approaches

Contextual Specificity. Certain measures were developed to be applicable in multiple settings. These include the Affect Balance Scale (Bradburn, 1969), the Child and Adolescent Functional Assessment Scale (Hodges & Wong, 1996), Children's Worlds International Survey of Children's Well-Being (Children's Worlds, 2009), Pacific Identity Wellbeing Scale (Manuela & Sibley, 2013), Sense of Coherence Scale (Antonovsky, 1987), Strengths and Difficulties Questionnaire (Goodman, 1997), and The EPOCH Measure of Adolescent Well-Being (Kern et al., 2016). These measures have been used in a variety of settings including schools, clinical spaces and homes.

Strength and Deficit Models. Contrasts among instruments were revealed with a notable difference between certain measures being a strengths-based versus a deficit-based approach to assessing wellness. The most salient examples of these are non-Indigenous models which focus on dimensions such as substance use, mental illness, self harm and risk-taking behaviours such as the Child and Adolescent Functional Assessment Scale (Hodges & Wong, 1996) and Youth 2000 Survey (Adolescent Health Research Group, 1999). Conversely, others, both Indigenous and non-Indigenous, centrally assess the meaning and positivity in one's life, as seen in the Pacific Identity Wellbeing Scale (Manuela & Sibley 2013), Sense of Coherence Scale (Antonovsky, 1987), and The EPOCH Measure of Adolescent Well-Being (Kern et al., 2016).

Measures

Aboriginal Children's Health and Wellness Measure Canada (ACHWM) - Aaniish Naa Gegii questionnaire. A First Nations wellness-focused assessment created by Aboriginal Children's Health and Wellness, the Aaniish Naa Gegii questionnaire was created to assess the wellness of children and families in Ontario communities. This is a self-report survey assessment, centered around wholistic wellness per the medicine wheel. It is reviewed by mental health clinicians and used to refer clients to other mental health services. This model exemplifies the incorporation of First Nations values into a questionnaire that was developed with community input and has been validated empirically across community contexts (ACHWM Research Publications, 2015).

Aboriginal Framework for Healing and Wellness Manual - Awo Taan Healing Lodge Society. The Awo Taan Healing Lodge Society created a framework of healing based on the needs of Indigenous female community members across Alberta and Manitoba (2007). Grounded in the Seven Sacred Teachings and an acknowledgment of wholisitc approaches to healing, this measure is a self-assessment, supported by contact with Elders and reviewed by mental health workers. This model has important implications for our work as it is one of the few sources of evidence that depicts an assessment

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instrument that is not a questionnaire. It is grounded in Medicine Wheel principles, which is represented visually. Originally developed for Indigenous Canadian women who have survived experiences of violence, this measure is culturally relevant, though would require adjustments for the child and family context.

Affect Balance Scale. Developed in 1969 and widely used across research projects in wellness related areas today, the Affect Balance Scale has been used everywhere from its original target demographic of American adults to, more recently, Indigenous communities in Australia (Bailie et al., 2014). This measure is considered a multi-faceted assessment of one's quality of life (Bradburn, 1969). In its recent implementation in Australian Aboriginal communities, this was used to assess the mental wellness of child caregivers through a socio-environmental lens and has been shown to be sensitive to change over time (Ballie et al., 2014). This 10-item measure provides a simple and evidence-based way to assess wellness that has been relevant in Indigenous community contexts.

Children's Intrinsic Needs Satisfaction Scale (CINSS). Based on self-determination theory, the Children's Intrinsic Needs Satisfaction Scale measures autonomy, competence and relatedness at school, home, and with peers (Véronneau et al., 2005). Researchers developed this strength-based questionnaire to use with Canadian children in schools. This measure has been adopted and administered under the control of the Canadian federal government for students from 8-13 years old. The use of positively worded questions in this questionnaire can be an example of how to ensure a strengths-based approach is consistent in the development of our measure.

Children's Worlds International Survey of Well-Being (ISCWeB). The ISCWeB is used across the world with children of various cultures and backgrounds and can be administered in a variety of settings. It was also designed in three versions to accommodate for different age ranges. This survey assesses wellness through questionnaire items regarding self-perception, family functioning, social relationships and academic functioning in children (Children's Worlds, 2009). This measure is an example of how to measure similar dimensions across age ranges, while ensuring questions are age appropriate.

Holistic Student Assessment. A 61-question self-report questionnaire, the Holistic Student Assessment (HSA) was developed by researchers with support of the Pear Institute and adopted by The Forum for Youth Investment to gauge the wellness of students in the United States (The Pear Institute, 2018). Dimensions of wellness assessed include relationships, resiliency based on emotional regulation, and learning engagement (Liu et al., 2008). The questionnaire is strength-based and most often used in youth programming to assess social and emotional wellness. This instrument is then sent to HSA administrators for the interpretation of results and these are then reported back to teachers, program staff, etc. Its goal is to assess a large population of youth to understand details regarding the service of care or education in which children are or are not thriving in. This approach is most useful for our purposes as it has been shared that holding systems accountable and inquiring into their quality through assessment is a key into wellness at the individual level (detailed in Feedback from Interviews below).

