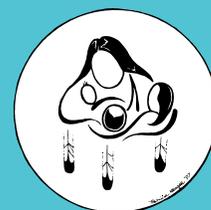


# Beyond Survival:

## A Review of the Literature on Positive Approaches to Understanding and Measuring Indigenous Child Well-Being



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BC Aboriginal  
Child Care Society

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# Summary

This literature review is the first phase of an initiative of the BC Aboriginal Child Care Society (BCACCS) designed to develop positive approaches to understanding, fostering, measuring, and monitoring Indigenous child well-being.

The review is exploratory. It is based on a range of Indigenous and non-Indigenous sources that emerged between the years 2000 and 2016 and are available on the Internet or in print. Geographically speaking, the focus is on reports about positive approaches to Indigenous child well-being from three countries with Indigenous populations (Canada, Australia, and New Zealand) that were under British colonial rule well into the 20<sup>th</sup> century. The rationale is that by exploring the literature on Indigenous child well-being in three countries, we can provide some useful comparisons and insights for strengthening de-colonizing approaches to government policy and programs in Canada.

Another purpose of the review is to provide some balance to much of the current Canadian academic research on Indigenous child well-being that takes a bio-medical approach to understanding Indigenous child well-being and focuses on the need to identify and address deficits, rather than strengths, to ensure Indigenous children's continued survival.

This review found that although much of the literature on Indigenous child well-being in Canada is embedded in a bio-medical approach, the New Zealand and Australian reports appear to be much more nuanced. These reports suggest that there is a growing trend to including positive, strengths-based approaches to understanding Indigenous child well-being in New Zealand and, though to a lesser extent, in Australia and that this approach is generally understood to be a particularly appropriate one on which to base national policies designed to foster the well-being of Indigenous children, families, and communities wherever they may live.

The relatively small body of international academic research from the past two or three decades that involves taking a positive approach to child well-being is also reviewed here. However, the findings of that research were seldom evident in the Canadian literature on Indigenous child well-being identified for this report.

That being said, it is important to acknowledge that the deficit and strengths-based approaches are not mutually exclusive. Clearly, government policies and programs must continue to address the deep poverty and limited life choices faced by many Indigenous children and families compared with other Canadians. However, in striving to address these inequities, the wealth of Indigenous and international knowledge on Indigenous child well-being has often been ignored and the evidence is that current Canadian government policies, which primarily address deficits, have not worked effectively in promoting the well-being of Indigenous children's and their families.

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# 1.0 Introduction

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“... much of the current Canadian academic research on Indigenous child well-being that takes a bio-medical approach to understanding Indigenous child well-being ... focuses on deficits, rather than strengths...”

*“Indigenous children hold a unique place in our collective: they embody the past through our teachings, they experience the present, and they hold our dream for the future. Their individual identities ensure collective cultural continuity.”<sup>1</sup>*

*“It is imperative for governments to understand the mechanisms by which children and youth flourish, how to maximize human and economic potential, and how to assess and facilitate that flourishing.”<sup>2</sup>*

## 1.1 Beyond survival and the deficit lens: the purpose of the review

This literature review is the first phase of an initiative of the BC Aboriginal Child Care Society (BCACCS) designed to develop positive approaches to understanding, fostering, measuring, and monitoring Indigenous child well-being.

The review is exploratory. It is based on a range of Indigenous and non-Indigenous sources that emerged between the years 2000 and 2016 and are available on the Internet or in print. Geographically speaking, the focus is on reports about positive approaches to Indigenous child well-being from three countries with Indigenous populations (Canada, Australia, and New Zealand) that were under British colonial rule well into the 20<sup>th</sup> century. The rationale is that by exploring the literature on Indigenous child well-being in these three countries, we can provide some useful comparisons and insights for strengthening de-colonizing approaches to government policy and programs in Canada.

Another purpose of the review is to provide some balance to much of the current Canadian academic research on Indigenous child well-being that takes a bio-medical approach to understanding Indigenous child well-being and focuses on the need to identify and address deficits, rather than strengths, to ensure Indigenous children’s continued survival.



The relatively small body of international academic research from the past two or three decades that supports taking a positive approach to child well-being is also reviewed here.

While it is important to go “beyond survival”, which Professor Asher Ben-Arieh, an internationally-recognized authority on child well-being, has emphasized, we must also remember that deficit and strengths-based approaches are not mutually exclusive. Clearly, government policies must continue to acknowledge and address the deep poverty and limited life choices faced by many Indigenous children and families compared with other Canadians. However, in striving to address these inequities, the wealth of Indigenous and international knowledge on child well-being has often been ignored and the evidence is that current Canadian government policies, which primarily address deficits, have not worked effectively in promoting the well-being of Indigenous children’s and their families. The shockingly high rates of Indigenous children being removed from their families and taken into government care in Canada compared with all other Canadian children is but one sign that there is a long way to go.

Two fundamental but unresolved issues also examined below are: 1) the lack of a generally accepted definition of child well-being and, 2) the lack of a generally accepted definition of who is Indigenous.

## **1.2 Positive approaches to Indigenous child well-being**

Although the deficit approach is the norm in the academic child well-being literature in Canada, an independent network of scholars studying child well-being internationally maintain, based on evidence-based research, that a focus on children’s assets and abilities is vital for children to flourish and achieve their full potential in life.

These independent scholars assert that a strengths-based approach designed to promote the well-being of all children needs to be integrated into public policy and programs and that it is even more important for governments to do so when they are creating policies and programs for children from marginalized communities.

More than two decades ago, an internationally recognized authority on child well-being, Professor Asher Ben-Arieh, described the strengths-based approach in a paper for UNESCO as one that uses a “somewhat ‘new’” or “refined concept of child well-being” and emphasizes its relevance to measuring and monitoring young children’s lives.<sup>3</sup> He also suggests that child well-being research is “changing greatly — from a focus on survival and measuring mortality rates, disability, school enrollment or immunization rates, for example, to a focus on the state and quality of life of children beyond survival; from a focus on negative aspects of children’s well-being to a focus on positive aspects and from a focus on children as “well-becoming” to one focusing on their present well-being and on new domains of well-being.”<sup>4</sup>

The review also considers whether or not the fundamental changes in the field of child well-being described by Ben-Arieh have permeated mainstream academic approaches to understanding and measuring Indigenous child well-being in the three post colonial countries.

### 1.3 Scope of the review

This review does not pretend to be in any way an exhaustive one; it explores the dimensions of Indigenous child well-being described in a range of academic and non academic Indigenous sources developed between the years 2000 and 2016 and available in print or on the internet in Canada, Australia and New Zealand as one small step to identifying positive indicators of Indigenous child well-being in Canada.

The review examines what appear to be three parallel trends in the literature on Indigenous child well-being:

- 1) *Positive academic approaches to child well-being that reflect the research findings of an independent scholars' child well-being network and Ben-Arieh;*
- 2) *Orthodox academic approaches to understanding and measuring Indigenous child well-being that use a bio-medical or deficit lens;*
- 3) *Research and writing on Indigenous child well-being from diverse Indigenous sources on child well-being. This third fairly new body of writing on Indigenous child well-being, though still sparse, is significant because it privileges Indigenous knowledge over knowledge gained from western bio-medical approaches.*

The knowledge base for this review was intentionally expanded beyond the customary understanding of the literature meaning academic, peer-reviewed, and published papers or books to include a number of Indigenous texts on child well-being.

The United Nations Convention on the Rights of the Child, which came into force in 1990, inspired a number of national governments to develop policy documents that focus on improving child well-being. A preliminary reading of some of these government-sponsored child rights-based documents suggests that they tend to be grounded in the specific goals of national or local governments and designed to align with existing legislation, policies and programs. A few such right-based documents are discussed below to illustrate some differences in government child rights-based approaches among the three countries.

The conceptual and research boundary between the child well-being literature and the literature on early learning or early childhood education and care sometimes overlap. However, the boundary adopted here is that the focus should be specifically on well-being rather than early childhood education and care. Nevertheless, issues arising from this overlap are explored below



in two papers that are concerned with the tensions inherent in using early childhood education programs grounded in mainstream theories and policies in an Inuit context and in a New Zealand context.

As might be expected, Canadian Indigenous documents were more readily accessible for this review than those produced in the other two countries. Even so, the extent to which Canadian Indigenous sources on positive approaches to child well-being could be identified and accessed for this review was limited. Such information undoubtedly exists but little of it appears to be in the public domain or readily available through Internet searches.

The review has four main sections: the introduction; a review of the academic literature on positive approaches to child well-being; a review of international texts that present Indigenous knowledge on child well-being; and the discussion and conclusion.

## **1.4 Defining child well-being**

The academic child well-being literature that has emerged over the last three or more decades has developed in tandem with the extensive and influential literature on the social determinants of health. But, unlike the social determinants of health approach (the social and economic factors that influence people's health), with its well-defined components<sup>5</sup> and its emphasis on inequities in health outcomes, there seems to be no general agreement in the literature on a universally applicable definition of child well-being.

One generally accepted scholarly explanation of the concept states: "child well-being takes as its starting point that child well-being is best understood within a multicultural and multidisciplinary framework, encompassing a wide variety of approaches and contexts; it is multifaceted in its conceptualizations, topic areas, policy implications, contexts, expressions, and the myriad of components that comprise the well-being of children."<sup>6</sup>

Despite the lack of a concise definition of child well-being in the literature, the elasticity of the concept is seen by some Indigenous Peoples as useful for understanding many elements of Indigenous well-being. One Australian study explains the usefulness of the idea saying, it "recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual."<sup>7</sup>

Some researchers note that a source of confusion is that the term "well-being" is often used unreflectively as a synonym for health or mental health or simply tagged on to the label "health" without further explanation.<sup>8</sup>

Recent international research also notes that indicators described in the academic and policy-oriented literature as “health and well-being” often reflect a bio-medical model of health that examine the presence or absence of a symptom, condition or disease, negative behaviours, or social and economic deficits.<sup>9</sup> The research for this review shows that indicators of Indigenous health and well-being are particularly likely to reflect this focus. In Canada, the need for Indigenous groups to emphasize Indigenous health deficits and gaps in services to obtain needed government program funding may serve to reinforce this tendency.

