Niiwin Wendaanimak Four Winds Wellness Program

Enhanced Health & Community Services for Homeless and At-Risk Aboriginal Populations

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Executive Summary

The Niiwin Wendaanimak Four Winds Wellness Program works to improve stability, health, wellbeing and quality of life for Indigenous peoples who are homeless and under-housed in the downtown mid-west Toronto area. Founded by Queen West Central Toronto Community Health Centre, Four Winds now includes activities at West Neighbourhood House and Evangel Hall Mission, and is overseen by the West End Aboriginal Advisory Council, which is made up of service providers, Elders, service users and other community leaders. Please see Four Winds program description on page 5.

Our evaluation uncovered a range of strengths of the Four Winds program. These were centered on:

- Cultural safety, facilitated through Indigenous-only time and space; the presence of Indigenous people and culture in shared areas outside of the Four Winds program; and knowledge of the history and context of Indigenous peoples in Canada on the part of staff.

- The feeling of 'home,' underpinned by a welcoming, non-judgmental atmosphere and the territory on which the program takes place, a gathering space for Indigenous people long before the current health centres occupied the space.

- The combination of a harm reduction approach with cultural supports.

- An understanding of wellness that encompasses Indigenous and Western approaches to healing and health.

- A 'community building' approach that builds relationships among participants, between participants and staff, and among health and social service organizations. This approach also fosters economic development such as opportunities for community members to sell their art.

- Healthy food at programs and activities.

- Access points to services such as health care, housing support, ID clinics, showers, laundry and places to sleep.

Opportunities for program improvements included:

- The expansion of Indigenous representation in all areas of program governance, management and delivery including Queen West Central Toronto Community Health Centre Board, managers and staff (e.g. front desk staff).

- Expanded capacity to support healing. Colonization and its resonating impacts are a major source of trauma. The need for traditional healers and counsellors who are Indigenous came out strongly. Sufficient numbers of permanent staff can also support healing, cushioning the

loss if a staff member leaves, and reassuring community members that the principles of the program will remain the same.

- Expanded roles and opportunities for peers, such as education to provide counselling, case-management and advocacy.

- Ongoing cultural safety training for all staff at Four Winds partner organizations, including those who aren't directly involved in the Four Winds program.

- Increased cultural supports. This includes the creation of an Indigenous room where ceremony can take place and where community members can meet with Elders and have access to medicines. Participants also emphasized the importance of getting out on the land.

- Additional suggested program enhancements included:
    - Youth programming
    - Drop-in physician or nurse connected to the Four Winds program
    - Support for transportation such as tokens to attend programs
    - Winter boots, sleeping crates/mats/bags, showers, haircuts, laundry, toiletries
    - Skill-building opportunities, social events and outings
    - Community kitchen with cooking lessons
    - Support around transition when moving from home community to Toronto
    - Substance use supports such as detox

Many issues related to health and wellbeing and identified by the evaluation are at a systems-level, and must be urgently addressed by policy-makers. These include:

- Lack of consistent and appropriate funding for the Four Winds program itself, leading to cuts to food and transportation budgets, the current lack of youth programming, the need for more Elders and Traditional Knowledge Keepers.

- Overwhelming lack of appropriate housing and supports in Toronto. In particular, our evaluation demonstrated the need for housing that is close to the city core, culturally supportive/Indigenous only, and harm-reduction based. Racism and discrimination from landlords was also identified as a barrier to housing. In addition, low welfare and disability rates systematically produce homelessness and precarious housing situations.

- Racism and discrimination in the hospital system, which acts as a deterrent to accessing care, and which re-traumatizes people on a regular basis. It was suggested that hospital Emergency Department staff visit the Four Winds program.

- The need for an Indigenous crisis centre or hotline in case of emergency.

- Waiting times for addictions supports.

Four Winds Programming

Queen West Central Toronto Community Health Centre
Indigenous-only healing circle: Friday (except last Friday of the month) 10:00 a.m. – 1:30 p.m.
Light nutritious breakfast, tea & coffee are served 10-11:00 am followed by a hot lunch for group participants at 12:30
Elder Led Teachings, circle or ceremony: 11:00-12:30 p.m.

West Neighbourhood House- The Meeting Place Drop-in
Indigenous-only talking circle: Wednesdays from 10:00-12:00 p.m.
Breakfast served following the circle

Evangel Hall Mission
Workshops: TBD
Drop-in meal program

Miigwetch! Mahsi Cho! Yaw^ko! Niá:wen! Ay Hay! Marsee! Thank you!

We would like to acknowledge the collaboration of the following in the preparation of this report: Queen West Central Toronto Community Health Centre, West Neighbourhood House Meeting Place Drop-in, Evangel Hall Mission, West End Aboriginal Advisory Council, and the Niiwin Wendaanimak Four Winds Wellness Program community members, peers, and staff. Thank you for your participation and support. In addition, would like to acknowledge the Well Living House and the MOHLTC for Michelle Firestone's salary support.

Acronyms

Queen West Central Toronto Community Health Centre: Queen West, QWCTCHC

Community Health Centres: CHC

Four Winds Wellness Program: Four Winds, FW

West Neighbourhood Meeting Place Drop-in: WNP

Evangel Hall Mission: EHM

West End Aboriginal Advisory Council: WEAAC

Well Living House: WLH

Urban Health Solutions: C-UHS

St. Michael's Hospital: SMH

Local Health Integrated Network: LHIN

Recommendations

Through the delivery of the Four Winds Wellness Program, Queen West Central Toronto Community Health Centre provides a unique and effective service that meets many community member needs. Below are recommendations on how to further strengthen the program as identified by the evaluation. In summary, the recommendations involve enhancing Indigenous governance over the program, coordination among partnering organizations, a clearer articulation of how the program goals, activities and outcomes are connected as well as how to further meet the needs of community members.

1. Governance and Management:
    - Indigenous representation and leadership at broader levels of governance and management; including the QWCTCHC Board of Directors as well as increased number of senior level management positions held by people who are well-versed in Indigenous ways of knowing and doing
    - Development of a decision-making framework between QWCTCHC and the FW Program
    - Revisions to the existing WEAAC terms of reference to include clearly defined roles and responsibilities for members
2. Enhanced Coordination Among Partnering Organizations:
    - Development of a shared understanding of the FW Program among the partnering organizations where the roles of each organization as well as the purpose and functioning of the partnership is clearly articulated
    - Agreement and implementation of overarching principles of FW including finalized definitions of harm reduction and colonization among all partners
    - Maintain effective communication between the partners via shared case management and complementary programs as well as between the partners and community members
3. Service Coordination for Indigenous Clients at QWCTCHC:
    - Increased awareness, service integration and access to other QWCTCHC programs for Indigenous clients
4. Community Building:
    - Expanded roles and opportunities for peers (e.g. education to provide counseling, case management and advocacy)
    - Increased Indigenous representation and leadership within the QWCTCHC community
5. Cultural Safety:
    - Hiring of Indigenous staff outside of FW (e.g. front-desk staff)
    - Ongoing and continuous opportunities for cultural safety training for QWCTCHC staff
6. Logic Model and Theory of Change:
    - Clearly defined program objectives and theory of change (e.g. short/medium/long-term goals)
    - Development of a logic model or shared understanding of the partnerships, inputs and activities that are needed to achieve the desired outcomes of FW.

Introduction

Queen West Central Toronto Community Health Centre is an accredited Community Health Centre and a member of the Association of Ontario Health Centres. As a community-based health and wellness service organization, Queen West is working to improve the health and well-being of individuals and communities who are at risk and/or face barriers to accessing high quality health care services and supports. They do this by facilitating access to services and addressing systemic inequalities. Priority is given to serving low- income people, homeless and at-risk adults and youths, people living with mental health and substance use issues and immigrants and refugees (www.ctchc.org).

QWCTCHC has been providing services to Indigenous clients in the Bathurst and Queen community for over 40 years. The Niiwin Wendaanimak Four Winds Wellness Program was created to advance Queen West's role as allies in supporting Indigenous peoples' access to culturally responsive health and wellness services, informed by a harm reduction approach. In September 2015, QWCTCHC in partnership with West Neighbourhood House Meeting Place Drop-in and Evangel Hall Mission and with support from the Toronto Central LHIN, launched a collaborative project with the goal to enhance health and community services for homeless and at-risk Indigenous populations in the downtown mid-west Toronto area.

