

PROTOCOL FOR A RAPID SCOPING REVIEW TO EXAMINE CHILD HEALTH AND WELL-BEING INDICATOR FRAMEWORKS IN OECD COUNTRIES

Author Information

Roth C.G.¹, Zwicker J.D.^{1,4}, Hagel B.^{2,3,8}, Boynton H.M.^{4,5}, Crowshoe L.F.J.¹², Dimitropoulos G.^{4,6}, Exner-Cortens D.^{6,7}, Metcalf A.^{8,9,10}, Russell-Mayhew S.¹¹, Schwartz K.D.¹¹, Thomas K.³, Tough S.^{2,8}.

University of Calgary ¹School of Public Policy, ²Dep't of Pediatrics, ³Alberta Children's Hospital Research Institute, ⁴Faculty of Kinesiology, ⁵Faculty of Social Work, ⁶Dep't of Psychiatry, ⁷Dep't of Psychology, ⁸Dep't of Community Health Sciences, ⁹Dep't of Obstetrics and Gynecology, ¹⁰Dep't of Medicine, ¹¹Werklund School of Education, ¹²Dep't of Family Medicine & Indigenous, Local and Global Health Office.

Abstract

The purpose of the rapid scoping review is to identify commonly recognized domains/dimension and indicators considered important to the measurement of child health and wellbeing of children and youth to inform the development of a wellbeing indicator framework. Understandings of the concept and importance of health and wellbeing has evolved in the recent decades to encompass wider determinants of health. The concept of wellbeing or quality of life in particular, has become increasingly relevant at the international and national policy levels as a measure for a country's overall performance. Wellbeing or quality of life indicator frameworks can help monitor health and wellbeing over time in a given jurisdiction and guide the development of cross –sectoral wellbeing policies and strategies to improve overall wellbeing outcomes of the population. This protocol describes our approach to a scoping review, which will gather comprehensive data on how child health and wellbeing is defined and measured across the globe. The protocol is based on the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) [Checklist](#) which will also guide its reporting. The scoping review will include peer-reviewed articles and information from a grey literature search of inter-governmental organizations and official documents of OECD countries. Data will be synthesized to showcase what child health and wellbeing is commonly comprised of (dimensions/domains/components) and which indicators and sources are used to measure the concept.

Introduction

This protocol was developed based on the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols, which is a guideline to help authors prepare protocols for planned reviews and meta-analyses with a minimum set of items to be included in the protocol. The review protocol is intended to

provide the context and rationale for the review as well as outline the pre-planned methodological and analytic approach. Rapid scoping review protocols are not eligible for official registration with PROSPERO. To demonstrate transparency, the protocol will, however, be shared through the [Open Science Framework \(OSF\)](#) and the University of Calgary PRISM repository, which is searchable through google/google scholar at [Home - PRISM - Library at University of Calgary \(ucalgary.ca\)](#). Ethics is not required for this review.

The review protocol was drafted by the project's lead investigators and revised upon feedback from the wider co-investigator and trans-disciplinary research team.

Context

To better understand the context of the scoping review, this section provides a brief overview of underlying concepts, theories and approaches in relation to wellbeing and explains how this review will contribute to measure child health and wellbeing in Canada.

The Concept of Health

Health is no longer understood as the mere absence of disease, with the WHO recognizing in 1948 that health is “ a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Health was found to have various determinants. The 1974 Lalonde report created a comprehensive framework for the determinants of health based on four health fields: human biology, environment, lifestyle, and health care organization, which was further developed by Robert G. Evans and Gregory L. Stoddart into models that described the relationships among health, health care, the determinants of health, and wellbeing (Kottke et.al. 2016). Huber et al BMJ further included into the concept of health, the ability to adapt and self manage in the face of social, physical, and emotional challenges (Huber 2011).

The Canadian Government sees the current determinants of health as a broad range of personal, social, economic and environmental factors that determine individual and population health, including income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, access to health services, biology and genetic endowment, gender, culture and race/racism (Government of Canada 2022).

Canada's understanding of social determinants of health aligns with that of other western high-income countries. For example, the UK uses the Dahlgren and Whitehead model of health determinants, which includes: Personal characteristics such as sex, age, ethnic group, and hereditary factors, individual 'lifestyle' factors, such as smoking, alcohol use, and physical activity, social and community networks, living and working conditions, such as access and opportunities in relation to jobs, housing, education and welfare services and general socioeconomic, cultural and environmental conditions, such as disposable income, taxation, and availability of work (Government of the UK 2017).