“... Indigenous child well-being is demonstrated, strengthened, and nourished through cultural ceremonies and practices that use art, dance, song, and story-telling and not only through the written word.”

The still small but growing emphasis in the literature on positive indicators of child well-being is considered to have been given impetus by the development of the goals for child well-being set out in the United Nations Convention on the Rights of the Child (UNCRC), which came into force on September 2, 1990 and which has been ratified by 196 countries including Canada.<sup>10</sup>

The UNCRC is a human rights treaty that sets out in 45 articles the civil, political, economic, social, health and cultural rights of a child under the age of eighteen years. Article 30 specifically addresses the rights of Indigenous children “who shall not be denied the rights, in community with other members of his or her group, to enjoy his or her own culture, to profess and practice his or her own religion, or to use his or her own language.”<sup>11</sup> The CRC monitors compliance by ratifying countries through a requirement that countries report regularly on their progress in implementing children’s rights.

## 1.5 Indigeneity and Indigenous rights

The focus in this review is on Indigenous children but there is no internationally accepted or “official” definition of who is Indigenous. Given the diversity of Indigenous peoples (the UN estimates that there are 370 million Indigenous peoples spread across 70 countries worldwide) the UN concluded, “The most fruitful approach is to identify rather than define indigenous peoples.”<sup>12</sup>

Nevertheless, the United Nations Permanent Forum on Indigenous Issues offers the following understanding of the term “Indigenous”: “Self-identification as indigenous peoples at the individual level and accepted by the community as a member; Historical continuity with pre-colonial and/or pre-settler societies; Strong link to territories and surrounding natural resources; Distinct social, economic or political systems; Distinct language, culture and beliefs; Form non-dominant groups of society; Resolve to maintain and reproduce their ancestral environments and systems as distinct peoples and communities.”<sup>13</sup>

The UN Declaration on the Rights of Indigenous Peoples adopted by the UN General Assembly in 2007 “establishes a universal framework of minimum standards for the survival, dignity, well-being and rights of the world’s indigenous peoples.” The Declaration also spells out the specific rights to well-being of Indigenous children. At the time it was adopted, this Declaration was

described by the UN High Commissioner for Human Rights, Louise Arbour, as a “triumph for justice and human dignity.”<sup>14</sup> Canada officially adopted the Declaration in 2016.

The rights-based approach is one that the Canadian Assembly of First Nations (AFN) adopted in a document entitled *Closing the Gap: Seeking Reconciliation, Advancing First Nations Well Being and Human Rights* submitted to Canada’s Premiers in July 2015.<sup>15</sup>

## 1.6 Method and limitations

To capture as much published information on Indigenous children’s well-being as possible, a wide net was cast. First, academic databases were searched for articles or books related to child well-being research about Australian Aboriginal, Māori, Inuit, First Nations, Métis, or Canadian Indigenous child well-being. As well, Internet searches identified some sources related to child well-being for the Cree, Haida, and Nisga’a peoples. Some potentially relevant papers mentioned in bibliographies were also accessed and the content reviewed. Over 150 documents, books, and papers were reviewed in all over a three-year period.

The databases on indicators of child well-being in general produced an extensive body of literature. This literature has its origin and still appears to be strongly rooted in US developmental psychology. It has some links to, and appears to overlap, an extensive western literature on quality of life. In addition, the search also showed that the concept of child well-being is studied to some extent in the fields of psychiatry, medicine, public health, nursing, sociology, anthropology, social work, and education among other disciplines.

However, the academic literature that focuses on positive indicators of Indigenous child well-being specifically was extremely limited. Indigenous texts on Indigenous child well-being developed in Australia and New Zealand also seemed to be quite sparse.

In order to get direction for the literature review, BCACCS held three focus groups composed of BC First Nations early childhood educators, health researchers, and federal and provincial government employees working with First Nations. The participants in these groups emphasized the need to balance the current overwhelming emphasis on Indigenous deficits and on measuring these deficits by seeking out information on Indigenous cultures’ positive approaches to understanding and enhancing Indigenous child well-being. They also noted that Indigenous child well-being is demonstrated, strengthened, and nourished through cultural ceremonies and practices that use art, dance, song, and story-telling and not only through the written word.

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## The Academic Literature on Child Well-Being

### 2.1 Positive approaches to child well-being

Well-being is “a term commonly used but inconsistently defined and frequently used in the study of child development.”<sup>16</sup>

This part of the review considers some of the academic research that examines the development of the science of child well-being. One of the foundational and most cited of this research is a review of the literature by Elizabeth L. Pollard and Patrice D. Lee. They examine the emerging child well-being literature from 1991 to 1999 and ask four key questions: “(1) How is child well-being being defined? (2) What are the domains of child well-being? (3) What are the indicators of child well-being? (4) How is well-being measured?”<sup>17</sup>

Pollard and Lee found that the child well-being literature was enormous and expanding rapidly, that since the late 1970s the development of indicators of child well-being had become an increasing focus of academic research, and that the scope of the research was rapidly expanding and changing, and went well beyond what are traditionally considered to be indicators of “child health.”

They note that although there is no generally accepted definition of child well-being, researchers seem to be in agreement that there are four distinct areas or “domains” of child well-being: physical, psychological, cognitive, and social. They understand that the concept includes both positive and negative features and includes subjective and objective measures. They note that a “core set of positive indicators of child well-being has not yet been determined” and that there “is little agreement on how to best measure child well-being.”<sup>18</sup>

However, they found that 80 percent of the studies they reviewed included only a single domain of child well-being and that only 2.3 percent assessed child well-being across all of the four domains they identified. They noted that a large number of different instruments were used in most attempts to measure child well-being. They conclude that it is critical that the multi-dimensional nature of well-being be captured in measuring child well-being and not, as it often is, through measuring one or two dimensions of well-being, such as self-esteem and depression.

They observed that studies on child well-being frequently use “‘bait and switch’ tactics: well-being is in the title of the article yet, upon further inspection, well-being is measured in only a single domain or with primarily deficit indicators.”<sup>19</sup> This emphasis in the research, they note, can lead to a focus by policymakers, and practitioners on interventions based on deficits that discount the potential to promote children’s strengths.

Pollard and Lee also provide a table summarizing well-being indicators by domain, by positive or negative status or approach and by age group (2-10 years old, pre-adolescent 8-13 years, and adolescent 11-19 years).

Around the same time, Elizabeth Pollard and Mark Rosenberg published a valuable introductory chapter titled “The Strengths-Based Approach to Child Well-Being: Let’s Begin with the End in Mind” in a book titled *Well-Being: Positive Development Across the Life Course*.<sup>20</sup> Pollard and Rosenberg describe the book, which was written by a number of different authors, as being “an effort to integrate and consolidate what we know about children’s strengths, assets and competencies.”<sup>21</sup>

Pollard and Rosenberg observe that much of the knowledge base for child development “reflects a deficit or dysfunction orientation and addresses the biological and environmental influences separately.”<sup>22</sup> They note that in the US only about 1% is spent on preventing health problems and that most of the health budget is spent on problems that have already occurred. So they conclude “Political support and popular attention tends to gravitate to problem-focused approaches.”<sup>23</sup>

They comment that “Child well-being is more than the absence of problems: however a core set of positive indicators has not yet been determined.” They offer the following definition of well-being agreed on by the various editors and interdisciplinary authors in the book: “*Well-being is a state of successful performance throughout the life course integrating physical, cognitive, and social-emotional function that results in productive activities deemed significant by one’s cultural community, fulfilling social relationships, and the ability to transcend moderate psychosocial and environmental problems.*”<sup>24</sup> This definition, they write, is based on the U.S. Surgeon General’s definition of mental health and a 1998 definition suggested by US anthropologist, Thomas Weisner. This definition of well-being was the only one encountered in this review of the current child well-being literature.

Pollard and Rosenberg acknowledge that this definition of child well-being exists within a particular cultural context and that “the knowledge base ... for the majority of the book is written to refer to Western populations.” They conclude that, “A strengths-based approach requires a longer period of time from program initiation to measurement of results. This is part of the explanation why it is usually harder to get popular and political attention for strengths than it is to get attention for problems.”<sup>25</sup>

“... an acknowledgement of strengths is even more important for disadvantaged communities and in the developing world than it is for others.”

Three years later, in a 2006 background report entitled *Measuring and Monitoring the Well-being of Young Children Around the World* prepared for UNESCO’s Education for All Global Monitoring Report, Israeli Professor Asher Ben Arie, a prolific author and leading international figure in the field of child well-being, describes the goal of the report as focusing on early childhood education and, as part of that effort, documenting “the state of young children’s well-being in a global perspective.”<sup>26</sup>

In this report, Ben Arie examines shifts and trends in the field of child well-being and also the history and development of child well-being indicators through an extensive review of international reports published between 1950 and 2005 and of measures monitoring young children’s well-being around the world.

The report begins by reviewing the six global goals of the UNESCO Education for All (EFA) statement and suggests that they might be considered as “six primary social indicators or six outcome measures of child well-being on which the global community has agreed.”<sup>27</sup> These six goals concern the learning needs of all children, youth and adults and focus on improving access to quality education regardless of gender from early childhood through to adulthood by 2015.

Ben-Arie, like Pollard and Lee, notes that much of the research aimed at defining the concept of child well-being in the context of indicators is rooted in Western culture. And, to expand slightly on the key quotation in the introduction of the report, he notes that developmental concepts typically focus on only one dimension of a child’s life. He describes a “somewhat ‘new’” concept of children’s well-being and its relevance to measuring and monitoring young children’s lives that is based on his observation that the vast majority of child well-being studies have been framed from an adult perspectives of children as future adults and are based on a preferred adolescent or adult outcome, or as “human capital.”

Ben-Arie calls this approach a focus on “well-becoming” rather than on childhood as a stage in itself and on the child’s perspectives and experiences. This perspective, he says, still dominates but, he notes, a focus on childhood as an important stage in itself is now also considered legitimate.

Ben-Arieh also sees the field as changing greatly -- from a focus on "survival" by measuring mortality rates, disability, school enrollment or immunization for example, to a focus on the state and quality of life of children beyond survival; from a focus on negative aspects of children's well-being to a focus on positive aspects and from a focus on children as "well-becoming" to one on their present well-being and on new domains of well-being. He concedes that developing countries are understandably still more focused on survival indicators.

