

STRENGTH-BASED WELL-BEING INDICATORS FOR INDIGENOUS CHILDREN AND FAMILIES: A LITERATURE REVIEW OF INDIGENOUS COMMUNITIES' IDENTIFIED WELL-BEING INDICATORS

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Abstract: Mainstream child and family well-being indicators frequently are based on measuring health, economic, and social deficits, and do not reflect Indigenous holistic and strength-based definitions of health and well-being. The present article is a review of literature that features Indigenous communities' self-identified strength-based indicators of child and family well-being. The literature search included Indigenous communities from across the world, incorporating findings from American Indians and Alaska Natives, First Nations, Native Hawaiians, Māori, Aboriginal Australians, and Sámi communities. Sorting the identified indicators into the quadrants of the Relational Worldview, an Indigenous framework for well-being based on medicine wheel teachings that views health and well-being as a balance among physical, mental, contextual, and spiritual factors, the authors discuss the findings.

Mainstream child and family well-being indicators continue to reflect the Western framework of illness and disease. These indicators are almost universally used to describe the physical, social, and economic welfare of children. Their use is of particular concern in communities facing social inequities that are largely driven by structural or systemic, institutionalized bias, because the Western framework underlying these indicators assumes that the means to improving child well-being is to treat “symptoms” with an individual “cure,” and does not acknowledge that well-being is also a product of social inequities. For example, economic indicators focus on poverty and parental/caregiver unemployment; health indicators measure deaths and substance abuse; family and community indicators focus on single-parent families, teen birth rates, and the number of children living in families where the head of household lacks a high school diploma. While the Social Determinants of Health movement has

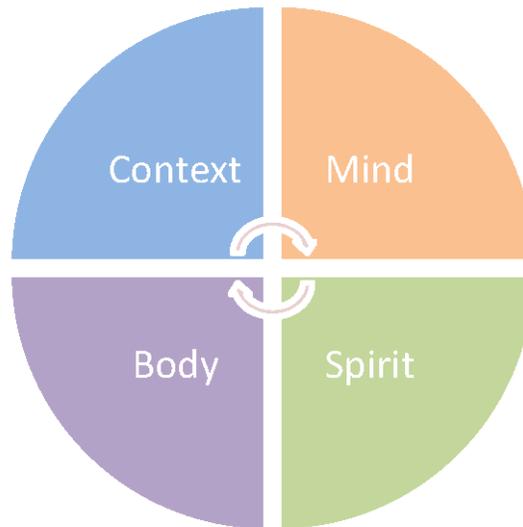
helped to shift some of the “blame” off individuals to political and economic systems, the focus is still on what is deficient—what is missing or wrong with the community and how those deficiencies negatively affect children and families.

Fundamentally, deficit-based measures focused on disease and illness do not reflect Indigenous worldviews of well-being, which are not based on the Western medical model framework of illness and disease, but are holistic and grounded in balance and harmony in human relationships and the natural and spiritual world. Indigenous worldviews require a description of child well-being based on strengths, reflecting the web of connections among the child, family, and community; cultural and spiritual practices; and individual health and stability. When working with American Indian and Alaska Native (AI/AN) families, well-being indicators should include meaningful measures that reflect these perspectives when describing the status of children.

FRAMEWORK FOR INDIGENOUS WELL-BEING: THE RELATIONAL WORLDVIEW AND STRENGTH-BASED INDICATORS

The Relational Worldview (RWV; Cross, 1997) provides a framework for Indigenous well-being. It is “shared by many Indigenous people throughout the world because of common values such as the importance of the extended family, the meaning of land, and spiritual elements” (Goodluck, 2002, p. 22). Based on traditional medicine wheel teachings, well-being occurs when balance and harmony exists in relationships among multiple variables, including spiritual forces. Whereas the Western framework is a linear model based on cause and effect, intervention in the RWV does not target symptoms or causes, but focuses on returning the individual or system (family, community, organization, etc.) back into balance (Limb, Hodge, & Panos, 2008). The four quadrants making up the wheel or circle represent four sets of elements that impact well-being, which, together, must come into balance. These quadrants are context (family, culture, community, environment, history), mind (cognition, emotion, identity), body (physical needs and genetic makeup, practical needs—including financial needs), and spirit (spiritual practices and teachings, dreams, stories; Friesen et al., 2014).