The changes in understandings of health has implications on public policy in that it broadens Government's responsibilities beyond providing healthcare, to considering other determinants in their efforts to improve health outcomes for all. In the context of public policy on health promotion, there has been a move in the narrative and terminology towards a focus on enhancing wellbeing, rather than improving health of a given population, which allows for a wider approach addressing public health concerns by incorporating “wellbeing in all policies” (Kottke et.al. 2016).

The Concept of Wellbeing

There are various understandings of wellbeing and what domains it entails. The OECD Wellbeing Framework defines wellbeing in 11 dimensions, which relate to material conditions that shape people's economic options (*Income and Wealth, Housing, Work and Job Quality*) and quality-of-life factors that encompass how well people are (and how well they feel they are), what they know and can do, and how healthy and safe their places of living are (*Health, Knowledge and Skills, Environmental Quality, Subjective Well-being, Safety*). They further see quality of life as encompassing how connected and engaged people are, and how and with whom they spend their time (*Work-Life Balance, Social Connections, Civic Engagement*) (OECD 2020).

The Canadian Index of Wellbeing defines wellbeing as *“the presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to: good living standards, robust health, a sustainable environment, vital communities, an educated populace, balanced time use, high levels of democratic participation, and access to and participation in leisure and culture”* (Canadian Index of Wellbeing).

There can be no universal definition of wellbeing as its understanding depends on the regional, social, economic and historical contexts of a given population at a given time. However, the concept of wellbeing has gained increasing importance in governance and international development discourse.

Determining a Nation's Progress through Wellbeing Measurements

Coinciding with changes in the understanding of and policy approaches to health and wellbeing there has been an ongoing discussion around determining the progress and performance of a given nation.

“There is a growing recognition internationally that economic growth is only one dimension of what makes for a good quality of life” (Federal Budget Canada 2021). It has become a common understanding that a country's progress cannot only be measured through economic indicators such as the Gross Domestic Product (GDP). Over the past few decades, there have been different proposals to measuring economic, social and environmental progress in a more holistic manner, such as the OECD Better Life Initiative, the Stiglitz-Sen-Fitoussi Commission Report or the CarnegieUK Gross Domestic Wellbeing (GDWe), reports, which all propose an increased focus on well-being and quality of life measures as opposed to economic activity (OECD 2022, Stiglitz et.al. 2009, Stiglitz et.al. 2018, Wallace et.al (2020), Anlielski 2021, WHO 2021). Canada was one of the leading countries in moving towards measuring social progress through the development of the Canadian Index of Wellbeing in 1999, with regular reporting on *“how are Canadians really doing”*. The effects of COVID-19 intensified existing conversations about what wellbeing means and how policies and budgets can be better aligned to quality of life frameworks.

New Zealand was one of the first countries to publish a wellbeing based budget, specifically indicating in it the alignment of policy with wellbeing of the population. *“The Labour Government is committed to achieving its policy goals using a wellbeing approach. This means giving people the capabilities to live lives of purpose, balance, and meaning to them. To do this, we are looking beyond traditional measures of success, such as Gross Domestic Product (GDP), to broader indicators of wellbeing”* (What Works Wellbeing 2021).

Following New Zealand’s example, Canada integrated a quality of life (/wellbeing) theme into its 2021 budget, while recognizing that *“headline economic indicators fail to capture the full breadth of economic and non-economic aspects of quality of life, they gloss over inequalities in the distribution of resources and opportunities, they neglect the value of uncompensated economic activities such as caregiving and home production, and they fail to consider natural assets or environmental harms”* (Canada Federal Budget 2021). The new ‘wellbeing budget’ (Morrison et.al. 2021) notes that Canada currently collects less detailed information about non-economic indicators than economic indicators. It recognizes that better federal data sets are needed to improve the incorporation of quality of life measurements into decision-making and budgeting, in a similar way to New Zealand and Scotland (Canada Federal Budget 2021).

In April 2021, the Canadian Government published a comprehensive report on *“Measure What Matters: Toward a quality of life strategy for Canada”*, which sets the stage for the development of a Quality of Life Framework to define and measure success and make better use of data and evidence to improve public decision-making (Department of Finance 2021). Figure 1 outlines the different domains, which make up *“quality of life”* and provides details on measurement of these domains. The 2021 Budget Impacts Report was expanded to include additional information to align budgets and expenditures to the different domains under the Canadian Quality of Life Framework. The report reflects the government’s commitment to better incorporate quality of life measurements into decision-making and budgeting, as it is *“beginning to track progress on a range of fronts to ensure that priorities and decision-making are based on evidence of what will most improve current and future Canadians’ quality of life”* (Canada Federal Budget Annex 5 2021).