He concludes that both positive and deficit perspectives are needed but that the child as a person with rights is a relatively new perspective that changes the equation. He notes that studies in the past have not focused on the child but on the mother or family as the unit of analysis and refers to studies that show that children as young as 5 or 6 years of age can be reliable sources of information. He also advocates a focus on children's rights as set out in the Convention on the Rights of the Child (CRC) and believes the CRC is "a very valuable start in defining children's wellbeing."<sup>28</sup>

He sees a shift to an emphasis on more policy-oriented research and notes that policymakers increasingly recognize the importance of early childhood care and education (ECCE) and suggests that the well-being perspective can strengthen support for ECCE as an end in itself and not just on support for the child as an investment for the future.

In 2009, the "state of the art" is again assessed by Laura Lippman et al. in a comprehensive paper entitled "Positive Indicators of Child Well-being: A Conceptual Framework, Measures and Methodological Issues" prepared for UNICEF's Innocenti Research Centre.<sup>29</sup> The purpose of the paper was to offer UNICEF, the OECD, and the European Commission a framework for developing positive indicators of child well-being with measures supported by multidisciplinary and multinational research.

Lippman et al. comment, "It is imperative for governments to understand the mechanisms by which children and youth flourish, how to maximize human and economic potential, and how to assist and facilitate that flourishing." The researchers suggest that an acknowledgement of strengths is even more important for disadvantaged communities and in the developing world than it is for others.

They review theories and several frameworks for assessing child well-being and highlight eight frameworks that emphasize positive indicators of child well-being out of a total of 43 they reviewed. They find that a common categorization of domains in these eight frameworks includes: physical health; development and safety; psychological and emotional development; and, social development and behaviour.

Finally, they suggest a composite framework of positive indicators of child well-being. They also identify measurement gaps and methodological issues that still need to be addressed. They contend that the concepts, findings and measures that focus on normal and positive child development have had “too little penetration into policy discussions” and tend not to be included in national or cross-national databases. They suggest that the length and complexity of existing measures is one barrier and developing measures for diverse populations is another.

*The Handbook of Child Well-Being: Theories, Methods and Policies in Global Perspectives* edited by Asher Ben-Arieh and three others is a multi-disciplinary approach to child well-being contained in several volumes advertised as weighing 13.1 pounds and, purchased from the publisher, costing \$2,550.00.<sup>30</sup> The high cost, prohibitive for most individuals, as well as the subject matter may indicate an increasing interest on the part of institutions and government bodies in theories of child well-being and also that they are the likely audience for this book.

The introductory chapter of the Handbook describes the major issues and areas of concern related to understanding child well-being and stresses that child well-being is best understood within a multi-cultural and multidisciplinary framework. The various other chapters in the Handbook reflect these wide ranging perspectives.

The Handbook editors comment on the breadth and heterogeneity of the concept of well-being illustrated in human rights treaties and the Convention on the Rights of the Child. They maintain that rights refer to “the quality of children’s lives economically and emotionally; to their psychological states; to their material, social and cultural environments; as well as to their development and to realizing their potential.”<sup>31</sup>

They see the field of child well-being as bridging research and policy making and well-being as the conceptual focal point for assessing the state of children and the discourse on their status.

A review of the varied chapter titles in the Handbook did not show any chapter that refers to Indigenous children. However, US Anthropologist Thomas S. Weisner provides a chapter on the importance of including cultural considerations in assessments of well-being.<sup>32</sup>

In his chapter, Weisner briefly reviews the anthropological literature on culture and child well-being and argues that despite the globalizing forces that permeate all societies today, a diverse, pluralistic approach to well-being rather than an increasingly “uniformitarian” one is called for. He maintains that cultural evidence is important for understanding well-being and that a



focus on qualitative methods in a wide range of communities is crucial for uncovering different beliefs and practices. Including culture, he comments, is a way to ensure that “research does not assume what the goals are, and what makes others happy.” He concludes, “We need to be sure that we include the enormous diversity in children’s worlds that exist today in our assessments. Culture is important for well-being since it brings the meanings and experiences of parents, children, and others into the description and analysis of well-being and ideally insures that their voices are part of our understanding of well-being.”<sup>33</sup>

In taking this approach, Weisner seems to be at odds with most of the other researchers in the Handbook on indicators of child well-being who emphasize the need to define globally valid indicators for measuring outcomes that can be used for statistical analysis.

The publication of reports such as the United Nations Children’s Fund (UNICEF) 2007 report, *Child Poverty in Perspective: An Overview of Child Well-Being in Rich Countries*<sup>34</sup> was an important contribution to the child well-being debate at the time. The report uses six dimensions of child well-being to rate 21 industrialized countries: material well-being, health and safety, educational well-being, family and peer relationships, behaviours and risks, subjective well-being.

*Measuring Well-Being* prepared by two University of Bristol researchers provides a relatively up-to-date overview of the research that then emerged “to define the concept of well-being, and the difficulty in measuring this multi-faceted concept ... bringing together the debate on international approaches of measuring children’s wellbeing, and in particular how to measure the well-being of looked after children [children in UK government care].”<sup>35</sup>

The review summarizes some international studies on measuring child well-being and concludes that among other concerns “There is no consensus on the domains of child well-being” and that “there has been a disproportionate focus on the negative aspects of children’s and young people’s well-being ... Little is known about the well-being of subgroups of children for example, ethnic minorities, disabled children, those in institutions or temporary housing and hard to reach children and young people ... there is a neglect of the voices of children and young people in defining what wellbeing means to them.”<sup>36</sup>

The researchers identify nine common themes:

“1) Good relationships with family and friends, 2) Positive sense of self, confidence, coping and managing emotions, taking part in activities, being a good person, trusted, 3) Personal development, creativity, play, access to the natural environment, opportunities to care for pets, develop social responsibilities, helping others, and empathy, 4) Healthy, physical and mental health, 5) Nurtured, loved, support dealing with adversity, sense of belonging, 6) Life satisfaction, pleasure, enjoyment, joy and happiness, 7) Learning, capacity for curiosity, support for learning, achievement, 8) Security and safety free from bullying and abuse, 9) Autonomy, choices in own life, feeling included, able to express opinions.”<sup>37</sup>

A number of studies of child development or child well-being that at first glance might seem appropriate to include here are not included because they use mainly, or only, a deficit lens for measuring Indigenous child well-being. One example from United States (US) illustrates this approach. *Native American Kids 2003: Indian Children’s Well-Being Indicators Data Book for 14 States* uses the following indicators based on state and national data to measure Indigenous child well-being: low birthrate, teen births, infant mortality, child deaths; teen deaths by accident, homicide and suicide; teens who are high school dropouts; teens who are not attending school and not working; children in poverty; children living in families where no parent has full-time, year-round employment; and families with children headed by a single parent. Measures of strengths are wholly lacking.<sup>38</sup>

## 2.2 The persistence of the biomedical approach and the deficit lens

An abundance of historical evidence shows that versions of the deficit lens have been at the heart of government policies and programs for Indigenous Peoples under British colonial governing systems for up to two centuries in Canada, New Zealand, and Australia.

In Canada, the explicit intent of the residential school system, a key element of the government policy of assimilation of Indigenous Peoples for much of the 19<sup>th</sup> and 20<sup>th</sup> centuries, was to “civilize” and Christianize Indigenous children by erasing children’s connection with what were perceived to be inferior ways of living, of knowing, and of being.

Such policies are only now being publicly acknowledged to have profoundly damaged Indigenous families and communities. In 2008, the Canadian government apologized for the intergenerational trauma caused by the residential school system and in 2017, the Ontario Court of Justice recognized that the “sixties scoop” of Indigenous children was unjust, that “great harm was done,” and awarded compensation to Indigenous survivors who had been removed from their families and adopted out.<sup>39</sup>

Despite this apparent change of heart by the Canadian government and the courts, this review indicates that versions of the deficit lens continue to be firmly entrenched in mainstream research in Canada that is designed to foster Indigenous children's well-being.

For example, concerns about the way that child well-being is conceptualized and measured and their impact on policies and funding are raised at the beginning of a major B.C. report, titled *Child and Youth Health and Well-Being Indicators Project: CIHI and B.C. PHO Joint Summary Report* published in 2013.<sup>40</sup>

The authors of the 2013 joint report start by asking critical questions:

*“How does a society know, from a population health perspective, whether the health and well-being of children and youth are improving, staying the same or getting worse? Since we know that what gets measured focuses attention, programming and funding, which measures — covering which aspects of the lives of children and youth — should be selected? What would a manageable set of indicators to be followed over a 20-year period look like? These are challenging questions to answer given the multiple definitions of child health and well-being and the variety of viewpoints held by the many child and youth services providers on what constitutes child health and well-being.”<sup>41</sup>*

The project had several stages and involved consultations with a large number of national and international experts on child well-being such as Asher Ben-Arieh. It also benefitted from a discussion paper that reviewed the literature on indicators of child well-being and includes a consideration of positive approaches to child well-being that identified the existence of 2,500 possible indicators from various national and international reports.<sup>42</sup>

However, these considerations do not appear to have shaped the choice of the final set of indicators developed for the report.<sup>43</sup>

The filtering process for the indicator selection for the project asked the following questions: “Are the concepts relevant to policy? Significant to children? Easily understood? Amenable to action? Is there evidence of a link between the concept and the outcome of interest? What are the best indicators for the concept? Is the data available? Is the data fit for use?”

The stated scope of the report precluded the collection of new data or the development of new indicators. Only already available indicators of child well-being could be considered for inclusion. So despite the critical questions raised in the introduction of the report and the extensive consultations with experts, the result is that the selected indicators of child well-being in BC conform to a traditional Western bio-medical model that focuses primarily on risks and deficits.<sup>44</sup>

A list of the 57 or more experts involved in the process appears to include only academics or officials from various levels of government.

However, the importance of involving stakeholders is mentioned in a final section of the report entitled Lessons Learned. Some young people are noted to have had input into the process. Indigenous or other stakeholders do not appear to have been partners or participant. An Indigenous perspective about child well-being and the ways in which cultural differences may impact how well-being is understood and practiced are not evident.