The Niiwin Wendaanimak Four Winds Wellness program is led by the West End Aboriginal Advisory Council, comprised of service providers, Elders, service users and other community leaders concerned with enhancing services in the West End and with a mandate to provide guidance, oversight and advice for the program. The objectives of the program are described below.

Improve primary care & Harm Reduction Services for Indigenous Populations with a focus on more culturally responsive care

Identify and develop the pathways to care for Indigenous adults and youth particularly those who are homeless, living in poverty and at-risk of homelessness and to identify where service investments are needed

Provide Indigenous culturally specific healing and psycho-social support which integrates recognition of the chronic trauma caused by genocide and colonization

Evaluate and build the evidence and approach for how non-Indigenous organizations can collaborate with Indigenous communities to implement culturally responsive and sustainable services

Four Winds Wellness Program Objectives

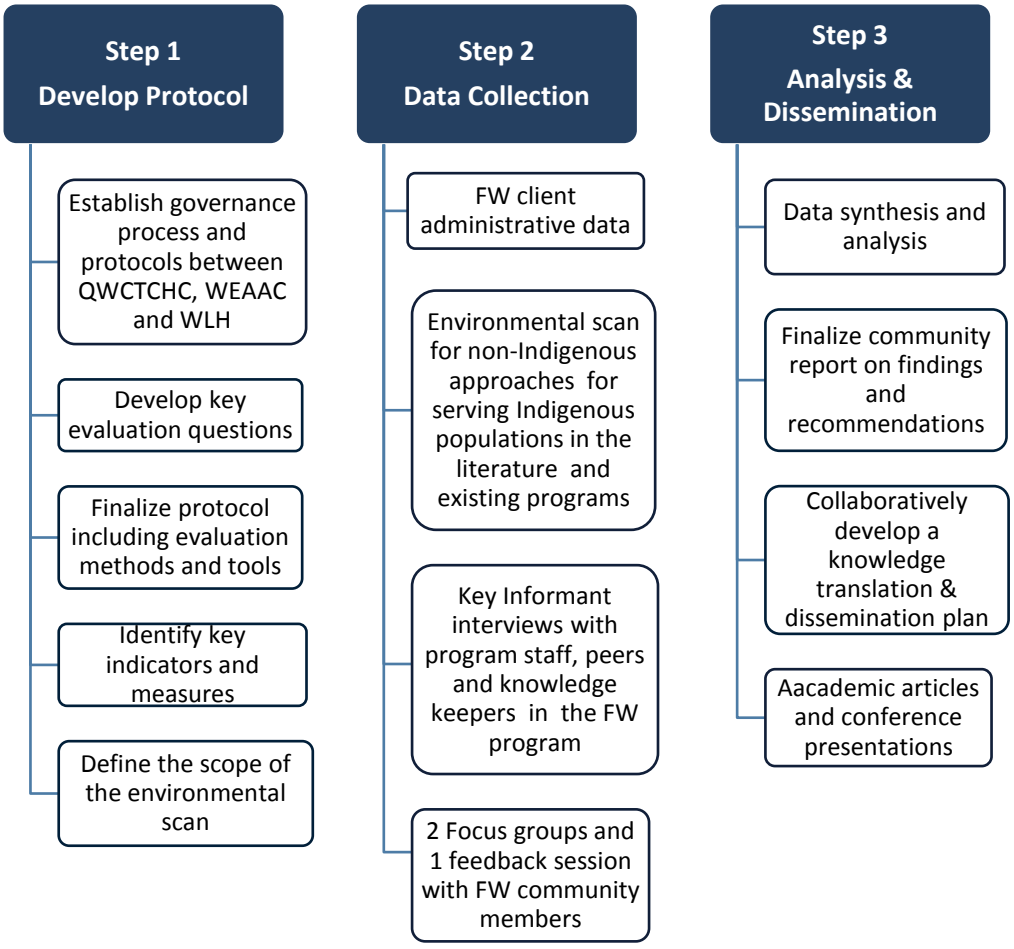
In February 2016, QWCTCHC hired a team of researchers at the Well Living House to carry out a process evaluation of the FW program. The WLH (www.welllivinghouse.com) builds on a foundation of over two decades of collaborative work between Indigenous health researchers, front line health practitioners and Indigenous community grandparents. The WLH vision is that every Indigenous infant will be born into a context that promotes health and well-being. At the core of WLH work is a commitment to respect and apply both Indigenous community-based and mainstream academic knowledge and expertise to advance the health of Indigenous infants, families and communities. WLH is located within the Centre for Urban Health Solutions of St.

Michael's Hospital and co-governed by St. Michael's Hospital and an Indigenous Grandparents Counsel.

Methods

Using a community-partnered approach[1,2] that aligns with wise practices for conducting Indigenous health research[3–6], a mixed methods process evaluation of the FW Program was implemented. This involved initial meetings with QWCTCHC and the WEAAC, during which, a Memorandum of Understanding between QWCTCHC and WLH was established to guide and inform the work. The WLH upholds Indigenous ethical standards[7,8] that ensure balanced relationships between Indigenous and allied community research partners, academics and additional governmental, data, and public health stakeholders throughout the research process, while maintaining rigour and policy relevance. Approval from the Research Ethics Board at SMH was also obtained.

The focus of this process evaluation was to assess the FW program service delivery model and its effectiveness as a non-Indigenous led organization collaborating with Indigenous communities to provide culturally safe and relevant and sustainable services for Indigenous populations. An additional objective was to identify the gaps and challenges within the current system of care and support for homeless and at-risk populations, specifically in the Mid-West Toronto area. The evaluation was carried out in collaboration with QWCTCHC and the WEAAC through a series of steps.



Participant Recruitment and Data Collection

Key informants

Key informant interviews were held with members of the WEAAC, Elders, traditional knowledge keepers, peers, and staff from QWCTCHC, WNP and EHM. The participants were contacted by the research team by phone or email and invited to participate in an interview. After accepting the invitation, a date, time and private space for the interview was arranged. Two members of the research team conducted the audio-recorded interviews. A semi-structured interview guide was used during the interviews and included questions on involvement and experiences with the FW program, defining cultural safety, system challenges and reflections on Indigenous and non-Indigenous identity.

Focus group participants

Focus group participants were recruited through word of mouth and posters that were displayed at QWCTCHC, WNP and EHM. The FW program coordinator reminded clients at the weekly programming about the focus groups: the first was held in July 2016 and the second was in August 2016. Both took place in a meeting room QWCTCHC where snacks and beverages were provided in addition to a $25 honorarium and transportation costs (up to 2 TTC tokens). The focus groups were facilitated by 2 members of the research team and were audio recorded. A semi-structured focus group guide was used to engage in a dialogue with the participants and asked questions on their experiences with the FW Program (i.e. *what works well? what could be changed or added?*), experiences with other programs and services in Toronto, and their understandings of cultural safety and harm reduction.

Data Analysis

The audio recordings from the key informant interviews and focus groups were transcribed and analyzed using an established and tested iterative thematic approach.[17] Three members of the team developed independent lists of themes, which were then compared and revised to generate one master list of codes through an iterative process of re-reading the transcripts and several rounds of discussion, including mapping and clustering of ideas using sticky notes.

Well Living House team data analysis and coding

Four Winds community feedback session

Once consensus was reached, this codebook was presented to the FW clients who had participated in the focus groups. An interactive, member checking group activity was administered in which the participants were given an opportunity to reflect on the themes, provide any additional thoughts or ideas which were missed and adjust the themes according to their own experiences and interpretation. This gathering was also an opportunity to socialize and recognize the group's contributions and celebrate the upcoming holiday season.

Non-aggregate data (with identifying information removed) on FW program clients were synthesized by the data management coordinator at QWCTCHC and shared with the research team at the WLH. Frequencies were generated for descriptive data including gender, age, income, housing and participation in other QWCTCHC programs/groups. Data on FW program attendance from August 2014 to September 2016 was also analyzed.

