

# All Our Voices

Final Report  
November 2019







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## Final Report

Prepared in Partnership Between

**Toronto Aboriginal Support Services Council  
and  
Well Living House**

November 2019



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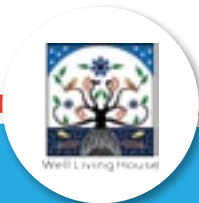
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# Executive Summary

*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 between 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.

The intention of this research was to identify practical opportunities for change to increase access to social services and to make services as comfortable as possible for the Indigenous community. Through a community-partnered approach, a combination of key informant interviews and focus groups were conducted to inform the findings, which resulted in 60 community-voiced recommendations for the health and social services sector in the Greater Toronto Area. The emergent Indigenous community themes in order of most to least discussed were:

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





# Acronyms

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

# Acknowledgements

*We would like to extend our sincere thanks to the Indigenous community of Toronto for their support, guidance, and expertise.*

*Without the community participants, this study would not have been possible. We are extremely grateful for your time and effort in participating in interviews and focus groups. 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.*

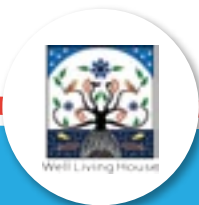
*We would like to thank those who provided feedback on the findings and recommendations, assisting to ensure they accurately captured the community voices.*

*We would also like to thank the Toronto Aboriginal Support Services Council (TASSC) members, Executive, 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

In March 2017, Toronto Aboriginal Social Services Council (TASSC) and the Well Living House established a new research partnership. *All Our Voices* was born out of the desire to increase access to social services, with a focus on inclusion for all Indigenous peoples in Toronto.

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 Member agencies include:

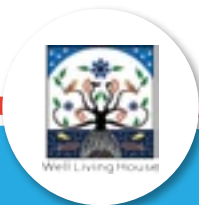
- 2-Spirited People of the 1st Nations
- Aboriginal Legal Services of Toronto
- Association for Native Development in the Performing and Visual Arts/Arts Indigena

- 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 Incorporated
- Aboriginal Labour Force Development Circle
- Toronto and York Region Métis Council
- Urban Indigenous Education Centre
- Ontario Aboriginal HIV/AIDS Strategy
- Toronto Inuit Association

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) in order to increase meaningful engagement, inform and improve the work of support service agencies, and ultimately contribute to reducing Indigenous people's experiences of social isolation in the GTA. *All Our Voices* aims to use community-driven processes to identify tangible mechanisms to increase access to TASSC Member services for the benefit of the Indigenous community of Toronto.