The findings of this report were then incorporated into a subsequent report titled *Growing up in BC - 2015*, jointly published by the Office of the Provincial Health Officer and the British Columbia Representative for Children and Youth.<sup>45</sup> This joint report is also designed using a population health lens. It addresses the question: How are our children doing right now? It assembles data provided by government ministries that the authors note is more limited in scope than in the past and includes new data on youth collected by the BC-based McCreary Centre Society.

The focus in that 2015 report is on six domains of child well-being: child physical and mental health; family economic well-being; child safety; child learning; child behaviour; and family, peer and community connections. Academic experts and one community expert in each of these domains contributed commentaries. The report found that “While there are some positive findings, the results paint a picture of the struggles vulnerable children and youth continue to face with poverty, education, health concerns, safety, risky behaviours and maintaining connections to their families and communities.”<sup>46</sup>

A subsequent 2015 report from the Provincial Health Officer of BC and the First Nations Health Authority, *First Nations Health and Well-being Interim Update*, tracks changes in First Nations’ health status using seven dimensions of “health and well-being” based on a bio-medical model of health: life expectancy; mortality rate; youth suicide rate; infant mortality rate; diabetes prevalence; childhood obesity; and number of practicing Certified First Nations Health Care professionals.<sup>47</sup>

Very occasionally, questions may be raised in the Canadian policy-related literature about the appropriateness of current measures of child well-being. However, as Ben Arieh and others imply there is often a mutually reinforcing, symbiotic relationship between child well-being research and government policies.

In summation, much of the Canadian academic child well-being literature reviewed for this report shows a continuing preference for a deficit-oriented approach to understanding, measuring, and promoting Indigenous child well-being. This research convention could be understood to be a reflection of deeply entrenched colonial era government policies for Indigenous children worldwide.



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# 3.0

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## Perspectives on Indigenous Child Well-Being in Three Countries

### 3.1 Overview

This part of the review looks at studies and approaches that describe or analyze Indigenous child well-being specifically in Canada, Australia, and New Zealand. The Indigenous Peoples in these three countries are very diverse but they share the experience of a long period of colonization by Britain and of being impacted by similar repressive British colonial laws and policies that are now acknowledged to have caused profound intergenerational damage to Indigenous communities, families, and children.

The impact of the residential school system on Indigenous Peoples in Canada has been extensively documented in the 2015 six-volume Final Report of the Truth and Reconciliation Commission.<sup>48</sup>

The documents reviewed here are limited to printed documents in the public domain identified through Internet searches. However, as the members of the focus group that preceded this review noted, many Indigenous Peoples rely on oral and visual traditions for the transmission of knowledge. An internet/library search for written texts such as this one is therefore a very limited approach, and only one method for gathering information on Indigenous child well-being from an Indigenous perspective.

The documents here are organized under three headings. These are positive approaches to: Canadian Indigenous child well-being; Australian Indigenous child well-being; and New Zealand Indigenous child well-being.

Two different kinds of knowledge are evident in these complexly rich materials. First are texts that show some of the ways that Indigenous concepts of wellness or “being alive well” and child well-being are made visible, understood and shared. Then there is a small number of documents, usually produced in the field of health, that challenge the cultural appropriateness of commonly used population health tools for measuring Indigenous children’s well-being.

### 3.2 Indigenous child well-being in Canada

The 2015 book *Determinants of Indigenous People’s Health in Canada, Beyond the Social* edited by Margo Greenwood et al. addresses both of these issues.

The editors explain their approach thus: “In all our considerations of the well-being of Indigenous children, we must take into account their experiences both as individuals and as members of collectives. It is not possible to separate the two. Indigenous children hold a unique place in our collective: they embody the past through our teachings, they experience the present, and they hold our dream for the future. Their individual identities ensure collective cultural continuity.”<sup>49</sup>

The editors comment, “Indigenous peoples in Canada, and indeed around the world, have known for a long time something that non-Indigenous scholars, health care professionals, and decision makers are only recently embracing. Namely that the well-being of individuals and communities is linked to much broader dynamics than typically assumed by the individualistic, biomedical approaches to health that have long dominated non-Indigenous medicine.”<sup>50</sup>

The intent of the book is therefore “to move academic discussion beyond the established social health determinants, such as income and education, to help explore impacts of other factors, including colonization and colonialism, environment, geography and culture.”<sup>51</sup>

Greenwood et al. note “the authors [of the articles in the book] are not satisfied with a biomedical or even a strictly “social” determinants framework; instead they urge for theorizations that extend more broadly to include Indigenous ways of knowing and being.”<sup>52</sup> The book, therefore, also integrates poems, stories and artwork by Indigenous people.

#### *The Whatmagoostui Cree: Being Alive Well*

An ethnographic study of the Whatmagoostui Cree of northern Quebec and their concept of wellness is the basis for a 2002 book titled *Being Alive Well: Health and the Politics of Cree Well-Being* by anthropologist, Naomi Adelson. The book starts with a question voiced by a Cree Elder, Joseph Masty Senior, “If the land is not well then how can we be?” For Adelson, “No words can summarize more succinctly the essence of what it means to be healthy for the Whapmagoostui Cree.”<sup>53</sup>

Adelson observes that for that Cree community “being alive well” is above all a matter of “quality of life.” That means being “able to hunt, to pursue traditional activities, to eat the right foods, and to keep warm.”<sup>54</sup> Cree well-being and identity are tied to hunting and their access to traditional food. “Being alive well” is enacted through “being Cree” and is the way that adult Cree articulate their sense of being and belonging.

Adelson describes how the land and the Cree traditional way of life have been disrupted by resource development and how they are being negatively impacted by diverse ongoing development and in particular by government-sponsored hydro development projects that flood their land. The Cree believe that as a consequence, their land, water and animals have become polluted, and are unhealthy or toxic. The way of life that is central to their identity becomes difficult to sustain. Maintaining well-being or “being alive well” is thus seen by the Whatmagoostui Cree as having a strong political component. This concept of wellness, Adelson believes, “ultimately transcends the individual, and as part of the realm of ‘being Cree’ is linked to a larger strategy of cultural assertion and resistance in a dynamic balancing of power between the State, the disenfranchised group, and the individual.”<sup>55</sup>

Adelson argues that “health” is a socially constructed term — a conclusion grounded in her decade of research on how the concept “being alive well” or “miyupimaatisiun” is understood by the Whatmagoostui Cree of northern Quebec.

Adelson concludes, based on her decade of research, that “being alive well” or “miyupimaatisiun” is understood by the Whatmagoostui Cree to include social, political, and personal well-being and that health for the Cree “continues to be mediated by context, by history, and by culture; it is in other words, deeply embedded within the language, practices, and processes of dissent.”<sup>56</sup> And, she notes in a postscript, “an alternative concept of health rooted in the community has expanded to become part of the language of the CRBHSS” (Cree Regional Board of Health and Social Services) and become a way of asserting the distinctiveness of Cree health.<sup>57</sup>

### *Western Cree*

Three western Cree Nations focus specifically on attributes of child well-being that are articulated as culturally-identified children’s rights in which childhood is seen as a separate and unique stage in life.

The Onion Lake Cree Nation, located on the Alberta/Saskatchewan border, is one example of this approach. Their philosophy and the goals for the well-being of their children are set out by Onion Lake Family Services thus:

“... First Nations children are on loan from the Creator. Their lives and thoughts have special meaning and significance and they are to be treated with care, love and respect...”<sup>59</sup>

“Children and youth have the right to a nurturing and safe environment so that they can reach their highest potential.

Elders have a role in supporting our children, youth & families.

Children are gifts from the creator & deserve dignity & respect.

We value the family’s voice in healing and the primary role they have in the life of the children.

Children and families have a right and a responsibility to be involved in the decisions and actions that affect them... Aboriginal culture, history and traditions have and should continue to have a role in the development of children, youth & families.”<sup>58</sup>

The Child and Family Services agency of the Ahtakakoop Cree Nation also provides a *First Nations Philosophy of Care* that includes children’s rights.

The *Philosophy of Care* states:

“The words of the Elders provide the standards of child care and child rearing practices.

First Nations children are on loan from the Creator. Their lives and thoughts have special meaning and significance and they are to be treated with care, love and respect.

First Nations children have a right to understand and interact in their own community.

First Nations children have a right to the gifts of the four directions and to the full development of their spiritual, mental, emotional and physical lives.

First Nations children have a right to Kinship Care and their extended family.”<sup>59</sup>

#### *Haida Children’s Rights*

A “Declaration” prepared by Haida children and youth sets out seven principles for Haida children’s rights that are culturally defined positive goals for child and youth well-being. Some of the goals may reflect the rights set out in the UN Convention on the Rights of the Child that, as noted earlier here, also influence the academic research on positive indicators of child well-being. The goals are:

- “We have the right to live with our parents, grandparents and family members; and in a community that is safe and free from unhealthy influences and behaviours;
- We have the right to access all the resources that the land, sea and air have to offer;
- We have the right to practice our culture, language and traditions in a manner that expresses who we are as young Haida;
- We have the right to be informed and meaningfully involved in the governance affairs of the Nation;
- We have the right to freedom of choice and expression, particularly as it relates to our individuality;
- We have the right to play having access to appropriate sports and recreation facilities; and,
- We have the right to design and deliver programs, services, interventions and events that support our needs and aspirations.”<sup>60</sup>

### *Inuit child well-being*

Inuit child well-being is the focus of a short paper titled “Inuit Knowledge Systems, Elders, and Determinants of Health: Harmony Balance, and the Role of Holistic Thinking” by Shirley Tagalik. The paper explores Inuit Qaujimajatuqangit (IQ) or Inuit worldview and child rearing and is based on interviews with Inuit elders conducted over a number of years. Tagalik learned from the interviews that the Inuit view of the world is holistic, natural and intuitive “implying connectedness, reciprocity and relationality.” And that “The core concepts of connectedness and belonging, based on respectful relationship building ... [are] essential to the Inuit intention of living a good life”<sup>61</sup> The good life implies working for the common good. A child learns to become a human being, to be a good person, to live a good life.

