Review

A descriptive overview of healthy relationship programs for Indigenous youth in Canada: an integrated environmental scan

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Abstract

Background The legacy of structural and colonial violence has disrupted attachment which has led to the breakdown of healthy relationships within some Indigenous families and communities. A key component of re-establishing attachment is through addressing the effect of historical and on-going colonialism (e.g., intergenerational trauma, cultural connectedness) on individual, family, and community relationships.

Methods We conducted a descriptive environmental scan of web-based resources and complemented it with community reports from conversations with key Indigenous stakeholders, to identify and describe what programs are available to Indigenous youth within community settings that focus on fostering healthy relations. Qualitative descriptive summaries were used to synthesize information, summary statistics and frequencies described commonalities across programs, and pattern analysis identified patterns within the data based on demographic factors. In total, forty-seven programs were found across thirty-four organizations.

Findings Programs integrated cultivating healthy relationships by focusing on skill training (55%), Indigenous cultural education and activities (42%), and mentorship (25%). Programs described the relationships they focused on in broad terms such as healthy relationships, intergenerational relations, and relationships with the land. Programs differed based on gender and age; programs designed for girls focused on self-empowerment and those for boys on violence prevention training. Programs for younger youth aimed to foster positive identity, those for teenagers on relationship building, and those for older youth on promoting mental health.

Conclusion These findings highlight distinct features of healthy relationship programming for Indigenous youth in Canada and offers promising avenues in the future development of such programming based on age and gender. These findings may be of interest to healthcare service research or decision-makers looking to develop healthy relationship programs in Indigenous contexts to develop culturally-relevant and trauma-informed programming to address the effects of historical and on-going colonialism.

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○ Discover

Indigenous adolescents in Canada demonstrate immense cultural strengths, while also experiencing higher rates of poor health outcomes and poorer access to health services and programs compared to non-Indigenous youth [1–6]. In Canada, the term "Indigenous" is an inclusive term used often by government bodies and academics to refer to First Nations, Métis, and Inuit people, each with unique histories, cultural traditions, languages, and beliefs as well as their own unique experiences of historical and on-going colonialism [7–9]. Within these three groups, individuals also have different experiences based on characteristics such as age, sex, gender, sexual orientation, or geography [9]. Indigenous Peoples' perceptions of health and wellness are shaped by their worldview and traditional knowledge where health is viewed holistically, encompassing physical, mental, emotional, and spiritual well-being in reciprocal relationships with families, communities, and the environment [10]. This holistic view of health and wellness contrasts with an individualistic and biomedically-focused worldview of health which is generally characteristic of the medical/mental health systems. Existing health services and programs for frontline youth workers often fail to consider these unique colonial and cultural contexts and practices of Indigenous communities in Canada as they are developed and delivered through a non-Indigenous worldview of health [11, 12].

1 Breakdown of healthy relationships in Indigenous contexts

The legacy of structural and colonial violence and inequity continues to resonate across generations through what is termed as 'intergenerational trauma' [13]. This trauma has led to the breakdown of healthy relationships within some Indigenous families and communities. The legacy of the Indian Residential Schools has notably affected Survivors' interactions with others [13]. Additionally, the disruption, and in some cases, consequent absence of positive parenting models, compounded by contemporary colonial legislation and discrimination, has contributed to what is informally known as the Millennial Scoop as evidenced by the over-representation of Indigenous children currently in care [14]. Like the Indian Residential School and 60s Scoop (i.e., 'scooping' Indigenous babies and children from their mothers in the 1950s and 1960s [15]), the Millennial Scoop continues to interrupt healthy relationships, necessitating the reconstruction of intergenerational relationships between and within Indigenous families and communities [16]. Indigenous children and youth are more prone to experiencing and witnessing familial violence compared to non-Indigenous youth [17–19], encountering bullying [20], gender-based violence [21], and gang membership and incarceration [22]. In fact, dating violence has also become a cause for concern among young Indigenous Peoples [23]. Repairing and restoring healthy relationships can buffer against intergenerational trauma among Indigenous youth [24]. Nurturing healthy relationships involves identifying and developing programs aimed at breaking the cycle of intergenerational trauma and preventing violence [25], ultimately contributing to their improved health and social outcomes. Such an identification should also consider the diverse and intersecting identities of Indigenous youth, particularly gender and sexuality diverse youth as its almost non-existent [26]. A recent scoping review investigated the topic of gender in combination with the topic of health/wellness among Indigenous populations in Canada, although not solely for Indigenous youth, demonstrated the lack of health promoting programs focused on gender and wellness [27], we have described this as 'gender wellness'.

