
Pekiwewin (Coming Home): Clinical Guidelines for Health and Social Service Providers Working with Indigenous People Experiencing Homelessness Executive Summary

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Well Living House Action Research Centre for Indigenous Infant, Child and Family Health and Wellbeing

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Executive summary: Pekiwewin (Coming Home): Clinical Guidelines for Health and Social Service Providers Working with Indigenous People Experiencing Homelessness

Adapted from:

- 'Pekiwewin (Coming Home): Advancing good relations with Indigenous Peoples experiencing homelessness' a commentary by Jesse Thistle and Janet Smylie published in the Canadian Medical Association Journal, March 9th, 2020.
- The full report for 'Pekiwewin (Coming Home): Clinical Guidelines for Health and Social Service Providers Working with Indigenous People Experiencing Homelessness' to be released in 2020. Authors: Thistle J, Laliberte N, Weissman E, Bloch G, Firestone M, Bond A, Smylie J.

About this project:

Pekiwewin (Coming Home) is a mixed methods research project designed to inform clinical guidelines for health and social service providers who work with Indigenous people experiencing homelessness in Treaty 6 and Treaty 1 territory, in Saskatoon and Winnipeg. Research and methods specific to this project were developed over three years, between October 2017 and March 2020, and built on the foundations of the long-standing research, knowledge, experiences and relationships of everyone involved.

Research team:

Project Elder: Maria Campbell

Principle Investigators: Jesse Thistle, Janet Smylie

Co-Investigators: Nancy Laliberte, Gary Bloch, Andrew Bond, Michelle Firestone

National Advisory Council: Cindy Baskin, Binesi Morrissette, Suzanne Stewart, Steve Teekens, Senator Ralph Thistle, Eric Weissman

Project overview:

Guided by project Elder and Indigenous community research methodologist Maria Campbell, and with support of a national advisory committee of Indigenous scholars and people with lived and living experiences of homelessness, our core research team advanced a Métis/Cree ceremonial research method that built on natural laws and aligned with our own Métis-Cree identities. We concentrated data collection in Saskatoon and Winnipeg, cities that have strong connections to Cree and Métis peoples. Following a review of the literature on Indigenous homelessness, we interviewed Indigenous people with lived and living experience of homelessness along with health and social service providers caring for them using Indigenous conversational methods. Transcripts were then thematically analyzed using a critical, decolonizing, Métis-Cree lens.

Throughout this project, we focused on a guiding question: 'Do health and social service providers and institutions work to restore, mend, or bolster First Nation, Métis, and Inuit relationships?' Even while attending to basic physical and mental ailments, do these services and individuals aid Indigenous people experiencing homelessness, or cause harm? Our focus on this question produced four protocols that serve to ground health and social service providers and institutions in history, context, relationship and responsibility, and offer the critical opportunity to provide better care through restoring relationships.

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Defining of Indigenous homelessness:

These guidelines are underpinned by *The Definition of Indigenous Homelessness (2017)*,¹ which articulates various dimensions of Indigenous homelessness in terms of disconnections from healthy physical, social, emotional, cultural, and spiritual relationships due to processes of colonial interruption. All of these dimensions of disconnection are expressions of the myriad forms of dispossession Canada has inflicted on Indigenous peoples over the last four centuries. These include:

- Loss of land and knowledge systems connected to traditional territories.
- Loss of culture and purposeful linguicide through colonial projects like residential schools.
- Loss of spirituality by the Christianization and acculturation of Indigenous populations over time.
- Mental disruption and imbalance resulting from the pressures of exclusion, poverty and destruction of domiciles.
- Destruction of land bases through environmental manipulation and destruction.
- Shift in global temperatures resulting in climate refugees.
- Indigenous women and children disempowered through legislation like the Indian Act or fleeing domestic violence.
- Ineffectiveness of health care and other institutions in serving Indigenous populations.
- The purposeful participation of state institutions such as hospitals in cultural genocide through the extinguishment of cultural, worldviews and relationships.
- Siloed health and housing funding for First Nations people trying to access municipal or provincial funding in urban and rural areas.

