IIC

Indigenous Institutes Consortium

Indigenous Self-Care in Indigenous Education: Developing an Institutional Wellness Toolkit

A WORKBOOK FOR INDIGENOUS INSTITUTES

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Introduction

Toolkits hold the implements we find useful and necessary to perform a specific task on a regular basis. Our personal toolkit collects all of our tools in one place, organizes them, and keeps them protected and ready for use. We may have bought some of our tools recently or a long while ago; we may have borrowed others or had them handed down to us. Still other tools we may have fashioned ourselves or received as a gift. Our personal toolkit is stocked with what we have already found useful, or what we think we are likely to need in the future. Toolkits are as diverse as their owners and will change over time as those owners' needs, skills, and goals grow and shift.This is why the concept of a "toolkit" is employed in this workbook, and in the accompanying learning management system (LMS) template.

Seeing wellness as a collection of resources (tools) and knowledges (skills) is the idea underpinning the development of an INDIGENOUS SELF-CARE IN INDIGENOUS EDUCATION: INSTITUTIONAL WELLNESS TOOLKIT

About the Project

In 2022, the Indigenous Institutes Consortium (IIC) initiated a community-based research project on culturally grounded post-secondary learner wellness. Working with seven of Ontario's nine Indigenous community-mandated and territorially-based post-secondary institutions (the Indigenous Institutes, or IIs), the project team engaged with current learners, alumni, staff, and subject matter experts (SMEs) to explore and/or document the wellness indicators, processes, policies, activities, interventions, and resources that flow from the unique ontologies, epistemologies, and axiologies of Ontario's Indigenous communities and nations. Building on prior work at the IIs and IIC, the research findings and recommendation constitute the first phase of a longer-horizon initiative, of which the current workbook is a vital component. Using this workbook, the Indigenous Institutes are guided in developing their own unique, "in-house" learner self-care toolkit, or "personal wellness bundle" that uses innovative delivery modalities to meaningfully engage Indigenous college, university, and skilled trades learners.

Using this Workbook

This workbook walks Indigenous Institutes through the process of preparing a toolkit that directly supports learner wellness understood as an ongoing, personal, relational journey. It includes background information and contextual observations; links to helpful resources and additional resources; tips about best practice and potential challenges; and is structured around active engagements:

Guiding Questions lay the groundwork for toolkit-building activities, structuring the discussions that need to occur prior to toolkit development work.

Writing/Drawing Prompts prepare you to draft the narratives needed to build your institution's toolkit. When you finish a writing prompt, you will have the basis of a narrative that can be further developed so that eventually it can be pasted into (or recorded as an audio file, or rendered as a graphic, and embedded in) your customized LMS template. These can also be translated into your language – or written directly in the language, if you or a member of your working group is a speaker.

'Breakdown' Exercises organize information into manageable, ordered ideas, specific to your institution, to allow you to plan the steps in a key task.

'Targeted Tools' Tables describe, and link to, immediately useful guidebooks, tip sheets, manuals, or toolkits on specific areas of wellness relevant to campus and co-curricular life.

'Delving Deeper' sections, at the end of each chapter, invite you go engage with additional readings, websites, and audio/video resources on the topics covered throughout this workbook.

In addition to these active engagements, this workbook includes several helpful sets of materials for your use now and reference later, including:

Definitions Boxes explain the key concepts for the chapter, section, or subsection; while additional, important terms are bolded in-text, for easy identification. A GLOSSARY collects all of these key terms and concepts in a "quick reference" format, while a LIST OF ACRONYMS provides a reminder of what common abbreviations mean.

Infographic Figures portray terms, concepts, or frameworks visually, engaging diverse communication styles and underscoring key ideas.

A Resources Roster provides an "at-a-glance" listing of the kinds of tools and materials Indigenous Institutes may wish to include in their wellness programming, as well as specific resources used in this toolkit and accompanying learning management system template.

The workbook begins, of course, with a look at the environmental factors in which Indigenous learners navigate their post-secondary studies. These combined social determinants and cultural strengths constitute the vital background to the in-house development of an Indigenous Institutes-specific learner wellness toolkit.

Recognizing and Addressing Barriers to Wellness

Understanding Social Determinants

Social determinants are the factors that influence — for better or for worse — a given outcome for a certain group of people. You may have heard of the 'social determinants of health,' for example, since this is the framework with the longest history. It arose, in part, because researchers in the 1970s were puzzled by a drop in mortality rates in the United Kingdom at a point when the health care system had been relatively stable for some time, and no significant new medical advances could explain why people were living longer, healthier lives. What they found was that "nonmedical factors," including improved living conditions, were behind these improved outcomes (Braveman & Gottlieb, 2014, p. 20). Later in the 1970s, another researcher, this time in psychology, came forward with the idea that an individual's potential was not realized through their 'character' alone, but instead relied on "a constellation of forces — cultural, social, economic, political" (Ceci, 2006, pp. 173-174).

In 2008 the International Commission on Social Determinants of Health (CSDH), a group convened by the World Health Organization (WHO), published a framework showing the many social, political, economic, and cultural influences on human health (Marmot, Friel, Bell, Houweling, & Taylor, 2008). In their words, these 'social determinants' were "the causes of the causes" of health outcomes — and especially of health disparities and inequities.

Together, these researchers were not claiming that things like making healthy choices and having access to quality health care were unimportant, just that they were not the whole of the story (and that they might not even be, for some people, the most important parts of the story). Since 2008, a number of adaptations of the

social determinants of health framework have emerged. One of these — the version developed and used by the United Way of Halifax (2021) — is included below (Figure 1). It expands the different elements of a social determinants of health framework to include wellbeing, while elaborating some of the key, underlying factors that aid or impede 'being well.' These **structural factors** are critical barriers — for example, note the use of terms like 'limitations,' 'lack,' 'low,' and 'deprived.'

What are social determinants?

The CSDH defines them as, "the conditions in which people are born, grow, live, work and age — conditions that together provide the freedom people need to live lives they value" (2008, p. 26).

How do social determinants relate to equity?

According to the WHO, 'equity' is a situation in which "everyone could attain their full [...] potential and that no one should be disadvantaged from achieving this potential because of their social position or other socially determined circumstance" (Whitehead & Dahlgren, 2007, p. 5, emphasis added).
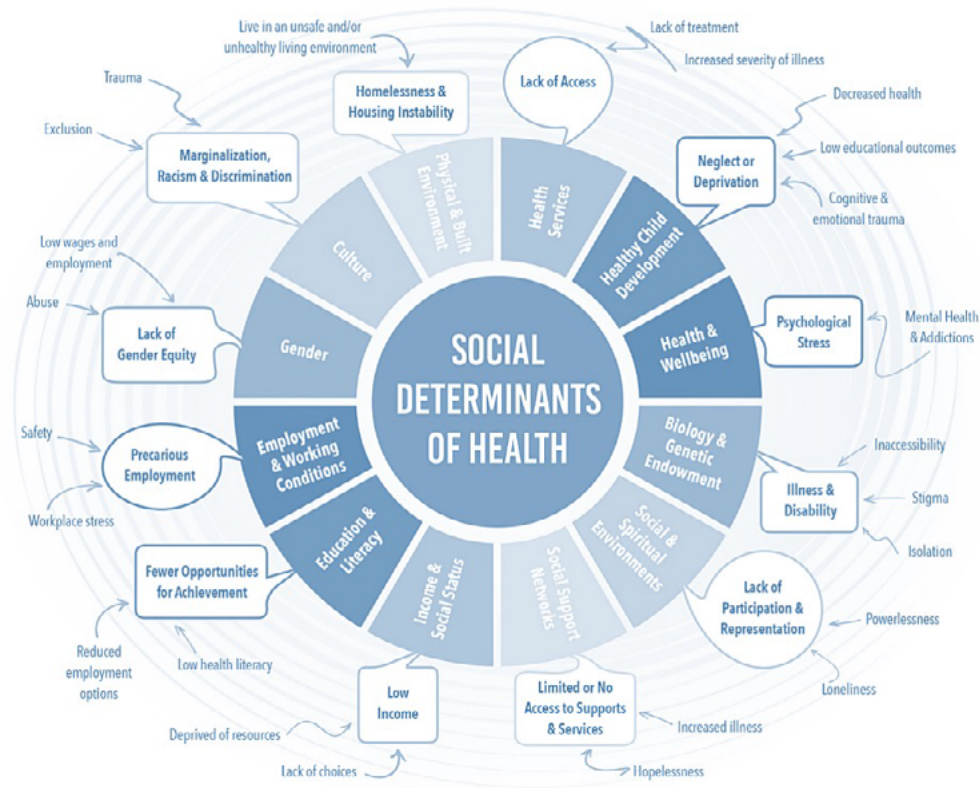
Figure 1: Social determinants of health and wellbeing, according to the United Way of Halifax.

As in so many other areas, there has been little research done on what the social determinants of health are for First Nations, Métis, and Inuit peoples specifically. One noteworthy exception comes from 2012, when two researchers at the University of Northern British Columbia proposed a "web of being" model of the social determinants of health for Indigenous people (Greenwood & de Leeuw, 2012, p. 382)[1]. Their graphical representation (shown in Figure 2) takes the form of a web, with an inner node of children, families, and communities, around which the social determinants of their individual and collective health radiate outward. This approach follows Loppie Reading[2] and Wien (2013, p. 6), who wrote that the social determinants of health "can be categorized as distal[3] (e.g. historic, political, social and economic contexts) [shown at the outside of the web in Figure 2, with the darkest blue shading], intermediate (e.g. community infrastructure, resources, systems and capacities) [shown in Figure 2 in the next tier inward], and proximal[4] (e.g. health behaviours, physical and social environment) [shown in the web diagram in the palest blue colour, closest to the centre]." Social determinants impact vulnerabilities, capacities, and behaviours, as well as the management of health.

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1 Dr. Greenwood is of Cree ancestry.
2 Dr. Loppie Reading, now Dr. Loppie, is a Métis scholar.
3 'Distal' is just another word for 'distant' (as in appearing furthest away from the people at the centre of the 'web' model).
4 'Proximal' is just another word for 'in close proximity' (as in appearing closest to the people at the centre of the 'web' model).

Figure 2: The "Web of Being" model of social determinants of Indigenous health.

An especially powerful determinant like 'cultural ways' (or in some sources, 'cultural continuity') will impact all other determinants, demonstrating that these forces move laterally along the strands in the web, as well as upwards and downwards along one strand. Indeed, all of these powerful forces interact in important ways, unique to each individual but often shared among close-knit groups like kin and neighbours. For example, a child living in poverty will often face social exclusion based on not being able to 'join in' on certain activities with their peers. Similarly, they will often experience hunger, have insufficient housing, and lack access to the same level of health services (for example, being able to visit a practitioner some distance away) and exposure to healthy behaviours (e.g., playing sports that require expensive equipment or a team uniform).

It is important to recognize that social determinants are not predictors; this framework is not proposing that individuals are powerless to overcome (even the most profoundly negative) circumstances. The point of a social determinants framework is to explain why inequalities and barriers follow certain patterns – because understanding these patterns reveals where we should focus our attention in pursuit of equity and well-being for all. This perspective mirrors the important caution voiced by the Southern Education Foundation: that "gaps are not effects." As Crowe explains,

> We hear the word "gap" frequently in conversations […]: achievement gap, wealth gap, employment gap, and others. These frequently describe outcome disparities based on race or income, as in "the gap between Black people and their White peers." Discouragingly, most readers may interpret these statements to mean that observed differences are attributable to individuals' characteristics, life choices, or culture. Not only is this untrue, but framing conversations around outcome gaps misrepresents the drivers of those gaps and inhibits efforts to address them. (2022, p. 5)

So, although white people in Canada generally have better experiences with health care systems and enjoy lower disease burdens, 'race' is not a social determinant of health – **racism** is. Similarly, 'gender' is not a social determinant of health – lack of **gender equity** is. Following these lines, 'Indigeneity' is not a social determinant of health – **colonialism** is. The question then becomes: What can be done about such deep structures? How do we recognize them as the "causes of the causes" and then act on them?

This is why it makes sense to start with the idea of 'social determinants,' instead of jumping right to 'wellness.'

Thinking Through the Social Determinants of Indigenous Education

In trying to improve educational outcomes, attention is usually focused on the in-school environment, so that strategies for improving outcomes target, for example, curricular content, instructional design, teacher training and evaluation, and augmenting the physical plant (e.g., library facilities, study spaces, etc.). A social determinants of education approach, by way of contrast, recognizes that learners begin formal education after spending their initial, critical formative years in the home and community; and that students continue to spend the bulk of their time, throughout their educational journey, outside of the classroom environment. In short: a significant portion of educational flourishing depends on circumstances beyond school.

Education is often framed as a social determinant of health – as can be seen in Figure 1 and Figure 2. For instance, education is "strongly associated with life expectancy, **morbidity**, health behaviours, and educational attainment plays an important role in health by shaping opportunities, employment, and income" ("Education: A Neglected Social Determinant of Health," 2020). But educational attainment itself is affected by factors such as physical health, **psychosocial health**, social environment and community, economic stability, physical environment and community, and self-motivation (Sanderson, Hollinger-Smith, & Cox,

2021). Some of the better understood factors that play into academic vulnerability are financial challenges, lack of family support, attendance at an under-resourced school, or being the first generation to attend post-secondary (Fortes, Latham, Vaughn, & Preston, 2022).

What happens when, for example, we unpack 'financial challenges' as an illustrative example? Post-secondaries, generally, are interested in tracking 'time to completion,' which the University of Toronto (2023) defines as the time it takes a student "to complete all program requirements and be eligible for graduation." As their webpage notes, shortening this time frame reduces financial stress – yet financial stress may affect educational success in other ways, not just delaying graduation. For instance, we know that financial stress increases the risk or reality of **food insecurity**, which has significant implications for health, including mental health (Jessiman-Perreault & McIntyre, 2017; PROOF:

Food Insecurity Policy Research, 2023). Financial insecurity may also have subtler effects on education; if paying bills is a challenge, home internet access may be unaffordable or data transfer speeds may not allow certain forms of engagement (for example, being on camera in class or streaming video content). Students experiencing financial insecurity may also need to move more often, in a search of stable or affordable housing. They may also need to take one or more jobs while at school, which affects their time and capacity to study effectively.

The 'social determinants of Indigenous education' thus provides a lens, helping us focus on the challenges

that must be navigated, and the barriers that must be lowered, for Indigenous learners to truly flourish in their post-secondary studies.

BREAKDOWN EXERCISE

Turn to Worksheet A in Appendix 1, "The Social Determinants of Indigenous Education in My Community." Follow the instructions to complete the exercise.

Take some time to think about this active engagement with the workbook ideas – even completing the worksheet, then putting it away for a few hours or days. If you end up revising your initial attempt at the worksheet, take note of what changes you made.

When you have finished the exercise and are happy with the final result, keep the completed worksheet handy for use in upcoming workbook activities.

FOLLOW-UP ACTIVITY: GUIDING QUESTIONS

You will notice that the information on Worksheet A is presented in positive, instead of negative terms – for example, in place of "racism," it shows "freedom from racism." This technically flips the idea of 'social determinants' on its head, since 'social determinants' refers to **structural barriers** (as discussed above).

- Do you agree with this **strengths-based approach**? Why or why not?

- What are the pros and cons of flipping the idea of social determinants on its head?

Delving Deeper

Education as a Social Determinant of First Nations, Inuit, and Métis Health

This fact sheet examines some of the key factors contributing to or hindering academic success for Indigenous peoples in Canada, including historic and contemporary impacts of colonialism, socio-economic marginalization, educational funding inequities, and personal reasons. While current trends and levels of educational attainment are on the rise, there are multiple ways for improving Indigenous learning. Specifically, decolonizing approaches like land, language, culture, and Indigenous knowledge-based pedagogies and curriculum are addressed. The fact sheet concludes by highlighting some promising practices in advancing education among Indigenous peoples, from early learning and care initiatives to post-secondary studies.

Taking a 'Pulse' on the Quality of Indigenous Community Life

This work is the second in series of efforts to profile and strengthen the characteristics of successful First Nations communities. A 'successful community' may not necessarily be one with the highest incomes or health status but one that is conscious of health and wealth, that is continually striving to be healthier and wealthier and takes health and wealth into account when making decisions or policy at the local level.

Historic Trauma and Aboriginal Healing

This study proposes a model to describe the intergenerational transmission of historic trauma and examines the implications for healing in a contemporary Aboriginal context. The purpose of the study was to develop a comprehensive historical framework of Aboriginal trauma, beginning with contact in 1492 through to the 1950s, with a primary focus on the period immediately after contact. Aboriginal people have experienced unremitting trauma and post-traumatic effects since Europeans reached the New World and unleashed a series of contagions among the Indigenous population. These contagions burned across the entire continent from the southern to northern hemispheres over a four-hundred-year timeframe, killing up to 90 per cent of the continental Indigenous population and rendering Indigenous people physically, spiritually, emotionally and psychically traumatized by deep and unresolved grief.

Grounding Wellness in Culture

It is, of course, not enough to think about challenges and barriers – indeed, these are only half of the equation. Every learner is not merely someone living within a set of circumstances but is also a holder of unique gifts and a carrier of strengths, both individual and shared. One of the most powerful of shared strengths is **culture**.

Mapping a Local Wellness Concept

Every specific context has an inherent framework for wellness, often rooted in spirituality, geography, language, or other foundational elements of cultural understanding. Accordingly, each Indigenous Institute will have a particular framing they will want to develop – or indeed, that they already use – to 'scaffold' wellness.

Indigenous models of wellness are as particular as Indigenous languages, cultures, communities, and nations. There is no singular "Indigenous wellness model" any more than there is a singular (i.e., pan-Indigenous) term for wellness itself. One thing that many Indigenous models have in common is a visual or spatial representation of all of the different elements that make up wellness – examples of these are included as Figure 2 (First Nations Health Authority, 2023) and Figure 3 (Thunderbird Partnership Foundation, 2020). Some other commonalities also recur. For example, across many different contexts, Indigenous ideas of wellness are typically described as holistic, whole-person, relational, and lifelong (or "across the life cycle").

What is wellness?

Wellness and well-being are terms that are widely used, but too often vaguely defined. According to the WHO (World Health Organization, 2023b): "Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. Focusing on well-being supports the tracking of the equitable distribution of resources, overall thriving and sustainability. A society's well-being can be determined by the extent to which they are resilient, build capacity for action, and are prepared to transcend challenges."

WRITING/DRAWING PROMPT

What is your institute's concept of wellness, or the idea underlying wellness? Is it the Medicine Wheel? Is it the Thanksgiving Address? Is it a lodge, with a fire at the centre? Is it a tree, with deep roots and broad branches? Take a few moments to describe this concept in your own words and images, using Worksheet B ("Reflecting on a Foundational Wellness Concept"), located in Appendix 1.

FOLLOW-UP ACTIVITY: GUIDING QUESTIONS

What questions naturally emerge from your institution's concept of wellness? (For example, if your concept of wellness is a lodge with a fire at the centre, might you ask someone, "How is your fire today?")

- When you ask someone how they are doing/feeling, what other good words do you use to indicate your genuine interest?