2 Current study

Our early work with ACCESS Open Minds (AOM), a network dedicated to transforming youth mental health services in Canada [28–30] highlighted the importance of community-based and culturally-centred approaches and a holistic model of healing and wellness [28]. It underscored the critical need to tailor health services for Indigenous Peoples by understanding and respecting their unique contexts. Discussions within the AOM Indigenous Advisory Council also highlighted the need for offering programs that foster, promote and restore healthy relations within youth wellness and mental health services in Indigenous contexts, and that such programs should centre on Indigenous ways of knowing and being.

The present study is a component of a series of integrated community projects co-developed by the AOM Indigenous Advisory Council with the aim of creating a toolkit for offering community-specific, trauma-informed, and culturally relevant healthy relationship programming for Indigenous youth. The Indigenous Advisory Council consists of representatives from six Indigenous communities across Canada participating in the AOM project: Eskasoni First Nation (NS); Elsipogtog First Nation (NB); Cree Nation of Mistissini (QC); Puvirnituq, Nunavik (QC); Sturgeon Lake First Nation (SK); and Ulukhaktok, Inuvialuit Settlement Region (NT). The purpose of this study is to inform the development, enhancement, or refinement of initiatives that foster healthy relationships between Indigenous youth, their families, peers, and within their communities. Accordingly, we scanned the grey literature (i.e., web pages, documents and materials that do not undergo peer-review and are specifically outside of the traditional academic publishing channels that are subjected to peer-review [31]) to identify what programs are available to Indigenous youth within community settings that focus on fostering healthy relations. We worked with the Indigenous Advisory Council to identify community documents that described the programming within their community focusing on healthy relationships. Our research questions are as follows: What programs are currently available for Indigenous youth that focus on healthy relationships?; and, How do programs describe and foster healthy relationship programming for Indigenous youth in Canada?

3 Methods

3.1 Collaborative engagement

Establishing authentic relationships is imperative throughout the research approach and a precursor to conducting ethical and meaningful research for and with Indigenous communities [32]. The relationships that strengthen the research project within this study are the partnerships that have formed within the AOM network over the last decade. For contextualization of the environmental scan results, we engaged with the Indigenous Advisory Council of the AOM network. Aligning with community-based participatory research principles with Indigenous Peoples [33], the Indigenous Advisory Council [34], with representation from all six Indigenous AOM sites, identified the need to scan for available relationship-based wellness programs offered to Indigenous youth between the ages of 9 and 30 and participated in the co-development, implementation, and analysis of this research project. The Indigenous Advisory was co-led by GB and CB at the time of the study, and they were instrumental in the development of the project. Specifically, GB and CB co-developed the project proposal and research questions with guidance with the Indigenous Advisory and collaborated with the research team (CMM, IK, ND, PB, SI, & CJM) in finalising the research process, data analysis, interpretation and dissemination of findings.

3.2 Study design

We conducted an environmental scan of web-based resources to investigate the current landscape of relationship-based wellness programs for Indigenous youth within Canada. While there is no set definition or guidance for conducting an environmental scan, it is a widely used method in health research to design health promoting programs tailored to the needs of communities [35–37]. This method was adapted from Rowel and colleagues [36] to inform our process. Our approach included:

> screening web-based resources
> examining program documents from Indigenous AOM sites (referred to herein as internal network documents)
> engaging with key stakeholders from the AOM Indigenous Advisory to leverage their community experiences and insights for identifying the subsequent steps in advancing this work

Our sampling approach was attentive to variations in geographic location, funding source, program goal/intended outcome, age, distinction-based Indigenous identities, gender identities, and program elements in finding and synthesizing resources/programs focused on relationships. Being attentive to these variations was determined important given health programming gaps for First Nation, Inuit, and Métis youth based on these factors. The Indigenous Advisory Council reviewed the results of the environmental scan and identified areas that needed to be considered when developing resources on healthy relationships for Indigenous youth. Discussions with the group regarding the usefulness of the scan results helped direct considerations for the development of the next phase of the project (to build a toolkit).

