



# All Our Voices

## Summary Report



TORONTO ABORIGINAL  
SUPPORT SERVICES  
COUNCIL



WELL LIVING HOUSE

**St. Michael's**

Inspired Care.  
Inspiring Science.



# All Our Voices

## Summary Report



Prepared in Partnership Between  
**Toronto Aboriginal Support Services Council**  
&  
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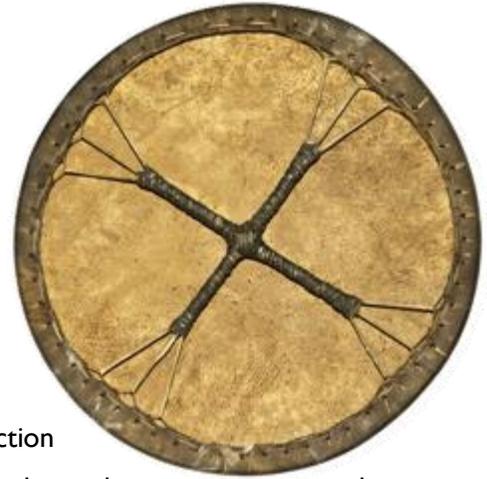
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## EXECUTIVE SUMMARY

All Our Voices is a community-driven project with the aim of understanding how to increase access to social services, with a focus on inclusion for all Indigenous peoples in Toronto. The All Our Voices research was done in partnership with the Toronto Aboriginal Support Services Council (TASSC) and the Well Living House. TASSC is a leading not-for-profit research, policy, and advocacy organization with the mission to address the social determinants of Indigenous health and wellbeing in the City of Toronto. The Well Living House is an action research centre for Indigenous infants, children, and their families located at the Centre for Urban Health Solutions of St. Michael's Hospital and co-governed by St. Michael's Hospital and an Indigenous Counsel of Grandparents.



Through a community-partnered approach, a combination of key informant interviews and focus groups were conducted. The intention of this research was to identify practical opportunities for change to increase access to social services and making services as comfortable as possible for the Indigenous community. The emergent Indigenous community themes in order of most to least discussed were centered on:

- |  |   |
|--|---|
| 1. Feeling safe, welcomed and respected              | 11. Harm Reduction                                      |
| 2. Paperwork, forms and limited transparency         | 12. Elder Services                                      |
| 3. Social Media/E-Space                              | 13. Care Rooted in Tradition                            |
| 4. Poverty   | 14. Education   |
| 5. Transport   | 15. Healthy Food Access                                 |
| 6. Social Service Navigators and Coordinators        | 16. Financial Wellness Classes                          |
| 7. Strengthening Families                            | 17. Aspire – Mentoring Program/Highlighting Role Models |
| 8. Enhance Diverse Strengths                         | 18. Socializing   |
| 9. Arts  | 19. Hospitals   |
| 10. Mental Health, Drug and Alcohol Support Services | 20. Trauma Informed Providers                           |
|  | 21. Housing Support                                     |
|  | 22. Changes in Policy (Broken Promises and Mistrust)    |



## ACRONYMS

C-UHS	Centre for Urban Health Solutions
GTA	Greater Toronto Area
ICES	Institute for Clinical Evaluative Sciences
LHIN	Local Health Integrated Network
MoU	Memorandums of Understanding
RDS	respondent-driven sampling
SMH	St. Michael's Hospital
TARP	Toronto Aboriginal Research Project
TASSC	Toronto Aboriginal Support Services Council
WLH	Well Living House



## ACKNOWLEDGEMENTS



### THANK YOU!

We would like to thank the Indigenous community in Toronto for their support, and a big THANKS for participating in the All Our Voices research.

