

TWO-EYED SEEING IN ACTION: A MIXED-METHODS EVALUATION OF WRAPAROUND TO PROMOTE RESILIENCE AND WELL-BEING AMONG INDIGENOUS YOUTH IN CANADA

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Abstract

Indigenous youth in Canada experience disproportionate health and social inequities linked to the intergenerational impacts of colonialism, systemic racism, and service fragmentation. Wraparound – a holistic, youth-driven, team-based service model – has shown promise in supporting young people with complex needs; however, few evaluations embed Indigenous worldviews or center youth voices in defining outcomes of success. We worked in collaboration with service providers, youth with lived experience, and an Indigenous Elder to develop a culturally grounded mixed methods evaluation of an adaptation of Wraparound for Canadian Indigenous youth involved with multiple systems that was grounded in the Two-Eyed Seeing framework, the Five Rs of Indigenous research, and the Medicine Wheel. This presentation reports the results of this realist-informed evaluation that integrated both quantitative and qualitative approaches and involved six Indigenous youth (ages 16–21) living in Winnipeg, Manitoba, Canada. Quantitative measures included pre- and post-program indicators of wellbeing, such as school engagement, housing stability, self-harm behaviour, and system involvement. Qualitative methods included post-program storytelling interviews, photovoice projects, and a talking circle. These activities created safe spaces for youth to narrate their healing journeys, articulate culturally meaningful definitions of wellness, and engage in collective reflection. Findings demonstrated significant improvements across several objective indicators, including better mental health support, greater school attendance, increased housing stability, and reduced involvement with child welfare and justice systems. Youth narratives and photovoice projects further highlighted enhanced self-confidence, stronger identity, and increased connection to culture, family, and community. Youth stories revealed that access to cultural practices – such as smudging, medicine picking, and teachings from Elders – was experienced as central to promoting healing and resilience. Together, these findings point to Wraparound's effectiveness when adapted in ways that honour Indigenous values of relationality, balance, and collective strength. This evaluation contributes to growing evidence that embedding Indigenous knowledge systems in programming not only produces better outcomes but also affirms youth agency and promotes systemic change. Methodologically, the study demonstrates the feasibility and value of integrating Western and Indigenous methods in applied psychology research. The evaluation findings support Wraparound as a culturally safe, strengths-based, and transformative intervention for Indigenous youth navigating multiple systems. By centering Indigenous youth voices and integrating multiple ways of knowing, this work provides critical insights for psychologists, other service providers, and policymakers seeking to reduce inequities and foster resilience.

Keywords: *Indigenous youth, wraparound intervention, two-eyed seeing, resilience and well-being, decolonizing evaluation.*

1. Introduction

Indigenous youth in Canada continue to experience profound and disproportionate health and social inequities rooted in the intergenerational impacts of colonialism, systemic racism, and structural exclusion. These inequities manifest across mental, emotional, physical, and spiritual domains and are compounded by overrepresentation in child welfare and justice systems (Fraser et al., 2021). Mainstream services often fail to address the cultural, relational, and contextual factors necessary for supporting Indigenous youth well-being, highlighting the need for culturally grounded, community-driven program models and evaluations.

Wraparound, an individualized, strengths-based, team-oriented model of care, aligns closely with Indigenous worldviews by emphasizing relational accountability, holistic support, and youth self-determination (Bruns et al., 2010). While research supports Wraparound's effectiveness for youth with complex needs, few evaluations embed Indigenous epistemologies or meaningfully involve Indigenous youth and Elders in defining success. To address this gap, we co-developed and implemented a mixed-methods, realist-informed evaluation of Wraparound for Indigenous youth delivered through NorWest Co-op Community Health in Winnipeg, Manitoba, Canada. The evaluation was guided by Two-Eyed Seeing, the Five Rs of Indigenous research, and the Medicine Wheel – frameworks that honour Indigenous knowledge systems and support ethical, relational, and decolonizing approaches to applied psychological research (Bartlett et al., 2012; Kovach, 2009; McGregor et al., 2018; Lavallée, 2009).

This paper provides an expanded summary of that evaluation, integrating quantitative and qualitative findings and emphasizing the methodological innovations introduced through Indigenous–Western knowledge integration.

2. Methodology

2.1. Study design

The evaluation design was intentionally strength-based and trauma-informed, ensuring that all methods supported youth readiness, emotional safety, and opportunities for empowerment rather than burdening participants with intrusive or deficit-oriented measures. To uphold these principles, all methodological decisions – including what to measure, when to collect data, and which qualitative activities were appropriate – were co-developed with a Community Advisory Committee (CAC). The CAC was composed of two Wraparound service providers, the Indigenous Elder on the Intervention and Outreach Team, and three Indigenous youth who had previously completed the program, and it functioned as a governance body that guided ethical considerations, cultural protocols, data collection sequencing, and the overall design of a respectful, relational, and culturally grounded evaluation.