Figure 1
Relational Worldview



Returning to well-being does not occur through the eradication of negative symptoms or root causes, but through the coordinated, balanced development of essential elements across the four quadrants (Cross, 1997). These essential elements, or indicators, are the subject of the present literature review. Goodluck (2002) describes how deficit- and strength-based approaches are opposite in focus; one favors the individual in an individualistic society, and the other, collective tribal society, as represented by different norms, beliefs, and values that support each model's perspective. While it is beyond the scope of this paper to review the history of strength-based approaches, it is notable that the strengths approach is one that has been utilized in mainstream institutions and numerous disciplines to improve outcomes in the general population.

THE PURPOSE OF THIS LITERATURE REVIEW

This literature review is based on a project in partnership among the Annie E. Casey Foundation, the National Congress of American Indians, and the National Indian Child Welfare Association. The goal of this project is to develop a guide to understanding mainstream child well-being indicators that reflect the Indigenous worldview and the realities of tribal and urban Indian communities and to identify the indicators that meaningfully describe, measure, and quantify the numerous strengths AI/AN children find within their families, communities, cultures, and traditions. The purpose of the current literature review is to identify a set of strength-based indicators self-identified by Indigenous communities through research partnerships and to vet the most common indicators with AI/AN audiences through focus groups

and survey research. Our longer-term goal is to propose a set of widely embraced strength-based measures to complement mainstream health-oriented, deficit-based measures to create a more accurate and meaningful picture of well-being for children and families in Indigenous communities.

Researchers working in Native communities have been constrained by existing measures that do not reflect cultural values; further, measures necessarily focus on certain data elements to the exclusion of others. As one researcher put it, “measure what you value or you’ll only value what you measure” (Donaldson, in Cross, Fox, Becker-Green, Smith, & Willetto, 2004). Our broader intention is to claim the values and worldviews of Indigenous communities as legitimate and representative of well-being for Indigenous children and families.

METHODS

The present review focused on peer-reviewed literature sourced from five databases: PsychINFO, Academic Search Premier, Social Services Abstracts, ERIC, and Sociological Abstracts. Search terms included *strength-based*, *indicators*, *health*, *well-being*, *American Indian*, *Alaska Native*, and *Native American*. Inclusion criteria were: AI/AN as the target population and indicators identified by community members. Articles that were theoretical or not based directly on original qualitative data collected from community members were excluded. Due to the limited number of articles found based on the above criteria, the search was extended beyond AI/AN to *Indigenous* and *Aboriginal* communities; thus, the resulting findings include well-being indicators identified by First Nations, Native Hawaiians, Māori, Aboriginal Australians, and Sámi communities. The search was restricted to the years 2010-2015, resulting in eight articles. Using qualitative content analysis (Krippendorff, 2012), community definitions of well-being indicators were coded to identify descriptive themes. In some cases, very specific indicators (e.g., types of ceremonies or traditional practices) were grouped into more general themes. To frame this work in Indigenous ways of thinking and knowing, the resulting themes were sorted based on the corresponding elements of the four quadrants of the RWV. This organization allowed the authors to describe well-being as a state of balance and emphasize the relational nature of these indicators. The findings are presented using the RWV quadrant.