1. Thistle, J. (2017.) *Indigenous Definition of Homelessness in Canada*. Toronto: Canadian Observatory on Homelessness Press.

Beginning

This study was grounded in a Cree/Métis ceremonial approach conducted according to natural laws from the outset. In January 2018, Janet Smylie approached Maria Campbell and Rose Roberts and offered tobacco. Rose Roberts is a Cree academic and linguist and helped Maria conduct the opening ceremony of Pekiwevin. Maria Campbell, who agreed to be the ceremonial lead of the project, is the knowledge keeper of the First Grandmother Lodge based out of Gabriel's Crossing, Saskatchewan. Campbell is also a world-renowned Indigenous methodologist, writer, Trudeau Fellow and mentor, and a Cultural Advisor and Sessional Lecturer at the University of Saskatchewan Law School.

Following a pipe ceremony at Campbell's house, the group laid out the roles and responsibilities of each of team member, and decided that Jesse Thistle and Nancy Laliberte would act as project co-leads overseeing research and writing, while Smylie and Campbell would act as project facilitators. They also decided that *The Definition of Indigenous Homelessness* (2017) would inform the development of the guidelines.

Indigenous knowledge systems are diverse and rooted in complex and localized socio-cultural-linguistic contexts and eco-systems, so generalizability must be approached with caution. Since all members of this project are Cree-Métis, Campbell suggested refining the regions and sites for this research. Saskatoon and Winnipeg were selected as a focus—cities that fall inside various Indigenous territories and Cree and Métis Nations in particular. Campbell further advised the team to document its processes to make it possible for other Indigenous nations to take this project and apply it in their own territories.

All subsequent research was conducted in close and constant consultation with Campbell in order to maintain a high standard of ethics, reinforce working relations with Indigenous communities, and ensure respect for Cree worldviews and protocols.

Governance and partnerships

Pekiwewin was housed in the Well Living House Action Research Centre for Indigenous Infant, Child, and Family Health and Wellbeing (www.welllivinghouse.com). The project team was accountable to Elder Maria Campbell, the ceremonial lead of the project. It was also informed by a national advisory board of Indigenous scholars and people with lived experience of homelessness. The board collaborated on the scope of research, practical and policy priorities, and helped edit drafts of the guidelines as they emerged in September, 2019.

Sociohistorical framework

Guest-host relationship

Haudenosaunee scholar Ruth Koleszar-Green describes “guests” as any person residing in an Indigenous territory who is not of the Indigenous Nation/s to whom those lands belonged prior to treaty making. This includes both Canadian settlers and any Indigenous person not originally and ancestrally from that place. Those Indigenous peoples who *are* from a given place, are described as “hosts,” and both guests and hosts have specific obligations within the web of relationships in which they live.¹

The guest-host relationship, according to Haudenosaunee law, stretches back beyond the earliest pre-Canadian wampum agreements, which Europeans and First Nations entered into on Turtle Island (North America) in the 17th and 18th centuries. These included the Hospitality Belt and Two Row Wampum and, later, the Covenant Chain.² It is upon these wampum that all later British-First Nations treaties in Canada are modelled; their intent was to hold both Indigenous and settler peoples to a standard of conduct emulating “Peace, Friendship, and Mutual Respect.”³ Guests and hosts were to live side-by-side and aid each other, yet “keep our canoes separate.”⁴ In current terms, this means we are not to interfere or attempt to steer the other’s

vessel as we travel down the same river of life in these lands—we are to work together as neighbours, even in health care and social service settings.⁵

Even though most Canadians are not aware of the covenant of cooperation between the first settlers and Indigenous Peoples, the spirit of those arrangements must be addressed. The recognition that Canada is built on the treaty origins of the guest-host relationship embeds all relationships in the nation—including health and social services—within this proactive web where both guests and hosts must conduct themselves as “good relatives” in accordance with the principle of All My Relations (see below).⁶ A wholesale re-education at all levels is needed to recognize and reaffirm the older foundations of medicine and social service provision in Indigenous territories as, beyond Canadian law, they are still governed by the Two Row Wampum, the Covenant Chain, and the Crown-First Nations’ treaties.

