APPENDICES: EXPLORING THE DATA LANDSCAPES OF FIRST NATIONS, INUIT, AND MÉTIS CHILDREN'S EARLY LEARNING AND CHILD CARE (ELCC)

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National Collaborating Centre for Indigenous Health

Centre de collaboration nationale de la santé autochtone

CHILD, YOUTH & FAMILY HEALTH

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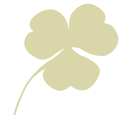

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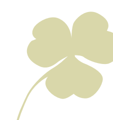

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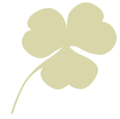
APPENDIX A: CHILD AND FAMILY HEALTH AND WELL-BEING CONCEPTUAL AND INDICATOR FRAMEWORKS



The frameworks summarized in this appendix vary depending on the purpose of the framework, the scope of the assessment (national, regional, local), the age range of the population being assessed, and the cultural context of that population. The summaries below describe the dimensions of health and well-being evaluated in each framework, and the extent to which the framework has relevance for young Indigenous children.

This Appendix is organized into four parts. The first part focuses on frameworks specific to Indigenous children in Canada. Since the health of young Indigenous children is intimately connected to the health and well-being of their communities, the second part discusses the applicability of broader Indigenous frameworks that focus on community well-being. The third part focuses on indicator frameworks for Canadian children in general and their appropriateness to the health and well-being of Indigenous children. The fourth part provides an overview of international indicator frameworks focused on the health and well-being of young children in contexts similar to Canada.

Since the frameworks described in this section range in scope from community level (urban and remote, rural or on-reserve) to regional and national levels, they should not be seen as comparable with one another. While many of the frameworks are broad, covering all aspects of children's health and well-being, some are focused on a specific area of health, such as mental health or injuries. The usefulness of indicators within these frameworks varies depending on the context in which they are applied. While it is recognized that some of the information sources on Indigenous children's health and well-being have their own indicator frameworks, including Statistics Canada's Aboriginal Children's Survey and the First Nations Information Governance Centre's Regional Health Survey, this Appendix describes only those frameworks that are not considered primary data sources in Canada, as these are described in Section 8 and Appendices B-I.

A.1. Frameworks for Indigenous children's health and well-being in Canada

The following frameworks are designed to address the health and well-being of Indigenous children in Canada. With the exception of the Indigenous Early Learning and Child Care Framework (ESDC, 2018), none of these frameworks specifically focuses on the early childhood years. However, the indicators and approaches do have relevance for younger children and families as noted in the descriptions below.

A.1.1 Indigenous Early Learning and Child Care Framework (2018)

Although this document does not contain indicators or assessment tools, the Indigenous Early Learning and Child Care (IELCC) Framework represents a significant achievement in co-development of a shared vision and path forward for Indigenous early learning and child care in Canada. The result of a consultative and collaborative process between First Nations, Inuit, Métis, and the Government of Canada, the IELCC Framework establishes a comprehensive vision for a coordinated, distinction-based IELCC system led by First Nations, Inuit, and Métis communities.

The IELCC Framework sets out a vision and principles to help "guide the design, delivery, and governance of Indigenous ELCC that is anchored in self-determination, centred on children and grounded in culture, through new policies, processes, partnerships, authorities, capacities, programs and investments that will strengthen Indigenous ELCC in Canada" (ESDC, 2018, p. 5). The Framework rests on nine cross-cutting and shared principles that emerged through national and regional engagement with Indigenous partners, communities, organizations, child care experts, and families. The nine principles are focused on (1) Indigenous knowledges, languages and cultures; (2) First Nations, Inuit and Métis determination; (3) quality programs and services; (4) child and family-centred; (5) inclusive; (6) flexible and adaptable; (7) accessible; (8) transparent and accountable; and (9) respect, collaboration and partnerships.

Distinctions-Based Frameworks

Detailed within the IELCC Framework (ESDC, 2018) are distinctions-based frameworks for First Nations, Inuit and Métis Nation children, families and communities which reflect their "respective vision, goals and priorities" (EDSC, 2018, p. 8). For example, First Nations "envision a system of diverse, high-quality programs and services that lays the foundation for the health and well-being of First Nations children… [programs that are] rooted in First Nations knowledge language and culture; guided by Indigenous practices in childhood development" (ESDC, 2018, p. 10). Each distinction-based framework contains a vision for ELCC along with specific principles, goals, priorities and strategic actions through which to operationalize conceptual frameworks.

A.1.2 Aaniish Naa Gegii: Aboriginal Children's Health and Well-Being Measure (2011-2012)

The Aboriginal Children's Health and Well-Being Measure (ACHWM) is a culturally relevant measure of health and well-being for Indigenous children ages 8-18. Although the ACHWM does contain data and could be considered an information source, because it focuses on older children it falls outside the scope of relevant information for assessing IELCC. However, the ACHWM does provide an example of an Indigenous-created and Indigenous-led health measurement tool that is holistic and based on an Anishinaabek view of balance, as conceptualized in the medicine wheel, with children's health assessed in the four quadrants of spiritual, emotional, physical and mental health (Young et al., 2015a, 2015b, 2016, 2017; Wabano et al., 2019). The ACHWM was developed based on current evidence and encompasses both Western Science and Indigenous ways of knowing. It is strengths-based and solution focused, incorporates children and youth perspectives, puts the child's wellness first, and is related to traditional teachings (Goudreau et al., 2019). We included this research program within the Appendix as the development of the measure was conceptually

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driven and validated in Indigenous contexts in alignment with principles detailed in Table 1 (see Young et al., 2015a, 2015b; 2016).

While specifically developed for First Nations on reserve in the Wiikwemkoong Unceded Territory, the ACHWM has been assessed for reliability and validity in other Indigenous contexts, including Inuit and Métis (Baker-Anderson et al., 2015; Young et al., 2015a, 2015b, 2016, 2017). The ACHWM is comprised of 62 multiple choice questions and three open-ended questions, administered to children on a Samsung (Android) tablet, but new questions can be asked to meet the needs of local communities (ACHWM, n.d.). Questions are framed both positively and negatively, and focus on how children are feeling in terms of their safety and their connection to spirituality, culture, family and community. A series of consultation processes and focus groups were conducted with children, health experts, and community members to ensure that questions were deemed appropriate based on culture, were consistently understood, and that communities could easily implement the tool and obtain their own data in a feasible and sustainable manner (Young et al., 2015a, 2015b, 2016). Since the tool is intended to be completed by children between the ages of 8-18 years, its relevance to children under 6 years of age is limited.

A.1.3 Raising the Village (2013)

In Toronto, the Aboriginal Advisory and Planning Committee has established Indigenous indicators for the Raising the Village: Improving Outcomes for Toronto's Children and Families Framework (Baxter-Trahair, 2016; Toronto Child & Family Network, 2020). The framework includes 100 indicators across 15 domains for all children and youth, see table next page. The framework is holistic and adopts a social determinants of health approach in informing the selection of indicators. It incorporates strengths-based elements pertaining to relationships and connection to peers, families, communities, and culture. The framework also encompasses both Indigenous ways of knowing and being and Western science, and is available as an interactive online tool (Toronto Child & Family Network, 2020). This framework acknowledges the specific context of urban Indigenous communities and illustrates how Indigenous and Western knowledges can be combined in a data measure. A comprehensive listing of themes and indicators from this source is located online at: https://raisingthevillage.ca/indicators/

INDICATOR DOMAIN	INDICATOR THEME	INDICATORS
Physical health and development	Healthy Lifestyle and Behaviours	• Screen time • Physical exercise • Hours of sleep
	Health Checks	• Physical health check up • Hearing/eyesight test • 18-month well baby visit
	Health Status and Disease	• Immunization compliance • Self-rated physical health
	Pregnancy, Births and Early Development	• Breastfeeding • Low birth weight • Smoking during pregnancy
Mental Health and Social Development	Emotional Well-being	• Ability to express feelings • Self-regulation
	Social Well-Being	• Bullying • Loneliness
Learning and Education	Attitudes Toward Learning	• Enjoying school • Enjoying reading, writing and math
	Early Development	• Language and cognitive development
Rights and Opportunities	Rights and Access to Basic Needs	• Low income children • Hunger
	Opportunities for Personal Development	• Participation in early learning and childcare
Cultural Equity		• Indigenous children and families experience their cultural identity and way of being with dignity and respect.
Vibrant Communities		• Indigenous communities are diverse, vibrant, growing, and connected, and provide a source of strength for children and families.
Self-Knowledge		• Indigenous children and families have knowledge of, take pride in, and have opportunities to express their identity.
Community and Culture	Community Participation and Belonging	• Caregiver sense of community belonging • Student participation in cultural activities
	Discrimination and Respect	• Parent discomfort at school because of identity • Teachers respect student backgrounds

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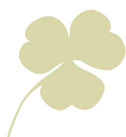
A.1.4 First Nations and Inuit Children and Youth Injury Indicators (Pike et al., 2010)

In 2010, the First Nations and Inuit Children and Youth Injury Working Group of the Canadian Injury Indicators Development Team developed a set of injury indicators specific to First Nations and Inuit children and youth (First Nations and Inuit Children and Youth Injury Working Group, 2010). These indicators were developed by a working group comprised of representatives from Indigenous organizations and other stakeholders, including the RCMP, Statistics Canada, and SmartRisk. The framework includes outcomes, risk and protective factors, and program and policy indicators within four areas relevant to First Nations and Inuit communities: the workplace, home and public safety; transport; sport and recreation; and inflicted injury/violence. Please see Pike et al. (2010) for the full report including all themes and indicators on pages 6-7.

INDICATOR DOMAIN	INDICATOR THEME	INDICATORS
First Nations Injury Indicators	Across All Injury Areas	• Mortality rate • Hospitalization rate • Potential years of life lost due to injury among First Nations children and youth
	Community Injury Prevention Training/ Response Systems	• Presence of a community emergency preparedness plan • Availability of fire/ambulance services in a community within a defined response time
	Animal Bites	• Rate of injuries due to animal bites and maulings • Number of communities with Animal Control services
	Hypothermia/Frostbite	• Rate of hypothermia/frostbite per 10,000 First Nations children/youth
	Violent/inflicted injury	• Rate of police calls and charges related to violent injury per 10,000 First Nations children/youth

A.2 Frameworks for Indigenous health and well-being in Canada - all ages

Given that the health and well-being of young Indigenous children is dependent on the health and well-being of their families and communities, this review includes broader indicator frameworks focusing on the health and well-being of Indigenous populations generally.