Hua Oranga Outcome Instrument. This measure was developed by researchers from Massey University, School of Maori Studies, for New Zealand Indigenous Maori people living with mental illness. Spiritual, mental, physical and family are concepts of wholistic wellness used to assess mental health through a clinical view, client view and family view, (Durie & Kingi, 1997). That is, there are portions of the assessment administered by mental health clinicians and others that involve self and family assessment. This tool was designed to be used in conjunction with clinical assessments and is recommended for those 15 years of age and older. Importantly, family is included in this model as a central pillar of wellness which may be a worthy consideration for our project's conceptualization of wellness from a Canadian Indigenous perspective.

Native Wellness Assessment. The Native Wellness Assessment (NWA) was developed with the support of the Thunderbird Partnership Foundation (2015), a national framework for guiding the development of health and wellness related resources for Indigenous Peoples across Canada. The focus of this measure is on culture as intervention, specifically for substance abuse. The NWA includes two phases: the self and observer reports. Connection to spirituality is highlighted as integral to the wellness definitions implied within both reporting tools. This model outlines a method for assessing the spiritual aspect of the Medicine Wheel concept of wholistic wellness. Such an approach may serve as a reference point in our work regarding how to inquire into matters of spirituality through an assessment.

Pacific Identity Wellbeing Scale. Developed by researchers in New Zealand, this scale is used with adults self-identifying as Pacific People. This measure follows a central theme of identity through an examination of the relationship between cultural connection with perceived wellness. The Pacific Identity Wellbeing Scale involves an assessment of perceived familial and societal wellbeing, Pacific connectedness and belonging, religious centrality and embeddedness, and group membership evaluation (Manuela & Sibley, 2013). It has been empirically tested for statistical reliability and validity and proven to be an accurate tool to use in this context. Implications for this measure as it relates to our purposes may include incorporating cultural belonging and identity as a central component of wellness. Alterations would need to be made to adapt this measure for children and for relevancy in First Nations, Metis, and Inuit contexts.

Pediatric Quality of Life Inventory (PedsQL). This measure was developed to assess health-related quality of life (HRQOL) in healthy children and adolescents along with those who have acute and chronic health conditions (Varni et al., 1999). The PedsQL questionnaire is used in medical settings and is administered by medical professionals, though it also has applications across multiples contexts. Questions span across four subdomains: physical functioning, emotional functioning, social functioning, and school functioning (Varni et al., 1999). This measure has been supported internationally and has been empirically proven to be reliable and valid. There are different versions available for both children and caregivers which can serve as a model for our measure should there be an interest in assessing child wellness from multiple perspectives.

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Princeton Wellness Wheel and Assessment. Emotional, environmental, intellectual, occupational, physical, social and spiritual wellness are domains measured within the Princeton Wellness Wheel and Assessment (Princeton University, 2019). This measure was developed by Princeton University for students of all cultures to self-assess their well-being according to a comprehensive metric. Its goal is to serve as a self- improvement instrument related to finding balance across the seven domains (Princeton University, 2019). This could serve as a model for including a variety of dimensions into a conceptualization of wellness and how to measure it.

Sense of Coherence Scale. This decades-old measure has been used internationally in a variety of contexts with multiple demographics since its inception. Recently, it was brought to a tribal junior high on a reservation in the USA to measure comprehensibility, manageability and meaning dimensions among the students (Antonovsky, 1987; Evans & Davis 2018). This scale provides a questionnaire model that focuses on wellness through assessing one's sense of being understood, one's ability to cope among adversity, and the value they see in their life. This method may be a desirable addition to a measure wherein we include similar components as it could allow for multiple pillars of wellness to be considered. The evidence-base for this scale satisfies our needs of best-practice measures to work from. However, cultural relevancy would require further attention and alteration.

Strengths and Difficulties Questionnaire. This tool is used to gain perspectives of children, parents, and teachers on the wellness of a young person's emotions and behaviour. The Strengths and Difficulties Questionnaire was developed to be culturally universal and has been used with Indigenous people in Australia. This can be used at home, in schools, and clinical settings. There are different versions based on age groups; (4-10, 11-17 years) as well as multiple versions for parents, teachers and children. Scoring is publicly available for those seeking to use this measure in various contexts. Follow-up versions of the questionnaire are also available to be used after six months and again after 12 months (Goodman, 1997). This instrument has been proven to be reliable and valid based on empirical tests. For our purposes, this questionnaire could serve as an example to accommodate multiple perspectives on the wellness of a child as well as follow-up versions for multiple assessments of a child longitudinally.