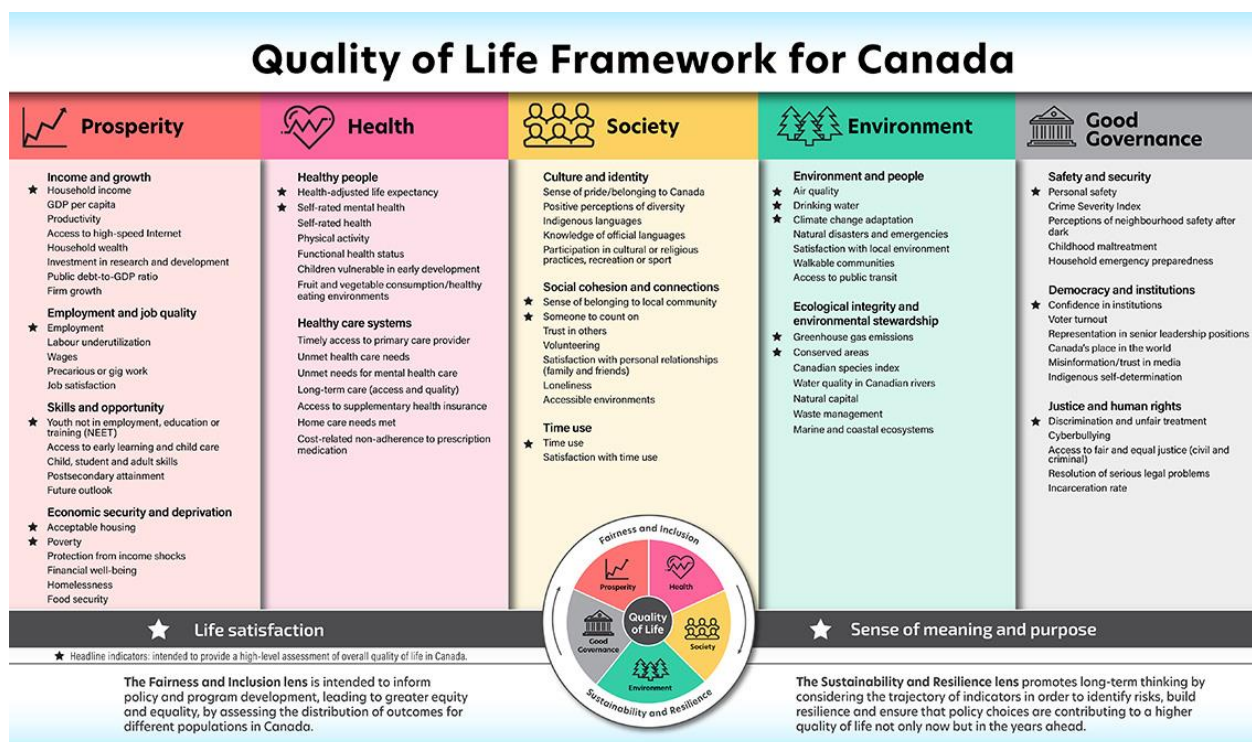


Figure 1: Quality of Life Framework Canada. Source: <https://www160.statcan.gc.ca/infosheet-infofiche-eng.htm> (third party copyright)

In line with the developments at international and federal level, Canadian Provinces have paid increasing attention to finding better ways of measuring wellbeing and aligning provincial budgets and policies with quality of life / wellbeing frameworks (Kousoulis 2021). At all levels, the quality of life focus for public decision making comes with a recognition of the wide range of factors contributing to wellbeing and thereby also the wide range of cross-ministerial policies and services needed to achieve greater quality of life for the population at large. The deliberations on wellbeing frameworks highlight related challenges, such as fragmented policy-making and service delivery, which lack coordination and alignment (Commission on the Reform of Ontario’s Public Services (2012), Ravenscroft 2005).

Child Health and Well-being Frameworks

The discussion and interest in well-being frameworks is by no means limited to the adult population only. Particular attention is drawn to the young members of society with the knowledge that Canada lags behind other high-income countries in relation to their child health and wellbeing outcomes. A recent UNICEF report showed that Canada ranks among the countries with the best economic, environmental and social conditions for growing up, but is among the countries with the poorest health and wellbeing outcomes for children (UNICEF Worlds Apart 2020, UNICEF Innocenti Report Card 16 2020).