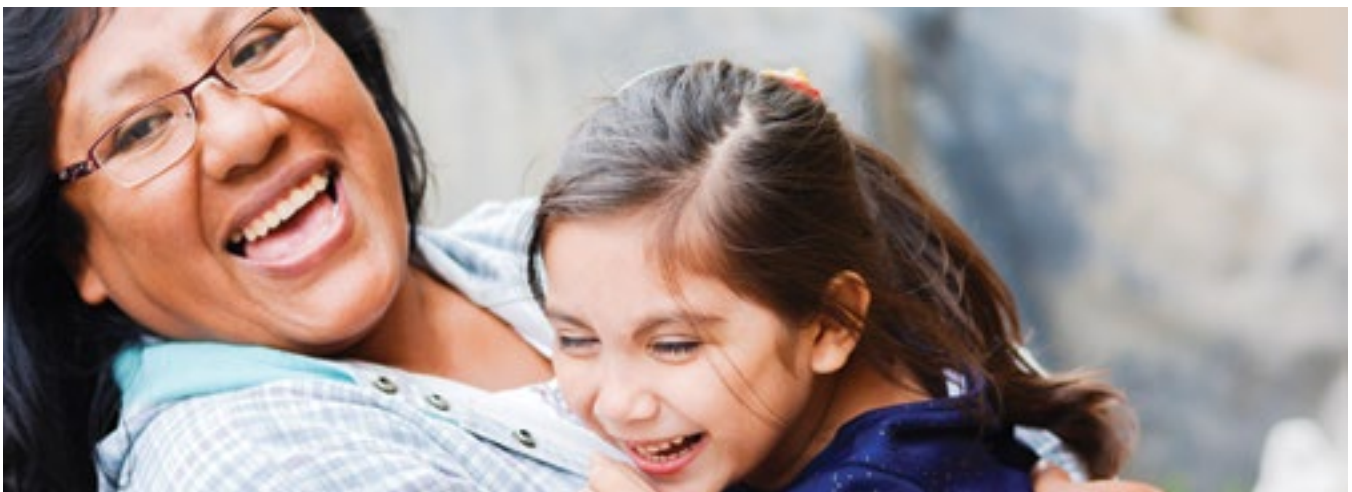


# Methods

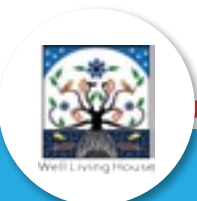
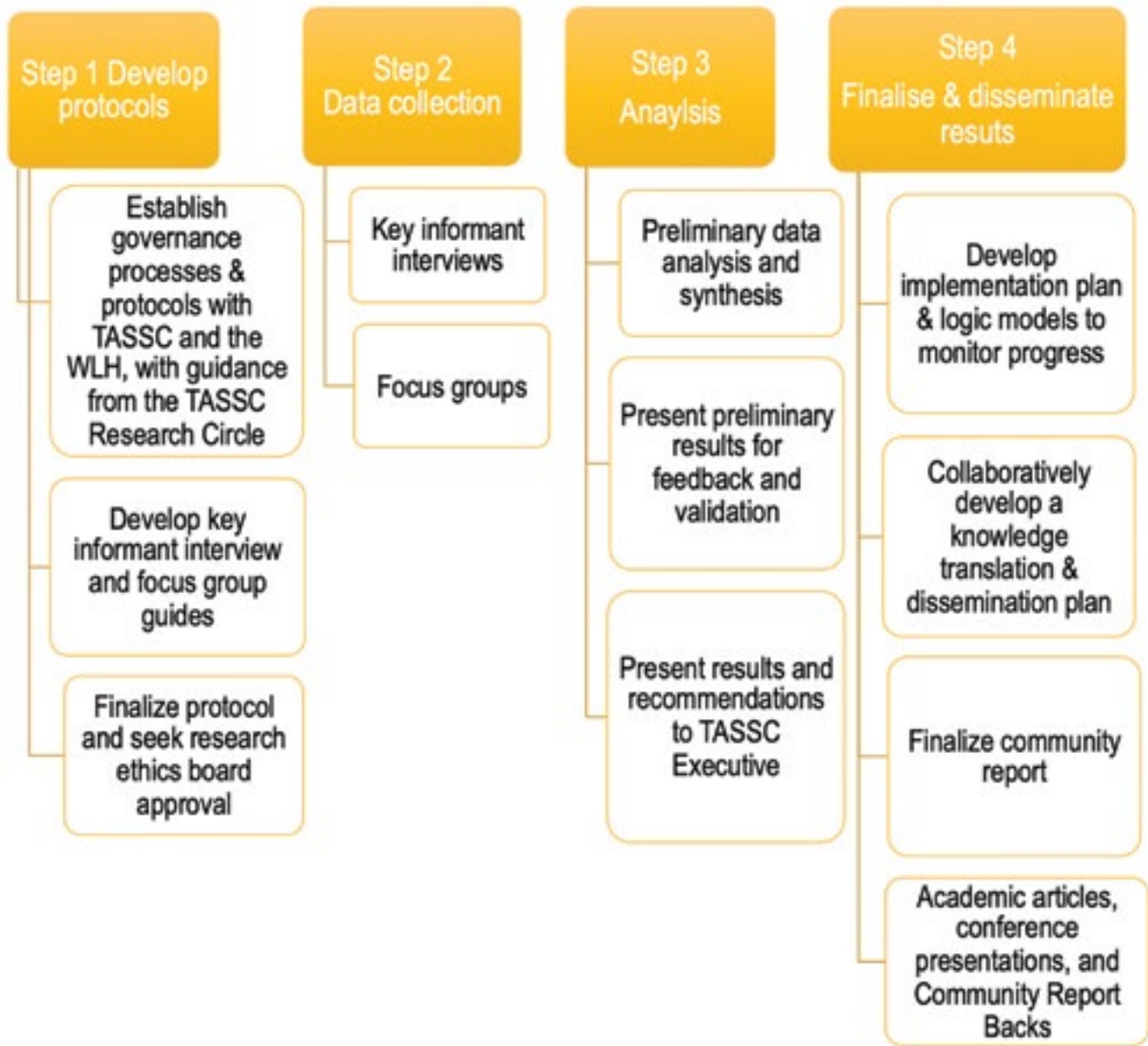
The research method utilized combined key informant interviews and focus groups, using a community-partnered approach that aligns with wise practices for conducting Indigenous health research<sup>1,2,3,4</sup>. At the onset, TASSC and the Well Living House developed a research agreement with support 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 for conducting research with the community.

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<sup>5</sup>. Ethics approval was obtained from the Research Ethics Board at St. Michael's Hospital (REB#17-229).

The key informant interviews and focus group were conducted to identify practical opportunities for changes to social services and ways to make services as comfortable as possible for the Indigenous community. The TASSC Executive and the Well Living House met to discuss the research approach and to review preliminary findings. These meetings informed the development process of the *All Our Voices* recommendations and 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 Residence), Native Women's Resource Centre of Toronto, Nishnawbe Homes, and Toronto Council Fire Native Cultural Centre.



**Figure 1: Overview of the Research Project Process**



## Participant Recruitment and Data Collection

### The Sampling Frame

Our primary points of recruitment were through word of mouth and through community members hearing about the project at community events. We explicitly recruited participants who did not believe they were using social services. However, we did not define “social services” and allowed potential participants to self-identify if they were using Indigenous social services or not. The sample also specifically targeted Indigenous youth and young people (aged 18-24 years), students, seniors, Métis, Inuit, and Indigenous artists, as the study had a particular interest in how to increase access to services within these population groups, based on the *Toronto Aboriginal Research Project (TARP) Report*<sup>6</sup> 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 who were currently not using or accessing Indigenous social services. However, it is worth noting that a number of participants later recognized during the data collection process that they may have recently used hospital or medical services, or other Indigenous social services.

