“I WANT TO BE ABLE TO SMUDGE”: AN INVESTIGATION OF CULTURAL SAFETY TO ADDRESS HOMELESSNESS EXPERIENCED BY INDIGENOUS PEOPLE AGED 24-29 IN TORONTO

A Partnership between Catherine Donnelly Foundation, Native Child and Family Services of Toronto, and Dixon Hall

ABSTRACT

In this mixed methods study, we investigate systemic and social barriers to cultural safety and supports and for Indigenous youth experiencing homelessness and housing precarity in Toronto. We explored questions related to the experiences of Indigenous adults ages 24-29 such as: what service and environmental elements help Indigenous community members experiencing housing precarity to feel culturally safe? What factors may have contributed to lack of cultural safety? In addition to cultural safety, what are the systemic barriers and obstacles facing Indigenous people aged 24-29 using housing services in Toronto, and what do people experiencing homelessness need service workers to know? How can service providers improve existing supports in a culturally safe manner? From insights to identifying gaps, this research provides recommendations to improve services to Indigenous youth experiencing homelessness.

Judith Mintz, PhD

Senior Analyst, Quality Assurance and Decolonization Outcomes Measurement, Native Child and Family Services of Toronto

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Executive Summary

Description of the Project

In an innovative partnership between Dixon Hall and Native Child and Family Services of Toronto (NCFST), Dr Judith Mintz (Judith) conducted a mixed methods study to address systemic and social barriers to accessing affordable housing and housing supports for Indigenous youth, aged 18-29 in Toronto. The year-long process involved collaboration and site visits between Dixon Hall and NCFST to shape the research questions, identify research participants, conduct community outreach, four talking circles, 5 1:1 interviews, and a survey for housing workers.

From Dixon Hall, Dr Mintz collaborated and consulted with management (Haydar Shouly), and the community engagement supervisor (Melanie Smith). NCFST Housing manager Anthony McMinniman supported through consultations with Judith and coordinating medicines and two talking circles at the transition houses. Mental health worker Natalia Romero and Cultural Resource worker Madeleine Alderson consulted on the development of the talking circle discussion guide and consent form, as well as supported and co-facilitated the talking circles to ensure cultural safety for all participants.

The data on Indigeneity and homelessness in urban centres has pointed to the importance of providing culturally safe services that favour community and togetherness (Thistle 2017; Pauly et al 2019), but the COVID-19 pandemic, ongoing opioid crisis, and other comorbidities have shifted the policy attention away from cultural safety in support of physical distancing and harm reduction programs to manage health care crises. This research addresses gaps that recent scholarship on Indigenous homelessness has identified and explores the ways in which we think about providing culturally responsive services considering public health demands from COVID. While NCFST housing services are designed to serve Indigenous youth in transition up to age 29 and Dixon Hall serves adults above aged 24, we recognize the gap in addressing the needs of Indigenous young adults who are developmentally not ready for the mainstream adult world.

In this study, we explored questions related to the experiences of Indigenous adults ages 24-29 such as: what service and environmental elements help Indigenous community members experiencing housing precarity to feel culturally safe? What factors may have contributed to feeling unsafe?

In addition to cultural safety, what are the systemic barriers and obstacles facing Indigenous people aged 24-29 using housing services in Toronto, and what do people experiencing homelessness need service workers to know? How can service providers improve existing supports in a culturally safe manner?

Researcher Positionality and Gratitude Acknowledgements

I (Judith Mintz) am writing this report from the perspective of a anti-racist, feminist researcher of Eastern European Jewish background. My academic training focused on decolonizing Indigenous research paradigms, qualitative methods including ethnography and participatory action research. My role as a Senior Analyst at Native Child and Family Services has offered me the rare opportunity to enact my passion for Indigenous and social justice. I am privileged and grateful to be able to use my skills to support changes and service improvements for Indigenous peoples experiencing homelessness and housing precarity in Toronto.

This project would not have been as successful in its data collection practices without the enthusiastic support from Dixon Hall and NCFST staff. From Dixon Hall, Haydar Shouly, Manager of Housing Services and Melanie Smith, Community Engagement Supervisor have both provided logistics and background support through on site orientation to services at Bond Place Hotel, recruitment of clients for the two discussion circles we held there in the Fall of 2002, and coordinating food and beverages for the circles. NCFST cultural support worker Madeleine Alderson and concurrent disorders coordinator Natalia Romero bolstered me in reviewing the discussion guides, consent forms, and at the four discussion circles we held. They offered medicines to circle participants during challenging moments of the discussion, and helped to move the talks forward when we may have stalled. Madeleine brought their bundles and grounded the circles with culture, opening the discussions in a good way, and Natalia supported participants when they encountered difficult feelings.

Key Findings

Key findings from Housing Worker Survey responses (N=32) and 4 talking circles with clients and community members (N= 35) indicate that the clients, community members[1] and housing

[1] Dixon Hall refers to the people who use their services as clients who are navigating systemic challenges and inequities. Toronto Native Child and Family Services of Toronto refers to the people who use their services as community members, and it reflects NCFST's mandate to serve a diverse and growing Aboriginal community grounded in cultural practices. Both agencies acknowledge the social determinants of health as non-medical and historically based factors that influence health and wellbeing outcomes. This report uses "clients" to refer to participants at discussion circles at Bond Place Hotel, and "community members" to describe participants in circles at NCFST transitional housing sites. Neither term is intended to convey a value judgement.

workers have radically different experiences perspectives of each other and how they navigate the shelter/housing system. Housing/shelter workers reveal a generally positive outlook towards their work and the community they serve, their own self-care, and an interest in learning more about Indigenous cultures. Clients and community members, on the other hand, expressed feeling shut out and shut down by housing staff both in NCFST's hotels program and at Dixon Hall's Bond Place site. Clients and community members expressed an overarching sense of not belonging anywhere, and it is possible that their perception that housing and shelter staff do not care about them is rooted in these feelings of unbelonging. Clients at Dixon Hall overwhelmingly felt alienation from any opportunities to connect with or practice Indigenous cultural activities. Community members at the NCFST men's and women's transition houses, on the other hand, have more access to cultural activities but do not always feel aware of the opportunities.

Across all interviews, community members and clients shared that they are frustrated that they are not permitted to burn medicines in their rooms. While they understand that the smoke detectors preclude the burning, they did not indicate that they were provided with options, such as a smudge spray, in which the medicines are in hydrosol form.

Housing worker staff at Dixon Hall told me that they have been managing a serious opioid problem, although 2022 saw a decrease in fatalities since 2020 and 2021. Clients attending the Dixon Hall interviews were frequently high or coming down off a trip and had complex substance misuse histories. Transition House staff at NCFST do not have to work with substance misuse in the same way, as these facilities are zero tolerance and community members are referred elsewhere if they are found to be using. Many clients and community members hold the belief that they may not access medicines if they are using any alcohol or drugs, yet it is known that access to culture and medicines can support necessary healing from substance misuse.

Introduction: Project Characteristic

Funder

This project was funded by the Catherine Donnelly Foundation. In alignment with the Catherine Donnelly Foundation's goals to prevent and eliminate homelessness, the findings of this study will be disseminated to the wider community of practice, including mainstream service

providers to advocate for more culturally safe and affordable housing that will comprehensively address the needs of underhoused Aboriginal community members in Toronto.

Reporting

The final report will be provided to the funder on March 31, 2023. The research findings will be then synthesized, compiled, and disseminated internally and to external partners.

Project's challenges

- During period September – December 2022, illnesses among staff and the research team delayed data collection activities.
- Only one housing worker out of the 12 who indicated in the last question of the survey that they wanted to participate in a 1:1 interview responded when the PI contacted them to follow up, so less interview data on this population segment is available.
- No identity-based client demographic data was provided by Dixon Hall because their software system was not collecting it during the data collection period for this project.

Study Participant Demographics

Site	Date(s)	Method	Population	Number of participants	Notes
Bond Place Hotel	October 3	Talking circle	clients	10	
Davenport Men's Transition House	October 6	Talking circle	Community members – under 29 (all genders)	10	
Bond Place Hotel	November 22	Talking Circle	clients	11	
Dowling Women's Transition	November 23	Talking Circle	Women under 29	4	
online	October 2022 – February 2023	Survey	All genders	32 complete responses (+6 incomplete)	To protect their anonymity and the integrity of the research, Housing workers were not asked to identify their work sites. When workers

					have to identify their work location, they may feel vulnerable to being recognized and this can compromise their responses.
Online and in person	June-July 2022; Winter 2022-2023	1:1 interviews	NCFST Housing workers	4	honorarium was provided to one housing worker because they are Indigenous and had also experienced homelessness
In person	February 2023	1:1 interview	2S Youth, aged 21	1	
Total number of participants				**78**	
Number of honoraria distributed				**37**	There are three bundles remaining, which will be distributed to community members

Revenues and Expenditures

Submitted separately through NCFST's Funds Development department.

Purpose of the project – decolonizing and indigenizing approaches

The purpose of the project is to conduct a culturally responsive study to understand the systemic and social barriers to accessing affordable housing and housing supports among the Aboriginal population in Toronto and to advocate for culturally informed housing supports.

Literature Review

This environmental Scan and literature review offers a comprehensive look at shelter services available in Toronto ranging from addictions and detox, emergency, transitional and supportive housing. Drawing on a mixture of academic literature and "grey literature" such as policy reviews, reports, and program evaluations, this report offers a nuanced examination of current shelter services models and design potentials for First Nations, Inuit and Métis people in Toronto. The discussion evolves from questions comparing statistics of homeless people in Toronto vs Vancouver, examining the Housing First model, and the challenges and needs for FNIM youth and men experiencing homelessness. Findings move toward providing a rationale for integrated FNIM-specific transitional housing models.

Urban Indigenous people are 8 times more likely to experience homelessness than the general population (Pottie et al 2020: E241), and represent 10%-80% of the total homeless population in large urban centres (Thistle and Smylie 2020).

Using a decolonizing framework that centralizes Indigenous experiences and data, the purpose of this literature review and environmental scan is to assess housing service gaps that Dixon Hall would be able to fill with culturally specific services for First Nations, Inuit, and Métis people in Toronto (FNIM). SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats) is applied throughout this study as implicit analysis. Dixon Hall is well-positioned to innovate services and support Indigenous community who are not currently accessing culture-specific housing.

The 2021 City of Toronto Street Needs Assessment (SNA) found that Indigenous people continue to be overrepresented in the homeless population, especially individuals sleeping outdoors.

27% of respondents to the SNA living in encampments identify as Indigenous.

Population data from the 2021 Street Needs Assessment

The City of Toronto Street Needs Assessment (SNA) provides point in time population data on homelessness in Toronto. As a result of COVID-19, the profile of those experiencing homelessness in Toronto changed. There has been an overall decrease in homelessness since 2018, however, these numbers point to the lower number of refugee families due to border restrictions. These numbers may be a result of lower numbers of refugees in shelters, and not necessarily a reduction in the groups we are discussing. Indigenous people, people who identify as Black, people who first experienced homelessness as a child or youth, and people who identify as 2SLGBTQ+ continue to be overrepresented among people experiencing homelessness in Toronto.

"Indigenous people, including First Nations, Inuit, Métis, or people who identify as having Indigenous ancestry, continue to be overrepresented among people experiencing homelessness relative to their

share of the general population of Toronto. Indigenous people represent between 1% and 2.5% of the Toronto population, yet 15% of the total number of people experiencing homelessness (Figure 11). Agencies serving the Indigenous community in Toronto estimate that there are 70,000 residents in this community (City of Toronto, Indigenous Affairs Office)" (Street Needs Assessment 2021, p. 23). The following illustrations are from the City of Toronto 2021 Street Needs Assessment.

Figure 11: Indigenous Identity of Respondents

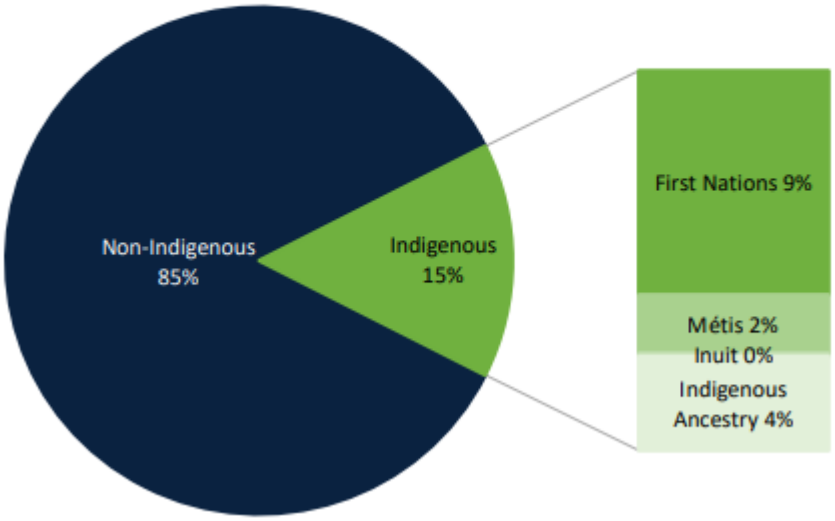


FIGURE 1 INDIGENOUS IDENTITY OF RESPONDENTS, CITY OF TORONTO STREET NEEDS ASSESSMENT 2021, P. 23

Indigenous people continue to be overrepresented amongst those experiencing outdoor homelessness, with 23% of respondents to the 2021 Street Needs Assessment identifying as Indigenous. The indoor sheltered population also sees an overrepresentation of Indigenous families, with 19% of respondents identifying as Indigenous. NCFST's hotels program contributed to the increase in the family indoor sheltered total and decreases in outdoor Indigenous homelessness. The 2021 Street Need Assessment also surveyed encampment residents between March 3 and March 21, 2021 and found 27% of respondents identifying as Indigenous. According to the SNA, a total of 293 Indigenous people experiencing homelessness were moved into permanent housing between March 2020 and July 2021 (SNA 2021, p. 24).