- How else do you indicate your interest in another person's wellbeing? (For example, what **nonverbal cues** do you give, like a smile; or what other **active listening** practices do you employ?)
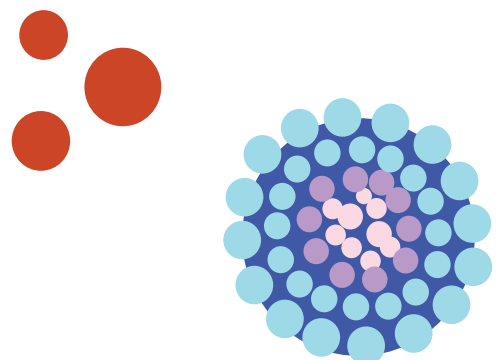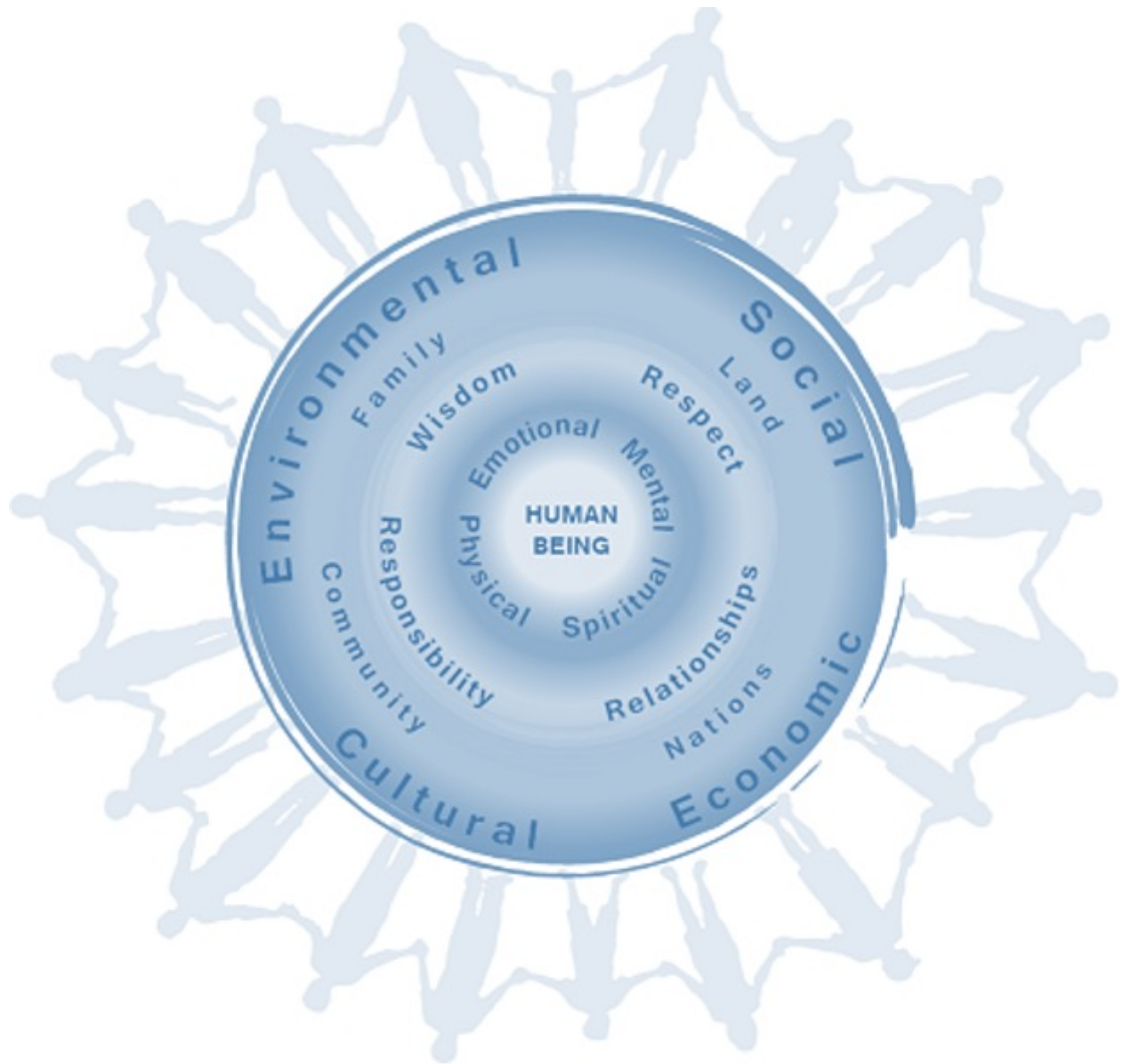
Figure 3: Perspective on Health and Wellness of the First Nations Health Authority.
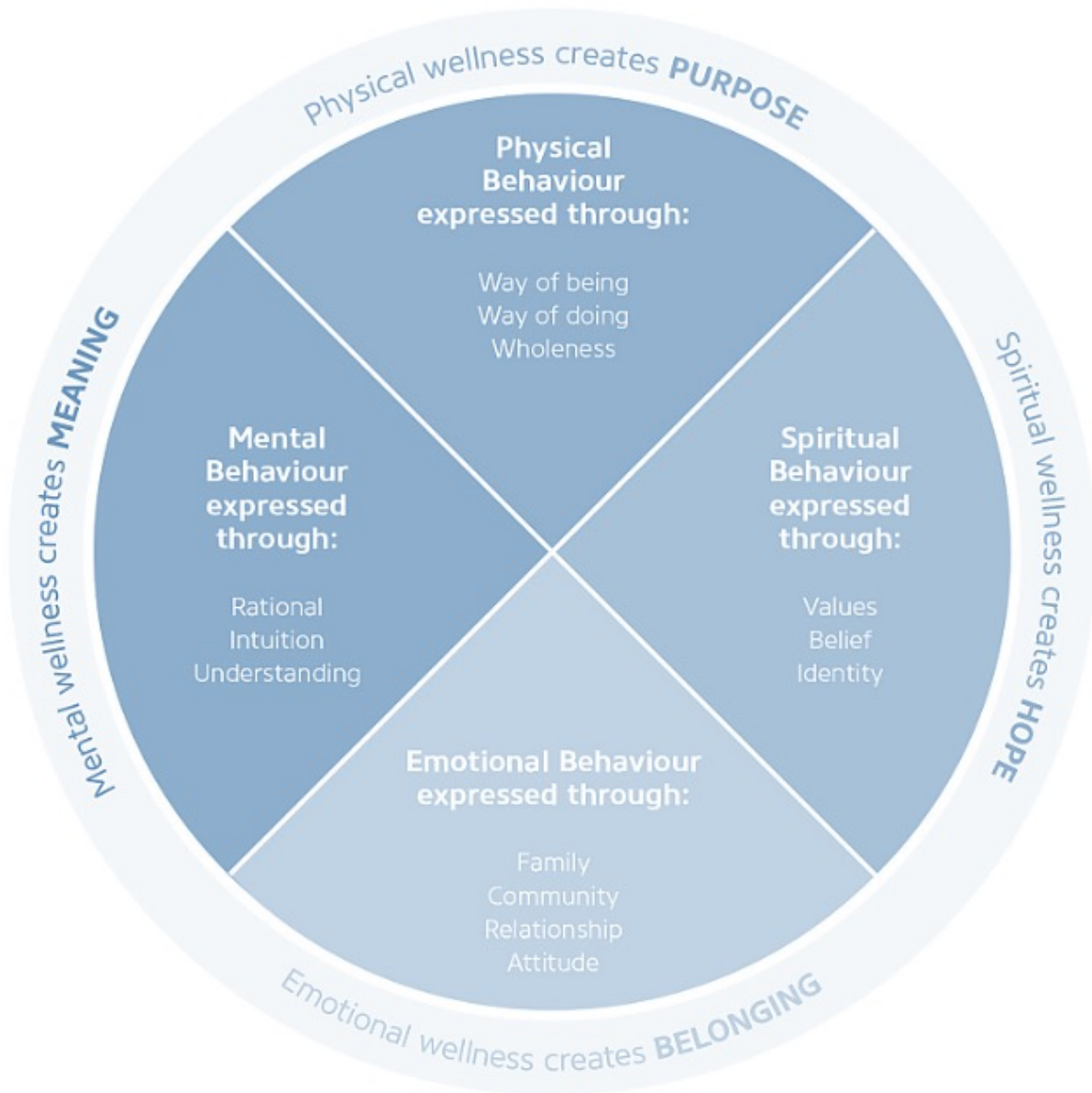
Figure 4: The Thunderbird Foundation's Indigenous Wellness Framework.

Delving Deeper

A Framework for Indigenous School Health: Foundations In Cultural Principles

This internationally recognized collaborative report with the Canadian Council on Learning - Knowledge Centre on Aboriginal Learning, and the Canadian Association for School Health, provides a framework for redesigning school-based health programs to better meet the needs of Indigenous children and communities. The framework is based on 'five strong threads' that shape Aboriginal world views, as identified through international collaborations among Indigenous practitioners. The framework was presented at an international health promotion conference in Geneva, Switzerland in July 2010.

Evaluating Wellness

Developing Institutional Indicators

Once your institution has established its concept of wellness, **indicators** need to be developed in order to ensure the effectiveness and success of wellness programs and interventions.

High quality indicators show the SMART criteria, as shown in Figure 4 (Springboard Compass, n.d.). These criteria can also be rephrased as guiding questions when developing new or revising existing indicators. For example, using the 'S' criterion, you might ask, "Is this [existing or proposed] indicator specific enough that it accurately describes just one thing that we intend to measure?"

Moreover, for indicators to be useful, they need to have both **reliability** and **validity** (Chiang, Jhangiani, & Price, 2015). In general, validity is whether your indicators actually measure what they are intended to measure. In other words: 'validity' is about accuracy. Using an example that is well-known in the education sector: If we decide that the best way to measure student engagement is attendance, what will we be missing? Attendance is a valid measure of… well, just attendance. Unfortunately, though, it has been made to stand in for wide array of other things, including a learner's very character (i.e., whether they are "a good student," dedicated to their studies, etc.). If our indicator measures something other than what we intended, it is not valid.

What are indicators?

Indicators are an intrinsic part of any monitoring and evaluation system, and additionally provide benchmarks for planning and development activities. At their most basic, indicators track progress over time, toward set goals; to do this, indicators must both define key characteristics or variables and establish targets or milestones. Indicators let us know when we are on track (or provide an early warning if we slow down or veer off course), help us identify gaps or lags that impede our anticipated progress, and allow us to report effectively to stakeholders and funders. Indicators, however, are not neutral; they "arise from values (we measure what we care about) and they create values (we care about what we measure)" (Meadows, 1998, p. viii).

Specific: The indicator should accurately describe what is intended to be measured, and should not include multiple measurements in one indicator.

Measurable: Regardless of who uses the indicator, consistent results should be obtained and tracked under the same conditions.

Attainable: Collecting data for the indicator should be simple, straightforward, and cost-effective.

Relevant: The indicator should be closely connected with each respective input, output or outcome.

Time-bound: The indicator should include a specific time frame.

Figure 5: The SMART criteria for developing high-quality indicators.

In contrast, reliability refers to whether the same findings result from different research performed under the same circumstances, using the same methods, still yields the same findings. In other words: 'reliability' is about consistency. Picture using indicators developed at your Institute as recently as early 2020 – that research, eve by late 2020, could not have taken into account a number of critical issues brought about by COVID-19, for example the kinds of resources needed for effective online learning; recent, extreme cost of living increases affecting food, transportation, and housing; and labour market shifts impacting the likelihood of a certain programme leading to a particular job. If we did the

same research now, we would get very different results. Similar limits to reliability can be found even without such an extraordinary occurrence as a global pandemic. For example, if we inadvertently surveyed only learners of a certain age range, **gender identity and expression**, or income bracket, our results would absolutely change if we repeated the survey. Accordingly, our data would not lead to indicators that help us reliably measure wellness across the great diversity of learners that an Indigenous Institute typically serves. That research, in other words, would not be reliable.

1. Learn about indicators.
- Find a champion to lead the development process.
- Bring together a representative group of stakeholders.
- Gather information about what indicators of wellness are, what has been successful elsewhere, and what may be gained through this process.

2. Perform background research.
- Review existing research and previous planning work to determine existing priorities.
- Determine if there are existing sources of data about wellness at your institution.
- Review what data is being gathered and how it is stored, accessed, and used; then determine what information, tools, and methods are needed to gather and store information for tracking indicators.

3. Engage the communities.
- Develop a process to involve stakeholders in developing wellness indicators.
- Develop a set of shared values and/or priorities based on your engagement.
- Use each priority to develop a relevant indicator based on questions such as, "How will we know that we have been successful?" or "What does success look like, here?"

4. Finalize the indicators.
- Review indicators to ensure that they are 1) measuring wellness and 2) specific, measurable, relevant, reliable, and cost-effective.
- Consult with a party experienced in indicator development to ensure the chosen indicators will meet the expressed needs.
- Review indicators with original representative stakeholder groups.

5. Develop a baseline.
- Gather currently available sources of data that respond to the developed indicators.
- Identify a means to collect any missing data; then determine how to collect and store that data.
- Conduct community surveys to obtain information on wellness indicators.
- Combine all data to produce a baseline, which should be shared with the community.

Figure 6: Key steps in developing indicators.

Strong indicators will be based on measures that are both valid and reliable. There is, of course, more to researching indicators than just the 'logic' of our research methods – there is the inclusiveness and representativeness of the process itself. Accordingly, developing institutional indicators requires the engagement of two parties: a source of expertise (to ensure the indicators are reliable and valid, as just discussed) and representatives of the local community (Meadows, 1998, p. ix). In the case of Indigenous Institutes, the 'local community' means both the teaching and learning community at the school and the physical community from which the institute derives its mandate. The involvement of community is essential, since "[i]ndicators are only useful if the process of developing and using them engages the community as a whole in examining what it wants to be, where it wants to go and what its values are; if the process provides useful and usable information to the community; and if the process increases the community's knowledge and power" (Hancock, Labonte, & Edwards, 1999, p. S25, emphasis added).

Developing meaningful indicators, then, is necessarily a stepwise process, requiring careful planning and patient execution. Measuring Wellness: An Indicator Development Guide for First Nations provides a five-step breakdown of this process (adapted as Figure 5), including key tasks and activities (Geddes, 2015, pp. 14-15).

There is a wide range of potential indicators already circulating. The ones shown in Figure 6 are adapted from the Canadian Index of Wellbeing (CIW) and provide an illustration of one way of conceptualizing education indicators (or what the CIW calls "the education domain"). These samples, of course, reflect a mainstream understanding of both 'indicators' (i.e., what specific measures are best) and of 'education,' as well as of 'achievement.' They are also all **quantitative**, using precise numerical measures, which require certain kinds of data collection (and therefore, specific sorts of software and research, or data gathering and analysis, skills) – not all of which may be in place at smaller or underfunded/ under-resourced organizations. For both of these reasons, Indigenous Institutes will want to develop their own indicators that provide locally meaningful data, that flow from their own understandings, and that match their data capacities, in order to assess their own high-value areas.

FINANCIAL INDICATORS	ACCESSIBILITY INDICATORS	ACADEMIC ACHIEVEMENT INDICATORS	LIFELONG LEARNING INDICATORS
• % of students who need financial assistance • % of students who have access to financial assistance • Amount of shortfall between financial assistance and actual needs	• % of students who need accomodations relating to disability • % of students who disability related needs are (un)met • Types of accomodations needs • Types of accommdations available	• % of 25 to 29 year olds in labour force completing high school • % of 25 to 29 year olds in labour force completing postsecondary	• % of adults 25 years of age and older participating in education-related activities

Figure 7: The Canadian Index of Wellbeing's "education domain" indicators.

Gaining Familiarity & Gathering Data

To support the visioning, planning, and development process, several existing Indigenous and Canadian data sources may prove useful in either thinking through potential indicators or providing interesting comparisons. Some of these sources are shown in Table 1.

Source	Description
The National Collaborating Centre for Indigenous Health	NCCIH is a national Indigenous organization established in 2005 by the Government of Canada and funded through the Public Health Agency of Canada to support First Nations, Inuit, and Métis public health renewal and health equity through knowledge translation and exchange.
The First Nations Information Governance Centre	The FNIGC's "Data Online" is an interactive tool that allows users to create charts, figures, and tables from the Centre's national data repository. All data produced are aggregated nationally and weighted to represent First Nations people living on reserve and in northern communities across Canada.
The Canadian Index of Wellbeing	The CIW regularly reports on the quality of life of Canadians – nationally, provincially, and locally – and advocates for social change that reflects its values and places wellbeing at the heart of policy.
The Community Well-Being Index	The CWBI measures socio-economic well-being for communities across Canada over time. It has 4 components: education, labour force activity, income and housing. Within the CWB, the First Nations Report Provides an overview of trends in First Nations communities between 1981 and 2016.
Statistics Canada	StatsCan is the national statistical office. The agency ensures Canadians have the key information on Canada's economy, society and environment that they require to function effectively as citizens and decision makers. At StatsCan, a specific portal is dedicated to Statistics on Indigenous Peoples, while the Quality of Life Hub provides targeted insight into many components of wellbeing.

Table 1: Select Canadian and Indigenous data sources for use in developing indicators.

The tools listed in the following tables can be invaluable resources in themselves – but they also provide a jumping-off point for developing indicators, for using indicators to track learner wellness, and for employing indicators in the evaluation of wellness programming and interventions. Every published guidebook, tip sheet, manual, or toolkit has underlying vision of, if not a fully fleshed out framework for, wellness; accordingly, it uses either explicit or implicit measures of wellness. These measures can be teased out to inspire, contribute to, or even form the basis of a set of indicators. Similarly, comparing wellness measures found in different guidebooks, tip sheets, manuals, or toolkits can prove a very fruitful exercise in developing institutional indicators.

WELLNESS IN PEDAGOGY	
Creating Conditions for Well-Being in Learning Environments	This resource outlines suggestions for creating conditions of positive well-being, a key predictor for learning and student success.
Enhancing Student Wellness: Simple Tips for Instructors	This tip sheet helps faculty create connections, increase wellness, and share resources.
Mental Health and the Learning Environment	This toolkit will help faculty and teaching staff take steps within the classroom in a collective effort to support student mental health.
Support Students' Mental Wellbeing: Course Design	This tip sheet provides course design strategies that consider student wellbeing.
Thriving in the Classroom Toolkit	This resource supports post-secondary educators in promoting student resilience in virtual or in-person classrooms.

Table 2: Targeted tools - wellness in pedagogy.

WELLNESS IN PEDAGOGY	
Cultivating Trauma-Informed Spaces in Education: Promising Practices Manual	This manual develops proactive measures to enhance student support, and safer learning experiences, and reduce trauma, re-traumatization, and vicarious trauma.
Trauma-Informed Practices for Postsecondary Education: A Guide	This guide is intended to raise awareness of trauma in PSE institutions, help educators understand how trauma affects learning and development, and provide practical advice for how to work effectively with college students who have been expose\d to trauma.
Trauma-Informed Practice in Post-Secondary Settings	This resource sheet covers the basics of applying a **trauma-informed** lens to post-secondary learner care.
Trauma-Informed: The Trauma Toolkit	This toolkit aims to provide knowledge to service providers working with adults who have experienced or been affected by trauma.

Table 3: Targeted tools - trauma-informed practice.

BREAKDOWN EXERCISE

Select a resource from the tables shown at left and on the following pages. (Work with the resource you feel most closely aligns with an identified learner wellness need at your Institute.)

Either print out the resource or load an electronic version in your preferred e-reader.

When you are finished highlighting, turn to Worksheet C in Appendix 1, "Getting Started with Wellness Indicators." Follow the instructions to complete the exercise.

FOLLOW-UP ACTIVITY: GUIDING QUESTIONS

- Looking at your completed worksheet, can you anticipate any challenges in applying the SMART criteria to each indicator?

- What research or planning documents already exist, in your community or Institution, on the three indicators?

- What additional research would be necessary, to better understand these three specific indicators?

- What subject matter experts could support this research?

DIMENSIONS OF CAMPUS WELLNESS	
Anti-Oppressive Practice in Action Toolkit	This toolkit seeks to assist those supporting post-secondary students in understanding anti-oppressive practice, its intersection with mental health, and importance to work on campuses.
Equity, Diversity & Inclusion Toolkit	This resource aims to take a meaningful approach in offering guidance on how to support students from all walks of life, whether in need of mental health and addictions supports or not, and the suggestions provided are meant to enhance campus experiences for students in the long term.
Equity in Mental Health Framework	This framework presents a set of ten evidence-based actionable recommendations and key implementation strategies to support administrators, decision-makers, providers, and students and help strengthen campus-based activities and programs to address the mental health disparities facing students of colour.
Invisible Intersections: A Toolkit on Supporting 2SLGBTQ+ Students on Campus	This resource supports campuses in recognizing and addressing the unique barriers that 2SLGBTQ+ students experience.
Making It Better Now	This toolkit aims to help staff and organizations become better allies of LGBTQ2S youth.
Campus Peer Support Toolkit	This guide is intended for use by front-line staff and leadership on campus – including counsellors, administrators and other decision-makers at post-secondary institutions – considering the development of their own peer support program on campus.
Capacity to Connect: Supporting Students' Mental Health and Wellness	This facilitator's guide includes training resources covering important mental health topics to improve faculty and staff ability to support and respond to post-secondary students in distress.
The Caring Campus Project	This resource was designed to assist other post-secondary institutions in addressing substance misuse and mental health problems within their campuses using the Caring Campus model.
Faculty Guides for Students Wellbeing	This curated list provides faculty with guides and resources that support student wellbeing.
Models for Exemplary Student Mental Health Initiatives	This toolkit was developed to understand post-secondary student mental health priority areas and identify exemplary mental health and wellness initiatives at post-secondary institutions in Alberta.
Post-Secondary Student Mental Health: Guide to a Systemic Approach	This guide outlines a framework for addressing student mental health in post-secondary institutions.
Starting a Conversation about Mental Health: Foundational Training for Students – Facilitator's Guide for Use with Students	This guide includes training resources covering important mental health topics to improve post-secondary student mental health literacy, as well as resources to teach students how to help peers who are experiencing mental health distress.
The Role of Indigenous Elders in Student Mental Health and Wellness in the B.C. Post-Secondary Education Environment	This resource explains the ways that Indigenous Elders support the mental health and wellbeing of Indigenous and non-Indigenous students and faculty.
Mental Health Crisis Response on Campus Toolkit	This resource supports staff, administrators, and faculty in shifting from a siloed approach to mental health crisis response to a whole-campus approach.

DIMENSIONS OF CAMPUS WELLNESS	
The Umbrella Project: A Harm Reduction Toolkit	This resource was created to address mental health and substance use issues of emerging adults within a postsecondary institution.
Harm Reduction: A Guide for Campus Communities	This guide is intended to identify initiatives campus communities may take to minimize harm associated with substance use, but also to indicate how a health promotion orientation can enrich those efforts.
Preventing Alcohol-Related Harms on Campus: A Practical Guide for Post-Secondary Institutions to Promote Healthy, Safe and Caring Campus Communities	This guide offers information, tools, and examples of how to create a campus culture that supports less risk and healthier alcohol-related choices.
Postvention: A Guide for Response to Suicide on College Campuses	This resource is intended to provide guidance for colleges and universities for responding to a suicide on campus.
Suicide Awareness and Prevention: A Toolkit for Educators	This toolkit is intended for educators, and other frontline staff who work with youth, to support their ability to walk alongside young people and to provide a resource for their personal use as well.
Suicide Prevention, Intervention and Postvention Toolkit for Students, Faculty and Staff	This guide helps members of postsecondary campuses better understand suicide, the signs and contributing factors unique to the postsecondary population, intervention strategies to support people who are experiencing thoughts of suicide, and how to support people after a suicide loss.

Table 4: Targeted tools - dimensions of campus wellness.

INDIGENOUS-FOCUSED WELLNESS	
Cultural Aftercare Guidebook	This resource is a comprehensive, culturally-relevant, and evidence-informed framework designed to guide the way we address substance use issues for First Nations in Canada.
Connecting with Culture – Growing Our Wellness – Activity Guide	This guide presents simple step-by-step exercises that support greater wellness through thinking about and participating in Indigenous culture.
Guidebook on Protocols for Indigenous Practitioners Specific to Substance Abuse Treatment, Cultural Interventions, and Healing	This resource adds to a discussion of the role that Indigenous practices and protocols have in treating addictions, both in helping an individual regain a sense of cultural meaning and in the collaboration with conventional approaches.
Indigenous Wellness Framework Reference Guide	This guide stems from Honouring Our Strengths: Culture as Intervention in Addictions Treatment, a three-year study funded by the Canadian Institutes of Health Research.
Cannabis Toolkit: A Holistic Approach to Supporting Healthy Conversations about Cannabis in First Nations Communities	This toolkit is intended to assist First Nations communities in having conversations with community members about cannabis information, usage and regulations.
First Nations Mental Wellness Continuum Framework	This framework deals with mental wellness among First Nations people in Canada and outlines a wellness approach that is grounded in culture.

Table 5: Targeted tools - Indigenous-focused wellness.

Often, key insights (or personal 'lightbulb' moments) are scattered across many sources, making foundational information-gathering and research tasks vital activities, worth a significant investment of time (as shown in Step 1 and Step 2 of Figure 5). There are additional toolkits, worth a look while working through this section of the workbook, in Appendix 4.

Delving Deeper

The Pan-Canadian Education Indicators Program

The Pan-Canadian Education Indicators Program is a joint venture of Council of Ministers of Education, Canada and Statistics Canada, working together as the Canadian Education Statistics Council, in collaboration with provincial and territorial ministries/departments responsible for education and training. It provides a statistical portrait of the elementary, secondary and postsecondary education systems through tables, fact sheets, an annual report combining international statistics with comparable provincial and territorial figures, and a handbook.