Different frameworks exist that set standards and measure child health and/or wellbeing at the international, federal and provincial levels in Canada, including for example:

Internationally	<ul style="list-style-type: none"> - Sustainable Development Goals (SDGs), Goals 3&4 - Convention on the Rights of the Child (CRC) - Convention on the Rights of Persons with Disabilities (CRPD) - WHO Health Behavior in School Aged Children Survey (HBSC) - WHO Making Every School a Health Promoting School - International Data Monitoring by UNICEF - OECD Better Life Initiative
Nationally in Canada	<ul style="list-style-type: none"> - UNICEF Canada Child Health and Well-being Index - Canadian Index of Wellbeing - Canadian quality of life framework - WHO Health Behavior in School Aged Children Canada Report - Other UNICEF data monitoring and reporting (e.g. Innocenti Report Cards) - Canadian Healthy School Standards
Provincially	<ul style="list-style-type: none"> - Alberta Well-being and Resiliency Framework - Alberta Child and Youth Wellbeing Review - Alberta Child and Youth Wellbeing Action Plan - Child Health Indicators for British Columbia, Is “good” good enough? – A report on Child and Youth Health and Well-being in BC - Ontario’s profile of youth well-being - Organization specific well-being measures - Alberta Health Indicators

As with general quality of life standards, child health and wellbeing frameworks require combined efforts across sectoral silos to improve outcomes for children. Unfortunately, the child wellbeing field is often characterized by a ‘fragmentation of effort’ (e.g. Ontario Wellbeing Strategy for Education or Alberta

Children’s Services 2019). Lack of coordination can be seen vertically (between national and provincial/territorial governments), horizontally (between different departments, ministries and agencies), by age (e.g. antenatal and postnatal, preschool, school age, tertiary), and by different groups or areas of focus (e.g. child intervention, family violence, education, job seeking). This fragmentation of efforts can be observed both in the public, private and non-governmental sectors (DPMC 2019).

For example, the Alberta Ministry on Children’s Services in cooperation with partners published a Child Health and Resiliency Framework and is currently working on an indicator framework to measure child wellbeing in relation to its mandate. It is only recently that visible efforts have been made to ensure a wider de-fragmented cross-ministerial approach to improving child health and wellbeing outcomes and measures with the Alberta Child and Youth Well-being Action Plan (Government of Alberta 2022). Other positive examples to addressing the challenge of silo-ed efforts can be found in British Columbia with the development of Child Health and Wellbeing Indicators (CIHI and B.C. PHO 2013) and in Ontario with the development of a policy framework on “A Shared Responsibility: Ontario’s Policy Framework for Child and Youth Mental Health” (Ontario Ministry of Children, Community and Social Services). At the international level, the New Zealand Child and Youth Wellbeing Strategy from 2019 sets the tone for a national cross-sectoral strategy with defined child health and well-being domains and indicators (DPMC 2019). Stakeholders in Canada have called for the development of a similar strategy for Canada (Children’s Healthcare Canada 2021). Cross-ministerial child health and wellbeing frameworks at federal or provincial/territorial level can greatly contribute to the development of strategies to improve child health and wellbeing outcomes of the population.

Purpose of the Review

Numerous stakeholders at international, national and provincial level in Canada have proposed domains of child health and wellbeing and indicators for measurement of these domains. The purpose of this rapid scoping review is to identify commonly recognized domains/dimension and indicators considered important to the measurement of child health and wellbeing of children and youth to inform the development of a wellbeing indicator framework.

Objective of the Review

The objective of the rapid scoping review is to identify domains known to enhance health and wellbeing in children and examine how child health and wellbeing is being measured through existing indicators.

Research Question

Which commonly recognized domains are considered important to enhance health and wellbeing in children and how is child health and wellbeing measured with indicators?

Sub-questions:

- (1) What are commonly used domains of child health and well-being?
- (2) How are these domains and/or child health and wellbeing measured? Which indicators and metrics are being used?

Methodology

Rapid reviews are “a type of knowledge synthesis in which systematic review processes are accelerated and methods are streamlined to complete the review more quickly than is the case for typical systematic reviews” (Tricco 2018). The “Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols –PRISMA-P” and Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) [Checklist](#) was used to prepare the review protocol and will guide reporting.

Search Strategy

A review of both academic and grey literature will be conducted to identify evidence. The search strategy and inclusion criteria are based on Participants, Intervention, Comparators and Outcome definitions (PICO).