Figure 12: Indigenous Identity of Respondents by Surveyed Group

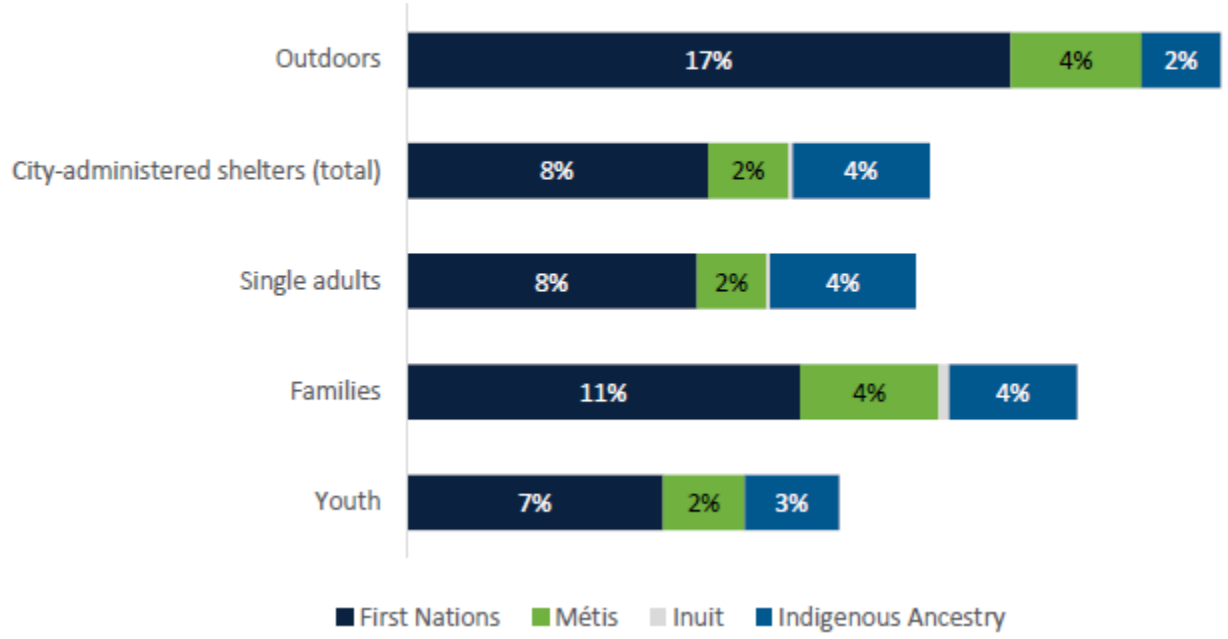


FIGURE 2 INDIGENOUS IDENTITY OF RESPONDENTS BY SURVEYED GROUP, SNA 2021 P. 24.

The share of Indigenous women experiencing homelessness increased slightly from 27% in 2018 to 32% in 2021, while the share of Indigenous men experiencing homelessness decreased slightly from 64% in 2018 to 60% in 2021 (SNA 2021, p. 25).

Two-Spirit, lesbian, gay, bisexual, transgender, queer, and questioning (2SLGBTQ+) youth represent 20-40% of the population of youth experiencing homelessness in North America (SNA 2021, p. 36). We could consider this data as representative of the pipeline to homelessness, which potentially affects all youth but these risks are highest for 2SLGBTQ+ youth who often experience identity-based rejection from their families after they come out (SNA 2021, p. 37). The statistics are underrepresented, however, due to hidden homelessness, stigma, discrimination, and safety concerns (SNA 2021, p. 37). 23% of respondents identifying as 2SLGBTQ+ were youth.

Figure 31: Respondents Identifying as 2SLGBTQ+ by Surveyed Group

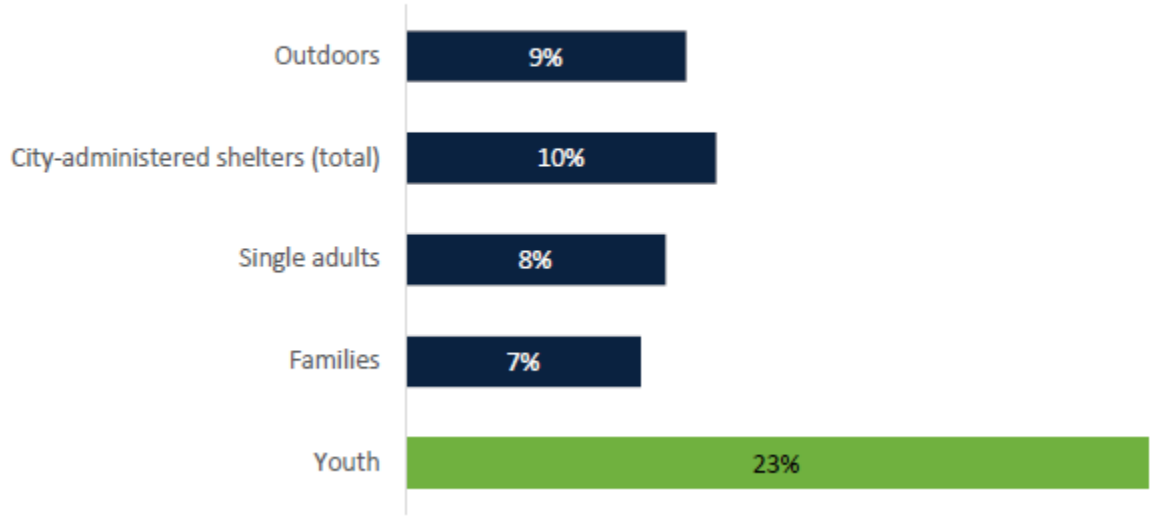


FIGURE 3 RESPONDENTS IDENTIFYING AS 2SLGBTQ+ BY SURVEYED GROUP, SNA 2021, P. 37

This data points to a need to direct resources, policy, and research focus on meeting the needs of FNIM people in Toronto beyond the shelter services. What is the desire of the population to make that change to move into a shelter specifically for them? Shelters provide temporary accommodation and related support services that are designed to support people to move into housing.

The City of Toronto Shelter Services and Housing Administration (SSHA) Engagement Framework (2016) offers a useful model that draws on both local and international engagement strategies to support effective, equitable stakeholder consultations with service providers, policy makers and vulnerable clients alike. City of Toronto SSHA defines stakeholders as including clients, shelter and homeless service providers, social and other affordable and supportive housing providers, private sector landlords, businesses and their associations, other community organizations, neighbours and the general public, the healthcare, corrections and youth care systems, City divisions and other orders of government. SSHA takes up 5 principles for engagement that mandate a commitment to be Consistent, Inclusive, Transparent, Appropriate and Safe. “The Definition of Indigenous Homelessness in Canada” (Thistle, 2017) provides a culturally specific discussion of the 12 Dimensions of Indigenous homelessness and informs this review of the literature substantially.

Toronto has more shelter beds per capita than in any Canadian city, and yet this city still has an admitted housing crisis. With mainstream rent prices for a 1 bedroom apartment hovering around $1500.00 and comparable units in market rent through Toronto Community Housing at $1270.00 (https://www.torontohousing.ca/rent/market-rent/Pages/default.aspx), the $724.00 a single

employable person receives through Ontario Works is not going to make rent accessible (https://maytree.com/welfare-in-canada/ontario/). For many people living in Toronto, homelessness is only one or two pay cheques away. In 2019, there were 102,049 active applications for affordable housing (City of Toronto). This number is up 16,471 from applications to Toronto Community Housing in 2012 (Gaetz and Scott 2012). Through Shelter, Support and Housing Administration (SSHA), the City provides more than 7,000 emergency and transitional shelter beds in 63 locations and through motel programs mostly used by families. The City oversees the operation of 53 shelters by funded community agencies and directly operates the 10 shelter programs (https://www.toronto.ca/community-people/community-partners/emergency-shelter-operators/about-torontos-shelter-system/see-our-shelters/. There is an assessment centre that finds shelter for people experiencing homelessness: Streets to Homes Assessment and Referral Centre at 129 Peter St.

Legacy of Colonialism and Homelessness

In considering solutions for Indigenous homelessness, we must consider the implications of colonization, Indian Residential Schools, the Sixties Scoop, ongoing institutional racism, and the historical, experiential and cultural differences specific to Indigenous communities. The common Euro-western definition of homelessness is defined through an individual's status as "Unsheltered, Emergency Sheltered, Provisionally Accommodated and At Risk of Homelessness." We must also consider those who are invisibly homeless; these are people who couch surf or otherwise are precariously housed. Indigenous homelessness, on the other hand, is not defined as lacking a structure of habitation; rather, it is more fully described through a multifaceted lens of Indigenous ways of knowing. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities (Thistle 2017: 6). It is also important to consider the extreme poverty, lack of opportunities and inadequate housing on many reserves as a driver of Indigenous people's migration to cities.

For Indigenous[2] people in Toronto, the issue of housing and homelessness is rooted in colonization and the Indian Act, the legacy of residential schools, and the Sixties Scoop. In viewing Indigenous homelessness through Indigenous epistemologies, then, we can also approach solutions through a decolonizing framework. Thistle explains that ongoing settler colonialism has displaced and

[2] Throughout this research report, the term "Indigenous" is substituted for Aboriginal, as it allows for all people experiencing homelessness who identify as Indigenous to participate in the study. First Nations, Inuit and Métis (FNIM) peoples are automatically included, but because of the complexities around identity and status under the *Indian Act,* and the histories contributing to the difficulties in obtaining status, we are using the term, "Indigenous". Occasionally, the term "Aboriginal" will be used if it is in the context of the original research being cited.

dispossessed First Nations, Métis and Inuit Peoples from their traditional governance systems and laws, territories, histories, worldviews, ancestors and stories" (2017:6).

With the understanding that Indigenous identity is closely linked to land and that these identities have been disrupted and subjugated through settler colonial relations, the logical decolonizing solution to move towards healing this rupture is to consider what Thistle calls "grounded emplacement" (2017: 7). This sense of rootedness contributes to a sense of place and healthy identity. As Keith Basso (1996) observed in spending time with Apache community, Indigenous ways of knowing grow out of generations of shared knowledge, cultivated wisdom and oral histories that are rooted in places. This grounded emplacement is a common connection that Indigenous peoples share.

By Thistle's analysis, one could understand that shelters are little more than a short-term solution to the Indigenous continuum of homelessness. When we consider the intergenerational traumas caused by the *Indian Act*, the displacement from traditional territories, loss of traditional land-based food sources and life ways that police enforced through the Reserve system, we can understand the preponderance of urban Indigenous community members who experience housing precarity and homelessness. An emergency shelter with insufficient supports for healing from the intergenerational trauma and disruption of traditional forms of governance that settler colonization processes have imposed on First Nations, Inuit, and Métis peoples do little to create a good foundation for future stable employment and housing.

Housing First and Indigenous Peoples

The underlying philosophy of **Housing First (HF)** is that people are more successful in moving forward with their lives if they have housing first. The Toronto Shelter Standards Act states that addictions and mental health issues can be more effectively supported once a person has housing. Housing First principles include rapid access to housing with no requirements for housing readiness, client choice, strengths based and client-centred supports, and a focus on community integration. Withers (2020) finds several studies that found HF successful in housing people who have been chronically homeless and have mental health and addictions. HF proponents also argue that HF will reduce homelessness supports costs, which include hospitals, shelters, and institutions of incarceration (Withers 2020, p. 156), however, this neoliberal cheerleading silences dissenting voices, not the least of which are people who have received and been hurt by such homelessness supports. According to Gaetz and Scott, the Housing First model has upwards of 90% retention (2012: 12), however, for youth this model is flawed because it assumes that they are developmentally ready for housing in the same way that adults might be. Indigenous values of relationships and collectivism have little space for expression if a person is moved from a shelter into a bachelor or 1 bedroom apartment, but the goal of Housing First is to put people in an apartment they can call their own.

The mainstream notion of "house" and "home" are based on a colonial settler ideal. The Euro-North American notion of an individualized dwelling for a patriarchal nuclear family reflects a capital-driven

worldview that is counter-intuitive to the matrifocal, collectivist epistemologies that FNIM peoples espouse (Thistle 2017:15). The Housing First model is centred on the goals to address homelessness by helping people to find permanent housing as quickly as possible, with the supports they need to maintain it. Any of these inputs, however, must be both appropriately informed by Indigenous cultures, and trauma informed. **For Indigenous peoples experiencing homelessness in Toronto, "housing first" is tempered by questions of what home is**. We conducted four talking circles in which we asked this and other related questions.

The idea of "quickly" finding housing seems somewhat counter-intuitive when considering that the effects on Indigenous peoples of loss of language, cultural genocide and traditional family and band relationships have been taking place for more than 150 years, or arguably since contact 500 years ago. "Quickly" seems to be a neo-liberal response that urges clients to pull themselves up by their bootstraps. While the Toronto Shelter Standards Act maintains that finding housing first is the key component to getting people into situations through which they can find stability, The Housing First approach does always have a strong success record, as Ashley Burke (2017) reported in Ottawa for the CBC. Housing retention rate for participants in the Ottawa study was at 54% (Burke 2017).

Toronto's Streets to Homes Report, "What Housing First Means" pointed out that Aboriginal participants in the program were more likely than non-Aboriginals to feel they had less choice in the type of housing and in location (2007: 19). Indeed, the rhetoric of "choice" that is part of the Housing First model may in fact set youth participants up to fail. Youth with addictions and mental health issues may find "choice" to be too difficult when they have self-regulation challenges and instead require more supports (Gaetz and Young 2012: 13).

The Housing First approach is likely to fail if it does not adopt an Indigenous framework or decolonizing methodology that incorporates a co-creative, community-based practice that takes the legacy of colonialism into account. Baskin (2007) contends that "many Aboriginal peoples do not utilize the mainstream shelter system" because the cultural needs of Indigenous peoples are unaddressed in those spaces. This means that a Housing First mandate would need to address colonial discourses of moral responsibility and individualism that contribute to Indigenous homelessness and long-term pain. This decolonizing methodology requires care and community, which takes much longer to heal than simply finding shelter. Meanwhile, Ontario Works' (OW) framework ties income supports to the number of non-dependent adults in an individual's household. OW penalizes people who live with others with the assumption that they are being supported by another individual. The Housing First model could potentially provide the stability for this healing work to be done, if the appropriate supports are in-fact client-driven, and customized for the need of the individual and their family, whether that be biological or chosen.