Given Indigenous self-determination and preserving their language, we prioritize the historical and Indigenous names when referring to what is now known as provinces and territories in Canada whenever possible in reporting the findings.

3.3 Search methods

3.3.1 Web-based resources

Our search was originally conducted in July 2021, and then updated in August 2023. The search keywords included the following terms and Boolean operators: ("Indigenous" OR "First Nations" OR "Inuit" OR "Métis) AND ("land-based programs" OR "youth programs" OR "girl empowerment" OR "boys programs" OR "warrior programs" OR "2Spirit programs") AND ("Alberta" OR "British Columbia" OR "Manitoba" OR "New Brunswick" OR "Newfoundland and Labrador" OR "Nova Scotia" OR "Ontario" OR "Prince Edward Island" OR "Quebec" OR "Saskatchewan" OR "Northwest Territories" OR "Nunavut" OR "Yukon" OR "Toronto" OR "Montreal" OR "Vancouver" OR "Calgary" OR "Ottawa" OR "Edmonton" OR "Mississauga" OR "Winnipeg"). These terms were developed in consultation with the AOM Indigenous Advisory. We utilized Google and Bing search engines, along with manual searches of funding agencies and Indigenous organizations websites known to support health promoting programs in Indigenous contexts and organizations that serve Indigenous youth (e.g., Jordan's Principle, Public Health Agency of Canada). For searching of funding agencies websites, we utilized Google to perform targeted searches of relevant websites and conducted a general search of Google and Bing web (screening until no new programs were discovered). Search results were inputted into Microsoft Excel and duplicates were removed.

3.4 Screening

3.4.1 Inclusion and exclusion criteria

The following eligibility criteria were applied to all information sources (websites, AOM internal documents, and other web-based resources): (a) had updated webpages that indicated that programs were active (i.e., information on websites had been updated in and/or was relevant to the past 2 years); (b) mentioned relationship-based programming for Indigenous youth; and (c) included or applicable to youth between 9 and 30 years old (as per AOM criteria and commonly used age criteria for youth services [30]). We included programs serving younger youth if their age range overlapped. Programs that broadly stated that they served ages 18 and older but did not specify an age range were excluded, as they were not specifically targeted towards youth. Information sources were excluded if there was no explicit mention of relationships in the programs described.

All steps of the review were carried out by at least two reviewers. First, two reviewers independently screened the content of websites and program descriptions and classified them as "include/unsure" or "exclude". Both reviewers verified all programs that were categorized as "include" or "unsure" to ensure the accuracy of the "includes" and reach consensus as to if programs categorized as "unsure" were ultimately "include" or "exclude" or in cases of differences in categorization. A third reviewer was available to review any conflicts arising during the search. In July 2023, an updated search was performed by two additional reviewers who added new data points and removed inactive programs (e.g., broken website links or websites that had information that was more than 2 years old).

3.5 Ethical considerations

Ethics approval for this study was not required, as we exclusively relied on public data available on program websites, aligning with TCPS 2 CORE requirements [38]. In alignment with recommended practices working with Indigenous community members, the co-chairs of the Indigenous Council are listed as co-authors of this paper.

3.6 Data collection

Two reviewers extracted the following data from the information sources: program name, organization, population served, funding source, age of population served, description of healthy relationships, and program goal/ intended outcomes. The two reviewers also extracted data on how organizations defined relationships and which program elements focused on relationships. We relied on the terminology used within program websites to classify programs based on demographic factors (i.e., gender identity), although we recognize gender identity is a fluid construct. To manage

perceived bias within data collection and synthesis we had weekly meetings as a small team and met with the Indigenous Council as check-in points throughout to ensure we were extrapolating and synthesising the data appropriately. Reviewers verified one another's extractions to ensure consistency and accuracy. Any disagreements in the information extracted were raised in team meetings and discussed until consensus was reached. Reviewers have participated in previous knowledge synthesis studies and received informal training by scheduling an on-boarding meeting with the team and follow-up debrief meetings from lead researchers on what and how to extract data from the web pages. A part of the informal training, a sample of 5 web pages were checked from the lead researcher for accuracy.