SUMMARY OF ARTICLES REVIEWED

Boulton and Gifford (2014). The authors summarize the findings of their qualitative studies (Boulton & Gifford, 2010, 2011a, 2011b; Boulton, Gifford, & Tamehana, 2010), gathered through semi-structured interviews that asked Māori participants to define *whānau ora* (family well-being). Optimum well-being for Māori includes the well-being of not only the individual's immediate family but also of the *whānau* (extended family), sub-tribe, and tribe. Proponents emphasize that *whānau ora* "can only be determined by ascertaining the health of a person across a number of indicators, many of which lie outside of the health sector," and are not limited to biological factors (Boulton & Gifford, 2014, p. 2).

Cross, Friesen, Jivanjee, Gowan, Bandurraga, Matthew, & Maher (2011). In a series of focus groups in an urban AI/AN community agency, Cross and colleagues (2011) asked elders, youth, parents and caregivers, and agency board and staff members, "What does success look like for Native youth?" The study was designed in collaboration with urban agency and university partners with two goals: 1) to create a culturally grounded participatory method to document the effectiveness of culturally specific services, and 2) to develop a process within community-based programs for conducting evaluations based on "good outcomes," as defined by the cultural community served.

Kant, Vertinsky, Zheng, & Smith (2013). Through the public health lens, Kant et al. (2013) explored social, cultural, and land use factors related to Canadian Aboriginal well-being. Surveys were developed in partnership with two First Nations communities (one in Ontario and one in British Columbia) to identify key domains that characterize well-being and the factors that influence these domains. Domains included Education, Employment, Health, Housing, Income, Sociocultural, and Land Use. Based on a preliminary analysis of over 300 surveys, Kant and colleagues (2013) combined the highly correlated domains of Sociocultural and Land Use into one domain (SCLU), determining "social, cultural, and land use (SCLU) factors are the essential foundation of Aboriginal well-being and health" (Kant et al., 2013, p. 463).

Kral, Idlout, Minore, Dyck, and Kirmayer (2011). To gain insight into the high suicide rates among Inuit youth, Kral and colleagues (2011), guided by a steering committee of Inuit youth and elders, conducted open-ended interviews with 50 Inuit participants between the ages of 14 and 94 years and surveyed 66 Inuit high school and college students with the same open-ended questions about the meanings of happiness, health and healing, sadness, and social change. As the authors describe, a primary goal of the project was to convey Inuit perspectives on well-being through *unikkaartuit* (the people's stories; Kral et al., 2011, p. 429).

Mark and Lyons (2010). Mark and Lyons' (2010) qualitative study composed of in-depth semi-structured interviews with six Māori spiritual healers in New Zealand provides a conceptual model of Māori health and illness—*Te Whetu* (the star). Similar to the RWV model, Te Whetu is comprised of five interconnected aspects: mind, body, spirit, family, and land.

McCubbin, McCubbin, Zhang, Kehl, and Strom (2013). McCubbin et al. (2013), utilizing the RWV framework to define well-being as a relational construct, created the Relational Well-being (RWBII) tool, a culturally based, 14-item measure rooted in beliefs and values emphasizing family, ancestors, culture, and harmony with nature, developed and tested with a sample ($N = 810$) of Native Hawaiians in Hawai'i.

Nystad, Spein, and Ingstad (2014). In their qualitative study exploring community resilience and well-being within an indigenous Sámi community in Northern Norway, Nystad and colleagues (2014) conducted semi-structured interviews with 22 informants ranging in age from 13 to 19 years. The authors found that cultural factors, including Sámi language competence, use of natural resources, and traditional ecological knowledge—such as reindeer husbandry-related activities—strengthen Sami adolescents' ethnic identity and pride, “which in turn act as potential resilience mechanisms” (Nystad et al., 2014, p. 651). Interconnectedness among community members and with the environment promoted resilience and well-being.