Tagalik found that the Elders believe that knowledge that is not applied or used for the common good “has no purpose;” the concept of the good life is to have peace and contentment based on respect for everyone and everything and the promotion of harmony.<sup>62</sup>

“Children were specifically taught to seek solutions when faced with obstacles, to never demonstrate anger, to avoid conflicts, and always restore good relationships.”<sup>63</sup> Elders saw a need to return to cultural parenting practices. The concept of parenting, *Inunnguiniq*, is described as a process for preparing a child to overcome obstacles and avoid creating obstacles; a child learns to be a good person, to live a good life; and some Elders thought that children today have very different lives and that many have lost their way.

A short paper by Inuit educator, Betsy Annahatak, focuses on *Silatuniq*, “a mode of being respectful or wise toward all that one encounters and interacts with in the world” as the central goal of development for Inuit children as they acquire cultural values and knowledge.<sup>64</sup> The information in the paper is primarily based on the author’s personal experience of growing up at a time when Inuit in her region were in transition from being semi-nomadic hunters to being settled in a permanent location.

A paper by Caroline Rowan, “Co-constructing Early Childhood Programs Nourished by Inuit Worldviews” examines the challenges inherent in re-structuring mainstream early childhood education (ECE) programs and services so that they are grounded in Inuit worldviews and child rearing traditions. Rowan asks “what is the rationale and what are the dimensions for re-conceptualizing early childhood education from Inuit perspectives?”<sup>65</sup>

Rowan comments on the challenges to the success of this blended approach noting: “In Indigenous communities around the world, education has historically served assimilative purposes” and she quotes anthropologist Hugh Brody (1995) who observed that “a sophisticated

continuation of old relationships can include a use of new institutions arranged to ensure the perpetuation of old injustices.”<sup>66</sup> Rowan also quotes Larry Prochner (2004) who concluded in a comparative analysis of Indigenous ECEC in New Zealand, Australia, and Canada that “education for indigenous children was almost entirely in the political and economic interests of colonial governments.”<sup>67</sup>

Rowan’s rationale for continuing to support Inuit ECE programs as a non-assimilative endeavor is that Inuit now have some measure of control over early childhood programs and are being prepared to live in two worlds. In support, she quotes professor of early childhood education, Gunilla Dahlberg, who observes that “some Aboriginal communities want to prepare their children to grow up in a multi faceted present, a new construction with multiple roots and traditions developed through a process over which they have a substantial measure of control though their own agency and actions.”<sup>68</sup>

A paper by Michael J. Kral et al. entitled “Unikkaartuit: Meanings of Well-Being, Sadness, Suicide, Community Change in Two Inuit Communities” is of interest here because it explores both positive and negative features of Inuit community well-being as well as suicide using participatory action research methods.<sup>69</sup>

The methods used for analyzing the information collected for the study are quite novel. They interviewed 50 Inuit participants age 14 to 94 years and an additional 63 high school students in two Inuit communities in Nunavut. They were given open-ended questionnaires asking most of the same interview questions. The qualitative information thus obtained was developed into narratives from which a number of themes were identified. Positive and negative well-being themes distilled from the stories were: the central importance of kinship; health, eating country food; communication; a concern with preserving Inuit traditional knowledge; and the traumatic levels of suicide and the impacts of ongoing social and political change.<sup>70</sup>

The researchers found that suicide was most closely related to romantic relationship and family problems, and to experiences of loneliness and anger; relationships that were “vertical” involving all ages in the past had been replaced by horizontal or peer relationships. They recommend that “suicide prevention strategies should focus on youth and family, and particularly on parenting, and ensure that Inuit communities take control of prevention programs.”<sup>71</sup>

A positive Inuit approach is illustrated in a strategy for suicide prevention recently developed by Inuit Tapirisat Kanatami (ITK), an organization representing Inuit in Canada. The risks and protective approach of the strategy are described as a tool for all Inuit communities to use in combatting suicide.<sup>72</sup>

The strategy states that it takes a population health approach and focuses on the need to address inequality. It describes Inuit suicide rates as “a public health crisis that has continued for decades despite being preventable.”<sup>73</sup> It attributes the rapid growth of Inuit suicide rates since the 1970s to enforced settlement and re-settlements, the concomitant loss of livelihood and close link to the land, and to the damage to Inuit culture and to Inuit children and families caused by residential schools.

However, the strategy asserts, “We believe that a strengths-based approach mobilizing Inuit knowledge to take action to reduce known risks in addition to sustain and building new sources of strength that will offer protection for all members of Inuit society, and for those who are vulnerable. Those protective supports will enable Inuit to further develop our inner resources and resilience.”<sup>74</sup>

The six priorities for action are “(1) creating social equity, (2) creating cultural continuity, (3) nurturing healthy Inuit children from birth, (4) ensuring access to a continuum of mental wellness services for Inuit, (5) healing unresolved trauma and grief, (6) mobilizing Inuit knowledge for resilience and suicide prevention. The strategy envisions holistic concurrent actions across all six priority areas.”<sup>75</sup>

A diagram lists 12 suicide risk factors and 12 protective factors for Inuit: Protective factors include: cultural continuity; social equity; family strength; healthy development; mental wellness; coping with acute stress. Risk factors include: historical trauma; community distress; wounded family; traumatic stress and early adversity; and mental distress and acute stress or loss.

The strategy concludes, “The bright light of resilience that characterizes our people will burn through this difficult chapter in our long history. We have flourished in our Arctic environment for millennia through cooperation, adaptation, and ingenuity. Through [the Strategy] ...we are harnessing these strengths by transforming our knowledge about why Inuit people die by suicide into Inuit-specific action.”<sup>76</sup>

Some 18 years earlier, University of British Columbia researcher, Michael Chandler, and University of Victoria researcher, Christopher Lalonde published research that challenged the prevailing understanding of Indigenous child, youth and community well-being in a 1998 paper “Cultural Continuity as a Hedge Against Suicide in Canada’s First Nations.”

The paper describes epidemiological research concerning rates of youth suicide in BC First Nations’ bands conducted between 1987 and 1992.<sup>77</sup> The researchers note that when they started their research, the general assumption was that the high rates of BC First Nations youth

suicides were more or less evenly distributed across bands. Their research showed, apparently for the first time, that this was not the case and that rates of youth suicide varied considerably among bands over the seven-year period of their study. Their data showed that 50% of BC bands reported no youth suicides in the period of the study and that 90% of youth suicides occurred in less than 10% of the bands.

The researchers conclude based on existing research that “suicide (whether measured at the individual or community level) can be understood as an outcome of the collapse of those identity-preserving practices that serve to secure enduring connections to one’s past and foreseeable future.”<sup>78</sup> They hypothesized, and their analysis confirmed, that the presence of certain cultural continuity factors were strongly related statistically to the presence or absence of youth suicide in First Nations bands.

They then identified six key factors for which reliable and culturally relevant data were available for measuring cultural continuity. These factors included: evidence that particular bands had taken steps to secure Aboriginal title to their traditional lands; evidence of their having taken back from government agencies certain rights of self-government; evidence of their having secured some degree of community control over educational services; evidence of their having secured some degree of community control over police and fire services; evidence of their having secured some degree of community control over health-delivery services; and “evidence of their having established within their communities certain officially recognized “cultural facilities” to help preserve and enrich their cultural lives. They found that rates of youth suicide varied with the number of these factors present in a community. The authors see these findings as having important policy implications.

A later (2008) paper by Michael Chandler and Christopher Lalonde titled “Cultural Continuity as a Moderator of Suicide among Canada’s First Nations” reports on their further research on suicide conducted up to the year 2000.<sup>79</sup> This research replicated and broadened the research discussed in the 1998 paper, collected comparable information on adult suicides, and added two new variables for measuring cultural continuity: 1) the extent of the participation of women in local government and 2) the provision of child and family services in the community, supplemented with the proportion of children in the community who had been removed from parental care.

They found that adult suicide levels are not always identical with levels of youth suicide but were similarly high in some communities and low or absent in others. They did not find statistically significant correlations with geographical location or poverty levels though they found suicide rates for both youth and adults are highest in rural communities and reach their highest levels in those communities that lie within the geographical boundaries of the province’s three largest urban centres.



The authors conclude that uniform policies and procedures to address suicide rates are a mistake. They are opposed to “top-down” knowledge transfer and the “exchange of best practices.” They propose lateral sharing of knowledge and practices between bands with high and low suicide rates.

The research was innovative and subversive but perhaps because it focused on suicide it did not seem to open the door to a rejection of the deficit model of Indigenous well-being research.

Some more recent academic research and First Nations government reports may indicate the beginning of a departure from a focus on suicide or deficits. In 2013, Nancy L. Young et al., in a paper titled “A Process for Creating the Aboriginal Children’s Health and Wellbeing Measure (ACHWM)”, aim to identify concepts of health and well-being from the perspectives of Aboriginal children and youth that could form the basis of a new measure.

The rationale for the study, which was a community-university partnership, was that there is “little evidence to guide the delivery and assess the impact of local-level health promotion and health care services for Aboriginal children and youth.”<sup>80</sup> The research was designed to discover how 38 Anishinaabek children and youth 8 to 18 years of age conceptualize health and to identify items that could be expressed quantitatively.

The four quadrants of the Medicine Wheel representing the four domains of “health and well-being,” (spiritual, emotional, physical and mental) were selected as a culturally appropriate framework for the research. The researchers also identified two existing and potentially relevant measures—the Australian “Strong Souls” measure of the social and emotional well-being of Australian Aboriginal adolescents (reviewed below) and the Pediatric Quality of Life Inventory (PedsQL). The PedsQL is described as “a generic quality of life index (QoL) that has been cross-culturally validated in many countries but not for Aboriginal children and youth.”<sup>81</sup>

The data were gathered from children and youth in six full-day age-stratified focus groups and through a subsequent bicycling and photo activity in which the participants took photos that exemplified the four quadrants of the medicine wheel. There was intensive consultation with the community at each step of the research process. Out of that process, 206 concepts were identified as important. An expert panel distilled these into 46 groups of concepts. A questionnaire with 60 multiple-choice questions was the end product.