Environmental Scan

An environmental scan was conducted to investigate how non-Indigenous or mainstream health and social service providers can deliver services to Indigenous peoples in a good way as defined by Indigenous peoples themselves. More specifically, the purpose of the scan was to examine the service delivery and governance models of mainstream organizations for the provision of services to Indigenous peoples. Academic literature as well as reports and websites of mainstream health and social service providers across Canada that deliver services to Indigenous peoples were reviewed. The following databases and individual journal articles were searched including, iportal, Native Health Database, First Nations Periodical Index, OVID Medline, OVID Embase, OVID Psyc INFO, OVID social work abstracts, ProQuest, Journal of Aboriginal Health and AlterNative: An International Journal of Indigenous Peoples using a combination of Indigenous and health service/program search terms[1]. Only articles that met the inclusion criteria were included in the literature reviews[2]. 30 articles met the inclusion criteria and were reviewed. The search for mainstream health and social service providers that deliver services to Indigenous peoples was twofold to account for more formalized healthcare settings (ie. hospitals) as well as community-based health and social services (ie. women's resource centres). Community Health Centres (CHCs) are a combination of the two as they deliver primary care as well as broader health and social programming based on community need. Only service providers that met the inclusion criteria were included in the scan[3].

Hospitals and CHCs were located using Regional Health Authority (RHA) (Manitoba, Saskatchewan, British Columbia, Nova Scotia and Newfoundland), Alberta Health Services Zones and Local Health Integration Network (LHIN) (Ontario) websites. The Canadian Association of

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[1] Aboriginal or Indigenous or Inuit or Metis or First Nations or Native Canadian or Native American or Indian or Amerindian or Tribal or Pacific Islander or American Indian or Native Alaska or Native Hawaiian or Torres Strait Islander AND mainstream health or health care partnerships or health care integration or health care models or health care delivery or health care access or health care approaches or health care utilization

[2] Inclusion criteria: 1) published in English; 2) published after 1980; 3) urban setting; 4) Canada, U.S., Australia or New Zealand; 5) organizations that provide health/social services broadly defined; 6) organizations that are not Indigenous led/governed, but considered 'mainstream'; 7) organizations that offer services/programs/supports for Indigenous people and; 8) must include a discussion/reflection/assessment/evaluation of the organization/service or program.

[3] Inclusion criteria: 1) services offered in English; 2) located in an urban setting of at least 100,000 people; 3) organizations that provide health/social services broadly defined; 4) organizations that are not Indigenous led/governed, but considered 'mainstream' and; 5) organizations that offer services/programs/supports specifically for Indigenous people.

Community Health Centre's website was also used to locate CHCs across Canada. The Annual Reports and websites of each RHA and of Alberta Health Services were examined as well as those of the hospitals and CHCs providing specific services to Indigenous peoples. Considering that Ontario is the only province whose regional bodies are expected to consult with Indigenous peoples when setting regional health priorities and have an unprecedented level of engagement with Indigenous peoples in urban settings (Lavoie, et al., 2015), a more thorough search of each LHIN and the hospitals and CHCs located within them as well as the LHIN's Annual Reports was conducted. Kingston Community Health Centre (KCHC) was identified as an exemplar organization similar to QWCTCHC and was contacted to inquire about their governance and service delivery model.

Locating mainstream community-based health and social services that provide specific services to Indigenous peoples are difficult to locate because there is no centralized way to search. Well Living House's established knowledge of the network of services for Indigenous peoples across Canada was used to identify services, including a recent report documenting all of the Indigenous health and social services in Toronto. Some RHA websites indicated their funding streams for Indigenous-specific services in which some organizations were identified.

Results: Environmental Scan

It is important to contextualize the environmental scan within the rights of Indigenous peoples to health and self-determination as illustrated in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (UNDRIP, 2008), as the scan illustrates how UNDRIP principles are implemented on a local level. Canada recently adopted UNDRIP (CBC, 2016). Below are the principles of UNDRIP that relate to health planning, also applicable to service delivery[4].

Table 1: Relevant UNDRIP Principles

Principle	***Explanation***
Self-Determination	Self-determination is a core principle of health planning and service delivery that must be determined by and for the local Indigenous peoples. It is Indigenous peoples that must determine how to engage effectively and participate in decision-making that effect their health and well-being. An effective self-determining process in a collaborative relationship requires strong partnerships with the local Indigenous community.
Respecting and Situating an Indigenous Worldview in the Centre	Indigenous peoples have a unique, holistic worldview with respect to their health and well-being that is inclusive of common values and diverse customs and traditions. The inclusion of Indigenous knowledge and traditional healing in the development of health care approaches for Indigenous peoples is critical towards improving their health and wellbeing.

[4] The above chart is summarized from Downy, Firestone, Snyder and Smylie's (2014) analysis of governance structures for Indigenous health planning.

Collaborative Partnership	Mechanisms to support a strong collaborative process need to be embedded within the governance process (ie. A Terms of Reference with mutually agreed upon processes and protocols to frame the authority of the Advisory Council and guide decision-making and conflict resolution). Core governing principles must be identified and developed in collaboration and agreement by all partners. Examples of key principles for consideration in a collaborative governance model include self-determination, respect, inclusiveness, evidence-informed, accountability/responsibility and cultural safety.

The findings will be discussed in two parts including key strategies that mainstream organizations employ to deliver services to Indigenous peoples in a good way and a discussion of exemplar organizations identified in the scan.

Mainstream health and social service organizations employ a number of strategies to best provide services to Indigenous peoples living in urban settings. However, these strategies are not far reaching and are at different stages in development across the country. It is not yet common practice for mainstream organizations to offer services specific to Indigenous peoples in a way that is governed by Indigenous peoples and reflective of Indigenous understandings of health and wellbeing. There is also limited research describing Indigenous-specific initiatives located within mainstream organizations, especially in urban settings. The strategies can be grouped into seven categories as illustrated below with corresponding examples. The strategies include, 1) Foundational Indigenous and Mainstream Knowledge and Practice; 2) Continuous Cultural Competency/Safety Training; 3) Indigenous Staff; 4) Indigenous Space; 5) Indigenous Governance; 6) Acknowledging and Addressing Social Determinants of Health and; 7) Collaborative Partnerships. Although divided into categories, these strategies are interconnected and are often employed together.

Table 2: Key Findings from the Environmental Scan

Strategy	Application
Indigenous Knowledge and Practice: Indigenous knowledge and practices are foundational to the health and wellbeing of Indigenous people. Within mainstream health services, Indigenous knowledge and ways of knowing should be acknowledged and respected as distinct and parallel worldviews; not as an integrated system. Indigenous knowledge and practice, both contemporary and traditional, must be valued and respected as equal to mainstream knowledge and practice [19–21]. Indigenous knowledge can be place-based and informed by the community accessing the services [22,23].	• family, community and nation wellness as connected to individual wellness is reflected in Indigenous specific services and programs [24–26]. **community engagement via community and culturally-based programs:** *Oshawa Community Health Centres[1], Kingston Community Health Centres[2], Chigamik Community Health Centre[3], and West Central Women's Resource Centre[4] facilitate culturally-based community engagement programs including, drumming, beading and other cultural programs to share traditional teachings that promote community health and wellbeing* • access to a traditional healing practitioner or Elder who is respected as equal to mainstream medical professionals [19,20,23,26], access to ceremony, access to traditional medicines [19,20] and access to traditional food [19,20,27] **Indigenous healing practices:** *Lake of the Woods*

	District Hospital[5], Kingston Community Health Centres, Mino Ya Win Health Centre[6], Chigamik Community Health Centre, Chatham-Kent Community Health Centres[7], Michael Garron Hospital[8], The Health Sciences Centre[9], Mount Carmel Clinic[10], and Regina General Hospital[11] offer access to Indigenous healing practices • choice between mainstream and Indigenous services [20,27] • inclusion of Indigenous understandings of health and healing within the organization's mission, vision and values **Mino Ya Win Health Centre:** *states the importance of health care for First Nations to improve the health status of future generations and respecting the different pathways to health within their mission, vision and values.*
Continuous Cultural Competency/Safety Training: All practitioners and staff should receive cultural competency/safety training [18,25,28] and is becoming common practice across Canada. Cultural competency/safety has extended beyond training to foster continuous learning.	• Saskatoon Health Region's *Cultural Competency and Resource Centre[12]* provides program consultations, professional development for cultural competency/safety as well as cultural conflict advisory and mediation consultations. • collaborative models where non-Indigenous and Indigenous practitioners work together to deliver culturally safe care and promote mutual learning [18,29,30] **Aboriginal Patient Liaison/Navigator Program in British Colombia (BC):** *BC has 49 Aboriginal Patient Liaisons/Navigators across their six health authorities of which their main role is ensuring the cultural safety of the clinical encounter. They also facilitate cross-cultural competence with their health care colleagues and have been found to play an important role in developing the capacity of their colleagues to better serve Indigenous patients* [31].
Indigenous Staff: Indigenous staff within a mainstream organization is essential in improving health care service delivery to Indigenous peoples. Indigenous staff enhance culturally safe practice, engagement with Indigenous communities, coordination of services, service navigation, communication with service providers, continuity of care and the wellbeing of the community member accessing services as well as their families [19,23,28,30,32,33]. Overall, there needs to be greater representation of Indigenous practitioners for culturally safe care [18].	The below positions provide services such as, patient advocacy, health care, case management, service coordination, health literacy support, language interpretation, outreach, community engagement, discharge planning, traditional healing and to facilitate culturally safe care. • patient navigator/liaison [19,20,23,28,32,34] • receptionist [28] • Elder [35] • Aboriginal Health & Wellness Promoter • Traditional Healer • Traditional Teacher • Indigenous Nurse Practitioner • Indigenous Community Development Worker • Aboriginal Language Interpreters • Aboriginal Spiritual Care Worker • Aboriginal Outreach Worker