The EPOCH Measure of Adolescent Well-Being. This measure is centered on how engagement, perseverance, optimism, connectedness and happiness (EPOCH) contribute to young peoples' overall wellness (Kern et al., 2016). Through a questionnaire-style assessment, researchers across American and Australian universities and children's hospitals developed this tool to assess thriving among 10-18-year-olds in their respective countries. This approach inquires into an asset-based perspective of wellness that is aligned with Indigenous views on well-being. This measure has undergone extensive empirical testing and has been statically proven to be valid and reliable across contexts and cultures.

Western Australian Aboriginal Child Health Survey. Developed for Australian Aboriginal children, the Western Australian Aboriginal Child Health Survey (Zubrick et al., 1995) is used to understand the health of families and children in Australian Indigenous communities. Child assessment and care-giver reports are conducted, and a school version is completed by teachers and principle/leadership staff

(Zubrick et al., 1995). There are also different versions per age group to accommodate all children from 0-17 years old. This measure is supported by the Australian Government and the Australian Bureau of Statistic (ABS). Most notably, this model offers the perspectives of multiple people in the assessment of child wellness which would provide well-rounded insights. Lacking, however is the cultural specificity, especially given the target demographic of Australian Aboriginal people. The ABS also conduct census style surveys in Australian Aboriginal and Torres Straight communities where a community advisor accompanies the ABS employee in home visits in order to facilitate culturally appropriate interactions in the National Aboriginal and Torres Strait Islander Health Survey (Australian Bureau of Statistics, 2018). This approach could be useful for the measure we create, in its usage across child welfare and healthcare settings.

Youth 2000 Survey. This measure was developed by the Adolescent Health Research Group within the University of Auckland for high school students in New Zealand. The questionnaire is administered in schools and has been widely used across the country for the last decade. Key components of assessment include various contributors to health and wellbeing, such as culture, physical health, food and activities, substance use, sexual health, violence, home and family health, spirituality, and access to healthcare (Adolescent Health Research Group, 1999). This is used in schools for the purpose of identifying risks and protective factors for wellbeing. While there is relevant content from a multidimensional understanding of health, matters pertaining to risky behaviours follow a deficit model, conflicting with our strength-based priorities.

Frameworks

Asset-Based Community Capacity Building Framework. This framework was developed for children and families involved in child protective services (CPS) in the United States. It seeks to promote positive outcomes for those involved with CPS by proposing an outline for thriving through community development (Mannes et al., 2005). The aim is that this framework would lead to increased wellness and reduced risk behaviour among children and youth, in turn, perpetuating thriving within communities. While this model was not developed by nor for Indigenous Peoples, the context relevancy as well as relation to community bares significance for the purposes of this research and next steps of measure development.

Cross' Worldview Principles in Dr. Blackstock's Breath of Life Theory. This framework elaborates on the view of Indigenous wholism in terms of the cognitive, physical, emotional and spiritual parts of the being. The self and community actualization, service and esteem, housing, safety, spirituality and life purpose, and belonging and relationship are noted as key elements of each component of one's existence (Cross, 2007). Dr. Blackstock proposes in the Breath of Life Theory, based on Gitksan beliefs, that should any of the above aspects of the self fall out of balance, there is a higher risk for unwellness among children (Blackstock, 2011). This model illustrates the complexity of a wholistic perspective on wellness worthy of consideration in the development of our measure.

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Interplay Well-being Framework. This framework was developed in the context of understanding the interrelation of culture, community, empowerment, education, work, health and wellbeing among people in remote Australian Aboriginal communities (McRae-Williams et al., 2018). Created with community input, it proposes that several factors contribute to the balance of the above components within the past, present and current state of wellness of an individual. An important component in this framework, of importance to our future work, states that empowerment is a necessary part of achieving wellbeing and bares significance for identity with respect to agency and resiliency (McRae-Williams et al., 2018).

Web of Being Framework. This framework proposes a method of examining wellness from a perspective of health disparities among Indigenous populations. Through considering social determinants of health, creators Drs. Margo Lianne Greenwood & Sarah Naomi de Leeuw developed a visual representation of health contributions among Indigenous children, families and communities in Canada. These contributors include, justice, colonial harms, language, culture, and self-determination (Greenwood & de Leeuw, 2012). The outlined factors related to health should be considered when developing our measure. This model describes that a crucial component of understanding wellness involves adopting a justice perspective on the systemic operations and sources of potential oppression as well as resiliency that impact wellbeing for Indigenous people.

