

# Sharing the Journey of Coordinated Access in Winnipeg

Logic Model and  
Evaluation Framework

February 2022



# Sharing the Journey of Coordinated Access in Winnipeg: Logic Model and Evaluation Framework

Report prepared in collaboration with End Homelessness Winnipeg (Betty Edel, Kristiana Clemens, Charlotte Nolin, Amy Reinink) and the Canadian Observatory on Homelessness (John Ecker, Carter Sehn, Babatunde Olusola Alabi)

## Acknowledgments

We thank Lonnie Embleton, Erika Morton, Justine Levesque, and Jordan Babando for their support with this project.

© 2022 Canadian Observatory on Homelessness Press

ISBN 9781550146837

This document is protected under a Creative Commons license that allows you to share, copy, distribute, and transmit the work for non-commercial purposes, provided you attribute it to the original source.

## How to Cite

End Homelessness Winnipeg, Canadian Observatory on Homelessness. (2022). *Sharing the Journey of Coordinated Access in Winnipeg: Logic Model and Evaluation Framework*. Toronto: Canadian Observatory on Homelessness Press.

Report designed by Steph Vasko,  
Canadian Observatory on Homelessness (Hub Solutions)



# Table of Contents

<b>Executive Summary</b>	<b>4</b>
<b>Introduction</b>	<b>7</b>
<b>What is the potential impact of coordinated access systems on Indigenous communities?</b>	<b>18</b>
<b>How can cultural safety practices be incorporated into coordinated access systems?</b>	<b>23</b>
<b>How can the principles of data sovereignty be applied to coordinated access practices?</b>	<b>27</b>
<b>Coordinated access logic model</b>	<b>28</b>
<b>Coordinated access evaluation framework</b>	<b>38</b>
<b>Reflections and next steps</b>	<b>47</b>
<b>References</b>	<b>50</b>



# Executive Summary

This report provides an overview of Winnipeg's journey to a coordinated housing and homelessness system.

End Homelessness Winnipeg, the Community Entity in Winnipeg, has been developing coordination processes for several years and is now at the point of building coordination practices across the entire housing and homelessness system. This process has been grounded in the knowledge from previous research reports and from the lived experience of community members. To further document the journey to a holistic coordinated access system, End Homelessness Winnipeg partnered with the Canadian Observatory on Homelessness (COH) to develop a program logic model and evaluation framework to guide implementation.

To begin, a Project Advisory Committee was created. This Committee provided guidance on the project and was composed of stakeholders from End Homelessness Winnipeg, community members, and the COH team. The Committee shared valuable information on the context of Winnipeg, the history of coordinated access in Winnipeg, and the vision for a fully implemented coordinated access system. The Committee also provided the COH with key documents related to coordinated access systems.

With this information, the COH team drafted a program logic model that outlined the vision, goals, target population, eligibility, inputs, activities, outputs, outcomes, and guiding principles of a fully operational coordinated access system in Winnipeg. The logic model was presented to the Committee and refinements were made.

Having a draft program logic model prepared, the next step involved verifying the logic model with members of the community. A total of five consultations took place with community members that reflected the diversity of Winnipeg. This included Indigenous people, older adults, women and gender diverse communities, people with disabilities, young people, newcomers and refugees, and 2SLGBTQ+ individuals.



## Here is what we heard from the consultations:

- There is a need for easier access to supports. Participants spoke of having to wait a week to speak to service providers. Participants spoke of the challenges of being switched between different agencies and the importance of having a choice in what services are offered to them.
- The lack of systems coordination was discussed by all participants, with some participants feeling like they were getting bumped around the system.
- There is a lack of affordable housing in Winnipeg and rental costs continue to rise. These costs are not keeping up with people's incomes and the affordable housing that is available is often of poor quality.
- If the coordinated access system is guided by the Seven Sacred Teachings, it is important to abide by them.
- Assessment tools should be used to gather relevant information about a person's situation, not to traumatize people as they go through the assessment process.
- The coordinated access system needs to be promoted in the community so that all community members are aware of the services available to them.
- When people get housed, they would like staff to check up on them.
- People like being able to speak with staff members with lived experiences of homelessness since they know what they have been through.
- Staff training is essential to develop a person-centered coordinated access system. Staff should be working from a trauma-informed, culturally informed, and harm reduction approach. Staff need to treat individuals with dignity and have humility.
- Data collection procedures and policies should be clearly explained to any participant of the coordinated access system.
- The coordinated access system needs to address the racism that people in Winnipeg encounter and to recognize the diverse communities that live in Winnipeg.
- The logic model needs to be clear, without the use of jargon.



## This feedback resulted in the COH team creating two logic models.

The first is meant for policymakers and stakeholders in the homelessness and housing system. The second is meant for the broader community and uses more plain language. The consultation sessions were vital in creating logic models that were grounded in lived and living experience and relevant to a variety of audiences.

Evaluation frameworks were also created. These frameworks were created based upon reviewing previous reports and through consultations with the Committee. Due to time constraints, they were not verified through community consultations. Therefore, they will need to be verified with the community before any evaluation plans proceed.