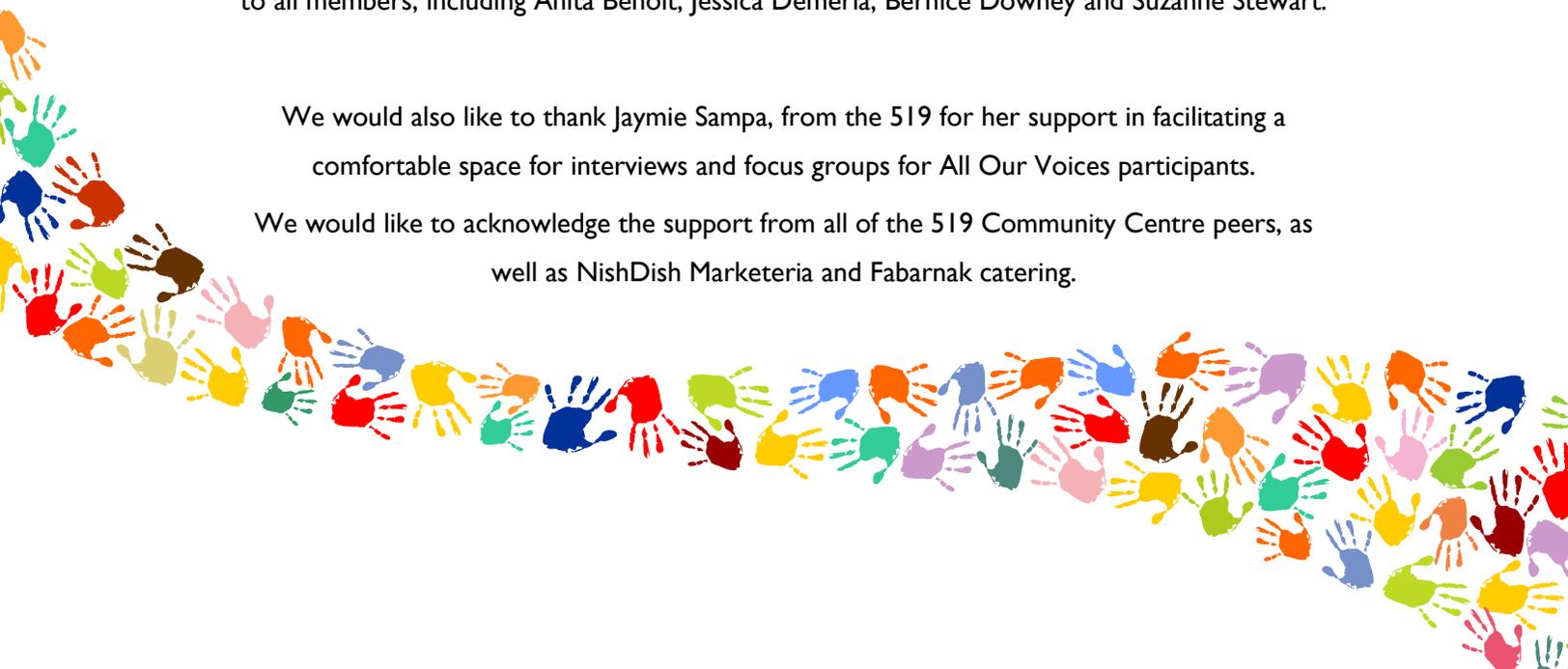
Without the participants, the study would not have been possible. We are extremely grateful for their time and effort in participating in interviews and focus groups that were fairly personal in nature. It was an absolute pleasure to have every one of you take part in this research and hear your voice, experiences, and the truths that you shared.

We would like to thank those who provided feedback on the findings and recommendations, assisting to ensure they accurately captured the community voices.

We would also like to thank the Toronto Aboriginal Support Services Council (TASSC) Executive, TASSC and the TASSC Research Circle who were integral to this research, providing knowledge, insight and support from development to dissemination of the research. Thank you to all members, including Anita Benoit, Jessica Demeria, Bernice Downey and Suzanne Stewart.

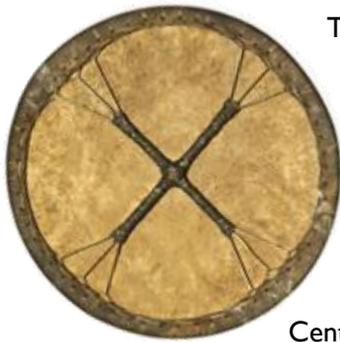
We would also like to thank Jaymie Sampa, from the 519 for her support in facilitating a comfortable space for interviews and focus groups for All Our Voices participants.

We would like to acknowledge the support from all of the 519 Community Centre peers, as well as NishDish Marketeria and Fabarnak catering.



## INTRODUCTION

Toronto Aboriginal Support Services Council (TASSC) is a leading not-for-profit research, policy, and advocacy organization. TASSC's mission is to address the social determinants of Indigenous health and wellbeing to improve and enhance the socio-economic prospects and cultural wellbeing of Indigenous peoples living in the City of Toronto. Further, TASSC's vision is to build a healthy and vibrant environment while increasing the capacity of Indigenous peoples to create a self-sufficient community, guiding future generations as strong carriers of culture while achieving socio-economic success. As a community-based organization that aims to address the social determinants of Indigenous health and wellbeing, TASSC is working to improve access to social services for Indigenous peoples to Turtle Island, increase meaningful engagement and reduce social isolation among the Indigenous community in Toronto.



TASSC is led by the Executive Director and the TASSC Board which is comprised of Executive Directors of TASSC Member agencies.

TASSC Member agencies include 2 Spirited People of the 1<sup>st</sup> Nations, Aboriginal Legal Services of Toronto, Association for Native Development in the Performing & Visual Arts/Arts Indigena, Miziwe Biik Employment and Training, Native Women's Resource

Centre of Toronto, Na Me Res (Native Men's Residence), Native Child and Family Services of Toronto, Native Canadian Centre of Toronto, Nishnawbe Homes, Toronto Council Fire Native Cultural Centre, Thunder Women's Healing Lodge Society, Wigwamen Inc., Aboriginal Labour Force Development Circle, Toronto & York Region Metis Council, Urban Indigenous Education Centre, and Ontario Aboriginal HIV/AIDS Strategy. These services are concerned with enhancing social service provision in Toronto, addressing the social determinants of Indigenous health and wellbeing to improve and enhance the socio-economic prospects and cultural wellbeing of Indigenous peoples living in the Toronto.

\*As of July 2019, TASSC includes 18 agencies across the GTA.

In March 2017, TASSC and the Well Living House established a new research partnership named All Our Voices. All Our Voices aims to understand how we can increase access to social services, with a focus on inclusion for all Indigenous peoples in Toronto. The [Well Living House](#) is an action research centre for Indigenous infants, children, and their families located at the Centre for Urban Health Solutions of St. Michael's Hospital. The Well Living House is co-



governed by St. Michael's Hospital and an Indigenous Counsel of Grandparents, building on a foundation of over two decades of collaborative work between Indigenous health researchers, frontline practitioners, the Counsel of Grandparents and Indigenous communities. In alignment with the TASSC vision, the Well Living House vision is that every Indigenous infant will be born into a context that promotes health and wellbeing. At the core of the Well Living House is a commitment to respect and apply both Indigenous community-based and mainstream academic knowledge and expertise to advance the health of Indigenous infants, families and communities.