A realist-informed mixed-methods longitudinal design was used to examine not only *whether* outcomes improved for youth but also *how*, *why*, and *under what conditions* the program facilitated change. Realist principles were well-suited to Indigenous contexts because they focus on mechanisms within specific sociocultural environments rather than assuming universal cause–effect patterns (Jagosh et al., 2015). To ensure cultural appropriateness, the evaluation was co-created through a three-month consultation process involving an Indigenous Elder, Indigenous youth with lived experience in Wraparound, and program staff.

Guided by Two-Eyed Seeing (Bartlett et al., 2012), the evaluation integrated Indigenous and Western knowledge systems in non-hierarchical ways. The Five Rs of Indigenous research – respect, relevance, reciprocity, responsibility, and refusal – ensured the evaluation upheld relational accountability and community-defined priorities (McGregor et al., 2018). The Medicine Wheel informed the qualitative framework by offering a holistic structure to explore changes across spiritual, emotional, mental, and physical well-being (Lavallée, 2009).

2.2. Participants and setting

Six Indigenous youth (ages 16–21) who completed Wraparound at NorWest Co-op Community Health participated in the evaluation. Youth were living in inner-city neighbourhoods in Winnipeg, Manitoba, Canada, and had extensive involvement across systems, including child welfare, justice, mental health, housing instability, and school disengagement. Their perspectives were essential to shaping the evaluation, consistent with Indigenous research ethics emphasizing youth voice and agency.

2.3. Quantitative data collection

Consistent with Two-Eyed Seeing, quantitative indicators were selected collaboratively with the CAC to ensure relevance and cultural alignment. At program entry and completion, evaluators collected objective indicators of well-being, including school attendance and academic engagement, access to mental health supports, housing stability, self-harm and safety concerns, and involvement with child welfare and justice systems. Because many youths entered the program in crisis, only non-intrusive, ethically appropriate measures were used at intake.

2.4. Qualitative data collection

2.4.1. Storytelling interviews. Storytelling – central to many Indigenous knowledge systems – provided a narrative, relational method for youth to share their experiences on their own terms (Kovach, 2009; Datta,

2017). Interviews were structured using the Medicine Wheel as a holistic guide, allowing youth to reflect on changes across interconnected domains of wellness.

2.4.2. Photovoice. Photovoice enabled youth to visually express their healing, identity, relationships, and cultural connections (Benjoe et al., 2016; Goodman et al., 2019). Images later served as prompts during reflective conversations, deepening understanding of youth-defined mechanisms of change.

2.4.3. Talking circle. A talking circle facilitated by a registered social worker with training in Indigenous practices created a culturally safe space for collective meaning-making, grounded in Indigenous protocols of respect, listening, and shared responsibility (Lavallée, 2009). This method supported youth in articulating relational and spiritual dimensions of wellness often overlooked in Western evaluation approaches.

3. Data analysis

3.1. Quantitative data analysis

Quantitative analyses focused on detecting pre–post changes across 11 binary indicators of youth well-being, including housing stability, school enrollment, employment, involvement with child welfare and justice systems, access to health and social supports, and self-harm behaviour. Because the sample was small ($N = 6$) and each indicator represented paired nominal data, we used the exact McNemar test (McNemar, 1947) to evaluate whether the number of youths improving in each domain (No→Yes) exceeded the number showing declines (Yes→No). This non-parametric approach is recommended for small samples and provides an appropriate test of marginal homogeneity in pre–post binary outcomes. For each indicator, 2×2 contingency tables were constructed to identify discordant pairs, and exact binomial probabilities were computed to determine statistical significance. Quantitative results were interpreted cautiously considering the small sample size while attending to patterns of clinically and contextually meaningful improvement.

3.2. Qualitative thematic analysis

Qualitative data, including storytelling interviews, photovoice narratives, and talking circle transcripts, were analyzed using a thematic analysis grounded in a framework approach (Gale et al., 2013). This method was selected because it supports systematic, transparent analysis while accommodating Indigenous epistemologies and the study’s decolonizing aims. Analysis proceeded through familiarization, open coding, and the development of a codebook integrating both inductive insights and deductive categories derived from the Medicine Wheel and evaluation objectives. Codes were organized into a matrix to compare themes across participants and data sources, supporting the identification of patterns within and across mental, emotional, physical, and spiritual domains of wellness. Guided by the principles of Two-Eyed Seeing and the Five Rs of Indigenous research, interpretation privileged youth voice, cultural meaning-making, and relational context.

4. Findings

4.1. Quantitative outcomes

Across the 11 indicators examined, youth demonstrated substantial improvements from pre- to post-Wraparound participation (see Table 1 for details). Housing stability improved from 50% to 100%, with half of the sample transitioning from unstable to stable housing; although this shift did not reach statistical significance, it reflected a meaningful positive trend (exact McNemar $p = .125$). School enrollment increased markedly from 16.7% to 100%, representing a statistically significant improvement (exact McNemar $p = .031$). Similarly, the proportion of youth living independently rose from 0% to 83.3%, a significant change indicating increased autonomy and life skills (exact McNemar $p = .031$).