Decolonizing Engagement Strategies

City of Toronto SSHA did important work collaborating with The Toronto Aboriginal Support Services Council (TASSC) in 2018 as documented in "Meeting in the Middle: Engagement Strategy and Action Plan." Non-Indigenous housing service managers and workers, however, still need to take up their intersectional identities as settlers and reconciliation. We appreciate the invitation to "look to the ethical space" as is stated in the Engagement Strategy report (2018:3). Métis scholar Lindsay DuPré invites anyone doing work with Indigenous-Non-Indigenous relations to consider their identities in light of reconciliation and their relation to power, privilege and belonging (2019:2).

Urban planner Shelagh McCartney (2016) urges anyone planning housing with and for FNIM peoples to remember that the material results of histories of colonialism have involved a constant dislocation and migration of indigenous peoples from their traditional lands. Further, service providers need to be mindful of the historical point of contact through the *Indian Act,* which made permanent housing an assimilationist project to fit the colonial imperatives of Canada as a resource for the Imperial power. While housing service providers aim to be sensitive to Indigenous and other marginalized populations, staff providing services that are culturally safe would also have to include their own awareness of "colonial paternalism" (DuPré 2019:3), which threatens to invade the relationships between service providers and shelter clients and erode trust.

Lange and Skelton (2010) suggest that social workers and service providers are challenged by policy agendas that encourage an individualistic rather than collectivist approach to housing solutions. While the Housing First model does have successful outcomes, we must ask: How effective is an individualizing model with FNIM peoples whose traditions are rooted in collectivism and relationality?

The service design goal with urban Indigenous communities is to develop an innovative, decolonizing shelter model that incorporates Indigenous-specific healing modalities at meets people where they are. One successful example is at Six Nations of the Grand River, which has its own gender-integrated domestic shelter called Ganohkwasra. Ganohkwasra integrates holistic Haudenosaunee teachings into the treatment protocol. For non-Indigenous advocates, this model might seem like a radical shift in comparison to most domestic violence shelters, which aim to protect women from abusive partners and usually segregate male children. The focus in the Haudenosaunee model is keeping families close as they do their healing. While the mainstream non-Indigenous model protects women and their children from abusive partners and calls police if a restraining order is breached, the policy could also separate women from their teenage sons. The Ganohkwasra model respects restraining orders and has strict rules about safety while allowing couples to do healing work together (Craggs 2020).

Not only is there a dearth of FNIM-specific shelters across Canada, but the results of this scan reveal that there are no culturally informed gender-integrated violence shelters for FNIM people in Toronto. According to Bargout (2020), the federal government set aside money in 2016 for the construction of new emergency shelters on First Nations reserves across Canada. It received 38 applications nationwide. If shelters on reserves are in short supply, the lack of sufficient shelters in urban centres is

echoed in Toronto, with community members leaving reserves with substandard housing, boil water advisories, intergenerational trauma, and poor prospects for reliable employment for the city. Toronto-based FNIM communities who have grown up here may also have not had connection with their culture and desire specific treatment practices that honour and take into clinical account the significance of the legacy of colonialism, the 60s Scoop, and intergenerational trauma. According to Pottie et al (2020), family homelessness is a substantial part of Canada's homeless crisis. Two-Spirit/LGBTQ+ youth experience resistance and rejection from their families, and have a significantly higher risk of homelessness (Abramovich 2017). There remains a "current paucity" of Indigenous-led strategies and resources to ameliorate Indigenous homelessness, and an absence of Indigenous-specific policy in Canadian Housing Strategy (Thistle and Smylie 2020: E257).

With its current clinical practices and Indigenizing framework of healing and evolving decolonizing research, NCFST is well-positioned to develop a culturally responsive housing supports for Indigenous people experiencing homelessness.

Toward Innovative, Culturally Responsive Housing for Indigenous Peoples in Toronto: What is Cultural Safety?

A central question in this research asks, what service and environmental elements help Indigenous community members experiencing housing precarity to feel culturally safe? While cultural safety is a term used widely in the healthcare sector, it is time to address cultural safety in the housing space. How can service providers improve existing supports in a culturally safe manner? The stories and insights from interviews with housing support staff and housing clients provide significant insight into these questions, however, an integral parameter is to first determine what cultural safety means. Cultural safety prioritizes the equalization of power imbalances between the service provider and service recipient, and asks the person in a position of power, such as the healthcare provider or housing worker, to reflect on, recognize, and transfer the power back to the colonized person (Hayward 2022). Brascoupé and Waters (2009) explain that to understand cultural safety, it is helpful to comprehend what it is not: "any action that diminish, demean, or disempower the cultural identity and well-being of an individual." (p. 7). Shah and Reeves' (2015) extensive review of the definitions of cultural safety revealed four central tenets:

1. Cultural safety includes cultural competency, which includes understanding colonial history, awareness of cultural differences, and it extends to focus on self-awareness of one's personal historical and social location.
2. Cultural safety emphasizes relationship-building through respect, acceptance, caring, kindness, and a shared responsibility of care. In other words, housing workers and all professionals working with Indigenous community must understand, embody, and enact the Seven Grandfather teachings of Love, Humility, Bravery, Wisdom, Truth, Honesty, and Respect.
3. Housing and healthcare workers must employ a social justice lens and consider power imbalances in society while empowering Indigenous clients for advocacy and power sharing.

4. The client is the person who decides whether a service or program is culturally safe (Shah and Reeves 2015, p. 119).

Brascoupé and Waters (2009) point out that cultural safety is the outcome of a learning process that starts with cultural awareness and moves toward cultural competence (p. 10). Cultural safety goes beyond cultural awareness and cultural competence (Brascoupé and Waters 2009), and it is not about "making sure a lobby has Indigenous art" (Hayward 2022, p. 12). While many Indigenous communities identify relationships and connection as central to living well (Thistle 2017, Hayward 2022), organizations need to provide trauma-informed services that pay attention to power imbalances (Brascoupé and Waters 2009; Hayward 2022). University of Victoria professor Jessica Ball (2008; 2022) has written extensively on cultural safety, and has developed the Five Ps, which define 5 core principles of cultural safety:

1. **Protocols**: respect for cultural forms of engagement
2. **Process**: engaging in mutual learning, checking in with the service recipient
3. **Positive purpose**: ensuring the process provides the service recipient's desired outcome
4. **Partnerships**: the practice must be collaborative
5. **Personal knowledge:** understanding one's own social location and culture while sharing personal information to generate trust and equanimity

Aboriginal concepts of health and healing practices are glaringly absent in mainstream housing services, despite the high percentage of FNIM and non-status Aboriginal peoples experiencing houselessness (Shah and Reeves 2016). Research completed by Anishnawbe Health Toronto in 2012 found that Aboriginal content in healthcare college curricula is "quite sparse" (Shah and Reeves 2016, p. 118). The Truth and Reconciliation Commission (TRC) report (2015) offered 94 Calls to Action that provide directives to make amends, eradicate racist practices in Canada, and heal broken relationships and treaty promises. Calls #62-65 address "Education for Reconciliation" for all Canadians from kindergarten through post-secondary education. This means that colleges and universities must take responsibility and action for integrating Indigenous knowledge and teaching methods into the classrooms (Schmidt 2019, p. 60).

While we are all treaty people, it is an imperative for non-Indigenous social service, housing, and healthcare workers to provide cultural safety. Non-Indigenous allies must look at their own biases, internalized racism, and understand the histories of settler colonialism, missing and murdered Indigenous women and girls, and intergenerational traumas that continue to affect Indigenous peoples. There are too many cases of suffering and death of Indigenous peoples because of suboptimal care. As in the education sector, non-Indigenous allies are well-situated to support our over-burdened Indigenous housing, social, and healthcare workers in leading cultural safety and being culturally appropriate for housing clients (Schmidt 2019, p. 61).

In her article, "In Defense of Identity Politics," Suzanna Danuta Walters (2017) reminds us that "after all these years, universality and the common good are still the (unmarked) province of straight white men (476). The assumption of an "unmarked maleness", Walters contends is something that we must challenge. Sunera Thobani's (2007) moral economy framework explains the ongoing discursive devaluation of Indigenous peoples and racialized immigrants in social policy while "exalting" normative, white, able, and cis-bodied men. The implications of identity politics theorizing on housing is that the service needs to be designed for the populations who are using it, however, housing solutions tend to be one-size-fits all. This research intends to change that approach.

While "Housing First" remains the baseline for getting people into safer situations, its policies are applied through a universalist lens that includes everyone but does not necessarily include anyone outside unmarked maleness. AJ Withers (2020) challenges the Housing First model as exclusionary, neoliberal, pathologizing, and rehabilitative. They coin the term, "prescriptive harm reduction", which directs people not only towards decreased drug and alcohol consumption, but more importantly, participation the capitalist economy. The Housing First model maintains that "stability comes from housing and is a more progressive solution" (Withers 2020, p. 153), however, if we are to consider pre-colonial Huron-Wendat settlements that were on what we know as Toronto, HF does not look much like progress. Withers argues quite clearly that homelessness did not exist in pre-colonial times and that "it was settler-colonialism that brought displacement and dispossession" (p. 154). Service providers thus must still approach housing through a lens that considers Indigenous ways of knowing and being. This is not to suggest that identity-specific services and activism is "cordoned off" (Walters 2017, p. 476) or segregated in an exclusionary way. We can re-think active citizenship as a service approach that considers the long-ignored needs of Indigenous peoples who have much to offer the community. This is not about fragmenting and even homogenizing groups of people through identity politics; there are intersectional differences within each identity group (Walters 2017, p. 478; Chapman and Withers 2019). Housing service engagement strategies must be decolonizing in that they unwind the universalizing of services toward that "unmarked maleness".

Solutions Toward Culturally Safe Housing Services

1. Integrated Indigenous Shelter Model: Jessica Ball provides rationale for an integrated Indigenous shelter model through the phenomenon of "fatherless" Indigenous children, in which large percentages of families have absent fathers (Ball 2009). According to Ball's Statistics Canada research, **Indigenous men in Canada are more geographically mobile, nine times more liable to be incarcerated, and three more times likely to commit suicide than non-Indigenous men.** Ball found an "absence of policy aimed at encouraging Indigenous fathers' involvement" (Ball 2009: 31). An integrated shelter model could be instrumental in helping families stay together or to potentially move closer towards reunion.
2. Culturally responsive housing serving Indigenous people in Toronto could potentially also address self-determination and sovereignty. Culturally appropriate services and programming

align with Truth and Reconciliation Commission Recommendations, such as providing appropriate resources to keep FNIM children out of care (1.ii), acknowledging the legacy of residential schools (4ii). The TRC 's recommendations for health align with housing as a social determinant of health (19, 20, 23). The Executive Summary of the Toronto Aboriginal Research Project (TARP) Final Report makes the following recommendations for men:

I. That a culturally based residential treatment and detox centre be established in Toronto to meet the needs of Aboriginal men who are experiencing drug and alcohol misuse issues.
II. That culturally based Aboriginal healing programs be set up focusing on issues that affect Aboriginal men such as relationship counselling, life skills, anger management, parenting skill and addictions treatment.
III. That a research project be undertaken to examine the situation of Aboriginal men in Toronto (McCaskill, FitzMaurice and Cidro 2011:23)

58% of the Aboriginal men who participated in the focus groups that served as qualitative research data for the TARP report indicated that they experience racial discrimination in multiples sectors, both systemic and institutional, by non-Aboriginal people (2011:135). Aboriginal women in Toronto seem to be faring somewhat better than Aboriginal men, as the TARP report indicates, but even those women who are in professional positions are still earning less than their non-Aboriginal counterparts because many of the organizations they work for receive less funding (2011:142). The majority of Aboriginal women, however, remain under-employed and earn less than $40,000 per year (141). Meanwhile, the risks for Indigenous women, girls and 2SLGBTQQIA people to go missing, be trafficked, or to be subjected to other forms of gender violence remain substantially higher than non-Indigenous women. This amounts to a race-based genocide of Indigenous peoples, specifically targeting women, girls and 2SLGBTQQIA people (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).

The TARP Report concurs with other findings in this report that housing remains a chronic issue for Aboriginal people in Toronto. The report indicates that the Housing First approach could provide a key foundation for the success of Aboriginal people (2011:381) but that service providers must give "careful attention to the needs of Aboriginal people, specifically single parents, two-spirited people, those living in extended family situations and those in transition from the streets, incarceration or treatment centres" (381). The recommendation is that "Aboriginal housing organizations work with mainstream social housing organizations to develop housing policies and regulations that are culturally reflective of Aboriginal people and family structure" (382).

Recommendation number 40 in the 2011 TARP Report specifically advises that a "housing program be established for Aboriginal individuals transitioning from shelters or recovery treatment facilities. Aboriginal and non-Aboriginal housing agencies should work together to create this program" (TARP 2011, p. 382).

Recommendation number 43 calls for governments to establish a transitional housing program with culturally-based services related to addictions, counselling, cultural teachings, transportation

assistance, employment preparation and life skills training (TARP 2011, p. 383). There is evidence of this process being successful in other municipalities. Homeward Trust Edmonton (THE) is a successful Aboriginal-centred housing program called that is "evolving in its adoption of a decolonization process" for service delivery (Bordor et al 2011:1).

In British Columbia, the Aboriginal Housing Management Association (AHMA) is an umbrella organization created by and for Indigenous people offering homelessness prevention and transition homes services, along with daycare, health and well-being, and substance use support, in addition to affordable and culturally safe housing. In January 2022, AHMA released BC's first Indigenous community-led Provincial Rural, Urban, and Northern Indigenous Housing Strategy. The AHMA administers funds for almost 5,500 units housing FNIM and self-identified Indigenous families living throughout BC, as well as another 2097 units currently in development (AHMA 2022, p. 2). Current provincial and federal programs do not meet the needs of Indigenous people on Turtle Island. 19% of the units in AMHA's portfolio are emergency shelter and housing for people experiencing homelessness (AMHA 2022, p. 11). In BC, Indigenous people represent 38% of people surveyed through Homeless Counts (AMHA 2022, p. 14).