Going forward, the logic models can serve as guiding frameworks for End Homelessness Winnipeg to base the emerging coordinated access system on. It should be viewed as a living document, meaning that the components of the document may change over time as the coordinated access system grows. It will require that the logic model be reviewed on an annual basis so that community members have an opportunity to provide input on the coordinated access system. The accompanying evaluation frameworks will need to be vetted by community before they are implemented. It will be important for the evaluation frameworks to be grounded in Indigenous values, understandings, and actions.



# Introduction

This report presents an overview of End Homelessness Winnipeg's journey to implement a coordinated access system tailored to the needs of people experiencing homelessness in Winnipeg.

This report documents the journey from July to December 2021. It is important to note that this journey will continue to develop as coordinated access processes are implemented. The current project was led by Indigenous stakeholders from End Homelessness Winnipeg and the Indigenous community in Winnipeg. Hub Solutions, a social enterprise of the Canadian Observatory on Homelessness, participated as a collaborator on the project.

The report begins with background information on Winnipeg's population, information on homelessness in Winnipeg, background on coordinated access, and the collaborative work that the Winnipeg community has engaged in to develop coordinated systems in the past. It then discusses how a logic model was created to provide an overarching framework for the rollout of Winnipeg's coordinated access system. Following this, an evaluation framework to monitor the rollout of Winnipeg's coordinated access system is presented. The logic model and evaluation framework were created through a review of historical documentation of previous consultations with local stakeholders and through consultations with local stakeholders. The logic model was also vetted through consultations with community members who reflect diverse communities.

## Background on Winnipeg

The 2016 Census reports that Winnipeg has a population of 705,244 people (Statistics Canada, 2020). The median age of the population in Winnipeg in 2016 was 38.8. Of major cities in Canada, Winnipeg has a large Indigenous population. Indigenous Peoples represent 12.2% of Winnipeg's total population. The majority of Indigenous Peoples in Winnipeg identify as Métis (54%) or First Nations (44%), with a small proportion identifying as having multiple Indigenous identities, Inuit, or other (2%). Of all Indigenous Peoples in Manitoba, 38% reside in Winnipeg.



The majority of households in Winnipeg reside in a single-detached house (59%) and the average household size is 2.5 people. The vacancy rate in 2020 was 3.8% (Canada Mortgage Housing Corporation, 2021). The average rent for a bachelor apartment was \$770, for a one-bedroom apartment it was \$982, for a two-bedroom apartment it was \$1,240, and for a three-bedroom apartment it was \$1,535. The prevalence of low-income households (based on the Low-income cut-offs, after tax) was 13.3% (Statistics Canada, 2016). The percentage of households in core housing need was 12.8% in 2016. There are more than 9,000 households on Manitoba Housing's waitlist.

Manitoba's Employment and Income Assistance Program (EIA) provides single adults with no children a total of \$796 per month (Province of Manitoba, 2021). A single parent with one child receives between \$1,312 and \$1,363 per month from EIA depending on the age of the child (this does not include the Canada Child Benefit). A single adult with a disability who does not have children receives \$1,093 per month from EIA. Based upon these rates, most people on social assistance could not afford the average one-bedroom in Winnipeg.

**Of major cities in Canada, Winnipeg has a large Indigenous population. Indigenous Peoples represent 12.2% of Winnipeg's total population.**

**Métis:** 54%

**First Nations:** 44%

**Multiple Indigenous identities, Inuit, or other:** 2%

Sources: Statistics Canada, 2020.

## Background on Homelessness in Winnipeg

The Winnipeg Street Census 2018 obtained data from 1,519 individuals experiencing homelessness (Social Planning Council of Winnipeg, 2018). The majority of people were provisionally accommodated (59%), meaning that they were living in short-term transitional housing, institutional care, someone else's place, or in a hotel/motel. The remaining survey participants were residing in an emergency shelter (26%), including domestic violence shelters, or were unsheltered (13%), meaning that they were living someplace outside.

Approximately two-thirds of survey participants identified as men and the median age of participants was 39. There were 455 youth and children under the age of 29 who participated, of whom 31 young people under the age of 18 were staying on their own. Nineteen seniors, aged 65 or older, also participated in the survey.



Almost two-thirds of people participating in the survey identified as Indigenous, with 74% of young people identifying as Indigenous. Of Indigenous participants, over three-quarters were First Nations, 15% were Métis, five percent were non-status, and two percent were Inuit. Sixty percent of First Nations people grew up in a First Nations community and 59% of Indigenous people surveyed spent time in the care of Child and Family Services. A larger proportion of Indigenous participants were currently unsheltered, residing in institutional care, and residing in a hotel/motel.

Other key results of the Street Census include six percent of participants having served in the RCMP or military, close to 11% identifying as LGBTQ2S+, with a higher proportion of young people identifying as LGBTQ2S+, and close to three percent were recent immigrants, refugees, or refugee claimants. Twenty percent of the total sample reported staying in family groups. The majority of families with children stayed in transitional housing or someone else's place.