A.2.1 Urban Indigenous Wellness Indicators – Healthy City Strategy, City of Vancouver

In recognition that its Healthy City Strategy was too limited in scope, scale, and impact, and that indicators were largely deficit-based and not specific to the health and well-being of urban Indigenous people, the City of Vancouver engaged in a collaborative consultation process to develop urban Indigenous wellness indicators that built upon Indigenous concepts of wellness, reflected Indigenous worldviews, and were strengths-based (Heggie, 2018). The framework is targeted at Vancouver's urban Indigenous population and includes the four domains of emotional, physical, spiritual, and mental health. It emphasizes individual health within the context of connections to other humans, the spirit world, and the environment. Most of the indicators are not relevant to the context of early childhood, with the exception of Indigenous children in care; however, many are inclusive of young Indigenous children and are relevant from the perspective of healthy environments for child development. Specific indicators relate to strengthening families and communities, developing a sense of place and cultural identity, and enhancing protective factors.

INDICATOR DOMAIN	INDICATOR THEME	SELECT INDICATORS
Indigenous-specific Indicators for Healthy City Strategy	A Home for Everyone	• Sheltered and unsheltered homeless
	Healthy Human Services	• Attachment to a family doctor or primary healthcare provide
	Making Ends Meet and Working Well	• Low-income individuals
	Being and Feeling Safe and Included	• Sense of belonging • Sense of safety
	Cultivating Connections	• Indigenous children in foster care

A.2.2 First Nation's Health Development: Tools for Program Planning & Evaluation - Community Health Indicators Toolkit (Jeffrey et al., 2006)

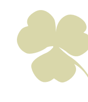
In 2006, the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) developed an evaluation framework for use by First Nations health organizations to track the effects of health and human service programs within their jurisdiction (Jeffery et al., 2006). The initiative was directed and led by the Prince Albert Grand Council in partnership with the SPHERU. It was designed to assist First Nations communities in identifying and collecting data that would help measure progress on improving community health. The toolkit includes indicators for eight domains of community health and wellness: healthy lifestyles, economic vitality, environment, community wellness, identity and culture, food security, services and infrastructure, community health, and healthy lifestyles.

Most of the indicators are focused on all ages or older ages, but some encompass children's home and community environments or could be adapted to an early childhood development (ECD) context. Indicators that have the potential to be relevant for an ECD context include: economic vitality, environment, identity and culture, and services and infrastructure. Please see Jeffrey et al. (2006) for a complete list of domains, indicator themes and indicators.

INDICATOR DOMAIN	INDICATOR THEME	SELECT INDICATORS
Identity and Culture	Cultural Activities	• Cultural activities and participation • Volunteering at cultural events
	Spiritual Activities	• Spiritual activities and participation
	Community Events	• Transparency in use of event funds
	Language	• Youth speaking traditional language • Youth involved in language classes
	Traditional Ways	• Traditional education programs • People hunting and fishing • Elder/youth in traditional activities
Food Security	Traditional Foods	• Traditional food availability
	Nutrition Education	• Nutrition education programs
	Food Programs	• Snack programs at schools/events
Healthy Lifestyles	Healthy Home	• Keeping regular bedtime hours • Limiting TV/video game use

A.2.3 First Nations Health Authority Indigenous Health and Well-being Framework (2006)

In 2006, a framework was developed to measure progress on improving health outcomes for First Nations in British Columbia as part of the Transformative Change Accord: First Nations Health Plan (British Columbia Assembly of First Nations, First Nations Summit, Union of BC Indian Chiefs, and the Government of British Columbia, 2006; First Nations Health Authority, 2018). The First Nations Health Plan set out 29 specific actions in four areas, with seven performance indicators that would be used to track progress on the specific health targets to achieve by 2015. Only one of these indicators (childhood obesity) is specific to early childhood development, while several others could be relevant to young Indigenous children depending on data availability. Not all of these indicators had full data available for the duration of the evaluation period. As part of the tripartite agreement, indicators were developed in collaboration with the federal and BC provincial government with BC First Nations leadership. The indicators reflect primarily Western perspectives of health and well-being, with a focus on illness and deficits, but also includes some Indigenous holistic perspectives and strengths-based indicators.



INDICATOR DOMAIN	INDICATOR THEME	SELECT INDICATORS
Health and Well-Being	Social, cultural, economic and environmental	• food security (affordability of balanced diet) • adequacy of housing • cultural wellness (composite measure of language, traditional foods, medicine/ healing, community belonging, and traditional spirituality)
	Health systems	• experience of cultural safety and humility in receiving health services • avoidable hospitalizations
	Land, family, nations, community	• Community strength and resilience • ecological health
	Mental, physical, spiritual, emotional	• level of physical activity • children with healthy teeth
	Health and wellness outcomes	• infants born at a healthy birth weight
	Transformative Change Accord, FN Health Plan	• infant mortality • children with healthy body mass index • age-standardized mortality rate • life expectancy

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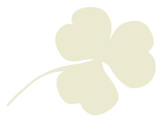
A.2.4 Ktunaxa Nation (2015)

Ktunaxa Nation, located in the Kootenay regions in southeastern B.C., has developed a series of holistic, strengths-based, indicators anchored in culture and language and related to community-identified priorities in order to achieve family and community well-being and build strong, healthy Ktunaxa citizens (Geddes, 2015, pp. 28-29). The indicators span the life course, from prenatal care to early childhood development to school age and adulthood. All of the indicators can directly inform IELCC with the exception of the last two dimensions – skills and training and future outlook.

INDICATOR DOMAIN	INDICATOR THEME	SELECT INDICATORS
Community Health and Well-Being	Ancestry/culture/ tradition	• Knows who parents, grandparents and great-grandparents are at a minimum • Knows which community(ies) their ancestors originate from • Has Ktunaxa name • Participates in sweats, dances • Transmits cultural knowledge
	Health and Well-Being	• Receives pre-natal screenings • Home is safe and secure • Receives immunizations regularly • Practices healthy eating habits
	Community and Family Involvement	• Participates in at least one healthy family focused activity per week • Engages in play regularly with parents and siblings • Participates in child development activities
	Education	• Attends and participates fully in school and extra-curricular activities • Achieves learning expectations
	Ambition/curiosity/ acceptance of challenge	• Listens • Seeks out knowledge and answers; curious • Confident communication skills



A.2.5 Métis National Council (MNC; 2006)

In 2006 the Métis National Council Health Committee produced a report (Proposals for Measuring Determinants and Population Health/Well-Being Status of Métis in Canada, MNC, 2006) building on the work of Health Canada in developing the Comparable Health Indicators, a health determinants indicator framework used to report on the health status of the population as a whole (see Canada, 2017b, for further details). A project focused on identifying and measuring Métis population health determinants and health status indicators and measures was undertaken by the MNC in response to recognized limitations of the Comparable Health Indicators framework (e.g., lack of culturally-appropriate or relevant indicators for Indigenous populations; MNC, 2006). A conceptual framework of Métis Nation health and well-being, along with proposed indicators, are presented in the report. Priority indicators and associated measures for Métis population health and well-being determinants were categorized under broad themes including: Economic Opportunity, Spirituality, Social Environment, and Lifestyle Habits and Coping (MNC, 2006, pp. 20-23). Proposed indicators in relation to Métis population health and well-being status were grouped within theme areas including: Mental and Emotional Health, Physical Health, and Death (MNC, 2006, pp. 26-27). Although the framework is not specific to young Métis children or IELCC, it nevertheless informs our understanding of Métis-specific priority health areas and proposed indicators and measures as identified by the Métis National Council (MNC, 2006, pp. 21-23; 26-27).

INDICATOR DOMAIN	INDICATOR THEME	SELECT INDICATORS
Métis Population Health and Well-Being Status Priority Indicators	Mental and Emotional Health	• Suicide • Depression • History of Abuse
	Physical Health	• Prevalence of Chronic Condition • Prevalence of Diabetes • Incidence of Cancer • Waterborne Diseases • Respiratory Conditions • Injury
	Death	• Infant/prenatal Mortality • Mortality • Life Expectancy
Métis Population Health and Well-Being Determinants Priority Indicators	Economic Opportunity	• Employment Levels • Income Levels
	Social Environment	• Culture Inheritance • Community Self-Determination • Social Norms and Values • Social Inclusion
	Lifestyle Habits and Coping	• Physical Activity • Dietary Practices • Smoking • Breastfeeding Practices • Nutrition

A.2.6 Our Health Counts Urban Indigenous Health Database Project

The "Our Health Counts" Urban Indigenous Health Database Project (OHC; Smylie et al., 2017a, 2017b) focused on urban First Nations, Inuit and Métis health. The research was funded by the Canadian Institutes of Health Research (CIHR) and collected data to obtain baseline population health measures for urban Indigenous peoples residing in Ontario. Project objectives included confirmation of priority health domains and identification of best/appropriate indicators through working in partnership with urban Indigenous provincial organizations, academics, Ontario Ministry of Health and Long-Term Care, and the Institute for Clinical Evaluative Sciences (p. 13). Cities and corresponding populations in which data collection occurred included Toronto (First Nations, Inuit and Métis), Ottawa (Inuit and Métis), Hamilton (First Nations), London, Kenora and Thunder Bay (http://www.welllivinghouse.com/what-we-do/projects/our-health-counts/)(see also Smylie et al., 2011).

The portion of the OHC study conducted in Ottawa focused on urban Inuit individuals (adults and children) and was led by a community partner, Tungasuvvingat Inuit.

The Inuit child survey tool contains the following measurement domains: Personal information, Language, General Health, Health Conditions, Injury, Access to Medical and Dental Care, and Immunizations (Smylie et al, 2017b). The adult survey contains screening questions (e.g., Inuk identity, community of residence), and sections on demographics (e.g., language spoken at home, household composition, education level, income), housing and food security, physical health, injury and acute illness, reproductive health, ability, and past experiences/trauma (e.g., residential school attendance). Select indicators from the child survey appear in the table below.

INDICATOR DOMAIN	INDICATOR THEME	SELECT INDICATORS
Urban Inuit Children's Health and Well-Being	Language	• Understand/speak Inuktitut • Attendance at traditional Inuit cultural events
	General Health	• Parent-rated child health status • Smoke-free home
	Health Conditions	• Chronic conditions (e.g., allergies, asthma, diabetes, fetal alcohol disorder) • Ear infection (lifetime) • Medication use
	Injury	• Has child required medical attention for serious injury (past 12 months) • Injury type
	Access	• Access to medical/dental care • Barriers to receiving healthcare • Specialist referral
	Immunizations	• Vaccinations/immunizations up to date

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A.2.7 For the love of our children: An Indigenous connectedness framework (Saniguq Ullrich, 2019)

Drawing on Indigenous literature focusing on Canadian, American, Australian and Aotearoa/New Zealand Indigenous populations, Saniguq Ullrich (2019) reports on the development of a conceptual framework – the Indigenous Connectedness Framework – to enhance understanding of Indigenous child well-being. The author undertook qualitative content analysis to examine "core concepts and mechanisms of Indigenous wellbeing" (Saniguq Ullrich, 2019, p. 121). Central to this framework is the concept of connectedness and the notion that when children are able to engage in environmental, community, family, intergenerational and spiritual connectedness, this contributes to collective well-being. Indicator themes and select indicators ("core [connectedness] concepts" [p. 123]) appear in the table to the right.