	• Aboriginal Cultural Helper • Aboriginal Community Support Worker. • in some cases an Indigenous "sub-team" is embedded into a mainstream service [19,20,30,32] There can be heavy demands on Indigenous staff that extend beyond their official duties as they often also act as a resource for families and the greater community. Having enough staff for community need as well as support for staff and opportunities for professional development is important [25].
Indigenous Space: Visual representation of Indigenous cultures within mainstream organizations can make the organization feel more like home and help community members identify with the service [25,27,28,33]. Healing spaces have also been created for Indigenous healing practices and ceremony.	• a culturally appropriate waiting room [28] • artwork [27,28,33] • playing an Indigenous radio station [28] • healing spaces for ceremony and cultural needs [19,20] **Healing Spaces:** *All Nations Healing Room* at Kingston General Hospital[13], *Windòcàge Community Room* at The Ottawa Hospital[14], *Round Healing Room and sweat lodge* at Kingston Community Health Centres, *The Chief Sakatcheway Andaaw'iwewigamik Ceremonial Room* at Mino Ya Win Health Centre, *Spiritual Place* at Timmins and District Hospital[15], *Spirit Garden* at Thunder Bay Regional Health Sciences Centre[16], and *sweat lodge* at the Centre for Addictions and Mental Health[17]
Indigenous Governance: Various forms of Indigenous self-determination and governance exist at the community level. This can take the form of advisory councils, Elders' councils, board representation and special advisors to leadership. Although steps are being made towards Indigenous governance and self-determination within a mainstream setting, few achieve shared/collaborative governance. Indigenous peoples must be equal partners with mainstream organizations that extends past an advisory capacity where all power imbalances are mitigated [36].	**Board Representation:** *Atrira Women's Resource Society[18], Timmins and District Hospital, Chigamik Community Health Centre, Chatham-Kent Community Health Centre, Toronto Birth Centre[19], and Mino Ya Win Health Centre.* **Advisory Councils:** *Indigenous Health Council for Kingston Community Health Centres, the Community Council for Toronto Birth Centre, and the Aboriginal Advisory Committee for Mount Carmel Clinic.* **Special Advisors to the CEO and Board:** *Mino Ya Win Health Centre* • Toronto Birth Centre and Mino Ya Win Health Centre models for Indigenous governance will be highlighted below
Acknowledging and Addressing social determinants of health: In delivering services to Indigenous communities there must be recognition of the larger social determinants that impact Indigenous peoples' health and wellbeing, including the impacts of colonization (ie. residential school), racism and other factors limiting health care access [19,27,33,37,38]	• providing transport to and from services as well as home visits [25,33,37,38] • walk-in service access [33] • priority appointments for new people accessing the service [25] • flexible service provision [25,38] • short wait times [38] • addressing issues outside of the service (ie. housing) [33] • quality time with the health care provider [38] • creating a welcoming, caring, supportive

	atmosphere where community members feel a sense a belonging and companionship [25,27,33,38] • working in partnership with community members where their decisions are supported using a harm reduction approach [27]
Collaborative Partnerships: Collaborative partnerships between mainstream organizations and Indigenous communities and their organizations are essential as they provide a mechanism for active involvement in the entire health care process, increases access to health care services, extends health care options and improves cultural safety [25,28,36,39].	Several key elements can foster the development of effective collaborative relationships. • genuine trusting relationships [23,40] • respecting the diversity of Indigenous communities [23] • culturally congruent communication [23] • a shared definition of collaboration between Indigenous and mainstream partners guided by the values of both partners [41] • Indigenous worldview is respected and honoured [23,41] • allowing sufficient time for both the operation and relational aspects of a partnership [39] • clear documentation that explains the working agreements between partners [39] • use of flexible, strength-based approaches where incremental progress is valued [39]

Three exemplar organizations were identified in the scan for their governance and care models including The Sioux Lookout Mino Ya Win Health Centre (SLMHC), Toronto Birth Centre, and Kingston Community Health Centres (KCHC). SLMHC is an example of shared governance within a mainstream organization that respects Indigenous peoples' ways of being. The health centre provides a broad range of specialized and basic services along the continuum of primary care. 85% of people who access SLMHC are Indigenous peoples from the remote fly-in communities of NW Ontario. SLMHC focus on integrating western and First Nations understandings and practices of health and wellbeing. The governance structure has 2 main components.

- **Board of Directors** – Comprised of members from the various Tribal Councils who represent the Indigenous communities of NW Ontario. The signing of the Four Party Agreement committed to changes on how the SLMHC board of directors operates. The board is co-chaired by Indigenous and non-Indigenous leadership. An Elder also sits on the SLMHC board.

- **Special Advisor** – There is a First Nations special advisor to the board of directors, co-chairs and the CEO of SLMHC. This individual supports board leadership and management with cross-cultural advice, conflict resolution and connection to current health services planning, delivery and integration activities within First Nations, as well as interacting with the provincial and federal governments.

Another example of shared governance is the Toronto Birth Centre. A majority of people on their Board of Directors self-identify as Indigenous. They also have a Community Council that strives to foster and uphold culturally secure care for Indigenous families. A Knowledge Keeper sits on both the board and the community council.

Kingston Community Health Centres (KCHC) was identified as a CHC similar to QWCTCHC as they are striving to provide services to Indigenous peoples in a good way as a mainstream organization and because of their harm reduction approach. We contacted KCHC to inquire about their model of service delivery as there may be opportunity for learning. KCHC consists of three sites including, Kingston Community Health Centre, Nappanee Area Community Health Centre and The Street Health Centre. The following illustrates their model of care.

- **Indigenous Health Council (IHC)** – The IHC represents the urban Indigenous community and functions independently from KCHC. They are constantly engaged with community to advocate for and better meet the needs of community. IHC governs the Indigenous specific services and initiatives at each of the three locations. However, they do not govern the finances for these services. The KCHC Board of Directors consults with IHC before making decisions. There is no Indigenous representation on the board.
- **Indigenous Representation** – There are three Indigenous staff who rotate between the three locations (except for the nurse practitioner) including: 1) an Indigenous Nurse Practitioner who provides primary care integrated with Indigenous cultural practices; 2) an Indigenous Community Development Worker who facilitates cultural programming to enhance community health and well-being and; 3) a Knowledge Keeper who offers counseling, traditional teachings, medicines and ceremony also to enhance community health and well-being. The Indigenous Community Development Worker is instrumental in facilitating community engagement by facilitating community events. The Nappanee location also offers drum circles.
- **Healing Spaces** – The Nappanee location has a Round Healing Room in the health centre and a sweat lodge.