Winnipeg offers several different services for people experiencing homelessness. Based upon a resource from End Homelessness Winnipeg, the following supports are available:

#### Affordable Housing Providers

- Dakota Ojibway Tribal Council Housing Authority
- Winnipeg Rental Network
- Winnipeg Housing Rehabilitation Corporation
- Kinew Housing
- S.A.M. Management
- New Journey Housing
- Manitoba Housing
- Sponsor Managed Social Housing
- IRCOM Housing

#### Housing Supports, Housing Access Services & Financial Assistance Providers

- West Central Women's Resource Centre
- Resource Assistance for Youth (RAY)
- Men's Resource Centre
- Rent Assist
- Aboriginal Health and Wellness
- North End Women's Centre
- Ndinawe
- Doorways
- EIA
- Ma Mawi Wi Chi Itata Centre
- SNA
- HOCS
- Tenant Landlord Corporation
- Mount Carmel Clinic
- MacDonald Youth Services



### Mobile Outreach

- Downtown Community Safety Partnership
- Mount Carmel Clinic Sage House
- West Central Women's Resource Centre
- Main Street Project
- St. Boniface Street Links
- Ndinawe
- WE24
- Ma Mawi Wi Chi Itata Centre
- Street Connections
- Resource Assistance for Youth (RaY)

### Overnight Shelters & Safe Spaces

- Main Street Project
- Sscope
- Rossbrook House
- Salvation Army Centre of Hope
- MYS YRC
- WE24
- Siloam Mission
- Ndinawe Tina's Safe Haven

### Day Drop-Ins with Food & Washrooms

- IJustCity West End Drop-in
- Mount Carmel Clinic Sage House
- One88
- Sunshine House
- Freedom House
- North End Women's Centre
- Salvation Army Weetamah
- Union Gospel Mission
- West Central Women's Resource Centre
- Lighthouse Mission
- Oak Table
- Siloam Mission
- Velma's House

### Bagged Meals

- Agape Table
- Holy Trinity
- North End Women's Centre
- Thrive
- Andrews Street Family Centre
- Ka Ni Kanichihk
- NorWest Co-op Community Food Centre
- West Broadway Community Services
- Freedom House
- Missionaries of Charity
- RaY
- West Central Women's Resource Centre



The Winnipeg Outreach Network also lists several resources available in Winnipeg. The services include hotlines, addiction supports (i.e., detox centres, first stage treatment centres, second stage treatment centres, community support groups, youth addiction services, opiate clinics and services), street outreach, shelters, community sites, medical supports, victim/crisis services, 2SLGBTQ+ supports, exploitation services, supports for free clothing, supports that offer meals, housing supports, personal rights supports, free laundry, free showers, and access to safer sex and safer drug supplies.

## Background on End Homelessness Winnipeg

End Homelessness Winnipeg is Winnipeg's Community Entity for both the Indigenous and designated streams. The Community Entity is responsible for managing the Reaching Home Strategy funds under the Government of Canada. In 2019, End Homelessness Winnipeg announced that it became an Indigenous organization. This was an important shift that reflects the realities of the over-representation of Indigenous people experiencing homelessness in the city. In 2020, End Homelessness Winnipeg released its 5-year plan with seven targets to be reached by 2025 (End Homelessness Winnipeg, 2020). These targets are:

- **Create 1,340 additional housing units**
- **House 1,519 people experiencing absolute homelessness or those who are provisionally housed**
- **Reduce the overrepresentation of Indigenous people accessing emergency shelters by 50%**
- **Shorten length of stays in emergency shelters so that 92% are less than 10 days**
- **Eliminate entries to homelessness among released inmates and youth who are in Child and Family Services care or disengaging from school**
- **Expand the use of HIFIS to 45 homeless-serving organizations and programs as part of a coordinated access system**
- **Prevent 90% of those served by coordinated access from re-entering homelessness**



These targets build on the four pillars of Winnipeg's 10-year plan:

- **Prevention:** Keep people from becoming homeless
- **Person-centered Supports:** Offer services that meet individuals' needs
- **Housing Supply:** Create adequate low-income housing
- **Measurement:** Research best practices and evaluate progress

## Background on System Coordination Work in Winnipeg

End Homelessness Winnipeg and Winnipeg's broader social service sector have engaged in numerous strategies to create a more coordinated approach to addressing homelessness. Below, results and recommendations from several reports are summarized.

### Overarching approaches

Stakeholders in Winnipeg have previously engaged in, and continue to engage in, processes to coordinate housing and homelessness services. One study, *Advancing Coordination of the Winnipeg Homeless Sector* (The Institute of Urban Studies, 2017), discussed many of the strengths and challenges that exist in coordinating Winnipeg's homelessness system. The report noted that services recognized the need for more coordination across the sector, but it was not clear as to how the system should be coordinated and what services should be coordinated. Further, there were concerns from the community that a coordinated system would lead to a centralized, unresponsive, or bureaucratic system. Existing coordinated tables are currently operating in Winnipeg, but community members felt that there was limited communication happening between them.

An example of existing coordinated systems in Winnipeg is Housing Plus and Doorways. Housing Plus is managed by the Winnipeg Rental Network (WRN). Housing Plus provides centralized housing procurement and tenant/landlord supports for Winnipeg's Housing First programs.