PICO criteria:

Participants: Children and youth under the age of 25

Intervention: Commonly recognized domains and indicators of child health and well-being

Comparators: None specified

Outcomes: Enhancing child health and wellbeing through cross-sectoral measurements

Databases:

The following electronic databases will be searched for academic literature:

MEDLINE & Other Non-Indexed Citations; EMBASE; PsycINFO; CINAHL; SocINDEX; and The Cochrane Library, Academic Search Complete.

For the **grey literature search**, the environmental scan informed a pre-identified list of inter-governmental organizations and federal governments, which will guide the search:

Inter-Governmental Organizations (IGOs)

- UN Agencies
- WHO
- OECD
- World Bank
- IMF
- European Union Commission and Council

Canada:

- All federal Department’s websites
- All provincial ministerial websites

OECD Countries:

- All federal Ministry, Agency and Department websites

Inclusion/Exclusion criteria:

Inclusion:

1. Study was published after January 2013, following a Policy Report in the Province of British Columbia (CIHI and B.C. PHO 2013)

2. Study focusses on children and youth under the age of 25
3. Study includes at least one OECD Country
4. Study either a) includes child or youth health and/or well-being indicators or b) defines the concept of child/youth well-being and/or health with domains/components/dimensions

Exclusion:

1. Study was published before January 2013
2. Study does not focus on child health and/or well-being indicators or defines domains/dimensions of child health and well-being
3. Study does not include an OECD country
4. Study provides information on general well-being frameworks only (not specific to children)
5. Sources from blogs, unestablished organizations, conference abstracts, book reviews, and protocols will be excluded

Search Strategy:

Title search:

young people OR youth OR adolescen* OR preadolescent OR pre-adolescent OR "young adult" OR teen* OR school-aged OR "school aged" OR child* OR kid* OR baby OR newborn OR infant

AND

health* OR "well-being" OR wellbeing OR wellness OR "quality of life" OR welfare OR "life satisfaction" OR resiliency

AND

Measure* OR indicat* OR metric* OR domain* OR dimension* OR monitor* or evaluat* OR framework OR review

Subject terms and/or author supplied key words as adapted per platform include (but are not limited to):

- Child wellbeing / well-being
- Child development
- Quality of life
- Child Welfare
- Questionnaires and Surveys

Filter: Studies between January 2013 and August 2022

The above search strategy was developed in consultation with a librarian at the University of Calgary and agreed to by the research team.