Summary

The evidence base identified reflects a need for further development in the area of wellness assessments for the Indigenous child context in Manitoba. While there are existing models which outline First Nations perspectives of wellbeing, there is not a measure that is entirely appropriate for our uses due to specific contexts these measures are created in, which dilute relevancy to Indigenous children and youth as well as local factors and our aim to identify a prospective measure that focuses on thriving, instead of risk. Furthermore, certain measures and frameworks reviewed seem to lack a concrete instrument for efficient multi-contextual use. Measures developed by and for Indigenous Peoples may be less researched and lacking a significant evidence base in addition to having limited relevance to other Indigenous Nations across the world, although many themes are shared and can be used as reference points. Next, with regard to measures that have little significance or specificity to Indigenous culture, there is a trend to analyze dimensions such as school/professional performance, behavioural issues and physical wellness, with little attention to values of community and family which are often central to Indigenous perceptions of wellness.

Overall, the above exemplify a multitude of strategies for conceptualizing and assessing wellness which will serve as important considerations for the development of a culturally appropriate tool for our context. The most salient of these strategies include the development of various versions of an instrument to allow for the assessment of children across a large age range as well as to gain a more well-rounded perspective of the wellness environment of a child from multiple sources of input. Equally, the themes of family, community and wholism have been repeatedly referenced especially among

Indigenous-led instruments. Finally, when considering terms of use for this work, another notable addition may be to involve community members in the implementation of an assessment to ensure cultural safety, as outlined in the National Aboriginal and Torres Strait Islander Health Survey (2018). It becomes evident in the available literature that there is a need for a Manitoba-specific model for assessing wellness in the context of child welfare that accommodates for different age-ranges, perspectives and backgrounds, as well as one that is relevant to other contexts including healthcare and education. It is also apparent that there is a need for an assessment created by community, for community to ensure its culturally safety, specificity, and appropriateness.

Feedback from Interviews

A number of themes emerged in the contextual considerations of this project through initial advising interviews, as illustrated by the quotes and stories below.

Self-Determination and Consultation. The need for self-determination was highlighted by all interviewees who agreed that, given that the measure is to be used with Indigenous people, Indigenous people should be leading decision-making. An advisor with leadership experience in several relevant domains cautioned that the values for a non-Indigenous organization, such as Until the Last Child, may differ from that of an Indigenous demographic, to create such a measure in terms of financial versus cultural motives. They then shared support for a self-determination approach and expressed the need to identify motivations of all parties involved in any work being done with Indigenous populations.

An Elder suggested that key people to engage in this work are the Traditional Knowledge Keepers who have valuable insights into how we used to govern our child wellness pre-contact. They also advised seeking out individuals who have lived experience in the child-welfare system. An advisor who has extensive knowledge in Indigenous healthcare shared that for the purposes of having this measure be developed with full autonomy by First Nations, Inuit and Métis individuals, Indigenous priorities should be at the forefront of all discussions and only Indigenous community members should be present at Council meetings in future consultations to further deliberate the content and context of this measure. It was similarly stated as crucial to ensure individuals interacting with a measure to assess their wellness do so by their own volition, as was the sentiment that the concept of permanency focused on by Until the Last Child should be carefully considered throughout this work. Thus, it was suggested to also measure the adequacy of care from organizations such as Until the Last Child and CFS agencies throughout the development and implementation of this assessment tool as it is understood that wellness is impacted by one's environment and social circumstances based on the systems one must operate within. These considerations should be outlined in a comprehensive document specifying the respectful implementation of such an assessment.

Kinship Family Prioritization. Through his experience working with child and family services, an Elder shared stories of a project that kept children in their home and removed parents to support child wellness when safety was at risk. Kinship family members came in to look after the children in the

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interim while the parents were being supported elsewhere. As a result, the child had stability and family bonds. An advisor with medical and Traditional Knowledge shared the perspective that kinship family reunification be the focus of all child welfare related systems and benchmarks for wellness. They suggested that assessments be conducted systematically to efficiently capture how the welfare system is serving or underserving Indigenous youth and families, particularly as it relates to the harm involved in separating kinship families. Another advisor with experience in child and family wellness also stressed the importance of considering biological parents in the measures of wellness, in order to support a culturally safe assessment. It was noted that removing a child from their parent or biological family is deeply harmful, particularly given the legacy of colonial policies which so frequently targeted and continue to target separating family bonds. They described "an impactful and lasting connection between parent and child, even if they are physically separated." Consequently, Indigenous child-wellbeing is critically linked to the wellbeing of their biological family and measures should consider these bonds.