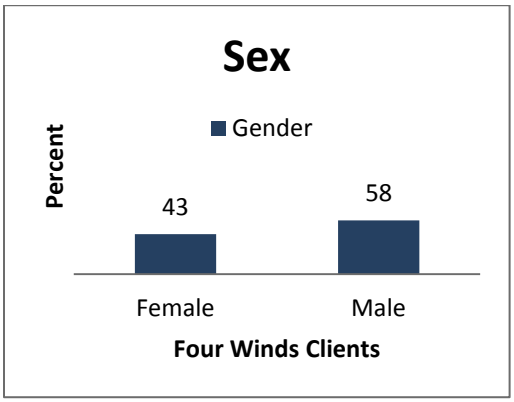
Results: Four Winds Client Profile

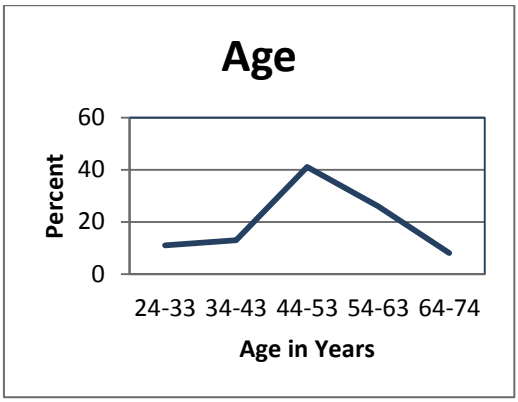
Since December 2014, attendance at the FW weekly programming has fluctuated according to the time of year, but has been steadily increasing throughout 2016- 2017. An average of 16 people attended the FW program on a weekly basis from October 2015 to September 2016. Data from this time period also indicate that FW clients attended other programs at QWCTCHC: 49% accessed primary care (RN/MD/NP), 8% of clients also attended the ID clinic, 8% attended the Health Promotion Garden and Women's Groups and 4% attended the Hepatitis C Group.

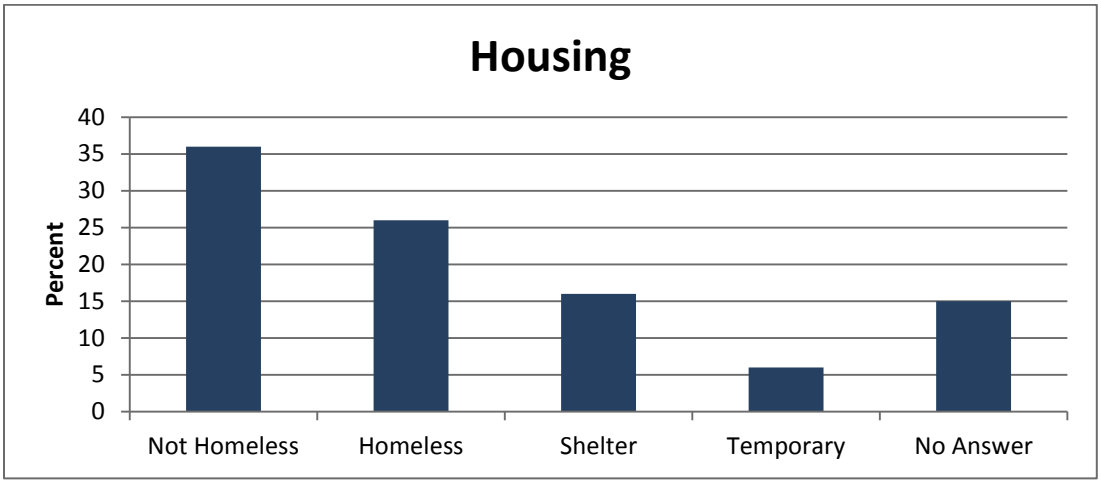
During the focus groups FW community members identified a number of other health agencies they attend across the city including the Native Canadian Centre, Anishnawbe Health Toronto, Toronto Council Fire Native Cultural Centre, Native Child and Family Services of Toronto, and the Toronto Christian Resource Centre.

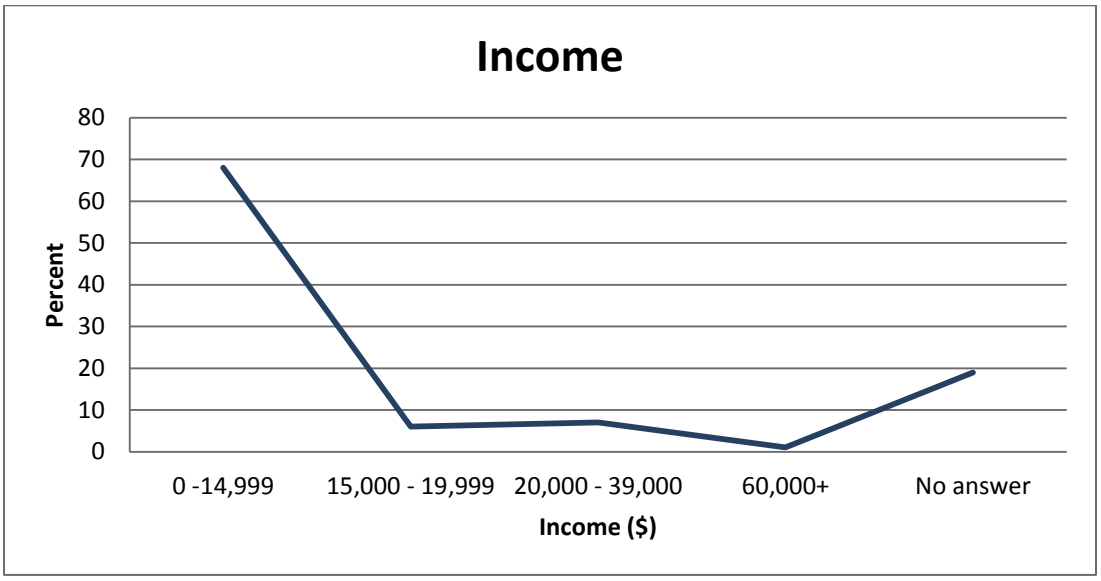
About 60% of FW clients are men, 75% of clients are above the age of 44, three quarters of clients are living on less than $20,000/year and almost 50% are homeless, living in a shelter or in other temporary housing. The following graphs provide a snapshot of some of the characteristics of FW clients. It is important to recognize that a limitation of this data is that it does not include 2 Spirit and transgender member profiles although they access services and programming offered through the FW program.

Sociodemographic profile of Four Winds Program Clients (October 1, 2015 - September 30, 2016)









Results: Key Informant Interviews and Focus Groups

Who is involved in the coordination of the Four Winds program and what are their roles?

The WEAAC council is composed of peers, elders, traditional knowledge keepers, staff from QWCTCHC, WNP, EHM and representatives from other health service agencies (Indigenous and non-Indigenous). The director of community health and development attends council meetings and serves as a liaison between QWCTCHC and the WEAAC. Members of the council described three primary reasons for meeting:

- To improve service provision through identifying and addressing community needs.
- To be accountable to Indigenous community members. The council provides direction for responsible care, support by Indigenous council members for non-Indigenous service providers and guidance for staff in understanding their social location in an effort to improve interaction with clients.
- To provide leadership for the Four Winds program by Indigenous people. It was widely noted by staff members that having Indigenous people in represented in the leadership, management and delivery of services is integral to the program.

Peer roles were unanimously described as vital to the Four Winds program. Their experiential understanding of community members' lives deepens the connection between the health centre and the community while increasing Indigenous presence in the health centre. Peers take part in social activities and are trained to prevent and de-escalate conflict. Interviewees proposed that peer roles be expanded to incorporate professional development (education to provide counselling, case management and advocacy training were suggested).

"If an Elder's going to be a board member then he's open to politics and can be manipulated. So an Elder's role is an advisor, and that's important. And let the people decide what they want or not to do." *-Key Informant*

"And so we're sort of looking at how to best provide service as non-Indigenous organizations to our Aboriginal members. Because [many of our community members are] Aboriginal men and women. So, you know, it's important for us to keep that as a priority. How to provide best service." *-Key Informant*

"I've learned a lot sitting on the Council [including] really understanding my social location, really understanding the devastating, devastating impacts of colonization and residential schools in the 60s scoop and that sort of stuff, and really understanding intergenerational trauma and the realities of racism and discrimination for Aboriginal people in the city, in Canada. Like the identity issues that people have. You know the trust issues that people have as a result of trauma." *–Key Informant*

"P1: We have peers in the teaching that do the Four Winds program when it's time, but that's the only time that…
P2: … you see Natives eh." *–Focus Group*

Results: Themes

11 themes were generated from the key informant interview and focus group data. For some, we observed two sides: one theme representing 'what works' for the FW program and the other theme illustrating challenges and suggesting supports.

Table 3: Key Themes from Key Informant and Focus Group Interviews

Theme or "What works"	Challenges and Supports
1. Home	
2. Community Building	Supports
3. Harm Reduction	
4. Cultural Security	Uncomfortable Space (Challenges)
5. Culture	Supports and Challenges
6. Trauma & Healing	
7. Wellness	Supports
8. Activities	
9. Skills & Development	
10.	Coordination
11.	System Level Challenges

Each theme is described below with interview quotes to illustrate the meaning and context.