In the case of Saskatoon, the Cree, Dene, Métis, and Assiniboine peoples were the original stewards of the land, and they remain its hosts. In Winnipeg, Cree, Métis, Assiniboine (Nakota), and Dakota are the hosts. Prior to Treaty 1 in Winnipeg in 1871 and Treaty 6 in Saskatoon in 1876, these host nations possessed Aboriginal title to their lands secured by the terms of the 1763 Royal Proclamation.⁷

1 - 4. Ruth Koleszar-Green, “What is a Guest? What is a Settler?,” *Cultural and Pedagogical Inquiry*. 10, 2 (2019): 166-177.

5. Green, 168-69.

6. Thistle, Definition of Indigenous Homelessness, 14-15 and 17.

7. Treaty 6 and Treaty 1, *Indian Treaties and Surrender – Volume 1 and 2, Treaties 1-138* (Ottawa: Brown Chamberlain, Printer to the Queen’s Most Excellent Majesty, 1891) V II - 35, 44-48, 127, 127 and VI 282, 286, 288-289; Mary Hurley – Law and Government Division, “The Crown’s Fiduciary Relationship With Aboriginal Peoples,” *Library of Parliament, Bibliothèque du Parlement* (Ottawa: The Federal Government of Canada, 2000): 1-2. Web. (Date Accessed: June 19, 2019) <http://caid.ca/CroFidRel2002.pdf>.

All My Relations

The Anishinabek Nation includes Ojibwa, Potawatomi, Algonquin and other peoples of the US and Canada in and around the Great Lakes. To the Anishinaabe, All My Relations is like

wahkootawin in the Cree/Métis worldview, a philosophy and lifeway that imagines everything in creation to be interconnected. The Cree, Métis, Anishinabek, and Algonquin are Algonquian speaking people, belonging to the same language family, and have a very similar worldview. Virtually all the Indigenous Peoples that our team consulted, regardless of their heritage, had a similar worldview, one that imagines that all things, living or inanimate, are interrelated with one another. All things are bound in webs of kinship that are governed by equitable laws of mutual respect, relevance, reciprocity, and responsibility.¹ How well one follows these laws of relationality is how one is judged as a good relative.²

From an Indigenous lens, the Canadian state and its representatives in the health and social service sectors have neither historically or currently acted like good relatives or guests.³⁻⁵ For the most part, the lawmakers, executive branches, bureaucracies, institutions and people who inhabit these spaces have no idea of the spirit of the treaties, preferring instead to place their administrative and practical mandates above the kin-based principles of wahkootawin. In this context, settler epistemologies and processes have cast aside traditional Indigenous approaches to living well. The imposition of western and hierarchal systems of knowledge overtop of Indigenous kinship webs has been enabled by white supremacy and settler colonialism, which continues to assume that western ways of knowing are the only relevant and “real” knowledges.⁶

There is a path to restoring the ethos of good relations in health care and social service settings. We believe that by re-evaluating the core relationship between health and social service providers and Indigenous people experiencing homelessness, these institutions and their workers can become “good relatives.” This one key step necessary to help our homeless relatives on their journey to the good life, or, as Cree (Nehiyawak) say, back to the balance of miyo-pimâtisiwin.⁷⁻⁸

1. Thistle, Definition of Indigenous Homelessness, 14-15 and 17.

2. Brenda McDougall, *One of the Family: Métis Culture in Nineteenth-Century Northwestern Saskatchewan* (Vancouver: UBC Press, 2010), 2-5.