Balance of Traditional Spirituality and Colonial Ways of Being and Knowing. Next, an Elder shared that they believe spirituality should be framed in the assessment from the perspective that we celebrate what children experience and how they think, as opposed to a stricter understanding of spiritual Ways of Being. As well, an advisor with Indigenous child welfare related experience highlighted the balance between traditional and colonial ways of collecting and evaluating data. They suggested approaching the development of this measure in a way that is reflective of a non-linear, wholistic measure, only including a quantitative measure for reporting purposes. Two advisors with Traditional Knowledge, child-welfare and policy development experience also emphasized the value of reducing the formality of interactions and interviews, as rigid academic or business formalities can have colonial implications. More conversational approaches in which community members can direct the conversation should be privileged and are aligned with Indigenous-based processes of decision making.

Strengths-Based Approaches. In keeping with traditional ways of transmitting knowledge, an Elder shared stories related to the purpose of our interview. He first shared of a boy who was getting into trouble on their First Nation Reserve. Here, they saw the community gather around this young man in a circle and tell him everything he does well, all his strengths and gifts. Following this, the young man never got into trouble again. This story highlights how deeply valued a strength-based approach is. The Elder also stressed the redundancy and harm in the deficit survey model that so many assessments have tried and failed at implementing respectfully among communities, saying that we have been "surveyed to death". Similarly, other advisors felt that the content of the assessment must be strengths-based. They suggested framing the interaction in a way that focuses on goals and perceived strength of the individual(s) being assessed, and these should be guided by values specific to the individual. It was proposed that community voices be heard throughout the entirety of the creation of a measure to be used and that this measure be focused on resiliency and strength of Indigenous people.

Discussion

This investigation into existing measures and frameworks of wellness along with initial advising from community members has revealed important considerations in the process of developing a measure to assess the wellness of Indigenous children and families. First, with regard to the existing literature, it becomes clear that a general wellness measure created by Indigenous people for children in our communities along with their families is yet to be uncovered. Although, a foundation has been established from which such a measure can be created with the support of community members and others with knowledge in related fields.

The main results detailed above have provided insights into how various Indigenous groups are developing measures and frameworks as well as how institutions use other measures and frameworks with these communities. Across Canada, The United States, Australia and New Zealand, and across contexts, wellness assessments developed by Indigenous groups focus on wellbeing from a wholistic perspective. While there is variance in which components of one's life may be included in the wholistic conceptualization of wellness, there is nonetheless a trend for achieving balance among all these parts as paramount to wellbeing. As well, there is a focus that extends beyond the individual when considering what wellness may look like in a person. That is, a shared Indigenous view on thriving across Canada, The United States, Australia and New Zealand, seems to require that the wellness of one's family and community be attained in order for a person to truly be well themselves.

Moreover, measures of child wellness not designed by nor for Indigenous Peoples have also been used in Indigenous Child Assessment. Although Indigenous communities and researchers may find Western approaches to child wellness measurement acceptable to their context, the points of cultural misalignment from many Indigenous cultural systems are apparent including deficit-based approaches that focus on capitalist-leaning outcomes reflective of individual gain. With this said, it may also be the case that Indigenous groups who have used Western approaches to child wellness measurements may prefer an Indigenous-led measure, should one be available. Additionally, the majority of the above works with significant evidence bases are those developed by or in partnership with academic institutions. It is not often that measures and frameworks derived from Indigenous communities have had an opportunity for support with aims toward broad publications via Western academic institutions due to potentially conflicting priorities (i.e. a focus on family, community, and wholism in Indigenous backgrounds, versus school attendance and success, compliance with authority, and individual productivity in Western systems). Here, it is evident that there is a need for collaborative work in utilizing resources available from Western education systems of measure development, while operating within traditional paradigms of knowledge and cultural protocol.

Next, upon concluding conversations with all interviewees, their final thoughts were provided, reflecting their strongest sentiments regarding this project. These thoughts included that the initiative being led by non-Indigenous partners is problematic due to disparities in Ways of Being and Knowing. For this reason, consultation with Indigenous community members grounded in respect and reciprocity is

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paramount. In summarizing all perspectives of initial interviewees, it has been advised that the most crucial themes to keep in mind include kinship family connectedness and self-determination, reflecting a balance between traditional and colonial Ways of Being and Knowing. Moreover, it has been advised that a new measure should reflect a strengths-based approach to assessments and wholistic wellness. It comes as no surprise that the findings uncovered between literature and consultation with community reinforce the values laid out in the recommendations from the community works, serving as guides to this project, values such as autonomy, control, respect and reciprocity among work with Indigenous Peoples (First Nations Information Governance Center, 2020; Notah Begay III, 2020).

