

**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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Abstract

Background. The measurement of wellness among Indigenous Peoples is crucial to understanding the needs of communities today and for generations to come. Here, we summarize extant research on assessments relevant to measuring the wellbeing of Indigenous children and families in Canada through an examination of existing international 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 harm. **Objectives.** The purpose of this study is to identify feasible and acceptable approaches to measuring Indigenous child and family wellness. Research objectives were to (1) to consult with Indigenous advisors to inform this phase and subsequent phases an overarching project (2) examine the available literature based on existing Canadian and international practices in wellness assessments as it relates to feasibility and acceptability of measuring wellness for Indigenous people. **Eligibility Criteria.** Measures and frameworks were eligible for synthesis in this review if they were used or developed across Canada, the United States, Australia, and New Zealand; written in English between 2010-2020; related to wellness or adjacent topics; focused on wellness related to children, youth, adults, and/or families. **Sources of Evidence.** Databases consulted for the review included Google Scholar, PubMed, ProQuest, MEDLINE, and PsycINFO. **Methods.** Semi-structured interviews were held with four Indigenous community members to advise on the process of developing such a project and to gauge considerations on the appropriateness of assessing wellness for Indigenous families. The review portion of the study was conducted by the first author and a research assistant using the PRISMA extension for scoping reviews protocol. **Results.** Results from interviews highlight a unique set of factors to consider from an Indigenous values perspective when assessing child

wellness. These include incorporating elements of self-determination in both measure development and usage. Themes of family, community, strength-based approaches, and wholism were also emphasized. Results from the review found a total 896 relevant abstracts. Of these, 88 articles were reviewed, 16 measures, and four frameworks were eligible for synthesis.

Conclusions. Findings exemplified an emerging assessment base for measuring wellness, though minimal work to date is directly designed to be culturally appropriate for Indigenous children and families. Moving forward, we will seek to fill this gap by supporting the development of a wellness measure with the potential to promote the adequate and equitable dispersion of support and resources to Indigenous families.

Keywords: Indigenous, wellness, child, family, assessment,

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

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 components 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 the intergenerational transmission of caregiving created compounding harm to child wellness, through Residential Schools and the 60's Scoop, with Ways of Being discredited and disrupted (First Nations Health Authority, 2019; Restoule, 2013). Systemic discrimination in the governmental body of the CFS system, such as inequitable funding and exclusion of culturally appropriate practices, resulted in further harm. In [province], 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; Government of [province], 2018). One step toward reconciliation in [province] has included increasing the involvement of Indigenous Authorities in managing CFS, with ongoing efforts for Indigenous-led jurisdiction over the child welfare system. With this, there is a need for the

inclusion of culturally appropriate wellness assessments to be used in CFS practices with Indigenous children and families.

Rationale and Objectives

. The purpose of this study is to identify feasible and acceptable approaches to measuring Indigenous child and family wellness. To do so, our research objectives were to (1) to consult with Indigenous advisors to inform this phase and subsequent phases an overarching project (2) examine the available literature based on existing Canadian and international practices in wellness assessments (detailed in *Project Phases* below) as it relates to feasibility and acceptability of measuring wellness for Indigenous people.

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. We have also included relevant frameworks that have guided conceptualizations of wellness measurement for Indigenous people and/or those related to CFS approaches.

Measures and Frameworks Defined

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.

Project Phases

In the first phase of this multi-phased project, component 1 was to engage individual advisors for initial advising interviews on the project trajectory, feasibility and acceptability

Component 2. was to complete this scoping review to examine the existing body of knowledge on the matter. The review process began once interviews were completed. As a second phase, an Indigenous Community Advisory Council will be assembled to examine the results of this review and produce recommendations for the development of our own wellness measure for Indigenous youth. A third phase will involve the creation and piloting of our own wellness measure based on guidance from our Indigenous Community Advisory Council. Each phase will correspond to a manuscript detailing procedures and results for the respective portion of the multi-phased work.