First Nations Population Health and Wellness Agenda

Under the 2006 Transformative Change Accord: First Nations Health Plan the BC Provincial Health Officer committed to regular reporting. The Population Health and Wellness Agenda (PHWA) represents the next 10-year time frame (2020-2030) and a new stage in how the health and wellness of First Nations in BC is monitored, assessed, and reported. The collaborative process to develop a new suite of indicators, set targets, and develop reports together is a step forward in reconciliation work in BC and in decolonizing reporting initiatives. The PHWA prioritizes a First Nations perspective and offers a holistic strengths-based approach to First Nations health and wellness. It uses "two-eyed seeing" to use Western data and First Nations teachings, qualitative data, and stories together. This baseline report introduces the indicators that the partnership will monitor for 2020-2030, which includes the original seven from 2006 and an additional 15 new indicators.
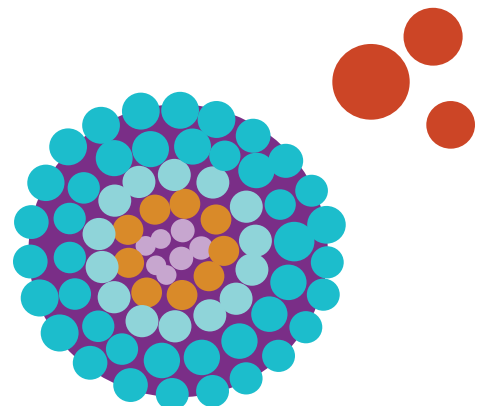
Undertaking Collaborative Development

Clearly describes the group's purpose, structure, and operating role.

Defines roles and accountabilities for its leadership, members, and support staff.

Is collaboratively developed and approved by the working group.

Is easy to read and understand.

Changes as the nature of the work evolves.

Figure 8: Characteristics of a strong terms of reference.

Forming a Wellness Working Group

Laying the foundations of a successful project starts with assembling the right team. As with developing indicators, building new toolkits, programs, and policies requires input from both community and **subject matter experts** (SMEs). A working group, however, may or may not involve those experts; it may be an authoring body or an oversight group, depending on the needs and capacity of your institution. Working groups may be advised by one or more subject matter experts – but it need not actually contain SMEs. **Stakeholders**[5] will vary from project to project, but it is important to include both those who will be responsible for deliverables as well as those whom your project, programme, or intervention intends to serve. Including those most directly impacted is a firmly entrenched principle most prominently articulated in the often used (but too infrequently implemented) statement, 'nothing about us without us.'[6]

As discussed in the previous chapter, for Indigenous Institutes developing wellness programming and interventions (including wellness indicators), 'stakeholders' include both the members of the school's teaching and learning community and members of the physical community from which the school derives its mandate. The IIs are 'community' institutions in both of these critical senses – noting that these are not two distinct entities but two groups that share close bonds, and who may often overlap.

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5 Note that the term 'stakeholder' is currently shifting in acceptance and use, due to concerns about its possible colonial origins. However, at the time of the writing of this workbook, key sources and IIs were both using the term, hence its use here.
6 This powerful phrase has its origins in 16th-century Central European political organization (it is, in fact, the title of the 1505 Polish constitution, Nihil Novi Nisi Commune Consensu). Its English-language expression is most closely associated with the disability rights movement the early 1990s (Charlton, 1998).

BREAKDOWN EXERCISE

Turn to Worksheet D in Appendix 1, "Assembling the Wellness Working Group." Follow the instructions to complete the worksheet. While doing this exercise, think about your ideal Wellness Working Group, including the capabilities and understandings that the group, as a whole, should have.

FOLLOW-UP ACTIVITY: GUIDING QUESTIONS & VISIONING EXERCISE

Thinking back to your ideal wellness working group, and looking at your completed Worksheet D, answer the following questions.

- Make a quick, bulleted list of the skills and experiences that are important in serving postsecondary Indigenous learner wellness needs.

- Which of these skills are experiences are not currently represented by (or would complement/ synergize with) those of the staff you entered on your worksheet?

- How could the missing/ complementary skills and experiences be brought in? (E.g., an external consultant; reassignment of a staff member; a short-term contract for a community SME; or a new, permanent staff position.) What are the pros and cons of each approach?

Writing a Terms of Reference

Once stakeholders have been identified, a **terms of reference** (TOR) should clearly mandate, set expectations, and guide the activities of the institutional working group. This is not a legal document, but rather one that "outlines the ways in which a group of people agree to work together to accomplish common goals" (Health Quality Ontario, 2016, p. 7). A strong TOR has characteristics that ensure clarity, comprehensiveness, buy-in, accountability, accessibility, and flexibility, as elaborated in Figure 7 (adapted from Health Quality Ontario, 2016, p. 7). There are many examples available,[7] that can be used as inspiration or adapted. In general, though, terms of reference should provide the following information (Health Quality Ontario, 2016, pp. 7-11):

A Vision Statement or Statement of Values.
What are the core principles that ground the work the group is planning on undertaking, and the goals the group is hoping to achieve?

A Mandate to Guide and Focus the Group's Work.
What is the purpose of the group? What clear difference does the group hope to make?

Accountability and Reporting Relationships and Mechanisms. What is the group's relationship to the organization and its senior leadership? What support will the organization provide for the group's work? How often and in what manner will the group provide regular updates on its progress and activities? How will records be kept? How often will the TOR itself be reviewed?

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7 See, for example, [Creating Terms of Reference for Not-for-Profit Board Committees](#).

Roles and Responsibilities of Group Members.
What roles will be created? Who will serve? What will be the length of each person's term? What is the minimum time commitment for participants (weekly, monthly, or quarterly)? Who will lead the group? If the leader is external to the institute, who will serve as the group's staff liaison? What skills and training will be required for service? (It is recommended that the chair/co-chairs be provided, minimally, with training on group facilitation and giving presentations.)

**Expectations, Along with Timeframes,
For All Tasks, Functions, and Deliverables.**
How long will the working group be active? How often will the group meet? How will decisions be made? Will members be reimbursed for expenses (e.g., childcare, transportation)?

Formal/written policies and procedures provide GUIDANCE by...

- articulating organizational goals
- identifying key activities
- establishing general rules or restrictions
- laying out how issues or conflicts will be handled - and increasing the likelihood that they will be handled as they arise

Formal/written policies and procedures provide CONSISTENCY by...

- ensuring organizational operations do not deviate or deteriorate over time
- allowing for the speedy and accurate orientation of new employees

Formal/written policies and procedures provide ACCOUNTABILITY by...

- ensuring procedural fairness (protect an organization from accusations of unfairness)
- mapping clear lines of accountability and responsiblity

Formal/written policies and procedures provide EFFICIENCY by...

- establishing expectations and anticipating challenges

Formal/written policies and procedures provide CLARITY by...

- ensuring everyone knows what needs to be done, how it needs to be done, and who is responsible for doing it

Figure 9: Benefits of formal/written policies and procedures.

Recognizing the Need for Policies and Procedures

Instead of having different wellness supports merely available or operating at the same time, the importance of having a foundational wellness **policy** or institutional wellness framework cannot be overstated. Policies provide both underlying principles and actual guidelines to follow, uniting different resources, programmes, and interventions under a consistent, clear vision. Good policies (i.e., ones that are both formal/written and followed) also allow holistic thinking, improve efficiency, assign responsibilities, and attach accountability mechanisms (CMHC, 2018). Policy creation should be followed by the drafting of institutional **procedure**, or the manner in which the policy will be implemented across the organization. The benefits of policies and procedures, acting synergistically, are outlined in Figure 8 (adapted from, CMHC, 2018).

While policy creation specialists are typically either on staff or under contract at large organizations, there are also many free guides available to help smaller institutions develop policy writing and procedures development expertise in-house.[8]

Policies and procedures are not interchangeable; there is a reason why these are seen as distinct from one another, and why the two should not be confused. Policies are stable, providing a foundation rooted in an essential vision and strongly linked to unwavering institutional values. Procedures, by way of contrast, are dynamic. They are expected to change as emergent tools into play, new processes are developed, and risks and challenges evolve along with the institution and its operating environment (UCSC, 1994). This is not to say that policies are never revised – indeed, they should be updated at least every other year. The link between sound policies and strong procedures is illustrated in Figure 9 (adapted from UCSC, 1994).

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8 See, for example, *Guide to Writing Policy and Procedure Documents*, *Guide to Writing and Maintaining Policies & Procedures*, *and* *Guide to Writing a University Administrative Policy and Procedures*.

Policies

- Use clear, concise, and simple language.
- Address the rule, not how to implement the rule.
- Are readily available to the whole campus community.
- Have clear authority.
- Designate persons to provide interpretation and resolution.
- As a set, provide a clear and logical framework.

Procedures

- Are accessibly written and easy to follow.
- Are tied to policies.
- Were developed with the user in mind - and provide clear benefits to that user.
- Provide a sense of ownership for the user.
- Provide different options and pathways, where appropriate.

Figure 10: Characteristics of sound policies and strong procedures.

When consistently applied, policies and procedures can protect both the leaner from bias and the institution from accusations of unfairness. Whether a policy or procedure is necessary, and should be developed, depends on certain external and internal factors. External considerations include new or revised laws or regulations; innovations or new technologies; and changes in best practices. Internal cues include a change in the services offered by the institution or organization; misunderstandings and conflicts, especially if these are deep, serious, or becoming more frequent; inefficiencies, particularly if these are become more obvious or increasing; and evidence of unaddressed needs. Looking at COVID-19 reveals a number of these factors converging, in many cases leading to new or revised institutional policies on e-learning, use of organizational equipment, and remote work and flexible hours, etc.; and similarly, procedures for learner registration and enrolment, proctoring virtual examinations, online behaviour, use of organizational equipment, etc. Many of these have already changed again, often in response to new understandings that the pandemic itself created – for example, a near-universal insistence that webcams always be on to an appropriate appreciation for and attention to **neurodiversity** and the (sometimes profound) mental wellness impacts of such policies.

Types of Wellness Policies and Procedures

Many post-secondaries have a number of policies and formal/written procedures on file that cover, or apply to, wellness. These range from academic policies to staff policies, to policies governing physical spaces and ecological imperatives, to student conduct policies – and beyond. Figure 10 shows some of the common groupings of policy documents at mainstream post-secondary institutions, along with examples of actual policies that would fall under these categories.

ACADEMICS, STUDENT CONDUCT, AND STUDENT SERVICES	STAFF WELLNESS & WORKPLACE CONDUCT	FACILITIES, HEALTH & SAFETY, AND COMMUNICATIONS
• Academic Accommodations • Academic Consideration • Student Voice in Institutional Governance • Code of Student Responsibilities • Privacy & Confidentiality • Consent to Disclose Personal Information • Safe Touch • Wellness Services Client Feedback • Financial Aid • Student Recognition & Awards • Orientation & Transitions • Academic Appeals • Student Concerns & Conflict Resolution	• Discrimination and Harrassment Prevention & Response • Equity, Diversity, and Inclusion • Caregiver Accommodations • Work-from-Home/Flex Time • Violence in the Workplace • Staff Voice in Institutional Governance • Performance Review & Recognition • Professional Development • Staff Concerns & Conflict Resolution	• Smoke-Free Campus • Ethical Investment • Third-Party Vaccinations • Masking • Campus Accessibility • Sustainable Buildings & Green Development • Inclement Weather & Campus Closures • Inclusive Communications

Figure 11: Selected wellness policies at a post-secondary institution.

Delving Deeper

8 Ground Rules for Great Meetings:

"If you want your team to be effective, you need meeting ground rules — and you need agreement about how to use them."

Conflict Resolution Skills:

"Whatever the cause of disagreements and disputes at home or work, these skills can help you resolve conflict in a constructive way and keep your relationships strong and growing."

How to Develop a Logic Model:

"program planning tools that define the inputs, outputs, outcomes of a program in order to explain the thinking behind program design and show how specific program activities lead to desired results."

Planning Your Policy Project:

Before you begin writing a policy, here are some things you should consider, and some resources to help you with each phase.

A Practical Guide to Project Planning – A Step-by-Step Approach:

"for anyone involved in planning who wants to improve their project performance."

Project Management – 2nd Edition:

An open educational resource (OER) available through BCcampus.

Team Building Best Practices & Fundamentals for Work:

"Team building best practices are standards and fundamentals which create productive groups that perform consistently."

BREAKDOWN EXERCISE

Turn to Worksheet E in Appendix 1, "Taking Stock of the Wellness Policy Suite."

Building on the information in Figure 10, this exercise asks you to consider the kinds of policies and procedures your Indigenous Institute should have in place, to protect and promote wellness – not just for learners, but for everyone in the teaching and learning community of which the learners are a part.

Follow the instructions to complete the exercise.

FOLLOW-UP ACTIVITY: GUIDING QUESTIONS

Looking at your completed worksheet, reflect on what you have listed, why, and what you may not have had the opportunity to list.

- Is there any area or issue in which you think a wellness policy or process, for your II, is simply unnecessary? What makes it unnecessary in this specific case?

- Looking back at Figure xx, are there any issues or areas that are not listed? What kinds of policies or processes would fit, here?

- In what issues or areas did you feel that a process was sufficient? Why would a policy be unnecessary in this case?

Thinking Expansively, Developing Inclusively

Some learners may want to work through their wellness journey on their own, whereas other may benefit from groups. Some will prefer reading, while others respond to speakers. This is the landscape against which a post-secondary learner wellness toolkit must be developed, delivered, and maintained. It makes sense, then, that underlying this toolkit should be a framework, unique to each institution, that is learner-focused, inclusive of a range of needs, and embracing of an array of approaches – including the latest tools and insights. This chapter of the workbook discusses the key ideas that should inform that foundational visioning process, and guide the first steps in conceptualizing what the toolkit will look like, include, and operate through.

Operationalizing Holism and Multi-Modality

Every interaction a learner has with an Indigenous Institute, its staff, and its engaged teaching and learning community, is an opportunity to support – or conversely, a chance to harm – that individual's mental, emotional, and physical wellbeing. Wellness programming that is not inclusive fails on the first point (supporting the learner), while inviting the second (potentially harming them). Similarly, wellness supports that are one-off, uncoordinated, disembedded, or that fail to engage with procedural and legal protections, not only fail to support wellness but ultimately put both the learner and the Indigenous Institute at risk.

Embracing Multiple Communication Methods

We all communicate in more than one way, and all communications involve a choice between different methods of conveying our thoughts and feelings. Similarly, we know that students learn best when instructors utilize different modes of communicating. Increasingly, post-secondary assessments have become **multimodal**, conveying ideas in a number of different ways, addressing the unique styles and strengths of the individual learner as well as their specific cultural context. According to some sources, there are five major modalities, as illustrated in Figure 11 (adapted from Filmore & Cook, 2021). Different learners will need different strategies for presenting and taking in information.

Another framework for understanding modes of communication is known by the acronym GARK: graphic, auditory, read/written, and kinesthetic. Figure 12 (adapted from VARK Learn, 2023) uses GARK to illustrate different ways of engaging learners according to modes of communication. In all likelihood, learners will be comfortable with, and flourish using, a blend of different modes, making it important to utilize a range of engagement methods. Understanding of neurodivergence is growing, and it is now postulated that many more people than previously though will need (or would flourish in the context of) multiple communication mode options.
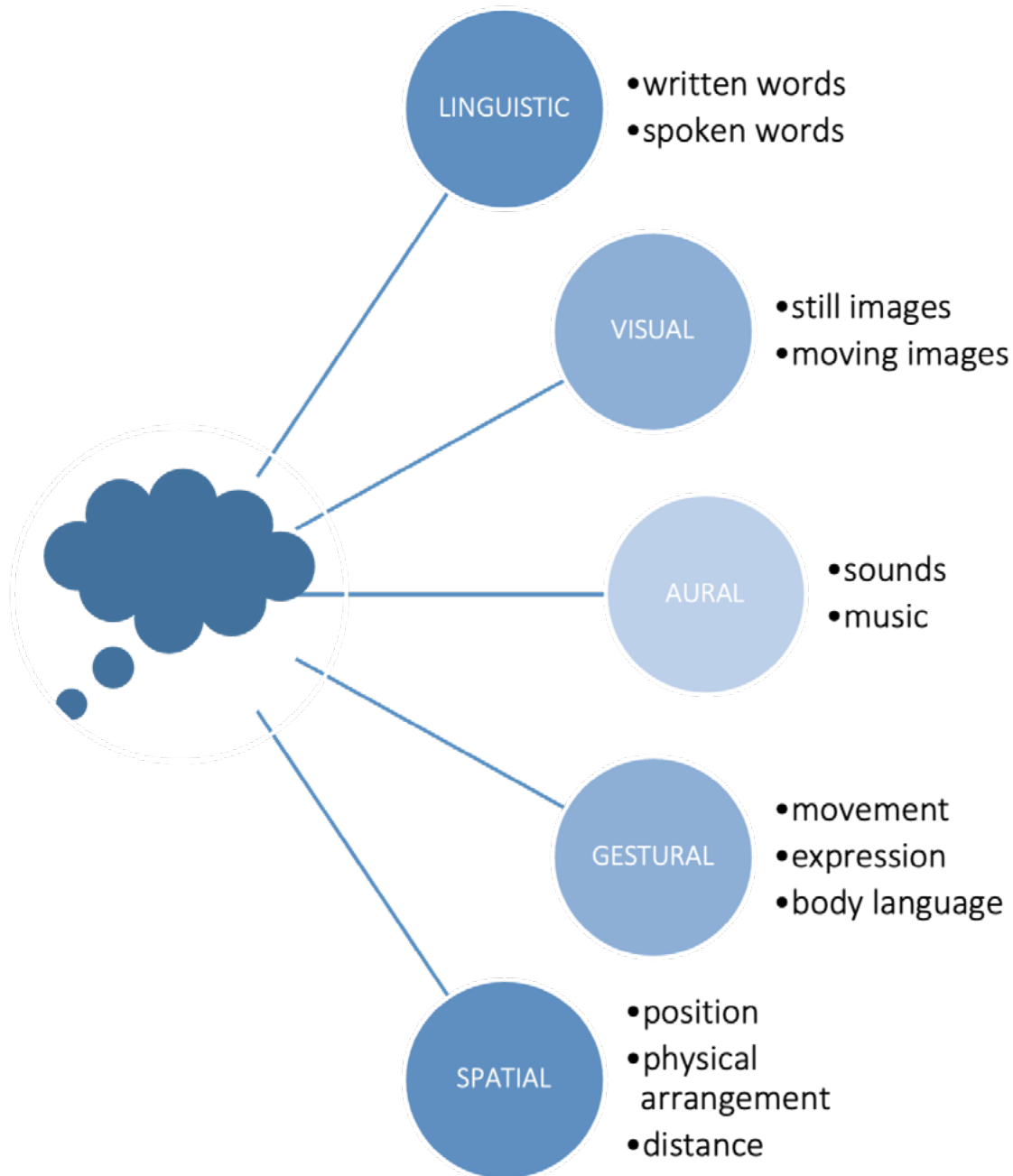
Figure 12: The five major modes of communication.

Selecting Length and Scope

An initial, critical decision point emerges early in the development of a learner wellness toolkit, when considering when, at what intensity, and for what length of time the toolkit will be used by each learner. Ideally, such a foundational support will be continuously engaged with and accordingly, available throughout the post-secondary journey – but this length and scope demands careful attention to ensuring content is fresh, engaging, and up to date. In other words: a learner wellness toolkit is not a one-time initiative that can be put in place and left to function in the background. It is fundamentally unlike a course syllabus, which may remain valid for a prolonged period of time without requiring revision, and which additionally operates through an institutional intermediary: a designated course instructor who guides the learner's engagement and evaluates their progress. Nevertheless, it may help to think about the toolkit through the lens of instructional design, especially as Indigenous Institutes come out of COVID-19 armed with a richer understanding of online programming, virtual interactions, and hybridizing in-person and distance modalities. Further, the IIs navigated the pandemic shift grounded in Indigenous ways of knowing and being, which they explored as part of their commitment to culturally grounded post-secondary education. All of these insights gained will strongly inform the development, roll-out, and sustainability practices of an institutional learner wellness toolkit that uniquely serves the mandating community's post-secondary learners. (See the section, "Monitoring and Evaluating," in the last chapter of this workbook, for guidance on maintaining the toolkit as a living resource.)

A decision tree is a useful tool in thinking through considerations of scope and length. Beginning with the core question, "When will the learner first encounter the wellness toolkit?" allows subsequent queries to emerge, and accompanying decisions to be made, in an organic, stepwise fashion. Will the toolkit contain daily, weekly, or monthly content for the learner to work through? Will that content be organized into modules according to term of study, programme year, cohort, or some other time-based system? How often will new content be available? At what points in their educational journey will the learner's engagement with the toolkit be assessed? A capstone question, or a query underlying all visioning and development choices, should be, "What resources does the anticipated scale and scope of the toolkit demand of the working group, the Indigenous Institute, and the teaching and learning community?"

VISUAL

- Use pictures, videos, posters, and slides, where design is emphasized.
- Use diagrams, flowcharts, decision-trees, graphs, etc.
- Use spatial arrangement to create engaging formats.
- Encourage learners to draw their ideas with diagrams, symbols, or charts.

AURAL

- Use discussion groups or chat functions.
- Provide opprotunities for comments, questions, or repeating information back.
- Allow the use of voice recordings or precorded information.

READ/WRITE

- Clearly organize information through lists, titles, and subheadings.
- Provide handouts/printouts.
- Recommended additional readings.
- Create written exercises and provide written feedback.

KINESTHETIC

- Use autobiographies, case studies, or videos.
- Allow users to apply their own experiences.
- Provide lived examples.
- Look for action-orientated exercises and applications.

Figure 13: Using GARK to develop engagement methods.

Integrating Complementary Programming

Wellness supports should be conceived of broadly and ideally interwoven to form a strong suite of offerings, tools, and structures. A 'standalone' toolkit, which does not interact (or does not clearly link to) other tools, resources, interactions, and relationships at the post-secondary institution has a low likelihood of uptake and success.

Supports can be formal (e.g., flowing through a social worker, medical services provider, counsellor, or other mental health provider), targeted supports for specific needs (e.g., peer support centres, sexual assault centres, shelters, etc.), social supports (e.g., community members, Elders, family, or friends), academic (e.g., student services, accommodations, teaching and learning centres, instructors, etc.), or extracurricular (e.g., workshops, teams, clubs, etc.), as illustrated in Figure 13. Wellness supports can be embedded in all these areas through drafting and applying wellness-focused pedological principles and trauma-informed care principles, building from institutional values. Reflecting on Chapter 4 of this workbook, as well as Worksheet E in Appendix 1, whether such principles merit formalization as institutional policies or procedures is a consideration worthy of careful deliberation.