Limitations

Throughout the accumulation of data and its analysis, certain aspects of this process were subject to limitations and in future iterations of a review, should be avoided. First, the initial search was conducted one year prior to consulting other search engines and did not include literature from Australia nor New Zealand. This means that data drawn from Google Scholar were not as current nor broad as that from the rest of the databases. In this way, we may have an incomplete view of all measures and frameworks that exist. We avoided re-consulting this database due to time constraints involved in delivering reports on this research to academic and community partners, as well as constraints related to grant funding. We also did not search any data type other than research articles in academic and medical databases. This too may have resulted in an incomplete view of the available data. Here, there may have been value in exploring grassroots initiatives, particularly for measures and frameworks developed by Indigenous communities, as inequitable opportunities in academic and community development spaces prevent such works from receiving widespread coverage as other Western research projects do. While alternate evidence types were not consulted due to time constraints, we recommend these gaps be filled in subsequent research on this matter to ensure a more complete assessment of available data. Furthermore, additional search terms may have been beneficial to include such as names of specific Nations across our countries of interest as well as terms such as “Native American Indian” as is commonly used in the United States, along with “Métis” and “Inuit” as are commonly used in Canada, to uncover more specific knowledge pieces.

Conclusions

Overall, there is an evident need to develop a measure that is specific to an Indigenous child wellness context. It was also revealed that outlining terms of use for an instrument is crucial to the respectful implementation of an assessment among an Indigenous population. The practice of self-determination must be both utilized throughout the process of creating a measure and must be an integral part of the measure itself regarding the wellbeing of Indigenous people. It appears that there are a variety of existing measures that operate in this way, regarding appropriate use in multiple settings. The challenge will be to ensure that this measure and its usage outlines processes in ways that are general enough to fit many contexts, while still being an effective way to meet the needs of a given context.

This scoping review of existing measures will inform future work towards the identification or development of a wellness measure suitable for the measurement of Indigenous child wellness. . Moving forward, community feedback will be sought through the assembly of an Indigenous Advisory Council. These future consultations will include those with experience in areas of Traditional Knowledge, child welfare, healthcare, and/or policy development who will make up our Indigenous Advisory Council and will include the above advisors. We will also welcome input from stakeholders in other governmental and institutional areas of knowledge. This council will take part in meetings to generate more information for a final two-part report and the creation of a measure that is fitting to our particular context. This measure will aim to maintain alignment with Indigenous priorities related to wellness such as a deviation from quantitative benchmarks of wellbeing, and a return to wholism and relationship, per early advising and findings from this work. Through this collaboration, we will also produce terms of use for the respectful and culturally safe implementation of the measure. Following this, the final reports, measure, and terms of use will be presented to collaborators and brought to local social service providers, healthcare settings, and educators for dissemination.

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References

ACHWM Research Publications. (2015). *Health and wellness assessment.* https://achwm.myshopify.com/pages/research-publications

Adolescent Health Research Group, University of Auckland. (1999). *Youth 2000 survey series.* https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/youth2000-national-youth-health-survey-series.html

Annie E. Casey Foundation. (2019). *Building a brighter future for children, families and communities.* https://www.aecf.org/

Antonovsky, A. (1987). *Unraveling the mystery of health. How people manage stress and stay well.* Jossey-Bass Publishers.

Assembly of First Nations. (2007). *Jordan's Principle handbook.* https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html

Assembly of Manitoba Chiefs. (2018). Bringing Our Children Home Act. Retrieved from https://manitobachiefs.com/wp-content/uploads/Bringing-Our-Children-Home-Act-First-Nation-Family-Law-Draft-6-Oct-18-2018-Clean-Copy-2.pdf

Australian Bureau of Statistics. (2018). National Aboriginal and Torres Strait Islander Survey. https://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/839FE4009B9F9810CA2584CC001B567B/$File/natsihs%202018-19%20final%20questionnaire.pdf

Awo Taan Healing Lodge Society. (2007). *Healing lodge pre-assessment wheel.* https://www.awotaan.org/news/publications/

Bailie, R. S., Stevens, M., & Mcdonald, E. L. (2014). Impact of housing improvement and the socio-physical environment on the mental health of children's carers: A cohort study in Australian Aboriginal communities. *BMC Public Health, 14*(1). https://.doi:10.1186/1471-2458-14-472

Blackstock, C. (2009). Why addressing the over-representation of First Nations children in care requires new theoretical approaches based on First Nations ontology. *The Journal of Social Work Values and Ethics*, 6(3), 24-42.

Blackstock, C. (2011). The emergence of the Breath of Life Theory. *The Journal of Social Work Values and Ethics*, *8*(1),1-6.

Boot, G. R., & Lowell, A. (2019). Acknowledging and promoting Indigenous knowledges, paradigms, and practices within health literacy-related policy and practice documents across Australia, Canada, and New Zealand. *International Indigenous Policy Journal, 10*(3). https://doi.org/10.18584/iipj.2019.10.3.8133

Bradburn, N. M. (1969). *The structure of psychological well-being.* de Gruyter.