Priest, Mackean, Davis, Briggs, and Waters (2012). Priest and colleagues (2012) conducted qualitative interviews with 25 caregivers of Aboriginal children living in Melbourne, Australia. In these interviews with parents, grandparents, aunties, uncles, and/or Aboriginal child care or health workers and foster parents, researchers asked key questions: “What is well-being for an Aboriginal child? How would you describe a healthy Aboriginal child? How do you know an Aboriginal child is developing well?” Based on their findings, the researchers developed a conceptual framework of Aboriginal child well-being comprised of four themes: Strong Culture, Strong Child (which includes individual child characteristics), Strong Environment (including safety and material needs, as well as access to services), and Strengths and Challenges (the historical, social, and political context in which Aboriginal children are living and growing up).

RESULTS

Context

The context quadrant of the RWV includes the social supports of family, community, and the land itself, as well as the surrounding socioeconomic and political climate—both current factors and historical antecedents that continue to impact the present (Cross, 1997).

Table 1
Context Indicator Findings

Context	Boulton & Gifford (2014)	Cross et al. (2011)	Kant et al. (2013)	Kral et al. (2011)	Mark & Lyons (2010)	McCubbin et al. (2013)	Nystad et al. (2014)	Priest et al. (2012)
Support (family, friends, community)/interdependence	X							X
Connection to land					X		X	X
Community involvement/participation/contribution	X	X				X		
Family commitment						X		
Kinship/elders/community connection/ties			X	X			X	X
Life cycle events/traditional activities/practices				X		X	X	X
Healthy relationships		X		X				
Safety		X						X
Connecting with resources		X						
Access to cultural sites			X					

Within the context quadrant, the themes identified by Cross et al. (2011) were categorized as *healthy relationships*, in which Native youth follow and/or serve as positive Native role models; *positive community relationships and contributions*, allowing youth to feel a sense of purpose and participation in one’s community; *connecting with resources* (e.g., health care); and *safety*.

Priest et al. (2012) identified context-related indicators predominately in the thematic areas of Strong Environment and Strengths and Challenges. *Kinship and family connection* was emphasized, particularly the extended nature of Aboriginal kinship networks beyond blood relations—with “aunties” and “uncles” including community members and family friends other than direct relatives. These structures provided children with strong *support networks*, which were seen as particularly important during challenging times when responsibility for ensuring the child’s needs were met could be shared. *Elders* played a significant role within these kinship networks, particularly because of their role in sharing *cultural knowledge* and *traditional practices*. Being closely connected to community was considered critical to remaining connected to culture and requisite to maintaining well-being. As one participant described:

You can’t become disconnected from community and yeah it’s when you become disconnected from your cultural background I think you become disconnected with yourself and that’s impossible so you can’t really be a sick individual. In order to stay well you need that connectedness. (Susie [pseudonym]; Priest et al., 2012, p. 185)

It is notable that *safety* was the only identified (and only shared) indicator between the two urban Indigenous communities (Cross et al., 2011; Priest et al., 2012), and that there were no other broad differences or similarities between rural or reservation and urban Indigenous communities.

Mind

In the RWV, the mind quadrant represents the internal constructs that orient the individual toward the path of health and healing and the mental and emotional capacity to thrive (Cross, 1997). Using this framework, these internal constructs may be learned through cultural teachings or may be innate personal qualities. These essential elements of well-being may manifest in educational achievement and employment.

Table 2
Mind Quadrant Indicator Findings

Mind	Boulton & Gifford (2014)	Cross et al. (2011)	Kant et al. (2013)	Kral et al. (2011)	Mark & Lyons (2010)	McCubbin et al. (2013)	Nystad et al. (2014)	Priest et al. (2012)
Cultural identity/sense of belonging to cultural group	X	X	X					X
Ethnic pride							X	X
Self-esteem								X
Happiness	X							X
Focus/determination		X						
Hope/looking forward/optimism	X							
<i>Hinengaro</i> (mind)					X			
Educational enrollment/achievement		X						
Resilience						X		X
Speaks Native language						X	X	
Cultural teachings/knowledge		X						X
Coping skills		X						
Personal qualities/capacities		X						X
Employment/employability		X						

Having a *sense of belonging or identity and active participation* was described as engagement of community members, being part of a place and having a greater purpose, and contributing to the community. One participant noted that a family that exhibited or had achieved a state of *whānau ora* was “peopled by those who make contributions” (Boulton & Gifford, 2014, p. 6). This example shows the highly interactive workings of indicators across quadrants of the RWV, with cultural identity (mind) influencing and being influenced by active participation (context) with and contributions to the community.