3. Truth and Reconciliation Commission, "Calls to Action," (Ottawa: Truth and Reconciliation Commission of Canada, 2012) Web (Date Accessed: June 19, 2019) http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf; Dussault, René, and Georges Erasmus.
4. "Report of the royal commission on aboriginal peoples." (Ottawa: Federal Government of Canada, 1996) Web (Date Accessed: June 19, 2019) <http://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx>
5. National Inquiry into Missing and Murdered Indigenous Women and Girls, "Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls – Volume 1a," (Ottawa: National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019) Web (Date Accessed: June 19, 2019) https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a.pdf
6. Diana Steinhauer and James Lamouche, "miyo-pimatisiwin 'A Good Path': Indigenous Knowledges, Languages, and Traditions in Education and Health," Determinants of Indigenous Peoples' Health, Second Edition, eds. Margo Greenwood, Sarah de Leeuw, Nicole Marie Lindsay, 152.
7. Diana Steinhauer and James Lamouche, Determinants of Indigenous Peoples' Health, 152.
8. Michelle Firestone and Jessica Syrette of Well Living House, Honouring Lives: Final Report, (Toronto: funded by Government of Ontario, Well Living House, St. Michael's Hospital, 2019).

Gathering and analyzing information

We worked with Elder Maria Campbell and our project advisory board to develop and articulate the sociohistorical framework above. This then helped to define the next steps of the project, which included an ongoing literature review and in depth, community-situated qualitative research in Saskatoon and Winnipeg.

Literature review

Nancy Laliberte and Jesse Thistle worked with a health science librarian to identify relevant peer-reviewed and gray literature related to Indigenous homelessness, health care and social service provision. Review and synthesis focused on articles from Canada, the United States, Australia, and New Zealand—countries with similar histories of Indigenous dispossession by settler colonialism. Our research team applied literature review findings to help inform the qualitative research of the study, and the clinical practice guidelines themselves.

Qualitative research approach

Métis scholar Cindy Gaudet notes that “visiting,” known in Cree as keeoukaywin, has specific functions and protocols within the Algonquian worldview of wahkootawin, a philosophy that emphasizes that we are each responsible for one another.¹ Gaudet explains that by meeting people face-to-face during research, connections are made that create understandings, foster safety, build trust, and fulfill human-to-human reciprocal responsibility. Further, the decolonial method of visiting has the power to build wahkootawin because it is how information and relationships have always been created, transmitted, and fortified—in person—by Cree and Métis people since pre-colonial times.²

Pekiwewin applied the Cree “visiting” method to going into the field and making relations with collaborators. The team spoke with people in settings of their choosing or that were mutually convenient, meeting in clinical and non-clinical health care settings like walk-in clinics, emergency departments, kitchens, drop-in settings, restaurants, the office of Manitoba chiefs, youth centres, community halls, curbsides, parks, and in order to protect informant anonymity, even in parked vehicles. Where possible, we shared tea, coffee, meals, and had communal feasts, as is standard Cree visiting protocol. We also offered honoraria in the form of monetary compensation to people with lived and living experience after the interviews were conducted. Gift giving is also part of standard visiting protocol.

1-2. Janice Cindy Gaudet, “Keeoukaywin: The Visiting Way – Fostering an Indigenous Research Methodology,” *aboriginal policy studies* 7, 2 (2019): 48-49.

Identifying people to interview

Western researchers often ask participants to direct them to other potential collaborators through word-of-mouth referrals, or will leave their population samples open to unanticipated participation. This is called, “snowball sampling.” Cree and Métis people, however, have long-

used chain-reference through visiting as a way to separate out harmful and/or foreign researchers. This has been necessary to weed-out biased or partisan researchers, who have historically produced unflattering and at times, racist, documents and images that hurt Indigenous communities. Very often the researchers appear in Indigenous groups only to bolster institutional/professional clout, or “check boxes” needed to access more funding or to legitimize projects. Beyond that, these outsider researchers have, unfortunately, also sought to own community knowledge and publish it as their own, again to make themselves appear as experts on Indigenous issues.