All Our Voices is a community-driven research project that is supported by the Ontario Trillium Foundation. As the name reflects, All Our Voices research highlights inclusivity, building the voices of Indigenous community members, and expanding the capacity of Indigenous support service agencies to address community needs. The **overarching goal** of this project is to build research relationships with Indigenous groups within the Greater Toronto Area (GTA) to increase meaningful engagement, reduce social isolation, and inform and improve the work of support service agencies. Specifically, All Our Voices aims to use community-driven processes to identify tangible mechanisms to increase access to TASSC Member services for the all of the Indigenous community in the Toronto.





## METHODS

Using a community-partnered approach that aligns with wise practices<sup>1</sup> for conducting Indigenous health research(1-4), a process involving a combination of key informant interviews and focus groups were undertaken. Initially, TASSC and the Well Living House developed a Research Agreement, with support and advice from the TASSC Research Circle. The development of the research agreement was to guide and inform the research process and clearly articulate roles and responsibilities.

The Well Living House upholds ethical standards that ensure balanced relationships between Indigenous community research partners, academics and other stakeholders throughout the research process, while maintaining rigor and community relevance. This aligns and builds on the OCAP® principles (5). Ethics approval was obtained from the Research Ethics Board at St. Michael's Hospital (REB#17-229).



This project undertook key informant interviews and focus groups (*Figure 1*) with the intention of identifying practical opportunities for change to increase access to social services, making services as comfortable as possible for the Indigenous community. The TASSC Executive and the Well Living House then met to discuss the research approach, including preliminary findings and recommendations. These meetings were used to inform the development process of the All Our Voices recommendation implementation plan. In developing the All Our Voices implementation plan, the Well Living House met and discussed the recommendations with TASSC Operations and Executive Directors from TASSC Member agencies, including Aboriginal Legal Services, Native Canadian Centre of Toronto, Native Child and Family Services of Toronto, Na-Me-Res (Native Men's

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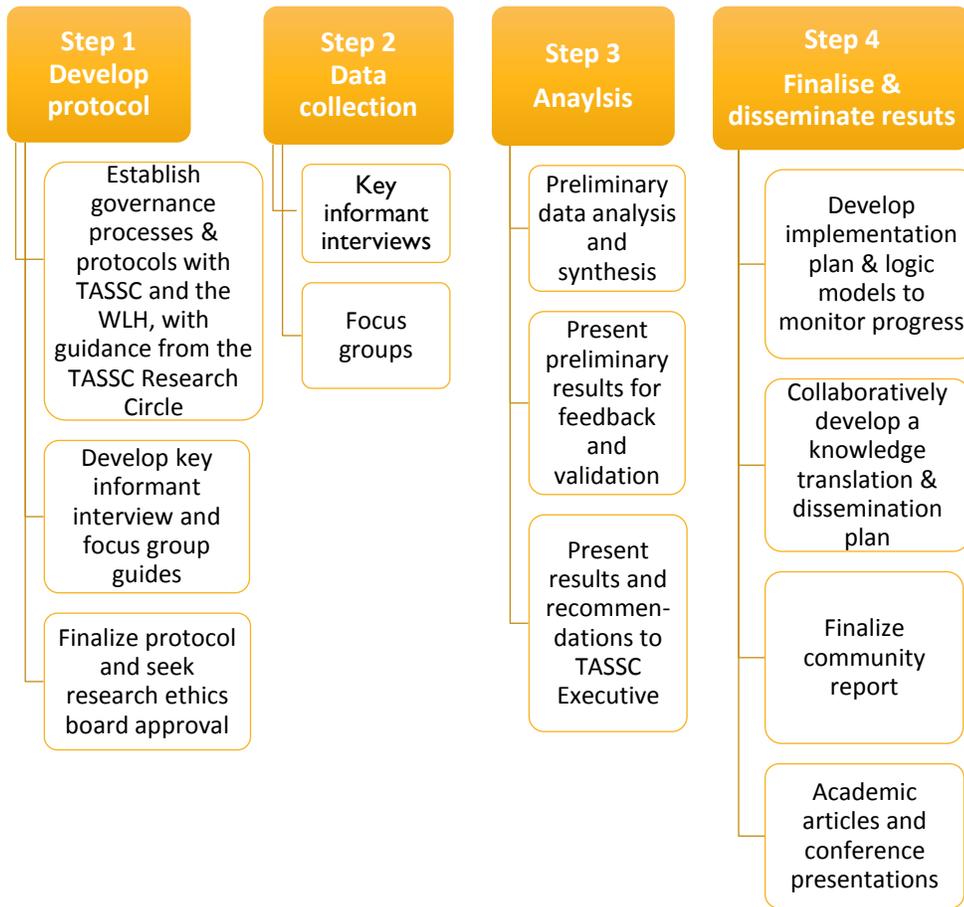
<sup>1</sup> The term “wise practices” is used to extend on the terms best practice and evidence-based practice, reflecting the inclusive nature of Indigenous knowledge and practices as core and robust sources of information.