Doorways is a collaborative of Housing First providers in Winnipeg. Doorways offers a centralized intake process and referrals to supports and services in Winnipeg for individuals experiencing homelessness. Much like coordinated access procedures, Doorways operates from a model focused on access, assessment, assignment, and assistance.



- **Access:** Doorways operates a hybrid model of access, where any person can access the system through “door” agencies (participating shelters and agencies) or the Doorways Hub (a walk-in centre located at the Aboriginal Health and Wellness Centre of Winnipeg).
- **Assess:** Involves a two-tiered screening and assessment process to gather information about a person’s housing and support needs. Doorways uses the VI-SPDAT for intakes and the SPDAT for people who meet the criteria for housing with support programs.
- **Assign:** People with lower support needs are referred to early intervention and support services that meet their needs. People with higher needs are placed in housing with support programs.
- **Assist:** Anyone can access the Doorways Hub for information or assistance navigating the system and can be offered a referral to the right programs and services.

Some limitations of this model have been identified. As Doorways is focused on people who qualify for Housing First programs, it sometimes means that community members who do not qualify for these programs are referred back to the agency that referred them to Doorways in the first place (The Institute of Urban Studies, 2017). This limits the potential of Doorways to engage in diversion and prevention efforts. Further, Doorways has a limited governance framework to enable it to be a shared community program (The Institute of Urban Studies, 2017).

The [Advancing Coordination of the Winnipeg Homeless Sector](#) report highlights several strategies to develop a more coordinated system:

- Create a single ‘Planning and Coordination Table’ to develop formal coordination and communication mechanisms between funders, government agencies, and community-based organizations
- Create a ‘Common Funder’s Table’
- Create a ‘Community of Practice’ among direct service providers
- Hire an Indigenous liaison to develop and expand the Indigenous funding portfolio
- Publicly post Terms of References, minutes of meetings, Community Plans, research reports, and activity reports of the Community Advisory Board and the Community Entity
- Develop a community driven ‘vision’ for the future and collective understanding of how the sector should evolve
- Develop a collective understanding related to coordination terminology and processes between stakeholders, including the terms alignment, coordination, collaboration, and centralization



- Develop documents that outline the roles and responsibilities related to coordination (who is doing what and what is trying to be achieved)
- Create tools to assess coordination between agencies
- Create flexible definitions for chronic homelessness that consider domestic violence and hidden homelessness
- Develop rapid re-housing programs for individuals with lower support needs that do not need the intensity of services offered by Housing First programs
- Develop services for people with complex needs that are not being met through Housing First programs
- Include diversion strategies within a coordinated system
- Ensure that the coordinated system is grounded in a trauma-informed approach
- Ensure that the coordinated system includes the mental health system, the child welfare system, the hospital system, and the criminal justice system to coordinate supports and lead to collaborative discharge planning to avoid exits into homelessness.

## Developing Responses Specific to Indigenous People

There has also been previous research completed on how to develop a system that is attuned to the needs of Indigenous communities in Winnipeg. The [Advancing Coordination of the Winnipeg Homeless Sector](#) report notes that any system needs to be culturally appropriate. This means that people receiving services feel culturally safe, welcome, and have a sense of belonging or connection to the people or organization from which they are receiving services (The Institute of Urban Studies, 2017).

A second report, [Localized Approaches to Ending Homelessness: Indigenizing Housing First](#) (Distasio, Zell, McCullough, & Edel, 2019 p.9) note that “change has to be rooted within an Indigenous set of values, understandings, and subsequent actions.” This starts at the development of new approaches and frameworks and managing these new approaches and frameworks as they are implemented in the community. The system should be built on trust, inclusiveness, and humility. It should operate from a trauma-informed approach that recognizes culture and diversity, the strengths of people and the community, and a cooperative and collaborative frame.



The report further goes into the importance of developing a culturally based intake and assessment process (Distasio et al., 2019). It is important to develop such a system since the intake and assessment process can potentially re-expose people to trauma. Therefore, the process should focus on relationship building, understanding needs, and building trust. Any process should align itself with the comfort and pace of the person who is engaging with the system. The process should also strive to understand the person's whole life, including the strengths and challenges they have encountered.

## Developing Responses Specific to Youth

Similar recommendations were brought forward in Winnipeg's [Youth Homelessness Plan](#) (Maes Nino & Godoy, 2016). The youth plan highlights the importance of building upon the existing system and shifting towards prevention and early intervention. The vision is to develop a coordinated system that provides young people immediate and ongoing access to housing and supports. In its current form, young people are not always aware of the services available to them. Young people also encounter barriers related to age mandates, the need for identification, and sobriety requirements of some programs. There is also a lack of coordination in the system around data and information sharing that respects privacy concerns.

The *Youth Plan* recommends that a coordinated system will have diverse access points that adopt a no wrong door approach to service, including access to 24/7 youth hubs. There were also calls for more outreach services to connect with young people, a defined and universal intake and referral process, the development of consistent and compatible policies for consent to information sharing with the support of Privacy Officers, and the creation of a common database that facilitates information sharing that follows the OCAP® principles. The Plan also recommends that service providers receive cultural competence training focused on Indigenous communities, the needs of people coming from First Nations, rural, and remote communities, and the 2SLGBTQ+ community.