Incentivizing Commitment

Given the facts, discussed elsewhere in this workbook, that self-care is often deprioritized, and that Indigenous learners have substantial familial and community responsibilities (including or especially as caregivers), wellness supports are often either underutilized, or left unused entirely. To combat this tendency – while simultaneously removing any real or perceived stigma associated with accessing wellness programming – it may help to incentivize the toolkit. This framing is not meant to cheapen the engagement, but to acknowledge that learners are reconciling competing demands on their time, while offering them additional benefits (including, for example, programme or co-curricular credit, on a par with volunteer and skills-building

activities). Figure xx presented the pros and cons of making the toolkit mandatory for all learners. In this infographic, "cons" should not be considered automatic or inevitable; indeed, many of the listed potentialities can be offset through thoughtful and creative user design, tailored to the functionality of the delivery platform (noting that the sample LMS shell uses a learning management system for delivery).
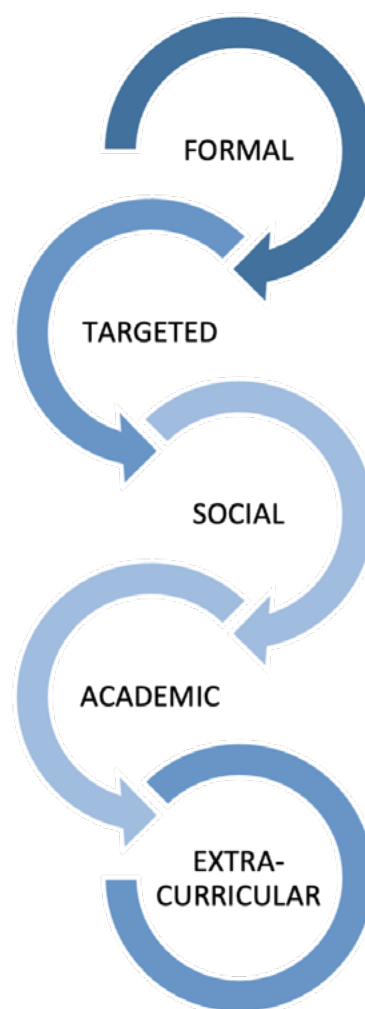
Figure 14: Areas of wellness supports.

Respecting Privacy

No matter what the modality chosen for a learner wellness toolkit, safeguarding privacy should always be a core consideration. A critical part of respecting privacy is good **data management** practices, which are very much still a developing field. For any organization collecting and retaining data about individuals, it is essential that they engage in data management through a data management plan (DMP), "a formal document that details the strategies and tools you will implement to effectively manage your data both during your […] project and after its completion." While that sounds complicated, there are free resources to build organizational DMPs and support staff understanding their responsibilities in this area. The Digital Research Alliance of Canada provides a free tool, the DMP Assistant, to help build a unique data plan, along with training resources and templates.

This is a complicated area, but managing privacy and confidentiality is both a legal requirement as well as a way to build trust within the teaching and learning community. For data resources and responsibilities, it is important to maintain data stewardship through assigning clear roles and responsibilities and drafting and enacting strong policies and procedures (see Chapter 4 of this workbook, as well as Worksheet E in Appendix 1). This entails thinking through the short- and long-term costs of maintaining access to learner data.

Ethics and legal compliance are also essential for maintaining privacy of those engaging with the learner wellness toolkit. Accordingly, a data management plan engages w ith possible legal, ethical, and intellectual property considerations. How will security of sensitive data be maintained? This is important as Canada has several laws governing the collection, use, and disclosure of personal information. While private-sect or organizations are governed by the Personal Information Protection and Electronic Documents Act, colleges and universities are governed by provincial laws. In Ontario, this is the Freedom of Information and

Privacy Act (FIPPA). Although the definition of personal information can vary with the exact legislation, in general it includes information that would be captured through a learner engaging with the online elements of a wellness toolkit – and very likely, face to face interactions as well, insofar as these are recorded and any portions of those records are maintained in an electronic format. Furthermore, it is important to remember that FIPPA covers more than the storage of data. Guidelines should be in place for the proper handling of assignments, posting student grades, taking student attendance and group work sign ups, email correspondence about and with students, accessing and retaining student records, and handling reference letters. Institutions should ensure proper policies, procedures, and guidance are available to prevent any abuses of personal information and identification. Indigenous Institutes may also need to be aware of their responsibilities under the Personal Health Information Privacy Act, which is intended to ensure the confidentiality, privacy, and security of personal health information. This legislation has important requirements for the collection, use, and disclosure of personal health information (Information Privacy Commissioner of Ontario, 2023).

Relatedly, a recent concern is the emergence and scaling up of ransomware attacks, which involve external actors gaining access to an organization's data, copying those records to a location under their control, and a threat to publish unless payment is received. The Ontario Privacy Commission provides guidance on how to protect against such attacks.

PROS

Provides a personalizable structure to reach desired results.

Ensures consistency over time.

Offers an on-demand (asynchronous) approach.

Is practical in terms of implementation.

Guarantees participation/engagement.

Allows for built-in assessment/evaluation.

Permits/safeguards anonymity and privacy.

Removes stigma (real or perceived) around accessing wellness supports.

CONS

Potential lack of in-person dynamism.

Possible inflexibility or high time demands.

Conceivably fewer person-to-person interaction and relationship-building.

Plausible inconsistency with Indigenous knowledge principles.

Potential mismatch with the learner's preferred style of engagement.

Figure 15: Pros and cons of toolkit incentivization.

Bridging to the Mainstream Pillars

With learner wellness a growing focus of institutional attention across the country, it is unsurprising that a standard has emerged – and with it, a community of practice. The National Standard of Canada for Mental-Health and Well-Being for Post-Secondary Students presents a set of voluntary, adaptable guidelines for scaffolding learner wellness. It specifies requirements for developing and implementing "a framework to safeguard, promote, and continually improve the mental health and well-being of students" (p. 10). Informed by a mental health dual continuum model and a socio-economic model, it explicitly invokes additional, useful models including the First Nations Mental Wellness Continuum Framework (which considers both biological and psychosocial factors, emphasizing the co-existence of mental health and mental illness) (Mental Health Commission of Canada & Canadian Standards Association, 2020, p. 17). The embedded socio-economic model "considers the complex interplay between individual, interpersonal, institutional, community, and social system factors that shape mental health and well-being and can support of hinder one's ability to flourish" (Mental Health Commission of Canada & Canadian Standards Association, 2020, p. 18). (These ideas harken back to this workbook's presentation of 'social determinants,' in Chapter 1.)

The Standard provides an overview of responsibilities, strategic approaches, mechanisms, and other elements to guide implementation tailored to each post-secondary institution, including a sample internal audit tool. (Looking forward, this workbook addresses such concerns in its concluding chapter.) Overall, it is intended to be a foundational document for the development of policies, programs, environments, and interventions. As a national initiative, it also presents a potential point of articulation between Indigenous Institutes and their counterparts in the mainstream PSE sectors, including universities and colleges. Attached to the Standard, the Centre for Outreach, Resources, and Engagement (CORE) is an online community of practice and implementation resource hub, including a calendar of events, compendiums, and a Q&A.
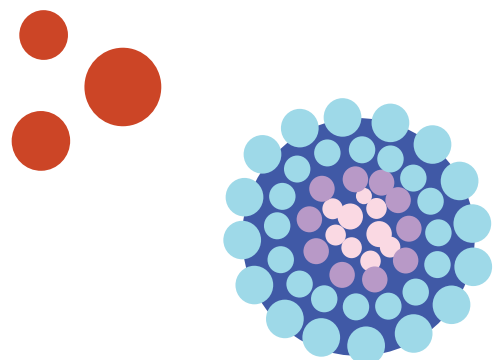
BREAKDOWN EXERCISE

All of the Indigenous Institutes have learner wellness supports in place; and similarly, all IIs have laid a groundwork of institutional values. Less well mapped-out are the ways in which these elements come together to form a coherent institutional wellness suite, including principles of care and pedagogical principles that embed wellness.

Turn to Worksheet F in Appendix 1, "Mapping Complementary Wellness Programming/Supports." Follow the instructions to complete the exercise.

FOLLOW-UP ACTIVITY: GUIDING QUESTIONS

Looking over your completed worksheet, and reflecting on prior material covered in this workbook, respond to the following questions either on your own or with other members of your institutional unit.

- How do the values and principles you listed in Part 1 of the exercise relate to the supports you listed in Part 2? Is there a clear link, or is the relationship vague or merely intuitive?

- Are the principles you listed in Part 1 formal (in other words, written down) or informal (in other words, merely understood to be in place)?

- What might be the benefits of formalizing informal principles? How could this be accomplished through the development of wellness policies and processes (as discussed in Chapter 4 of this workbook)?

Delving Deeper

First Nations Information Governance Centre

"A First Nations non-profit, FNIGC envisions that every First Nation will achieve data sovereignty in alignment with its distinct world view. An incorporated First Nations non-profit operating with a special mandate from the Assembly of First Nations' Chiefs in Assembly (Resolution #48, December 2009), FNIGC is committed to improving the health and well-being of First Nations people living in our 634 communities across the country. To that end, FNIGC and its Regional Partners across Canada carry out unique data gathering initiatives about the lives of First Nations people. FNIGC recognizes that real change can come through sound policy-making, but only if it's supported by quality information — information that is collected (and protected) by First Nations people for First Nations people."

Mapping the Wellness Journey

Taking a Strengths-Based Approach

Nobody arrives at the beginning of their postsecondary journey empty-handed. Instead of seeing learners as objects of intervention, or empty vessels to be filled with specific kinds of data or understandings, a strengths-based approach will "emphasize the positive aspects of student effort and achievement" (Lopez & Louis, 2009, p. 1). A strengths-based approach does not simply ignore barriers that have been faced and will continue to faced; in fact, failure to acknowledge those challenges can lead learners to be overly hard on themselves

or to discount the strength and resilience they have demonstrated in overcoming adversity. Strengths do not arise spontaneously but develop from our talents, the "naturally recurring patterns of thought, feeling, or behavior that can be productively applied. Talents, knowledge, and skills – along with the time spent […] practicing, developing your skills, and building your knowledge base – combine to create your strengths" (Gallup, 2023, par. 1). The five principles of strengths-based education are illustrated in Figure 15 (adapted from Lopez & Louis, 2009).

PRINCIPLE 1: *Measurement* of student (and educator) characteristics includes strengths assessment, which supplements the typical focus on academic achievement and behavioral data (e.g., absences, living situation, off-campus responsibilities, etc.).

PRINCIPLE 2: Educators personalize the learning experience by practicing *individualization* whereby they think about and act upon the strengths of each student.

PRINCIPLE 3: *Networking* with personal supporters of strengths development affirms the best in people and provides praise and recognition for strengths-based successes.

PRINCIPLE 4: Deliberate *application* of strengths within and outside of the classroom fosters development and integration of new behaviors associated with positive outcomes.

PRINCIPLE 5: Intentional *development* of strengths requires that educators and students actively seek out novel experiences and previously unexplored venues for focused practice of their strengths through strategic course selection, use of campus resources, involvement in extracurricular activities, internships, mentoring relationships, or other targeted growth opportunities.
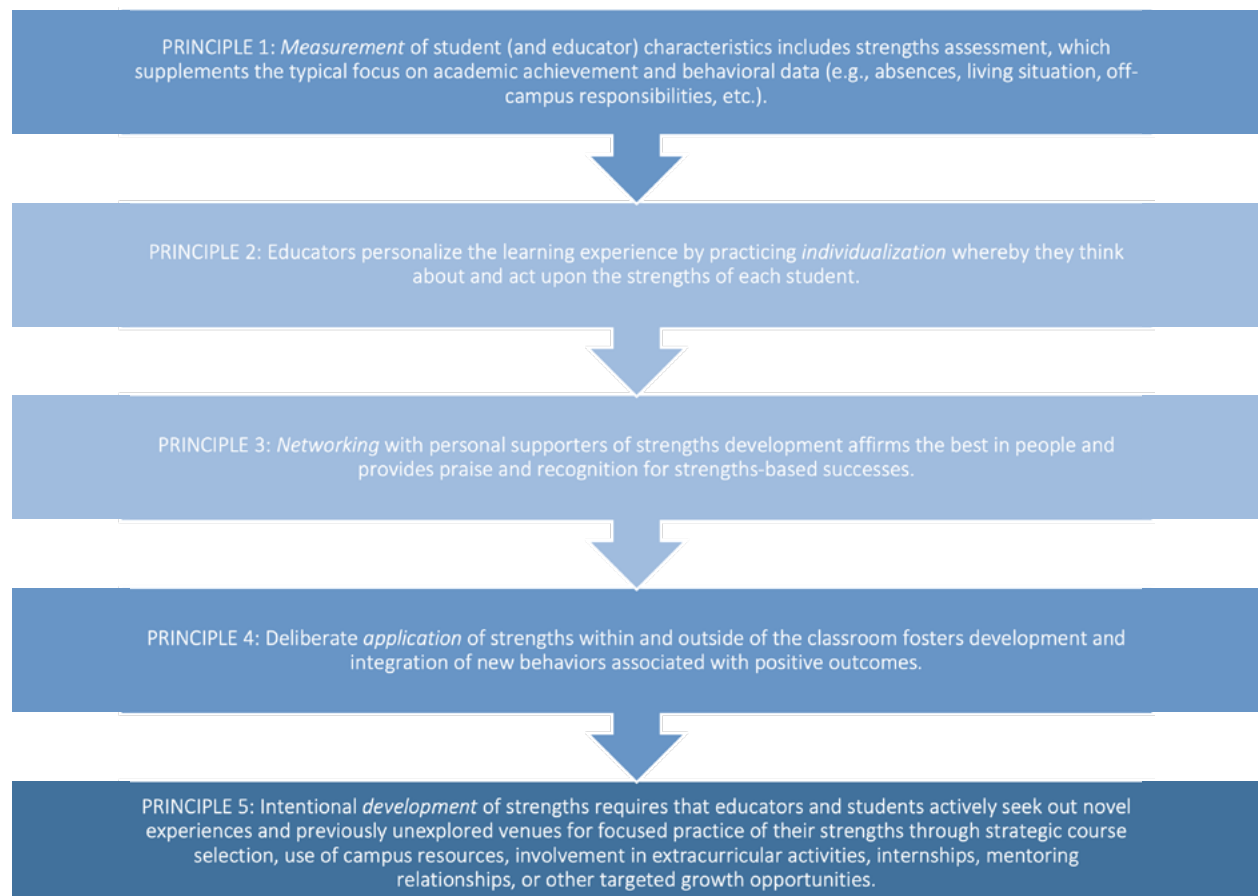
Figure 16: The five principles of strengths-based education.

PERSONAL STRENGTHS ASSESSMENTS	
Values in Action Survey of Character Strengths	This is a free self-assessment that takes 10 minutes and provides a wealth of information to help you understand your best qualities. VIA Reports provide personalized, in-depth analysis of your free results, including actionable tips to apply your strengths to find greater well-being.
Clifton Strengths Assessment	During this 30-minute assessment, you'll see 177 paired statements and choose which one best describes you. The assessment measures your talents – your natural patterns of thinking, feeling and behaving – and categorizes them into one or more of 34 themes.
DiSC Profile Assessment	This tool is a science-backed strength assessment that is widely used in business settings, with perhaps less applicability in educational contexts.

Table 6: Targeted tools - personal strengths assessments.

If we all have strengths, then we also all have vulnerabilities and areas for growth, and we all have room for developing new skills, knowledge, or capacities. These spaces, gaps between our current strengths – in other contexts, referred to as our 'weaknesses' – are opportunities to acknowledge the strengths of others by reaching out for assistance or collaboration. It may also be useful to think of strengths as existing along a continuum, or to use terms that allow strengths and spaces for support and growth to coexist – as they do in all of us – without the need for hierarchies or negative labels (such as 'weakness') (Thompson, 2023).

There are many personal strengths assessment tools available, some of which are shown in Table 6. Individuals who enjoy self-assessment tests or indicators, or who may find that they spur positive self-reflection, could find such tools useful. Accordingly, they may merit inclusion – at least as an option – in a learner wellness toolkit.

Creating a Personal Wellness Profile

Most of us are familiar with presenting ourselves to others. Naturally, how we present ourselves depends on who we are, but it also depends on where, why, and to whom we are presenting ourselves. Even just looking at social media, how we present ourselves will change depending on whether we are creating a LinkedIn page

or an Instagram account. Much like we might write a professional summary at the start of a resume, or introduce ourselves to an audience, or post an 'about me' statement on a social media platform, we can also write a personal wellness profile. In developing a wellness toolkit, you may want to provide your learners with a place to develop such a profile. If you provide a way to 'snapshot' that profile, you can allow the learner to change it as they progress in their studies at your Institute, while also being able to use the initial profile as a kind of **baseline** or **benchmark**.

The very act of creating a personal wellness profile can also be supportive of wellness. For example, using creative media (selfies, audio, video, and the ability to upload moving or still images of artwork, dance, nature walks or hikes, foods gathered/ prepared/ preserved, etc.) creates a built-in exercise in reflecting on and expressing how a learner is thinking, feeling, and journeying. Whatever personal wellness profile format you choose (for example, using a shell in your Institute's learning management system), it should be considered a best practice to allow for as many modes of communication as possible, in order to maximize inclusivity (see Figures 11 and 12 in the prior chapter of this workbook).

One of the ways a learner can be prompted to develop a deeply personal personal wellness profile is through responding to gentle, inspiring questions. These

questions could be initiatory (i.e., asked only when they create their profile) or could come up periodically as part of a personal check-in. An additional linkage Indigenous Institutes may want to make is with the strengths assessments listed in Table 6. There are many ways this type of external assessment could be integrated into a learner's first use of a wellness toolkit; or conversely, these could be used as an inspiration for an II's development of its own, culturally grounded self-assessment tool (being careful not to venture from inspiration to plagiarism, of course).

WHAT? Initial thoughts about how you think and feel.

- What happened? What did you do? What did you expect? What was different? What was your reaction? What did you learn?

SO WHAT? Try to understand why this was signficiant.

- Why does the experience matter? What are the consequences? Were your previous expectations / assumptions confirmed or refuted? What surprised you and why?

NOW WHAT? How will this experience affect you going forward?

- What are you going to do as a result of your experiences? What will you do differently? How will you apply what you learned?
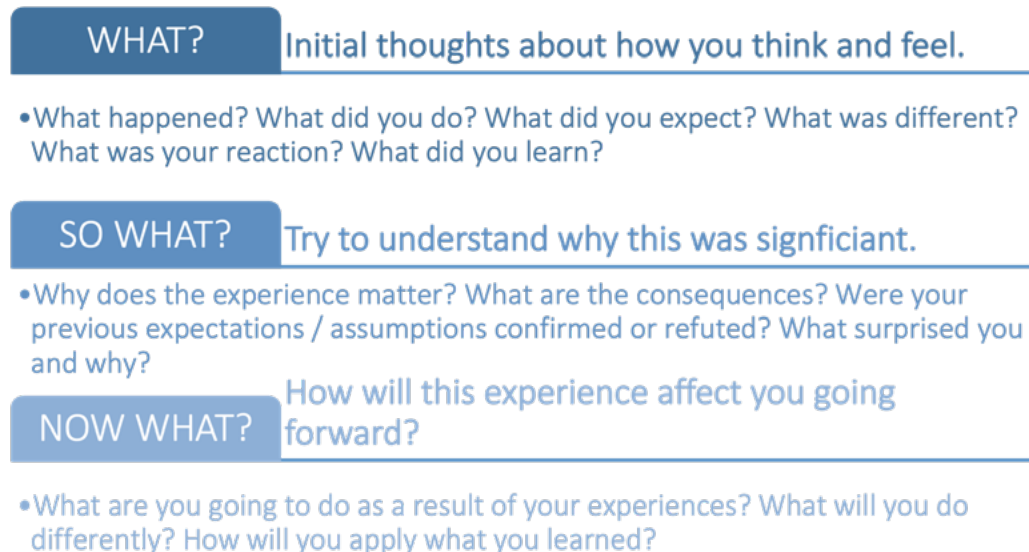
Figure 17: The Three-Stage Model of critical reflection.

BREAKDOWN EXERCISE

It can be intimidating to 'take stock' of your strengths as a broad, unfocused activity – especially for learners. To make this activity more approachable while simultaneously embedding the idea of personal development as a journey, it helps to focus on personal skills, understandings, and capabilities in terms of a specific goal.

With this in mind, turn to Worksheet G in Appendix 1, "Focusing Self-Assessment through Goal Setting." Follow the instructions to complete the exercise.

FOLLOW-UP ACTIVITY: GUIDING QUESTIONS

Take a moment to think about the kinds of skills, understandings, and capabilities that are foundational to wellness.

- What goals would you consider to be wellness goals?

- If you changed the goal you identified in Worksheet I to a wellness goal, how would that affect the skills you brought up in your self-assessment?

- How would you adapt Worksheet I to support learners in performing a 'self-assessment through wellness goal setting'?

Assembling a Personal Wellness Portfolio

Until recently, the most common use of the term 'portfolio' was in certain professions, for example the fine arts, architecture, and other occupations and pursuits where people need to show samples of their work, to demonstrate the breadth, specificity, or uniqueness of their skills. The same idea can be – and increasingly, is – applied to learning assessments. Teachers at every level have adapted this idea of demonstrating ability into a learning portfolio, a student-created collection of course-related work that can include everything from essays to critical reflections to posters, photos, videos, mind maps, and artwork. They may also capture volunteer and work experiences, co-curricular and extracurricular activities, and other learner passions and pursuits.

Learner portfolios, in all of their forms, are about not just the product (the portfolio itself) but the process (reflecting on learning, and how the objects or **artefacts** in the portfolio represent the learner). These reflections should "clearly explain how the artifact demonstrates [the individual's] growth, competencies, accomplishments, and include goals for continued learning (long and short term)" (Vandervelde, 2018). This is more specifically described as **critical reflection**, "a process of identifying, questioning, and assessing our deeply-held assumptions" that often leads to challenging or even changing one's thoughts about a subject. [in which] the goal is to change your thinking about a subject, and thus change your behaviour" (Writing and Communication Centre, 2023).

Critical reflection is a process of analysis and articulation that prompts us to think deeply. But how do we analyze? One method for analyzing is known as the Three-Stage Model, which involves asking three interlinked questions: What? So what? And now what? (In this case, 'so what?' is not meant sarcastically – in fact, quite the opposite. Figure 17 (adapted from Writing and Communication Centre, 2023) provides a context for this prompt by showing what questions we can ask ourselves under this heading.) Using the Three-Stage Model starts with selecting an issue that was challenging, or that is currently impacting wellness. Stage 1 ('What?') entails describing the issue, your role, and other personal observations about what you think/thought and feel/felt. In Stage 2 ('So what?'), understanding drops to a deeper level. Using what you uncovered in the first stage, you consider why the issue is/was significant or relevant. In the third ('Now what?) stage, you think through how the experience could or should influence explore how the experience will shape your future thinking and behaviour.