Home

Participants described a feeling of belonging at the FW program due to an atmosphere of acceptance and a sense of ownership in the space. With the collaboration of community members, it was agreed that this was best described as 'home'. The importance of the FW program being reserved for Indigenous people (both in leadership and membership) was stressed as integral. For many program attendees FW is local and accessible but in addition, participants spoke of the Queen and Bathurst neighbourhood as 'territory' where there exists a deep attachment to the land. The location is believed to have been a gathering place for Indigenous people long before the current health centers occupied the space. The program's consistency was also noted by community members as an important aspect of their commitment, with members noting regular attendance over many years and across considerable distances. One member spoke of a 4 hour daily commute by foot to the Queen and Bathurst area because it is their home more than the place they keep their belongings. Community members reported feeling comfortable and safe attending FW programming. The welcoming atmosphere in both WNP and QWHC were because they encourage members to attend no matter their state and to return in the event that they must leave the premises to cool down. Participants

"There's a deeper connection in the physical place itself. I think it goes down to that ancestral-level memory of our people and I think there's different historical aspects of why this area and why these people are suffering in this area. So it may have been the catastrophic traumatic experience of our people way, way back and you know, they're pulling these people here for whatever reason." *–Key Informant*

"Also historically this corner at Queen and Bathurst… there's old photos I saw a couple of years ago from over a hundred years ago where this used to be an old bank. And there were Aboriginal members sitting on the front steps of this corner of the bank. So there's part of it (that is) land ownership. And so I think that that's really important for people and you hear that all the time. We'll have new staff members come in and people take a lot of pride in the fact that they have been here for years and years and they continue to come and this is their sort of space and they take great ownership over that. So yeah, so I think that that, you know, that's a huge part of why people come." *-Key Informant*

spoke of this sense of belonging as being accepted and understood no matter what challenges they face. Members credited the sisterhoods and brotherhoods cultivated at the FW program for providing them the strength necessary to tackle their issues. Lastly, the programming responds to community concerns in order to adapt and meet evolving community needs. This contributes to community ownership over the FW program and the sense of home that members feel.

> "Sometimes people will just come and sit here outside Queen West here because they feel like this is their home as well as The Meeting Place. Like, you know, this is their neighbourhood and especially people that's been around for so many years." *–Focus Group*

Community Building

The FW program nurtures community building. People gather to see old friends, make new ones, and participate in circles and activities together. Community members describe caring for each other, feeling comfortable being themselves, laughing, and joking around with friends at FW. Trust is cultivated between the health centres and community members through positive interactions with staff most effectively during recreational activities. Community members also hold meaningful roles within the FW program as volunteers and by having a role in program planning/development. Economic development emerged from focus groups as a valuable aspect of community building. An example of this is the craft store at WNP which offers community members a place to sell their art and handicrafts.

The health organizations who are involved with FW build partnerships to enhance supports for the community. WNP receives case management support (such as legal services) from Anishnawbe Health Toronto, collaborates with Native Men's Residence to meet housing needs, and works with treatment centers to connect community members to treatment should they request it. QWCTCHC offers harm reduction programming for youth and a safe space they can transition into as they age out of the ENAGB Program at the Native Canadian Centre. WEAAC has collaborated with the Ontario Aboriginal HIV/AIDS Strategy in order to develop a harm reduction definition tailored to suit Indigenous clients attending the non-Indigenous organization. Community members also access programming such as the drop-in from St. Stephen's Community House Toronto.

The findings stressed the importance of working together towards a healthier community and improved service provision. Community building is an important element of creating change and the findings highlighted four ways that the FW program can do this.

Table 4: Community Building Support

Increase Community Member and Peer Role	• Increase community member role in running programming (i.e. cleaning up, setting up and cooking) • Improve mechanisms for community member input (i.e. community member council) • Peer coordination of programming on occasion • Establish of mechanisms for community members to support and look out for one another (i.e. hire a community member to hand out kits and keep track of people) • Establish further mechanisms for economic development, similar to WNP craft store • Opportunity for community members to educate others on

	the experiences of Indigenous peoples in Canada
Support Newcomer Community Members	• Support community members in their transition from the reserve to city living
Strengthen Connections Between the Organization and Four Winds Clients	• Indigenous staff at front desk • Health providers attend the FW programming to increase familiarity and access • Support for staff to build relationships with community members beyond the Four Winds program
New Partnerships /Expanding Community	• Reach out to other drop-ins to invite other Indigenous community members to attend FW • Provide transportation options for the greater Indigenous community to attend FW • Expand existing and new partnerships with Indigenous organizations (especially AHT due to their developed cultural programming) • Build partnerships with youth services • Build relationships with hospitals and invite agencies to Four Winds for shared learning

Harm Reduction

Community members described the FW program staff at QWCTCHC as non-judgmental. Staff credited this atmosphere to front desk staff being trained to be non-confrontational and welcoming, all staff using non-stigmatizing language, and the community coming together as a whole to strengthen the circle by not leaving anyone behind. The harm reduction approach means that community members have access to services and supports they may critically need which might otherwise be unavailable to them. Physical safety is supported by the distribution of Harm Reduction kits and counselling around safe use. Physical safety is also about having a safe space to use where members are lightly monitored.

The autonomy of program and service users is valued and they are trusted to use in the way that works for them. Participation in any and all activities is self-directed and whether a member wishes to sit in or out of circle, they are always encouraged to come back. FW program staff are encouraged to take behaviour, personal circumstance and context into account when dealing with community members. Rather than asking a client to leave they de-escalate the situation, giving the individual time and space to calm down. Clients know that while they are

> "The teaching of non-interference is a world-view that allows others to experience and learn life lessons in their own way and in their own time. This way of being is complemented by harm reduction. Earth-based cultures always used a campfire. If a child is walking toward a campfire, we do not snatch them away and slap their hand. Instead, we walk closely behind allowing the child to reach out to the fire. The child will pull the hand back when they learn that fire hurts. They learn to respect fire. This is non-interference. The rocks around the fire pit may also serve as a physical barrier, thus harm reduction. Service-wise, this means that we take a strength-based approach that is "client-centered", as opposed to having an agent of a foreign system diagnosing and prescribing or enforcing changes that make the prescriber feel better. As with everything in life, there are always limits. When non-interference is successfully implemented, there should rarely be instances of disrespect to service providers." *–Key Informant*

required to be respectful of Elders, staff and other community members, they will be treated with understanding and respect which becomes mutual.

Using harm reduction when offering traditional healing to an Indigenous population was described by one staffer as "contentious". This is partly due to cultural protocol surrounding use of substances. Those involved with the FW program explain that harm reduction is in keeping with traditional values as they understand them. Some participants worried that an informal harm reduction policy might change as the program evolved and lead to a drop in attendance. It was imperative that the three organizations involved in the FW program come up with a unified harm reduction policy. The WEAAC council crafted the following FW Harm Reduction definition using the teachings around non-interference and ratified it during the evaluation period (April 12, 2017).

> We support the practice of collective compassion, love and understanding during the process of learning for every individual. We commit to an awareness that decision making is influenced by each person's unique life experiences, circumstances and support networks. By bridging the indigenous teaching of non-interference and practice of harm reduction we are bringing the core belief of supporting every person in experiencing life lessons in their own way and in their own time while promoting the wellbeing individuals and community by working to reduce the health, social, economic and political impact of colonization. We commit to person-centered , non-judgmental and strength based approach by respecting the autonomy of the individuals in our community and providing support & options to reduce harm.

Harm Reduction and Culture: Bringing It All Together

Participants spoke at great length and very highly of having access to cultural supports. As highlighted by the quotes below, participants explained that the harm reduction approach protects the dignity of the community members by honouring and holding them with care.