The *Youth Plan* highlights a few community examples of successful system coordination. The first is the Winnipeg Regional Health Authority's application of a no wrong door approach. The Health Outreach and Community Support (HOCS) team supports people to navigate the system. The second is the Building Futures program for youth aging out of care, which is a partnership between four agencies and two funding bodies. The program aims to support young people no matter where they first ask for support to be connected to the appropriate service.



## Developing Responses Specific to Women

In Drabble and McInness' (2017) report, [Finding Her Home: A Gender-Based Analysis of the Homelessness Crisis in Winnipeg](#), it is noted that gaps in coordination between systems that women are involved with contributes to homelessness among women and a barrier to obtaining housing. To address this, a broad and coordinated system of care focused on systems integration was recommended, including engagement with Child and Family Services, EIA, and the criminal justice system.

### Background on Coordinated Access

#### What is coordinated access?

Reaching Home, Canada's federally funded homelessness initiative, defines a coordinated access system as a:

Process by which individuals and families who are experiencing homelessness or at risk of homelessness are directed to community-level access points where trained workers use a common assessment tool to evaluate the individual or family's depth of need, prioritize them for housing support services and then help them to match to available housing focused interventions (Employment and Social Development Canada, 2019).

There are four main components to coordinated access systems (Employment and Social Development Canada, 2019):

- **Access.** "The engagement point for the individual or family experiencing a housing crisis. This may include emergency shelters, mobile outreach teams, day centers, other community-based organizations and hotlines."
- **Assessment.** "The process of gathering information about an individual or family accessing the crisis system."
- **Prioritization.** "The process of determining the individual's or family's priority for housing based on information gathered through the assessment."
- **Matching and referral.** "The process whereby the individual or family is matched to and offered housing based on project-specific eligibility, needs, and preferences."



## Why coordinated access?

Coordinated access systems are thought to help communities move to a person-focused system that prioritizes and matches households with the greatest needs to receive the most intensive services (U.S. Department of Housing and Urban Development, 2017). Rather than having several different organizations making decisions about who to house and what services to offer, coordinated access systems attempt to streamline this process and create an integrated housing and homelessness system (U.S. Department of Housing and Urban Development, 2017; Employment and Social Development Canada, 2019). Several effective qualities of coordinated access systems have been identified, including being low barrier, having a Housing First orientation, being person-centered, ensuring fair and equal access, and being inclusive of subpopulations experiencing homelessness (e.g., families, youth) (U.S. Department of Housing and Urban Development, 2015). Reaching Home has also provided communities with guidance on the delivery of coordinated systems through the [Reaching Home Coordinated Access Guide](#) (Employment and Social Development Canada, 2019). Reaching Home will require all Designated Communities (i.e., communities that receive funding from the federal government) to implement a coordinated access system by March 2022. Despite this mandate, there have been few studies conducted on coordinated access systems, particularly in the Canadian context, to demonstrate if coordinated access systems are indeed meeting intended objectives.



# What is the potential impact of coordinated access systems on Indigenous communities?

In directives from Reaching Home, it is stated that Community Entities are responsible for engaging with Community Advisory Board(s) and Indigenous service providers on the design and use of local coordinated access systems. The directives also state that:

- all people experiencing or at risk of homelessness must have equitable access to coordinated access sites, including Indigenous Peoples;
- that a common assessment tool be used that can be adjusted to meet the needs of Indigenous Peoples; and
- that prioritization strategies consider a person's Indigenous identity and the potential need for separate prioritization lists for Indigenous Peoples.

These directives clearly indicate the need for special considerations to be made when developing coordinated access systems with Indigenous communities. Below, considerations are highlighted as to why Indigenous-specific coordinated access are necessary based upon the four main components of coordinated access systems and data management.

## Overarching approach

An overarching approach to working with people who access the coordinated access system can be adapted from the work of Thistle and Smylie (2020), who co-led the development of Indigenous-specific clinical guidelines regarding Indigenous homelessness. The authors outline four protocols that health providers should use when working with Indigenous people experiencing homelessness:

- **Identifying and situating oneself:** Providers should self-locate themselves as a guest if they are not from the Indigenous territory they are currently situated in.
- **Keeoukaywin (visiting):** Allowing for an adequate time when working with an individual, so that the appointment is not rushed. This can include offering food and beverages prior to the start of the appointment or during the appointment.



- **Hospitality:** Institutions should have Indigenous-specific features, such as symbols and artwork of the local territory and having diverse Indigenous staff.
- **Treat people as you would treat your own relative:** Providers should treat all individuals with kindness, respect, and dignity, listen to individual's stories with an open mind, heart, and spirit, and focus on the needs and strengths of individuals.

Although specific to the healthcare sector, the above guidelines can be readily applied to the homelessness sector as well.