### Data Collection Instruments

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 [insert population sub-group here] can access these services?”

Participants were probed to draw out information about what they and/or others in the community preferred and/or avoided in relation to services. Probes also questioned participants how they would feel most comfortable and, if and how the participant’s identity influenced their access to the service.

A factsheet on services previously accessed by the Indigenous community in Toronto was provided to participants. This was used as a prompt to generate discussion about what services were available in Toronto, and provided a reference point for participants to indicate if they were aware of such services. Participants were also prompted to discuss what they, and/or others in the community, liked or disliked about different social services, and how such preferences and experiences impacted service accessibility and inclusiveness.

### Data Analysis

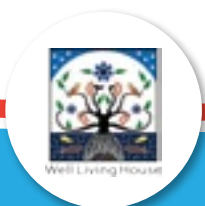
The interviews and focus groups were transcribed from electronic recordings and coded in Microsoft Word and cross-checked with field notes in two separate thematic analysis processes. First, the transcripts were initially independently coded using thematic analysis by two researchers (RM and TB). Each sentence was coded according to meaning and content. This allowed researchers 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.

Second, 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 researchers 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 of 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
2. Artists
3. Students
4. Seniors
5. Métis
6. Inuit

It is reasonable to note that this sample is not indicative of the Indigenous population in Toronto, with overrepresentation here by age groups and those only meeting certain criteria as noted above, i.e. those not using social services. 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**

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

# Themes

These are the emergent 22 themes from community-voiced feedback, following analysis conducted by the researchers:

1. Feeling Safe, Welcomed and Respected
  - I. Indigenous Identity
  - II. Good Safe Inclusive Spaces
  - III. Indigenous Space
  - IV. Safe and Caring Spaces
2. Paperwork, Forms and Limited Transparency
3. Social Media/E-space
4. Poverty
5. Transport
6. Social Service Navigators and Coordinators
7. Strengthening Families
8. Enhance Diverse Strengths
9. Arts
10. Mental Health, Drug and Alcohol Support Services
11. Harm Reduction
12. Elder Services
13. Care Rooted in Tradition
14. Education
15. Healthy Food Access
16. Financial Wellness Classes
17. Aspire - Mentoring Program/  
Highlighting Role Models
18. Socializing
19. Hospitals
20. Trauma Informed Providers
21. Housing Support
22. Changes in Policy  
(Broken Promises and Mistrust)







# Recommendations

A total of 60 Indigenous community recommendations were generated through the information provided by participant groups. An emphasis was placed on keeping the language used by participants to ensure original context, meaning and integrity were retained.

## 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.

### 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 sees themselves represented in social services within Toronto.

### Good, Safe, and Inclusive Spaces

10. Include Indigenous artwork of turtles

and Turtle Island, as well as the natural environment and surroundings, such as earth, fire, water and wind.

11. Include Indigenous artwork, 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.
12. Post clear signage for mobility access.
13. 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.
14. Improve access for Indigenous people with sensory loss and/or communication challenges, including engaging with people with hearing impairments to engage:
  - Appropriate Intervenor services and supports;
  - Appropriate transport services;
  - Align with Standards of Excellence for People Who Are Deafblind.

### **Indigenous Space - "a place to go that is our own"**

15. To have Indigenous space - "a place to go that is 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.

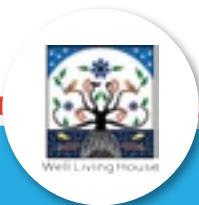
### **Safe Spaces and Caring Places - Racism/Discrimination**

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 The 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

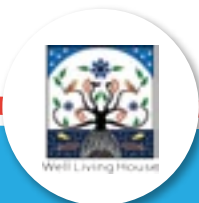
### Strengthening Families

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 mainstream medicine.

## Theme Fourteen

### Education

49. As per Recommendation 28 and 29, 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 experiences.

## 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 Recommendations 28 and 49, promote community members and diverse role models through social media, such as Facebook and Twitter, particularly:
  - role models who have had good experiences with Western education;
  - role models who have had good experiences with traditional forms of education;
  - Social service board members, including TASSC Member agencies, showcasing and directly highlighting the work being undertaken in Toronto;
  - 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 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 Nineteen

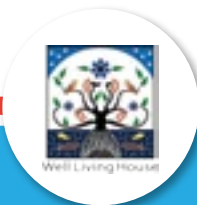
### Hospitals

57. As per Recommendations 1-3:
  - Staff to undertake anti-racism training.
  - Regular and ongoing Indigenous cultural safety training for all staff, including new staff, to capture the unique needs of the Indigenous community in Toronto.
  - 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:
- Short term Housing for rural clients or people post-surgery.
  - Increased availability/awareness of short-term accommodation for patients travelling from out of town to access healthcare services in Toronto.
  - Housing for seniors.
  - 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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# Appendix A: Project Evaluation

## Evaluation Background

This final independent evaluation of the Project:

- Assessed the relevance of the intervention objectives and approach
- Established how far the intervention has achieved planned outcomes and objectives
- Determined the achievements of Project objectives at outcome and impact levels
- Assessed the extent to which the Project's strategy has proven efficient and effective
- Evaluated whether the Project is likely to have a sustainable impact

The evaluation also provided recommendations to partnering agencies, building on the efforts of the Project towards collective challenges which impede agencies capacity/ability/willingness to implement particular commitments.