At about the same time, the BC First Nations Health Authority (FNHA), a provincial health organization established in 2013, describes its approach to wellness (a term used by FNHA) in a number of documents that shows key differences between the Indigenous approach and the population health approach promoted by its partner, the BC Provincial government.<sup>82</sup>

In a document titled “First Nations Perspective on Health and Wellness”, the FNHA offers a diagram that “aims to visually depict and describe the First Nations Health Authority Vision: Healthy self-determining and Vibrant BC First Nations, Children, Families and Communities” and is a “visual expression of the First Nations Perspectives on Wellness.”<sup>83</sup> The diagram consists of five concentric circles that FNHA “aims to create a shared understanding of a holistic vision of wellness” with BC First Nations communities.”<sup>84</sup>

In the centre of the circles is the human being responsible for his or her own health and wellness. The next inner circle “illustrates the importance of Mental, Emotional, Spiritual and Physical facets of a healthy, well and balanced life.” The third circle represents “the overarching values that support and uphold wellness: Respect, Wisdom, Responsibility and Relationships.” The fourth circle depicts “Nations, Family, Community and the Land [which] are all critical components of our healthy experience as human beings.” The fifth and outermost circle depicts the “Social, Cultural, Economic and Environmental determinants of our health and well-being.”<sup>85</sup>

The focus on employment and education of a 2016 report *Now is the Time: Our Data, Our Stories, Our Future: The National Report of the First Nations Regional Early Childhood, Education, and Employment Survey*, published by the First Nations Information Governance Centre (FNIGC) appears to place it outside the scope of this review. However, the principles and approach of the report are of interest here for several reasons: the vision statement of the FNIGC is explicitly grounded in First Nations’ well-being; the report takes a holistic approach and makes the link between all stages of lifelong learning and community well-being; it includes some indicators of Indigenous child well-being; and the report proceeds from the view that “in typical measurement approaches the focus is on discrepancies between First Nation and non First Nation learners, and often the important aspects of learning that are integral to a First Nations perspective are overlooked.”<sup>86</sup>

The preparation of the survey involved extensive consultations with First Nations organizations and others over a five-year period (since 2011). The survey included 20,429 First Nations children, youth and adults from 243 First Nations communities across Canada. The survey of children 0-11 years old was completed by the primary caregiver, usually the parent.

The First Nations Governance Centre was guided in the preparation of the report by a 2007 Canadian Council of Learning (CCL) report that found that, among other challenges, “current research and approaches to measuring First Nations learning are” orientated towards measuring learning deficits and do not account for social, economic, and political factors.”

The CCL report notes that innovative research approaches “provide the opportunity for educators and governments to shift their focus from reacting to the deficits of First Nations learners to building on their strengths and celebrating them.”<sup>87</sup> It includes an approach that represents the link between lifelong learning and community well-being and offers a First Nations perspective on holistic lifelong learning that has three main components: sources and domains of knowledge; the lifelong learning journey; and community well-being. The framework identifies seven key attributes of a First Nations perspective on learning: holistic, lifelong, experiential, rooted in languages and cultures, spiritually oriented, and communal activity and integrated First Nations and Western knowledge.

More recently, a small number of research papers by Canadian health professionals appear to take a more critical approach to understanding and measuring Indigenous child well-being. Examples of these critiques can be found in two posters from the 6<sup>th</sup> *International Meeting on Indigenous Child Health: Resilience: Our Ancestor’s legacy, our children’s strength*, sponsored in 2015 by the American Society of Pediatrics, the Canadian Paediatric Society and Health Canada.

One conference poster *Rethinking Attachment Theory in Coast Salish Territory* by Annette McComb et al. explores whether a “Eurocentric theory of attachment is culturally appropriate in shaping services for Aboriginal families.” The authors conclude that some concepts of attachment theory are applicable but identified some areas that “required rethinking through a culturally sensitive lens.”<sup>88</sup>

“provide the opportunity for educators and governments to shift their focus from reacting to the deficits of First Nations learners to building on their strengths and celebrating them.”<sup>87</sup>

Another poster entitled *Analysis of the Item Content in the Aboriginal Children’s Health and Well-being Measure (ACHWM)* by Tricia Burke et al. notes that ACHWM was developed to address the lack of accurate culturally-relevant measures for assessing health outcomes of Indigenous children. Burke et al. found that the ACHWM “appears to have to have strong internal consistency” and that the “Emotional and spiritual quadrants [of the instrument] seemed to be fundamentally important for health and well-being in Aboriginal children.”<sup>89</sup>

Despite the title of the conference, however, the majority of the posters appear to take a conventional biomedical approach to health and to focus on statistical analysis and outcome measures of health deficits. The conference papers were not available at the time of this report was written.

A 2013 paper titled “Aboriginal Perspectives on Social Emotional Competence in Early Childhood” by Melissa Tremblay et al. examines positive aspects of child well-being in First Nations. The researchers found that five interconnected themes emerged from their focus group data: cultural wellness; emotional wellness; mental wellness; social wellness and strong identity which together contributed to the overall health and well-being of young First Nations children.<sup>90</sup>

### 3.3 Indigenous child well-being in Australia

The Australian academic literature on positive dimensions of Indigenous Australian child well-being appears to be very limited.

Naomi Priest al. provide an overview of the available literature in a 2009 study titled “Indigenous Child Health Research: A Critical Analysis of Australian Studies.”<sup>91</sup> This analysis of descriptive studies concerning the health, development and well-being of Australian Indigenous children found that, of the 217 studies identified as eligible for the analysis, 71% addressed physical health, 2.8% addressed mental health and social well-being and 25% health determinants. The vast majority of the studies were conducted in very remote areas (67.2%). 71.4% of the studies, they state, did not appear to have any Indigenous involvement.

The authors note the absence of the Indigenous voice and Indigenous values in existing child health research and conclude that more work needs to be done to establish an evidence base of Australian Indigenous child health and well-being that is founded on Indigenous values, knowledge and participation. They comment further: “Notwithstanding the significant need to address issues of core morbidity and physical health for Indigenous children, more research addressing social and emotional health and wellbeing is required, as are research questions of importance to Indigenous children living in urban settings.”<sup>92</sup>

In “Aboriginal Perspectives of Child Health and Wellbeing in an Urban Setting: Developing a Conceptual Framework” Naomi Priest and colleagues note a lack of detailed frameworks exploring how health and well-being definitions are grounded in Aboriginal knowledge.<sup>93</sup>

The research consisted of 25 qualitative interviews conducted with Aboriginal caregivers in the city of Melbourne to inform the development of a conceptual framework of Aboriginal child health and well-being in an urban setting.

The framework that was developed has four themes: Strong Culture; Strong Child; Strong Environment; and Strengths and Challenges.

They note that “a holistic framework that privileges Aboriginal knowledge of child health and well-being had not previously been available.”<sup>94</sup> They comment that they had collaborated with Aboriginal people in all stages of their research.

A paper titled “Spirituality and Aboriginal Peoples’ Social and Emotional Wellbeing: A Review” by Nerelle Poroch et al. is a collaboration between the Winnunga Nimmityjah Aboriginal Health Service and two other Aboriginal community-controlled health services, and the Australian government Department of Innovation, Industry, Science and Research. The paper provides a review of the literature and the results of interviews with six Aboriginal adults. The extent to which the paper privileges Aboriginal knowledge is not clear.<sup>95</sup>

The reviewers note that they include what they describe as “grey” literature “due to the paucity of relevant peer-reviewed publications.”<sup>96</sup>

They look at the evidence for the relationship between spirituality and social and emotional well-being outcomes in Aboriginal communities. Their aim is to explain the relationship between spirituality and social and emotional well-being for a range of service providers, policy makers, and researchers working with Aboriginal peoples.

They found five major themes emerged from the Review:

1. “Spirituality is a dynamic evolving contemporary expression of Indigeneity. Spirituality connects past, present and future. Spirituality emphasizes peoples’ relationships with each other, the living (other entities – animals) and non-living ... life forces.”<sup>97</sup> Aboriginal spirituality is said to derive from The Dreaming. Land and place are connected with spirituality and are important determinants of health.
2. Indigenous spirituality has been transformed by “engaging with other cultures, technologies and religions”; “resistance to the colonizing of Indigenous spirituality has been through ceremony, art and song ... Urban communities carry on the resistance through ... ceremonies, Dreamtime stories, smoking ceremonies, artifact making or painting”; “To reclaim Aboriginal spirituality in this way is to reclaim identity and to develop resilience in the face of racism and generational trauma.”<sup>98</sup>
3. Spiritual traditions, which provide meaning and identity, assist in building resilience in those suffering mental health disorders.
4. The use of traditional food and medicine is more likely to occur in remote locations than in urban communities.
5. The concepts and experiences of spirituality and social and emotional well-being in Aboriginal peoples are found in the holistic health care of the community controlled health centre.<sup>99</sup>

In “Living on the Edge: Social and Emotional Wellbeing and Risk and Protective Factors for Serious Psychological Distress among Aboriginal and Torres Strait Islander People,” Kerrie Kelly et al. describe “protective factors” for Indigenous social and emotional well-being as “connection to land, culture, spirituality, ancestry and family and community.” The authors found that “land is central to social relationships and the spiritual and emotional wellbeing of individuals, families and community.”<sup>100</sup> To fully understand social and emotional wellbeing it is necessary to understand the cultural dimensions of wellbeing.”<sup>101</sup>

The authors of a discussion paper titled *The Link Between Indigenous Culture and Well-being: Qualitative Evidence for Australian Aboriginal Peoples*, Simon Colquhoun and Alfred Michael Docherty of the Centre for Labour Market Research and School of Economics and Finance, Curtin University, explore the results from two questions in an existing national study, *the Longitudinal Study of Indigenous Children*, that asked survey participants: “What is it about Aboriginal and Torres Strait Islander culture that will help your children to grow up strong?” and, “Apart from health and happiness, what do you want for your child?”<sup>102</sup> The authors used Leximancer text analytics software to analyze the responses.

They found that for the first question culture was the dominant theme. Other themes related to cultural identity, cultural pride, understanding of culture and a sense of belonging. Answers to the second question reflected a desire for success in both mainstream society and in their traditional culture.

The aim of “Strong Souls: Development and Validation of a Culturally Appropriate Tool for Assessment of Social and Emotional Well-Being in Indigenous Youth” by Alicia Thomas et al. is “to develop and validate an appropriate tool to assess the social and emotion well-being (SEWB) of Indigenous adolescents participating in the longitudinal Aboriginal Birth Cohort (ABC) study.”<sup>103</sup> A range of tools was assessed out of which the “Strong Souls” questionnaire was found to be the most appropriate tool for Indigenous young people in the Northern Territory. The SEWB Strong Souls tool consists of a 25 item questionnaire identifying constructs of anxiety, resilience, depression and suicide risk. Out of the 25 questions, the first 16 questions focus on anxiety, depression or suicide.