"An aspect of my work that I found the most challenging and the most unique, and I still think are what sets this apart from my other program in the City of Toronto for people who are Aboriginal is you're combining harm reduction and you're combining spirituality and First Nation teachings and bringing them together and sort of breaking down those barriers which disallowed people who were in the throes of using to participate in their own Native culture." *–Key Informant*

"So but I heard it put really really nicely in one of the teachings and the elder said, you know, this is a reminder for us to be humble, to recognize these warriors that are substance users because they're doing that for us so we don't have to. Just a reminder of what they're giving up for the rest of us. And I thought that was so beautiful because that's so true. It's right in your face every day of where we could all be. And so it's a gentle reminder to be humble and accept the gifts that you have and share them as well to help our struggling people." *–Key Informant*

"I think the importance is that it validates their spirit. Our most marginalized people have been ostracized and booted out or paid off to get out of our communities. You know, so they're used to rejection. So when it comes to our spiritual supports if we reject them there too, then that puts their spirit even lower than it already is. You know, so I think it's important to validate their spirit but also to validate their right to the medicines their right to what makes them strong. Like if you deny that to them right off the hop, then why are you there to begin with?"*-Key Informant*

"A lot of our culture never stays the same, you know. A lot of people think things should always be the same and they get rigid, you know. And our culture is totally the opposite. It's about freedom, it's about

flexibility and what the what we do in that circle? If (we're) doing things right (we're) giving the people in the circle and myself hope. Hope. I've been healing all my life. I had no parents; I had no one to guide me, you know, so I made a lot of mistakes learning. But what always kept me going, I always had hope that things would get better. And what saved me from my drug addiction is the culture, is the hope." *–Key Informant*

"Harm Reduction fits with who we are as Indigenous people. It's about love and respect. When did judgement come into the seven grandfather teachings?" *–Key Informant*

"But what right do I have to turn away someone. I just ask them not to be disruptive and what I've noticed is that some kind of cut down on their excessive stuff. I see some of them are not so tormented as they were." *–Key Informant*

"Now I can talk about what happened to me without breaking down, without having to cry. Why? Because I went and got help for that. I had to go to my own culture to do that." *–Key Informant*

"I think the reason people like and come to the program is because it actually is specifically an Indigenous program run by leadership from indigenous populations with peers who are part of the participants themselves. So that holistic very client-centred view, very harm reduction based focus which allows people to be where they're at in whatever space they're in and be part of the program and be respected in the program. People have let us know how important that is to them." *–Key Informant*

Cultural Safety

Two key elements of cultural safety at the FW program emerged from the interviews and focus groups: space and knowledge.

The discussion around space acknowledged the importance of honouring an Indigenous-only time and place for FW. Also important was the presence of Indigenous people and culture in shared areas of the centre. This could include having Indigenous staff, displays of Indigenous artwork and community events that celebrate Indigenous culture. One staff member noted that inviting the neighbourhood residents to mingle at events enhances cultural safety because exposure decreases the mystery surrounding another culture and cultivates understanding.

"We do the circle and it's for just Native people. And what do we do there? We honour the circle, our culture, and it gives a person a chance to share, to pray or sing." *-Key Informant*

The discussion of knowledge circled around the importance of learning the history and context of Indigenous people in Canada because it increases accountability to the community, minimizes the power imbalance between staff and community members, and supports trust building. In the event of an incident, staff communicated that it was important to be accountable for finding out what went wrong, and coming up with a suitable action response. It was frequently noted by participants that the FW program feels culturally safe.

"So when I say cultural sensitivity, I mean having that shared understanding and knowledge around the Indigenous population, the damages of residential schools and the impact of genocide. I think that it's damaging to have to continuously tell your story over and over and over again. And entering a space where you don't have to do that and you can just participate is as safe as a space can get. And that doesn't mean that (you won't) encounter conflict but it just means there's that pre-existing understanding which will help you navigate that conflict when it comes up." *–Key Informant*

Uncomfortable Space (Challenges to Cultural Safety)

Related to cultural security, the discussions turned to what gaps exist and what could improve. It was noted that while there are cultural safety training sessions for QWCTCHC and WNP staff, they would be more effective if implemented on an ongoing and organization-wide basis. Many participants cited the importance of time and space for relationship building between staff and community members to promote cultural safety. For example, one staff member explained that with adequate staff and time, the power imbalance can be minimized through simple social interactions. As a relationship builds, the staff member feels less out of place and the client becomes more comfortable disclosing their needs. It was overwhelmingly agreed upon that the circles should be kept Indigenous-only and that having non-Indigenous members attend made the space uncomfortable. Lastly, many interviewees suggested that community members would be better served by an Indigenous counsellor who understands Indigenous culture, rather than offering counseling from only based on the Western paradigm of healing.

> "Ensuring all of our organizations, not just on the program level (have cultural safety training). Most of our workers here are aware of the issues that our Aboriginal communities face, but not necessarily on an organizational level. So ensuring education about that is widespread among the organizations that are providing service." *-Key Informant answering how cultural safety gaps could be addressed*

> "I think some of them would prefer to see an aboriginal worker. That's how I see it. I see them. They don't want to… they want to talk to somebody that understands their aboriginal culture and stuff like that." *–Key Informant*

Culture

Participants felt that culture is central to the program and that is important not to think of culture as static in time instead honouring its evolution. Community members enjoy the inclusion of language and asked that traditional languages be used and shared in a sensitive and supportive manner. Community members enjoyed cultural activities including, drumming, singing, dancing, and craft making. The circles that take place at WNP and QWCTCHC create a unique space for connection, community and cultural healing in an urban setting which is in line with the participants' holistic view of self and connection to spirt. Community members explained that time with Elders is important and that the Elders' harm reduction approach makes healing accessible. Circles also provide the opportunity for community members to learn about their culture, pray and smudge. EHM offers a circle where all are welcome however it was found that attendance was low. Some noted that this may be due to differing definitions of harm reduction and the exclusion of an Indigenous-only space. It is important to note however that some community members valued the inclusion of non-Indigenous peoples in the circle.

Supports and Challenges

Participating and reconnecting to one's culture is often a healing experience. The need to increase cultural supports being offered by the FW Program was frequently mentioned. Participants noted the value of creating an Indigenous room where ceremony can take place and where community members can meet with Elders and have access to medicines. Participants wanted longer circle times, holding them outside on the land when possible and the incorporation of a hands-on activity to make the circles more accessible and comfortable.

Additional concerns about how cultural supports are delivered were raised. Teachings about ceremony must be honoured and the origins of these teachings should be known. It was

suggested that an Elders council be created with representation from many Indigenous peoples living in Toronto to oversee and guide cultural initiatives.

Table 5: Cultural Supports Suggestions

Cultural Supports	Examples
Medicines	• Increase community member access to medicines • Medicine picking
Elders	• Have an Elder in residence to increase community member access • Importance of Elders who are accepting and inclusive of everyone so that everyone feels safe • Inviting more Elders (both female and male) to Four Winds to share a variety of teachings
Ceremony	• Increase community member access to ceremony by providing transportation to ceremonies • Access to sweat lodge and full moon ceremony
Teachings	• Teachings that have not yet been shared with community members through the FW program • Community members are interested in learning about each other's communities • Learning teachings about crafts while making them • Teachings about residential school • Teachings for youth and children about the trauma of past generations
Food	• Traditional food workshops • Access to traditional foods
Activities	• Craft making that is accessible to everyone (i.e. allow lots of time for completion and crafts that do not require fine dexterity) • Drumming and storytelling • Cultural activities offered more than one day per week

Trauma and Healing

Creating a space and providing support for healing is of central importance to the FW program as it is common for the community accessing the program to have experienced multiple levels and forms of trauma. Colonization and its resonating impacts including experiences with residential school, child and family services and the breaking down of families is a major source of trauma. As a consequence of colonial systems, community members may have fear of abandonment and rejection. The grief of the passing of community members as well as staff turnover further contributes to trauma and was noted to sometimes increase substance use.

QWCTCHC and WNP acknowledge the passing of community members by holding memorials that bring the community together. This creates a space for community members to share, be with Elders and access the healing effects of culture.

The findings illustrated more routes to support healing. The need for traditional healers and counsellors was stressed. It is important that a holistic approach is taken where the focus is not individual diagnosis. Counsellors must have an understanding of and sensitivity to the issues that Indigenous people experience. It would be ideal to have at least two counsellors or

traditional healers in the event that one leaves. Then experiences of grief from staff turnover are minimized and community members feel more certain that the principles of the program will remain the same. Lastly, the need to heal from colonization was emphasized and the importance of hope, culture and Indigenous representation to model healing and leadership was highlighted.

Wellness

Participants agreed that the FW program offered a broad understanding of wellness. The combination of Indigenous and Western methods for wellness has been integral to the program's success.