Harm Reduction

The histories of the Canadian government and church-run residential schools, the Indian Act, Sixties Scoop, and continued over-involvement in child welfare and incarceration have led to Indigenous peoples' generational trauma and healing needs. Because of this and other social determinants of health issues, many Indigenous people have chronic health issues, which are often linked to substance misuse. When people have chronic housing insufficiencies and precarious housing, they may be more likely to rely on substances to ease the discomforts associated with living rough, including lack of sleep, dealing with cold, pain, and insufficient nutrition. Over-dependence on alcohol is not only linked to acute poisonings, illnesses, and injuries, but also chronic liver and gastrointestinal issues and social injuries affecting relationships, employment, finances, crime and of course, housing (Hammond et al 2016 p. 3). As the statistics demonstrate, Indigenous peoples are over-represented among the homeless population and are more likely to experience harmful consequences related to alcohol use (Hammond et al 2016, p. 4).

There is great potential for harm reduction programs such as MAP (managed alcohol program) to offer non-judgemental, compassionate, culturally responsive services to Indigenous people experiencing alcohol addiction and housing precarity. MAP treatment protocol typically involves recipients being given "a six-ounce alcoholic beverage, typically white wine, every 90 minutes from 8:00 A.M. to 11:00 P.M. to manage and regulate their alcohol consumption" (Hammond et al. 2016, p. 2). MAP offers a safer, less precarious way of living that would allow a person with an alcohol addiction to access alcohol while stabilizing themselves because they do not have to constantly be chasing non-beverage sources of alcohol (NBA).

The full social benefits of generally moving people experiencing homelessness into stable housing would improve health, social, economic, and community safety values MAP can also be far more cost efficient in stabilizing a person living with homelessness and addiction, than the alternative of having a person cycle through police, health care and detox facilities, shelters, and transitional housing. A spokesperson from Dixon Hall indicated that it costs roughly $50,000 annually to house a person (personal communication, 27 June 2022; see also Hammond et al 2016 p. 4). In a cost effectiveness study of a The Kwae-Kii-Win Centre, a 15-bed MAP in Thunder Bay, researchers found the "annual cost of service utilization by program participants while in MAP was $13,379 per person whereas the annual cost of service utilization by program participant prior to receiving treatment and the control group was $45,304 per person and $48,969 respectively" (Hammond et al, 2016, p. i).

Hammond et al (2016) found that "the provision of adequate housing and individualized supports to help manage and regulate alcohol consumption can be a cost-beneficial way to address homelessness for those with severe alcohol dependence" (p. ii). Vancouver is the leading city for conducting harm reduction studies and practices, and the Centre for Addictions Research of British Columbia 2013 program evaluation found that MAP participants experienced fewer alcohol-related injuries, emergency room visits, social, and legal service utilization than those who did not receive MAP (Hammond et al 2016).

All the participants in the Kwae-Kii-Win Centre identified as Indigenous. Indigenous residents in MAP have expressed their feelings about "the loss of Indigenous culture and traditions, highlighting the socio-political and historical factors that have shaped Indigenous homelessness" (Pauly et al. 2019, p. 7). Indigenous participants in MAP identified the importance of community connection as part of their healing, particularly when they could connect with an Elder and their ancestral heritage, and participate in ceremonies (Pauly et al. 2019, p. 11).

Indigenous Youth Homelessness

Youth make up 20% of the homeless population in Canada.
https://horizonsforyouth.org/aboutyouthhomelessness).

Indigenous homelessness is not only about bricks and mortar spaces. The ongoing history of removal of Indigenous children from their homes and the overrepresentation of Indigenous children in the child protection system today has led to many FNIM peoples experiencing cultural, communal, and spiritual forms of homelessness (Kidd et al 2018, p.169). While this holistic interpretation of homelessness has led to increased programming, the TARP report demonstrates that focus group participants accessing services at NCFST were unaware of other services available to them (TARP 2011, p. 117). The City of Toronto Street Needs Assessment (2018) revealed that 15% of homeless respondents had lived experience of foster care, while 63% of outdoor respondents reported that they had experienced homelessness during childhood. The correlation between youth homelessness, foster care and adult experiences of homelessness is too strong to ignore. Indigenous children and

youth experience deep cultural destabilization by being removed from their families and home communities and coupled with the psychological and emotional stressors of being in care, these factors lead to mental health crises and contribute to Indigenous youth homelessness (Kidd et al 2019).

Female and 2SLGBTQ+-identifying Indigenous youth become homeless sooner than other Indigenous youth, and experience far greater mental health, addictions, and victimizations (Kidd et al 2019, p. 169). Exposure to sexual and physical violence is another variable that increases risk of homelessness (Kidd et al 2019). The determinants of poor mental and physical health and housing precarity for 2S/LGBTQ+ youth include family rejection, social stigma, internalized and pervasive homophobia and transphobia (Abramovich 2017). For Indigenous youth, homelessness is frequently characterized by moving out of rural areas and reserves into Toronto in hopes of better opportunities, and to escape from conflict with parental or foster parents (Baskin 2007; Kidd et al 2018).

For more than 70%, the cause of youth homelessness is due to parental conflict, abuse, and exacerbated by lack of employment opportunities and affordable housing, concomitant mental health issues, immigration, and marginalization. Gaetz and Scott (2012) argue that youth are not only the most vulnerable to homelessness, but also a population who could most benefit from the Foyer Model of transitional housing. In *Homeless Report #10*, Gaetz and Scott contend that the supports embedded in Foyer Model could insure young people as less vulnerable to unscrupulous landlords, precarious employment and empower them to overcome structural barriers that continue to marginalize them (2012: 6). They point out that many youth have histories of mental illness, juvenile detention, foster care and experiences of racism, sexism and homophobia, which means that many are “shut out of normal processes of adolescence”. Teens without these experiences simply move through adolescence (2012: 9).

> Unlike the transitional housing model that is usually time limited from 12-18 months, the Foyer Model is less time limited and offers portable supports that are developmentally appropriate for youth. These programs include life skills development, education and training, case management focus, and action plans (Gaetz and Scott 2012, p. 16).

The TARP Report identifies participants in an At-Risk Focus Group who explained that they were frequently unable to get jobs that paid enough for them to afford rent and when they could get a place, it was too far from downtown, run-down, or the landlord was very slow to respond to repair requests (2011, p. 119). Some of the youth in this focus group suggested that they would like to live in an integrated affordable housing model specifically for FNIM people, pointing out that they felt that they did not have a geographic neighbourhood to call their own in Toronto (118). Baskin and Davey (2015) speak to the potential of integrated housing models and suggest that successful aging for Aboriginal peoples is marked not only by physical health, but also through having creative outlets, cultural connection, and the ability to pass on wisdom to other generations. Intergenerational housing models are not uncommon in many FNIM communities (47). The TARP report might also point

to the innovativeness of an intergenerational housing model because social isolation is a major issue for Aboriginal Elders (2018:157).

Effects of the COVID-19 Pandemic on the Homelessness and Transitional Housing Sector

Two years since the first lockdowns of the COVID-19 Pandemic, the people experiencing homelessness continue to experience the deadly trifecta with addictions, isolation, and increased health risks of the pandemic. People experiencing homelessness have poorer health and complex physical and mental health concerns, known as co-morbidities, than those who have stable housing. As a result of these factors and the difficulties maintaining physical distancing guidelines for the pandemic, people experiencing homelessness are also at a increased risk for infectious diseases (Luong et al 2022). The key requirements of social distancing and self-isolation are particularly difficult to follow for people experiencing housing insecurity (Jadidzadeh and Kneebone 2020).

The number of drug overdoses and people living in tent encampments to deal with the isolating effects of the pandemic rose sharply during the Covid-19 Pandemic, as people who use drugs (PWUD) experience competing priorities as they navigate barriers to accessing care and the closure of treatment facilities (Liu et al 2022; Scallan et al 2022). A study conducted during the “re-opening period” of June 17-September 26, 2020 in Ontario showed that recently homeless individuals disproportionately experienced drug overdoses and emergency department visits compared with housed people (Liu et al 2022, p. 1692).

People who use drugs (PWUD) are overrepresented among the homeless population in Canada, and despite Homes First framework not requiring a person to be “clean” before gaining access to housing, ongoing stigmatization of PWUD further limits their opportunities (Scallan et al 2022). Scallan et al’s study of the delivery of opioid-agonist therapy in conjunction with the hotels program in Hamilton ON during Covid-19 demonstrates success of the hotels program, particularly as a result of the confidential and safe delivery of treatment to the hotel rooms and the use of telemedicine. Residents of city and shelter-run hotel sites had opioid agonist therapy (OAT) delivered and dispensed to them on the hotel, and case studies demonstrate that the hotel space offered a “highly motivating opportunity to stabilise, reconnect with [her] children, and work towards permanent housing” (Scallan et al 2022, p. 7).

While homelessness can not be associated with alcohol alone, for people who are chronically homeless, there is a long and complex relationship between alcohol consumption and difficulties maintaining housing (Hammond et al 2016). Shelter and housing supports that offer harm reduction supports such as managed alcohol programs (MAP) or safe injection sites demonstrate better outcomes in terms of costs, both of lives and services (see figure 5).

Table ES2: Total annual social costs including cost of homelessness

Service	MAP participants while in MAP ($)	MAP participants prior to MAP ($)	Control group ($)
Missing services	3,128	6,797	6,797
Emergency shelter, detoxification, inpatient, ED, and police detention	10,251	38,507	42,172
MAP	29,306	N/A	N/A
Total	**42,685**	**45,304**	**48,969**

Table ES3 shows the cost-effectiveness of the program by outlining the cost savings achieved as a result of program participation on the basis of two comparisons. First, the cost of health, social, and legal service utilization and program participation for MAP recipients is compared to their cost of service utilization prior to program entry. On the basis of this comparison, program participation was associated with an annual saving of $2,619 per person. Second, the cost of health, social, and legal service utilization and program participation for MAP recipients is compared to the cost of service utilization for the control group. On the basis of the comparison of and control groups, program participation was associated with an annual saving of $6,284 per person. As a result, there was a saving of between $1.09 and $1.21 for every dollar invested in the MAP.

FIGURE 4 "COST-BENEFIT ANALYSIS OF MAP" (HAMMOND ET AL., 2016, P. II).

The Street Needs Assessment data (2021) demonstrates that encampment numbers increased in response to the COVID-19 pandemic, likely because people experiencing homelessness felt safer from the virus living outside than in shelters. Tiny Shelters emerged in Toronto parks in the fall of 2020 piloted by local carpenter Khaleel Seivwright, yet the "state" held these structures in the realm of the "informal and illegal" (Evans 2021, p. 51). These small structures were solidly built and insulated to be comfortable for a single person to keep warm with only a sleeping bag. While the city's response might have been to get people inside as quickly as possible, there were insufficient beds until the hotels program came together. The Tiny Shelters were deemed illegal and because they did not meet the definition of a dwelling until the Ontario Building Code (OBC), there was no jurisdiction over these structures. Further, Toronto Fire determined that the Tiny Shelters were unsafe and condemned the structures. Evans maintains that the ongoing Tiny Shelter debate with City of Toronto building department staff undermines the agency of people experiencing homelessness, while the state allows many old houses to occupy quasi-legal status outside applicable laws (2021, pp. 56-57).

Investigative question (s)

This study explores questions related to the experiences of Indigenous adults ages 24-29 such as: what service and environmental elements help Indigenous community members experiencing housing precarity to feel culturally safe? What factors may have contributed to a lack of cultural safety?

We also explored the systemic barriers and obstacles facing Indigenous people aged 24-29 using housing services in Toronto. We asked research participants how they define safety, and a good home. We asked, "what do people experiencing homelessness need service workers to know to improve existing supports?"

Discussion guides are included in Appendix A

Methods

Community-Based Approach

This project is a partnership between NCFST and Dixon Hall. Dixon Hall's Housing Service department has been providing shelter services for the homeless and precariously housed in Toronto for more than twenty years. As a response to the COVID-19 pandemic, Dixon Hall began operating shelter accommodation services to adult couples and singles of all genders at the Bond Place Hotel in August, 2020. The Bond Place Hotel at 65 Dundas Street East has been sheltering 230 in addition to its three other Respite Service housing sites at Strathcona and Victoria Hotels.

We had intended to offer one general circle and one circle specific to people who identify as women and 2S/LGBTQQIA+, however, participants did not seem to require identity-specific circles. The data specialist at Dixon Hall was unable to provide specific numbers on the demographics of Aboriginal, trans and non-binary clients as the Shelter Management Information System (SMIS) system is not yet fully functional for collecting this identity-based personal client information due to privacy legislation. These functionalities are in process, but not active for this report deadline.

NCFST housing staff recruited participants across its 4 transitional housing sites and hotels program. The addresses of these houses are to remain confidential. One talking circle was held outside on a fine fall day at the Men's transition house in October with a fire, and the second talking circle was held around a kitchen table at the Women's transition house in November. Food was served at both these events.

Dixon Hall shared that there were approximately 30 clients identifying as Indigenous that she recruited for the circles at Dixon Hall. NCFST community members are assumed to be Indigenous with part or full ancestry. The agency's low-barrier service policy means that the Aboriginal status of participants is not required.

Consent forms and Anonymity

We did not require participants to provide proof of Aboriginal status for their eligibility in this study. Each study participant was given an informed consent form, which was reviewed aloud in the discussion circles and in interviews. When interviews/discussion circles were conducted in person, these informed consent forms were signed and returned to the principal investigator (PI). The signing pages are in a locked storage drawer at 30 College, the key for which is in the possession of the PI. If the interview was conducted via Zoom, the consent was recorded verbally and in the transcript.

Research participants were assured that their anonymity would be protected and were given the opportunity to ask questions of the research team.

Interview sample/demographics

Data collection

My first site visit to Dixon Hall Bond Place Hotel was on June 27. Haydar Shouly answered my questions about harm reduction practices, and we had a fulsome discussion about Managed Alcohol Program (MAP). Bond Place has a harm reduction room in which naloxone and safe injection kits are prepared and distributed, and there is also a safe consumption room.