Residence), Native Women's Resource Centre of Toronto, Nishnawbe Homes, and Toronto Council Fire Native Cultural Centre.



FIGURE 1: OVERVIEW OF RESEARCH PROJECT PROCESS



## PARTICIPANT RECRUITMENT AND DATA COLLECTION

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### THE SAMPLING FRAME

Our primary points of recruitment were through word of mouth and people exposed to the project information at community events. We explicitly recruited for participants that were not using social services. However, we did not define “social services” and allowed potential participants to self-identify if they were using social services in Toronto. Noting a number of participants recognized during the data collection process that they had recently used hospital or medical services. We specifically targeted Indigenous youth and young people (aged 18-24 years), students, seniors, Métis, Inuit, and Indigenous artists as we were particularly interested in how we could increase access to services within these population groups, based on the Toronto Aboriginal Research Project (TARP) Report (6) and discussions with TASSC.

Multiple days, times and locations to participate in the interviews and focus groups were provided, working with potential participants to ensure participation was as convenient as possible. After participants received the study information sheet and voluntarily contacted a researcher to participate, the participants were asked to provide informed consent prior to participating in the study.

### THE SAMPLE

Participants self-identified as Indigenous people (First Nations, Inuit and Métis peoples) residing in the GTA, but not using social services. However, several key informant interviews were undertaken with participants who had experience working with social services. This assisted to explore some of the barriers and facilitators to accessing social services that were identified in the focus groups and key informant interviews.

### DATA COLLECTION INSTRUMENTS:

#### INTERVIEW GUIDES AND FOCUS GROUP GUIDES

The open-ended data collection guide was developed and piloted. The guide specifically asked participants when thinking about health, wellbeing and social services in Toronto, how can services be more inclusive so that the [*Indigenous community, specifically reflecting the respective participant(s), such as youth and young people (aged 18-24 years), students, seniors, Métis, Inuit, and artists*] can access these services?

These questions were then probed to elicit information about what the participant and/or the community preferred or avoided in relation to services, how they would feel most comfortable and indicated if, and how the participant identified area influenced their access to the service.

A factsheet on services that the Indigenous community in Toronto had accessed was provided (*Appendix A*). This assisted to prompt discussion about what services were available in Toronto and provided a talking point for participants to indicate if they were aware of such services.

Participants were also prompted to discuss what they, and/or the community, liked or disliked about different social services and how it impacted on service accessibility and inclusiveness.

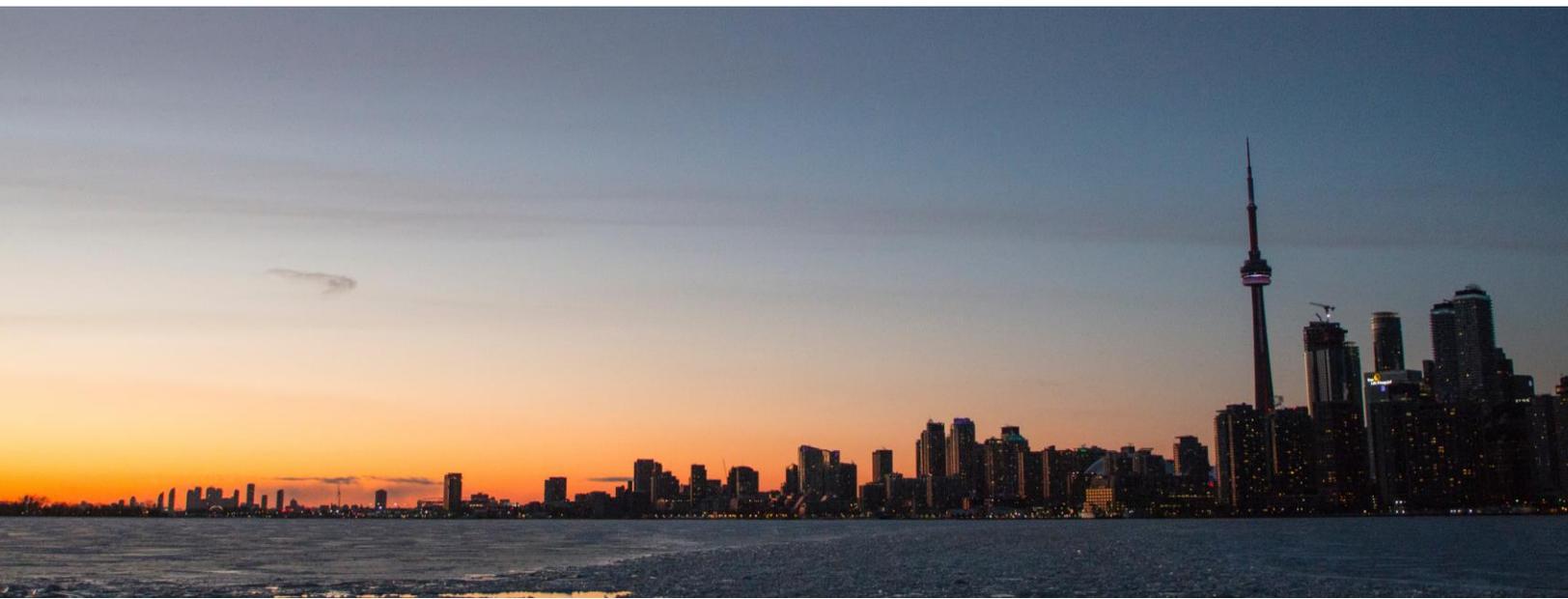


## DATA ANALYSIS

The interviews and focus groups were transcribed from electronic recordings and coded in Microsoft Word and crosschecked with field notes in two separate thematic analysis processes. Firstly, the transcripts were initially independently coded using thematic analysis by two researchers (RM and GB). Each sentence was coded according to meaning and content. This allowed us to independently identify similarities and differences as priority themes emerged, grouping the codes and including community recommendations into a logical structure. This cyclical process was repeated until no new themes emerged.