To summarize, the Australian child well-being literature identified for this review was sparse and for the most part focuses either on Aboriginal spirituality or bio-medical approaches to understanding Aboriginal child well-being.

### 3.4 Indigenous child well-being in New Zealand

Māori became an official language of New Zealand together with English in 1987. This change was intended to counter both a decline in the use of the Māori language, which is considered to be central to maintaining Māori culture, and to honour the agreements made in the Treaty of Waitangi signed between Māori leaders and British government officials in 1840.

One result of Māori being recognized as an official language in New Zealand is that a significant number of the documents reviewed for this report include Māori words that may have complex layers of meanings and may not be fully translatable into English. Some of the Māori words that form part of quotations used frequently here and roughly translated include: tamariki (children); whānau (the extended family); Te Tiriti o Waitangi (The Treaty of Waitangi); tengata whānau (people of the land); and Kaupapa (understandings or knowledge).

Since 1996, Māori have also had the benefit of a bicultural early childhood development curriculum, Te Whariki, that is often linked to the promise of self-determination made to Māori in the 1840 Treaty of Waitangi. Literature related to early childhood education that focus on practice, the curriculum, and access to Māori language immersion programs (language nests), for example, are readily available. However, studies related to Māori child well-being specifically appear to be rather few.

A 2006 paper entitled *Measuring Māori Wellbeing* by Mason Durie does not address child well-being specifically but does suggest a framework for measuring three Māori-specific measures of well-being for: individuals; collectives; and whole populations.

Durie notes: “Universal perspectives are premised on the notion that all people have common views about being well and therefore their wellbeing can be measured in similar ways.” However, he notes, “there are unique characteristics of Māori that require specific measurement. He then sets out a well-being framework in which each measure “has been developed by taking into account Māori aspirations, Māori world views, the availability of quantitative indicators, and the concept of Māori-specific indicators.”<sup>104</sup>

Durie describes one level of the framework, individual well-being or *Hua Oranga*, as a balance between spiritual health, mental health, and physical health and “family dimensions.” At the next level, the whānau, well-being can be assessed by the collective capacity to perform tasks that are within the scope and influence of the whānau. The capacity to care “is a critical role for whānau especially in respect of children and older members. Care also entails the promotion of lifestyles that are consistent with tikanga Māori, maximum well-being, mobility and independence, full participation in society, and reciprocated care for other whānau members”<sup>105</sup>

The practice of Māori culture, knowledge and values constitute an important goal, he notes, and despite some differences at the extended family and tribal level “there are some values that are shared in all Māori traditions and which constitute an important core of Māori culture and philosophy ...A positive outcome is one where Māori values form an integral part of everyday lives, Māori culture is expressed on a ‘taken for granted’ basis, and traditional Māori knowledge is retained and developed.”<sup>106</sup>

Although a 2010 paper by early childhood educators, Jennie Ritchie and Cheryl Rau, is outside the scope of this review, their insights seem relevant here. The paper refers to “a recent document of significance” *Ka Hikitia –Managing for Success*, published in 2009 by the New Zealand Ministry of Education<sup>107</sup> as attempting “to generate a significant shift in discourse away from the historical colonialist messages of deficit ideology, which have blamed Māori families, culture, and socio-economic disadvantage for the educational failure of Māori children.”<sup>108</sup> Ritchie and Rau argue that besides the explicit messages in such policy documents, “educational discourses are also at play in more subtle ways, one of which is their role in identity construction.”<sup>109</sup>

They note, “The physical, social and spiritual well-being of a Māori child (and parent and grandparent) is inextricably linked to the sense of belonging to a wider and functional whānau group.”<sup>110</sup> They suggest that educators need to honour, respect and affirm the identities of Māori and other children in child care settings.

They propose the use of the term ‘being-ness’ as a “way of viewing children as beings who are constantly engaged in a reflexive process of negotiating multiple possibilities for their ways of being, knowing, and doing.”<sup>111</sup>

Another fairly recent government source of information on Māori child well-being is provided in the report of the *Inquiry Into the Determinants of Wellbeing for tamariki Māori*, a report of the Māori Affairs Committee of the New Zealand Parliament presented to the House of Representatives in 2013.<sup>112</sup>

The terms of reference for the Inquiry were:

1. “The historical and current health, education, and welfare profiles of Māori children. This would take account of the transmission of life circumstances between generations, and how this impacts on Māori Children.
2. The social determinants necessary for healthy growth and development for Māori children.
3. The significance of whānau for strengthening Māori children.”<sup>113</sup>



The report begins by acknowledging the importance of the United Nations (UN) Convention on the Rights of the Child and the UN Declaration on the Rights of Indigenous Peoples, noting, “Both support a focus on indigenous frameworks and indicators of well-being” and the Commissioners also affirm that there is a “direct correlation between Te Tiriti o Waitangi and the health and well-being of tamariki Māori.”

The Commissioners comment that many submissions shared a common understanding that the well-being of Māori children is inextricable from the well-being of their whānau. However, they note some whānau are struggling and they believe, that “parenting fundamentals must be taught, and understood by all parents, grandparents, uncles and aunts. Such learning increases the cultural wealth of each family...the pathway to cultural wealth is fundamentally education—education in culture and identity.”<sup>114</sup>

They go on to recommend an approach suggested by several agencies in their submissions that “a useful approach in building on whānau capability is a strengths-based and capability-focused approach is critical for empowering whānau and thus for the well-being of tamariki.”

The Commissioners make three recommendations on research and policy to the New Zealand government: that high quality research be undertaken into the effectiveness and accountability of policies and programs designed to enhance the well-being of Māori children; that government departments and agencies develop a culture of communication and collaboration to ensure the well-being of Māori children as a priority; and, that they require “a strength-based kaupapa Māori approach to building the capability of whānau to design and implement solutions to ensure the well-being of their Tamariki.”<sup>115</sup>

Finally, the Commissioners note, “At the heart of the Māori world view is the importance of knowing one’s connections, and how the individual relates to the whole. All tamariki Māori deserve to know where they come from and the community to which they belong.”<sup>116</sup> They conclude “enduring change and success for whānau is only possible when they are fully engaged in making the policy and program decisions that affect them.”<sup>117</sup>

In summary, this limited review suggests that Māori traditional ways of knowing and being seem to be much better integrated into the research and into the New Zealand government’s understanding of Māori child well-being than they are in Canada or Australia.

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# 4.0 Discussion

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The purpose of this literature review was to identify and describe positive approaches to understanding and fostering Indigenous child well-being through an exploration of the literature. The goal was to begin to identify positive indicators for measuring and monitoring Indigenous child well-being that enable Indigenous children to thrive and that might also help to inform government policies and programs for Indigenous children in Canada.

The review considered the international child well-being literature which maintains that an emphasis on children's strengths, assets, and abilities is vital for children to thrive and achieve their full potential in life. That body of literature also argues that taking a balanced approach to fostering child well-being is especially important for policies aimed at fostering the well-being of the children of marginalized populations (which would include Indigenous children).

However, the review shows that the prediction of Professor Ben-Ariah made two decades ago, that the child well-being research would move beyond a focus on indicators of "survival" does not appear to have permeated or shaped most authoritative accounts of Indigenous child well-being in Canada or Australia. The adoption of Māori as a second language in New Zealand is one indication that a different political approach to the Indigenous population has translated into a more in-depth understanding of Māori child well-being.

In Canada, an awareness of the literature on positive approaches to child well-being does not necessarily mean that this knowledge will be incorporated into practice. A recent example is the *2013 Joint Summary Report* on indicators of child and youth well-being in BC published by the Public Health Officer of B.C. and the Canadian Institute for Health Information (CIHI). The introduction of this report does articulate some reservations about the relevance of what is

being measured and the authors had the benefit of a commissioned background paper that noted the “pathology-focused” approach of much child well-being research. However, the report ignores its own background research and argues for a continued necessity to use the customary bio-medical or deficit approach to developing indicators of child well-being in BC because no reliable data exist on other measures of child well-being. The findings of the report are then used as a framework in two subsequent reports, one of which is a First Nations report.

In contrast to the deficit approach are the few books, papers and other documents on Indigenous child well-being written from an Indigenous perspective. These varied documents are increasingly likely to emphasize positive approaches to understanding Indigenous child well-being or at least to question conventional wisdom and challenge orthodox academic discourses emphasizing deficits.

An example of a “blended” academic approach is the 2015 book, *Determinants of Indigenous Peoples’ Health in Canada: Beyond the Social*, edited by Margo Greenwood et al. of the University of Northern BC. The book moves the Indigenous well-being discourse from an emphasis on inequality and deficits to one that introduces new knowledge through the stories, poetry, artwork and personal experiences of Indigenous people. In so doing, the book shows new ways of understanding some of the factors that contribute to Indigenous community, family, and child well-being.

Times are changing as the former federal Attorney General and Justice Minister, Jody Wilson-Raybould, noted in a July 2016 speech to the Assembly of First Nations “*Indigenous voices are increasingly shaping our country... a record number of Indigenous people were elected to Parliament ... Legitimate and strong Indigenous nations have already begun to change the way that Canada is governed for the better, and will continue to do so.*” But, she further comments “*decolonization*” is not easy “*the stakes are high—incredibly high. We are talking about the lives of future generations of Indigenous children within Canada—about the very survival of our distinct cultures and ancient languages—about a way of life.*”<sup>118</sup>

One barrier to a broader acceptance of the findings of the positive approach in academic child well-being research is that there is no generally accepted definition of child well-being. The only definition of child well-being mentioned occasionally in the literature is rather wordy and convoluted: “Well-being is a state of successful performance throughout the life course integrating physical, cognitive, and social-emotional function that results in productive activities deemed significant by one’s cultural community, fulfilling social relationships, and the ability

to transcend moderate psychosocial and environmental problems.” This definition, researchers note, is based on the US Surgeon Generals’ definition of mental health and a 1998 definition suggested by US anthropologist, Thomas Weisner. It is time for a somewhat more succinct definition.