With an amazing support team, I co-facilitated four culturally grounded talking circles in the Fall of 2022. The circles were all intended to be conducted in October, a combination of a variety of scheduling pressures delayed the subsequent two sessions until the third week of November. We were fortunate that Melanie was able to work around the construction dates at Bond Place so we were able to access the basement as a gathering room. Melanie coordinated food from the local Burrito Boyz franchise, and Madeleine brought sweetgrass (*wiingashk* in Ojibwe) and made a soothing hot tea, which pleased participants. At the men's transition house run by NCFST, community members were served pizza and wings around the fire. Saya, the supervisor at the women's transition house, baked banana bread and served crudités, crackers, and cold cuts as the women gathered around an inviting harvest table.

On October 3, 2022, we conducted the first of the circles at Bond Place Hotel with seven participants. There were two men and five women.

- Consent form is included in Appendix B.
- Survey matrix is included in Appendix C.
- Recruitment flyer sample in Appendix D.

Findings

Key themes

The following table illustrates the themes emerging from the feelings that staff and community member participants expressed in talking circles, surveys, and interviews. Note the parallels as well as the themes that do not intersect between staff and community members are indicated by a blank cell in the table. An additional insight is that the theme of isolation intersects with almost every theme.

Community Members (from 4 circles and 1 interview)	Housing Workers (from 32 surveys & 3 interviews)
Isolation/not belonging	Advocacy/supports -
Staff don't care about them	Burnout – staff are aware of the signs and take precautions
2S supports	innovation
Trauma/executive functioning	Enabling – awareness of need to support without enabling learned helplessness
Belonging/family/love	care
Land access and land-based healing	
Substance misuse	Harm reduction -
Education	Learning/training – positive attitude
Transportation to get to powwow, visit family	Systemic barriers incl. Aboriginal status, trauma
anxiety	Confidence in providing culturally safe services
Gender violence in shelters	
privacy	Systemic barriers
racism	
Barriers to accessing services	

Discussion

Trauma and not-belonging

As a result of trauma, substance misuse, and resulting isolation, people experiencing homelessness need constant reassurance and encouragement to feel like they belong, which I refer to as “non-belonging”. They are unaware of cultural events and services and even say there is nothing for them, even though the services are available and advertised broadly through social media. Their entrenched and internalized feelings of non-belonging sabotage their ability to join cultural and social events and they feel like no one cares. One community member from the Women’s transition house shared,

> *[people think that] …I should be repeatedly welcomed in. I'm like, once you're welcomed in once, just like, GO! Like, I suggested, I'm like, check the calendar, they have a whole bunch of programs. The services are there. I was giving them the websites, the calendars, I'm like GO! They have a calendar, and she was just like, yeah I know. (Dowling Ave, Pos. 83)*

Community members have expressed that they don’t know about services or cultural events, or they find out too late that they’re happening, despite wide social media advertising. In their isolation, they fall through the cracks that the most avid housing advocate staff can not fill. In addition, staff have shared that community members often lose their phone or are unable maintain regular financial stability to have a phone number to be reached, and they miss opportunities. As an interesting contrast, 45% of respondents to the housing worker survey feel that they know how to offer clients and community members culturally supportive services to get housing. It is evident that clients are not always able to register the help they are offered or follow through on the recommendations they are provided.

Some community members with children avoid accessing services because they are afraid of the scrutiny of social workers involved with child welfare.

> *I was one of them, I know how it is. Like, I have been engaged with the programs for some time but at the beginning I wasn't engaged because I was, I didn’t want to show the society that I was struggling or something. Or, I don't know how to do this, because I’m a mother, so I don't want them to think, oh, she's incapable of taking care of her kid. Women don't like to engage with certain programs, especially with NCFST, the 30 College, sometimes they get nervous, because you guys have a liability if you see any type of child neglect or any type of abuse per se. Kids cry sometimes, you gotta take a quick five. Let them cry, if they're fed and changed, and the worry is that the society will see, oh, she's neglecting her kid. (Dowling Ave, Pos. 84)*

The legacy of Indian Residential Schools, the Sixties Scoop, and the Millennial Scoop have left their mark on many families who may know intrinsically what their children need but have lost confidence in their agency and authority.

Community members struggle with feeling like they belong, and they isolate themselves because their mental health makes it too difficult to connect. Social connections are crucial for mental health and wellbeing. Connection is exactly what new mothers need. One community member shared that she took the advice from one of the workers at the transition house where she lives:

> *I always come here [from the other house] 'cause I'm not isolated. They say don't be isolating yourself, 'cause I was one month post partum and I came here, because (housing worker staff) told me, you can't be alone. You're in that house all by yourself. And I was like, okay. We all have apartments over there. So we really isolate ourselves, to the point that the girls there that would be struggling with something, they're not going to come here. They don't wanna reach out, they don't wanna come here. (Dowling Ave, Pos. 58)*

The Covid-19 Pandemic and Isolation

Clients at both Dixon Hall and community members living in the hotels operated by NCFST expressed frustration and pain at the forced isolation that social distancing demanded.

> *we've been discussing to figure out a common space where we have the office, but only 2 people can be in there at the same time because of COVID. And we can't go into each other's rooms, so we can't hang out with the residents, we can't make friends. We're isolated in our rooms, like. And most that we can do is hang out in the office.* (hotel program resident)

One housing worker commented that the pandemic has had many severe consequences on community members:

> *all this pandemic, we're starting to deal with all the afterwards. After the pandemic, right. All the consequences of people being isolated for a few years. Now people are more like, oh, I don't know if I want to meet you in person. It's normal. Or they have all this depression and anxiety and that makes it difficult for them to access; it's difficult for them to get out. And if they don't get out, they can't go to those places. It's not just status, it's plus this pandemic that also yeah - it's been difficult for them.* (Staff interview 1)

Substance misuse and isolation

"We became doctors, drug and alcohol specialists…the shelter system is managing serious mental illness." (Haydar Shouly, personal communication, June 2022)

According to Dixon Hall Housing Services Manager Haydar Shouly, the opiate crisis is more severe than the COVID-19 pandemic. At Dixon Hall, where substance misuse is a more prevalent problem by

nature of the level of shelter in provides, people shared that they sometimes misused substances simply because they felt there was no other activity option for them. The topic of substance misuse came up twenty times across seven discussion circles and interviews. The research team was deeply saddened to hear from Indigenous people who misuse substances thinking that they must stay away from medicines when that is exactly what they need for their healing. *"I was taught [that] You don't touch the medicines when you're like, ...I did ceremony four days before, and four days after" (Bond Hotel Oct 3, Pos. 202).*

One client at Bond, who shared they were trying to get clean, deliberately avoids being with people so that she does not feel pressure to misuse substances.

> *I just stay in my room by myself because it's safer for me it's better for myself. I do better by myself. When I socialize more, and then I do more drugs and drinking and stuff. I feel safe being alone; I don't mind being alone. In a big bed. (Bond Hotel Oct 3, Pos. 27)*

One community member shared her understanding of how culture can help Indigenous people struggling with substance misuse:

> *the best thing to do culture wise, is let that person acknowledge they're struggling right now, and hopefully persuade them into detoxing, you know? Even a three-day detox. Cedar teas, cedar water, cedar bath. Just that one time would maybe help them regain the strength and clarity that maybe help persuade [them toward] sobriety, the red path. But the best we can do when an addict is struggling is let them ride it out, but be heavily supportive. Behind them. Be their backbone in that whole thing.*

This same community member shared how she was caught in the addictions trap even before she was born.

> *I know it's very draining, because I've tried to help my parents become sober, my whole life. Like my whole life, since I was a kid, literally, mentally, physically draining. Honestly, I gave up. And then I became an addict with them. So you gotta be cautious of that as well. You don't wanna become an addict with them as well. And it's sad. You don't wanna see them suffer like that, right? So, it's a huge thing with addiction. And I feel today with modern science, we still never figured it out on how to completely go sober. You know, there's people with 20-year sobriety, and then, boom, they relapse. It's all up to us; it's a disease we battle every single day. Some of us are born addicts. Like me, I was born an addict. I was born with FASD. My mom drank her whole pregnancy, my mom was drunk when she gave birth to me. So whether I wanted to be an addict or not, I was already born one.*

The above quote is a striking example of how intergenerational trauma manifests in families. The research team is deeply impressed with the hard work she is doing in her own recovery journey, and it was an honour to hear her story.

Integrating culture into housing services

The legacy of residential schools, the Sixties Scoop, and the genocide of the *Indian Act* desecrated Indigenous cultural access for many Indigenous people across Turtle Island. Many Indigenous youth are in the process of reclaiming their cultures through engaging with knowledge carriers, other community members' social media, powwows, and crafts, but for those experiencing homelessness and housing precarity it is often more of a challenge to have that cultural element in their lives, even though it's crucial for healing.

The word, "smudge," which represents the culturally based medicinal practice of burning sage (*bashkodejiibik* in Ojibwe) appears 11 times across 3 interviews. The word "medicines" shows up an additional 11 times. Many Indigenous young people experiencing homelessness know that burning the any or all of the four sacred medicines (tobacco, sage, cedar, sweetgrass) brings healing and can calm an agitated mind. Several clients and community members shared during our circles that they are not permitted to burn medicines in their rooms at the shelters or transition houses:

> *At the hotel that I'm staying at right now, I brought my own smudging materials. And I wasn't allowed to smudge because of the fire. I don't know. Smoke alarms go off. maybe that's just the thing that can't really be changed. We also have to go outside to smudge (Davenport Rd transcript, Pos. 47)*

Many Indigenous youth have been in care so long that they simply feel they don't have enough knowledge and they don't belong:

> *The culture part - what it lacks is that I feel like some Indigenous community members, because we're not educated enough, we don't feel comfortable with it, you know. You don't feel like we don't know what we're doing, or we don't know if we're doing it right or something. So maybe just some more Indigenous cultural teachers, I feel could help. Just more people educated on the traditional ways to help guide you, and help you understand that. So, yeah. Just more culture would help. Miigwetch. (Dowling Ave, Pos. 6)*

Others are resistant to engaging in Indigenous cultural activities because colonization suffocated the connection:

> *they reject outright anything that that's going to depart from. Uh, basically, I would say they they've been indoctrinated or so assimilated within the mainstream. And I think that's the longer-term impact of the residential schools, for example. Or anything else that may have had some impact on them and their families, their communities, wherever they're from across the country. (Staff interview 3., Pos. 90)*

NCFST actively posts information about its cultural activities at its sites and on social media. Many staff encourage community members to attend events, but they either do not find out about them

until the last minute, they have no way to get to events outside of the city, or they feel like they do not belong:

> *Powwows, feasts. Usually happen outside of the city. Ones that are from the community I'm from in Alberta where feasts and powwows don't happen in the big city, they happen back on rez…One of the things that stops you from going to these traditional get togethers is transportation. It costs 200$ to get up there, there and back. So, maybe having more transportation to go from the rez and back again. Whether it be carpool or whatever, it's like pooled resources, communal. there's not a lot of people who are ever interested in going out there, because they know you can get stranded, or you don't even have a way to get there, unfortunately. A lot of urban Indigenous people have this – I felt it too. What's the point of going to traditional powwows, feasts, dancing, whatever, because I'm already ostracized as it is. (Davenport Rd transcript, Pos. 54-56)*

At the same time, clients at Bond Hotel felt aware that cultural access was important for healing, even if they did not know much about it due to their family's dislocation:

> *I didn't really learn about the culture until I moved to Toronto on my own, because like under residential school, it's like, my grandparents, they didn't learn the language, like practice, .they were taking care of you. they didn't know ceremonies... When I got to Toronto, I got involved in the native community. Culture is good therapy...they get more culture here than they do on reserve, yeah. (Bond Hotel Oct 3, Pos. 93)*

One of the few Indigenous housing workers I was able to get an interview with shared how he tries to integrate his dual Indigenous-European heritage into his interactions with community members to support their own connection with culture:

> *I also have that that European ancestry as well. Father being German and mother being Anishinaabe-kwe being indigenous…So with that dual ancestry that I bring, I also connect through that Anishinaabe side and recognizing that whatever I have been acculturated with - What has been practiced in my life that I can share In my contexts and communications with our community members and with coworkers as well. (Staff interview 3, Pos. 37)*

Indigenous young people experiencing homelessness and housing precarity need more people like this housing worker, who understands the trauma alongside the diversity of Indigenous identities and cultural expressions.

When it comes to integrating Indigenous cultural knowledge in overdose prevention, nearly one quarter of respondents to the Housing Workers' Survey feel like **they do not have confidence** in this area.

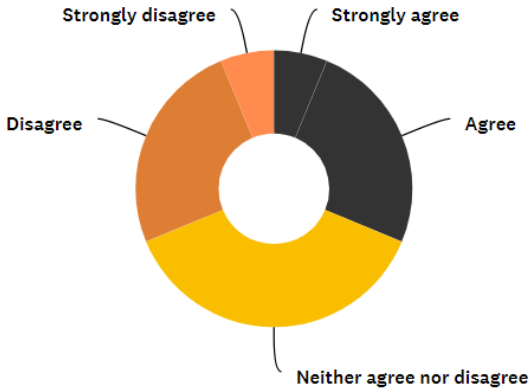


FIGURE 5 I AM CONFIDENT ABOUT HOW TO DRAW ON INDIGENOUS CULTURAL KNOWLEDGE TO PREVENT OVERDOSE. 37.5 NEITHER AGREE NOR DISAGREE; 25% DISAGREE; 25% AGREE.