Sámi participants (Nystad et al., 2014) reported a high level of *ethnic pride*. In connection to Native language, while all participants considered themselves Sámi regardless of their level of Sámi language competence, two respondents who did not speak Sámi also reported

high levels of *ethnic pride*. However, some youth did not feel accepted as Sámi due to their poor Sámi language skills or multiethnic background. In short, the authors concluded, Sámi language provides a sense of belonging and is needed for full membership in the community (Nystad et al, 2014, p. 659).

As noted in the above matrix, the most frequently cited indicator among these sources was *cultural identity or sense of belonging to a cultural group*.

Body

The body quadrant of the RWV represents the essential physical and economic building blocks that support well-being (Cross, 1997).

**Table 3
Body Quadrant Indicator Findings**

Body	Boulton & Gifford (2014)	Cross et al. (2011)	Kant et al. (2013)	Kral et al. (2011)	Mark & Lyons (2010)	McCubbin et al. (2013)	Nystad et al. (2014)	Priest et al. (2012)
Financial security/stability/income	X	X				X		
<i>Tinana</i> (body)					X			
Adequate food/good nutrition					X			X
Traditional foods			X					
Housing/homeownership		X						X
Access to health care		X				X		X
Access to services						X		X
Healthy lifestyles/activities		X						
Physical health/fitness		X						X
Traditional healing practices			X					

Three articles identified *financial security/stability/income* and three articles identified *access to health care* as indicators of well-being (two of the three identified both of these indicators) to make them the most frequently cited indicators in this RWV quadrant.

Spirit

The spirit quadrant of the RWV represents the spiritual forces and beliefs that promote well-being and are maintained through practice and ceremonies (Cross, 1997). Along with the context indicators, these sources of well-being often are overlooked in mainstream approaches to well-being assessment.

Table 4
Spirit Quadrant Indicator Findings

Body	Boulton & Gifford (2014)	Cross et al. (2011)	Kant et al. (2013)	Kral et al. (2011)	Mark & Lyons (2010)	McCubbin et al. (2013)	Nystad et al. (2014)	Priest et al. (2012)
Spiritual values/well-being	X							
<i>Wairua</i> (spirit)					X			
Spiritual practice/knowledge/ceremony		X	X			X		X
Expressing Native identity		X						
Balance	X							
Ancestry/ <i>Whānau/Whakapapa</i> (family genealogy)		X			X			

Spiritual practice/knowledge/ceremony was most commonly cited among the eight studies. Compared to other quadrants of the RWV, the spirit quadrant contains the fewest indicator findings. While spiritual values, practices, and belief systems are integral to Indigenous perspectives of well-being, this finding indicates that they are perhaps the most difficult to explain or put into mainstream languages.

DISCUSSION

Cross (1997) defines well-being as a relational construct. Other researchers have used a similar construct to understand and examine Indigenous well-being (McCubbin et al., 2013). Because they do not take contextual and spiritual indicators into account, mainstream well-being indicators miss “half of the picture” when it comes to the well-being of Indigenous children and families. Kingsley et al. (2013) argue that academics and governments struggle to describe

Aboriginal well-being, “reducing it to a matrix of standard socio-economic indicators and biomedical measures rather than complex Aboriginal concepts which include issues like kinship, connection to Country [land] and the like” (Kingsley et al., 2013, p. 679). Implicit in the tension between the continuity of Indigenous culture and the achievement of socioeconomic equity is the view that “attachment to traditional cultures and lifestyles is a hindrance to achieving mainstream economic goals” (Dockery, 2010, p. 315). However, the eradication of poverty alone does not address nor develop the well-being of Indigenous communities, nor are traditional cultures and lifestyles an obstacle to achieving economic needs. As described by community members in the literature referenced here, instilling cultural values and positive cultural identity is requisite to well-being as much as economic security or physical health.