3.7 Data description and synthesis

Qualitative descriptive summaries (inputted in Microsoft Excel) were used to synthesize information from the two sources (i.e., web-based search and AOM internal documents). Qualitative descriptive summaries were determined as an appropriate approach for data synthesis and analysis as it offers a pragmatic approach to reviewing documents and other pertinent materials by allowing researchers to stay close to the data and provide a rich description of how healthy relationships are characterized within programs [39]. Pattern analysis was determined as an appropriate supplementary method to qualitative description as it seeks to describe patterns within the data based on demographic factors [39, 40]. We used summary statistics and frequencies to describe commonalities across healthy relationship programing, including geographic location, organization, and program outcomes.

4 Results

The findings are organized into three main sections. The first section highlights the characteristics of the included programs. The second section is an integration of the web-based search, AOM internal documents, and the Indigenous Advisory Council meetings on how programs define relationships and what elements of programming focuses on relationships. The third section provides a descriptive summary of program activities and outcomes based on patterns identified within the descriptive summaries as it relates to demographic factors. We only relied on the reported publicly available data and the availability of information varied across programs.

4.1 Characteristics of included programs

Summaries of the included programs can be found in Supplement Appendix A (Table 1). Through the web-based search we identified a total of 47 programs spanning 34 organizations, primarily concentrated in Kanadario (Ontario) ($n = 16$), while no programs were found in Abeqweit (Prince Edward Island) and Kisiskatchewanisipi (Saskatchewan). The majority of the programs were operated by non-profit entities ($n = 30$) and received funding from a variety of sources such as the Public Health Agency of Canada, First Nations Child and Family Caring Society of Canada and corporations (e.g., Microsoft). Over 70% of these programs were offered by Indigenous organizations or communities ($n = 35$; a relatively large portion of which ($n = 10$) served First Nations communities, and a few ($n = 4$) served Inuit communities), while a minority operated within school-based settings ($n = 7$). Most programs reported catering to both boys/men and girls/women ($n = 33$), followed by girls/women ($n = 7$) and boys/men ($n = 5$), with a smaller number reported offering services to two-spirit individuals ($n = 2$). When age was specified, these programs targeted a wide age range (6–30 years old), with some specifically tailored to younger youth ($n = 6$), teenagers ($n = 5$), and young adults ($n = 2$). Nine programs within the scan extended their services to not only Indigenous youth but also their families and/or communities, emphasizing the importance of fostering healthy familial and community relations.

Overall, these programs integrated strategies for cultivating healthy relationships, with 55% ($n = 26$) focused on skills training including life skills, mental health coping strategies, and communication skills. Forty-two percent ($n = 20$) involved Indigenous cultural education and activities, such as cultural camps and land-based services. Finally, 25% ($n = 12$) demonstrated healthy relationships through mentorship with peers and Elders.

4.2 How do programs describe and foster healthy relationship programming?

Within the web-based scan, each program described the type of relationship they were providing differently, with most adopting broad terms like 'healthy relationships', or a focus on 'intergenerational relations' (i.e., familial, peer, mentorship) and highlighting ties to land and being on the land. Among the mentorship programs mentioned above, only three explicitly described traditional teaching relationships between Elders and youth. Notably, one program recognized the need for a flexible definition of familial relationships to encompass various perspectives, allowing participation from diverse family units—such as grandparents with grandchildren, or older youth paired with younger youth.