Employment showed a meaningful increase from 0% to 66.7%, although this pre–post change approached but did not reach statistical significance (exact McNemar $p = .0625$). High school completion increased slightly from 0% to 16.7%, but this change was not statistically significant given limited movement in the sample ($p = .50$). Involvement with child welfare services remained unchanged, reflecting the structural complexity of child welfare involvement among Indigenous youth.

Several indicators showed particularly strong gains. Youth incarceration decreased from 66.7% to 0%, a substantial improvement that approached statistical significance (exact McNemar $p = .0625$). Access to primary care rose significantly from 16.7% to 100% (exact McNemar $p = .031$), representing an important shift in preventive and ongoing health support. Engagement in substance use support programs increased from 0% to 83.3% (exact McNemar $p = .031$), and access to mental health support increased from 0% to 100%, representing the most robust change (exact McNemar $p = .016$).

Table 1. Pre–Post Changes in Objective Indicators of Youth Well-Being and Exact McNemar Test Results.

Indicator	Pre-Yes (n)	Post-Yes (n)	Discordant Pairs*	Exact McNemar p	Interpretation
Housing stability	3	6	3 / 0	.125	Positive trend
School enrollment	1	6	5 / 0	.031	Significant improvement
High school diploma	0	1	1 / 0	.500	Positive trend
Employment	0	4	4 / 0	.063	Positive trend
Involvement with CFS	6	6	0 / 0	—	No change
Independent living	0	5	5 / 0	.031	Significant improvement
Incarceration	4	0	0 / 4	.063	Positive trend
Connected to primary care	1	6	5 / 0	.031	Significant improvement
Substance use support	0	5	5 / 0	.031	Significant improvement
Mental health support	0	6	6 / 0	.016	Significant improvement
Self-harm behaviour	3	1	0 / 2	.250	Positive trend

Note. Results of the exact McNemar test. *No→Yes / Yes→No. CFS = child welfare services.

4.2. Qualitative themes

4.2.1. Cultural identity, belonging and community connection. Youth emphasized that cultural practices, such as smudging, medicine picking, ceremonies, and teachings from Elders, played central roles in their healing. These experiences strengthened identity, belonging, and connection to land and community.

4.2.2. Relational accountability and trust. Youth described trusting relationships with staff, Elders, and peers as essential mechanisms of change. Wraparound’s non-hierarchical and collaborative nature supported youth empowerment and emotional safety.

4.2.3. Holistic well-being across medicine wheel domains. Improvements were described not only in emotional well-being but also in spiritual grounding, mental clarity, and physical stability. Youth articulated integrated definitions of well-being rarely captured in traditional evaluative frameworks.

4.2.4. Autonomy, confidence and future orientation. Youth reported increased confidence, self-determination, and hope for the future. The combination of cultural grounding and relational support helped youth develop internal and external resources for resilience.

5. Discussion

5.1. Integrating indigenous and western knowledge

This evaluation demonstrates that Indigenous frameworks can be meaningfully woven into applied psychology research. Two-Eyed Seeing allowed for the integration of Western measures of well-being with Indigenous ways of knowing, generating findings that were both rigorous and culturally resonant. Rather than privileging one knowledge system, this approach allowed mechanisms of change, such as relational connection, cultural identity, and ceremony, to emerge authentically.

5.2. Methodological innovation

This evaluation introduced important methodological innovations by integrating Indigenous and Western approaches through a Two-Eyed Seeing framework. Rather than relying solely on conventional outcome measurement, the realist-informed design examined how relational, cultural, and contextual factors contributed to change, aligning closely with Indigenous understandings of wellness. Storytelling interviews, photovoice, and the talking circle offered culturally grounded, trauma-informed, and strength-based methods that enabled youth to share their experiences safely and meaningfully. Quantitative indicators were selected collaboratively with the CAC, ensuring cultural relevance and adherence to

OCAP® principles (First Nations Information Governance Centre, 2014). Together, these choices demonstrate how decolonizing methodological approaches can enhance both the rigor and cultural resonance of mixed-methods evaluations involving Indigenous youth.

5.3. Implications for practice and policy

Taken together, the evaluation findings demonstrate that Wraparound participation was associated with meaningful improvements across several domains of well-being – including education, housing, physical and mental health access, and reduced justice involvement – despite the small sample size limiting statistical power. The significant increases in school engagement, independent living skills, primary care connection, substance use support, and mental health support underscore the effectiveness of a culturally grounded Wraparound model in promoting stability, safety, and holistic wellness among Indigenous youth.

Findings underscore the importance of culturally grounded services that centre relationships, identity, cultural continuity, and holistic definitions of wellness. Wraparound programs serving Indigenous youth may benefit from embedding Elders, land-based practices, cultural teachings, and youth-led decision-making into service delivery. For policymakers, these outcomes highlight the need to support Indigenous-led evaluation approaches and allocate resources to community-driven mental health supports that move beyond deficit-based Western frameworks.

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