Center on the Developing Child, Harvard University. (2019). *Toxic stress.* https://developingchild.harvard.edu/science/key-concepts/toxic-stress/

Children's Worlds. (2009). *Children's worlds international survey of Children's well-being.* https://isciweb.org/?CategoryID=158

Cross, T. (2007). Through Indigenous eyes: Rethinking theory and practice. Paper presented at the 2007 Conference of the Secretariat of Aboriginal and Islander Child Care in Adelaide, Australia.

Durie, M.H., Kingi, Te K.R (1997). *A framework for measuring Maori mental health outcomes*. A report prepared for the Ministry of Health, Department of Maori Studies, Massey University, Palmerston North.

Ermine, W. (2007) The ethical space of engagement. *Indigenous Law Journal*, Vol 6, 1. https://jps.library.utoronto.ca/index.php/ilj/article/view/27669/20400

Evans, W. & Davis, B. (2018). Exploring the relationship between sense of coherence and historical trauma among American Indian youth. *American Indian and Alaska Native Mental Health Research*, *25*, 1-25. https://doi.org/10.5820/aian.2503.2018.1

Facing History and Ourselves. (2015). *Stolen lives: The Indigenous Peoples of Canada and the Indian residential schools*. Toronto: Facing History and Ourselves.

First Nations Child and Family Caring Society. (2018). *Spirit Bear.* https://fncaringsociety.com/SpiritBear

First Nations Health Authority. (2019). https://www.fnha.ca/wellness/our-history-our-health

First Nations Information Governance Center. (2020). OCAP.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry*. 38:581–586. https://doi.org/10.1111/j.1469-7610.1997.tb01545.x

Legislative Review Committee. (2018). *Transforming Child Welfare Legislation in Manitoba: Opportunities to Improve Outcomes for Children and Youth*. Winnipeg. https://www.gov.mb.ca/fs/child_welfare_reform/pubs/final_report.pdf

Greenwood, M., & de Leeuw, S. (2012). Social determinants of health and the future well-being of Aboriginal children in Canada. *Paediatrics & Child Health*, *17*(7), 381–384. https://www.ncbi.nlm.nih.gov/pubmed/23904782

Healey, G. K., Noah, J., & Mearns, C. (2016). The Eight Ujarait (Rocks) Model: Supporting Inuit adolescent mental health with an intervention model based on Inuit ways of knowing. *International Journal of Indigenous Health*, *11*(1), 92. https://doi.org/10.18357/ijih111201614394

Hodges, K., & Wong, M. M. (1996). Psychometric characteristics of a multidimensional measure to assess impairment: The Child and Adolescent Functional Assessment Scale. *Journal of Child and Family Studies, 5*(4), 445–467. https://doi.org/10.1007/BF02233865

DOI: 10.18584/iipj.2024.15.2.14649

Hutt-MacLeod, D., Rudderham, H., Sylliboy, A., Sylliboy-Denny, M., Liebenberg, L., Denny, J.F., et al. (2019). Eskasoni First Nation's transformation of youth mental healthcare: Partnership between a Mi'kmaq community and the ACCESS Open Minds research project in implementing innovative practice and service evaluation. *Early Intervention in Psychiatry,* 13, 42-47. https://doi.org/10.1111/eip.12817

Indigenous Corporate Training Inc. (2018). A look at Indigenous relations in Canada for 2018 and beyond. https://www.ictinc.ca/blog/a-look-at-indigenous-relations-in-canada-for-2018-and-beyond

Kern, M. L., Benson, L., Steinberg, E. A., & Steinberg, L. (2016). EPOCH measure of adolescent well-being. *PsycTESTS Dataset*. https://doi.org/10.1037/t50588-000

Linklater, R. (2014). *Decolonizing trauma work: Indigenous stories and strategies*. Vancouver, B.C.: Langara College.

Liu, C. H., Malti, T., & Noam, G. G. (2008). Holistic student assessments. *New Directions for Youth Development, 2008*(120), 139–49. https://doi.org/10.1002/yd.289

Lux, M. (1998). Perfect subjects: Race, tuberculosis, and the Qu'Appelle BCG Vaccine Trial. *Canadian Bulletin of Medical History, 15*(2), 277-295. https://doi.org/10.3138/cbmh.15.2.277

Macedo, D. M., Smithers, L. G., Roberts, R. M., Paradies, Y., & Jamieson, L. M. (2019). Effects of racism on the socio-emotional well-being of Aboriginal Australian children. *International Journal for Equity in Health,* 18, 132. https://doi.org/10.1186/s12939-019-1036-9

Mannes, M., Roehlkepartain, E. C., & Benson, P. L. (2005). Unleashing the power of community to strengthen the well-being of children, youth, and families: An asset-building approach. *Child welfare, 84*(2), 233–250.