The researchers then came together to compare and contrast themes and community recommendations. Once consensus was reached, further recommendations were generated and/or refined from the identified themes. Emphasis was placed on keeping the original language of the community participants intact to assist in keeping the original context, meaning and integrity of the community generated data. Three Indigenous researchers (RJMM, TB and MG) independently cross checked these findings and recommendations. The themes and community recommendations were also discussed with another Indigenous researcher (JS) to help ensure validity.

Secondly, the transcripts were grouped by sub-population group where possible, noting some key informant interview and focus group participants self-identified across multiple sub-population groups. The transcripts were grouped by sub-population group and independently coded using thematic analysis by two researchers (RM and TB). This allowed us to group and examine themes and recommendations explicitly by sub-population group, with no new themes emerging. There was extensive duplication and overlap with the initial themes and community recommendations. The consistent duplication and overlap across and within sub-population group themes and recommendations made it challenging to disentangle recommendation by sub-population group, indicating that theoretical saturation was reached.



## RESULTS

### SAMPLE SIZE

In building research relationships with Indigenous groups within the GTA, the sample was diverse and included a range of genders across the lifespan 18 years and older. There were 50 participants in the sample across interviews and focus groups. The sample was comprised of seven focus groups of between 4-10 people, and six key informant interviews. Due to logistical reasons, focus groups were centered as follows:

1. Youth and Young people– aged 18-24 years of age,
2. Artists,
3. Students, and
4. Seniors, Métis and Inuit.

The sample is not generalizable to the Indigenous population in Toronto, with overrepresentation by age groups and within various contexts. For example, the recruitment process emphasized that participants were not using social services. As a result, findings should be considered with these limitations in mind.

Focus groups and interviews were held with 50 participants who: (1) self-identified as Indigenous within a “marginalized” Indigenous groups or priority population groups in Toronto, and (2) self-identified as not engaging with social services. Many of the All Our Voices participants identified with various aspects of the identified priority sub-population groups. As a result, the number of participants in each group exceeds the total number of participants for the sample size ( $n=50$ ).