The strength-based approach also reflects the human rights principles articulated in the UN Convention on the Rights of the Child which has not only given impetus to the development of the child well-being literature but may also have influenced the development of statements on child rights made by some Indigenous groups in Canada.



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# 5.0 Conclusion

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This literature review is the first part of an initiative of the BC Aboriginal Child Care Society aimed at developing positive approaches to understanding, measuring, and improving Indigenous child well-being in Canada. Implicit in this approach is an understanding that while some developing countries may need to focus on improving children's immediate survival outcomes, countries such as Canada need to look beyond measuring survival towards strengths-based approaches that reflect the unique cultures, aspirations, and needs of Indigenous children. As one researcher put it, taking a cultural perspective is important for child well-being because it brings the meanings and experiences of parents, children, communities, and contexts into the description and analysis of well-being, ensuring that assessments of child well-being do not assume what makes others happy.

The research explored in this review, however, suggests that much of the Canadian academic child well-being literature has a continuing preference for deficit-oriented approaches, which could be understood as a reflection of deeply entrenched colonial era government policies for Indigenous children worldwide. These approaches are based on definitions of child well-being that are rooted in Western understandings of health and generally written in reference to Western populations. Additionally, the vast majority of child well-being studies take an adult perspective of children as future adults and are based on a preferred adolescent or adult outcome. There is, therefore, a paucity of voices not only from Indigenous populations but also from children and young people in defining what well-being means to them.

The few studies that focused on defining well-being from Indigenous perspectives revealed that for Indigenous populations, well-being is inherently linked to a child's connection to land, relationships, and cultural practices; that is, Indigenous children and families who are happy and safe are imbued with a strong sense of cultural identity. These studies show that a strengths-based approach rooted in culture is an appropriate basis for developing policies that aim to improve Indigenous child well-being. However, these findings have not penetrated deeply into policy discussions and tend not to be included in national or cross-national databases, as such a perspective may stand at odds with the general goal of child well-being research to define globally valid indicators for measuring outcomes that can be used for statistical analysis.

While the focus of this literature review is on positive approaches to assessing child well-being, it is important to note that deficit and strengths-based approaches are not mutually exclusive. Clearly, government policies must continue to acknowledge and address the deep poverty and limited life choices faced by many Indigenous children and families compared with other Canadians. However, the wealth of Indigenous knowledge on child well-being is largely invisible and the evidence is that current Canadian government policies, which primarily focus on collecting standard statistical data and addressing deficits, are not taking the extra steps necessary to understand what child well-being means to the diverse Indigenous communities in Canada and consider their distinct needs, priorities, and aspirations when it comes to ensuring the well-being of their children.

### 5.1 Next Steps

While the positive child well-being literature does provide some guidance on the way forward by identifying broad domains and indicators of child well-being from a strengths-based perspective, the diversity of understanding of what constitutes child well-being within and among Indigenous Peoples in Canada, evident in this exploratory review, precludes the development of any generally applicable set of indicators. Before any meaningful data can be collected and child well-being measures can be developed, then, further discussion with Indigenous communities is required to identify their particular understandings of child well-being, in what ways the concept is linked to their cultural identities, and how the well-being of the children in their communities can be measured.



In order to encourage these discussions, Indigenous communities need to be provided with the space, capacity, and guidance to explore these questions. During the next phase of this initiative, BCACCS intends to engage First Nations in BC in conversation about what child well-being means in their particular cultural contexts. It is hoped that the findings from this process will then inform the development of culturally specific ways to understand, measure, and improve Indigenous child well-being. Specific next steps in this initiative include:

- 1) Sharing the findings of this literature review with Indigenous and non-Indigenous governments, including the BC First Nations Health Authority;
- 2) Re-convening the original child well-being focus group to solicit feedback on the literature review and identify key approaches to moving forward;
- 3) Developing a discussion guide and engaging First Nations in BC in conversation about what child well-being means to them;
- 4) Sharing the findings of the engagement process with all stakeholders; and
- 5) Based on the findings of the engagement process and in collaboration with First Nations in BC, consider developing possible child well-being domains, indicators, and processes for measuring Indigenous child well-being.

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# 6.0 Endnotes

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- <sup>2</sup> Laura H. Lippman, Kristin Anderson Moore, and Hugh McIntosh, "Positive Indicators of Child Well-Being: A Conceptual Framework, Measures, and Methodological Issues," *Innocenti Working Paper No. 2009-21* (Florence, UNICEF Innocenti Research, 2009), 1.
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- <sup>4</sup> *Ibid*, 1-7.
- <sup>5</sup> For example, see "Social determinants of health and health inequalities," Government of Canada, <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>.
- <sup>6</sup> Asher Ben-Arieh et al., eds. *Handbook of Child Well-Being: Theories, Methods and Policies in Global Perspective* (New York: Springer, 2014), 1-27.
- <sup>7</sup> Government of Australia, *National Aboriginal and Torres Strait Islander Plan*, (Canberra: Commonwealth of Australia, 2013), 21.
- <sup>8</sup> Ben-Arieh, *Handbook of Child Well-Being*, 21.
- <sup>9</sup> Ben-Arieh, "Measuring and Monitoring the Well-being of Young Children," 16.
- <sup>10</sup> The US has signed but has not ratified the CRC.
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- <sup>18</sup> *Ibid*, 62.

- <sup>19</sup> Ibid, 69.
- <sup>20</sup> Elizabeth L. Pollard and Mark Rosenberg, “The Strengths-Based Approach to Child Well-Being: Let’s Begin with the End in Mind,” in *Well-Being Positive Development Across the Life-Course*, eds. Marc H. Bornstein et al. (Mahwah, N.J.: Lawrence Erlbaum Associates, 2003), 13-21.
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- <sup>22</sup> Ibid.
- <sup>23</sup> Ibid.
- <sup>24</sup> Ibid.
- <sup>25</sup> Ibid.
- <sup>26</sup> Ben-Arieh, “Measuring and Monitoring the Well-being of Young Children,” 1-7.
- <sup>27</sup> Ibid.
- <sup>28</sup> Ibid.
- <sup>29</sup> Lippman, “Positive Indicators of Child Well-being.”
- <sup>30</sup> Ben-Arieh, *Handbook of Child Well-Being*.
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- <sup>32</sup> Thomas S. Weisner, “Culture, Context, and Child Well-Being,” in *Handbook of Child Well-Being: Theories, Methods and Policies in Global Perspectives*, eds. Asher Ben-Arieh et al. (New York: Springer, 2014), 87-103.
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- <sup>37</sup> Ibid, 36-37.
- <sup>38</sup> Angela A.A. Willeto and Charlotte Goodluck, *Native American Kids 2003: Indian Children’s Well-Being Indicators Data Book for 14 States* (Portland: Native Indian Child Welfare Association, 2003).
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- <sup>41</sup> Ibid.
- <sup>42</sup> Ibid, Appendix A.
- <sup>43</sup> Ibid.
- <sup>44</sup> Ibid, Appendix M.
- <sup>45</sup> B.C. Office of the Provincial Health Officer and Representative for Children and Youth, *Growing Up in BC – 2015*.
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- <sup>48</sup> University of Manitoba, *National Centre for Truth and Reconciliation* (website), <http://nctr.ca>.
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- <sup>55</sup> Ibid. p.9.
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- <sup>57</sup> Ibid. p. 116.
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- <sup>74</sup> Ibid, 27.
- <sup>75</sup> Ibid, 4.
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- <sup>81</sup> Ibid.
- <sup>82</sup> The B.C. First Nations Health Authority assumed the responsibility for the provision of health services for First Nations in B.C. in partnership with the B.C. provincial government in 2013.
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<sup>94</sup> Ibid, 180

<sup>95</sup> Nerelle Poroch et al., *Spirituality and Aboriginal People's Social and Emotional Wellbeing: A Review, Discussion Paper No. 11* (Darwin: Cooperative Research Centre for Aboriginal Health, 2009).

<sup>96</sup> Ibid, 1

<sup>97</sup> Ibid.

<sup>98</sup> Ibid, 2

<sup>99</sup> Ibid, 2.

<sup>100</sup> Kerrie Kelly et al., *Living on the Edge: Social and Emotional Wellbeing and Risk and Protective Factors for Serious Psychological Distress among Aboriginal and Torres Strait Islander People, Discussion Paper No. 10* (Darwin: Cooperative Research Centre for Aboriginal Health, 2009).

<sup>101</sup> Ibid, 23.

<sup>102</sup> Simon Colquhoun and Alfred M. Docherty, *The Link Between Indigenous Culture and Wellbeing: Qualitative Evidence for Australian Aboriginal Peoples. The Centre for Labour Market Research*, (Perth, Australia: Centre for Labour Market Research, Curtin Business School, 2012), 3.

<sup>103</sup> Alicia Thomas et al., "Strong Souls: Development and Validation of a Culturally Appropriate Tool for Assessment of Social and Emotional Well-Being in Indigenous Youth," *Australia & New Zealand Journal of Psychiatry* 44, no. 1 (January. 2010), 40.

<sup>104</sup> Mason Durie, *Measuring Māori Wellbeing. New Zealand Treasury Guest Lecture Series* (Wellington, New Zealand: Treasury, 2006), 2.

<sup>105</sup> Ibid, 4.

<sup>106</sup> Ibid, 10.

<sup>107</sup> "Ka Hikitia — Managing for Success 2008-2012," New Zealand Ministry of Education, last reviewed January 25, 2019, <https://www.education.govt.nz/our-work/overall-strategies-and-policies/ka-hikitia-ka-hapaitia/ka-hikitia-history/ka-hikitia-managing-for-success-2008-2012>.

<sup>108</sup> Ibid.

<sup>109</sup> Ibid, 4.

<sup>110</sup> Ibid, 1.

<sup>111</sup> Ibid, 22.

<sup>112</sup> House of New Zealand Representatives, *Inquiry Into the Determinants of Wellbeing for tamariki Māori. Report of the Māori Affairs Committee. Fiftieth Parliament (Hon Tau Henare, Chairperson) December 2013*.

<sup>113</sup> Ibid, 13.

<sup>114</sup> Ibid.

<sup>115</sup> Ibid.

<sup>116</sup> Ibid.

<sup>117</sup> Ibid.

<sup>118</sup> Ibid.



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