## Access

Appropriate access points are instrumental for a successful coordinated access system, particularly for Indigenous communities. Discrimination and racism can be common occurrences within traditional institutions, such as the healthcare system (Monchalin, Smylie, & Nowgesic, 2019; Tjensvoll Kitching et al., 2020). This can lead some Indigenous individuals to avoid institutions (Tjensvoll Kitching et al., 2020) or hide their Indigenous identity to avoid discrimination (Monchalin, Smylie, & Bourgeois, 2020).

As outlined by Bomberry et al. (2020) several considerations should be made when deciding on access points for coordinated access systems:

- **Indigenous agencies are the preferred access point for Indigenous individuals and families experiencing homelessness.**
- **In person access allows for trust building, but having a variety of access points (e.g., virtual, phone-based) is important**
- **It is important to ensure that support is available to individuals and families unfamiliar with the local context, as there may be migration across communities**

Bomberry et al. (2020) also note that there is a lack of safety in current mainstream, non-Indigenous systems, and a clear need for cultural competency training. Training is important because some staff at mainstream agencies do not know how to work with Indigenous people in a culturally respectful manner. As part of this training, providers should understand the power imbalances that exist and the colonial histories that contribute to these imbalances (Nelson & Wilson, 2018).



## Assessment

Assessment tools currently used in the homelessness sector are not specific to Indigenous people. Commonly used tools, such as the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and the Vulnerability Assessment Tool (VAT), were created from a Western-based perspective and therefore may not be culturally appropriate for Indigenous communities.

Looking to the mental health assessment literature, culturally appropriate understandings of Indigenous worldviews are rarely incorporated in mainstream settings, particularly the impact of colonization (Haswell-Elkins, Sebasio, Hunter, & Mar, 2007), and Indigenous people have had limited input in the development of assessment tools (Newton, Day, Gillies, & Fernandez, 2015). As a result, cultural differences are often viewed as deficits rather than strengths (Haswell-Elkins et al., 2007) and Indigenous people may be suspicious of assessment, as it can be considered a form of social and cultural control (Drew, Adams, & Walker, 2010).

To develop tools that are culturally grounded, the following considerations should be made:

- **Undertaken from an Indigenous perspective from the outset, not Indigenousizing existing practices (Drew et al., 2010)**
- **Use a strengths-based approach and not a deficits model (Haswell-Elkins et al., 2007)**
- **Have a culturally defined recovery-oriented focus (Haswell-Elkins et al., 2007) and cultural explanations of an individual's history and circumstances (Drew et al., 2010)**
- **Be mindful of a person's whole story and include narratives to understand identity, well-being, and health (Haswell-Elkins et al., 2007)**
- **Recognize and acknowledge the legacies of colonization, including dispossession, disempowerment, and abuse (Haswell-Elkins et al., 2007)**
- **Applying flexible interpretations of assessment data, which align with Indigenous knowledge (Haswell-Elkins et al., 2007)**

Non-Indigenous clinicians must meaningfully consult with Indigenous community members in the development and administration of assessment processes/paths to gain an understanding of the cultural impacts of conducting an assessment (Haswell-Elkins et al., 2007). This includes an understanding of the appropriate protocols to be in place prior, during, and after an assessment occurs.



The administration of assessment tools must be grounded in relationship building (Bomberry et al., 2020). A trusting relationship between the assessor and the person being assessed is critical and some Indigenous individuals may prefer to have the assessment conducted by another Indigenous person (Esler, Johnston, & Thomas, 2007), or have their family members be present during the assessment (Esler et al., 2007). The assessment process should not be rushed, as it has been suggested that assessors wait until they have met the individual a few times before the assessment occurs (Esler et al., 2007). The setting of the assessment is also important, as Indigenous individuals may prefer to have assessments conducted in familiar settings, close to their community (Drew et al., 2010).

## Prioritization

Prioritization is meant to prioritize individuals and families for housing based on information gathered through the assessment process (Employment and Social Development Canada, 2019). When establishing prioritization strategies, communities should consider Indigenous identity as one of the eligibility requirements (Employment and Social Development Canada, 2019). Bomberry et al. (2020) state that allocating resources based on Indigenous values and traditions should be considered when developing prioritization strategies. For example, representatives from the Indigenous community in Hamilton noted that Indigenous children and youth, families, women, and Elders and seniors should be given priority access to housing. The Seventh Generation Principle was described as a guiding principle when making this decision.

## Vacancy Matching

The vacancy matching process matches individuals and families to housing and supports based on project-specific eligibility, needs, and preferences (Employment and Social Development, 2019). Based upon this match, the individual or family is offered the housing and support and has the right to decline. For Indigenous communities, this process can be limited by the racism and discrimination that Indigenous people encounter from landlords (Bomberry et al., 2020). Although there are often limited options, it is important that housing specific to Indigenous communities is made available and that funding is provided so that more Indigenous housing can be developed (Bomberry et al., 2020).



It is also important to consider how mainstream housing and support options, such as Housing First, are based upon Western ideologies and may not reflect Indigenous cultures (Alaazi, Masuda, Evan, & Distasio, 2015). These options need to be redeveloped in collaboration with Indigenous communities, so that the options are more reflective of Indigenous cultural and spiritual practices that encourage a sense of belonging and connection to culture and community (Alaazi et al., 2015). Further, it will be important for programs to include Indigenous staff, offer ceremony to program participants, and provide connections to Elders (Bodor, Chewka, Smith-Windsor, Conley, & Pereira, 2011).