INDICATOR Theme	INDICATOR Sub-themes	SELECT Indicators
Indigenous child well-being	Intergenerational connectedness	• Speak Indigenous languages • Knowledge of ancient songs • Knowledge of family and community history • Generational knowledge of the land
	Family connectedness	• Family structure • Family relationships • Spending time together • Naming ceremonies • Family communication • Sharing food
	Community connectedness	• Support systems and safety nets • Community celebrations and ceremonies • Participation in subsistence activities and community sharing practices • Ability to speak tribal languages
	Environmental connectedness	• Outdoor play and exploration • Subsistence skills and activities
	Spiritual connectedness	• Participation in ceremonies and rituals • Speaking Indigenous language

A.3 Frameworks for all children and youth in Canada

A number of indicator frameworks have been developed to measure and track progress on children's health and well-being generally. Some of these are primarily health reporting frameworks, while others are more comprehensive and consider the wider social, community, economic, and environmental contexts of children's lives. Some frameworks have included significant Indigenous engagement, resulting in more holistic, strengths-based indicators that may be consistent with Indigenous ways of knowing and considered acceptable in Indigenous contexts.

A.3.1 Alberta Government's Well-being and Resiliency Framework (2019)

The Government of Alberta's Well-being and Resiliency Framework for supporting safe and healthy children and families incorporates both Western and Indigenous worldviews about how to promote well-being and resiliency, see table next page. The provincial evaluation framework described in the document is intended to guide the Ministry of Children's Services in enhancing and increasing prevention and early intervention supports and services for infants, children, youth, and families. It reflects current evidence and leading practices on prevention and early intervention, and the cultural diversity of Alberta's children and families. It was developed in collaboration with Indigenous Elders and leadership, as well as other professionals in children's family services, and thus incorporates both Indigenous and Western worldviews. The framework is based on a definition of well-being that is intrinsically linked with resiliency, with well-being achieved when "infants, children and youth are physically and emotionally safe, have secure, healthy relationships, have connection to their culture and community and have opportunities to grow and develop to their full potential" (Alberta, 2019, p. 9). This definition encompasses a holistic conception of health as a balance between cognitive, social, emotional and spiritual health, as well as environmental factors such as safety, security, supportive and nurturing relationships, sense of purpose, and belonging within a family and community. The framework is guided by six principles:

1. honouring Indigenous experiences and expertise,
2. preserving families,
3. adopting strengths-based and culturally responsive approaches,
4. maintaining connections,
5. collaborating with families, community agencies and other stakeholders, and
6. striving for continuous improvement (pp. 23-24).

While no specific indicators or measures have been developed within these dimensions, health and well-being outcomes and potential indicators/measures within each specific dimension are clearly articulated (see pages 14-22). The framework avoids quantitative, deficit-oriented measures of physical health, emphasizing a more strengths-based, family and community focused, and trauma-informed approach to indicators. Thus, while the framework is not specific to an Indigenous population, it does reflect a perspective that aligns well with Indigenous worldviews. This framework is intended to guide the provision of social services, including with Indigenous child and family services agencies, and evaluate performance for the purposes of continuous improvement.

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INDICATOR DOMAIN	INDICATOR THEME	SELECT OUTCOMES	SELECT INDICATORS
Individual and Family Program Outcomes	Children and families are more socially connected and linked to culturally relevant supports	• Parents and caregivers have increased connection to family and cultural supports • Children and families have a good knowledge about what supports they can access if they need help	• Parents/caregivers/families connect to supports • Parents, caregivers and families are connected to other family members, their community and Elders • Parents and caregivers request resources • Children know how to ask for help in times of need
	Parents and caregivers have knowledge about parenting and child development	• Parents/caregivers have good knowledge about the stages of child development, parenting skills and other relevant knowledge for a healthy family	• Child reaches developmentally appropriate milestones • The impacts of intergenerational trauma and colonialism are recognized
	Parents and caregivers are resilient	• Parents/caregivers are resilient in the face of challenges, knowing how to problem solve and recover from challenges	• Parents/caregivers participate in self-care and well-being activities • Parents/caregivers participate in ceremony or other healing practices

A.3.2 British Columbia's Child and Youth Health and Well-being Indicators Project (2013)

The Child and Youth Health and Well-being Indicators Project, undertaken by the British Columbia Office of the Provincial Health Officer (PHO) and the Canadian Institute for Health Information (CIHI), developed a series of indicators sensitive to changes over time that reflect the health and well-being of children in BC aged 0-18 years (BC Ministry of Health, 2013; Office of the Provincial Health Officer, 2016; Somers, Currie, & Eiboff, 2011). The indicator development process was guided by five principles:

1. be comprehensive,
2. be evidence-informed,
3. take account both positive and negative influences and outcomes on children's lives,
4. take account of well-being and well-becoming, and
5. be forward-looking.

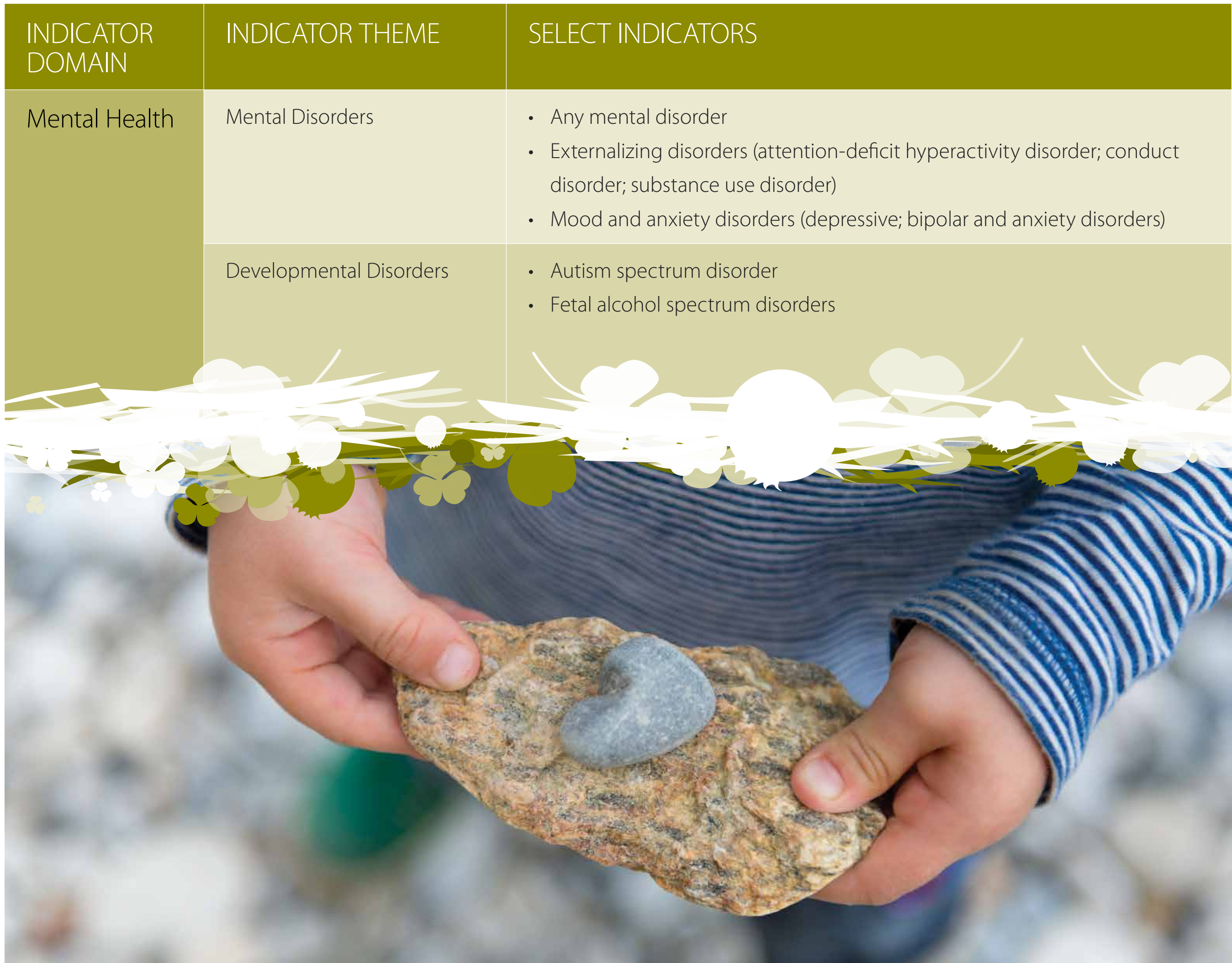
The project involved reviewing existing evidence on the issues and factors considered important to the development of children and youth, developing a holistic framework to guide the identification and selection of indicators, and validating the framework and indicators with topic experts across various provincial government departments, regional health authorities, child health academics, and other content experts. The literature review identified a large list of 264 indicators associated with child health and well-being and 14 concepts of mental/emotional health; the mental/emotional health concepts were clustered into four sub-themes of family functioning, positive mental health, mental illness, and life outlook (Somers et al., 2011). The Child and Youth Health and Well-Being Indicators Project: CIHI and B.C. PHO Joint Summary Report (BC Ministry of Health, 2013) provides a summary of how a set of recommended indicators for a future PHO report was identified as well as the suite of indicators and proposed measures across the domains of health and well-being; mental/emotional health and well-being; social relationships; economic and material well-being; and cognitive development (pp. 24-27; select indicators appear in table immediately below).

INDICATOR DOMAIN	INDICATOR THEME	SELECT INDICATORS
Child and Youth Health and Well-Being	Physical Health and Well-Being	• Low birth weight • Smoking during pregnancy • Breastfeeding • Fruit and vegetable consumption • Vision/hearing screening rate • Infant mortality rate
Mental and Emotional Health and Well-Being	Mental Health Disorders	• Incidence and prevalence of most common mental health disorders
Social Relationships	Physical Abuse/neglect Children in Care	• Physical abuse/neglect incidence • Children in care rate
Economic and Material Well-Being	Low Income Parental Employment Food security	• Children living in low income families • Parental unemployment rate • Unmet food needs
Cognitive Development	Communication Literacy Numeracy	• Communication skills • Child literacy • Child numeracy

A.3.3 Manitoba Centre for Health Policy's Indicator Framework for Evaluating the Manitoba Government's Child and Youth Mental Health Strategy (2016)

Like Ontario, the Government of Manitoba also implemented a child and youth mental health strategy and commissioned the Manitoba Centre for Health Policy at the University of Manitoba to develop a performance indicator framework for this strategy (Chartier et al., 2016). The indicators focused on three dimensions: mental disorders (attention-deficit hyperactivity disorder, conduct disorder, substance use disorder, mood and anxiety disorders, psychotic disorders), suicidal behaviours (completed suicide/attempted suicide), and developmental disorders (autism spectrum disorders, fetal alcohol syndrome disorders, mental retardation, chromosomal anomalies). Not all of the indicators had data available for children 0-6 years; however, some included children at 6 years of age. A key consideration in defining mental health indicators was that children were diagnosed by a physician. After identifying relevant indicators, the Centre presented results and analyzed the indicators from several perspectives, including healthcare services use, injury hospitalizations, social services use, justice system involvement, educational outcomes, and physical health (Chartier et al., 2016). Select indicators appear in the table below.