The current paper will report on both components of the first phase of the project (i.e., initial semi-structured interviews that were held with Indigenous individuals who hold knowledge in relevant areas to this work, and the Scoping Review component).

Collaboration and Guiding Principles

This research is 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 an Anishinaabe student Sydney Levasseur-Puhach (first author), with non-Indigenous academic support from Assistant Professor, Leslie Roos (senior author), 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. Leslie Roos brings expertise in the measurement of

child well-being and multi-community member engagement to facilitate this process, and to support self-governance, as guided by the Until the Last Child Indigenous Advisory Committee.

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 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, concerning 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

Component 1: Local Interviews

Approval was granted for the engagement of participants in advisory interviews with protocol # P2020:027 (HS23846) from the Research Ethics Board at the University of Manitoba. An interview approach was taken in order to provide additional insights into the research aim of identifying feasible and acceptable approaches to measuring Indigenous child and family wellness related through out first objective of consulting with Indigenous advisors to inform this phase and subsequent phases of the larger project.

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 by the first author, loosely adhering to a thematic analysis approach. 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 co-developed by Until the Last Child was presented and detailed our three-phased approach.

Interviews were conducted with four Indigenous community members who hold knowledge in several relevant areas. Some of these advisors have experience working with local CFS 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 of family wellness. Additionally, some of these individuals have research experience pertaining to reconciliation in Canada along with 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 advice 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.

Component 2: Scoping Review

Protocol

In completion of this review, the PRIMSA extension for scoping reviews checklist was adhered to with additional guidance from Arksey and O'Malley's scoping framework (Arksey & O'Malley, 2005; Tricco et al., 2018). This approach was deemed appropriate to address the research aim of identifying feasible and acceptable approaches to measuring Indigenous child

and wellness, in fulfillment of our second objective to examine the available literature based on existing Canadian and international practices in wellness assessments.

Eligibility Criteria

Articles were included if they were written in English and described the use or development of a measure or framework between 2010-2020, related to wellness or adjacent topics (well-being, health, mental health, quality of life, etc.) 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. These countries were selected due to the Indigenous populations of those areas, many with similar Ways of Being and Knowing (Boot & Lowell, 2019). Included articles reported measures or frameworks developed by Indigenous or non-Indigenous individuals and groups.

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 toward older children with greater speech capacity, i.e., 5+ years old.

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 to satisfy all criteria. MEDLINE was consulted separately to ensure all relevant literature was captured through the related PubMed database.

Search Strategy

Our search strategy involved selecting the database, inserting our keywords 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.

Selection of Evidence Sources

The screening process began with an assessment of titles, keywords, and abstracts within each database. Articles deemed potentially relevant were separated from the database into an Excel spreadsheet and a reference manager for further, future screening at a more in-depth level. Two reviewers continued this process in each database until either all results were screened or until reviewers encountered 100 consecutive non-relevant results in a row. Once the results warranting further inquiry were 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. This includes 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 from either Indigenous or non-Indigenous development backgrounds. Conflicts between reviewers regarding the inclusion or exclusion of articles were managed during weekly meetings.

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.

Data Items

We extracted data from each article regarding a measure or framework's title, developers, target demographic, context, and perceived strengths (by the review team). Perceived strengths were informed by interview feedback from community members.

Synthesis of Results

The results charted are summarized in tables 1 and 2 below. This information came together throughout the full-text review portion of the search, wherein notes were taken and relevant data items were charted.

Results

Component 1

Feedback from Interviews

A number of themes were identified in the contextual considerations of this project through initial advising interviews, as illustrated by the summaries and stories below. These themes were produced via an informal analysis of notes taken during interviews by [Name], the

first author and sole interviewer. They were finalized subsequent to member checking to ensure feedback was accurately summarized by the research team.