How do learners select items for their portfolio? Ideally, each person will have a range of choices, here, based on their own needs, strengths, individual context, and current position along their unique wellness journey. In general, however, the Indigenous Institute will want to provide options that clearly demonstrate built skills, key experiences, important understandings, and new discoveries. There are many platforms for developing an ePortfolio, including Dropbox, a PowerPoint slide deck, or even Word documents; while free software such as FolioSpaces can be leveraged. Of course, non-electronic options are also important, may be preferred by certain learners, and the II as a whole may opt for blended or even exclusively material/tangible and face to face wellness tools. It is important to remember, however, that many younger learners grew up using e-media and find it familiar and supportive. For those who prefer journalling or scrapbooking as a wellness tool, there are also free e-options, including Penzu or Day One.

Figure 18: Five steps to developing positive wellness habits.

- Set a specfic goal.
  - "I'll focus on my breathing for 15 minutes a day."
- Create a detailed, cue-based plan.
  - "I'll focus on my breathing for 15 minutes a day after, my last class."
- Make it enjoyable to repeat.
  - "I'll only watch this show while I'm making dinner."
- Foster flexibility.
  - Given yourself a small number 'emergency reserves' for days that you really can't meet your goal.
- Find the right kind of social support.
  - Try hanging out with people who are just a little bit ahead of you, on the same path.

Performing Personal Check-Ins

There is increasing agreement that 'self check-ins' are important to personal wellness. The mental health legacy of generations of mainstream North Americans is one of everyday stoicism, or 'bottling up' of feelings, and (often severe) stigmatizing of persons who struggle with wellness, leaving many people today feeling hesitant, unaware, and isolated. Power imbalances in post-secondary settings – a real or perceived hierarchy, with learners at the bottom – exacerbate this. This is also one of the areas in which the strong rooting in community, which all Indigenous Institutes have, may be a disadvantage as well as an advantage, a vulnerability as well as a strength: Learners enter post-secondary studies already known, for good or bad, without the opportunity that their mainstream counterparts have of a fresh start and the opportunity to forge new relationships, from scratch. Another key factor impeding learners checking in with themselves is the fact that many Indigenous post-secondary learners are juggling a number of profound responsibilities to their families and communities. As a result of these factors, Indigenous post-secondary learners may try to put their feelings to the side, deprioritize their own wellness, and avoid accessing wellness supports.

Encouraging self check-ins is a vital, but complex, part of a wellness toolkit. How learners will want to check in with themselves, of course, will be very personal. Simple, plainly stated, supportive guiding questions can often jump-start the process, as illustrated in Figure 18 (adapted from IDONTMIND, 2020).

Self Check-In

• How am I feeling today? (Mentally? Physically?)
• What is occupying my headspace?
• When was my last full meal? Have I had enough to drink?
• How have I been sleeping?
• Have I been getting physical exercise?
• What did I do today that made me feel good?
• What can I do today that would be good for me?
• What is something that I'm looking forward to?
• What is something I can do with a friend or family member?
• What am I grateful for?

Figure 19: Sample questions for a self check-in.

Determining When to Intervene

It can be helpful to learn the signs of a mental health crisis, which is "any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community" (Brister, 2018, p. 5). There are a number of signs that such a crisis is either on the horizon, or is already happening, and the learner is in immediate need; some of these are illustrated in Figure 19 (adapted from Brister, 2018, p. 3). The question of intervention is complicated by hybrid/blended supports, since many of the indicators of a crisis can only be discerned in person. In developing the online components of a learner wellness toolkit, a great deal of attention to this topic is merited.

Promoting Wellness Habits and Supportive Behaviours

Ideally, the activities included in a learner wellness toolkit will become wellness **habits**, linked to promoting **healthy behaviours**. There are a number of habit tracking apps, including habatica or Productive, that may make a strong contribution to a learner wellness suite at an Indigenous Institute, in addition to which there are some common steps that can be used in exploring a custom approach, as illustrated in Figure 17 (adapted from Milkman, 2021).

SOCIAL WITHDRAWAL
- Sitting and doing noting for long periods of time
- Losing friends, unusual self-centeredness and self-absorption
- Dropping out of previusly enjoyed activities
- Declining academic, work or athletic performance

MOOD DISTURBANCE
- Deep sadness unrelated to recent event or circumstances
- Depression lasting longer than two weeks
- Loss of interest in activities once enjoyed
- Expressions of hopelessness
- Excessive fatigue, or in inaiblity to fall asleep
- Pessimisim; perceiving the world as gray or lifeless
- Thinking or talking about suicide

THOUGHT DISTURBANCES
- Inability to concentrate
- Inability to cope with minor problems
- Irrational statements
- Use of peculiar words or language structure
- Excessive fears or suspiciousness, paranoia

IRREGULAR EXPRESSION OF FEELINGS
- Hostility from one who is usually pleasant and friendly
- Indifference to situations, even highly important ones
- Inability to express joy
- Laughter at inappropriate times or for no apparent reason

CHANGES IN BEHAVIOR
- Hyperactivity, inactivity, or alternating between the two
- Lack of personal hygiene
- Noticeable and rapid wieght loss or gain
- Involvement in automobile accidents
- Drug and alcohol abuse
- Forgetfulness and loss of personal possessions
- Moving out of home to live on the street
- Not sleeping for several nights in a row
- Bizarre behavior, e.g., skipping, staring, strange posturing, grimacing
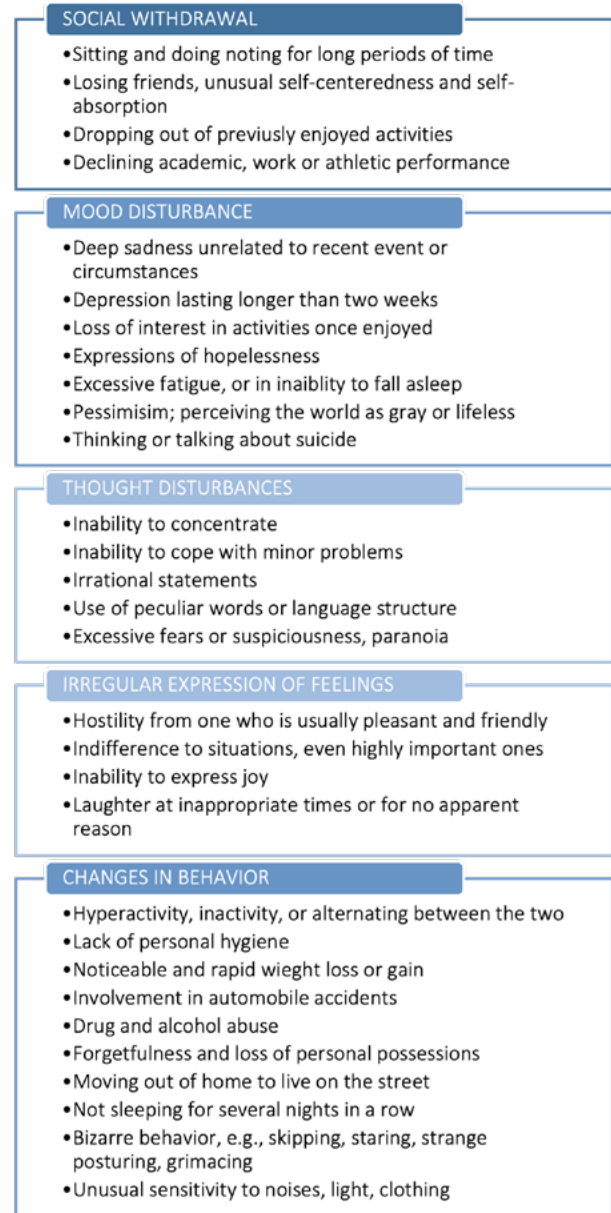- Unusual sensitivity to noises, light, clothing

Figure 20: Signs of a mental health crisis.

Delving Deeper

Capturing the Visible Evidence of Invisible Learning

Drawn from the Visible Knowledge Project, a scholarship of teaching and learning project involving 70 faculty from 22 institutions, exploring the impact of technology on learning. "Approaching the second decade of the twenty-first century, we're riding an unstoppable wave of digital innovation and excitement. New products and paradigms surface daily. New forms of language, communication, and style are shaping emerging generations. The effect on culture, politics, economics and education will be transformative. As educators, we have to scramble to get on board, before it's too late."

Creating Healthy Habits: Make Better Choices Easier

"We know that making healthy choices can help us feel better and live longer. Maybe you've already tried to eat better, get more exercise or sleep, quit smoking, or reduce stress. It's not easy. But research shows how you can boost your ability to create and sustain a healthy lifestyle."

How to Journal: Your Complete Guide to Getting Started with Journaling

"This comprehensive "How to Journal" article will answer all of your questions about what journal writing is, how you can use it, and what benefits you can experience from this type of writing. It also includes many journal writing prompts to help you get started. Lastly, while journal writing is typically a solitary act, you don't have to journal alone or in isolation. This article will tell you where you can get some help and support for your journal writing, including the option of engaging in a journal writing community and group."

Adapting the Experience

A key accompaniment to this workbook is the learning management system (LMS) sample shell. This was developed in Desire2Learn (D2L) Brightspace but is available as a common cartridge, ready to upload to most LMS platforms currently in use across Ontario. Having the LMS sample shell accompany the workbook assumes that an Indigenous Institute will opt to have at least a blended/hybrid online and in-person delivery modality for their learner wellness toolkit. This chapter addresses customization of the sample shell, so that the online portion of the toolkit is as unique as its home institution.

Customization, Copyright, and Open Access Resources

One option to ensure the maximum reusability of a digital tool like an LMS shell is to embrace **Open education**, which "encompasses resources, tools and practices that are free of legal, financial and technical barriers and can be fully used, shared and adapted in the digital environment [thus] maximiz[ing] the power of the Internet to make education more affordable, accessible and effective" (SPARC, 2023). **Open education resources** (OERs) are, at least ideally, freely downloaded, edited, and shared so that they may benefit all students; these are not just online resources, however, but can include print, digital, and audio formats. OERs are increasingly easy to access since eCampusOntario has made a library of resources and support available. Once the LMS shell is customized, Indigenous Institutes may want to consider Creative Commons licensing to protect any use of Indigenous knowledge, as well as unique content that may require protections such as limited reusability or prohibiting editing. Getting to know the various kinds of CC licenses is becoming increasingly necessary in the education sector, as open education proliferates and OERs become more common.

Customizing Graphics

Good graphic design is an important factor in reaching and engaging a target audience, not only because well-designed images and layouts are attention grabbing, but also because it provides an avenue for building brand recognition that helps current and potential learners connect with an educational institution. These days, customizing graphics is easier than ever these days. This workbook, for example, was developed using nothing more than Microsoft Word, despite the limitations of this programme for graphic design. Many II staff will be familiar with PowerPoint, another programme from the same software suite that also provides drop-in, customizable graphics. Although proprietary, both Word and PowerPoint are widely available, which facilies the ability to reuse and adapt graphics. Other free or low-cost options include Adobe Express and Canva.

Most learning management systems come with a library of stock images, while allowing subscribers to upload their own, unique graphics. This latter functionality complements the fact that most Indigenous Institutes have archives of photographic images compiled through recording in person learner outreach and engagement activities (for example, land camps, beading workshops, talks by knowledge-keepers, etc.), as well as local images that are unique to their home communities (landscapes, cultural practices, etc.). To make certain that these images can be embedded in the LMS shell, try to avoid saving them in a proprietary or uncommon format. It goes without saying that the individual or team responsible for customizing the LMS shell should have access to relevant photographic and design element archives/libraries at the Indigenous Institute.

Another source of graphics are existing materials either used as is or adapted – this technique in use through this workbook. In any such cases, the original source must be given appropriate credit, while steps must

be taken to ensure that such fair use is not prohibited by the original copyright holder. An II may want to use an in-house photographer (amateur or professional), or contract one, to create high-resolution images of appropriate images from their physical or community heritage centres, libraries, or museums – for example, beadwork, ceramics, wampum, etc. In such cases, access and publication will likely be governed or guided by resident experts at these facilities, or by community Indigenous knowledge holders.

BREAKDOWN EXERCISE

Look back at your completed Worksheet B and reflect on the ideas you recorded there.

Spend some time navigating through the sample learning management system shell. Do this in at least two 'passes:' once in learner view, and again in developer view. Keep rough notes as you go, commenting on anything you found especially challenging, particularly engaging, unusually effective, or highly problematic/ unsuccessful.

When you have had time to perform these two passes, turn to Worksheet H in Appendix 1, "Assessing the LMS Shell for Adaptation." Follow the instructions to complete the exercise.

FOLLOW-UP ACTIVITY: GUIDING QUESTIONS & VISUALIZATION

Looking at your notes and your completed Worksheet I, take a moment to reflect on how to operationalize your ideas before moving through the questions, below.

- Does the sample LMS shell reflect your idea of what a virtual learner wellness toolkit is/does? If the LMS shell had been based on your 'foundational wellness concept' (Worksheet B), how would it differ from the sample shell?

- Sketch a map of the learner journey through your vision of an adapted LMS shell. You can do this as a straight-line pathway, a branching pathway, or any other visual representation that resonates with your Worksheet B.

Embedding Audio & Video

One of the strongly emphasized elements of wellness across all contexts is the importance of Indigenous languages to/in Indigenous wellness. Accordingly, audio files gain additional importance in thinking through customizing the learning management system shell. There are free audio editors available such as Audacity, OcenAudio, and WavePad, while the Indigenous Institute looking to embed audio may already have recordings on file, for example words of welcome in one or more community languages. In the case of D2L Brightspace, the interface allows easy uploading and labelling of audio files, while Information Technology, Information Services, or Teaching and Learning Centre staff can likely provide hands-on support, or even peer mentoring, for staff charged with customizing the shell.

Video can add a critical, personal touch in support of the learner; even though it is not 'face-to-face,' video does put 'a face' to the information. It can also present an opportunity for direct engagement with shared or critical experiences using Indigenous methodologies such as active sharing/demonstration, storytelling, and mentorship. As with audio, there are many free video editing options such as DaVinci Resolve, Lightworks, and HitFilm.

One vital consideration in working with both video and audio files is respecting and reinforcing the intent of the original speaker/presenter, or in other words, to avoiding distorting their words or other expressions. For example, there can be a strong inclination to find a video file for a given module in the LMS, that leads the customization staff to choose the closest approximation of what is actually required, appropriate, or useful. This may particularly be the case where the Indigenous Institute has its own video archive or even a YouTube channel. Care should always be taken to first, ensure faithfulness to the narrative speakers/presenters wish to put forward, and second, consider whether the resource truly supports the module, lesson, or activity, and thus the learner. In the case of external audio and video resources (for example, YouTube content), it may be

wise to seek out the original creator or poster to confirm understanding of the recording's meaning and purpose and inquire about the author or reproducer's comfort with its use in the learner wellness toolkit. In the case of copyrighted resources of any kind – including certain Creative Commons licenses – this is not an option, but an imperative.

Ensuring Accessibility

Not everyone has access to the user experience that was at the core of the LMS shell design. While it may be understandable that a 'typical' user was the focus, a range of comfort levels, acuities, and information processing approaches must be incorporated into accessible media design. While some accessibility barriers are well understood, too few designers appreciate the breadth of needs and experiences that users may have. In addition to the specific supports listed in Figure 20, some users employ multiple accessibility features simultaneously – for example, a user may want all of captions, description of visual information as text, and description in audio (infographic developed based on information at W3C, 2023).

In the case of visual media, including both still and moving images, a key accessibility measure is the addition of alternative text or **alt-text**, which is used to "convey meaning and provide context in place of an image, graph and other media" (MTU, 2023). This allows screen readers to process and convey the content of images to users for whom visual information would otherwise be unavailable. In other cases, graphic, photographic, and video information is given in audio format, making audio is both a key function of accessibility as well as a location for accessibility interventions. The Web Accessibility Initiative has resources for planning audio and video media, description of visual information, captions/subtitles,

transcripts, sign language, and supportive media players. Accessibility considerations may also play a role in the selection of external media. For example, one of the key advantages of using YouTube videos in the customization of the LMS is the built-in accessibility features, including automatic captioning and transcripts.

In customizing the learning management system shell, Indigenous Institutes may also choose to develop and add an accessibility statement. This is a requirement in some jurisdictions.[9] Accessibility statements show users that they are affirmed and welcomed, while additionally providing specific information about how barriers to the content have been lowered.

Many deaf users will get audio information from **transcripts** or **captions**. Some prefer sign language.

Some hard of hearing users like **captions** to fill in what they might not otherwise hear fully.

Some users who have difficulty processing auditory information use **captions**. **Transcripts** allow them to read at their own pace.

Users who are blind or have low vision use descriptions of visual information (called audio description, video description, or described video).

Users who are deaf-blind use a **screen reader** and braille to read **descriptive transcripts** of audio and visual information.

Some users need descriptive transcripts to support their audiitory-visual focus and comprehension in the context of changing visuals.

Some users employ **speech recognition software** to operate their computer, including the media player (which replaces a mouse for blind users).
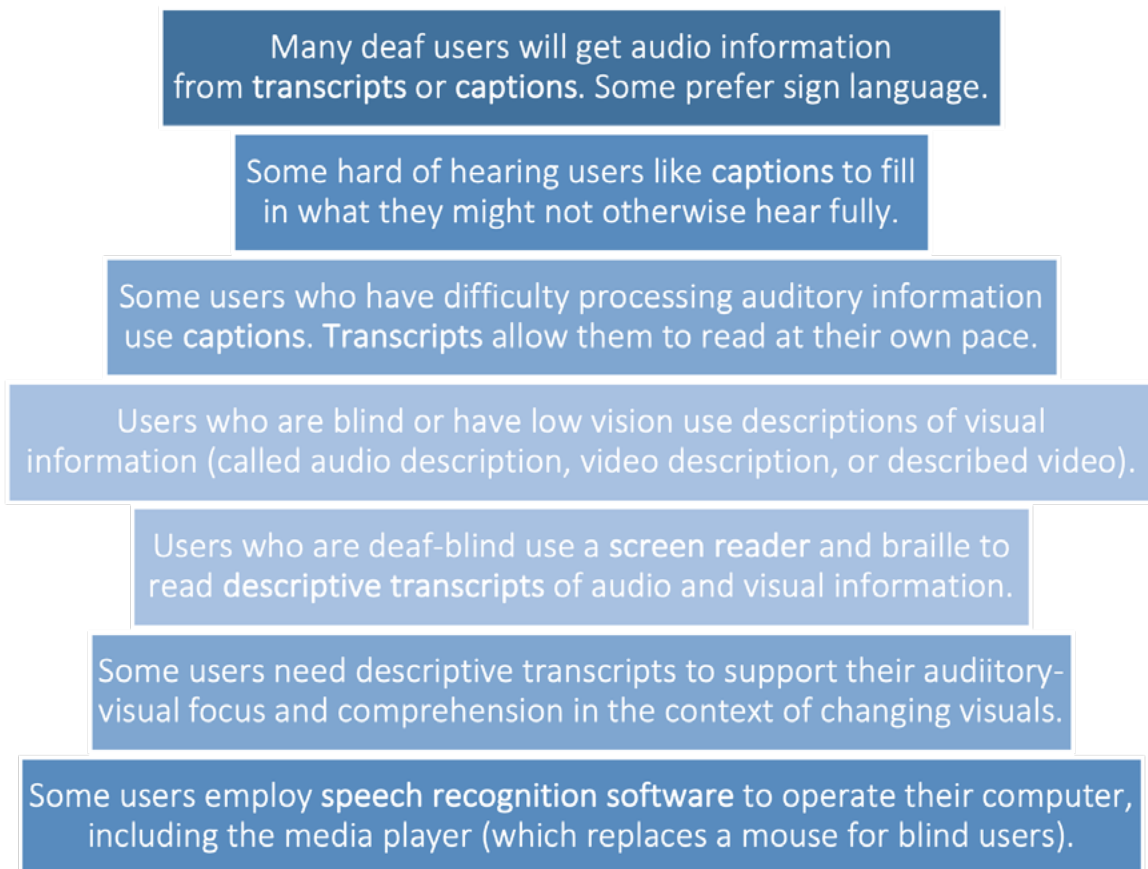
Figure 21: Needs and experiences of users with disabilities.

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9 Guidance on Canadian law is available from the Web Accessibility Laws & Policies page of the W3C site.

Delving Deeper

8 Basic Design Principles To Help You Make Awesome Graphics

"Slick tools are only part of the puzzle. You still need to develop an eye for what design decisions improve your work and what detracts from your message. Here are eight basic design principles to keep in mind when working with visuals and creating graphics, plus templates to help you get started with great design."

Graphic Design and Print Production Fundamentals

"This textbook — written by a group of select experts with a focus on different aspects of the design process, from creation to production — addresses the many steps of creating and then producing physical, printed, or other imaged products that people interact with on a daily basis. It covers the concept that, while most modern graphic design is created on computers using design software, the ideas and concepts don't stay on the computer. The ideas need to be completed in the computer software, then progress to an imaging (traditionally referred to as printing) process. Keywords are highlighted throughout and summarized in a Glossary at the end of the book, and each chapter includes exercises and suggested readings."

How to use PowerPoint for Graphic Design

"If there's one thing most eLearning and instructional designers struggle with, it's hands-down graphic design! And if you're intimidated or can't afford complex graphic design tools, like Adobe Illustrator or Photos, it can seem hard to figure out how to elevate your graphic design skills. But here's the truth: the best graphic design tool is the one you have access to and know how to use. And for most people, that tool is PowerPoint. So, in this How-To [video] Workshop, I'm sharing my top tips for how to use PowerPoint for graphic design."

Open Educational Resources

"Open Educational Resources (OER) are any teaching and learning materials that are made available to others to use without cost, and with an open license that allows them to reuse, revise and redistribute them. This module will outline the advantages of using OERs, qualities that make a resource "open", and provide you with some key concepts that will prepare you to use, adapt, and create your own open educational resource."

OER Mythbusting

"While the movement for Open Educational Resources (OER) has grown exponentially across North American higher education institutions, some myths about OER still remain. Whether it is confusion over the meaning of open and related concepts such as free or digital, or adherence to folk wisdom such as 'you get what you pay for,' there are many common misunderstandings about OER. Our hope is that it will provide a useful resource for both OER advocates and those seeking to learn more about the topic."

W3C Accessibility Standards Overview

"The World Wide Web Consortium (W3C) develops international Web standards […]. W3C's Web standards are called W3C Recommendations. All W3C standards are reviewed for accessibility support by the Accessible Platform Architectures […] Working Group. The W3C standards and Working Group Notes introduced [here] are particularly relevant to accessibility."

Developing an Accessibility Statement

"This tool helps you create an accessibility statement for your own website, mobile application, or other digital content. You can download the statement you created, and further customize, style, and brand it. Read more below about accessibility statements or generate an accessibility statement right away."