Manuela, S., & Sibley, C. G. (2013). The pacific identity and wellbeing scale (PIWBS): A culturally-appropriate self-report measure for pacific peoples in New Zealand. *Social Indicators Research, 112*(1), 83-103. https://doi.org/10.1007/s11205-012-0041-9

McIntyre, C. (2017). Read Justin Trudeau's apology to Residential School Survivors in Newfoundland. *Maclean's.* https://www.macleans.ca/news/canada/read-justin-trudeaus-apology-to-residential-school-survivors-in-newfoundland/

McRae-Williams, E., Yamaguchi, J., Wilson, B., Schultz, R., Abbott, T., & Cairney, S. (2018). Interplay wellbeing framework: Community perspectives on working together for effective service delivery in remote aboriginal communities. *International Indigenous Policy Journal, 9*(1) https://doi.org/10.18584/iipj.2018.9.1.1

Mosby, I. (2013). Administering colonial science: Nutrition research and human biomedical experimentation in Aboriginal communities and residential schools, 1942–1952. *Histoire sociale/Social history*, *46*(1), 145-172. https://doi.org/10.1353/his.2013.0015

National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). *Reclaiming power and place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.* https://www.mmiwg-ffada.ca/final-report/

Princeton University. (2019). *Princeton UMatter wellness self-assessment.* https://umatter.princeton.edu/action-matters/caring-yourself/wellness-wheel-assessment

Raman, S., Ruston, S., Irwin, S., Tran, P., Hotton, P., & Thorne, S. (2017). Taking culture seriously: Can we improve the developmental health and well-being of Australian Aboriginal children in out-of-home care? *Child: Care, Health and Development*, *43*(6), 899–905. https://doi.org/10.1111/cch.12488

Restoule, B. (2013). *How do we heal: Creating a community wellness plan that addresses the impacts of the Indian Residential School System*. http://www.anishinabek.ca/wp-content/uploads/2016/07/How-Do-We-Heal-Booklet.pdf

Sasakamoose, J., Bellegarde, T., Sutherland, W., & Mckay-Mcnabb, K. (2017). Miýo-pimātisiwin developing Indigenous Cultural Responsiveness Theory (ICRT): Improving Indigenous health and well-being. *International Indigenous Policy Journal*, 8(4). https://doi.org/10.18584/iipj.2017.8.4.1

Teufel-Shone, N. I., Siyuja, T., Watahomigie, H. J., & Irwin, S. (2006). Community-based participatory research: Conducting a formative assessment of factors that influence youth wellness in the Hualapai Community. *American Journal of Public Health*, *96*(9), 1623–1628. https://doi.org/10.2105/AJPH.2004.054254

The Forum for Youth Investment. (2011). *From soft skills to hard data: Measuring youth program outcomes*. https://forumfyi.org/knowledge-center/from-soft-skills-to-hard-data/

The Notah Begay III Foundation. (2020). Indigenous voices and practices recommendations for grantmaking to Native-led organizations. https://nativephilanthropy.candid.org/reports/indigenous-voices-practices-recommendations-for-grantmaking-to-native-led-organizations/

The Pear Institute. (2018). *Holistic student assessment.* https://docs.wixstatic.com/ugd/e45463_c91fc43005df4db5b036cf796e5ae375.pdf

DOI: 10.18584/iipj.2024.15.2.14649

Thunderbird Partnership Foundation. (2015). *Native wellness assessment.* https://thunderbirdpf.org/about-tpf/scope-of-work/native-wellness-assessment/

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M.D.J., Horsley, T., Weeks, L., Hempel, S., Akl, E.A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M.G., Garritty, C., ... & Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of internal medicine*, *169*(7), 467-473. https://doi.org/10.7326/M18-0850

Truth and Reconciliation Commission of Canada. (2015*) Truth and Reconciliation Commission of Canada Calls to Action.* http://www.trc.ca

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

Varni, J. W., Seid, M., & Rode, C. A. (1999). The PedsQL™: Measurement model for the Pediatric Quality of Life Inventory. *Medical Care*, *37*(2), 126–139. https://doi.org/10.1097/00005650-199902000-00003

Véronneau, M. H., Koestner, R. F., & Abela, J. R. (2005). Intrinsic need satisfaction and well–being in children and adolescents: An application of the Self–Determination Theory. *Journal of Social and Clinical Psychology, 24*(2), 280–292. https://doi.org/10.1521/jscp.24.2.280.62277

Zubrick, S. R., Silburn, S. R., Garton, A., Burton, P. R., Dalby, R., Carlton, J., Sheprad, C. & Lawrence, D. (1995). *Western Australian child health survey: Developing health and well-being in the Nineties*. Perth (WA): Australian Bureau of Statistics and the TVW Telethon Institute for Child Health Research.