Self-Determination and Consultation

The need for self-determination was highlighted by all interviewees who agreed that, when measuring wellness for Indigenous people, Indigenous people should be leading decision-making and creating the tools to do so. An advisor with leadership experience in several relevant domains cautioned that the values of a non-Indigenous organization, such as Until the Last Child, may differ from that of an Indigenous demographic when seeking to create a wellness assessment (e.g., financial versus cultural motives). They then shared support for a self-determination approach and expressed the need to identify the 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 having a 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 part of an Advisory Council to further deliberate the content and context of a wellness measure. It was similarly stated as crucial to ensure that individuals interacting with a measure to assess their wellness do so by their own volition. It was suggested to also measure the adequacy of care provided by CFS agencies throughout the development and implementation of an assessment tool as it is understood that wellness is impacted by one's environment and social

circumstances. . 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 CFS, an Elder shared stories of a project that kept children in their homes and removed parents to support child wellness when safety was at risk. Kinship family members came in to look after the children in the interim while the parents were being supported elsewhere. As a result, the child had social stability and maintained family bonds. An advisor with medical and Traditional Knowledge shared the perspective that kinship-family reunification should be the focus of all child welfare-related systems and benchmarks for wellness. They suggested that assessments should 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, to support a culturally safe assessment. It was noted that removing a child from their parents or biological family is deeply harmful, particularly given the legacy of colonial policies that so frequently 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 well-being 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 a wellness assessment for Indigenous people from a perspective of celebrating thoughts and experiences , 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 a wellness measure in a way that is reflective of a non-linear, wholistic measure, only including quantitative elements 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 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, with 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 in First Nations culture. The Elder also stressed the redundancy and harm in the deficit-based 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 an Indigenous wellness assessment must be strengths-based. They suggested framing the interaction in a way that focuses on goals and the perceived strength of the individual(s) being assessed, with these ideally being guided by values specific to the individual. It was proposed that community voices be heard throughout the entirety of the

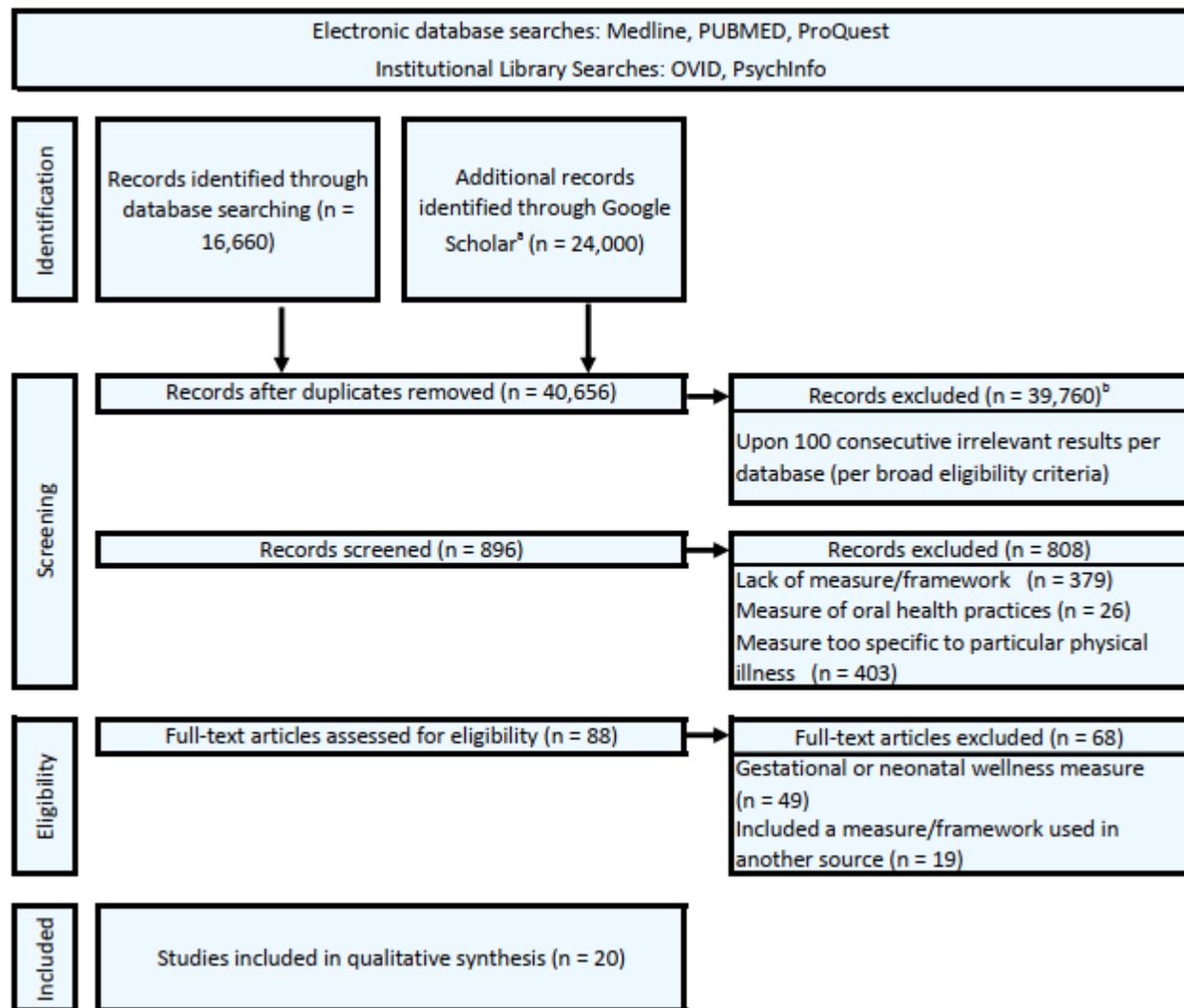
creation of a measure and that this measure should be focused on the resiliency and strength of Indigenous people.