## Evaluation Questions

The evaluation was guided by the following key questions:

### Action Status

Agency Mandate

- Does the commitment align with agency mandate, mission or short/long-term goals?

Resource Capability (Funding)

- Does the commitment depend on funding? Where has the funding come from?
- What are the implications of reallocation of these funds?

Capacity

- Does the agency have the capacity to commit to implementation?

Willingness

- Given the capacity of the agency, can they (dependent on need, funding, etc.) take on the commitment? Is the commitment a need or a main focus for the agency?

Level of Competition to Date

### Commitment and Responsibility

When did the task start?

- When did the implementation of the commitment commence?

Who started it?

- Who initiated implementation?

Who are others who may also lead this action?

- Within the agency, who was involved? Who else can be instrumental in ensuring success in the implementation of the commitment?

## Measurement

### Incomplete

- The commitment has not started, or implementation has not occurred due to not having all the necessary or appropriate resources/time to move forward.

### Partially complete

- Progress has been made with the implementation of the commitment, yet time is needed for full incorporation within the agency.

### Complete

- Commitment requirements have been fully implemented in the agency as outlined in the implementation plan. No further action is needed.

### Pending

- Action is at a stalemate; action is unknown for circumstances outlined by agency. Is commitment still possible or relevant to the agency after consideration?

### Ongoing

- The agency is in the process of implementing commitment, and on track as planned (from implementation plan).

## Resources and Supports

### Agency Staff

- Who are the potential people within the agency that can help and support incorporating and continuing to implement the agreed upon commitments?

## Funding

- Is the ability to allocate funds possible? Are there areas where grants can be issued to support with implementing commitment(s)?

## Community Resources

- What external resources can be recruited to support with implementation of commitment(s)? How can community members support implementation?

## Time

- Does the agency have the ability to continue with the commitment after this project? How will this affect the agency and its current situation?

## Others

- All other resources that are agency-specific identified during the interview process with the evaluator.

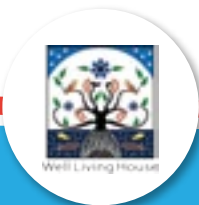
## Evaluation Methods

The evaluation approach was composed of methodological phases, which were sequenced as follows: (a) inception and preliminary document review, (b) data collection, (c) in-depth document review, (d) data analysis, and (e) reporting.

The following section outlines the methodological approach adopted to complete this evaluation.

## Sources of Data

In total, 22 themes were identified, with 60 Indigenous community recommendations. The TASSC Executive and the Well Living House met to discuss the research approach, including preliminary findings and recommendations.



These meetings informed the development process of the implementation plans with the respective TASSC Member agencies engaged since the onset of this project. The agencies identified what recommendations were relevant to their organization, what was already being implemented, and what recommendations could be further implemented.

### Document Reviews and Interviews

The evaluation process began with a document analysis of relevant materials, including the implementation plans, progress reports, and project’s outputs, results of internal planning, baselines and follow-up indicators. Relevant materials from secondary sources were consulted and analyzed as well. The evaluation received an adequate and fairly standardized amount of documentation in order to undertake its preliminary document review.

The in-depth document review analyzed the implementation plans and the progress reports made previously by the Well-Living House in order to identify milestones reached and whether there were challenges and delays in the delivery of activities. Types of documentation included:

- *All Our Voices* Summary Report
- Implementation Plans from Partnering Agencies
- Evaluation Plan

Site visits were conducted in downtown Toronto with partnering agencies. In-depth interviews were conducted initial with Well Living House then with the project evaluator. At the end of the interviews, the evaluator and agency partners entered an agreement to check-in 4-6 weeks to confirm progress and any changes to the implementation plan following the initial interview visit.

### Methodological Limitations

The evaluator received all the documentation that was available and met with relevant partnering agencies of the Project, although it is worth mentioning some limitations:

- The evaluation timeline allowed for only one visit to meet with all partnering agencies, and only 1-2 check-ins when possible.
- Some partnering agencies did not participate in the evaluation process.

### Priority Sequencing Recommendations

To assist with prioritization setting, recommendations were sorted and sequenced by a) high/low priority area and b) ease/difficulty of implementation as presented in Table 1 below, and by using the following colour-coded key:

 **high priority/easier to implement**

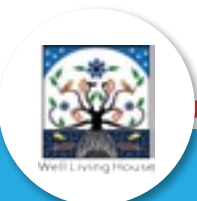
 **high priority/harder to implement**

 **low priority/easier to implement**

 **low priority/harder to implement**

**Table 1: Recommendations Priority Sequencing**

<p>1., 17 and 57. Staff to undertake anti-racism training.</p> <p>2. and 57. Regular and ongoing Indigenous cultural safety training for all staff to capture the unique needs of the Indigenous community in Toronto.</p> <p>4. Partner with Métis community-based organizations, networks, and representative bodies to have specific times for Métis people to access services.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>9. Increase awareness of Indigenous staff diversity, including Métis, Inuit, 2-Spirit, “young folk, old folk and parents”.</p> <p>10. Include Indigenous artwork of turtles and Turtle Island, as well as the natural environment.</p> <p>11. 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 complement Recommendations 1, 2 and 3 regarding cultural safety training and upskilling staff to facilitate a safe space for Indigenous 2SLGBTQ+ communities.</p> <p>20. Upskill staff to provide a safe space for the 2SLGBTQ+ community.</p> <p>21. Upskill staff to provide a safe space for 2SLGBTQ+ youth and young people.</p> <p>27. E-program and service guide or directory to increase awareness of timely and accurate social service information</p> <p>38. “I don’t know about a lot of these places. Maybe there should be some kind of like booklet..”</p>	<p>3. and 57. Standardize job requirements so that all employees of organizations that work with Indigenous peoples are required to undertake relevant Indigenous cultural safety training. This should include relevant training options for employees with lived indigenous experience.</p> <p>8. and 54. 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.</p> <p>18. Upskilling all staff to provide a culturally safe environment for Indigenous youth.</p> <p>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.</p> <p>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</p> <p>34. and 47. Increase availability of supports and services for Elders, such as mobile visits.</p> <p>35. Social Service Navigators, Coordinators and Caseload Managers should be available to assist peoples to navigate and access social services.</p> <p>36. Ensure the language, symbols and imagery on referral forms, such as Aboriginal navigator forms are inclusive of all Indigenous peoples.</p> <p>37. and 59. Ensure social service navigators, coordinators and caseload managers are aware of all services and programs.</p> <p>40. Work must be undertaken to change the perceptions of child services.</p> <p>44. Increased availability of Elders and traditional healers/services for Indigenous people looking for mental health support.</p> <p>46. and 58. Ensure harm reduction initiatives are run in safe and inclusive spaces.</p> <p>48. Continue and increase the availability and awareness of traditional healing practices.</p> <p>60. Improve client/community-provider communications, including updates on wait lists</p>
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<p>12. Post clear signage for mobility access.</p> <p>13. 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.</p> <p>16. Display rotating electronic pictures of “real” community members and role models, highlighting and reflecting the diversity of the community.</p> <p>24. and 60. Improved client/community-provider communications, such as providing regular updates on processes and waiting times to attend or receive a service, etc.</p> <p>25. Promote and enhance the presence of social services on social media platforms.</p> <p>26. Promote and better coordinate social services through e-presence and social media platforms, such as Facebook and Twitter.</p> <p>28., 49. and 53. Promote community members and diverse role models through social media.</p> <p>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.</p> <p>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.</p> <p>33. Ensure Indigenous service navigators, social services and their staff as well as community members are aware of transport supports.</p> <p>52. Continued funding and availability, including increased awareness of programs that teach “life skills”.</p>	<p>14. Improve access for Indigenous people with sensory loss and/ or communication challenges, including engaging with people with hearing impairments to engage:</p> <p>a. Appropriate Intervenor services and supports.</p> <p>b. Appropriate transport services.</p> <p>c. Align with Standards of Excellence for People Who Are Deafblind</p> <p>15. and 55. 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”</p> <p>23. Opportunities for participants to complete forms and other paperwork directly over the internet or on an iPad or a similar device.</p> <p>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.</p> <p>31. and 41. 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.</p> <p>39. Pathways and coordinated care with the justice system and health and wellbeing programs and services.</p> <p>42., 43. and 56. Create a diverse range of programming, including a comfortable place for artists and musicians.</p> <p>45. Establish Indigenous-specific mental health services.</p> <p>50. Establish an Indigenous-specific food bank.</p> <p>51. Ensure food banks can cater to Indigenous community needs.</p> <p>57. <i>Hospitals:</i> As per recommendations 1-3:</p> <p>i. Staff to undertake anti-racism training.</p> <p>ii. Regular and ongoing cultural safety training.</p> <p>iii. Standardize job requirements to undertake relevant Indigenous cultural safety training.</p>
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## Evaluation Findings

The following sections summarize the findings of the evaluation's qualitative and quantitative data from the *All Our Voices* Project. This evaluation of the *All Our Voices* Project was designed to understand the implications and possibilities for TASSC and partnering agencies to increase access to social services, with a focus on inclusion for all Indigenous peoples in Toronto. These findings capture the data analysis of seven of nine partnering agencies which were included in the *All Our Voices* Project. Findings were structured according to the four evaluation criteria:

### Relevance (Action Status)

The extent to which the objectives of the implementation plans and commitments are consistent with agency needs, priorities and policies.

### Efficiency (Commitment and Responsibility)

A measure of how economically resources/ inputs (funds, expertise, time, etc.) are converted to results, or incorporation within the agency.

### Effectiveness (Measurement)

The extent to which the objectives were achieved, or are expected to be achieved, taking into account their relative importance at the agency.

### Sustainability (Resources and Supports)

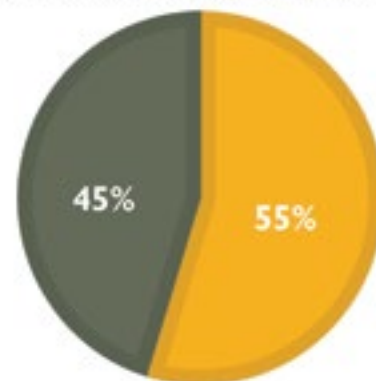
The continuation of benefits from adaption of the commitments of the *All Our Voices* Project after completion.