INDICATOR DOMAIN	INDICATOR THEME	SELECT INDICATORS
Mental Health	Mental Disorders	• Any mental disorder • Externalizing disorders (attention-deficit hyperactivity disorder; conduct disorder; substance use disorder) • Mood and anxiety disorders (depressive; bipolar and anxiety disorders)
	Developmental Disorders	• Autism spectrum disorder • Fetal alcohol spectrum disorders



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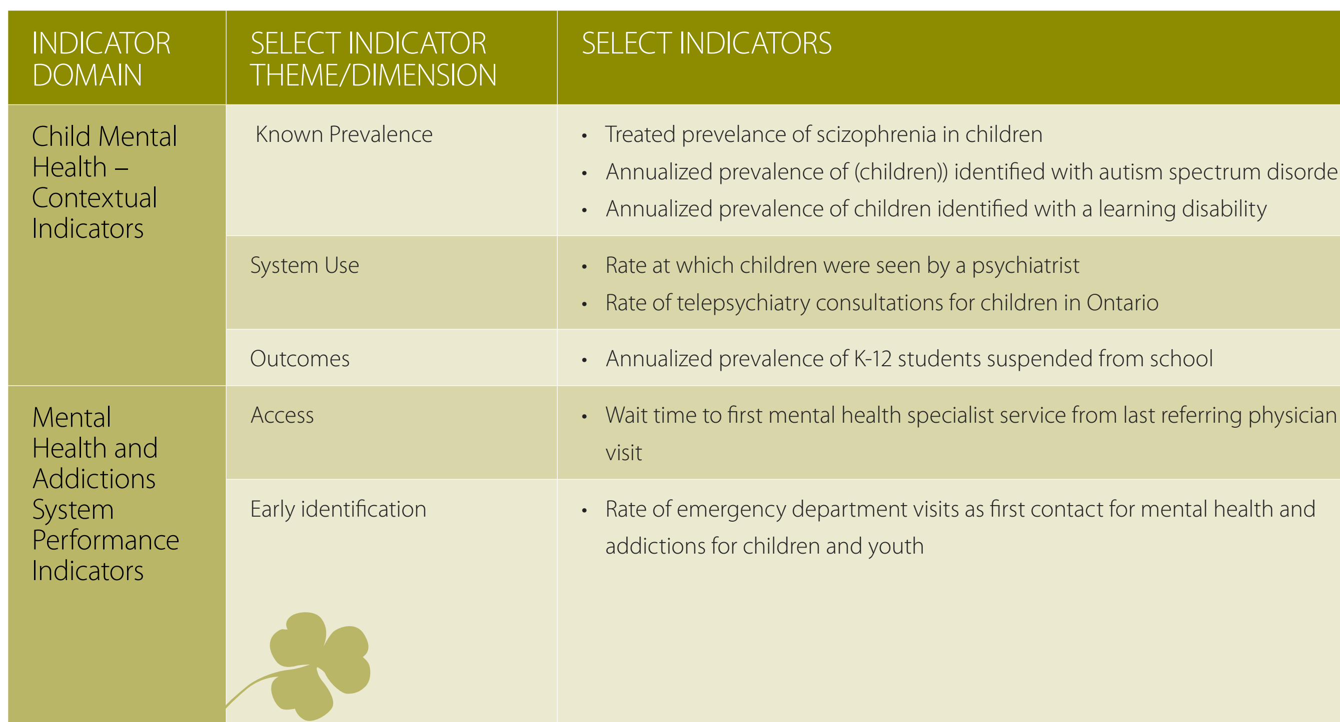
A.3.4 Government of Ontario's Indicators for the Child and Youth Mental Health System

As part of its comprehensive mental health and addictions strategy, the Government of Ontario commissioned the Institute for Clinical Evaluation Sciences to develop a scorecard for monitoring the performance of the child and youth mental health system in Ontario (Yang, Kurdyak, & Guttmann, 2016). Indicators were identified through a review of literature and resources. They were then assessed by team members, in consultation with scientific advisory committee experts, for their alignment with Ontario's strategy, feasibility in terms of the availability of provincial-level data, and validity. The framework consists of 25 indicators, both contextual and system performance level (see table below). Contextual indicators include three dimensions: known prevalence, system use, and outcomes. Mental health system performance indicators also include three dimensions: access, quality, and early identification. The vast majority of these indicators would not be relevant to an early childhood context, with the exception of prevalence of autism spectrum disorder, behavioural issues, learning disabilities, or service use indicators related to access to mental health professionals or treatment outcomes. Further, while the framework captures how well the system is doing and may serve the Ontario Government's interest in being accountable for service reach, only two indicators address how well children are doing and whether there have been any improvements as a result of the services they received (Duncan, Boyle, Abelson, & Waddell, 2018). This framework is heavily oriented towards individual and system level indicators from a mainstream perspective, and is not particularly relevant for young Indigenous children. Nevertheless, this framework does fill a notable gap related to the measurement of mental health services for children and youth.



INDICATOR DOMAIN	SELECT INDICATOR THEME/DIMENSION	SELECT INDICATORS
Child Mental Health – Contextual Indicators	Known Prevalence	• Treated prevelance of scizophrenia in children • Annualized prevalence of (children)) identified with autism spectrum disorder • Annualized prevalence of children identified with a learning disability
	System Use	• Rate at which children were seen by a psychiatrist • Rate of telepsychiatry consultations for children in Ontario
	Outcomes	• Annualized prevalence of K-12 students suspended from school
Mental Health and Addictions System Performance Indicators	Access	• Wait time to first mental health specialist service from last referring physician visit
	Early identification	• Rate of emergency department visits as first contact for mental health and addictions for children and youth

A.3.5 Raising Canada

The O'Brien Institute for Public Health at the University of Calgary identified attributes (indicators) of children's health and well-being for Children First Canada, an alliance of children's charities and hospitals, research institutes, and corporations working to improve children's well-being by building awareness about the needs of children in Canada and mobilizing governments and other influencers to take action. The attributes are targeted at children of all ages and are based on a review of data sources (see O'Brien Institute for Public Health, 2018). All of these attributes were identified from existing data sources. The attributes are primarily deficits-oriented and do not account for spiritual dimensions of health. Selected indicators appear in the table to the right.

INDICATOR DOMAIN	SELCECT INDICATOR THEME/ ATTRIBUTE	SELECT INDICATORS
Child Health	Fertility and infant mortality	• Infant mortality rate • Fertility rate
	Mental health	• Depression and anxiety • Bullying and discrimination • Hospital usage for mental health concerns
	Physical health	• Injuries • # of hospitalizations • Immunization rates • Physical activity and weight
	Social determinants: Poverty	• Prevalence of low income children • Low-income households • Low/high income neighbourhoods
	Social determinants: Food insecurity	• Households with children having food insecurity
	Developmental vulnerability	• Communication skills and general knowledge • Emotional maturity • Physical health and well-being • Social competence • Language and cognitive development (see the Early Development Instrument – a source of indicators)
	Child Abuse	• Exposure to intimate partner violence • Neglect • Physical abuse • Emotional abuse and sexual abuse • # of children who are victims of violent crimes • Children who are victims of abuse by a family member • Hospitalizations of children due to assault

A.3.6 UNICEF Canada: Canadian Index of Child and Youth Well-being

In 2019, UNICEF Canada released its baseline report intended to measure levels, inequalities, and trends in the state of health and well-being for children and youth in Canada. The baseline report is based on the Canadian Index of Child and Youth Well-being, an indicator framework developed by UNICEF in collaboration with the Canadian Index of Well-being, a pan-Canadian Advisory Reference Group, and with children and youth, including in First Nations communities (UNICEF Canada, 2019b). The framework focuses on the "status" of children as influenced by a web of connections and relationships to family, peers, communities, and cultures, as well as by public policies, social norms and attitudes, political ideologies and environmental conditions (UNICEF Canada, 2019a). The indicator framework was guided by an "ecological systems approach that recognizes the interdependence of key areas—or dimensions—of the lives of children and youth, all of which affect their well-being" (p. 11). The framework is intended to be used broadly to:

1. promote understanding of what life is like for children and youth in Canada, through research and dialogue;
2. develop better data for and with children;
3. set bolder goals and benchmarks for community, regional, and national progress for children;
4. advocate for children;
5. design and measure the impacts of programs, services and policies;
6. track national progress toward international commitments, including the 2030 Sustainable Development Goals (SDG); and
7. take these steps with engaging children and youth (UNICEF Canada, 2019a p. 69).

Collectively, the framework consists of a wide range of indicators that are holistic, strengths-based, emphasize connections and relationships, incorporate spiritual and cultural elements, and are sensitive to action (see UNICEF, 2019, pp. 11-12 for a full list of themes and indicators). Data are currently available for most of the indicators, but several have either no data or limited data available. The framework also highlights indicators that can specifically address an SDG or be used as a proxy measure. It is also one of the few frameworks that incorporates children's rights, with specific indicators to measure progress. As such, the framework would be well suited for the context of young Indigenous children (see table below and to the right).