Reviewing and Revising the Toolkit

Running a Pilot

A **pilot** is a scaled down version of the full initiative that provides both critical feedback and important predictors about the full version, before its implementation. A pilot is planned in much the same way the full version of the initiative is, only with a select audience or roster of participants. Many of the previously provided worksheets and resources can be used to plan a pilot of the learner wellness toolkit. Of course, a pilot will not be able to provide you with all the information needed – some challenges will simply present themselves along the way, once the toolkit has been rolled out. The steps involved in running a pilot are presented in Figure 21 (adapted from Indeed Editorial Team, 2023).

Finding Pilot Participants

Formally, the process of picking participants for a pilot is called **sampling**. There are four main methods used, named and defined in Figure 22 (adapted from George, 2023).

Whatever method chosen, it is important to beware of pitfalls. There is sometimes a temptation to pick participants based on irrelevant criteria that will skew the findings of your pilot; this is known as **selection bias**. For example, pilot planners may unconsciously gravitate toward participants who would have a positive view of the project or programme being piloted. Similarly, many authors of pilots have a tendency to select participants who are like themselves, or through misjudging the diversity of the audience of the full version of the initiative. This can lead to results that are not generalizable, initiatives that do not serve the target group, and valid accusations of failing to honour principles of representation and inclusion.
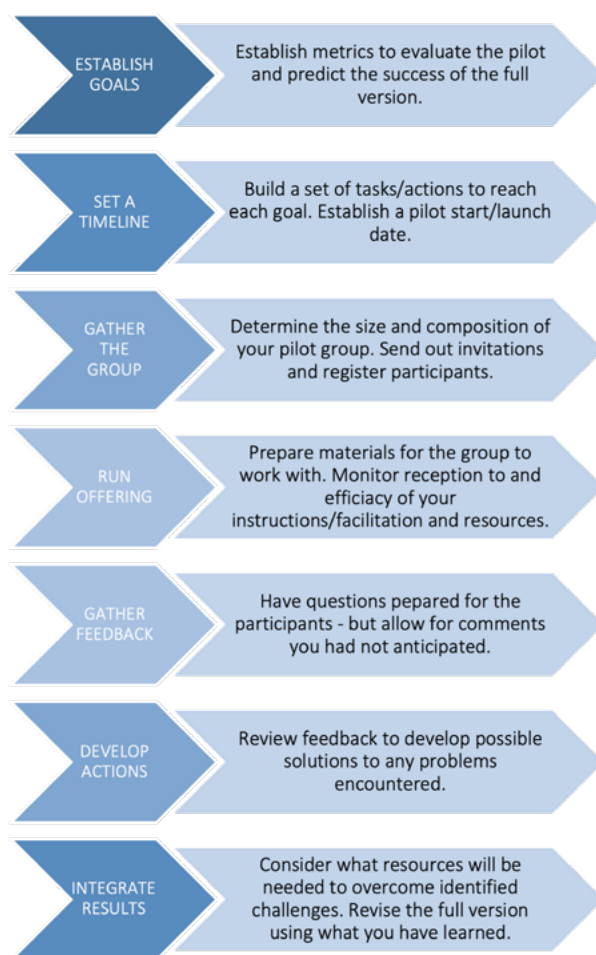
ESTABLISH GOALS — Establish metrics to evaluate the pilot and predict the success of the full version.

SET A TIMELINE — Build a set of tasks/actions to reach each goal. Establish a pilot start/launch date.

GATHER THE GROUP — Determine the size and composition of your pilot group. Send out invitations and register participants.

RUN OFFERING — Prepare materials for the group to work with. Monitor reception to and efficacy of your instructions/facilitation and resources.

GATHER FEEDBACK — Have questions pepared for the participants - but allow for comments you had not anticipated.

DEVELOP ACTIONS — Review feedback to develop possible solutions to any problems encountered.

INTEGRATE RESULTS — Consider what resources will be needed to overcome identified challenges. Revise the full version using what you have learned.

Figure 22: Steps in running a pilot.

Indigenous Self-Care in Indigenous Education: Developing an Institutional Wellness Toolkit

Gathering & Acting on Feedback

When asking for feedback, the kinds of questions you use will have an impact on the results you gather. There are three types of questions: **closed-ended questions, open-ended questions, and numeric questions.**

Closed-ended (i.e., yes/no) and numeric (i.e., quantifying) questions provide easy answers to analyse, but may miss out on important nuances. Open-ended questions allow respondents to provide more information but are harder for you to use without a lot of reflection on how to incorporate non-comparable results (i.e., when all respondents answer in their own unique way). However, open-ended questions can also provide narratives (stories) that support your use-case and may be helpful in promotions.

When building your feedback instruments, it is important to avoid asking **leading questions**, which will **bias** the responses. You should also avoid asking too many questions, at least all at once, to ensure respondents have sufficient time to provide high-quality answers and so that they do not feel overwhelmed or burdened, and thus gain a negative impression of your pilot.

Feedback does not have to be a one-time occurrence, either. You can also build a **feedback loop**. With this method, you follow up with the pilot participants once you have made changes, to find out what they think before you launch the full project. This can be combined with a best practice in collecting feedback: 'closing the feedback loop.' Even if pilot participants have been materially compensated for their time and effort, letting them know that you heard their feedback, and that you acted on what you heard, honours their voice and their contribution to the successes of the project.

What type of feedback you get will depend on who you engage. You might, for instance, decided to host a trial-run of one element of the toolkit, to get feedback on its design and participant reactions. You may also choose to bring together a **focus group** of learners to provide targeted feedback on a particular toolkit element. If you do run a focus group, you may want to schedule smaller groups of 6-12 people (and run multiple focus groups instead of one much larger one.
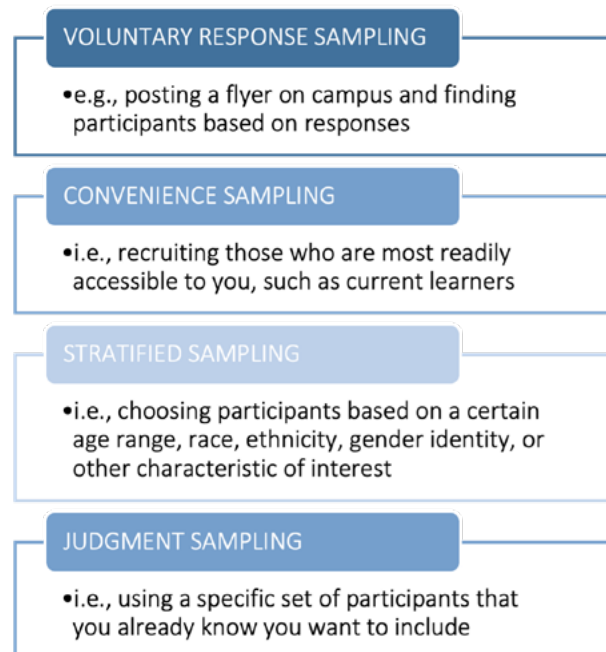

Figure 23: Types of sampling, used in selecting participants for a pilot.

A Workbook for Indigenous Institutes

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Monitoring and Evaluating

Once an institutional learner wellness toolkit has been implemented, periodic information gathering will be necessary to monitor its success. In turn, that information gathering will require a clear, careful process in order to run smoothly, and to provide meaningful and comprehensive data to drive informed decisions. This points to the need for a **monitoring and evaluation plan**, "a living document that should be referred to and updated on a regular basis," which helps "track and assess the results of the interventions throughout the life of a program" (SpringBoard Compass, 2022). More broadly, 'monitoring and evaluation' are processes that support assessment of initiatives, programmes, and interventions in terms of evolution over time (i.e., monitoring); effectiveness of implementation, including any places the result fell short of expectations (i.e., evaluation); and whether positive changes can be directly attributed to the initiative/programme/intervention alone (i.e., impact evaluation) (ILO, 2015).

It is here that the institutional wellness indicators will come back into play. For example, if one of the wellness goals for supporting learner wellness has been defined as 'staff trained in mental health first aid,' the institute may have 'number of staff trainings held' as an indicator. In this case, the monitoring and evaluation plan for this specific indicator should include that specific indicator as well as the data source and person responsible for its collection (see Figure 23, adapted from SpringBoard Compass, 2022).

INDICATOR	DATA SOURCE	TIMING of DATA COLLECTION	PERSON RESONSIBLE
•number of staff trainings held	•training attendance sheets	•every 6 months	•staff trainings coordinator

Figure 24: Monitoring and evaluation roles and responsibilities for a sample indicator.

INDICATOR	BASELINE	YR. 1	LIFETIME TARGET	% TARGET ACHIEVED
number of staff trainings held	0	2	10	20%

Figure 25: Monitoring and evaluation plan results table for a sample indicator.

Similarly, there will need to be data gathering and analysis, leading to internal review and external reporting on each indicator, recoding and assessing progress toward clear goals. Looking again at the sample indicator, 'number of staff trainings held,' the results table for Year 1 of the Indigenous Learner Wellness Toolkit initiative at your II may look something like Figure 24, above (adapted from SpringBoard Compass, 2022). The institutional monitoring and evaluation plan, then, must include an account of (a) what data will be collected and analysed and (b) how those results will be communicated. Consider, when writing the plan, whether staff will need specialized skills (for example, statistical methods training) and/or if you will use software to perform the analysis (e.g., Excel). Blank templates for data recording and reporting – a version of Figure 24, above – should also be included. Finally, the plan will need to specify how the II will report and disseminate information on the progress and success of the programme/ intervention. This means thinking about the identified stakeholders who would benefit from this reporting. Closing the feedback loop, discussed earlier, and effective knowledge dissemination go hand in hand.

Beyond indicators, information should also be collected in order to improve the learner wellness toolkit itself, from year to year. This is part of **iterative design**, a "circular design process that models, evaluates and improves designs based on the results of testing," as illustrated in Figure 25 (adapted from BBC, 2023). After all, neither monitoring nor evaluation is a one-time event. Instead, these are parts of "a continuous process of collecting and analysing information about a programme, and comparing actual against planned results in order to judge how well the intervention is being implemented" (ILO, 2015, p. 1) There may also be different timeframes for different milestones, instead of one larger, overarching schedule for the learner wellness toolkit as a whole, meaning that even evaluation would not simply occur at a single point (for example, at the end of the implementation phase).
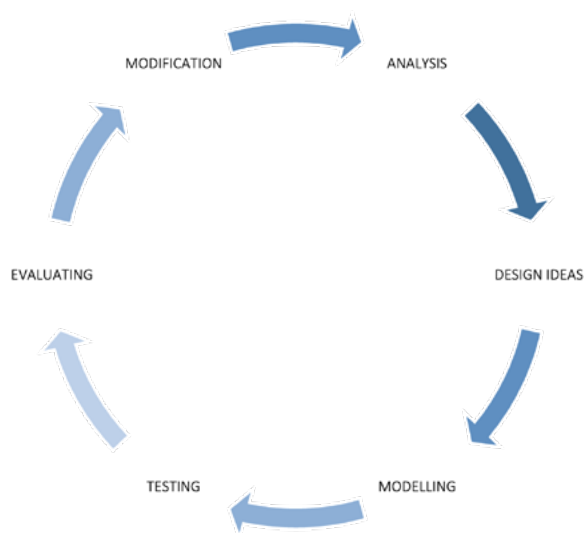

Figure 26: The iterative design process.

Delving Deeper

Toolkit for Conducing Focus Groups

This manual has been provided to assist you in conducting focus groups. Consider this manual a "toolkit" that will facilitate your training and enhance your facilitation skills.

Ottawa-Carleton District School Board: Framework for Student Well-being

This comprehensive document embeds monitoring and evaluation within a framework intended to "have every student leave our school district with the [Ottawa-Carleton District School Board] Exit Outcomes Characteristics and Skills. The Framework for Student Well-being serves to guide us towards this goal within a Community of Character."

Basic Principles of Monitoring and Evaluation

This resource introduces readers to the basics of M&E. "Often […] the attention of policy-makers and programme managers is focused on inputs (e.g. the human and financial resources used to deliver a programme) and outputs (e.g. number of participants), rather than on whether the programme is achieving its intended outcomes."

BREAKDOWN EXERCISE

It is time to bring together information from prior chapters and what has just been presented on Reviewing and Revising the Toolkit.

Turn to Worksheet I in Appendix 1, "Moving Forward with Wellness Indicators."
Follow the instructions to complete the exercise.

FOLLOW-UP ACTIVITY: GUIDING QUESTIONS

Take a moment to think what you have learned about monitoring and evaluation in this chapter.
Answer the following questions by additionally drawing on prior chapters in this workbook.

- Who are the stakeholders of your learner wellness toolkit? What kind of information would you need to provide to them? In what format? On what schedule?

- What are some of the existing internal review processes your Indigenous Institute uses for programming? How could monitoring and evaluating the learner wellness toolkit fit into these processes?

Active Learning Worksheets

Worksheet A: The Social Determinants of Indigenous Education in My Community

What you'll need:

A printout of this worksheet; a yellow, orange, or pink highlighter pen (so it shows up against blue); and a black felt-tip or ballpoint pen.

Instructions:

Read over the graphic, below, and give yourself time to reflect on it. When you are ready, use your highlighter pen to highlight the social determinants that you know operate in your local context. Using your regular pen, cross out any social determinants that you do not feel are an issue, or are not an issue for your learners right now. Finally, write in any missing social determinants that you can think of, using a line to connect them to the appropriate heading (written around the outermost ring of the circle graphic).
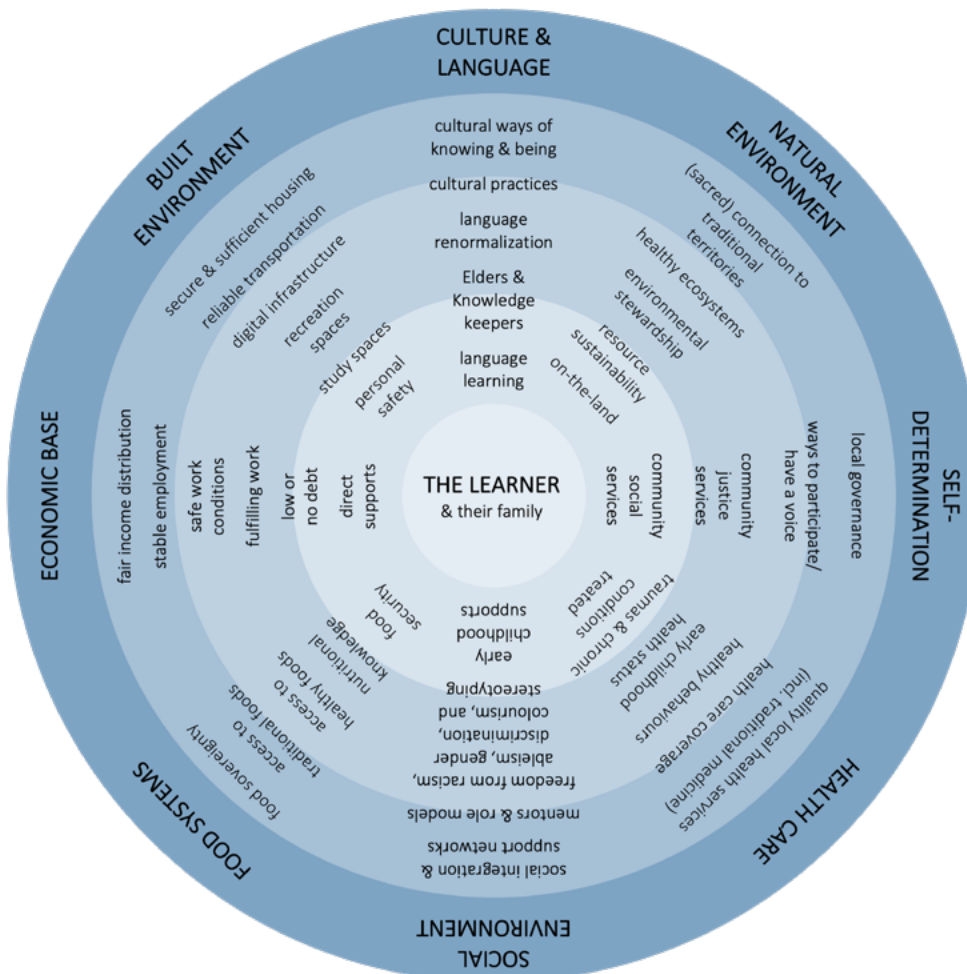
Worksheet B: Reflecting on a Foundational Wellness Concept

What you'll need:

A printout of this worksheet; your favourite drawing or writing instrument; and any additional (blank) paper you may need.

Instructions:

What is your institute's concept of wellness, or the idea underlying wellness? (If your institute does not have a set concept or idea, use your community's concept or idea, or work with your own personal thoughts on wellness.)

Take a few moments to describe this concept or idea, below.

You can use words or visuals; you can write a bulleted list, you can put words terms inside of thought bubbles or other shapes, or you can use complete sentences. You can even write a poem, or sketch out whatever images occur to you. You can think about wellness in terms of life stages, making note of practices, behaviours, or ceremonies that you associate with wellness. Feel free to make note of songs or even sounds that come to mind (e.g., the sound of a river or rain, or laughter or a drum, etc.).

Worksheet C: Getting Started with Wellness Indicators

What you'll need:

The resource you selected in the Breakdown Exercise box, either printed out or loaded in your preferred e-reader; a printout of all five pages of this worksheet; your favourite drawing or writing instrument; and any additional (blank) paper you may need.

Instructions:

Read through the resource. As you read, use either a highlighter pen or the highlighter tool in your e-reader to highlight any indicators (potential or actual) that you come across. In some cases, the resource may list or define actual wellness indicators. In others, you will need to spot potential indicators by looking for places where the resource discusses ways that wellness is measured or evaluated, signs of wellness or unwellness, etc.

Select three indicators you identified. Transcribe these indicators into the infographics below (one indicator per infographic) and complete the remaining fields.

(POTENTIAL) INDICATOR 1:		
How does this apply to your community/ Institute?	How could this indicator be measured?	What is a possible target for this indicator? (In other words: What level of positive change would be the goal?)

(POTENTIAL) INDICATOR 2:		
How does this apply to your community/ Institute?	How could this indicator be measured?	What is a possible target for this indicator? (In other words: What level of positive change would be the goal?)

(POTENTIAL) INDICATOR 3:		
How does this apply to your community/ Institute?	How could this indicator be measured?	What is a possible target for this indicator? (In other words: What level of positive change would be the goal?)

Worksheet D: Assembling the Wellness Working Group

What you'll need:

A printout of this worksheet; a pen; and any additional (blank) paper you may need, for brainstorming and keeping track of ideas as you work through the exercise.

Instructions:

Complete the table, below, showing is already working on wellness at you institute. These individuals make great potential members of a Wellness Working Group, which would undertake many of the tasks and actions outlined in this workbook (including developing institutional wellness indicators). For each person, include their job title and list their key strengths and experiences. If you have ideas about a strong role for them of the Wellness Working Group – for example, being the Chair – include those ideas in the final column. If you need extra space, print out a second copy of this worksheet, or flip it over and continue on the back of the page.

Name	Current Job Title	Key Strengths & Experience They Bring	Potential Role on a Wellness Working Group

Taking Stock of the Wellness Policy Suite

What you'll need:

A printout of this worksheet; a pen; and any additional (blank) paper you may need, for brainstorming and keeping track of ideas as you work through the exercise.

Instructions:

For each line in the tables, below, indicate whether you have a policy in place, as well as any processes that are used in operations in that specific area of wellness. If you do not have a policy, in the final column, record your thoughts on whether you think a policy should be developed. (Refer to the infographic labelled Figure xx, on page xx of the workbook, to consider the benefits of having a formal policy.)

Academic, Student Conduct, and Student Services Policies and/or Processes

Area or Issue	Policy Name	Process Name	Should a Policy Be Developed?
Academic Accommodations			
Academic Consideration			
Student Voice in Institutional Governance			
Code of Student Responsibilities			
Privacy & Confidentiality			
Consent to Disclose Personal Information			
Safe Touch			

Area or Issue	Policy Name	Process Name	Should a Policy Be Developed?
Wellness Services Client Feedback			
Financial Aid			
Student Recognition & Awards			
Orientation & Transitions			
Academic Appeals			
Student Concerns & Conflict Resolution			

Staff Wellness and Workplace Conduct Policies and/or Processes

Area or Issue	Policy Name	Process Name	Should a Policy Be Developed?
Discrimination and Harrassment Prevention & Response			
Equity, Diversity, and Inclusion			
Caregiver Accommodations			

Area or Issue	Policy Name	Process Name	Should a Policy Be Developed?
Work-from-Home/Flex Time			
Violence in the Workplace			
Staff Voice in Institutional Governance			
Performance Review & Recognition			
Professional Development			
Staff Concerns & Conflict Resolution			

Staff Wellness and Workplace Conduct Policies and/or Processes

Area or Issue	Policy Name	Process Name	Should a Policy Be Developed?
Smoke-Free Campus			
Ethical Investment			
Third-Party Vaccinations			

Area or Issue	Policy Name	Process Name	Should a Policy Be Developed?
Masking			
Campus Accessibility			
Sustainable Buildings & Green Development			
Inclement Weather & Campus Closures			
Inclusive Communications			

Worksheet F: Mapping Complementary Wellness Programming/Supports

What you'll need:

A printout of this worksheet; a pen and a pencil; and any additional (blank) paper you may need, for brainstorming and keeping track of ideas as you work through the exercise.

Instructions:

In the table in Part 1, below, list your Institute's values and any principles of care and instruction (either formal/written or informal/understood) that relate to, or embed, learner wellness. Using your pen, move on to Part 2 by listing any wellness supports that are currently in place at your II, assigning each to its proper column in the table (refer to Figure 13 in this workbook). Following this, use your pencil to add any planned supports that do not currently exist. (These can be either ready to launch, or still in the visioning stage.)

Part 1: Wellness Foundations

Institutional Values	Principles of Learner Care and Instruction

Part 2: Wellness Supports by Area

Formal	Targeted	Social	Academic	Co- and Extra-Curricular

Worksheet G: Focusing Self-Assessment through Goal Setting

What you'l need:

A printout of this worksheet; a pen; and any additional (blank) paper you may need, for brainstorming and keeping track of ideas as you work through the exercise.

Instructions:

Pick a goal (personal or professional) that you would like to pursue. Write this goal in the leftmost field of the infographic. Work through the remaining infographic fields in order, moving from top to bottom.

GOAL:

What skills, knowledges, and capabilities are needed to achieve your goal?

Which of these do you feel that you have?

How strong are the skills, knowledges, or capabilities you listed, above?

How easy or challenging is it for you to apply these skills, knowledges, or capacities?

Which of these skills, knowledges, or capcities do you enjoy applying the most? The least?