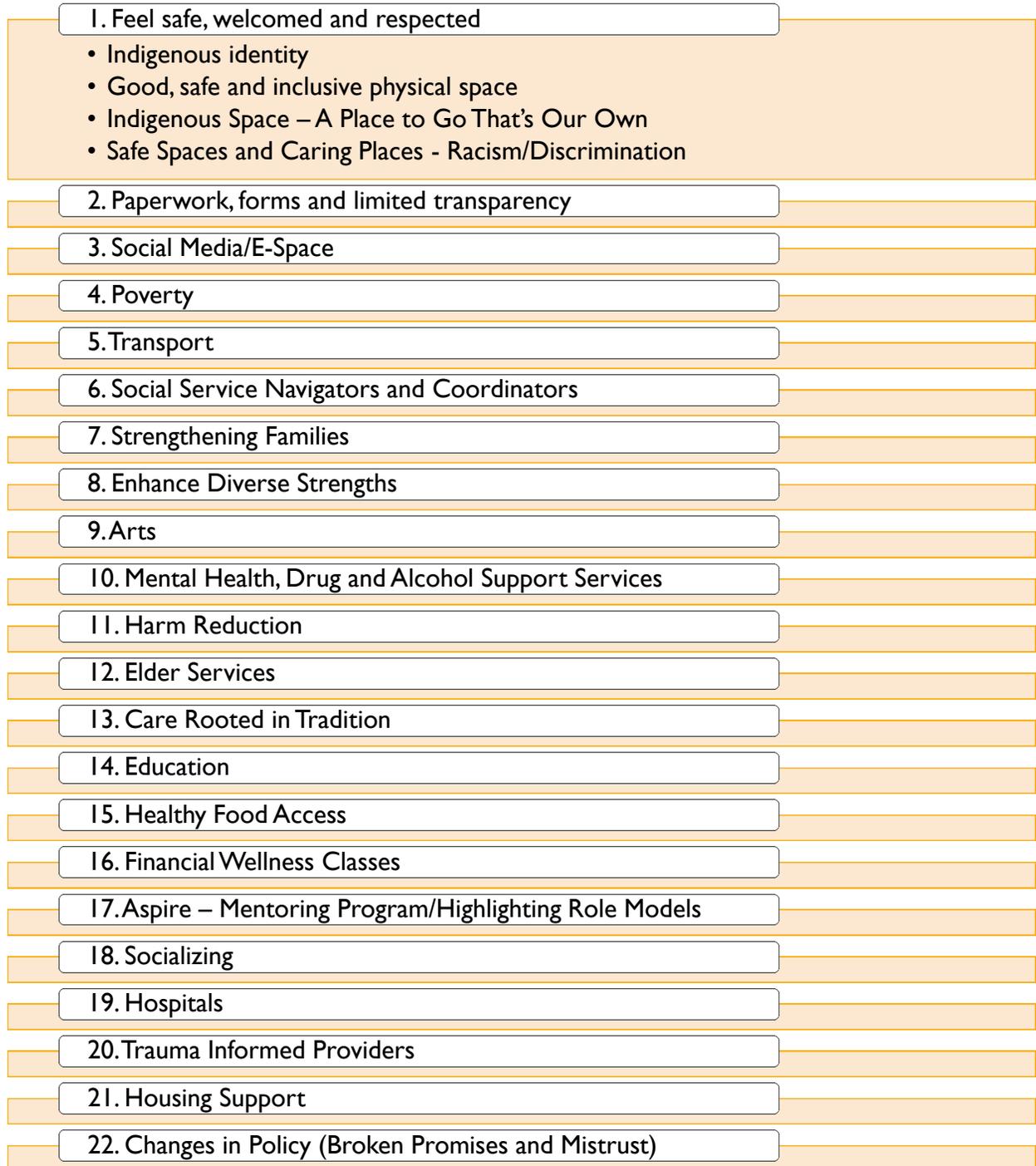
**TABLE 1: SAMPLE BY POPULATION GROUP**

<b>Population group</b>	<b>Number of participants</b>
Students	20
Youth and young people	35
Métis	6
Seniors	9
2-Spirit	21
Inuit	2
Artists	25
Transgendered	5

## THEMES

From the emergent 22 themes (Figure 2), 59 community recommendations were identified.

FIGURE 2: KEY THEMES AND SUBTHEMES



## RECOMMENDATIONS

From the 22 identified themes, 60 Indigenous community recommendations were generated with emphasis placed on keeping the original language of participants to ensure original context, meaning and integrity were retained (*Figure 2*).

### THEME ONE

#### FEEL SAFE, WELCOMED AND RESPECTED

1. Staff to undertake anti-racism training.
2. Regular and ongoing Indigenous cultural safety training for all staff, including new staff, to capture the unique needs of the Indigenous community in Toronto. This should include relevant training options for employees with lived indigenous experience.
3. Standardize job requirements so that all employees of organizations that work with Indigenous peoples are required to undertake relevant Indigenous cultural safety training as a minimum requirement. This should include relevant training options for employees with lived indigenous experience.

*“So there should be more education for people to realize, you know, certain illnesses similar but it’s not quite. Not to throw everybody in...like into the basket and a whole bunch of crap and it’s not true.”*

- Focus Group participant

#### INDIGENOUS IDENTITY

4. Partner with Métis community-based organizations, networks, and representative bodies to have specific times for Métis people to access services. For example, regularly invite Métis peoples to attend services and to become more familiar with the space.
5. Partner with Métis community-based organizations, networks, and representative bodies to provide program and service “open houses” for the community to familiarize themselves with the space.

6. Partner with Inuit community-based organizations, networks and representative bodies, such as Tungasuvvingat Inuit, to invite community members into service spaces, during specific times and familiarize community members with programs and services. For example, regularly invite Inuit people to attend a specific service and become familiar with the associate space.
7. Partner with Inuit community-based organizations, networks and representative bodies to provide program and service “open houses” for the community to familiarize themselves with the space.
8. Include diverse Indigenous staff at all levels of programs and services, including Métis, Inuit, 2-Spirit, “young folk, old folk and parents” to reflect community diversity in Toronto, including on the boards of organizations.
9. Increase awareness of Indigenous staff diversity, including Métis, Inuit, 2-Spirit, “young folk, old folk and parents” to ensure the community is aware of, and see themselves represented in social services within Toronto.

*“And possibly engage with different parts of the population I guess. Like we’re talking about Métis, Inuit, etc.”*

- Focus Group participant



## GOOD, SAFE, AND INCLUSIVE SPACES

---

- I0.** Include Indigenous artwork of turtles and Turtle Island, as well as the natural environment and surroundings, such as earth, fire, water and wind.
- I1.** Include Indigenous artwork of the Pride or Rainbow Flag, or the Pride or Rainbow Flag at the shop front and in public spaces to indicate that everyone is welcome at the organization. This should follow and complement *Recommendations 1, 2 and 3* regarding cultural safety training and upskilling staff to facilitate a safe space for Indigenous 2SLGBTQ+ communities.
- I2.** Post clear signage for mobility access.
- I3.** Implement screening where practical to identify clients, or potential clients, who require accessibility supports to attend services, including implementing appropriate protocols to allow to utilize appropriate accessibility supports. For example, when booking appointments, clients could be asked if they have any accessibility supports.
- I4.** Improve access for Indigenous people with sensory loss and/ or communication challenges, including engaging with people with hearing impairments to engage:
  - a. Appropriate Intervenor services and supports.
  - b. Appropriate transport services.
  - c. Align with *Standards of Excellence for People Who Are Deafblind*

## INDIGENOUS SPACE – “A PLACE TO GO THAT’S OUR OWN”

- 15. To have Indigenous space - “a place to go that’s our own”, inclusive of different parts of the Indigenous population in Toronto. “[social space for Indigenous people...to socialize] It’s a big help, yeah”
- 16. Display rotating electronic pictures of “real” community members and role models, highlighting and reflecting the diversity of the Indigenous community in waiting rooms, social services, common areas and public spaces.