DOMAIN/THEME	SUB-THEME	INDICATORS
Child and youth well-being	Happy and respected	• Feeling balanced physically, emotionally, spiritually and mentally • Feeling free to set own goals • Feeling sad or hopeless for a long time • Feeling satisfied with life • Feeling self-confident • Feeling stressed • Feeling valued and respected
	Do we belong?	• Being involved in groups and group activities • Being separated from my family • Caring for a pet • Feeling left out • Feeling like I belong to my local community • Feeling supported by my community, • Feeling supported by my family, • Having emotional challenges in the early years

Child and youth well-being	Are we secure?	• Being excluded from opportunities • Getting child benefits, • Getting support for disabilities • Going hungry • Going without things I need at home • Having parents with insecure work • Having safe and secure housing • Homeless • Living in poverty • My basic needs are not affordable • Not getting enough healthy food
	Are we participating?	• Free to express ideas and opinions • Free to express my identity and culture • Having citizenship • Indigenous children speaking an Indigenous language
	Are we free to play?	• Balancing physical activity, sleep and screen time • Playing actively or independently • Spending time in outdoor play
	Are we learning?	• Participating in cultural activities and events • Participating in preschool • Participating in quality early learning and child care • Reading well in primary school
	Are we protected?	• Abuse at home • Physical punishment • Serious injury
	Are we healthy?	• Breastfeeding • Feeling tired before school • Getting health care • Getting vaccinated, • Having low birth weight • Having poor dental health • Infant death • Preterm birth
	Are we connected to our environment?	• Having clean water sources • Having parks and open space • Having polluted air • Having safe drinking water

A.3.7 Human Early Learning Partnership (HELP) – Toddler and Early Development Indicators

The Human Early Learning Partnership at the University of British Columbia has implemented a comprehensive monitoring system for children in British Columbia. This system includes three monitoring tools: the Toddler Development Instrument, the Early Development Instrument, and the Childhood Experiences Questionnaire. The Toddler Development Instrument (TDI) is a questionnaire for parents and caregivers of children aged 1-2 years that asks about the toddlers' early experiences and environments, measuring child health and well-being, early social experiences, caregiver well-being and context, family support, and community resources (HELP, n.d.-b).

The Early Development Instrument (EDI) is a population-based measure developed by the Offord Centre for Child Studies at McMaster University and broadly conceptualized as an indicator of a child's brain development (Offord Centre, 2019). Administered as a teacher-completed checklist rather than a direct test, the EDI has been extensively used across Canada and internationally to assess kindergarten children's ability to meet age-appropriate developmental expectations, including school readiness (Muhajarine, Puchala, & Janus, 2011). The EDI framework consists of 104 questions across five dimensions, with children classified as vulnerable in specific dimensions if their scores fall in the lowest 10 percentile (see table below for select indicators). The five dimensions are:

1. physical health and well-being (child is healthy, independent, and well rested);
2. social competence (child plays and gets along well with others, shares and shows confidence);
3. emotional maturity (child can concentrate on tasks, helps others, shows patience, is not often aggressive or angry);
4. language and cognitive development (child is interested in reading and writing, can count, recognizes numbers and shapes); and
5. communication skills and general knowledge (child can tell a story and communicate with adults and other children) (HELP, n.d.-a; Muhajarine et al., 2011; Waddell et al., 2013).

HELP's Childhood Experiences Questionnaire (CHEQ) is administered to parents and caregivers of kindergarten children and is intended to capture children's experiences in their early environments

INDICATOR DOMAIN (EDI)	SELECT INDICATOR THEME	SELECT INDICATORS
School Readiness	Physical health and well-being	• Gross and fine motor skills • Physical readiness • Physical independence
	Social competence	• Responsibility and respect • Overall social competence • Explores new things
	Emotional maturity	• Prosocial and helping behaviour • Anxious and fearful behaviour • Aggressive behaviour
	Language and cognitive development	• Basic literacy skills • Interest in literacy/numeracy

(HELP, n.d.-c). The questionnaire was developed by an interdisciplinary research team of child development experts in collaboration with teachers, administrators, and community stakeholders from across British Columbia. It examines childhood experiences in five dimensions: health and well-being, language and cognition, social and emotional well-being, early learning and care, and community and context. The questionnaire supplements teachers' observations on the EDI and can be used to inform schools about how a child's early experiences might influence their skills and competencies as measured by the EDI, as well as inform communities on how to best support children and families prior to kindergarten.

A.3.8 Population Health Framework for Children's Mental Health Indicators (Waddell et al., 2013)

In 2013, Waddell and colleagues developed a comprehensive population health framework for children's mental health indicators in British Columbia. The framework addresses three mental health components: the promotion of healthy development for all children, the prevention of disorders in children at risk, and the provision of effective treatment for those children who were diagnosed with a mental health problem or disorder (Waddell et al., 2013). The framework encompasses the full continuum of children's major developmental stages, with indicators related to mental health status, including strengths and difficulties, situated within social, emotional, cognitive and physical development domains (see table below for select indicators).

The framework has elements relevant for measuring Indigenous children's health and well-being, including a holistic approach, an emphasis on determinants of health, acknowledgement of the role of relationships and connections across diverse contexts in children's health and well-being, and a focus on strengths or solutions. However, Waddell and colleagues (2013) noted several weaknesses in this framework. First, there were significant imbalances in coverage of the framework for children's mental health, with some developmental stages better represented than others, a greater emphasis on risk factors rather than protective factors, and difficulties outweighing strengths. As such, the framework can provide policy-makers with only a one-sided perspective of the mental health of children for whom they are developing policies and programs, as it offers no insight on children who are not having difficulties.

INDICATOR DOMAIN	INDICATOR THEME	SELECT INDICATORS
Mental Health Proposed mental health indicators for all ages (early childhood to adolescence)	Determinants	• % 0-18y whose parent has a university degree • % 0–18y where neither parent employed in past year • % 0–18y living in low-income households • % 0–18y whose parents are teens
	Status	• % 0–18y diagnosed with behaviour disorders • % 0–18y diagnosed with developmental delays
Proposed mental heath indicators (early childhood)	Determinants	• % 0–5y with positive & consistent parenting • % 0–5y with ineffective parenting • % 0–5y whose parent worries about money • % 0–5y living in unsafe neighbourhoods
	Status	• % 0–5y in good or excellent physical health • % 2–5y with attention/hyperactivity problems • % 3–5y with developmental delays

A.3.9 Canadian Paediatric Society's (CPS) Children's Health Indicators

The CPS (2004) developed a small set of indicators of child health to respond to the health performance indicators developed by provincial health ministers across Canada as part of the 2003 First Ministers' Accord on Health Care, which aimed to measure progress on health reforms and determine whether goals for access to essential health services and quality of health care were being achieved (see table below). The CPS was concerned that these indicators would not address the specific and unique concerns of children and youth with regards to accessing health services because their health issues generally developed in later years. For example, the indicators developed by the provincial health ministers overlooked mental health problems and developmental delays among children.

INDICATOR DOMAIN	SELECT INDICATORS
Child and Youth Health	• % of paediatric population with chronic health problems • Wait times for referrals for developmental delay including autism and speech delays • % medications approved for the paediatric group in the past 5 years • # accidental or unintentional injuries in children and youth • % of child psychologists and psychiatrists providing services in urban and rural settings

A.4 International frameworks for child health and well-being

There are numerous examples of indicator frameworks to measure the health and well-being of children around the globe. Although it is beyond the scope of this paper to provide an overview of each and every one, this section will highlight examples of some of the child and well-being indicator frameworks used in contexts similar to Canada; that is, in countries like the United States, Australia and New Zealand, all of which have shared a similar history of colonization of Indigenous peoples and resulting socio-economic marginalization and inequitable health disparities.

A.4.1 United States

A.4.1.1 Foundation for Child Development Child and Youth Well-being Index (CWI)

The Child and Well-being Index is a composite/summary index of changes over time in the well-being of children and youth, with 28 social indicators organized into seven dimensions of well-being: economic or material well-being, health, safety, productive activity, place in community/community engagement, social relationships, and emotional well-being (Land & Lamb, 2013). Because the CWI was developed in the context of children in the United States, some of the indicators, such as proportion of children with health insurance coverage, are not relevant to the Canadian context. Indicators that are relevant to young children include: parental determinants of child well-being, such as poverty, lone parent families, household mobility, and education levels; health outcomes such as infant mortality, low birth weight, mortality rates, rate of children with very good or excellent health as reported by parents, children's activity limitations, overweight and obesity; and rate of preschool enrolment. While the framework incorporates a social determinants of health lens, all of the indicators are quantitative, deficits-based, measures.

A.4.2 Australia

Australia has been a leader in the field of health indicator development for the past few

decades, and has developed indicator frameworks for use with children in both the general population and the Aboriginal and Torres Strait Islander population. Some of these frameworks focus on continuous quality improvement, with a small set of clinical indicators with the greatest potential to improve health outcomes, while others adopt a comprehensive approach that addresses screening and care, as well as social determinants of health that are risk factors in poorer health outcomes.

A.4.2.1 National outcome measures for early childhood development: Development of an indicator-based reporting framework (2011)

The Council of Australian Governments (COAG) released the National Early Childhood Development Strategy, Investing in the Early Years in July 2009. One of the key reform priorities in the strategy was to build better information and a solid evidence base, and to establish national outcome measures for early childhood development.

The National outcome measures for early childhood development: Development of an indicator-based reporting framework prioritizes seven high-level outcomes that ensure all children have the best start in life to create a better future for themselves and for the nation. Each outcome is associated with specific indicator areas as shown in the table below (Australian Institute of Health and Welfare, 2011).

Outcomes	Indicator areas
1: Children are born and remain healthy	• Birthweight • Breastfeeding • Mortality • Overweight and obesity • Child behavioural problems
2: Children's environments are nurturing, culturally appropriate and safe	• Peer relationships • Cultural appropriateness • Child abuse and neglect • Shelter
3. Children have the knowledge and skills for life and learning	• Early learning (home-based) • Transition to primary school • Social and emotional well-being
4. Children benefit from better social inclusion and reduced disadvantage, especially Indigenous children	• ALL INDICATOR AREAS APPLY • To be measured via the disaggregation of indicator areas across the six early childhood development areas by socioeconomic disadvantage, remoteness, Indigenous status, disability status and parental education/employment where possible
5. Children are engaged in and benefitting from educational opportunities	• Preschool and school attendance • Literacy • Numeracy • School engagement
6. Families are confident and have the capabilities to support their children's development	• Family social network • Parenting quality/capacity
7. Quality early childhood development services that support the workforce participation choices of families	• Quality of early childhood education and care services • Accessibility of early childhood education and care services

Source: Australian Institute of Health and Welfare, 2011

A.4.2.2 National Indicators for Children's Health, Development and Wellbeing (2008)

The National outcome measures for early childhood development: Development of an indicator-based reporting framework (2011) was preceded by a comprehensive national framework of key indicators for children's health, development and well-being created in 2008. This document encompassed 39 indicators, including individual, family and societal influences to child health and well-being, with 55 measures across six dimensions: physical health, cognitive health, social determinants that can affect children adversely, children's family and community environments, safety and security, as well as health system performance (AIHW, 2008). Not all of the indicators had robust measures identified.

While the framework reflected a government policy focus towards early intervention and prevention, the majority of indicators remained health focused and deficits-oriented. The level of Indigenous peoples' engagement with the development of these indicators is unclear.