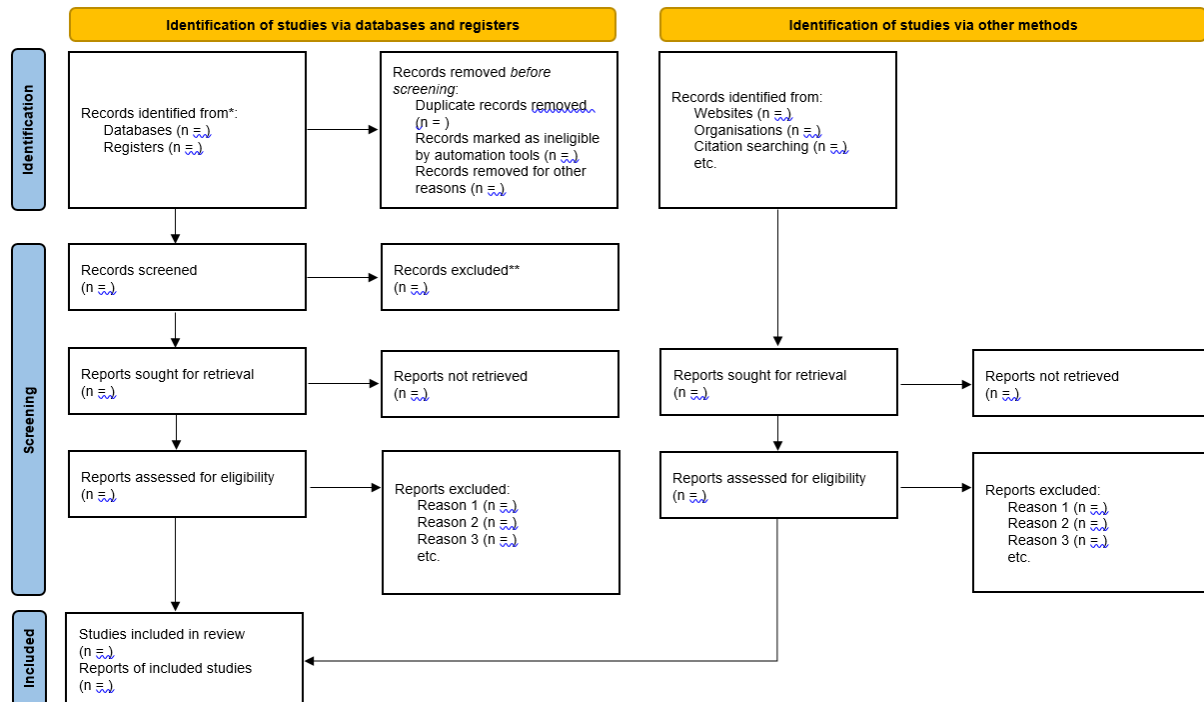
Data Extraction, Selection and Coding

All peer-reviewed records will be exported to Covidence systematic review software (available through University of Calgary: <https://library.ucalgary.ca/c.php?g=255369&p=5074663>), where duplicates will be identified and removed.

Two reviewers will complete the primary and preliminary reviews independently. Disagreements between reviewers will be resolved on a case by case basis through discussion. The preliminary exclusion will be

based on review of abstracts. For the primary exclusion, full versions of the papers will be independently reviewed. Discrepancies will be resolved through discussion on a case-by case basis. A third reviewer will be consulted for final decision-making in case an agreement cannot be reached. The following PRISMA flow diagram will be used:

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers). **If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools. Source: <https://prisma-statement.org/prismastatement/flowdiagram.aspx> (third party copyright). From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

Papers, which are excluded from the scoping review but nevertheless seem relevant for the broader analysis of child wellbeing measurement and policies, will be included in the project's environmental scan.

Data will be extracted into a Microsoft Excel spreadsheet. The spreadsheet will be pilot-tested with two to three studies in the review before commencing data extraction of subsequent papers. The spreadsheet will include information on:

- Author and date published
- Definition of child health and well-being
- child health and well-being domains and/or outcomes
- modifiable factors / indicators, and domain they were assigned to / fall under
- indicator part of cross-sectoral measurement framework (yes/no)
- type of indicators (performance, health outcome, access, self-reporting etc)
- how the indicator was used (e.g., exit survey, routine data collection, etc.),
- where the indicator was used (country and population),

- if specified, which vulnerable population group the domains and indicators refer to / are relevant to,
- data sources of indicators, if available

Synthesis

Based on the above mentioned data extraction approach, the information will be synthesised with the aim to aid the stakeholder consensus process on identifying key indicators for child health and wellbeing of vulnerable population groups. The synthesis will therefore include a narrative description and, where suitable, graphic illustrations of:

1. An overview of existing child health and well-being measurement frameworks at international level, at national level in the selected comparative countries and in Canada at federal and provincial/territorial level. The scope of the frameworks will be analysed and highlighted (esp. cross-sectoral approach, policy-service-nexus, focus on vulnerable groups (if so, how))
2. How child health and wellbeing is defined, i.e. which domains, dimensions or components are used to describe it
3. A list of indicators used to measure child health and well-being, incl.
 - domain they fall under or concept they measure
 - source and stakeholder responsible for collection (if information is available)
 - type (performance, health outcome, access, self-reporting etc)
 - usage
 - development process
 - part of cross-sectoral indicator framework (yes/no)
 - specific to vulnerable population group (yes/no, if yes, which one)

The synthesis will propose areas for further research or investigation to be carried out through the environmental scan.

Acknowledgements

The scoping review is funded as part of a BMO Endowed Research Award in Healthy Living in the Branch Category of the Child Health and Wellness Grand Challenge Catalyst competition funded by the University of Calgary and Alberta Children's Hospital Foundation through the Alberta Children's Hospital Research Institute. The project "measure what matters: Identifying Key Indicators to Align Policy and Service Delivery with Child Health and Wellbeing for the Province of Alberta" is led by a group of researchers from the University of Calgary and implemented in cooperation with community partners.

The project has a transdisciplinary team from the University of Calgary with diverse experience.

Team members include:

[Dr. Heather M. Boynton](#), [Dr. Lynden F.J. Crowshoe](#), [Dr. Gina Dimitropoulos](#), [Dr. Deiner Exner-Cortens](#), [Dr. Brent Hagel](#), [Dr. Amy Metcalfe](#), [Dr. Shelly Russell-Mayhew](#), [Christiane Roth](#), [Dr. Kelly Dean Schwartz](#), [Karen Thomas](#), [Dr. Suzanne Tough](#), [Dr. Jennifer Zwicker](#).