Jesse Thistle, Co-Principal Investigator for Pekiwewin, was very familiar with the snowball technique and the ways in which Indigenous communities have used it as a gatekeeping method to keep people out. He had been trained by Michif knowledge keepers over six seasons of past historical research in Saskatchewan and Alberta with Métis and Cree participants. This experience informed his decision to seek out and be granted entry from trusted organizations and other community members—connections which assured Indigenous participants of the genuine intentions of the project.

The interview process began with a core of 10 participants, referred by trusted community leaders from End Homelessness Winnipeg and Saskatoon Housing Initiatives Partnership. Once an interview was complete, Thistle asked the participant to suggest someone else to talk to (health care worker, social service provider, or people with lived or living experience of homelessness). In this way, 28 interviews were completed over the course of the project.

Interviews and questionnaires

The team developed three questionnaires in collaboration with the advisory board, and informed by sociohistorical framework and the systematic review. A questionnaire was developed for each of the three sub-populations interviewed: health care workers, social service providers, and people with lived experience of homelessness. Each questionnaire had

between 14 and 20 questions which Thistle followed loosely in a conversational style. The interviews ranged in length from 20 minutes to two hours. The questions centred on: health care and social service practice; cultural safety of services; knowledge of Indigenous people and their territories; education and awareness of Indigenous issues; systems integration; available services; mentorship; relationship building; standardized practice; racism and cultural bias; institutional ethnocentrism; and, siloed services.

Throughout the interview process, informed consent, anonymity and confidentiality were key concerns. Before interviews began, Thistle assured participants that they had control over their knowledge—it remained their property. Consent was obtained in writing by each participant before interviews were conducted. If the participant exhibited any signs of trauma, distress, needed support, or was uncomfortable during interviews, Thistle followed protocol. He ceased questions, offered help, and assured them that they had the right to terminate the interview at any time. Additionally, they could request that their information be destroyed.

Interview analysis and themes

The 28 interviews were transcribed verbatim. Co-leads Jesse Thistle and Nancy Laliberte went through the transcripts individually, coding for major themes. They then switched transcriptions and re-coded each other's transcripts. The team also held three meetings during this time to discuss emerging themes and how to organize and present the data.

There was some tension in employing a western thematic analysis when it came time to translate understandings into the Cree-Métis worldview. Ultimately, we created a code book with the English and Cree definitions of the themes and primary examples of each theme from the three different categories of research participants (health care worker, social service provider, and people with lived experience of homelessness). Nine major themes were derived from the data to inform the clinical practice guidelines: relationship; trust; practitioner

disconnect; kindness/caring; physical space; trauma; racism; culturally relevant services; and, culturally safety.

Protocols for health and social service providers

Our work resulted in four protocols for health and social service providers working with Indigenous people experiencing homelessness. Each of these protocols will be accompanied by extensive guidelines and resources. Taken together, they are an essential toolkit to help providers work towards restoring relationships, and ensuring better care. Full guidelines will be released in later 2020, and will be available at www.welllivinghouse.com.

Protocol 1: Situating One's Self. The current practice of land acknowledgments is tied to the ancient Indigenous protocol of situating oneself in the territory of a host Indigenous Nation. There is a second half of land acknowledgements, however—one that is often left out—during which a person must make clear who they are, what their intentions are, and what nation or nations they come from.¹ We need to begin here when talking about health and social service providers reconstituting healthy relationships in administering care and provisions to homeless Indigenous clients in Winnipeg and Saskatoon—they need to situate themselves, and not by their western education and training, a plaque on their family practice wall, or a referral from a school of medicine, but within the host community, and by the terms of the host community.