Food is integral to the FW program. Staff explained that breakfast is available on Wednesdays at WNP, lunch follows programming on Fridays at QWCTCHC and there is a drop-in meal program at EHM. Members use the food programs at all three locations. The members were happy that the food offered was healthy. Having free or low-priced meal options makes good food accessible to many FW members.

> "I think because we're putting food in their bellies, that in itself just breaks down so many resistances and people start laughing. When they're around food they get a little bit dance-y and so I think that in itself just humanizes the experience of people coming together and that's what we're trying to do right across the province now is feed the people. Bring them in to feed them. That gets people through the doors and eliminates that clinical atmosphere. It just makes everything a lot more familiar and communal and comfortable. And I think that that's huge for Four Winds." *–Key Informant*

Healthcare was another important element of wellness cited by project participants. Community members explained that they access health care at QWCTCHC and that the FW program provides an access point or connection to care. Community members in the centre are exposed to the available services and questions about how and where to access health care are answered. They said that fast access and non- judgmental staff increase accessibility. Health care services that the community reported using include the dietician and diabetes clinic, foot care clinic, Hepatitis C program, nurse, doctor, and dentist.

> "If they're able to get clinical care in a place that's non-judgmental and welcoming, that has a brown familiar face, they're more likely to engage in testing or, you know, whatever. So I think what Four Winds is doing in combination with the organizations that are supporting this is we're providing an access point for now." *–Key Informant*

Educational opportunities at QWCTCHC contributed in a meaningful way to wellness. Examples of these are nourishment/diabetes education, health fairs, and workshops on how to choose and prepare healthy food on an affordable budget. Other elements of wellness which fell under basic needs were housing support, help getting I.D (at QWCTCHC), and showers, laundry, and a place to sleep (at WNP). These services were accessed through the FW program.

Wellness Supports

Participants were also asked about what needs were not being met. The most highly noted issue was housing. Factors impacting housing quality were distance from the city core, culturally supportive/Indigenous-only options, and harm reduction based choices. More immediately resolvable needs included providing winter shoes/boots, sleeping crates, mats and bags. Hygiene necessities such as showers, haircuts, laundry, and toiletries were requested in higher number. Many community members spoke of safety as a pressing issue facing them and suggested an Indigenous crisis center or hotline to call in case of emergency. Staff felt that healthcare access could be improved by having a drop-in style doctor or nurse on staff with all day availability so the community members can build trusting relationships with healthcare

workers. Staff and clients alike mentioned the need for youth supports. Youth have different needs and a youth-focused program to help bridge the transition from childhood to adulthood. Community members were very happy with the meals offered at both QWCTCHC and WNP. They suggested that a community kitchen with cooking lessons and help getting food could enhance the FW program. As many community members travel in order to attend the FW program, they requested tokens for a round trip or some support for transportation. Other needs they identified were support during the transition moving from their home community to Toronto, case management/advocacy, and substance use supports such as detox.

Non-Traditional Activities

Community members value the activities already taking place including, drawing, games, access to computers and outings/trips. These activities create a place for community members to interact with each other and have fun. The differing programming structure at the WNP (informal) and QWCTCHC (more formal) allows for a variety of atmospheres. Outings/trips are helpful to community members as they provide an opportunity to detox for the day and to change routine in a supportive environment.

Participants expressed the need for more non-traditional activities such as social events, outings, and exercise. Examples of social events and outings included, camping, movie nights with screenings of Indigenous films/documentaries, socials with music and dancing, storytelling and field trips. Examples of exercise included hiking and incorporating movement into FW programming.

Skills and Development

> "More hands-on workshops. Like somebody said medicine pouches. I mean talk about harm reduction while you're doing something that's good." *–Focus Group*

Members of the FW program noted that they would appreciate more opportunity for skill development. Examples included harm reduction training, naloxone training, life skills (e.g. using the TTC, understanding the landlord tenant act), language classes (Indigenous and non-Indigenous), and exposure to other cultures. Focus Group participants noted that they would be happy to learn from people of different ages and backgrounds (e.g. traditional elders and Indigenous studies graduates). It was agreed on by other members that the combination of activity and learning was the most effective and enjoyable method.

Coordination among Partnering Organization within the Four Winds Program

The evaluation highlighted a need for coordination among the partners that comprise FW (QWCTCHC, WNP and EHM). The intent of the partnership as understood by participants was to bridge programs, encourage community members to access a variety of services, and to enhance communication among partners to meet needs, identify gaps and coordinate services. One participant explained that the three partners act as access points to services that all offer slightly different programming in order to give people choice. The interviews also uncovered discrepancies in understanding the FW program amoung those who take part in it and those who work in it. The principles of service delivery, partner roles, and communication could be further clarified for those involved.

System Level Challenges

Many of the challenges identified in interviews were systemic barriers (i.e. the overwhelming lack of appropriate and adequate housing supports in Toronto). Some were linked to funding issues. Participants expressed frustration around the cuts to the food program and transportation support, the need for a youth-centred component of FW, the need for more Elders and traditional knowledge keepers, and permanent staff. Many participants explained that more staff are necessary to run FW. The danger of staff burnout was a chief concern. The need for more Indigenous staff was stressed or else an overwhelming amount of work would fall on the single Indigenous staffer. Systemic challenges in housing suggested a demand for harm reduction based housing services (including a range of levels to support the client where they are in their journey) and centrally located housing to avoid social isolation (which might also act as a trigger for substance use in those who want to limit use). Staff mentioned that other barriers facing their clients include a 10-12 year long waitlist for housing, and low welfare and disability rates which lead to precarious housing. Navigating the system can be a challenge for community members who don't have the time or internet access to access the supports and information they need. One example was community members who are seeking support for substance use. When there is a gap between the desire to attend a detox or treatment program and intake, it decreases success. Another challenge facing the Indigenous community is racism and discrimination. One staff member spoke of racism when sourcing homes for the clients; landlords in the city were often reluctant or refused to rent to Indigenous community members. Clients and staff alike told stories of community members being dismissed or given substandard care in hospital settings due to discrimination. They spoke of the effect this has as a deterrent for accessing care in the future. One staff member suggested having hospital emergency room staff come to visit QWCTCHC and the FW program in order to increase comfort levels between the two groups.

"What we had envisioned was for funding to be ongoing so that there can be the consistency that's needed. The funding is not stable enough at this point. We don't have the word yet that it's like it's going to be ongoing. So that leaves things in the air, and even though we may not be going back to the clients and saying this and that, you know, we don't know what's happening every five minutes, they know, they know, right that things are not a hundred percent secure. So that causes unease and it's a barrier." *–Key Informant*

"You know, that's something that if there was subsidies that were specific for Aboriginal people, housing subsidies that, you know… And it's like jumping through hoops and it takes hours and hours of time to be able to facilitate that whole thing for people and it's like a nightmare. I couldn't imagine, you know, if I was like sleeping on the street and like, you know, drinking all day, how I would be doing that on my own. So it's just like, you know, more systemic barriers keeping people on the streets." *–Key Informant*

"The biggest problem… the biggest tangible problem that we have is inappropriate discharges from the ER and that is endless. And very, very inappropriate discharge notes. Like we have heard… in people's discharge notes, we've heard stuff like, "Stop drinking." "Don't pass out in public." Just these very offensive… I would call them medically dangerous and insensitive and as a medical professional, you should know that that's not how addiction works but anyways you felt compelled to write that on a discharge note." *–Key Informant*

Conclusions

Recent Changes at Four Winds

QWCTCHC has been responsive to community needs, often meeting the recommendations of this report during the evaluation period. Important developments and changes to the program included two new permanent staff positions being funded and filled. This was a welcome improvement on the FW program as it was frequently noted during interviews that the program was understaffed (and that the health centers were especially lacking Indigenous staff). New staff included a mental health care worker and an outreach worker.

The outreach worker has been equipped with a bicycle and is now mobile- increasing community building and outreach work. The first day they went out the spoke with 50 people and handed out harm reduction kits. This suggestion came as a result of the focus group feedback from community members.

QWCTCHC has also responded to the needs identified in this report by including drop-in hours to see the new counsellor. It was identified in our interviews that people needed that flexibility to explore a new staff member before “buying in” and scheduling appointments with them.

A partnership is in development with Parkdale Community Health Centre to offer FW programming to the Indigenous clients in the Parkdale’s catchment area.

Evangel Hall Mission now attends the WEAAC regularly and report getting client feedback on creating/maintaining programming. As a result they are working on new workshops that will meet the community needs.

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