## Relevance / Action Status

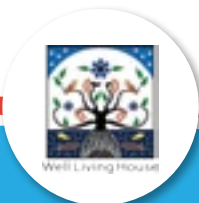
The relevance of the project is assessed through quantitative data received from the seven implementation plans and commitments that were accessed during the evaluation process. As presented in *Figure 1*, it is revealed that 45% of the commitments outlined in the *All Our Voices* Project were adopted in some capacity. Of the possible 420 potential commitments amongst the seven agencies, 190 commitments were adopted overall. The *All Our Voices* Project was designed to ensure inclusivity within social services agencies, and the focus on service provisions and commitments to Indigenous clients and communities. As a way to ensure cohesiveness in the evaluation process, analysis of the commitments not relevant to the agency were also taken into consideration.

**FIGURE 1.  
COMMITMENTS OVERALL**

■ Not Relevant to Agency ■ Adopted



The final commitments adopted by agencies were as follows, as presented in *Figure 2*. Native Child and Family Services of Toronto (NCFST) implemented twenty-nine (29) changes within their institution; Aboriginal Legal Services of Toronto (ALST) implemented thirty-three (33)



changes; Native Women’s Resource Centre of Toronto (NWRCT) implementing twenty-nine (29) changes; 2-Spirits of the First Nations included twenty-five (25) changes; Nishnawbe Homes committed to implementing twenty-two (22) changes; Native Men’s Residence (Na-Me-Res) committed to thirty-four (34) changes to ensure inclusivity policies and programming; and lastly, Toronto Aboriginal Support Services (TASSC) committed to the implementation of twenty-one (21) commitments overall. It is to be noted that particular commitments were most pertinent for all agencies. Whereas others were more dependent on funding requirements and restrictions, an agency’s strategic plan or mandate, in some cases the commitments were not applicable to particular agencies.



### Commitments Adopted by All Partnering Agencies

- 8. and 54. 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.
- 10. Include Indigenous artwork of turtles and Turtle Island, as well as the natural environment and surroundings, such as earth, fire, water and wind.
- 12. Post clear signage for mobility access.
- 20. Upskill staff to provide a safe space

for the 2SLGBTQ+ community.

Partnering agencies outlined the need to ensure Indigenous inclusion and training for all staff in respect with Indigenous peoples and communities. Moreover, partnering agencies recognized to the need to review demographics of employees to ensure diversity of not only Indigenous and non-Indigenous staff, but also diversity among Indigenous communities and cultures. This diversity incorporated but not limited to; 2-Spirit, Métis, Youth, varying First Nations, and Elders.

Agency culture is also pertinent on a variety of levels, pertaining to a welcoming environment for staff, clients and community members. Visual imagery of artwork, symbols and flags, or other displays of Indigeneity was paramount for partnering agencies as a way to reflect the natural environment, and to allow staff, clients and community members to feel comfortable, safe, and represented within the spaces within the agency.

In accordance to the Accessibility for Ontarians with Disabilities Act (AODA), the basic requirement is for employers to let the public and employees know that they will make written information and other forms of communication accessible, upon request. Agencies could include a note on their website or promotional materials, create a sign or post a notice on a bulletin board (*Ontario Accessibility for Ontarians with Disabilities Act 2006 Annual Report*. Toronto: Ministry of Community and Social Services).

Partnering agencies recognized accessibility as essential and have committed collectively to ensure signage is posted where possible, i.e. entrances of buildings, on websites, and clients are informed during the inquiry or intake process. In some instances where buildings

are not accessible, staff have been informed to proposed alternate options to clients and community members to ensure access to services is not denied.

Training is essential to ensure agencies and staff are kept up-to-date on issues which affect clients socially, politically, and economically. Agencies identified TASSC as a leading contributor to training offered, their recent 2-Spirit Training as an example.

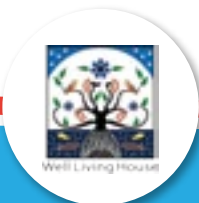
### **Commitments Considered Not Relevant to Agencies**

The evaluation process also generated reasons as to why particular commitments were not considered relevant by partnering agencies. In broad terms, reasons for agencies not adopting commitments were largely due to restrictions with funding, inconsistency with agency mandate or policies, relevancy to agency, and agencies desire to implement. The following commitments were not adopted by any of the partnering agencies:

- 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.
- 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.

- 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. and 41. 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.
- It is understood by all agencies the value of ensuring that staff at all levels are diverse, much like the clients and community members they serve. With respect to Métis and Inuit community-based organizations, partnering agencies agreed there was a need for a better relationship; however; some noted there were several issues





hindering strong relationships. A method of ensuring inclusivity is often permitting clients from gender, race, social class, age, ability, religion, sexual orientation, and geographic location to partake in all programming delivered by agencies. Agencies noted that although there is a need to foster stronger relationships with Métis and Inuit communities, they do not have the capacity for specific outreach resources. Moreover, some suggest that there is not an immediate need to focus on Métis and Inuit communities specifically as agencies are at capacity, or in some cases over capacity with their abilities to support clients and community members. Funding was noted as the largest reason for lack of implementation of Métis and Inuit community services or outreach, as it would require hiring a Métis and Inuit staff person, incorporation of Métis and Inuit specific programming, and ongoing program and resource maintenance.