# How can cultural safety practices be incorporated into coordinated access systems?

## Overview of Cultural Safety Practices

To operate a low barrier and accessible coordinated access system, cultural safety must be grounded in all steps of the process. At its core, cultural safety is a process that works to create respectful relationships and fosters an environment where individuals feel safe and respected (Greenwood, Lindsay, King, & Loewen, 2017). To accomplish this within the Canadian context and to improve the experiences of Indigenous people accessing services, organizations and staff need to receive training outlining the history and effects of colonialism in Canada, and how the presence of intergenerational and on-going traumas continue to influence the health of Indigenous people. The key to cultural safety training is its emphasis on power relations and personal reflection. Cultural safety training places the responsibility on creating an environment that is conducive to Indigenous well-being on the individual receiving the training, not on Indigenous Peoples or communities at large (Downing & Kowal, 2011). This means that non-Indigenous service providers must learn of the differential treatment of Indigenous people within institutions and in social life, and an understanding of social positionality.

Personal reflection of the social location one occupies, the privileges granted from that location, and how one's positionality will influence interactions with others and one's own actions are all important realizations to work towards. The First Nations Health Authority, First Nations Health Council, and First Nations Health Directors Association in British Columbia (2021) identify this process as cultural humility. Cultural humility is

**a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience (p. 5).**



To create a culturally safe environment it is vital that non-Indigenous service providers are critical of how colonial narratives make their way into these systems, and actively resist such narratives because this can cause harm to Indigenous service users.

Cultural safety expands upon more traditional forms of understanding and training. For example, some Indigenous cultural awareness or cultural sensitivity training programs often focus on providing an understanding of Indigenous culture without the personal reflection that cultural safety training offers prioritizes (Downing & Kowal, 2011). Such trainings and workshops can be useful in providing a general education of Indigenous worldviews and knowledges and can be successful in stressing the importance of Indigenous ways of knowing and being. However, these kinds of cultural awareness trainings cannot realistically provide an in-depth education of the many different Indigenous cultures that exist. This generalized approach has been criticized for not respectfully representing unique and important aspects of the many Indigenous cultures, and rather, are problematically pan-Indigenizing many different worldviews (Downing & Kowal, 2011). By over-generalizing all Indigenous cultures into one pan-Indigenous identity, participants within outdated cultural sensitivity training learn incorrectly that there is only one Indigenous identity that exists today, with corresponding “essential” identity characteristics. These essential characteristics can in turn influence service providers participating in such cultural trainings to adopt harmful stereotypes, believing them to be factual and essential, as a result of their cultural sensitivity training (Downing & Kowal, 2011).

Cultural safety training resists “essentialist” narratives by both providing education related Indigenous cultures and worldviews, the history of Indigenous Peoples and colonization in Canada, and importantly, challenges social hierarchies and internally held colonial beliefs within service providers.

### **Cultural safety in the homelessness sector**

Through cultural safety training, service providers in the homelessness sector will be able to find more effective housing solutions for Indigenous service users. Past research has demonstrated that in finding the most effective approaches to experiences of Indigenous homelessness, community-based and culturally appropriate responses are needed (Alaazi et al, 2015). By providing an overview of concepts of home and homelessness/houselessness and identifying how these concepts and experiences are unique for Indigenous people’s, cultural safety can help promote the development of more Indigenous specific responses to homelessness/house-