The internal network documents related to programs offered at each of the six AOM Indigenous sites assisted the project team in understanding how relationality as defined by Indigenous Peoples is embedded within all programs. The majority of community programming offered focused on connection to land and cultural practices and teachings. Eskasoni First Nation was the only community out of the six communities to offer programming related to creating safe spaces for 2SLGBTQ+ youth. Similarly, Sturgeon Lake First Nation was the only community to provide gender-specific healthy relations programs for girls aged 10 and 15, aiming to address risks like sexual violence and abuse, parental neglect, and teenage pregnancy as a result of intergenerational trauma [20]. The after-school program was described as building on the girls' individual and collective strengths that promotes healthy lifestyle choices and offers positive role modeling behaviours through mentorship [20]. Within this same community, they are developing (at the time of publication) a male-specific program as boys in the community have expressed a desire to have a similar space. Upon discussing these findings with the Indigenous Advisory Council, the gap in gender-specific programming focused on 'healthy relationships' was attributed to fear of low turnout. They expressed hope that future research within the AOM network could focus on developing a toolkit identifying community-specific, trauma-informed, and culturally relevant healthy relationship programs with Indigenous youth to better serve their needs.

The majority of programs prioritized mental health promotion and providing a safe space for youth, regardless of gender and age. While for other program activities and goals, our findings illustrated distinctions in program characteristics based on the intended gender and age groups they served. What follows is a breakdown of our analysis based on how programs differed based on the gender and age that they intended to serve.

4.3 Similarities and differences in healthy relationships programs based on gender groups

While many programs broadly aimed to develop and teach of healthy relationships, the definition of relationships and program activities differed based on gender. For instance, programs designed for girls/woman focused on enhancing the relationship they had with themselves, emphasizing self-empowerment. One program specifically allowed participants to define relationships for themselves, granting girls agency in decision making processes. In contrast, several programs designed for boys/men approached teaching healthy relationships through violence prevention training. Further, as we delved into program activities and objectives, we noticed some differences based on the gender identity the program intended to serve in the following areas: connection to land and culture and skill building and mentorship.

4.3.1 Connection to land and culture

Most programs prioritized cultural connection as a significant goal, aiming to develop or deepen cultural identity. However, the specific aspects of identity addressed varied based on gender: boy programs emphasized re-establishing traditional Indigenous male roles, while girl programs had a broader focus on cultivating positive and healthy gender and cultural identities. Culture played a pivotal role across all program types, integrating relationships through traditional teachings, knowledge sharing, mentorship with Elders, and land-based activities. Boy-specific programs and both gender programs discussed the use of the Seven Grandfather teachings as culturally rooted guidance for relationship formation. Notably, land-based activities were present in programs, including all of the AOM communities across gender identities, likely reflecting the significance of land-based teachings in Indigenous cultures. However, a review of our AOM internal documents revealed that land-based activities in one of the AOM sites were

exclusively held for young men in partnership with Saqijuq [41].Although the focus was on connecting to the land, learning traditional activities—there was an underlying focus on relationships with other men in the community and the hope that this would help prevent criminal justice involvement and substance use [42].

4.3.2 Skill building and mentorship

Across programs that served both boys and girls, the primary focus in program goals centered on developing skills like leadership, interpersonal communication, and coping strategies. A common objective among these programs was building confidence, highlighted by initiatives aiming to enhance self-esteem and unveil the participants true potential regardless of gender identity. For girl-specific programs, skill development was particularly employed to establish strong boundaries within relationships to ensure that they are safe and healthy. This was often framed in terms of personal empowerment and supporting oneself. Mentorship and skill-building were prevalent across all gender-oriented programs, with a specific emphasis in girl programs on fostering decision-making skills. Both boy and girl programs engaged in arts and crafts, sports, games, and other recreational activities that led to relationship-focused discussions or education. For both gender and boy-specific programs, violence prevention education was offered, while girls education focused on safety in relationships. Further, developing knowledge of what healthy relationships look like was a common goal across genders, and for some boy-specific programs this was focused on increasing boys' knowledge of violence and its prevention.

Finally, thirteen programs highlighted the goal of reducing unsafe behaviors such as unsafe sexual practices and substance abuse. Specifically, programs targeting both genders and those designed for boys articulated aims to decrease violence, abuse, and criminal activities. In contrast, girl-specific programs were primarily centered on sexual health education and the prevention of sexually transmitted infections (STI).