Participants in the talking circles at all locations indicated that they think they are not permitted to touch the four medicines (sage, sweetgrass, tobacco, cedar) if they are misusing substances, however, our cultural resource worker and other knowledge carriers specifically say that is when people need them most. Housing workers need more cultural training that intersects with substance misuse. One community member in recovery told us,

> *One of the big things, is that I was never really involved with it because I was (misusing substances) and stuff like that, so like now that I am sober, like, it's kind of different and I'm kind of trying to get back into that. (Dowling Ave, Pos. 5)*

FIGURE 6 TOBACCO AND CEDAR IN A BASKET. PHOTO CREDIT JUDITH MINTZ

FIGURE 7 SAGE AND SWEETGRASS ON THE ROOFTOP GARDEN AT NATIVE CHILD AND FAMILY SERVICES. PHOTO CREDIT FREIDA GLADUE

Feelings of lack of care and racism

Many community members and clients identify that hospital and housing staff treat them poorly and do not care about them. Dixon Hall clients especially reported that they feel that the staff are racist towards them, although some community members in the NCFST discussion circles also echoed a strong awareness of racial biases towards them. One person shared a nuanced sense of colonially rooted anti-Indigenous bias in social workers:

> *Being a mom as an Indigenous person is so different. You're just looked at as this certain character. You can't show any weakness when you're an Indigenous mother, compared to anyone, because they classify it as you're using, per se. It's okay for any other type of race, you know, like moms to have a glass of wine at dinner, but if us Indigenous women do that, they think we're alcoholics and we're drinking and we're not taking care of our responsibilities. (Dowling, Pos. 3)*

When we hear community members express that they felt like the staff didn't care about them, it could also be reflective of their generalized sense of alienation from the world in and their own misperception and mistrust of the ways in which people experience them. The survey results[3] prove this hypothesis. All respondents agree that intergenerational trauma impacts the community they serve, and many staff care deeply about providing culturally safe services in their work with people experiencing homelessness. Of 32 housing worker respondents, 65% (N=21) claim that they are not

[3] Link to see shared data for Housing Worker Survey: https://www.surveymonkey.com/results/SM-KralqN5q_2BobiIdYVW6TNig_3D_3D/
Password is D1x0nHa1165!!

easily annoyed by clients, and only 2 worder feel they are easily annoyed. 81.25% of respondents expressed positive sentiment towards participating in professional development and training that centre around improving mental health and wellbeing. Housing worker staff broadly think that they are empathetic and sensitive to the unique cultural needs of the community members they serve.

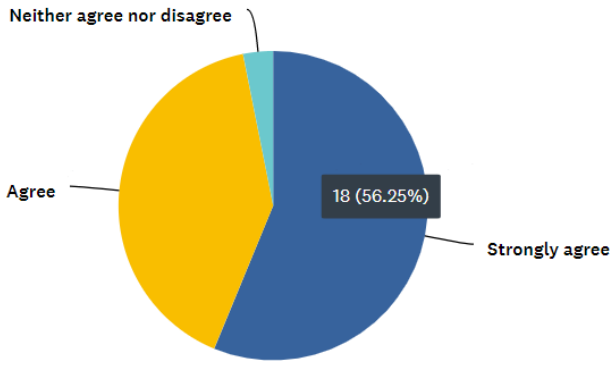


FIGURE 8 HOUSING WORKER STAFF BROADLY THINK THAT THEY ARE EMPATHETIC AND SENSITIVE TO THE UNIQUE CULTURAL NEEDS OF THE COMMUNITY MEMBERS THEY SERVE.

There remains, however, a disconnect between staff and clients. The chasm that professionalization of social service work creates is inherently isolating and breeds mistrust between both service users and service providers. Indigenous values are predicated on relationality; however, Euro-western or colonial values are individualistic. Euro-western, neoliberal ideologies of the individual and self-reliance are inherently paradoxical to Indigenous ways of being in community, which support each other unconditionally. The neo-liberal "pull yourself up by your bootstraps" method of doling out help to those who are deemed deserving does not work if a person has no boots or bootstraps to pull up, and working within this framework isolates not only the service user, but also the provider.

Two-Spirit/LGBTQ+

In response to a question in the Housing Worker Survey about serving 2SLGBTQQIA+ and non-binary community and clients, 81.25% agree or strongly agree that they feel confident.

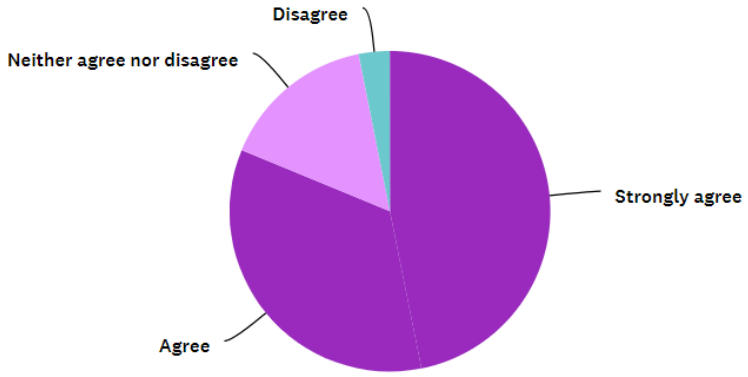


FIGURE 9 I AM CONFIDENT IN SERVING 2S/LGBTQQIA+ AND NON-BINARY COMMUNITY AND CLIENTS. 81.26% (N=26) AGREE OR STRONGLY AGREE

While staff may feel confident in serving Two Spirit/LGBTQQIA+ and non-binary community members and clients, however, we have heard otherwise in our data collection. Cultural safety for Two Spirit clients and community members is about more than using correct pronouns and the correct name. Participants in talking circles and interviews shared that they have experienced housing workers of all genders entering their room without warning at all times of the day by people of all genders to do "wellness checks". We have also heard reports of people having their belongings tampered with, stolen, discarded, or lost. One Two Spirit person told me that a cis white man went through their stuff in their hotel room operated by NCFST, looking for "contraband"[4] and threw it all out without consulting them. The invasion of privacy was one thing, but this individual felt strongly that they should have been consulted with before the prohibited substances were discarded.

> *I would have liked it if they like, held onto it because it was expensive and that's something you could put to the side till I leave. That's something you can hold on to. And they tossed the whole thing away. And that was like, 30 bucks worth of the Bacardi, for sure. Yeah. And there was also another incident where they threw out a whole bag of like weed. They just threw it out. It's in a box.. They opened the Box, went in my stuff. And it was a cis white man too, that went through my stuff. (Former hotel resident 2, Pos. 121)*

A cis white male entering the room of a community member or client – especially someone who enters unannounced - will be imminently more unsafe than someone who identifies as LGBTQQIA+, Two Spirit, or Indigiqueer.

Systemic barriers

In interviews (N=4), housing workers shared that they see massive systemic barriers that undermine Indigenous youth from connecting with culture and obtaining lasting social and economic stability. Each of these staff I spoke with attributed the systemic barriers to the legacy of colonialism,

[4] At NCFST, contraband is any alcohol or cannabis products. Even though the interviewee was 20 at the time of the incident, cannabis possession in rooms is against policy.

residential schools, institutionalized racism, and the interference of child protection services in undermining the abilities of Indigenous youth from accessing cultural supports and safety, and finding long lasting success in their lives. When recalling some advocacy that they were doing for a community member, one staff member identified institutionalized racism as particularly reinforcing barriers in the services provided by Ontario Works:

> *they are special. There is no other word to call them. I let them know this is my community member, this is my name, and I'm calling from this agency, the introduction. Sometimes they ask me to fax the documents. Sometimes [I have to] to fax the consent form, just to talk with them… But when I fax documents, somehow they get misplaced, somehow they don't get the document. Last week, I had an Ontario Works worker that I needed to provide a prescription for my community member's glasses. And she was like, you HAVE to drop off the document in person. You know, so they put this barrier, and I was like, can I email it, can I fax it, and she was like, NO you have to drop it in person. But when you apply, there are all these other things that you need to meet. All these requirements that you need to meet, or need to comply (staff interview 1., Pos. 47)*

While accessing affordable housing is difficult for everyone, for Indigenous youth transitioning out of care, there are further barriers beyond the wait time. Many housing providers require proof of Aboriginal status in order to offer supports, however, many youths transitioning out of care struggle getting their status cards as a result of dislocation from their home community and biological family. As this staff member shared,

> *people to have to prove or to show how Indigenous - if they have status, if they don't have status, how that changed the dynamic to access housing. So, for example, there are certain housing providers, you know, Wigwamen, Anishinaabe Homes, Anduhuayan Transitional Housing, that they ask for the status card. And some of my community members, they don't have the status card. They don't have a way to access the status card. Can be because they are from Nova Scotia, or they moved from Nova Scotia, they don't have a way to track that card, or because of the time. So, if I have a community member who has status, it's easier to access the housing. The waiting list is, let's say, less time. Wigwamen waiting list is 4 or 5 years, which is shorter than the 15 for Toronto Community Housing, right? I encourage my community members to apply to other regions, Simcoe Region, Peel, but at the same time, that brings a lot of incommodity to them [inconvenience and discomfort] because they have all the service providers here in Toronto, but if they move to another region, they have to find out all the service providers in the region. You have to give up something in order to get something, which is not the ideal. I have community members who have expressed that they would like to live at the reserve, but they don't have jobs, the life at the reserve is very difficult and challenging, - .... (Staff interview 1. Pos. 12)*

Even once a community member might find housing, they experience and expect racism from many simultaneous directions. As one housing worker put it,

> *we're dealing with a lot of, Okay situations where people you're dealing with White landlords, you're dealing with white TTC drivers, dealing with, you know, I mean, and you're dealing with people who they automatically don't trust because they - Obviously you know why. (Staff interview 2., Pos. 47)*

Dealing with anticipated racism, racist microaggressions, and actual racism is exhausting. One staff member put it succinctly: "there's that stigma around Indigenous people. People don't understand how difficult it has been for them. Just to be here." Many housing workers experience racialization themselves; as one housing worker shared with me: "I have seen people get off the elevator on more than one occasion, OK. They see me as a black male."

While many of the community members and clients across NCFST and Dixon Hall might think the staff serving them do not understand, they are functioning from a place of mistrust due to their own near daily traumatic experiences of maltreatment from the public, public service workers, police, social workers, and educators. Their backs are up, and for good reason:

> *And it's not just with housing. There is a lot of stigma around Indigenous around people. Last week, I went to Indigenous Affairs with my community member, to apply for her status card renewal, and on our way back to [the office], we found this guy who was saying all sorts of things to her just cause of the way she looks. It was heart breaking because I had to de-escalate the situation, and my community member started crying and she was like, see? The things that I have to deal with. I was like, yeah. It's ridiculous, honestly, like, the lack of education. (Staff interview 1., Pos. 35)*

A female community member shared her awareness of the root causes of discrimination from non-Indigenous housing providers during one of our discussion circles:

> *With the housing situation, I find that they don't really take your culture into consideration because of the way - it depends on how your situation is. If your background, is say, you were raised in a normal household, you went to college and all that. You know. It's okay, she has her head on her shoulders, we shouldn't have to worry (Dowling Ave, Pos. 6)*

While one strong Indigenous woman said in circle, "it's all up to us," I would like to suggest that this is not entirely true. Yes, the healing work comes from within, but our governments and funders have an important role to play in reconciliation. One housing worker pointed out that the healing work is not all in the hands of the Indigenous people experiencing homelessness and addictions, or the agencies serving them. The solutions are bigger than the micro-level.

> *I think it's basically all connected, to the way our economy is set up. I've heard from one analyst, who said it's because there's far too few that have much too much, and there's far too many that have much too little. That's a description that I've heard that I think relates to this disparity that we have. Now of course that includes Toronto, that makes it such that it's almost as if the poverty is built into our economic structure there... We're going to have a few that have basically*

> *ownership of everything at the political level…And it so it will perpetuate itself, it will continue where there's this disparity and that comes out as one of the barriers why anybody can move forward with anything, whether it's acquiring housing, whether it's going on further and education, unless you have some kind of exceptional ability. (Staff interview 3, Pos. 139)*

Participants in the discussion circles were generally very happy to have the chance to sit in circle with food and tea to talk about their experiences. Some gave us hugs as we were leaving. One person at Bond shared, "this is the first access I've had with anything cultural to do with housing." They know the value of culture, and they are hungry for it:

Culture is a very very strong thing, and if you have it while you grow up, it moulds you. Turns you into somebody you can be proud of. Without that, you have nothing. (Bond Hotel Oct 3, Pos. 145)

Food and Laundry

Community members and clients enjoyed and appreciated having food at our talking circles. We opened our discussions with questions about what people thought culture in the home looked like to them, and food showed up 17 times across four circles. Food represents togetherness, nurturing, stability, autonomy, health, and connection to culture. Community members and clients mentioned wanting to cook for friends and for their children. Residents at the hotel program operated by NCFST spoke to feeling nurtured by kind staff who took them out for ice cream or bubble tea occasionally. One community mentioned that breakfast is a meal of hope and a fresh start: "Even if you can't stand the latter half of the day, at least you can wake up and have breakfast."