## SAFE SPACES AND CARING PLACES - RACISM/DISCRIMINATION

- 17. As per *Recommendation 1*, regular and ongoing cultural safety training for all staff.
- 18. Upskilling all staff to provide a culturally safe environment for Indigenous youth.
- 19. Partner with 2SLGBTQ+ community-based organizations, networks and representative bodies to invite community members into service spaces to familiarize community members with programs and services, assisting to breakdown some of the barriers to accessing such services. This could include specific times for community members to attend programs and services. For example, the first Tuesday of the month, Tuesday afternoons, or other regular periods for 2SLGBTQ+ people to attend a specific service. This could also include tailoring the respective services for the 2SLGBTQ+ community needs, such as organizations could do a series of panel sessions on 2SLGBTQ+ community identified areas of interest.
- 20. Upskill staff to provide a safe space for the 2SLGBTQ+ community.
- 21. Upskill staff to provide a safe space for 2SLGBTQ+ youth and young people.

## THEME TWO

### PAPERWORK, FORMS AND LIMITED TRANSPARENCY

- 22. Undertake an audit of client forms to ensure they use inclusive language (particularly in relation to gender and Indigenous identity), symbols and artwork, as well as sensitivities around potentially accessible or eligible programs and services, such as Non-Insured Health Benefits (NIHB)
- 23. Opportunities for participants to complete forms and other paperwork directly over the internet or on an iPad or a similar device in the waiting room. This could

electronically tailor forms to how clients populate the form, including identifying programs and services that the client is eligible to attend, as well as increasing transparency to track, monitor and share with the respective client, their position in the wait lists. For example, housing waitlists, health professional waitlists or other social services.

- 24.** Improved client/community-provider communications, such as providing regular updates on processes and waiting times to attend or receive a service, etc. This could increase potential client, and actual client trust in programs and services.

## THEME THREE

### SOCIAL MEDIA/E-SPACE

- 25.** Promote and enhance the presence of social services on social media platforms, such as Facebook and Twitter. This could increase potential client and actual client awareness in programs and services, as well as trust and understanding of available services.
- 26.** Promote and better coordinate social services through e-presence and social media platforms, such as Facebook and Twitter. For example, outlining when and where people can access services in real time, such as Elders and ceremonies.
- 27.** E-program and service guide or directory to increase awareness of timely and accurate social service information - “I don’t know about a lot of these places. Maybe there should be some kind of like booklet that you guys can give out”, “...or they just, yeah. They don’t really know. So maybe more community awareness might increase who’s actually accessing these services.”
- 28.** Promote community members and diverse role models through social media, such as Facebook and Twitter, so that the community better understand who can and does access social services.
- 29.** Promote diverse Indigenous community role models and increase program and service transparency, including interviewing and publishing staff and board member stories and profiles through social media and other mediums.

## THEME FOUR

### POVERTY

- 30.** The City of Toronto, provincial, and federal governments should coordinate and synergize efforts in partnership with Indigenous peoples and organizations to develop, refine and fund sustainable income support. Addressing poverty is an upstream solution for barriers to accessing Indigenous and mainstream social services, including financial, accommodation, transportation, distance, and childcare barriers, such as Basic Income pilot.
- 31.** The City of Toronto, provincial, and federal governments should coordinate and synergize efforts in partnership with Indigenous peoples and organizations to refine and fund sustainable Indigenous specific education strategies. Addressing education is an upstream solution for barriers to accessing Indigenous and mainstream social services.



**THEME FIVE****TRANSPORT**

- 32.** Clarify and increase awareness of forms and processes for Toronto Transit Commission (TTC) support available through Ontario Works, the Ontario Disability Support program and any other supports. These forms and processes should be consistent across services to make access as easy as possible.
- 33.** Ensure Indigenous service navigators, social services and their staff as well as community members are aware of transport supports.
- 34.** Increase availability of supports and services for Elders, such as house calls or mobile visits.



**THEME SIX****SOCIAL SERVICE NAVIGATORS, COORDINATORS AND CASELOAD MANAGERS FOR THE INDIGENOUS POPULATION**

- 35.** Social Service Navigators, Coordinators and Caseload Managers should be available to assist Indigenous peoples in the city to navigate and access social services "...the need for navigators to help people through all these...navigate all these services." These navigators could be similar to clinical care navigators or patient navigators within the healthcare system, providing culturally safe assistance to increase accessibility and understanding of social services in Toronto.
- 36.** Ensure the language, symbols and imagery on referral forms, such as Aboriginal navigator forms are inclusive of all Indigenous peoples. For example, the Aboriginal Navigator Referral Forms use predominantly First Nations (Status and non-Status) based language and are accessible from hospital social service websites.
- 37.** Ensure social service navigators, coordinators and caseload managers are aware of all services and programs, including Indigenous and mainstream services and programs. Such positions should be able to facilitate access and understanding to available services.
- 38.** "I don't know about a lot of these places. Maybe there should be some kind of like booklet that you guys can give out," "...or they just, yeah. They don't really know. So maybe more community awareness might increase who's actually accessing these services."
- 39.** Improve pathways and coordinated care with the justice system and health and wellbeing programs and services, including supports for Caseload Managers.

## THEME SEVEN

### STRENGTHENING FAMILIES

- 40.** Work must be undertaken to change the perceptions of child services (Indigenous and non-Indigenous) to reflect the services provided, as perceptions include that “services will just take your children”. This should include increasing awareness regarding available child protection services, increased transparency, and increased clarity around child protection board membership. Current perceptions result in people not seeking support when required.