4.4 Healthy relations program differences based on age groups

Programs exhibited slight variations in focus based on the age of the youth they served. Programs designed for younger youth (ages 6–14) primarily aimed at fostering positive identity by enhancing self-confidence, cultural knowledge, and strong familial relationships. These programs also placed emphasis on preventing risk behaviors, especially for youth who were at risk of being in conflict with the law. Programs aimed at teenagers (ages 12–19) focused heavily on building relationships, encouraging connections with peers, older mentors, and community members. Activities such as sports and arts and crafts were utilized to facilitate these relationships, often incorporating skill development like conflict resolution. Additionally, these programs also provided support services for high-risk youth, offering housing support and counselling for substance-abuse related issues. Programs for older youth (ages 19–30) centered around promoting youth's mental health through therapeutic care, such as mental health treatment and skill development, and cultural healing, including ceremony, traditional healing, and land-based activities.

5 Discussion

This descriptive overview of relationship-based wellness programs for Indigenous youth delineates program definitions of healthy relationships and identifies design considerations across genders and ages. The findings highlight areas for improvement in program development, particularly concerning Indigenous perspectives, gender considerations, and age groups. Notably, many relationship-based programs in this environmental scan focused on mentorship, emphasizing the importance of the relationship with adult and peer mentors in fostering positive social attitudes and connectedness among youth.

Previous literature has shown that mentorship programs play a pivotal role in preventing harmful behaviours among youth, such as interpersonal violence [43, 44]. Recently, various school-based or after-school mentorship initiatives emphasizing the cultivation of strengths and healthy relationships have emerged for Indigenous youth [45, 46]. Due to the higher rates of early school leaving among Indigenous youth, many of these services remain inaccessible to them. Importantly, mentoring aligns conceptually with traditional Indigenous values and models of learning [47]. Historically, informal mentoring was integral within Indigenous communities, where the entire community contributed to the upbringing and education of children [47]. However, colonial and assimilation policies disrupted these practices through actions like the Indian Residential Schools, the 60s Scoop and the Millennial Scoop where children were and continue to

be taken away from their families and communities [48–50]. Despite the growth in mentoring programs, there is limited literature specific to Indigenous children and youth [43]. Although mentoring programs are similar between Eurocentric and Indigenous worldviews, differences do exist, specific to the relationship between the mentor and those being mentored (often called a mentee). While non-Indigenous mentoring programs often emphasize a structured mentor–mentee relationship, Indigenous mentoring tends to be more reciprocal and group-oriented, with less of a distinction between mentor and mentee [47].

5.1 Gender in Indigenous cultural contexts

A recent scoping review explored the relation between gender concepts and the occurrence of gender-based violence with Indigenous groups illustrating there is a significant gap within the literature on this topic [51]. Gender plays a critical but often overlooked role in Indigenous wellness, shaped by settler colonialism and Euro-western beliefs that have overshadowed Indigenous concepts of gender. The patriarchal principles of identity have thus come to dominate and continue to frame ongoing relationships and restrict differences in gender identities and expressions [52]. While there is an emerging literature on gender-based violence research and interventions geared towards Indigenous girls and women [49] and Two-Spirited youth [53, 54], it is important to note that Indigenous males are the most likely to be murdered in Canada [51]. Yet, the experiences of Indigenous boys and men are not well investigated or understood [55]. This creates a need for Indigenous-based wellness programs to holistically explore gender characteristics within program development. To achieve wellness, there is a need to deconstruct Euro-western concepts of gender and prioritize Indigenous ways of knowing and defining gender identity and healthy relationships. Recent years have witnessed an increase in programs for Indigenous youth that emphasize and prioritize Indigenous cultural practices [56] and the importance of role modelling healthy relationships to younger generations [57]. Yet, more targeted research and program development is required that focuses specifically on young peoples' perspectives, needs, and lived experience related to health promoting programing on healthy relationships and gender wellness. Approaches with noted success in improving Indigenous youth health and social outcomes include programs which foster connection and relationality between families, communities, and nature [58–61]. Programs that encourage and support Indigenous cultural continuity have shown to have protective effects for Indigenous youth [10, 62].