We heard about one person reminiscing about making pancakes with their mom from flour made with pounded acorns. A resident at Bond spoke optimistically about getting her kids back and making Bannock with them as she herself did with her mother. People described food as communal and supportive when they were growing up, even when there was destabilizing chaos around them :

> *my life was full of around addicts and stuff like that, so my friends is what I connected with, the children of the other addicts family, you know, because we would all gather together while our parents drank and we'd see them at the table sitting around drinking… And that's where my community was. We would feed each other. Whenever we were hungry and our parents were too drunk to cook for us so we'd cook ourselves at the kitchen, someone would be standing on a chair, and then I'd be up in the cupboard, grabbing noodles, looking through for whatever we could cook. (Dowling Ave, Pos. 17)*

A former hotel resident who is now housed with an Auntie commented on how nice it is to be able to cook their own food and do their own laundry. This is especially poignant after we heard so many stories about the food at the hotels being so terrible across the board affecting their mental health: *Pizza that they bought? That's literally the only thing I look forward to when it came to them was like, ohh, it's pizza night, right? Because all the other foods sucked. (Former hotel resident #2, Pos. 183)*

One client at Bond shared that the food is not nutritious or balanced: *"You eat the food and it makes you tired. I don't eat the food anymore but I don't like always sleeping, and I'm hungry (Bond Hotel Oct 3, Pos. 155).* Another community member mentioned that the food was also repetitive and poor quality:

> *The food is awful. They would repeat their food like they would repeat. The same food over and over again and then on top of that was like. Sometimes under cooked, sometimes moldy salad, Umm and I was like are you ***** kidding me… And then so I would order in and then ordering it made me feel like shit. (Former hotel resident #2, Pos. 74)*

The account of a male client at Bond was met with knowing nods when he shared this story of frustration:

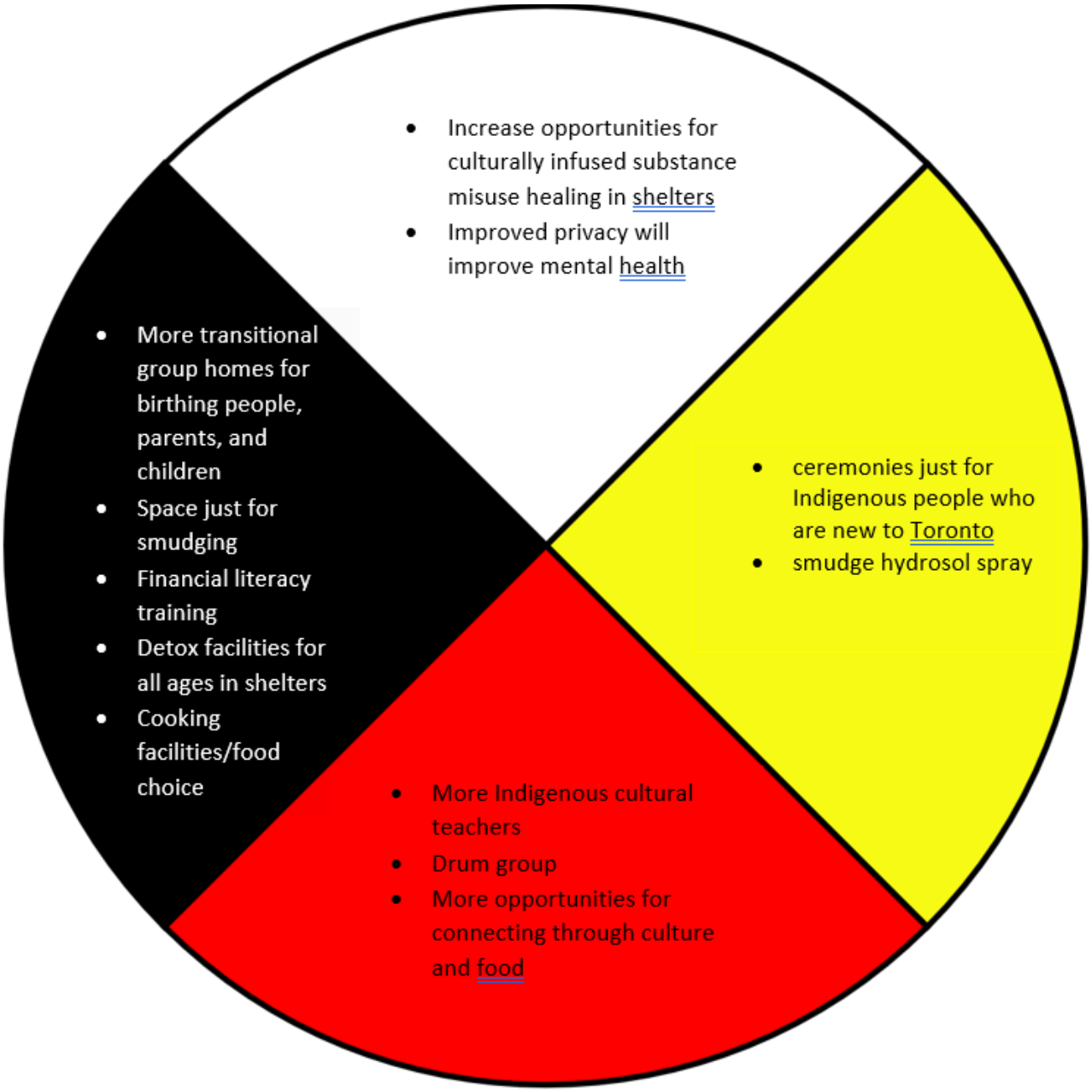
> *Every time I send my laundry down, sometimes I end up getting girls' clothes come back up. I'll get a couple pairs of tights or something weird and stupid in my laundry, and I'm like, well that wasn't there when I put it in the bag. There are literally entire bags that go missing. It's ridiculous. (Bond Hotel Oct 3, Pos. 252-253)*

Another Bond Hotel client discovered that that staff gave her clothes to another woman when she found an acquaintance wearing them! While we understand that it is difficult to manage that many people's belongings, the message here is that community members and clients would like to have more autonomy and look forward to being able to have a place where they can make their own food and do their own laundry.

Gender Violence

The Bond Hotel is notorious for gender violence, such that a separate floor for women and 2SLGBTQ+ clients was established to encourage greater safety. Clients at the Bond shared horrific stories of murder and rape, some of which was perpetuated by staff. The preponderance of violence for many of these people is part of the sequence of violence that they may have left their reserve communities to escape, only to discover they are similarly targeted here in Toronto. Some clients and community members are survivors of substance misuse as well as human trafficking, and culture-based programming is a vital factor in their healing processes. Due to the sensitive nature of the sharing from clients and community members around these topics, quotes will be withheld in this version of the report.

Recommendations for Community Members on the Medicine Wheel



Recommendations

Creating service priorities across sites

- Empower parents in ways of Indigenous, knowing, mothering and being with in-house workshops.
- A trauma-informed approach recognizes that isolated community members need extra encouragement to attend events and feel valued.
- Culture needs to be placed at the centre by providing specific space for clients/community members to practice culture.
- Making Knowledge Carriers/Elders available for all staff and clients/community members
- Integration in trainings of Indigenous cultural knowledges to prevent overdose.
- Improved staff sensitivity around the needs of Two-Spirit/LGBTQQIA+ people.
- Satisfaction survey for community members/clients exiting services.
- More regular cultural circles at Dixon Hall sites
- Structural changes to support more communal activities such as sharing food and resources.

Findings	Unmet need	Service Change
1. CULTURE Misunderstandings and lack of knowledge on the part of staff (and clients) about the uses of medicines and their use during time of substance use and how/when is appropriate to use medicines b) how to support clients to smudge c) difficulties attending ceremony, sweats, powwows because many are inaccessible without a car	**Limited indigenous service providers** **No indigenous service infusion** or considerations to change or modify the service framework.	• Increased indigenous staff. • Obtain community consultations for cultural safety. • Hire consultant to help create a safer service for Indigenous people to help staff understand protocols. • Ensure staff learn the importance of culture for substance misuse healing. • Provide medicines in hydrosol (spray) forms for easy access that won't cause smoke alarms to go off. • Create a safe physical space for community members to be together. • Connect drivers to riders to attend Indigenous cultural events and ceremonies
2. PERCEIVED LACK OF CARE Disconnection in relationships between service team and clients	Services should be provided within the context of **relationship**. How does colonization benefit from professionalizing these relationships? How does the professionalization	• Well known Indigenous community members should be hired to develop an indigenous program within the Dixon Hall program. • Outreach by Indigenous folks to the community • More work on feedback and safe group discussions

	of social work create an us and them dichotomy?	
3. LACK OF ENGAGEMENT Avoidance of social/housing worker scrutiny, criticism, violence, theft, and other clients who are using	Result is **isolation**	• Culture room for Indigenous clients with supports available during certain hours
4. LACK OF PHYSICAL AUTONOMY Community members and clients hate the food and would like to cook for themselves. Laundry gets lost/mixed up	Significantly diminished chance for **developing life skills**	• Communal kitchen /laundry space and workshops to support executive functioning
5. GENDER VIOLENCE/MMIWG Indigenous women and 2SLGBTQ+ are at risk for sexual violence	Indigenous women come to urban centres looking for **better employment, education, healthcare, and housing** opportunities and they fall through the cracks	• Improved settlement services for Indigenous women and 2SLGBTQ+ coming to the city. • More in-house culture-based trainings on healthy relationships to shift toxic masculinity and internalized colonized patriarchal thinking

Training areas for staff: start with change management processes.

- Start by raising awareness across the sector in general and to staff; explain rationale.
- Address resistance to change, identify supporters, and ensure everyone is on board.
- Incorporate trauma-informed staff trainings that actively include Knowledge Carriers/Elders
- Trainings to improve ability to provide cultural safety should include:
    - training to support Two Spirit/LGBTQQIA+ folks.
    - Culturally centred trainings around burnout-prevention and de-escalation – perhaps something like Indigenous Tools for Living
    - Participants in trainings should be accountable and monitored so that integration is fulsome and authentic.
    - Ensure that teachings are implemented meaningfully and sustainably.

Areas for future inquiry

More research is needed to figure out how to bridge the disconnect between workers' confidence and the way the clients and community members are receiving these experiences. A post-service satisfaction survey might be one way to address this gap, however, implementing it would not be without challenges. It would be very useful to find out the experiences of the youth (N=40) who have been housed through a partnership with TCHC over 2022.

Improved identity-based data collection through SMIS analysis and qualitative interviews will help inform improved service provision, however this needs to be done in consultation and in alignment with Principles of OCAP® and Indigenous research paradigms, which are inherently decolonizing.

Links between gender violence and the shelter system need to be further drawn out, and tied with Call to Action #41, investigation into missing and murdered Aboriginal women and girls and 2S/LGBTQQIA+.

Post research follow-up is critical to ensure accountability for change management processes and implementation of recommendations. Healing must be at the macro level to bring systemic justice and reconciliation to Indigenous Peoples across Turtle Island.

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www.canadianharmreduction.com

https://homesfirst.on.ca/programs/

https://homesfirst.on.ca/i-need-help/

https://www.homelesshub.ca/solutions/housing-first/homechez-soi

Appendix A: Discussion/Interview Questions

Community Members/Clients: Indigenous Young Adults aged 24-29 in Toronto who are experiencing Houselessness.

I ask the following discussion questions with a heart of non-judgement and compassion, in the spirit of care and a desire to improve housing services for Indigenous folks experiencing houselessness.

East direction - Spiritual doorway - birth

1. What term do you prefer; homelessness or houselessness? Why?
2. What does culture in the home look like to you?
3. Have you accessed cultural support within housing services? If not, why?
4. What barriers to culture have you experienced in housing services?

South direction – youth – emotion – relationships – self determination

1. How do you define community? Where is your community?
2. How do you see yourself connecting with community?

West direction - Physical– adulthood - collectivity

1. What makes resilience, in your opinion?
2. If you have struggled with substance misuse, could you please share the ways in which culture has helped or not helped to experience treatment or safe use? How did you feel in those times? What was missing?
3. Tell us what "quality housing" means for you. What do you need to have a good home?

Northern direction - Mental doorway

1. What do you imagine is in your ideal home? What does it look like?
2. What do you want your workers to know about how to help you feel safe (or supported)?
3. What does inclusivity mean to you?
4. How can we create inclusivity with the community?
5. What would you need to feel safe to voice your concerns?
6. How can Elders help bring change?

Questions for Staff

The following questions are not intended in any way to be evaluative in nature about how you do your job. They are meant to elicit your thoughts and insights about how to improve housing services for Indigenous community. If you need cultural support, you are welcome to book a session with Alita through ADP.

Spiritual doorway

- What type of cultural safety training do you get – how often does it happen?
- If you had cultural safety training, what did your cultural safety training look like?
- Is there space at Dixon Hall for culture?
- What does safe community look like to you?
- What is your vision for a culturally safe housing support service?

Social doorway

- What do you do to help community members/clients feel at home at your site?
- What types of unique services do you provide Indigenous community members? Who are they?
    - – i.e., emergency, shelter, transitional, invisible homelessness, sleeping rough
- Do you provide services that are unique to Indigenous youth (24-29)? If yes, what are they?
- What would you say is the number of folks who identify as 2S/Indigiqueer?
- How much, and in what ways do you see yourself as staff providing safety to community?

Physical doorway

- What types of programming should housing service providers offer to ensure cultural safety?
- What are the barriers to sustaining housing?
- What do you think you and the site you work at are doing well?
- Tell us what “quality housing” means for you?

Mental doorway

- What kind of education should staff have to improve cultural safety?
- What ideas do you have to improve services?
- What policies should be in place to ensure cultural safety and wellbeing?
- Could you see yourself providing cultural support/culturally safe services? Why or why not?
- How would you rate your knowledge of the history of Canada’s relations with Indigenous peoples?

Appendix B: Recruitment Flyer

Two different versions were circulated.