References

Alberta Health, Interactive Health Data Application. At: http://www.ahw.gov.ab.ca/IHDA_Retrieval/ (accessed 7 Aug 2022).

Alberta Children's Services. 2019. Well-Being and Resiliency: A Framework for Supporting Safe And Healthy Children And Families, Children's Services, Government of Alberta, as represented by the Minister of Children's Services. At <https://open.alberta.ca/dataset/520981c4-c499-4794-af55-bc932811cb1e/resource/7fda0ae8-8d97-49e7-b94b-7f0088cd767d/download/well-being-resiliency-framework-march2019.pdf>.

Andrews, A., Ben-Arieh, A., Carlson, M., Damon, W., Dweck, C., Earls, F., et al. 2002. (Ecology Working Group). Ecology of Child well-being: advancing the science and the Science-Practice Link. Georgia: Centre for Child Well-Being.

Anielski M. 2021. The Alberta GPI Blueprint The Genuine Progress Indicator (GPI) Sustainable Well-Being Accounting System, at https://www.pembina.org/reports/gpi_blueprint.pdf.

Briggs D. 2003. Making a Difference: Indicators to Improve Children's Environmental Health. At: <https://www.who.int/phe/children/en/cehindicsum.pdf?ua=1>.

Canada Federal Budget 2021, Chapter 4: Responsible Government. <https://www.budget.gc.ca/2021/report-rapport/p4-en.html?wbdisable=true> (accessed 7 Aug 2022).

Canada Federal Budget 2021, Annex 5: Budget 2021 Impacts Report, Poverty Reduction, Health and Wellbeing. At <https://www.budget.gc.ca/2021/report-rapport/anx5-en.html#5> (accessed 7 Aug 2022).

Canadian Index of Wellbeing. University of Waterloo. At: <https://uwaterloo.ca/canadian-index-wellbeing/> (accessed 7 Aug 2022).

Children's Healthcare Canada. 2021. A strong recovery depends on a robust national child and youth health strategy – an open letter to Federal Party Leaders. At: <https://www.childrenshealthcarecanada.ca/election-44> (accessed 7 Aug 2022).

CIHI and B.C. PHO Joint Summary Report. 2013. Child and Youth Health and Well-Being Indicators Project: At: [Child and Youth Health and Well-Being Indicators Project: CIHI and B.C. PHO Joint Summary Report \(gov.bc.ca\)](http://www.childrenshealthcarecanada.ca/election-44)

CIHI and B.C. PHO Appendix A. 2013. Child and Youth Health and Well-Being Indicators Project: CIHI and B.C. PHO Joint Summary Report. Appendix A: Discussion Paper, Foundations of Child Well-Being in British Columbia.

Commission on the Reform of Ontario's Public Services, (2012) Report. Toronto, Canada.

<https://www.opsba.org/wp-content/uploads/2021/02/drummondReportFeb1512.pdf>

Department of Finance Canada. 2021. Measuring What Matters: Toward a Quality of Life Strategy for

Canada. At: <https://www.canada.ca/en/department-finance/services/publications/measuring-what-matters-toward-quality-life-strategy-canada.html#Toc61968272> (accessed 7 Aug 2022)

DPMC. 2019. New Zealand Child and Youth Wellbeing Strategy, Department of the Prime Minister and

Cabinet (DPMC), Aug 2019. At: <https://childyouthwellbeing.govt.nz/sites/default/files/2019-08/child-youth-wellbeing-strategy-2019.pdf>

Government of Alberta. 2021. Child and Youth Well-being Review Final Report, Children's Services. At:

<https://www.alberta.ca/child-and-youth-well-being-review.aspx>.

Government of Alberta. 2022. Child and Youth Well-being Action Plan. At:

<https://open.alberta.ca/dataset/c879b3d0-66c2-49e5-bef4-2ee2348833f5/resource/8451bbc3-97e2-468b-97b7-c9ce6c0bea69/download/cs-alberta-child-and-youth-well-being-action-plan.pdf>, (accessed 7 Aug, 2022).

Government of Canada. 2022. Social Determinants of Health and Health Inequalities. At:

<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>, (accessed 7 Aug 2022).