Worksheet H: Assessing the LMS Shell for Adaptation

What you'l need:

A printout of this worksheet; your completed Worksheet B; the notes you took from your two 'passes' through the sample LMS shell; a pen; and any additional (blank) paper you may need, for brainstorming and keeping track of ideas as you work through the exercise.

Instructions:

Looking back through your notes and adding any new insights that emerge as you move through this exercise, complete the table, below. The first rows ask you to assess the actual modules or content pages, while the remaining rows look at elements of the LMS sample shell as a whole.

LMS Section or Element(s)	Successful/Engaging Aspects	Less Successful/ More Challenging Aspects	Potential Adaptations
LANDING/WELCOME PAGE(S)			
CONTENT OF MODULE(S)			
SUMMARY/CONCLUDING PAGE(S)			
GRAPHICS			
WEBLINKS			
READINGS			
ACTIVITIES			
RESOURCES			

LMS Section or Element(s)	Successful/Engaging Aspects	Less Successful/ More Challenging Aspects	Potential Adaptations
LEARNER INCENTIVES			
APPS/PLUG-INS			
BUILT-IN TECH SUPPORT			

Worksheet J: Moving Forward with Wellness Indicators

What you'l need:

A printout of this worksheet; a printout of your completed Worksheet C; a pen; and any additional (blank) paper you may need, for brainstorming and keeping track of ideas as you work through the exercise.

Instructions:

For all three of the indicators you identified in Worksheet C, complete the table, below. Your entries for "How could this indicator be measured?" should appear in the column, "Data Source." If you included any ideas about how often or in what format the indicator could be measured, these would appear in the column, "Timing & collection of data;" otherwise, add those ideas from scratch. Your entries for "What is a possible target for this indicator?" should appear in the column, "Lifetime Target" (if they refer to overall change; if not, please extrapolate and add these new ideas for your overall change goal for the lifetime of the learner wellness toolkit). Finally, think about the most natural staff person to be assigned responsibility for the data collection on each indicator, and add their name in the fourth column.

Indicator	Data Source	Timing & Collection of Data	Person Responsible	Lifetime Target
#1				
#2				
#3				

Appendix 1: Glossary of Terms

Accessibility: "[T]he design of products, devices, services, or environments for people who experience disabilities" (Accessibility Services Canada, 2023a).

Active Listening: "A way of listening that involves full attention to what is being said for the primary purpose of understanding the speaker" (Grande, 2020).

Alternative Text: "Used to convey meaning and provide context in place of an image, graph and other media" (MTU, 2023).

Artefact: "An intentionally produced object (or possibly, event)" (Dipert, 1998).

Barrier: "A circumstance or obstacle that keeps people apart. For people with disabilities, barriers can take many forms including attitudinal, communication, physical, policy, programmatic, social, and transportation" (Accessibility Services Canada, 2023b).

Baseline: "A datum mark, period, event, or standard from which all other things can be measured and compared" (Gorse, Johnston, & Pritchard, 2020).

Benchmark: "A source against which one compares the area that is being researched" (Doyle, 2016a).

Bias: "[I]n statistical usage, a source of error that cannot be reduced by increasing sample size. It is systematic as opposed to random error" (Butterfield, Ngondi, & Kerr, 2016).

Brand Recognition: "The idea that the name of a brand is recognized by consumers, and conveys favourable product information" (Hashimzade, Myles, & Black, 2017).

Closed-Ended Questions: "A question to which an answer must be selected from a limited set. Questionnaire items with fixed response categories are closed questions" (Colman, 2015).

Closing the Feedback Loop: "Requires acting on information received through […] feedback mechanisms and, importantly, informing those who contributed to generating that information (respondents) about the actions taken (or not taken) based on their feedback" (Loukkola, 2021).

Colonialism: "The control over one territory and its peoples by another, and the ideologies of superiority and racism often associated with such domination" (Rogers, Castree, & Kitchin, 2013a).

Critical Reflection: "The process of analyzing, reconsidering, and questioning one's experiences within a broad context of issues and content knowledge" (Jacoby, 2010).

Culture: "[T]he shared patterns of behaviors and interactions, cognitive constructs, and affective understanding that are learned through a process of socialization. These shared patterns identify the members of a culture group while also distinguishing those of another group" (Acquisition, 2023).

Data Management: "[C]oncerns the organisation of data, from its entry to the research cycle through to the dissemination and archiving of valuable results. It aims to ensure reliable verification of results, and permits new and innovative research built on existing information" (Whyte & Tedds, 2011).

Data Management Plan: "[A] formal document that outlines what you will do with your data during and after a research project. It describes the type of data you use for your research, how are collected, organized, and stored, and what formats you use. When sensitive data are used, the DMP must also describe what steps you are taking to make your data secure and compliant with regulations. It details how data will be accessible and documented for sharing and reuse during and after the project is finished" (@Harvard, 2023).

Disability: "A complex phenomenon, reflecting an interaction between features of a person's body and mind and features of the society in which they live. A disability can occur at any time in a person's life; some people are born with a disability, while others develop a disability later in life. It can be permanent, temporary or episodic. Disability can steadily worsen, remain the same, or improve. It can be very mild to very severe. It can be the cause, as well as the result, of disease, illness, injury, or substance abuse" (Employment & Social Development Canada, 2013).

Equity: "The absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation)" (World Health Organization, 2023a).

Feedback Loop: "A cause-and-effect system in which the outputs of a system feed back in as inputs and prompt new cycles" (MasterClass, 2022).

Focus Group: "A method of studying behaviours or responses by having an organized group of participants discuss a given topic or product or idea" (Doyle, 2016b).

Food Insecurity: "The inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so" (Health Canada, 2020).

Gender Equity: "Refers to the fair treatment of women and men, irrespective of their gender. This is distinct from gender equality, which references equality of access to resources, goods, and opportunities. Gender equity can therefore mean starting from the recognition that women globally have fewer resources than men and should therefore be given proportionately more resources than men to reach gender equality" (Griffin, 2017).

Gender Expression: "How a person presents gender outwardly, through behavior, clothing, voice or other perceived characteristics. Society identifies these cues as masculine or feminine, although what is considered masculine or feminine changes over time and varies by culture" (Wamsley, 2021).

Gender Identity: "One's own internal sense of self and their gender, whether that is man, woman, neither or both. Unlike gender expression, gender identity is not outwardly visible to others" (Wamsley, 2021).

Habit: "A behavior that has become a customary or regular part of life, often to the extent that it is done without conscious thought or almost automatically, and recognized as a way to render life orderly" (Porta, 2018).

Health Behaviours: "Health behaviours are influenced by the social, cultural and physical environments in which we live and work. They are shaped by individual choices and external constraints. Positive behaviours help promote health and prevent disease, while the opposite is true for risk behaviours" (Canada, 2016).

Holistic: "An approach to understanding the human and/or biophysical worlds that places any given phenomena in the much wider context of the multiple relations that together comprise systems (ecological, economic, political, etc.)" (Rogers, Castree, & Kitchin, 2013b).

Indicators: "A way to measure and monitor a given milestone, outcome, or construct and help determine if our assumptions are correct" (Kopper & Parry, 2022).

Iterative Design: "[A] circular design process that models, evaluates and improves designs based on the results of testing" (BBC, 2023)

Kinesthetic Learning: "A learning style in which knowledge is generated by carrying out an activity, rather than listening to a lecture or observing a demonstration" (Rogers, Castree, & Kitchin, 2013c).

Leading Questions: "A question asked […] in a manner that suggests the answer sought by the questioner" (Law, 2018).

Modality: "[A] particular way of doing or experiencing something" (Cambridge Dictionary, 2023a).

Monitoring and Evaluation Plan: "A document that helps to track and assess the results of the interventions throughout the life of a program. It is a living document that should be referred to and updated on a regular basis" (SpringBoard Compass, 2022).

Morbidity: "A state of disease or poor health. Morbidity rates either refer to prevalence, i.e., the number of people suffering from a given condition at any one time, or incidence, the number of sufferers during a period, i.e. year" (Rogers, Castree, & Kitchin, 2013d).

Multimodal: "The use of more than one semiotic mode in meaning-making, communication, and representation generally, or in a specific situation. Such modes include all forms of verbal, nonverbal, and contextual communication" (Oxford Reference, 2023).

Neurodiversity: "[D]escribes the idea that people experience and interact with the world around them in many different ways; there is no one "right" way of thinking, learning, and behaving, and differences are not viewed as deficits" (Baumer & Frueh, 2021).

Nonverbal Cues: "Those elements of expression that convey social rather than factual information and serve as rich communicative signals carried in all forms of visual or aural media […] nonverbal cues have been primarily associated with emotional expression, particularly facial displays, bodily gestures, and voice tone, but they can take other forms of physical appearance or interaction" (Bucy, 2017).

Numeric Questions: "A numerical question looks just like a short-answer question in that [respondents] enter their answer into a short edit box. The difference is that the answer has to be numerical, and answers are allowed to have an accepted error range. This allows a continuous range of answers within a particular tolerance of the correct answer" (Amherst, 2023).

Open Education: "A philosophy about the way people should produce, share, and build on knowledge. Proponents of open education believe everyone in the world should have access to high-quality educational experiences and resources, and they work to eliminate barriers to this goal. Such barriers might include high monetary costs, outdated or obsolete materials, and legal mechanisms that prevent collaboration among scholars and educators" (Opensource.com, 2023).

Open Educational Resource: "Learning, teaching and research materials in any format and medium that reside in the public domain or are under copyright that have been released under an open license, that permit no-cost access, re-use, re-purpose, adaptation and redistribution by others" (UNESCO).

Open-Ended Questions: "A question that allows respondents to answer in their own words rather than according to a predetermined set of possible responses, i.e., a closed-ended question. Open-ended questions can be difficult to code and classify for statistical analysis" (Porta, 2014).

Pilot: "A small-scale test of a research project to evaluate its design. Pilot studies are frequently conducted in order to minimize the risks (and correct for potential errors) involved in large-scale survey research or other types of labor-intensive fieldwork" (Calhoun, 2002a).

Policy: "[A] set of statements of principles, values and intent that outlines expectations and provides a basis for consistent decision-making and resource allocation in respect to a specific issue" (Canadian Heritage Information Network, 2021).

Procedure: "[A]n established method of accomplishing a task, usually with steps that are performed in a prescribed order" (My Accounting Course, 2023).

Psychosocial Health: A merging of social and psychological health, "the sum of how we think, feel, relate, and exist in our day-to-day lives. Our thoughts, perceptions, emotions, motivations, interpersonal relationships, and behaviors are a product of our experiences and the skills we have developed to meet life's challenges" (Donatelle & Ketcham, 2020).

Quantitative: "Related to information that can be shown in numbers and amounts" (Cambridge Dictionary, 2023b).

Racism: "A set of social relations that is used to discriminate against people based on their assumed race" (Rogers, Castree, & Kitchin, 2013e)

Reliability: "The extent to which the results can be reproduced when the research is repeated under the same conditions" (Middleton, 2019).

Sampling: "In social research, the use of a small set of a population to represent the total population, generally because of the prohibitive cost of collecting information from a large group. There are a variety of sampling techniques applicable to different kinds of groups. The chief principle underlying all sampling methods is that the sample is randomly determined in order to minimize the risk of selection biases" (Calhoun, 2002b).

Selection Bias: "A bias introduced into a study through a poor sampling strategy that skews the findings in a particular direction. Such bias leads to erroneous conclusions about a phenomenon because it weakly represents the true nature of a population" (Rogers, Castree, & Kitchin, 2013f).

Social Determinants: "The conditions in which people are born, grow, live, work and age — conditions that together provide the freedom people need to live lives they value" (2008, p. 26).

Socially Determined Circumstance: Factors such as race, ethnicity, religion, gender, age, sex, or social class (BC Centre for Disease Control, 2020).

Stakeholder: "Stakeholders are those who may be affected by or have an effect on an effort. They may also include people who have a strong interest in the effort for academic, philosophical, or political reasons, even though they and their families, friends, and associates are not directly affected by it" (Community Tool Box, 2023).

Strengths-Based Approach: An approach that will "emphasize the positive aspects of […] effort and achievement, as well as human strengths" (Lopez & Louis, 2009).

Structural Barriers: "Obstacles that collectively affect a group disproportionately and perpetuate or maintain stark disparities in outcomes. Structural barriers can be policies, practices, and other norms that favor an advantaged group while systematically disadvantaging a marginalized group" (Simms, McDaniel, Fyffe, & Lowenstein, 2015).

Structural Factors: "The broader political, economic, social and environmental conditions and institutions at national, regional or international level" (International Organization for Migration, 2023).

Subject Matter Experts: Individuals who provide "the knowledge and expertise in a specific subject, business area, or technical area for a project/program" (Information Systems Technology Project Management Office)

Survey: "A structured questionnaire that is used to gather information on attitudes or behaviours" (Doyle, 2016c).

Talents: "An individual's special aptitude or above-average ability for a specific function or range of functions" (Kent, 2006).

Terms of Reference: "Outlines the ways in which a group of people agree to work together to accomplish common goals" (Health Quality Ontario, 2016, p. 7).

Trial-Run: "A practical test of something new or unknown to discover its effectiveness" (Cambridge Dictionary, 2023c).

Validity: "The extent to which the results really measure what they are supposed to measure" (Middleton, 2019).

Variables: "Any characteristic, number, or quantity that can vary among a sample or population that can be measured" (Bell, 2013).

Wellness/Wellbeing: "Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. Focusing on well-being supports the tracking of the equitable distribution of resources, overall thriving and sustainability. A society's well-being can be determined by the extent to which they are resilient, build capacity for action, and are prepared to transcend challenges" (World Health Organization, 2023b)

Appendix 2: List of Acronyms

2SLGBTQQIA+: Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Questioning, Intersex, Asexual, +

CIW: Canadian Index of Wellbeing

CMHA: Canadian Mental Health Association

CSDH: Commission on Social Determinants of Health

CWBI: Community Well-Being Index

D2L: Desire2Learn

FNIGC: First Nations Information Governance Centre

GARK: graphic, auditory, read/written, and kinesthetic

IIC: Indigenous Institutes Consortium

LMS: Learning Management System

M&E: monitoring and evaluation

NCCIH: National Collaborating Centre for Indigenous Health

OER: Open Education(al) Resources

PHWA: Population Health and Wellness Agenda

SMART: Specific, Measurable, Attainable, Relevant, Tim-Bound

SME: Subject Matter Expert

TOR: Terms of Reference

W3C: World Wide Web Consortium

WHO: World Health Organization

Appendix 3: Wellness Resources Roster

In the listings below, Indigenous-specific resources and services appear in blue-shaded cells. This approach serves to integrate information while highlighting those that offer critical cultural grounding or insight, within each grouping. One of the serious issues – which often goes unaddressed due to capacity shortfalls – is maintaining resources rosters at individual community-based organizations/institutions. Accordingly, the resources below should be checked for continued validity, accessibility, and relevance at least annually – and more often if any of them are being provided directly to students, as part of a wellness suite.

Direct Supports: Hotlines/Crisis Lines/Distress Lines, Warmlines, and Information Outreach

Part 1: Wellness Foundations

Name/Link	Description	Phone	Text	Chat
Anishnaabe Kwewag Gamig Northern Ontario First Nations Crisis Line	Provides services and a safe, temporary residence to women and their dependents to increase safety and support family healing. Immediate help and advice available (24/7 crisis line; 12am-7am texting; web chat available Thursdays & Fridays).	1-800-388-5171	Y	Y
Beendigen/ Talk4Healing	Offers 24/7 help, support and resources for Indigenous women, by Indigenous women, all across Ontario. Available in the following languages: Oji-Cree, Cree, Algonquin, Inuktitut, Mohawk, Oneida, Odawa, Potawatomi, Micmac, Black Foot, Anishinaabe, Moose Cree, Swampy Cree, English.	1-855-554-HEAL	Y	Y
Hope For Wellness Helpline	Available to all Indigenous people across Canada. Experienced and culturally competent counsellors are reachable by telephone and online chat 24/7. Both telephone and online chat services available in English and French. Telephone support also available upon request in Cree, Ojibway (Anishinaabemowin), and Inuktitut.	1-855-242-3310	N	Y

Name/Link	Description	Phone	Text	Chat
Métis Nation of Ontario Mental Health and Addictions Crisis Line	For culturally specific mental health and addiction supports for adults, youth, and families in Ontario (available in English and French) Once connected services can be delivered in person, over the phone, or by video conference.	1-877-767-7572	N	N
National Indian Residential School Crisis Line	Available 24/7 to former students of Indian Residential Schools and their family members.	1-866-925-4419	N	N
Ontario 211	Live chat is available Monday to Friday from 7 a.m. to 9 p.m. ET in English and French. Chatbot is available 24/7 in English. Dial 211 to speak to real people 24/7 in 150+ languages.	211 1-877-330-3213	N	Y
Lifeline Canada Crisis Lines Listing	Listing of local crisis/distress lines in Ontario.	various	N	N
Ontario Online Text Crisis Service	For those in distress, crisis, or experiencing suicidal ideation.	various	text SUPPORT to 258258	Y
Talk Suicide	Talk Suicide Canada provides nationwide, 24-hour, bilingual support to anyone who is facing suicide.	1-833-456-4566	text 45645	N
Wellness Together Canada	Mental health and substance use support for people in Canada and Canadians abroad. Always free and virtual, 24/7.	1-866-585-0445	text WELLNESS to 741741 (adults) or	N
Youthspace.ca	A free online crisis & emotional support chat service for persons under 30 across Canada. Open 6pm-midnight PST, 365 days a year.	778-783-0177	686868 (youth)	Y

General Support

Name/Link	Description	Phone	Text	Chat
7 Cups	Volunteer listeners and peer conversation, in supportive chat rooms.	N	N	Y
Disability Support Organizations	Listing of organizations that provide information and support to people with disabilities and their families. Some of these organizations have local chapters across the province as well.	N	N	N
Family (Support) Groups in Ontario	List of Family Support Groups operating in Ontario	Various	N	N
Good2Talk	Good2Talk offers free, confidential support to post-secondary students 24/7.	1-866-925-5454 (Ontario)	GOOD2TALKON to 686868	N

Name/Link	Description	Phone	Text	Chat
National Association of Friendship Centres	To support Friendship Centres and PTAs in achieving their diverse missions and visions within their urban Indigenous communities. Provides a listing of local FC.	Various	N	N
Progress Place	For anyone feeling lonely, isolated, anxious, depressed or in need of a friendly ear; warmline support workers are available 4pm-midnight EST.	1-888-768-2488	Y	Y
Peer-to-Peer Community	Forums for youth (aged 12-26) to privately share their experiences, offer inspiration and ask questions to connect, comfort and cheer each other on.	1-800-668-6868	N	Y
sexualhealthOntario	The Sexual Health Infoline Ontario (SHILO) is a free, anonymous and inclusive eChat and phone service for Ontario residents. This service is staffed by counsellors who provide information, support and referrals in English, French and other languages on sexual health topics.	1-800-668-2437	N	Y

Mental Health-Focused Support

Name/Link	Description	Phone	Text	Chat
The Non-Insured Health Benefits Program	NIHB provides eligible First Nations and Inuit with coverage for a range of health benefits including mental health counselling.	1-800-881-3921	N	N
ConnexOntario	Helping Ontarians discover mental health, addiction and problem gambling services in the province.	1-866-531-2600	text CONNEX to 247247	Y
eMentalHealth.ca	Directory of mental health services and organizations, primarily in Ontario	-	-	N
Kid's Help Phone	Kids Help Phone's e-mental health services are available 24/7 across Canada for youth aged 20 and under.	1-800-668-6868	text CONNECT to 686868	N
Mood Disorders Association of Ontario	They offer support programs to people across Ontario, and their families, who are living with depression, anxiety or bipolar. M-F 9:30 a.m. – 5: 00 p.m.	1-888-486-8236	N	N
Mood Disorders Association of Ontario – Peer Support Groups	All groups are free, and most of them are on a drop-in basis.	N	N	N

Eating Disorders-Focused Support

Name/Link	Description	Phone	Text	Chat
National Eating Disorder Information Centre	NEDIC provides information, resources, referrals and support to Canadians affected by eating disorders through our toll-free helpline and live chat. Outreach and education programming focuses on the awareness and prevention of eating disorders, and is available online across Canada and in-person in the Greater Toronto Area.	1-866-NEDIC-20	N	Y

2SLGBTQQIA+ Support

Name/Link	Description	Phone	Text	Chat
LGBT Youth Line	Confidential and non-judgemental peer support through telephone, text and chat services. Peer support volunteers available Sunday to Friday, 4 to 9:30pm.	1-888-687-9688	647-694-4275	Y
Trans Lifeline	Trans Lifeline's Hotline is a 24/7 peer support phone service run by trans people for trans and questioning peers.	1-877-330-6366	N	N

Supports for Those Experiencing Violence & Survivors of Violence

Name/Link	Description	Phone	Text	Chat
Anishnaabe Kwewag Gamig Northern Ontario First Nations Crisis Line	Provides services and a safe, temporary residence to women and their dependents to increase safety and support family healing. Immediate help and advice available (24/7 crisis line; 12am-7am texting; web chat available Thursdays & Fridays).	1-800-388-5171	Y	Y
Ganohkwasra Family Assault Support Services	Shelter, counselling, and other support for women, men, youth, and children seeking safety from violence. 24-hour support line.	519-445-4324	N	N
Kabaeshiwim Respite Women's Shelter	Shelter for women who have been or are being abused, and their children; open to all religions and cultures.	519-797-2521	Y	Y
Missing and Murdered Indigenous Women and Girls Support Line	An independent, national, toll-free call line available to provide support for anyone who requires assistance; available free of charge, 24/7.	1-844-413-6649		
Assaulted Women's Helpline	Online counselling service available Monday to Friday 11am-8pm.	1 866 863-0511	7233	Y
Male Survivors of Sexual Violence	24/7 multilingual support service for male survivors of sexual abuse, both recent and historical. Access to specialized services includes a crisis and referral hotline; individual and group counselling; peer support; telephone and online counselling; referrals to other appropriate community support services to meet other long-term needs.	1-866-887-0015	N	N
Ontario Coalition of Rape Crisis Centres	Listing of local Ontario Sexual Violence Crisis Centres and Crisis Lines.	various	N	N

Name/Link	Description	Phone	Text	Chat
ShelterSafe	Listing of domestic violence shelters in Ontario and other provinces	n/a	N	N
Victim Support Line	The 24/7 multilingual Victim Support Line provides services to victims of crime across Ontario, in most languages spoken in the province. Chat available M-F 7am-9pm EST.	1-888-579-2888	N	Y

Food Security-Focused Supports

Name/Link	Description	Phone	Text	Chat
FeedOntario.ca	Search for a local Feed Ontario member food bank.	N	N	N

Indirect Supports: Handbooks, Toolkits, Guides, Activities, Manuals, and Peer-to-Peer Resources

Educational Transitions

Name/Link	Description
Know Before You Go	This life skills resource helps students anticipate, identify and navigate situations they will encounter when entering the realm of postsecondary education.
Set to Go	Resources to help prepare for the transition to college and beyond – from developing basic life skills and building social-emotional competence, to learning the fundamentals of mental health and substance abuse and navigating the transition itself.
Transition Planning Guide – A Career and Education Planning Guide for Students with Disabilities	Designed specifically for Grades 9-12 students with disabilities (including their parents or caregivers), this guide provides comprehensive information and strategies to help navigate the journey from high school to post-secondary education.
Transition Resource Guide for Students with Disabilities	This guide is a comprehensive tool to help all students, but specifically, to help students with disabilities arm themselves with the knowledge they need to access resources at college and university and make a successful transition to post-secondary education.
Transitions: Making the Most of Your Campus Experience	Designed to help you be successful on campus, focusing on time management, relationships, identity, finances, sexual activity, mental illness, suicide, addictions, and more. It also includes tips and strategies for helping yourself through challenging times and recommendations of where you can go to get additional help, if you need it.