- Partnerships with the City of Toronto, provincial, federal governments and partnering agencies is key for longevity and success of agencies, on levels of funding, sharing of resources and programming, and strong potential for collaborative endeavours. Partnering agencies strongly noted that it was the City of Toronto's responsibility to address poverty and solutions for barriers to accessing Indigenous and mainstream social services, including financial, accommodation, transportation, distance, and childcare barriers. Moreover, it is also the responsibility of the City of Toronto, provincial and federal governments to refine and fund sustainable Indigenous-specific

education strategies. Addressing education is an upstream solution for barriers to accessing Indigenous and mainstream social services.

## Commitment Categories

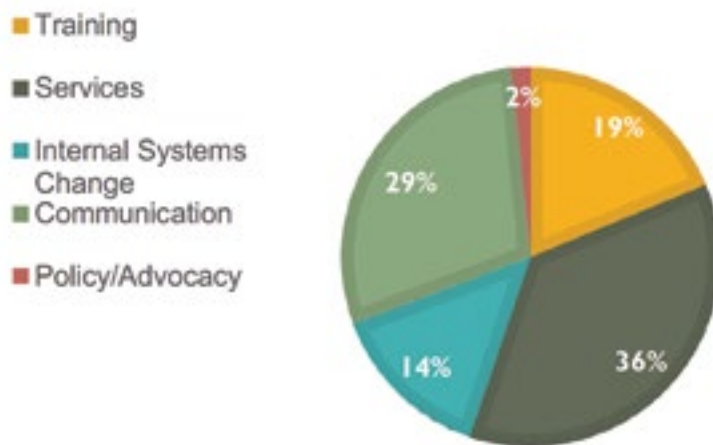
Per the *All Our Voices* Project, commitments were categorized into groupings; Training; Policy/Advocacy; Internal Systems Change; and, Communications. These categories are important as they showcase the areas in which implemented commitments will be tracked and targeted by each agency. Moreover, it locates change at the partner agency level while also considering impacts.

As presented by Figure 3., 36% of the commitments taken on by partnering agencies were focused on communication. Services entailed program awareness through social media and other outline mediums, staff profiles to inform clients and community members of partner agency demographic, promotion of program and greater program transparency. Greater transparency and easy access to information was outlined as vital for partnering agencies, and the urge to increase agencies' online footprint. Services captured 29% of the overall commitments, which encompassed increased partnerships, identify accessibility supports, space for 2SLGBTQ and other oppressed groups, supports and services for Elders, adaptation of improved mental services, and greater awareness of traditional healing processes. Training, at 19% of overall commitments adopted by partnering agencies incorporates increased development in areas of anti-racism training, Indigenous cultural safety training, standardized job requirements, with the intent to provide an overall safer space for clients and community members.

Also encompassing safer spaces for clients and community members entails imagery throughout agencies, 14% of the commitments detailed internal change systems which included agencies incorporating Indigenous inspired images and artwork throughout their locations. Moreover, this also included 2SLGBT representation such as Pride or Rainbow Flag images. Internal change systems also entailed more emphasis on methods of documentation and appropriate use of language as clients and community members represent a vast variation of identities and experiences. Lastly,

more emphasis is needed on collaborative work between Indigenous and non-Indigenous agencies to ensure clients and community members are referred to services that best suit their needs. Policy/Advocacy, at 2%, equates the least amount of commitment as they stem from stronger relationships with the City of Toronto. Although relationships with the City of Toronto are vital for the longevity of most services and programming, it was commonly believed that it was the responsibility of the City of Toronto, provincial and federal governments to foster and maintain stronger relationships with

**FIGURE 3.  
COMMITMENT CATEGORIES OVERVIEW**



Indigenous agencies, clients, and community members.

## Efficiency / Commitments and Responsibility

### Internal Coordination

Employee engagement has long been an effective strategy to increase employee

retention and productivity and to enhance organizational outcomes regardless of sector, industry or size of workplace (Schwartz et al, *The Voice of Nonprofit Talent: Perceptions of Diversity in the Workplace*, 2008). When employees see themselves represented in leadership and decision-making, their feelings of value and belonging are enhanced. There is a relationship between workplaces with diversity and inclusion strategies and employee



engagement, which leads to an array of positive outcomes including increased retention, low turnover costs, and higher levels of productivity.

For the *All Our Voices* Project, agencies outlined that it was vital for all members of the partnering agency to be included in all process of operation in varying capacities. In service delivery, it is vital to include and engage seasoned and new hires in program provisions. Implementing commitments to an agency employs a large amount of engagement of staff and resources, which is needed for agencies to conduct a scan of both strengths and shortcomings. With awareness, agencies can begin to better allocate services and resources to ensure the outcomes of inclusivity is initiated and maintained.

### Local Coordination

The *All Our Voices* Project benefited from horizontal cooperation from the partnering agencies of TASSC. Sharing of information across agencies has the potential to lead to stronger collaborative relationships and better integration of existing data, services, and expertise. This contributed to the efficiency, coherence and consistency of the project.