Component 2

Selection of Sources of Evidence

Figure 1.

Selection of Sources of Evidence



^a 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.

^b 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 our search method to screen for potential sources of evidence once 100 consecutive irrelevant results were populated in a given database.

Characteristics of Sources of Evidence

The sample included six measures that are Indigenous-focused and 10 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. Several key themes emerged in the measures and frameworks identified within the scoping review. These include wholism, connection to family, culture and community, balancing Indigenous and non-Indigenous ways of knowing and specific child welfare considerations among Indigenous-led examples. Western approaches emphasize values such as stress buffering through supportive parental relationships, independence, and adaptations of non-Indigenous assessments to Indigenous contexts, and the differentiation of assessment components based on the age range of recipients and setting.

The following section first presents the key themes based on Indigenous centred approaches to wellness as revealed in the literature, followed by Western approaches. A subsequent comparison of approaches is detailed.

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 on 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).

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

Child Welfare Considerations. Many frameworks evaluated provide insight into child welfare-specific matters, such as the Live-In Family Assessment. This healing program outlines wellness related to 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 CFS systems is a crucial component of their well-being (Blackstock, 2011; Raman et al., 2017).

Western 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 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), the 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 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), the Children's Worlds International Survey of Children's Well-Being (Children's Worlds, 2009), the 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).

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.

Individual sources of evidence are charted in Tables 1 and 2 below.

Table 1.