The strength-based perspective has been utilized in the helping fields of counseling psychology, social work, and nursing for some time. More recently, “positive” indicators also have been used in the international development field by the United Nations Children’s Fund (Lippman, Moore, & McIntosh, 2009). Central to this approach is the empowerment of the patient or client by focusing on inherent strengths, including both internal and external resources, rather than problems to be overcome. In the context of Indigenous communities, problems to be overcome often are the result of centuries of violent and oppressive policies and practices and may represent political and structural issues that children and families cannot solve on their own. This history includes the extreme losses experienced by tribally centered and child-focused people who were rooted to their land, values, religions, languages, and traditions (Goodluck & Willetto, 2000).

Indicators of child well-being drive important policy and funding decisions at the federal, state, and tribal/local levels. Mainstream researchers and organizations in the U.S. have a longstanding history of collecting and reporting deficit-based well-being indicators that describe the status of Indigenous children as a product of causes and effects. This process has led to ineffective policies and practices that do not account for the interconnectedness of Indigenous well-being and the numerous Indigenous strengths that must be cultivated to promote well-being. The use of the RWV and those strength-based indicators identified by Indigenous communities will promote more accurate and complete reporting on the status of Indigenous youth which will, in turn, drive policymakers toward more effective and meaningful solutions.

REFERENCES

- Boulton, A., & Gifford, H. (2010, December). *Making work pay: Policymakers perspectives on 'Working for Families'*. Paper presented at the Māori Association of Social Science Conference, Auckland, New Zealand.
- Boulton, A., & Gifford, H. (2011a). Implementing Working for Families: The impact of the policy on selected Māori whānau. *Kotuitui: New Zealand Journal of Social Sciences Online*, 6(1-2), 144-154. <http://dx.doi.org/10.1080/1177083X.2011.620971>
- Boulton, A., & Gifford, H. (2011b). Resilience as a conceptual framework for understanding the Māori experience: Positions, challenges and risks. In T. McIntosh & M. Mulholland (Eds.), *Māori and social issues* (Vol. 1, pp. 283-300). Wellington, New Zealand: Huia Publishers.
- Boulton, A. F., & Gifford, H. H. (2014). Whānau ora; He whakaaro ā whānau: Māori family views of family wellbeing. *The International Indigenous Policy Journal*, 5(1), 1-16. <http://dx.doi.org/10.18584/iipj.2014.5.1.1>
- Boulton, A., Gifford, H., & Tamehana, J. (2010, June). *Resilience and whānau ora: Seeking understanding beyond our first impression*. Paper presented at the 4th International Traditional Knowledge Conference, Auckland, New Zealand.
- Cross, T. L. (1997). Understanding the relational worldview in Indian families. *Pathways Practice Digest*, 12(4). Retrieved from http://www.nicwa.org/Relational_Worldview/
- Cross, T. L., Fox, K., Becker-Green, J., Smith, J., & Willeto, A. (2004). *Case studies in tribal data collection and use*. Portland, OR: National Indian Child Welfare Association.
- Cross, T. L., Friesen, B. J., Jivanjee, P., Gowan, L. K., Bandurraga, A., Matthew, C., & Maher, N. (2011). Defining youth success using culturally appropriate community-based participatory research methods. *Best Practices in Mental Health*, 7(1), 94-114. Retrieved from <http://www.pathwaysrtc.pdx.edu/pdf/pbBestPractices5.pdf>
- Dockery, A. M. (2010). Culture and wellbeing: The case of Indigenous Australians. *Social Indicators Research*, 99, 315-332. <http://dx.doi.org/10.1007/s11205-010-9582-y>
- Friesen, B. J., Cross, T. L., Jivanjee, P., Thirstrup, A., Bandurraga, A., Gowen, L. K., & Rountree, J. (2014). Meeting the transition needs of urban American Indian/Alaska Native youth through culturally-based services. *Journal of Behavioral Health Services & Research*, 42(2), 191-205. <http://dx.doi.org/10.1007/s11414-014-9447-2>
- Goodluck, C. (2002). *Native American children and youth well-being indicators: A strengths perspective*. Portland, OR: National Indian Child Welfare Association. Retrieved from <http://www.nicwa.org/research/03.Well-Being02.Rpt.pdf>
- Goodluck, C. & Willeto, A.A. (2000). *Native American kids 2000: Indian child well-being indicators*. Portland, OR: National Indian Child Welfare Association. Retrieved from http://www.nicwa.org/research/05.Native_Amer_Kids.pdf