6 Strengths and limitations

Our scan marks an initial exploration into the landscape of healthy relationship programming tailored for Indigenous youth. It offers a succinct overview of how these programs describe healthy relations and identifies gaps between existing programs and available literature on healthy relationships in Indigenous contexts. There are important limitations to this environmental scan. By using search terms in English and using engines like Google, we may have inadvertently excluded Indigenous community programming grounded in Indigenous languages. This limitation might have restricted our understanding of healthy relationships in Indigenous contexts. Additionally, the information available in the sources we accessed was often brief, possibly missing nuances within program descriptions regarding healthy relations. Moreover, relying solely on data derived from publicly available websites might have omitted important unpublished details, such as program theories or undisclosed information, impacting the depth of our analysis. Despite these limitations, the findings from this environmental scan provide key learnings to inform the development of culturally-based healthy relation programs in Indigenous contexts to more comprehensive address challenges experienced by Indigenous youth.

7 Recommendations and conclusion

This paper aimed to describe the current state of healthy relationship program serving Indigenous youth in Canada. Our research highlighted distinct features of healthy relationship programming for Indigenous youth and offered promising avenues in the future development of such programming. Building on the findings from this environmental scan, we are co-designing with youth and community partners a gender wellness 'toolkit' to be integrated with ongoing community-based health services and interventions serving Indigenous youth to improve their holistic health outcomes. A gender-sensitive approach to health promoting programs is an important consideration in program design and development as research has shown gender differences between Indigenous women/girls [63], men/boys [64], and limited data on

Table 1 Recommendations for future research and program development

Area of recommendation	Recommendation
Inclusion in Research and Program Development	Involve diverse Indigenous groups, including First Nations, Inuit and Métis youth, in all phases of research and program development
Geographic Considerations for Research and Program Development	Aligning with a distinction-based approach, conduct studies in varying geographic locations and regions across Canada, including reserves, villages, rural and urban areas to account for the diverse context which Indigenous youth reside
Research/Evaluation and Program Design	Ensure that research and program design is co-created with youth, community leaders, Elders, and Knowledge Keepers
	Emphasize the creation and integration of youth advisory committees to ensure that young people are not just participants, but active contributors in shaping programs
	Establish partnerships that enhance program reach and depth by involving both local and national Indigenous organizations focused on youth, relationships, and gender wellness
	Incorporate a holistic view of 'gender', 'wellness', and 'relations'
	Utilize a strength-based approach that centers Indigenous ways of knowing and being
	Implement integrated evaluation and program adaptation to assess the effectiveness of programs and make necessary adaptations based on youth feedback
Program Content	Develop programs that include intergenerational mentorship through bi-directional circles of learning, cultural and community activities, safe spaces for dialogue and support for gender diverse youth
	Activities and teachings reflective of the needs of the specific age and gender of youth served
Ethical Considerations in Research/Evaluation and Program Development	Ensure ethical engagement that respects Indigenous cultural protocols, data sovereignty, and promotes equitable participation of Indigenous youth in research and program design
Funding and Resource Allocation	Allocate resources directly to Indigenous communities, empowering them to decide how best to use these resources in a way that ensures program sustainability and cultural relevance
	Prioritize funding for gender-specific wellness programs that cater to underrepresented groups, supporting communities in tailoring these initiatives according to their unique cultural and societal needs

Indigenous gender diverse peoples experiences [65] given colonial and assimilation policies. Applying an gender-sensitive approach to program development is being attuned to the structural and determinants of health on gender, and vice-versa. Other applications of this approach in practice is the creation of separate and mixed-gender groups.

The necessity for culturally tailored health-promotion programs, especially concerning healthy relationships and gender wellness for Indigenous youth, demands future investigation and action. Insights drawn from this environmental scan lay the groundwork for future exploration in this domain. Subsequent research endeavours should engage with program staff and Indigenous youth involved in these programs to better understand the blind spots and opportunities in creating culturally salient gender programming for Indigenous youth. Informed by our environmental scan and discussions with the Indigenous Advisory Council, we make important methodological and program development recommendations in Table 1. Focusing on healthy relationships and gender wellness offers a platform to empower Indigenous youth, leveraging their experiences and leadership to address the issues that hold significance in their lives.

Declarations

Ethics approval and consent to participate   Ethics approval was not needed for this study, as the scan used publicly available information.

Competing interests   The authors declare no competing interests.

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