Measures

Title	Development Leads	Target Demographic	Context	Strengths
Aboriginal Children's Health and Wellness Measure Canada (ACHWM) - Aaniish Naa Gegii questionnaire	Laurentian University and Wiigwemkoong	Indigenous Youth – Ontario	<ul style="list-style-type: none"> • Spiritual, mental, emotional and physical wellness • Young people in communities 	<ul style="list-style-type: none"> • First Nations conception of wholistic wellness • Developed by community, for community
Aboriginal Framework for Healing and Wellness Manual - Awo Taan Healing Lodge Society	Awo Taan Healing Lodge Society	Indigenous women and families	<ul style="list-style-type: none"> • Healing from trauma through wholistic approaches • Ensuring all parts of the self are in balance 	<ul style="list-style-type: none"> • Medicine Wheel model • Does not involve questionnaire
Affect Balance Scale	Norman M. Bradburn	American adults	<ul style="list-style-type: none"> • Negative and positive emotions assessment 	<ul style="list-style-type: none"> • Only 10 items • Simple and concise
Children's Intrinsic Needs Satisfaction Scale (CINSS)	Véronneau et al., McGill University	Canadian children	<ul style="list-style-type: none"> • Autonomy, competence and relatedness • At school, home and with peers 	<ul style="list-style-type: none"> • Positively worded questionnaire • Strengths-based
Children's Worlds International Survey of Well-Being (ISCWeB)	Children's Worlds research team	Children of diverse cultures	<ul style="list-style-type: none"> • International • Home, school, personal and social 	<ul style="list-style-type: none"> • Different versions for different age groups

Holistic Student Assessment	Liu et al., The Forum for Youth Investment & The Pear Institute	American youth	<ul style="list-style-type: none"> • Work-life preparation • Social and emotional adjustment Youth programs and schools 	<ul style="list-style-type: none"> • Strengths-based • Items to measure quality of service in programs, schools, etc.
Hua Oranga Outcome Instrument	Te Kani Kingi and Mason Durie, Massey University	New Zealand Maori and Pacific People with mental illness	<ul style="list-style-type: none"> • Family included in wholistic wellness • Used with clinical assessments 	<ul style="list-style-type: none"> • Addition of family to wholistic wellness and the use of family • Self and observer rating versions
Native Wellness Assessment	Thunderbird Partnership Foundation (Canada)	Indigenous Canadians	<ul style="list-style-type: none"> • Culture as intervention in addictions treatment 	<ul style="list-style-type: none"> • Culturally grounded questionnaire • Focus on spirituality of First Nations
Pacific Identity Wellbeing Scale	Sam Manuela & Chris Sibley University of Auckland	Adults self-identifying as Pacific People of New Zealand	<ul style="list-style-type: none"> • Perceptions of wellness in the family, socially, and culturally 	<ul style="list-style-type: none"> • Focus on group connection and cultural belonging • Related to identity
Pediatric Quality of Life Inventory (PedsQL)	Varni et al.	Children and adolescents	<ul style="list-style-type: none"> • Healthcare settings • Across physical, emotional, social and school functioning 	<ul style="list-style-type: none"> • Different versions for children and caretakers
Princeton Wellness Wheel and Assessment:	Princeton University	University students	<ul style="list-style-type: none"> • Self improvement • Assessing balance across seven dimensions 	<ul style="list-style-type: none"> • Multi-dimensional concept of wellness
Sense of Coherence Scale	Aaron Antonovsky	Adolescents and adults of various cultures	<ul style="list-style-type: none"> • Healthcare and education settings 	<ul style="list-style-type: none"> • Comprehensibility, manageability and meaning measured • Unique wellness dimensions
Strengths and Difficulties Questionnaire	Robert N. Goodman	Children and young people, various cultures	<ul style="list-style-type: none"> • Emotions and behaviours assessed • In schools and clinical settings 	<ul style="list-style-type: none"> • Different versions for different raters (parents, teachers, clinicians, etc.)
The EPOCH Measure of Adolescent Well-Being	Kern et al., Universities across USA and AUS	American and Australian Adolescents	<ul style="list-style-type: none"> • Used in school settings • Assesses engagement, perseverance, optimism, connectedness and happiness 	<ul style="list-style-type: none"> • Positively worded • Strengths-based
Western Australian Aboriginal Child Health Survey	Zubrick et al., Australian Bureau of	Australian Aboriginal children	<ul style="list-style-type: none"> • At school and in homes to 	<ul style="list-style-type: none"> • Multiple versions for different raters and different age groups