The protocol of situating one's self may be illustrated by the example of a non-Indigenous doctor, who has spent time educating herself about colonial history and taken evidence based cultural safety training, introducing herself by self-locating as a guest who works in a host Indigenous territory.

1. Chelsea Vowel, "Beyond territorial acknowledgements," *âpihtawikosisân*, (Edmonton: September 23, 2016) Web (Date accessed: October 14, 2019) <https://apihtawikosisan.com/2016/09/beyond-territorial-acknowledgments/>

Protocol Two: Visiting – Keeoukaywin. Métis scholar Cindy Gaudet notes that “visiting,” known in Cree as keeoukaywin, has specific functions and protocols within the Algonquian worldview of wahkootawin, a philosophy and lifeway that imagines everything in creation to be interconnected.¹ Wahkootawin emphasizes that we are each responsible for one another and are to treat one another as relatives. Making relations as allies within the guest-host visiting dynamic dominates early treaty making in Canada and is what First Nations people believed they were entering into when they signed treaty with the British Crown.² We believe by bringing some of the formalized protocols around visiting into health and social service provision we can rectify some of the damage that was done by turning away from the original spirit and intent of the treaties and Covenant Chain.

Visiting involves ensuring adequate time with each patient so that the provider is not rushed, and ensuring the client’s comfort, for example by offering them water or cup of tea before getting started. First asking, “What can I do for you today?” and attending to any immediate material, physical, and/or emotional needs (i.e., food, bus fare, footcare, acute physical ailments, acute emotional distress) is important, as is demonstrating kindness and empathy throughout the client’s visit. Elder Campbell reminded us that people commonly feel scared, ashamed, vulnerable and lack confidence when they are homeless. They may be dirty and hungry, in which case a meal, shower, and set of clean clothes are essential pre-conditions for good visiting (verbal communication, February 2020).

1. Janice Cindy Gaudet, “Keeoukaywin: The Visiting Way – Fostering an Indigenous Research Methodology,” *aboriginal policy studies* 7, 2 (2019): 48-49.
2. Miller, James Rodger. *Compact, contract, covenant: Aboriginal treaty-making in Canada*. University of Toronto Press, 2009.

Protocol Three: Hospitality. Undergirding all treaty making and visiting protocol is the ethos of hospitality. It is custom in Indigenous cultures to make visitors and relatives feel at home. The need for hospitality is not simply a code of etiquette, but a governing way of interaction between relatives within the web of wahkootawin. Within the hospitality protocol certain things are expected from either host or guests—both have responsibilities and we are to listen

to one another with respect. Feasting or the sharing of food and resources was enshrined in wampum law going back through Treaty 1 and 6, the Two Row Wampum, all the way back to the pre-colonial wampum known as the Hospitality Belt. Another aspect of the hospitality protocol is that guests and hosts feel safe and know they know they are among relatives who care for them.

Hospitality is shown by a facility being Indigenous-specific—with features symbols and artwork of the local territory—and having majority Indigenous staff, who are welcoming to all. Diversity of Indigenous identities and experiences can be safely shared and respected. Judgement, including hot-spotting or labelling people would be actively discouraged. Food, socks, clothing, laundry, and bathing facilities are available on site or readily accessible elsewhere. Ensuring safety, including safe travel and prescribing shelter would be required parts of every encounter.

Protocol Four: Treat people as you would treat your own relative. A forgotten aspect of treaty making was the annual renewal of relations between the Crown and Indigenous people. The Covenant Chain embodied polishing of the silver chain until it shined once more. The same revisiting and renewal of relations was expected in Treaty 1 and 6 but never happened. We believe this mechanism of accountability must be instituted in health care and social service settings if we are to help homeless Indigenous people back into the circle. If we are to see each other as relatives, through the lens of wahkootawin, we must also learn to listen to one another and grow from our criticism and compliments. This includes treating all clients with kindness, respect, and dignity, actively and reflectively listening to each client's story with an open mind, heart and spirit, and applying a client directed, strength-based approach.