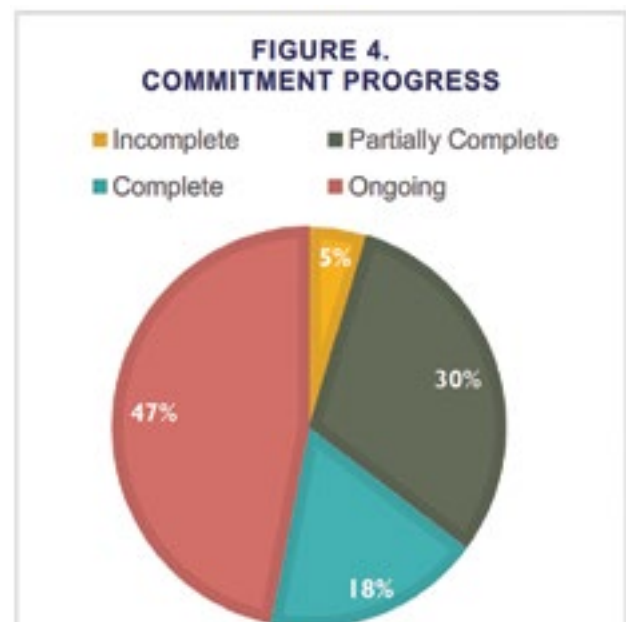
The use of community throughout the *All Our Voices* Project afforded excellent value added by enabling the project to develop and tailor commitments that would greatly impact themselves as clients and community members. This greatly enhanced the efficiency of the project and its outreach capacity.

### Effectiveness / Measurement

The project played an innovative role in developing an understanding of how to increase access to social services with a focus on inclusion for all Indigenous peoples in Toronto.

All the activities associated with commitment implementation that were undertaken indicate a high level of connectedness and networking among agency staff and local social service providers, e.g. other social service and social work agencies. This created a positive dynamic in support of the project.

Of the 190 commitments adopted by the partnering agencies, Figure 4. outlines the progress and status of the commitments followed the completion of the *All Our Voices* Project. At 47%, the largest portion of the commitments are continually ongoing. Ongoing commitments are often tasks and changes that demand longer timeframes to implement, and often times depends on agency resources. Some commitments will always be categorized as ongoing as their tasks are never completed. Of the 190 commitments, 30% are partially complete and 18% are completed, meaning they have been completely implemented or are near completion. Lastly, only 5% of the commitments adopted by partnering agencies have been identified as incomplete. Although agencies have done considerable work to



employ institutional change within their agencies during the *All Our Voices* Project, not all commitments could have been possible to complete, as agency goals of implementation were high during the initial stages of the project. Agencies have made an overall commitment to ensure facets of this project are ongoing to completion following this project.

## **Sustainability / Resources and Supports**

Projects are by nature not designed to be sustainable. They are dependent on funding allocation and have no income-generating mechanism to ensure that the activities can continue beyond the project's life.

A project can become sustainable when either an alternative funding source is identified, often through having governments own the project and embed it under their policy (by ensuring governmental funding), or when there is another funding source that can support the activities financially. One important note for the longevity and sustainability of the *All Our Voices* Project is improved agency communication and collaboration.

Partnering agencies may collaborate to advocate and inform policy-making and system change; to coordinate and plan services across geographical regions and service areas; or to plan and deliver direct services to clients. Agencies across a whole sector, such as social service providers, may collaborate together. Or the collaboration may involve a few individual agencies whose staff know each other and come together to exploit specific opportunities to improve services or influence policy. Often, individual organizations are collaborating in many ways, with many different groups of organizations at the same time.

Agencies promoting health and social outcomes are grappling with two concurrent realities: dwindling budgets and declining state support; and, a rapidly ageing population. Successful collaborations are about a process that includes relationship building, sharing of resources and establishing a shared vision.

## **Conclusions**

### **Relevance**

The *All Our Voices* Project was entirely relevant to the needs of local social services agencies and service providers. However, different agencies showed different levels of incorporation and implementation based on funding, agency mandate, relevancy, and overall desire to implement.

### **Ownership**

The *All Our Voices* Project was an ambitious project with all sixty (60) commitments covering vast areas of increasing access to social services, with a focus on inclusion for all Indigenous peoples in Toronto. It facilitated vertical interaction and integration between the various levels of agencies with a view to stimulating interest and providing a comprehensive analysis of current policies, services and resources. The greatest success was achieved in those agencies already committed to systematic changes to ensure clients and community members obtain better services and supports.

### **Efficiency**

Despite an initially slow start, the results obtained were clearly good value as positive changes to service delivery was implemented as evidenced by incorporation and implementation of 190



commitments overall, from seven partnering agencies.

### **Effectiveness**

The *All Our Voices* Project created a very solid foundation, which local partnering agencies can use to measure, value, assess and continue in other social service agencies in the future. The material has proven to be useful and applicable and has provided local actors with the necessary know-how.

### **Sustainability**

Nevertheless, the sustainability of the project is questionable owing to the lack of a follow-up project or any sort of continuation by local actors. The project was able to present and disseminate commitments of inclusion, but a much deeper agency scan would be needed to ensure that the process remains on track and that the new staff can also learn to support inclusionary workspaces moving forward.





AOV Evaluation Report Prepared for TASSC by

**Shane N. Young, BSW, MSW, PhD Student**