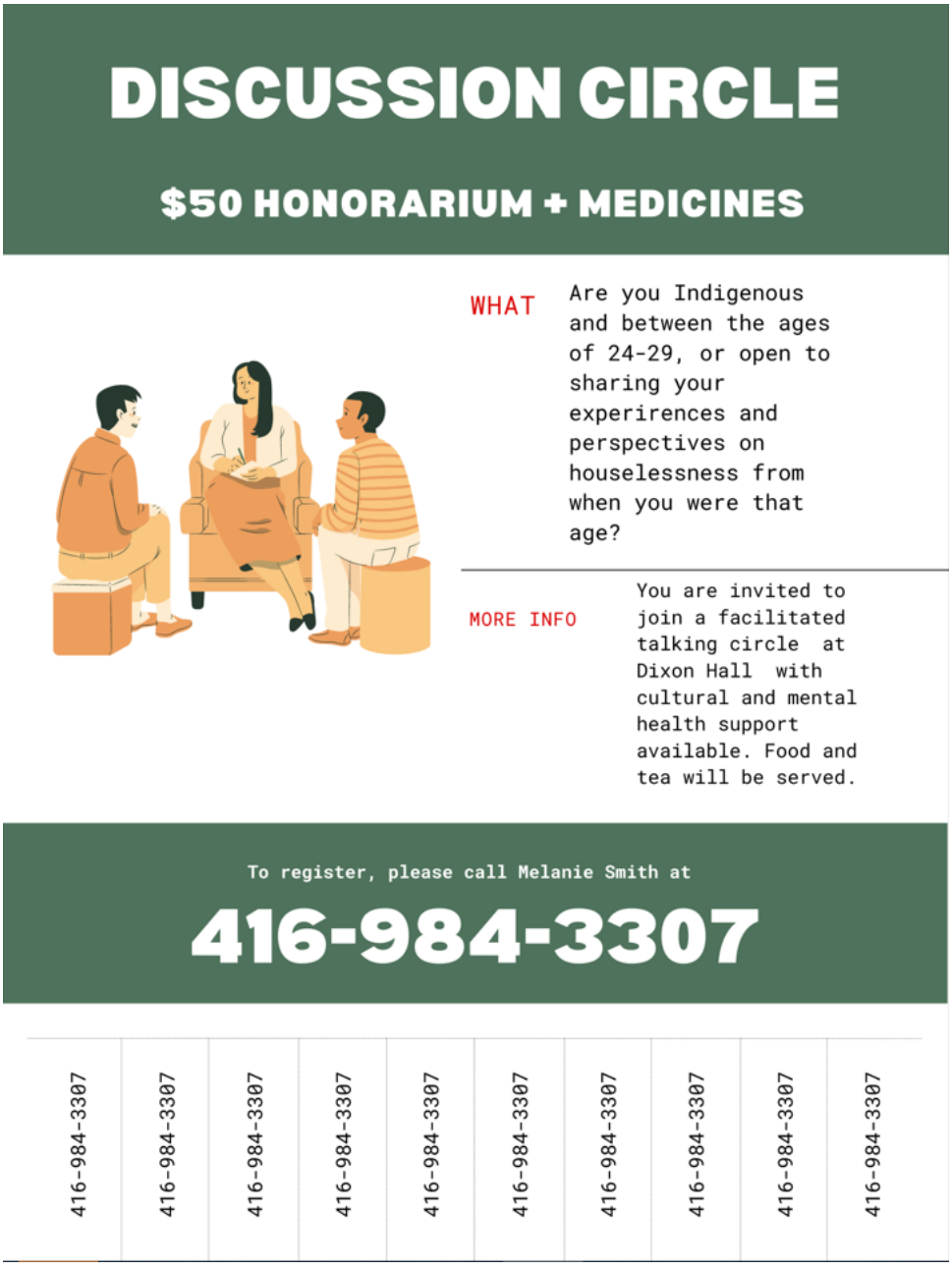

FIGURE 10 THIS FLYER WAS USED AT DIXON HALL

FIGURE 11 THIS FLYER WAS USED AT NCFST SITES

Appendix C: Informed Consent Form

Consent Form

You are being invited to participate in a research study about cultural responsiveness in shelter and transitional housing services as a partnership between Dixon Hall and Native Child and Family Services of Toronto. We want to hear about your experiences of receiving services, what you would hope for in future services, and your ideas about how to improve.

Interviews and Talking Circles:

This consent form is intended to give you the basic idea of what the interviews and talking circles are about and what your participation will look like. If you would like more detail about anything mentioned in this document, or information not included here, please feel free to ask. Please take time to read this carefully.

Title of project:
A Culturally Responsive Study to Address Aboriginal Homelessness in Toronto

What is the purpose of this research?

This study will support Native Child and Family Service of Toronto's (NCFST) proposal to develop culturally responsive housing services to support culturally safe housing and shelter support services for Indigenous communities in the City of Toronto.

While NCFST housing services are designed to serve Indigenous youth in transition up to age 29 and Dixon Hall serves adults above aged 24, we recognize the gap in addressing the cultural safety of Indigenous young adults.

The questions will explore your perspectives on culture and home, cultural support in housing supports and shelter services, understanding of traditional medicines, community safety, and inclusion. We will also ask questions about what you think about the idea of "quality housing".

As a voluntary participant, you will help NCFST and Dixon Hall to design housing services to support cultural safety and self-determination, and to support the mental health of the urban Indigenous community members experiencing homelessness. We hope that this research will develop cultural safety in housing services.

The detailed goals of this project are to:

1. Determine how Indigenous people experiencing homelessness in Toronto understand home through a cultural lens.
2. Clarify systemic barriers and obstacles facing Indigenous people aged 24-29 using housing services in Toronto,
3. Discover how service providers can improve existing supports in a culturally safe manner.

Research Team:

Judith Mintz, PhD (Principal Investigator, Native Child and Family Services of Toronto) jmintz@nativechild.org

Madeleine Alderson (Cultural Support Worker, Native Child and Family Services of Toronto) MAlderson@nativechild.org

Natalia Romero (Mental Health Worker, Native Child and Family Services of Toronto) nromero@nativechild.org

Anthony McMinniman (Manager, Transitional Housing, Native Child and Family Services of Toronto) amcminniman@nativechild.org

Haydar Shouly (Senior Manager, Shelters & Shelter Programs-Housing Services) haydar.shouly@dixonhall.org

Melanie Smith (Supervisor, Community Engagement) Melanie.Smith@dixonhall.org

How can you participate in the research?

You can take part in this research by attending a Talking Circle at either Dixon Hall Bond Street Hotel, NYRC, or NCFST Youth Transition House with up to ten other participants. You will be offered the choice of attending a Talking Circle that is co-ed, or specific for women, trans, non-binary, and two spirit people. If you are more comfortable doing a one-on-one interview rather than speaking in a group, this option is also available. We will also have a Cultural Support Worker and Mental Health Worker from NCFST present and available to offer after care or other support during the meeting if you need it.

During these Talking Circles, we will ask questions that will give you a chance to share your stories and experiences about accessing housing services and culture. The Talking Circles will take an average of 90 minutes but may vary. We will respect your desire to be brief or to elaborate on certain points. You can refuse to talk about one or more of these subjects

without giving a reason. You can also leave the Talking Circle at any time. If you wish, you can withdraw from the study without explanation.

With the consent of everyone in the Talking Circle or interview, an audio recording of the discussion will be made. Recording will help us to capture the discussions and be fully present during our talk without constantly taking notes more accurately.

What are the benefits of participating in the study?
Your sharing will contribute to the design of housing solutions that will appropriately and safely address the needs of Indigenous peoples who are at risk of experiencing homelessness. The benefits to you will be indirect. Your ideas will help build our capacity as an urban Indigenous-serving agency.

What are the risks and disadvantages of participating in the study?
Talking Circles may bring up difficult or uncomfortable feelings. We will have a cultural worker and mental health worker to support you. The NCFST After Hours Help Line is available Monday-Friday 5 PM – 12 AM and Weekends and Holidays 9 AM to 12 AM at 416-945-0194.

How are we going to protect your identity and guarantee confidentiality?
Everything you share in this study is private. Your name and personal information will be kept private from your interview answers. Each participant will be assigned a false name or alias. No personal information will be published or shared publicly. The list linking participants' names to participants' aliases will be kept in a coded file in a secure external hard drive. Paper copies of consent forms will be kept in a locked filing cabinet in the research team's office. These will only be accessed by the principal investigators and research assistants. Data from the Talking Circles (notes, audio recording files) will be transcribed and saved in an electronic format that will be securely stored as electronic files in the Principal Investigator's locked office at NCFST.

Audio recordings will only be kept until they have been transcribed (written out). These transcriptions will be kept for seven (7) years after the end of the study. After seven (7) years, paper files will be shredded, and electronic files will be erased. Information that you provide as part of this study will not be shared with any third parties. Any data from this study which is published will not include identifying information.

If you choose to leave the study at any time: your personal information and data collected will be destroyed.

Results from this study might be shared in research reports or presentations.

If you decide not to be recorded in circle, we turn off the recording device when you are speaking.

Please note that Ontario's *Child, Youth and Family Services Act, 2017* (CYFSA) requires us to report suspected child abuse where there are reasonable grounds with respect to children who are under 16 years old. We are also required by law to breach confidentiality if we have reason to assume that a participant poses imminent harm to themselves or others.

Will you receive an honorarium?
Yes. You will receive medicines and a $50 cash. If you choose to withdraw from the study during the Circle, you will still receive your honorarium.

How will the results of the research be circulated?
The results could be used in publications or other media. In all cases, your identity will be protected, and no personal information will be released. At the end of the research, we will invite you to a presentation of the results should you wish to attend. You can withdraw from this study up until the results are published without providing a reason.

Will the results of the research be marketed? NO.

How to give your consent and what does it mean?
Your consent is voluntary and must be free and informed. By giving your consent, you agree to share your experience and knowledge in an in-person Talking Circle with up to 10 people, including Melanie Smith, Supervisor, Community Engagement (Dixon Hall), Madeleine Alderson, Cultural Support Worker (NCFST), and Natalia Romero, Mental Health Worker (NCFST). Remember that at any time during the session, you may decide to end it and/or refuse to answer certain questions. Until the results are published, you can withdraw your participation without having to provide a reason.

The choice of whether to participate will not impact your relationship with Dixon Hall or NCFST.

Do you have any questions?
If you have any questions about the study at any time, please contact Judith Mintz, the Primary Investigator at jmintz@nativechild.org.

This study has been reviewed and authorized by Anne Riley, Manager, Quality Assurance and Decolonization, NCFST. If you have any questions about your rights as a research participant, please contact Anne at ariley@nativechild.org.

CONSENT

Your consent indicates that you have read the information in this agreement, that the content has been discussed with you by the researcher or the research assistants, and you have had a chance to ask any questions you have about the study. Your consent also indicates that you agree to participate in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You will receive a copy of this agreement with your honorarium which will be available to pick up at the NCFST location indicated on page 3 of this form. You have been told that by giving your consent you are not giving up any of your legal rights.

- I, the undersigned, voluntarily agree to participate in the study, "Culturally Responsive Study to Address Aboriginal Homelessness in Toronto".

_____ _____
Participant name Date

- I agree to be **orally recorded** for the purposes of this study. I understand how these recordings will be stored and destroyed.

_____ _____
Participant Name Date

- This consent was obtained by:

_____
Name of researcher Date

Appendix D: Housing Workers Survey Matrix

Survey Design Matrix for Dixon Hall and NCFST Housing Workers

Concepts related to Cultural Safety

Concept	Question	Definition
burnout	2. I look forward to going to work each week. 3. I feel like I am making a positive impact on the lives of the community members and clients I serve. 4. I notice myself taking more sick days than usual. 5. Since taking on this job, I feel like I have become desensitized emotionally. 6. I am worried this job is taking a toll on my mental health. 7. I often blame myself when I cannot fix my clients' problems. I can identify the signs that indicate I am feeling burnt out	**Burnout** is generally defined as the emotional and physical drain on an individual's resources because of prolonged work-related stressors, which can hinder performance and impact their personal life. Some notable symptoms of burnout include feelings of emotional exhaustion, negative feelings toward one's profession, and a decreased sense of personal accomplishment. (Maslach 2001; Waegemakers Schiff and Lane 2019).
Wellness and self-care (for self and clients)	8. How often do you take time for yourself to practice self-care? 9. I am easily annoyed by clients at work. 10. I make it a priority to use my vacation hours each year. 11. I enjoy participating in professional development & trainings that centre around improving mental health.	**wellness** is seen as a holistic concept of health, where the physical, mental, emotional, and spiritual aspects of one's life are in balance (Indigenous Services Canada and the Assembly of First Nations, 2015, p. 33). **Self-care** involves the actions which individuals take to manage stress and increase one's overall sense of wellness. How one practices self-care can vary from person to person (Thunderbird Partnership Foundation, *Worker Wellness Guidebook*).
Good relationships	22. I believe that the clients/community members I serve can teach me things I didn't know 13. I feel connected to the community I serve 14. I notice differences between my culture and the community I serve	**Cultural safety** prioritizes the equalization of power imbalances between the service provider and service recipient and asks the person in a position of power to reflect on, recognize, and transfer the power back to the colonized person. Cultural safety is the outcome of a learning process that starts with cultural awareness and moves toward cultural competence (Brascoupe and Waters 2009; Ball 2022).
Cultural safety in **Attitudes toward Indigenous people**	17. I collaborate with community members/clients to help them achieve their goals.	

including cultural paternalism	18. I have access to the resources required to support and contribute to the needs and well-being of the community I serve 21I believe that THE CLIENT decides whether a service or program is culturally safe.	
Awareness of colonial legacy and dislocation – **trauma-informed**	15. I am aware of the impact of intergenerational trauma on the community I serve 16. I am empathetic and sensitive to the unique cultural needs of the community and community members I serve, and am aware of how lived experience plays a role in providing service 19. I feel confident in my ability to provide culturally safe care that is trauma-informed and person-centred 20. I do my best to address the physical, emotional, spiritual, and mental aspects of the healing journey of the community member/client 25. I feel a connection between the history of the community I serve and my own story	**Cultural safety**
Indigenous knowledge/culture	23. I feel strongly situated in my understanding of indigenous knowledge and healing practices 24. I enjoy participating in programs and trainings that centre around cultural knowledge and healing practices of Indigenous communities 26. I have sought the guidance of Elders and/or Knowledge keepers to help me understand how to better support the community I serve. 27. Before today, I was familiar with the Seven Grandfather Teachings 28. Engaging in Indigenous cultural activities helps me feel more emotionally connected to the community I serve 29. I apply the Indigenous cultural knowledge I have learned in various trainings within my personal life 30. I consume media such as books, periodicals, videos, blogs, music so that I can learn as much as I can about Indigenous cultures and issues.	"**Indigenous knowledge** is grounded in the original languages of Indigenous people, informed by spirit, and translated through cultural practices that transcend generations and time. Acting from Indigenous centeredness means that one affirms, asserts, and advances Indigenous seeing, relating, thinking, and doing as being inherent and central to the Indigenous ways of knowing" (Thunderbird Partnership Foundation, 2018).
Harm reduction	35. I am confident about how to draw on Indigenous cultural knowledge to prevent overdose. 38. I believe that Indigenous culture can be used to help Indigenous people who are experiencing drug and alcohol misuse issues. 40. I believe that complete sobriety is NOT necessary for a person to have a right to housing.	
Homelessness prevention for youth	31. I know how to offer clients/community members culturally supportive services to get housing. 32. I am eager to learn about new tools and skills to support the clients and community members I serve	

	33. I feel like there is a lot for me to learn to help me understand better how to work with Indigenous communities to prevent homelessness and keep the housing they obtain. 34. Housing services and solutions need to be designed for the individual rather than one size fits all.	
2S/LGBTQ+ awareness and allyship	36. I am confident in serving 2S/LGBTQ+ and NB community and clients 37. I am familiar with the concept of Two-Spirit 39. Are you aware of any visible positive space signage at your site, in addition to Two Spirit and/or Progressive Pride Flags, such as gender inclusive washroom signs?	