	Statistics & The Telethon Institute		<ul style="list-style-type: none"> • Wholisitic view of health of families and children • In schools • Risks and protective factors identified 	<ul style="list-style-type: none"> • Cultural advising to accompany interviewers • Multidimensional understanding of wellness
Youth 2000 Survey	Adolescent Health Research Group (AHRG), The University of Auckland	New Zealand high school students		

Table 2.*Frameworks*

Title	Development Leads	Target Demographic	Context	Strengths
Asset-Based Community Capacity Building Framework	Mannes et al.	Children and families involved in child-welfare in USA	<ul style="list-style-type: none"> • Child-welfare • Community development 	<ul style="list-style-type: none"> • Community focused Child-welfare centered
Cross' Worldview Principles in Breath of Life Theory	Terry Cross & Dr. Cindy Blackstock	Indigenous youth in care and broader humanity	<ul style="list-style-type: none"> • Child-welfare • Education • Healthcare 	<ul style="list-style-type: none"> • Culturally safe • Wholistic approach
Interplay Well-being Framework	McRae-Williams et al. with community input	People in remote Australian Aboriginal communities	<ul style="list-style-type: none"> • Understanding connection between culture, community, empowerment, education, work, health and wellbeing 	<ul style="list-style-type: none"> • Wellbeing as past, present and future • Empowerment through identity, agency and resiliency • Community focus
Web of Being Framework	Drs. Margo Lianne Greenwood & Sarah Naomi de Leeuw	Indigenous children, families and communities in Canada	<ul style="list-style-type: none"> • Understanding wellness from a perspective of health disparities among Indigenous populations 	<ul style="list-style-type: none"> • Understanding social determinant of wellness • Justice perspective

Synthesis of Results

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 the 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 lack 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 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 cultural safety, specificity, and appropriateness.

Discussion

Summary of Evidence

The bi-modal approach to the first of this multi-phased project is reflective of sound community grounded research that emphasizes collaboration and consultation. The investigation into existing measures and frameworks of wellness alongside 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. Findings from both objectives toward the aim of identifying feasible and acceptable approaches in the measurement of wellness for Indigenous children and families have elucidated a foundation from which a culturally safe and relevant measure can be created with the support of knowledge partners in related fields. The evidence collected herein suggests that a novel wellness assessment for Indigenous children and families should reflect a strengths-based and wholistic approach. The findings uncovered between literature and consultation with community reinforce the critical nature of upholding values of autonomy, sovereignty, respect, and reciprocity in engagement with Indigenous Peoples (First Nations Information Governance Center, 2020; Notah Begay III, 2020). Themes consistent across both interview and scoping components regarding balancing Indigenous and Western worldviews are consistent with literature on Two-Eyed seeing approaches, often adopted in projects operating simultaneously within each knowledge stream (Hatcher et al., 2009).

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 or New Zealand. Therefore, data drawn from Google Scholar were not as current nor broad as those from the additional databases. Findings may represent an incomplete view of extant measures and frameworks within the specified eligibility criteria. . Re-consulting the Google Scholar database was avoided due to time constraints involved in delivering reports to academic and community partners, as well as restrictions associated with available funding. Grey literature was not search, potentially failing to capture measure or frameworks not published in academic databases.. With alternate evidence sources not we recommend these gaps be filled in subsequent research to ensure a more complete inquiry into available data. Furthermore, additional search terms may have been beneficial to include such as names of specific nations across countries of interest. . Finally, this review was conducted without the use of a supporting software, potentially resulting in increased human error while examining data manually.

Conclusions

There is an evident need to develop a culturally safe measure that is specific to an Indigenous child and family wellness context. 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 outline 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.

Future Directions

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 the second phase of this project in the development of a measure that is aligned with findings from the current study. This measure will aim to uphold priorities set by Indigenous community members. Through this upcoming 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. Combining both results from the review and interview components of this study can additionally inform policy related to safe and respectful engagement with Indigenous children and families in fields of education, research, mental health and wellness, medical, justice, social work and CFS.

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