- Kant, S., Vertinsky, I., Zheng, B., & Smith, P. M. (2013). Social, cultural, and land use determinants of health and well-being of Aboriginal peoples of Canada: A path analysis. *Journal of Public Health Policy, 34*(3), 462-476. <http://dx.doi.org/10.1057/jphp.2013.27>
- Kingsley, J., Townsend, M., Henderson-Wilson, C., & Bolam, B. (2013). Developing an exploratory framework linking Australian Aboriginal peoples' connection to country and concepts of wellbeing. *International Journal of Environmental Research and Public Health, 10*, 678-698. <http://dx.doi.org/10.3390/ijerph10020678>
- Kral, M. J., Idlout, L., Minore, J. B., Dyck, R. J., & Kirmayer, L. J. (2011). Unikkaartuit: Meanings of well-being, unhappiness, health, and community change among Inuit in Nunavut, Canada. *American Journal of Community Psychology, 48*, 426-438. <http://dx.doi.org/10.1007/s10464-011-9431-4>
- Krippendorff, K. (2012). *Content analysis: An introduction to its methodology* (3rd ed.). Thousand Oaks, CA: SAGE Publications.
- Limb, G. E., Hodge, D. R., & Panos, P. (2008). Social work with Native people: Orienting child welfare workers to the beliefs, values, and practices of Native American families and children. *Journal of Public Child Welfare, 2*(3), 383-397. <http://dx.doi.org/10.1080/15548730802463595>
- Lippman, L. H., Moore, K. A., & McIntosh, H. (2009). *Positive indicators of child well-being: A conceptual framework, measures and methodological issues*. Innocenti Working Paper No. 2009-21. Florence, Italy: UNICEF Innocenti Research Centre. Retrieved from http://www.unicef-irc.org/publications/pdf/iwp_2009_21.pdf
- Mark, G. T., & Lyons, A. C. (2010). Māori healers views on wellbeing: The importance of mind, body, spirit, family, and land. *Social Science & Medicine, 70*, 1756-1764. <http://dx.doi.org/10.1016/j.socscimed.2010.02.001>
- McCubbin, L. D., McCubbin, H. I., Zhang, W., Kehl, L., & Strom, I. (2013). Relational wellbeing: An Indigenous perspective and measure. *Family Relations, 62*, 354-365. <http://dx.doi.org/10.1111/fare.12007>
- Nystad, K., Spein, A. R., & Ingstad, B. (2014). Community resilience factors among Indigenous Sami adolescents: A qualitative study in Northern Norway. *Transcultural Psychiatry, 51*(5), 651-672. <http://dx.doi.org/10.1177/1363461514532511>
- Priest, N., Mackean, T., Davis, E., Briggs, L., & Waters, E. (2012). Aboriginal perspectives of child health and wellbeing in an urban setting: Developing a conceptual framework. *Health Sociology Review, 21*(2), 180-195. <http://dx.doi.org/10.5172/hesr.2012.21.2.180>

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