## THEME EIGHT

### ENHANCE DIVERSE STRENGTHS

- 41.** As per *Recommendation 31*, the City of Toronto, provincial, and federal governments should coordinate and synergize efforts in partnership with Indigenous peoples and organizations to refine and fund sustainable Indigenous specific education strategies. Addressing education is an upstream solution for barriers to accessing Indigenous and mainstream social services.
- 42.** Create a diverse range of programming, including a comfortable place for artists and musicians to congregate, use and borrow equipment, such as musical equipment.





## THEME NINE

### ARTS

- 43.** As per *Recommendation 42*, create a diverse range of programming, including a comfortable place for artists and musicians to congregate, use and borrow equipment, such as musical equipment.

## THEME TEN

### MENTAL HEALTH, DRUG AND ALCOHOL SUPPORT SERVICES

- 44.** Increased availability of Elders and traditional healers/services available for Indigenous people looking for mental health support.
- 45.** Establish Indigenous specific mental health services.

## THEME ELEVEN

### HARM REDUCTION

- 46.** Ensure harm reduction initiatives are run in safe and inclusive spaces for Indigenous people, including access to cultural supports, without fear of being reported to police or child protection. This includes using harm reduction and trauma informed supports when offering traditional healing which may be perceived as controversial, partly due to cultural protocols in relation to substance use.

## THEME TWELVE

### ELDER SERVICES

- 47.** As per *Recommendation 34*, Increase availability and awareness of supports and services for Elders or people with mobility issues, such as house calls or mobile visits.

## THEME THIRTEEN

### CARE ROOTED IN TRADITION

- 48.** Continue and increase the availability and awareness of traditional healing practices alongside main-stream medicine.

## THEME FOURTEEN

### EDUCATION

- 49.** As per *Recommendation 28*, promote community members and diverse role models through social media, such as Facebook and Twitter, particularly role models who have had experiences with traditional forms of education and/or Western education, including university experience.

## THEME FIFTEEN

### HEALTHY FOOD ACCESS

- 50.** Establish an Indigenous specific food bank for families and kids, which could include access to traditional foods.
- 51.** Ensure food banks can cater to Indigenous community needs, such as specific dietary requirements and access to protein.



## THEME SIXTEEN

### FINANCIAL WELLNESS CLASSES

- 52.** Continued funding and availability, including increased awareness of programs that teach “life skills”, such as employment preparedness and how to complete your taxes. Specifically, increase awareness of the “Anishnawbe Health Finding My Way program”.

## THEME SEVENTEEN

### ASPIRE – MENTORING AND HIGHLIGHTING ROLE MODELS

- 53.** As per *Recommendation 28 & 49*, promote community members and diverse role models through social media, such as Facebook and Twitter, particularly:
- a. role models who have had good experiences with Western education.
  - b. role models who have had good experiences with traditional forms of education.
  - c. Social service board members, including Board Members from TASSC Member agencies, showcasing and directly highlighting the work being undertaken in Toronto.
  - d. role models who work in legal aid and justice services.
- 54.** As per *Recommendation 8*, include diverse Indigenous staff at all levels of programs and services, including Métis, Inuit, 2-Spirit, “young folk, old folk and parents” to reflect community diversity in Toronto, including the Indigenous community-controlled board members.

## THEME EIGHTEEN

### SOCIALIZING

- 55.** As per *Recommendation 15*, have Indigenous space - “a place to go that’s our own”, inclusive of different parts of the Indigenous population in Toronto. “[social space for Indigenous people...to socialize] It’s a big help, yeah”
- 56.** As per *Recommendation 43*, create a diverse range of programing, including a comfortable place for artists and musicians to congregate, use and borrow equipment, such as musical equipment.

## THEME NINETEEN

### HOSPITALS

**57.** As per *recommendations 1-3*:

- i.** Staff to undertake anti-racism training.
- ii.** Regular and ongoing Indigenous cultural safety training for all staff, including new staff, to capture the unique needs of the Indigenous community in Toronto.
- iii.** Standardize job requirements so that all employees of organizations that work with Indigenous peoples are required to undertake relevant Indigenous cultural safety training as a minimum requirement. This should include relevant training options for employees with lived indigenous experience.

## THEME TWENTY

### TRAUMA INFORMED PROVIDERS

**58.** In alignment with *recommendation 46*, increase access to safe and inclusive harm reduction services, that are trauma informed and can meet “people where they are at”.

## THEME TWENTY-ONE

### HOUSING SUPPORT

**59.** As per *recommendation 37*, “...the need for navigators to help people through all these...Navigate all these services.”. These navigators could be similar or parallel to clinical care navigators within the healthcare system. The scope of the navigator should be comprehensive covering all housing needs, and should include but not be limited to the following:

- a. Short term Housing for rural clients or people post-surgery.
- b. Increased availability/awareness of short-term accommodation for patients travelling from out of town to access healthcare services in Toronto.
- c. Housing for seniors.
- d. Housing for people with disabilities.

## THEME TWENTY-TWO

### CHANGES IN POLICY (BROKEN PROMISES AND MISTRUST)

**60.** As per *recommendation 24*, improve client/community-provider communications which could increase potential client, and actual client trust in programs and services.



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