Mental Health

Name/Link	Description
First Nations Mental Wellness Continuum Framework	Developed in partnership with First Nations, the First Nations Mental Wellness Continuum Framework (the Framework) presents a shared vision for the future of First Nations mental wellness programs and services and practical steps towards achieving that vision.
The Role of Indigenous Elders in Student Mental Health and Wellness in the B.C. Post-Secondary Education Environment	Explains the ways that Indigenous Elders support the Mental Health and Wellbeing of Indigenous and non-Indigenous student and faculty.
Anatomy of a Panic Attack	What does a panic attack look or feel like? Find out and learn some coping techniques in this interactive tool.
Antidepressant Skills Workbook	A resource on recovery and self-management
Boost Me	This tool is about having fun and relaxing. There are also motivational messages at the bottom.
BounceBack	A free skill-building program managed by the Canadian Mental Health Association (CMHA). It is designed to help adults and youth 15+ manage low mood, mild to moderate depression and anxiety, stress or worry
BreathingRoom	A digital program and app help students and young people reduce their anxiety, stress and depression, and transform their lives.
Campus Mental Health Know Your Rights: A guide for students who want to seek help for mental illness or emotional distress.	An American guide for college and university students to help them learn about their rights when seeking mental health services.
Canadian Mental Health Association	CMHA is a nationwide organization that promotes mental health and supports people recovering from mental illness.
Canadian Mental Health Association Ontario	Organization that promotes mental health and supports people recovering from mental illness.
Capacity to Connect: Supporting Students' Mental Health and Wellness – Facilitator's Guide for Use with Faculty and Staff	Includes training resources covering important mental health topics to improve faculty and staff ability to support and respond to post-secondary students in distress.
Centre for Innovation in Campus Mental Health	Resources on student mental health, webinars with experts, campus initiatives, and the latest news.
CMHA: Mental Health Courses	A variety of free online and in person short courses focusing on various aspects of mental health.
College Student Mental Health Action Toolkit	Designed for students and provides key data points, resources and tips to equip students with the needed tools to advocate for policies, systems, and environmental changes to improve mental health and well-being on their college campus.
Creating Conditions for Well-being in Learning Environments	This resource outlines suggestions for creating conditions positive well-being, a key predictor for learning and student success.
DepressionHurts.ca	Provides educational resources that may be helpful for understanding depression or helping a loved one with recovery.

Name/Link	Description
Enhancing Student Wellness: Simple Tips for Instructors	Tips from McGill University's Student Wellness Hub and Faculty of Education.
Equity in Mental Health Framework	A set of ten evidence-based actionable recommendations and key implementation strategies to support administrators, decision-makers, providers, and students and help strengthen campus-based activities and programs to address the mental health disparities facing students of colour.
The Exercise and Depression Toolkit	Designed to support health care providers in exploring exercise as a treatment option for depression in collaboration with their patient or client.
Graduate Student Mental Health Toolkit	The graduate student mental health toolkit is a guide to supporting graduate students prepared by the Centre for Innovation in Campus Mental Health (CICMH).
Informed Choices About Depression	Those who struggle with depression are often faced with complex decisions and yet there's a lack of information to assist them in choosing the kind of help that they prefer. This site is unique, because it includes the answers to your questions.
Live Life to the Full	Life to the Full is a fun and interactive course that will help you understand your feelings, thoughts and behaviours, and what to do about them!
Mindsight	Mindsight is an online educational resource to reduce stigma by promoting awareness of mental illness, and facilitating a greater understanding of basic strategies and resources for supporting individuals experiencing a mental health challenge.
Mental Health: A Guide to Action	This guide is designed by young people, for young people; to help you understand the issues that matter to you and your mental health.
Mental Health Crisis Response on Campus Toolkit	This toolkit aims to equip staff, administrators, and faculty in shifting from a siloed approach to mental health crisis response to a whole-campus approach. A short online course is also included to support further learning.
Mental Health and the Learning Environment	This toolkit will help faculty and teaching staff take steps within the classroom in a collective effort to support student mental health.
Mental Health on Campus Podcast	Explores mental health topics that impact post-secondary students.
Models for Exemplary Student Mental Health Initiatives at Alberta Post-Secondary Institutions	This toolkit was developed by Mount Royal University to understand post-secondary student mental health priority areas within Alberta and identify exemplary mental health and wellness initiatives at Alberta post-secondaries.
Mood Disorders Society of Canada	Includes a national clearinghouse of information and resources related to mood disorders.
myToolKit.ca	An interactive resource to help educate young people about mental health.
Navigators 2.0	Build your skills and knowledge to become a youth mental health navigator by answering questions from the following categories: showing support, signs and symptoms, mental health and society, and getting help.
PTSD Association of Canada	A non-profit organization dedicated to educating those who suffer from post-traumatic stress disorder (PTSD) those at risk for PTSD, and those who care for traumatized individuals, as well as bringing together society at large to form an ocean of compassion, awareness, knowledge and tools necessary for recovery.
Post-Secondary Student Mental Health: Guide to a Systemic Approach	This guide outlines a framework for addressing student mental health in post-secondary institutions.

Name/Link	Description
Reach Out Notebook	Aimed at post-secondary youth, get factual about mental health! Fill your notebook and earn some gold stars by answering trivia questions and watching videos from four different categories: Popular Perception, The Stress Effect, Trick or Fact and Help a Friend.
Self-Care in Disaster Times and Beyond Toolkit	This self-care toolkit is for individuals, teams, and organizations involved in disaster (incl. pandemic) and emergency response and recovery work.
Starting a Conversation about Mental Health: Foundational Training for Students – Facilitator's Guide for Use with Students	Includes training resources covering important mental health topics to improve post-secondary student mental health literacy. The guide also includes resources to teach students how to help peers who are experiencing mental health distress.
Steps to Employment: A Workbook for People who have Experienced Mental Health Problems	This workbook will provide some strategies for handling the difficulties, as well as tips on making your entry into the workforce a smooth one.
Student Athlete Mental Health Toolkit	A resource for anyone who works to nurture and support student athletes.
Support Students' Mental Wellbeing: Course Design	This tip sheet provides course design strategies that consider student wellbeing.
Supporting Student-Athlete Mental Wellness	Web-based educational modules to help normalize and destigmatize mental health help seeking for college athletes.
Stress Me Less!	Take what's causing you stress and make it into a mess. The goal of the game is to destroy your stress beyond repair.
The TMH Speaks … Mags (SERIES)	A series of 6 magazines designed to provide a quick overview of common mental illnesses for teens. Each resource includes associated supports & resources.
Thrive: One Province at a Time	As you work through each province, you'll learn new skills and have more resources to support your mental health.

Support & Resilience

Name/Link	Description
First Peoples Wellness Circle	A national not-for-profit corporation governed and managed by Indigenous Leaders and exists to improve the lives of Canada's First Peoples by addressing healing, wellness, and other mental health challenges.
Connecting with Culture – Growing Our Wellness – Activity Guide	Simple step-by-step exercises will help you experience greater wellness by thinking about and participating in Indigenous culture.
Podcast: Mino Bimaadiziwin	This podcast aims to seek and share insight about Indigenous addictions and mental health issues.
Academic Accommodations: A Student Guide	Providing students with tips and tricks to manage their mental health while on campus.
Affirmations Deck	Created by a group of queer and trans youth involved with Planned Parenthood Toronto's Filling in the Blanks: Queering SexEd project! Each card features a statement to help youth feel seen, valued, and supported.

Name/Link	Description
Anti-Oppressive Practice in Action Toolkit	Seeks to assist those supporting post-secondary students in understanding anti-oppressive practice, its intersection with mental health, and importance to work on campuses.
Be Safe App	Create a safety plan. Find local resources for support. Be prepared if you find yourself in a crisis.
BP-Net Best Practices Guides	Resulting from an extensive year-long environmental scan and consultation process, the Guide is inclusive of practices with varying stages of evidence (cutting-edge, emerging, promising, and best) and considerations of Indigenous-specific practices and health equity
Bringing Home the Bacon	Designed to help young people learn about being safe and smart with their money.
Campus Peer Support Toolkit	A guide for front-line staff and leadership on campus – including counsellors, administrators and other decision-makers at post-secondary institutions – considering the development of their own peer support program on campus.
The Caring Campus Project	Designed to assist other post-secondary institutions in addressing substance misuse and mental health problems within their campuses using the Caring Campus model.
Elements	A book to ground, energize, relax, and inspire you. Each section of the book draws on a different natural element (earth, fire, water and air), inspiring you to think about the connections you may have to each, and empowering you to find strength within yourself and your community.
Equity, Diversity & Inclusion Toolkit	Aims to take a meaningful approach in offering guidance on how to support students from all walks of life, whether in need of mental health and addictions supports or not, and the suggestions provided are meant to enhance campus experiences for students in the long term.
Faculty Guides for Students Wellbeing	A curated list of faculty guides and resources that support student wellbeing.
From Surviving to Thriving	This resource can help you move from merely surviving your post- secondary experience to actually thriving by helping you build resilience and plan for stressful situations.
Galaxy	This galaxy-themed tool will prompt you to think about your strengths, stressors, dreams, and more!
Growth, Grow Your Own Story	A workbook that would guide the user through deep self-discovery and help to set them up for a future they want for themselves.
Guidelines for the Practice and Training of Peer Support	Intended to encourage the development of more peer support capacity in Canada and strengthen existing peer support initiatives.
Implicit Association Test	The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report.
Mindyourmind.ca	Works with community partners and young people aged 14-29 to co-create interactive tools and innovative resources to build capacity and resilience.
Quote Bloom	A simple, but helpful application to help you find inspiration in the words and wisdom of others.
Piecing it Together	Piecing it Together is an interactive journal tool that is centred around the idea of resilience. Be guided on a journey of self-discovery as you click through different interactive activities and questions of reflection.

Name/Link	Description
Pixel Thoughts	A 60-second mediation tool to help you clear your mind
Post-Secondary Peer Support Training Curriculum	A resource to train post-secondary students on ways to respond and support peers experiencing distress.
Service Transition Plan	A guide to help youth, their families, and service providers prepare for the shift from youth to adult mental health and addiction services.
Soul School Toolbox	Tools and support to help you grow into the fullest expression of yourself.
SuperBetter	SuperBetter uses the psychology of game play in all of life to improve resilience, mental health and social-emotional learning.
Supporting Students in Distress Programs and Resources	University guides to supporting students in distress.
Supporting Students on the Autism Spectrum: Student mentor guidelines	This guide has been made for any university employing or training its own student mentors, or considering doing so
Standing Tall	A mandala book and bullet journal for students to personalize and colour the pages as a self care activity in itself.
Teaching Practices that Promote Student Wellbeing	This reflection tool is designed to give you an opportunity to think about your teaching practices through the lens of supporting student wellbeing.
ThriveTHM	Provides training and resources to students, faculty and staff in order to teach the skills associated with resilience, well-being and thriving in both an academic and personal context.
Thriving in the Classroom Toolkit	A resource to support post-secondary educators in promoting student resilience in virtual or in-person classrooms.
The Wellness Deck	A deck of cards that provide tangible wellness tips to support your overall emotional wellbeing and wellness journey.
Wellness Together Canada	Wellness Together Canada is designed to be used on demand. That means you get to choose what you need, when you need it. Our services range from basic wellness information, to one-on-one sessions with a counsellor, to community support. Whatever it is you're looking for, we're here to point you towards the best resources out there.
You Feel Like Shit: A Self Care Game	This game guides you through a series of questions that help you practice self care.

Substance Use

Name/Link	Description
Cannabis Toolkit: A holistic approach to supporting healthy conversations about cannabis in First Nations communities	This toolkit is intended to assist First Nations communities in having conversations with community members about cannabis information, usage and regulations.
Cultural Aftercare Guidebook	Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations in Canada is a comprehensive, culturally relevant, and evidence-informed framework designed to guide the way we address substance use issues for First Nations in Canada.

Name/Link	Description
Culture-Based Practice Series Guidebook on Protocols for Indigenous Practitioners Specific to Substance Abuse Treatment, Cultural Interventions, and Healing	The evidence suggests an even split between First Nations clients who prefer culture-based treatment services and those who do not; therefore, it is important to clarify expectations concerning cultural practices and protocols in a substance abuse treatment setting.
Indigenous Wellness Framework Reference Guide	The Indigenous Wellness Framework Reference Guide stems from Honouring Our Strengths: Culture as Intervention in Addictions Treatment, a three-year study funded by the Canadian Institutes of Health Research.
Thunderbird Partnership Foundation	A non-profit organization that is committed to working with First Nations to further the capacity of communities to address substance use and addiction.
Thunderbird Wellness App	The Thunderbird Wellness App promotes a strengths-based, trauma informed approach to supporting Indigenous wellness. The App provides tangible ways to support First Nations, from opioid and methamphetamine use, to treatment, prevention, addressing stigma associated with substance use and how to support harm reduction strategies, all presented in a user friendly, culturally grounded way.
Alcohol Use and Related Problems Among College Students: A Guide to Best Practices	The Maryland Collaborative uses both individual- and environmental-level strategies to address college drinking.
Blueprint for Action: Preventing substance-related harms among youth through a Comprehensive School Health Approach	Intended to inform strategies for preventing substance-related harms and support school stakeholders.
BreakingFree	Confidential wellness and recovery support program for alcohol and drugs. Free for Ontario and Newfoundland residents
Cannabasics	In this introductory learning series, you will explore basics of the cannabis plant and products, different methods of consumption, and different reasons for consumption from a public health approach. A compilation of links to cannabis-focused harm reduction resources is also available at the end of the learning series. Completing the course in full will take approximately 1 to 2 hours.
Cannabis Café: Education and Harm Reduction Initiative	The Cannabis Café is an education-based resource targeted for post-secondary students that has been developed in consultation with students, researchers, clinicians and campus based mental health providers.
Cannabis Communication Guide for Youth Allies.	Provides introductory information and a set of exercises to engage youth in meaningful discussions and conversations about cannabis.
Cannabis Knowledge Exchange Hub	Resource archive.
Changing Your Cannabis Use	Whether your goal is to reduce your cannabis use or quit "cold turkey", this video series from the Cannabis Knowledge Exchange Hub will help you take the next steps in changing your cannabis use.
Do2GetThru	Using Forum Theatre and Community Dialogue to Engage the Culture of Substance Use at Camosun College

Name/Link	Description
Gone Too Soon: Navigating Grief and Loss as a Result of Substance Abuse	A handbook to help people navigate grief and loss as a result of substance abuse.
Guide to Facilitate Discussions about Youth Cannabis Use in Your Community	Provides guidelines on how to have a discussion on youth cannabis use in a community.
Harm Reduction: A Guide for Campus Communities	This guide is intended to identify initiatives campus communities may take to minimize harm associated with substance use, but also to indicate how a health promotion orientation can enrich those efforts.
Know Your Drugs 101	Harm reduction toolkit for post-secondary students.
Knowing Your Limits with Cannabis: A Practical Guide to Assessing Your Cannabis Use	Helps people reflect on their cannabis use patterns while providing tips and strategies to encourage lower-risk behaviours to reduce harm.
Knowing Your Limits with Alcohol: A Practical Guide to Assessing Your Drinking	Provides tips and guidance for individuals considering changing their alcohol consumption to a lower-risk level.
National Collegiate Athletic Association Substance Abuse Prevention and Intervention Toolkit	Provides recommended approaches and evidence-based resources for athletics administrators to address alcohol, marijuana and prescription drug abuse
Preventing Alcohol-Related Harms on Campus: A Practical Guide for Post-Secondary Institutions to Promote Healthy, Safe and Caring Campus Communities	This guide offers information, tools, and campus examples on how to create a campus culture that supports less risk and healthier alcohol-related choices.
Reducing Alcohol Use and Related Problems Among College Students	Describes two major categories of interventions that seem to have the most promise and includes a detailed description of various strategies, a summary of the research supporting or refuting their effectiveness, and tips for implementation.
Reducing Cannabis Harms: A Guide for Ontario Campuses	This guide explores issues related to cannabis use and provides readers with an overview of health approaches that can reduce the harms and risks associated with it.
Saying When App	If you want to take charge of how much you drink, or when you drink, Saying When is a successful program that provides step-by-step directions that can help make you successful.
Sensible Cannabis Education: A Toolkit for Educating Youth	This toolkit highlights ten guiding principles for conducting cannabis education with young people. The second section focuses on content that merits inclusion in a comprehensive cannabis education curriculum for young people, including evidence-based information about cannabis, its use and effects, as well as harm reduction strategies.
Talking Pot with Youth: A Cannabis Communication Guide for Youth Allies	Provides introductory information and a set of exercises to engage youth in meaningful discussions and conversations about cannabis.
The Umbrella Project: A Harm Reduction Toolkit	Created to address mental health and substance use issues of emerging adults within a postsecondary institution.

Name/Link	Description
Understanding Substance Use: Educator's Guide	Designed for education professionals (teachers, guidance counsellors, coaches, social workers and so on) working with youth from grades 6–12 to gain knowledge, tools and resources on substance use, stigma, cannabis vaping, alcohol and impaired driving.

Sexual Violence

Name/Link	Description
Addressing Sexual and Relationship Violence: A Trauma-Informed Approach	Provides tools and tips for addressing sexual and relationship violence on campus.
Campus Toolkit for Combatting Sexual Violence	Includes a collection of best practices for lobbying efforts, outreach and overall awareness and education on campus.
Consent Tea Toolkit	Innovatively approaches conversations about consent, sexualized violence, and healthy relationships in a trauma-informed, anti-oppressive, and survivor-centered way.
Sexual Violence Response on Campus: A Toolkit	Highlights the prevalence of sexual violence on campuses, the impact of sexual violence on mental health, and different best and promising practices to support survivors of sexual violence.
Addressing Sexual and Relationship Violence: A Trauma-Informed Approach	Provides tools and tips for addressing sexual and relationship violence on campus.

Suicide

Name/Link	Description
Postvention: A Guide for Response to Suicide on College Campuses	Intended to provide guidance for colleges and universities for responding to a suicide on campus.
School-based suicide prevention life promotion initiatives: A resource for community-based providers	Offers a collective vision for how school boards and community-based child and youth mental health organizations can collaborate to maximize opportunities to support children and youth with suicide prevention and life promotion.
Starting a Conversation About Suicide: Foundational Training for Students – Facilitator's Guide for Use with Students	Includes resources for counsellors or trained staff to educate post-secondary students on suicide awareness and response.
Suicide Awareness and Prevention: A Toolkit for Educators	Intended for educators, and other frontline staff who work with youth, to support their ability to walk alongside young people and to provide a resource for their personal use as well
Suicide Awareness and Prevention: A Toolkit for Youth	A toolkit for youth who may have questions about suicide, be struggling with suicidal ideation, or be facing grief related to suicide.
Suicide Prevention, Intervention and Postvention Toolkit for Students, Faculty and Staff	A comprehensive guide to help members of postsecondary campuses better understand suicide, the signs and contributing factors unique to the postsecondary population, intervention strategies to support people who are experiencing thoughts of suicide, and how to support people after a suicide loss.
Suicide Risk Assessment Toolkit	This toolkit seeks to provide a high-level overview of what to consider when using suicide risk assessment tools, along with a non-exhaustive list of available tools and their characteristics.
Toolkit For People Who Have Been Impacted by a Suicide Attempt	This toolkit is a summary of the tools that have resonated most with the hundreds of people who completed their online survey and resources from a literature review completed by the Centre for Suicide Prevention.
Toolkit For People Who Have Been Impacted by a Suicide Loss	This toolkit is a summary of the tools that have resonated most with the hundreds of people who competed their online survey and resources from a literature review completed by the Centre for Suicide Prevention.

2SLGBTQQIA+ Affirmation and Support

Name/Link	Description
Coming Out: A Handbook for LGBTQ People	This resource, from the Trevor Project, is here to help you navigate questions around your identity.
Invisible Intersections: A Toolkit on Supporting 2SLGBTQ+ Students on Campus	A resource to help campus recognize and address the unique barriers that 2SLGBTQ+ students experience.
LGBT Youthline	A *2SLGBTQ+ youth-led organization that affirms and supports the experiences of youth (29 and under) across Ontario.
Making It Better Now	Making it better now for LGBTQ2S youth experiencing homelessness. The goal of this Toolkit is help staff and organizations become better allies of LGBTQ2S youth.
Mental Health Peer Support Manual	A Mental Health Peer Support Manual for Indigiqueer, Two-Spirit, LGBTQ+, and Gender Non-Conforming Indigenous youth
Queer as Soup	Learn words about gender and sexuality, and the power they have to help or hurt us.
Queer Trans Mentally Ill Power Fantasy	Simple, text-based game
Safety in Relationships for Trans Folk	This booklet, co-published with Legal Services Society, is a resource for members of the trans community. It describes relationship abuse, provides tips for staying safer, dispels common myths, and lists community resources where help is available
Safety in Same-Gender Relationships	This booklet, co-published with Legal Services Society, is a resource for the lesbian, gay, trans, bisexual, and queer community. It describes relationship abuse, provides tips for staying safer, dispels common myths, and lists community resources where help is available.
Self-Advocacy: Taking Action to Meet Your Needs.	As there is plenty of work to be done to better educate and train care providers to be eating disorder-sensitive so they avoid causing harm, 2SLGBTQ+ communities in particular often have to self-advocate.
Supporting LGBTQ Folk Experiencing Relationship Abuse	This booklet is for service providers and loved ones of LGBTQ+ folk experiencing relationship abuse and describes tips for best supporting survivors.
Trans Lifeline	Trans Lifeline is a trans-led organization that connects trans people to the community, support, and resources they need to survive and thrive.

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