A.4.2.3 National Framework for Protecting Australia's Children (2009)

A separate framework was developed to focus on protecting Australia's children in care (AIHW, 2009). This framework, endorsed by the Council of Australian Governments in 2009, commits the state and territorial governments to collaborating with the community sector to develop a long-term plan to promote and enhance the safety and well-being of children. The national framework has multiple domains across multiple age groups, organized according to the specific outcomes the indicators aim to achieve. The framework reflects primarily strengths-based or solutions-focused indicators, within a holistic approach that considers the well-being of the child as intricately connected to the child's environment and early childhood experiences.

A.4.2.4 Audit and Best Practice for Chronic Disease (2002)

Because Australia has made continuous quality improvement (CQI) a requirement for funding health programs and services for Aboriginal and Torres Strait Islanders, it has been taken up widely across primary healthcare settings for Indigenous peoples (Sibthorpe, Gardner, & McCaullay, 2016; Gardner et al., 2018). Several frameworks and measures have

been developed to evaluate health system performance and health outcomes, including some targeted specifically at young Indigenous children. In 2002, the Audit and Best Practice for Chronic Disease (ABCD) National Research Partnership developed a framework to evaluate Indigenous health services and implemented it in Australia's Northern Territory. The framework focuses on a set of measures related to systems development, processes of care, and intermediate outcomes of care (Australian Government, Department of Health, n.d.). While the initial focus of the framework was on the prevention and management of chronic disease, it has been adapted for use in evaluating other Indigenous health services, including antenatal care (Gibson-Helm et al., 2016) and maternal health care (Rumbold et al., 2011). Indicators cover a wide breadth of social determinants, as well as health promotion and prevention initiatives.

A.4.2.5 Framework for Performance Assessment in Primary Health Care (2017)

Sibthorpe and colleagues (2017) developed a series of indicators related to continuous quality improvement for otitis media among Indigenous children. The indicators were developed through an expert group consensus process, consisting of a group of professionals with extensive knowledge and expertise working in an Aboriginal and Torres Strait Islander context. The conceptual framework used to develop these indicators is the Framework for Performance Assessment in Primary Health Care, which builds on Donabedian's (1988) conceptual model involving three components for accessing the quality of care: structure, process and outcome. None of the selected indicators focused on structural components related to health service/provider attributes. Most of the indicators focused on processes of care, including screening, prescribing, care planning, follow up, referral and testing for hearing loss. Only one indicator focused on outcomes (incidence of ear diseases). With its primary focus on treatment, prevention and care indicators rather than on disease incidence, the framework adopts a strengths-based, solutions-oriented, focus.

A.4.2.6 Overcoming Indigenous Disadvantage (2003-2016)

In 2002, the Council of Australian Government (COAG) commissioned a Steering Committee to develop a

framework for regularly reporting on Indigenous disadvantage. The Overcoming Indigenous Disadvantage framework emerged in response to the government's focus on achieving "practical reconciliation," as defined as the "pursuit of statistical equality between the standard of living of Indigenous and other Australians in the areas of health, housing, education and employment" (Taylor, 2008, p. 114). The framework draws heavily on available social indicators from census and survey sources, and is constructed around a model of Indigenous disadvantage that emphasizes safe, healthy and supportive families, school and community environments for child development, including strong communities and cultural identity, positive child development, and improved wealth creation and economic sustainability at individual and collective levels (Taylor, 2008). The framework is based on existing evidence about the causes of Indigenous disadvantage and protective factors that contribute to well-being (Productivity Commission, 2016).

The framework identifies seven high level social and economic targets and two layers of indicators. While not specifically targeted at children in the early stages of development, one strategic area for action focuses on early child development and includes indicators related to antenatal care, health behaviours during pregnancy, teenage birth rate, birth weight, early childhood hospitalizations, injuries and preventable diseases, ear health, and basic skills for life and learning. Additionally, key elements that influence children's environments and affect their emotional, spiritual, physical and mental health are imbedded in each of the strategic areas of action. Culture is deeply imbedded in the framework as "Governance, leadership and culture," with indicators related to Indigenous language revitalization, cultural studies, participation in community activities, and access to traditional lands and waters. The framework thus represents a comprehensive, holistic, strengths-based and solutions-oriented approach to measuring children's health and well-being.

A.4.2.7 Social, Cultural and Spiritual Well-being Indicators for Indigenous Children in Care (2007)

Many child health and well-being frameworks used in Australia fail to adequately address Indigenous concerns about the social, cultural, and spiritual development of Indigenous children. McMahon, Reck and Walker (2007) attempted to address this concern by conducting research with Indigenous child protection workers and foster carers to define indicators across social, cultural, and spiritual well-being domains for Indigenous children in care. A broad relational conception of well-being was utilized to develop ten indicators closely tied to Indigenous knowledge and ways of living. Social indicators included connectedness to a blood family, appropriate social skills, and appropriate skills for independent living. Cultural indicators included knowledge of extended family relationships, knowledge of country, participation in cultural ceremonies, knowledge of language, and knowledge

of Indigenous codes of conduct. Spiritual indicators included participation in religious ceremonies and active acknowledgement of a child's belief system. There is no indication in this research whether the indicators have available data sources or whether it is intended to be used as a survey tool within Indigenous communities. While these indicators were not specific to children in the early development stage, the framework is important because it is the first attempt to define what Indigenous Australians understand as being indicators of well-being for children in care (McMahon et al., 2007). In this framework, physical and emotional health exist only within a cultural community.

A.4.3 New Zealand

In 2007, New Zealand adopted a comprehensive national framework to assess the health and well-being of children and youth, based on research and best practice, as well as a two-stage consultation process involving the child and youth health workforce (Craig, Jackson, Han, & HZCYES Steering Committee, 2007; Simpson et al., 2017). The framework blends the functions of population health monitoring with those of health needs assessment, allowing for tracking on key indicators as well as the prioritization of key issues. The framework is holistic and includes emotional, physical, spiritual, cultural, and mental elements of health, as well as indicators related to health promotion, disease prevention, screening, services utilization, and treatment. It also adopts both a health monitoring and broader determinants of health approach, and situates children's health within the context of relationships and connectivity to families, communities, culture and the environment. However, despite the framework's inclusion of cultural identity, it lacks spiritual and cultural indicators, with the exception of the education and early childhood education sectors.

Like Australia, New Zealand condensed its larger comprehensive framework down to a recommended "top 20" indicators of child and youth health that could be used by health boards to establish priorities. These 20 indicators spanned only three of the domains, with 12 recommended indicators under Individual and Whānau[5] Health and Wellbeing, four recommended indicators under Socioeconomic and Cultural Determinants, and four recommended indicators under Risk and Protective Factors. Of these 20 indicators, most are either focused specifically on or had considerable relevance for the early childhood development stage, including low birth weight (small for gestational age, preterm birth), infant mortality, oral health, injuries arising from assault in children, total and unintentional injuries, serious bacterial infections, lower respiratory morbidity and mortality in children, teenage pregnancy, children in families with restricted socioeconomic resources, household crowding, primary health care provision and utilization, breastfeeding, overweight and obesity, exposure to cigarette smoke in the home, and immunization. These indicators all have relevance for assessing the health and well-being of young Indigenous children.

[5] Whānau is a Māori word for extended family.

APPENDIX B: ABORIGINAL CHILDREN'S SURVEY (ACS) (2006) INDICATORS

DOMAIN	INDICATOR THEME	SUBTHEME	SELECT INDICATORS
	Household information		• Indigenous identifiers • Family and household composition
Healthy Living	Child's Health		• Parent-rated child health status • Birth weight • Access to health care (including traditional healers) • Barriers to accessing healthcare professionals or medication • Physical activity limitations • Long term conditions • Attention deficit disorder • Autism • Impairments • Injuries
	Food and Nutrition		• Breastfeeding • Number of times per day child eats • Consumption of traditional/country food and frequency by food type • Food security
	Sleep		• Hours slept per night • Hours slept during the day • Does child sleep alone or with others?
	Developmental Milestones (0-1 year olds)		• Child looks for someone or some thing lost or out of sight • Child carried regularly (snugly, amauti, cradle board or moss bag) • Ability to sit up unassisted
	Developmental Milestones (2-5 year olds)		• Ability to dress self • Toilet trained • Takes turns when playing

Family and Community	Nurturing		• Are other people involved in raising the child • Attendance in child/parent program • Demonstrating affection
	School		• Currently attending school
	Childcare		• Does child receive regular childcare? • Main reason for not receiving childcare (barriers) • Reasons for using childcare • Type of childcare used most • Is the childcare licensed? • Hours per week of attendance in childcare • Languages most often used in care • Exposure to other languages in care including Indigenous languages • Does childcare promote First Nations, Inuit or Métis traditional and cultural values and customs? • Cost of childcare per week/month • Other types of childcare used on a regular basis • Preferred type of childcare • Reasons for not using preferred type of childcare • Was child ever removed or separated from family by child welfare agency?
Language			• Languages spoken or understood • Languages in which child can express their needs • Language spoken most often in home • Exposure to Indigenous languages (frequency) • Importance of speaking/understanding an Indigenous language
Strengths and Difficulties (2-5 year olds)			• Generally liked by other children • Easily distracted, concentration wanders
Learning and Activities			• Participate in traditional activities • Take part in hunting, fishing, trapping or camping • Does anyone help child to understand First Nations, Inuit or Métis culture and history?
Parent Profile			• Indigenous ancestry and identity • Education level • Mother tongue • General health rating • Parent perception of community

APPENDIX C: ABORIGINAL PEOPLES SURVEY (APS) (2001) CHILD AND YOUTH QUESTIONNAIRE INDICATORS

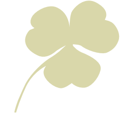
DOMAIN	INDICATOR THEME	SUBTHEME	SELECT INDICATORS
	Personal Information		• Indigenous identifiers
	General Health		• Parent-rated child health status • Height and weight • Physical activity • Birth weight
	Health Care Utilization		• Contact with health professionals (pediatrician, public health nurse, etc.) in past 12 months • Overnight stays in hospital
	Activities of Daily Living and Medical Conditions		• Sensory, mobility, and activity limitations • Activity limitations (at school, home) • Chronic health conditions • Medications
	Physical Injuries		• Occurrence of injury in past 12 months • Injury type • Cause of injury
	Dental care		• Dental treatment in past 12 months • Type of dental care required
	Nutrition		• How often child eats breakfast (past week) • Consumption and frequency by food type
	Education		• School attendance • Attendance at early childhood development or preschool program • Indigenous-specific early childhood development or preschool program attendance • School history • Factors that limit schoolwork
	Social Activities and Relationships		• Activities outside school hours (sports, art/music, spending time with Elders) • How often child has books read to them • Relationship quality (with peers or classmates, teachers, parents, siblings)
	Language		• Importance of child speaking/understanding Indigenous language • Ability to speak/understand Indigenous language • Who helps child learn Indigenous language?