Government of the United Kingdom. 2017. Health Profile for England 2017, Chapter 6: Social Determinants

of Health. At: <https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health>

Huber M, Knottnerus J A, Green L, Horst H v d, Jadad A R, Kromhout D et al. 2011. How should we define health? BMJ 343 :d4163 doi:10.1136/bmj.d4163

Johnston, D. F., & Carley, M. J. 1981. Social Measurement and Social Indicators. Annals of the American Academy of Political and Social Science, 453, 237-253. At: [453AnnalsAmAcadPolSocSci2.pdf](#)

Kottke TE, Stiefel M, Pronk NP. 2016. "Well-Being in All Policies": Promoting Cross-Sectoral Collaboration to Improve People's Lives. Prev Chronic Dis. doi: 10.5888/pcd13.160155. PMID: 27079650; PMCID:

PMC4852755. At ["Well-Being in All Policies": Promoting Cross-Sectoral Collaboration to Improve People's Lives - PMC \(nih.gov\)](#)

Kousoulis, L. 2021. Nova Scotia Budget Address, Budget 2021–22 A Fair and Prosperous Future: Path to Balance, Honourable Labi Kousoulis Minister, Finance and Treasury Board. At

<https://beta.novascotia.ca/sites/default/files/documents/7-2634/address-budget-2021-2022-en.pdf>

Morrison V, Lucyk K. 2021. Build Back Better: Wellbeing Budgets for a Post COVID-19 Recovery? Fact Sheet, National Collaborating Centre for Healthy Public Policy (NCCHPP), August 2021. At <https://www.inspq.qc.ca/sites/default/files/publications/2793-build-wellbeing-budgets-post-covid-19.pdf>

OECD How's Life? 2020. <https://www.oecd-ilibrary.org/sites/9870c393-en/1/3/1/index.html?itemId=/content/publication/9870c393-en&csp=fab41822851fa020ad60bb57bb82180a&itemGO=oecd&itemContentType=book>

OECD Better Life Initiative. 2022. Measuring Well-Being and Progress, Centre on Well-being, Inclusion, Sustainability and Equal Opportunity (WISE) at [Better Life Initiative: Measuring Well-Being and Progress - OECD](#) (accessed 7 Aug 2022).

Ontario Wellbeing Strategy for Education, Fact Sheet for Parents. At: <https://www.tvdsb.ca/en/students/resources/Documents/MEOWBFactSheet.pdf>

Ontario Ministry of Children, Community and Social Services. A Shared Responsibility - Ontario's Policy Framework for Child and Youth Mental Health. At: [framework.pdf \(gov.on.ca\)](#)

Ravenscroft, E. 2005. "Access within a Fragmented Healthcare System: A Nurse's Perspective on Romanow." Nurs. Leadersh. 18, <https://doi.org/10.12927/cjnl.2005.19031>.

Schirnding Y von. 2002. Health in Sustainable Development Planning: The Role of Indicators. At <https://www.who.int/wssd/resources/indicators/en/>

Stiglitz JE, Sen A, Fitoussi JP. 2009. Report by the Commission on the Measurement of Economic Performance and Social Progress, at <https://ec.europa.eu/eurostat/documents/8131721/8131772/Stiglitz-Sen-Fitoussi-Commission-report.pdf>

Stiglitz J., Fitoussi J., & Durand, M. 2018. Beyond GDP: Measuring what counts for economic and social performance. Organization for Economic Cooperation and Development. <https://www.oecd.org/social/beyond-gdp-9789264307292-en.htm>

Tricco AC, Lillie E, Zarin W, et al. 2018. PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*. 169(7):467-473. doi:10.7326/M18-0850

UNICEF Worlds Apart. 2020. Canadian Companion to UNICEF Report Card 16 (2020). At: [UNICEF RC16 Canadian Companion EN Web.pdf](#)

UNICEF Innocenti Report Card 16. 2020. Worlds of Influence Understanding What Shapes Child Well-being in Rich Countries (2020). At: [WorldsOfInfluence EN.pdf \(unicef.ca\)](#)

Wallace J, Ormston H, McFarlane M, Thurman B, Heydecker R, Diffley M. 2020. Gross Domestic Wellbeing 2019/20 GDWe score release, CarnegieUK Trust, at: [CUKT-GDWe-2020-FINAL.pdf \(d1ssu070pg2v9i.cloudfront.net\)](https://d1ssu070pg2v9i.cloudfront.net/CUKT-GDWe-2020-FINAL.pdf)

WHO Geneva Charter for Wellbeing 2021, at <https://www.who.int/publications/m/item/the-geneva-charter-for-well-being>

What Works Wellbeing. 2021. Towards a wellbeing budget – examples from Canada and New Zealand, Jun 30, 2021, at <https://whatworkswellbeing.org/practice-examples/towards-a-wellbeing-budget-examples-from-canada-and-new-zealand/> (accessed 7 Aug 2022)