	Childcare Arrangements		• Do you currently use childcare such as daycare, babysitter or care by a relative or other caregiver? • Main childcare arrangement • Hours per week child spends in this type of care
	Household Data		• Parent level of education • Parent attendance at residential school • Household composition • Household source of income

APPENDIX D: SURVEY ON EARLY LEARNING AND CHILD CARE ARRANGEMENTS (SELCCA) (2019) INDICATORS

DOMAIN	INDICATOR THEME	SUBTHEME	SELECT INDICATORS
	Participation in survey		• Child's date of birth
Early Learning and Childcare	Arrangements		• In the past three months, which of the following arrangements did you usually use (e.g., Daycare centre, preschool or centres de petite enfance (CPE) Care; Care by a relative other than parent) • Hours per week in childcare arrangement in the past three months • Currently, which childcare arrangement do you consider to be the main one? • Is the main childcare arrangement licensed? • How much do you usually pay for your childcare arrangement? • What are the main reasons you chose this type of child care rather than another arrangement? (e.g., location, cost, program characteristics, ability to meet child's special needs due to disability or chronic illness) • Difficulty finding a childcare arrangement • Outcomes of having difficulty finding a childcare arrangement • Problems with childcare in the community • Main reason(s) for not using childcare • Parent level of education • Indigenous identifier (child)

APPENDIX E: GENERAL SOCIAL SURVEY (2011) INDICATORS

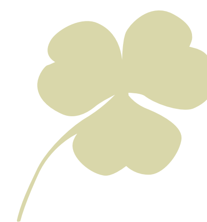


DOMAIN	INDICATOR THEME	SUBTHEME	SELECT INDICATORS
Childcare	Childcare for Preschool Children		• Have you used any form of child care arrangement? • Did you use this child care arrangement on a regular basis? • Which type of child care arrangement best describes the one that you used? • Is this arrangement: center-based or family based with CPE or no CPE? • Where was this child care located? • What is the relationship between you and the person(s) who looked after your child?
	Childcare for Preschool and School-aged Children		• What is the main reason you chose this type of childcare arrangement for this child? • In the past month, how often have you used this childcare arrangement? • For how many hours per week? • How old was this child when you first started using this childcare arrangement? • On average, how much did you spend on this childcare arrangement? • Are these costs: (per day, per week, per month)? • How satisfied are you with the overall quality of the (main) childcare arrangement you used? • What is the main reason why you are dissatisfied wit the overall quality of this childcare? • Do you use other types of childcare arrangements than the one you are usually using?
Parent Characteristics/ Profile	Main Activity of Respondent/Partner		• During the past 12 months, was your main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work, retired or something else
	Work Activities of Respondent/Partner		• How many weeks during the last 12 months were you employed?
	Education of Respondent/Partner		• Excluding kindergarten, how many years of elementary and high school education have you successfully completed? • High school graduation • Highest level of education attained

APPENDIX F: GENERAL SOCIAL SURVEY (2017) CHILD CARE INDICATORS

DOMAIN	INDICATOR THEME	SUBTHEME	SELECT INDICATORS
Childcare	Schooling of children		• School attendance • Frequency of school attendance
	Childcare		• In the past 12 months have you made arrangements for child to be looked after because of work or any other reason? • Frequency of childcare arrangements • Main type of childcare • Relative or non-relative providing care • Is the childcare licensed?
	Childcare Arrangements for pre-school and school-aged children		• How often have you used this childcare arrangement in the past month? • How many hours per week? • Cost of childcare arrangement
	Childcare Preferences		• If you had the choice would you prefer to use a different form of childcare than the one using now? • Preferred type of childcare • Reason for not using preferred childcare
	Non-users or Occasional Users of Childcare		• Main reason for not using childcare arrangements
Parent Characteristics/ Profile	Education		• Current school attendance • Highest level of education attained
	Employment		• For how many weeks during the past 12 months were you employed? • Usual hours worked
	Main Activity of Respondent's Partner		• Partner's main activity in past year (e.g., working; going to school)
	Education of respondent's Partner		• Highest level of education attained by respondent's partner

APPENDIX G: FIRST NATIONS REGIONAL HEALTH SURVEY (RHS) (2002/03) PHASE 1 (CHILD QUESTIONNAIRE)



DOMAIN	INDICATOR THEME	SELECT INDICATORS
Child health and well-being	Personal Information	• Date of birth • Community location
	Household Information	• Housing characteristics • Household composition • Parent's level of education
	Traditional Language and Culture	• Importance of child learning an Indigenous language • Languages understood/spoken • Importance of traditional cultural events in child's life • Who helps child understand their culture?
	General Health	• Birth weight • Prenatal exposure (cigarettes) • Breastfeeding • Height and weight
	Health Conditions	• Chronic conditions (e.g., allergies; asthma; heart condition; diabetes)
	Injury	• Type of injury • Cause of injury
	Health Care Access	• Barriers to receiving healthcare
	Dental Care	• Type of dental treatment needed • Has child's teeth been affected by baby bottle tooth decay?
	Food and Nutrition	• Does child eat a nutritious balanced diet? • Consumption and frequency by food type • Consumption and frequency by traditional food type • Traditional food sharing
	Physical Activity	• Frequency and of participation in physical activity • Type of physical activity

Emotional and Social Well-being	• After school/extra curricular activities • Screen time
Education	• School attendance including Aboriginal Head Start Program • School performance
Household and Living Environment	• Housing characteristics • Household composition
Childcare Arrangements	• Does child receive childcare while parents working/studying? • Main childcare arrangement • Hours per week spent in childcare • Other issues affecting well-being of children in this community that should be asked about
Residential Schools	• Parent/grandparent residential school attendance

Note: Indicators in the above table are drawn from the RHS 2002/03: Child Questionnaire (FNIGC, 2002). https://fnigc.inlibro.net/cgi-bin/koha/opac-detail.pl?biblionumber=47

Indicators slightly vary across Phases 1-3 of the RHS. For example, immunization appears as an indicator in Phases 2 and 3 of the survey. For a complete list of indicators across Phases 1-3 of the First Nations Regional Health Survey, please refer to the following sources: https://fnigc.ca/first-nations-regional-health-survey.html

First Nations Information Governance Centre (FNIGC). (2005). First Nations Regional Longitudinal Health Survey (RHS) 2002/03. Ottawa, ON: The First Nations Information Governance Centre.

First Nations Information Governance Centre (FNIGC). (2012). First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities. Ottawa, ON: The First Nations Information Governance Centre.

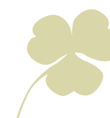
First Nations Information Governance Centre (FNIGC). (2018). National Report of the First Nations Regional Health Survey Phase 3: Volume One. Ottawa, ON: The First Nations Information Governance Centre. (See pages 10-11 for the full list of indicators included across Phases 1-3).

APPENDIX H: FIRST NATIONS REGIONAL EARLY CHILDHOOD, EDUCATION & EMPLOYMENT SURVEY (FNREEES) INDICATORS (INCLUDING COMPARISON WITH ACS INDICATORS)

FNREEES 0-11 Indicators	Child	Family	Contextual	ACS 0-5 Indicators (theme)
After school/ Extra-curricular activities	✓			
Birth weight	✓			✓
Body mass index	✓			
Bottle/Breastfeeding	✓			✓
Bullying/Personal safety	✓			✓
Changing schools	✓			
Child care	✓			✓
Communication/Early development/ Developmental milestone	✓			✓
Communication with school		✓		
Commute to school/job	✓	✓		
Culture in school	✓	✓		✓
Demographics			✓	✓
Education			✓	✓
ECD attendance (including Head Start)	✓			✓
Exposure to Second-hand smoke (home and/or car)	✓			✓
First Nations teachers			✓	✓
Food and nutrition/Traditional foods	✓	✓		✓

Food Security	✓	✓		✓
General health (self-rated health)	✓			✓
Health and chronic conditions	✓			✓
Language	✓	✓		✓
Literacy	✓	✓		✓
Maternal behaviours/Prenatal health/ Prenatal exposure		✓		
Migration			✓	✓
Nurturing		✓		✓
Parental characteristics (education, employment etc.)		✓		✓
Parental involvement (in school and/or home)		✓		✓
Parental sources of support		✓		✓
Physical activity	✓	✓		✓
Racism	✓			
Residential school		✓	✓	✓
School attendance/Absenteeism	✓			✓
School climate			✓	
School location			✓	
School performance	✓			
Screen time/Sedentary behaviour	✓			✓
Sleep	✓			✓
Spirituality and religion	✓	✓		
Technology at home/Access to technology	✓	✓		✓
Traditional culture/teachings	✓	✓		✓
Tutoring	✓			

APPENDIX I: NUNAVUT INUIT CHILD HEALTH SURVEY



DOMAIN	INDICATOR THEME	INDICATOR SUB-THEME	SELECT INDICATORS
Inuit children's health	Indigeneity		• children have daily contact with extended family • Who provides the most child care? • Where does the child stay during the day? • active hunter in the home • household distributes country food • receipt of country food from sharing networks • food preferences • concerns about contaminants in country foods • primary language spoken by the child • child's daycare attendance
	Physical and social environment	Household Information	• mean number of persons residing in the home • crowded dwelling • public housing • housing in need of repair • income support • homeless visitors in the past 12 months • mean weekly food and expense costs • smoking forbidden in the home
	Health behaviours/ health	Maternal health	• smoking • alcohol consumption • child receiving breastmilk • mean duration of breastfeeding • prenatal vitamin use
		General Health	• respondent rating of child health • experience of ear infection/treatment for ear infection in the past year • child lifetime incidence of hospitalization • child diagnosed with allergies, chronic illness, or disability in the past year • child visit to a health centre/hospital for an injury in the past year

APPENDIX J: MAPPING RESULTS AGAINST THE IELCC FRAMEWORK PRINCIPLES

Each of the nine IELCC Framework principles is explored below, mapped against the results of the landscape review to show existing strengths and gaps. This information is summarized in Table 3.

1. Indigenous knowledges, languages and cultures

IELCC is rooted in the knowledges, languages, and cultures of the First Nations, Inuit, and Métis peoples it serves.

Example indicators:

- program has language & culture components
- language programs offered to young children and families (educational opportunities for language learning)
- children's exposure to language at home or in community
- ability to use Indigenous language words

Data/information sources:

- Aboriginal Children's Survey – questions on language
- AHS School Readiness survey questions related to cultural involvement/language
- FNREES specific language questions
- FNICCI and Aboriginal Head Start have program principles focused on Indigenous language. Program and administrative data have been collected
- AHSUNC evaluation: % of parents/caregivers to report child's increased exposure to Aboriginal culture
- Greenwood & Shawana (2000)
- Saniguq Ullrich (2019)

Information gaps and limitations:

- No specific indicator measurement frameworks have been developed for IELCC

Notes and considerations for future work:

- A more in-depth look at broader language initiatives and their related frameworks may be helpful here
- Consider full culture and language immersions programs

2. First Nations, Inuit and Métis determination

First Nations, Inuit and the Métis are distinct peoples with the right to control the design, delivery and administration of an Indigenous ELCC system that reflects their unique needs, priorities and aspirations.

Example indicators:

- FN/I/M co-create IELCC system with Canada
- FN/I/M collaborate with P/T in implementation of IELCC system
- communities involved in design and delivery of policies and programs in their area

Data/information sources:

- FNICCI program framework
- See also Greenwood & Shawana (2000)

Information gaps and limitations:

- No indicators measure degrees of self-determination for FN/I/M.

Notes and considerations for future work:

- Programs should be directed and controlled at community level (parental involvement from the design to the operation of ELCC services). In New Zealand, high parent involvement in programming can be used as an example (Greenwood, 2009).
- The IELCC Framework specifically speaks to this principle as it contains separate FN/I/M frameworks within it. There is an opportunity to develop indicators for this principle.
- Data sources that exemplify this principle include RHS and FNREES.

3. Quality programs and services

Culturally-appropriate and distinct ELCC programs and services are grounded in Indigenous cultures and delivered through a holistic approach that supports the wellness of children and families in safe, nurturing and well-resourced programs and environments. This includes culturally competent, well-educated, trained and well-compensated early childhood educators in healthy, equitable and supportive work environments.

Example indicators:

- Curriculum/programming anchored in FN/I/M cultural values and languages
- Child-staff ratios
- Staff training, certification, and wages
- Standards, regulations, licensing, and monitoring
- Safe and secure physical environment
- Administration and funding
- Family/community involvement in program

Data/information sources:

- ACS & FNREES have data on language, First Nations teachers, parental involvement, traditional culture in teaching
- Raising the Village has some indicators for older ages focused on opportunities for students to learn about culture
- AHS School Readiness survey has questions related to cultural involvement/language and developmental milestones
- FNICCI/AHSUNC/AHSOR program frameworks contain reference to funding models
- AHSUNC evaluation question: "To what extent have early child development practitioners accessed and used knowledge activities?"
- See also Greenwood & Shawana (2000), Saniguq Ullrich (2019)

Information gaps and limitations:

- No consistent indicators across frameworks.
- No measurement framework currently exists.
- There is a need for measures for staff professional development

Notes and considerations for future work:

- Refer to Greenwood & Shawana (2000) for an early study on quality in IELCC.
- Need for specific indicators to be developed through distinction-based work with FN/I/M.
- Training program accreditation to ensure Indigenous early childhood courses.
- Create innovative measures for assessing cultural identity acquisition.
- Importance of anchoring practices and program structures in culture and values of the community. Communities direct local programs.
- This section should refer to information from the IELCC Framework and associated multilateral agreement.
- Standards, regulations and monitoring, child-staff ratios, training of staff, all fit within quality.
- System enablers support program delivery, include funding.
- FN/I/M community members as staff.

4. Child and family-centred

The child is understood in the context of family and families are directly involved in the delivery of a continuum of programs, services and supports, from prenatal to school age and beyond. Families are supported in healing from past and present trauma.

Example indicators:

- Child development indicators (eg. language development, motor skills, school readiness)
- Child health indicators (birth weight, nutrition, illness/chronic disease, body mass index, immunization, sleep, physical activity)
- Parent/family indicators focused on social determinants (prenatal health and exposure, health status and chronic conditions, income, education and literacy, food security, housing/overcrowding, family/parental support, commuting, residential school and intergenerational trauma)
- Parental involvement in programs

Data/information sources:

- ACS: 21 questions focused on developmental milestones (ages 0-1) and 17 questions pertaining to early learning and development/ developmental milestones (ages 2-5)
- FNREEES – demographic and family questions
- Gov't of Canada public health Infobase – health-specific questions for young children
- AHSUNC School Readiness Study – questions about language, motor and academic skills, and parenting skills impact as result of program, knowledge of how to keep child healthy as result of program
- FNICCI/AHSUNC/AHSOR parental involvement
- AHSUNC evaluation - % of primary-school teachers who report school readiness; % of parents/caregivers who report the program has helped improve the health and well-being of their children; % of parent/caregivers who report their parenting skills have improved as a result of program participation; % of parents/ caregivers who report knowing more about how to keep their children healthy as a result of program participation; communities in which program is implemented experience improved community well-being
- Programs focused on family social determinants of health: Community Action Program for Children (CAPC), Canada Prenatal Nutrition Program (CPNP), Brighter Futures, First Nations' National Child Benefit Reinvestment (NCBR)

Information gaps and limitations:

- Missing data about Indigenous identity development for young children (how is this measured?)
- Indigenous cultural and developmental milestones (eg. naming ceremonies, walking out ceremony for first steps, etc.)
- AHSUNC evaluation provides excellent information/questions but small sample size so limited applicability of findings for other purposes

Notes and considerations for future work:

- Child and family wellness is included here.
- Child health and well-being outcomes, along with associated indicators, are the starting point from which we begin to conceptualize the child in the context of the family.
- In New Zealand, high parent involvement in programming can be used as an example.
- AHS – does a good job of school readiness but identity piece is lacking – deficit-based program. FNICCI is better in this regard.
- AHSUNC School Readiness Study is a good source of data showing impacts of program, including community well-being indicators

5. Inclusive

ELCC programs include a range of supports to respond to children's, families' and communities' diverse abilities (including physical, psychological and developmental abilities), geographic locations and socio-economic circumstances.

Example indicators:

- Program meets the needs of all children in community regardless of level of ability
- Responds to the needs of families (eg. location, hours of care, opportunities for parent involvement)
- Transportation provided in geographically remote locations

Data/information sources:

- SELCCCA – measure of ability to meet child's special needs due to disability or chronic illness
- AHSUNC/AHSOR provides transportation
- AHSUNC evaluation - % of sites that do outreach to vulnerable families
- From AHSUNC evaluation: "The number of children who can be accepted in an AHSUNC site at any given time can also vary depending on the number of children with special needs enrolled in the program since addressing special needs takes more time and attention from available early childhood educators. In 2015-16, 13% of AHSUNC sites reported having been unable to accept a child with special needs due to lack of resources and 11% of sites reported having limited their total enrolment in order to accommodate the high number of special needs children they served." (Office of the Audit and Evaluation Health Canada and the Public Health Agency of Canada, 2017, p. 22).

Information gaps and limitations:

- Need for more information around children's diverse abilities (eg., developmental abilities, learning differences, chronic health conditions, mobility issues).

Notes and considerations for future work:

- Need to develop linkages with other related services for children to ensure holistic coordinated approaches.
- Need to develop linkages between related F/T/P and other programs to enable access to funding and holistic services.

6. Flexible and adaptable

ELCC programs and services are flexible and responsive to the unique needs of each child, family or community.

Example indicators:

- Responds to the needs of families (eg. location, hours of care, opportunities for parent involvement)
- Programs are flexible to respond to changing circumstances of children, families, and communities
- Diverse service delivery models (eg. group, centre, family care) are available where needed

Data/information sources:

- GSS 2017 – questions about flexible child care arrangements

Information gaps and limitations:

- Need to assess the needs for child care in Indigenous communities.

7. Accessible

ELCC programs and services are available and affordable for all Indigenous children and families who require them.

Example indicators:

- Programs exist in all communities
- Programs are situated within reach of families and other relevant programs
- Programs and services are affordable

- Number of children attending programs
- Number of children on waitlists

Data/information sources:

- APS/FNREEES - section on child care arrangements
- ACS - questions about reasons for not receiving regular childcare (eg. lack of childcare space, lack of special needs care, transportation, language of choice not available, no opportunity for parent involvement, irregular working hours)
- GSS 2017 - questions regarding licensed vs. unlicensed care and questions relating to child care preferences
- RHS questions about child care arrangement and number of hours per week in child care
- AHSUNC evaluation - number of children enrolled

Information gaps and limitations:

- Lack of data about affordability for ELCC programs

Notes and considerations for future work:

- Note that some questions about accessibility refer to preferences (ie. language of program) and other on logistics (ie. ability to physically reach program due to transportation challenges, etc.)
- SELCCA (2019) contained useful measures and indicators but did not include children living on reserves in the provinces in sampling.

8. Transparent and accountable

ELCC programs are designed, delivered and funded in ways that are accountable to children, families, communities and partners; data is shared in transparent and ethically appropriate ways, with reciprocal and mutual accountability between those who are collaborating to design, deliver and fund services.

Example indicators:

- Parents and community members are informed about programs
- Regular periodic evaluations and reporting on IELCC community services and overall system goals
- Established administrative and reporting structures inform community, funding agents and partners

Data/information sources:

- No data exists
- FNICCI/AHSUNC/AHSOR principles exist but have not been measured
- AHSUNC evaluation: evidence of steps taken to enhance efficiency; variance between planned and actual expenditures, trends and implications; evidence and/or views on whether funds are appropriately targeted; collection of performance information (performance data available, reliable and complete)

Information gaps and limitations:

- No data exists

Notes and considerations for future work:

- Accountability is multi-level but needs to be effectively supporting all levels. Accountability stretches through the framework/systems level, structures, programs, to service delivery.
- Need to develop a consistent accountability framework (common template) that gathers data from the onset of planning/programs.
- Administrative burden is a significant consideration when developing accountability indicators. However, this can be addressed through streamlined tools that are consistent through the multiple layers of system operationalization and can also be addressed through evaluation.

9. Respect, collaboration and partnerships

Indigenous peoples lead the way in strengthening and fostering new and emerging partnerships and collaborations at multiple levels, across sectors, with numerous players in program design and delivery to achieve shared goals. Networks of supports based on community needs help Indigenous families and communities care for their children in comprehensive, holistic, effective and efficient ways.

Example indicators:

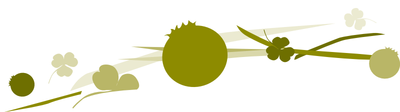
- Linkages with other related services for children and families in communities to ensure holistic, coordinated service delivery
- Linkages with other F/T/P programs to access funding and ensure holistic service delivery
- Leverage multi-sectoral collaborations
- Collaboration with relevant stakeholders

Data/information sources:

- No data exists
- FNICCI program framework
- AHSUNC evaluation - # and % of sites that leverage multi-sectoral collaborations; # and % of sites that have leveraged funds from other sources and ration of leveraged funding to PHAC funding; evidence of collaboration with relevant stakeholders

Notes and considerations for future work:

- Need to establish an operational partnership governance model



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National Collaborating Centre for Indigenous Health

Centre de collaboration nationale de la santé autochtone

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