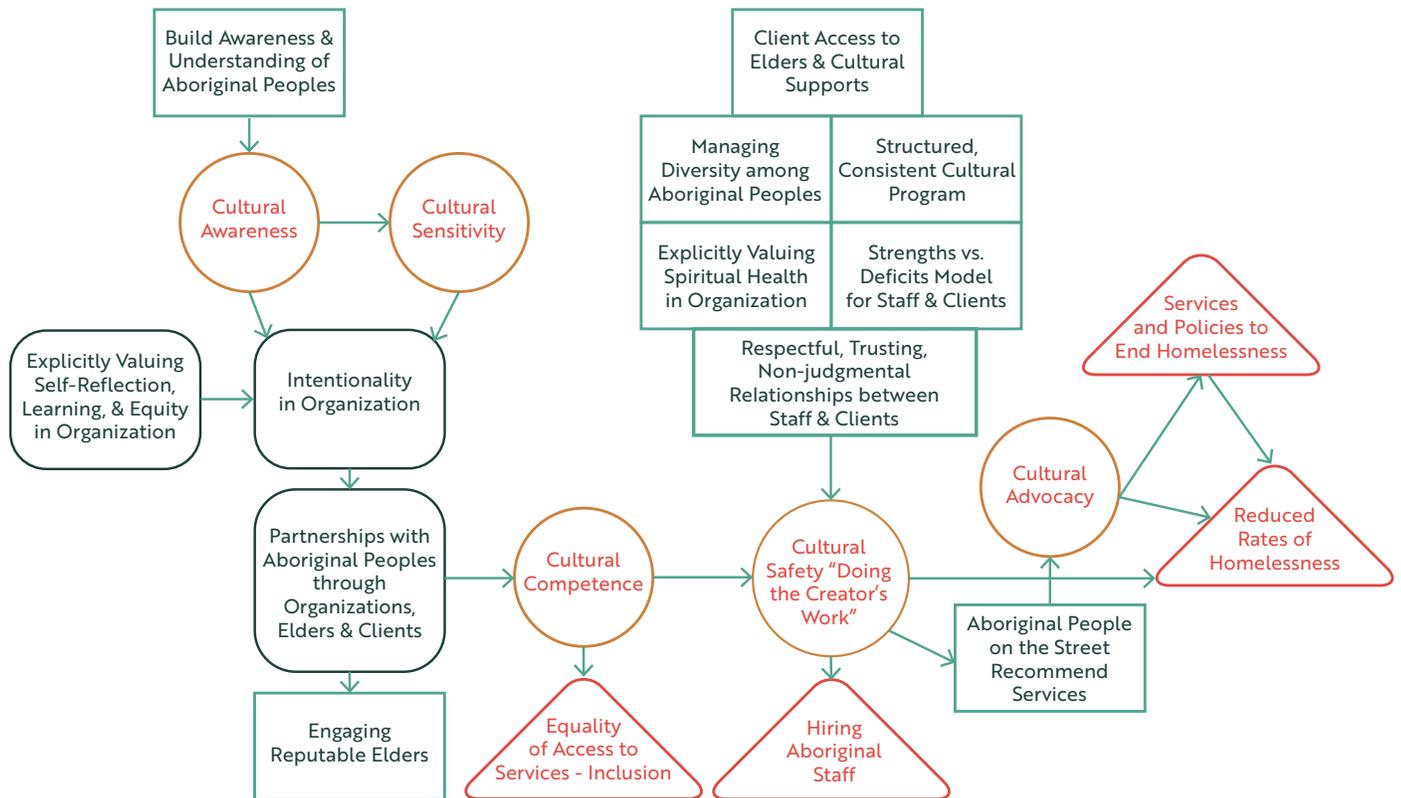
lessness. Ensuring that service providers have a more comprehensive and inclusive understanding of Indigenous experiences of homelessness/houselessness, as well as the history of colonization in Canada, there is potential for the presence of prejudice and racism to lessen (Christensen, 2016). By first providing an education in Indigenous cultures, worldviews, and experiences of homelessness/houselessness, service providers can undergo the first stage of cultural safety training.

When applying cultural safety to the homeless sector it is important to describe how the effects of colonization have created an over-representation of Indigenous individuals in Canada's homeless population (Christensen, 2016). It is essential to frame Indigenous experiences of homelessness in Canada as a consequence of a colonial context that continually works to negatively impact the lives of Indigenous peoples through social hierarchies, harmful ideologies, and institutions and systems. The emphasis that cultural safety places on critically examining power hierarchies present in society, and how they produce health outcomes is an important process for service providers to interrogate when conceptualizing Indigenous homelessness in Canada. By understanding that large interacting social processes are at work and create an environment that privileges colonial narratives and settlers, while simultaneously working to marginalize Indigenous Peoples, homeless service providers can more effectively understand Indigenous homelessness/houselessness as a social outcome rather than a personal one. By critically examining dominant Canadian culture in this way, it will be possible for service providers to render colonial ideologies and processes visible and avoid the adoption of harmful stereotypes perpetuated by the dominant colonial narratives present in society today (Downing & Kowal, 2011). Furthermore, by critically examining their own roles and how the homeless sector functions overall, service providers will be better able to challenge harmful colonial ideologies and practices they identify within the sector, and potentially even within themselves.



A research project conducted in Calgary provided a theoretical model for cultural safety in mainstream organizations (Bird, Thurston, Oelke, Turner, & Christiansen, 2013). The model focuses on intentionality and partnerships are essential to moving from cultural awareness to competency to safety. The framework developed by Bird et al. (2013) is presented below.

Figure 1: Theoretical Framework for Building Cultural Safety in Mainstream Organizations



# How can the principles of data sovereignty be applied to coordinated access practices?

Data collection, management, and storage is a key part of coordinated access systems. Through assessment, data is collected on individuals and families experiencing homelessness/houselessness so that they can be prioritized and later matched to housing and supports. This data is stored in databases, typically the Homeless Individuals and Families Information System (HIFIS) or a Homelessness Management Information System (HMIS). To manage privacy, data sharing agreements, and client consent, communities must develop a set of agreements in compliance with municipal, provincial, and federal privacy laws (Employment and Social Development Canada, 2019).

The directives from Reaching Home neglect to discuss the importance of working with data from Indigenous communities, particularly data sovereignty. Data sovereignty refers to the management of information in a manner that is legally consistent with the practice and policies in the nation or state that it is located (Kukutai & Taylor, 2016). It is aligned with the concept of “sovereignty”, which identifies a nation’s or state’s right to self-govern, with freedom from interference (The First Nations Information Governance Centre, 2019). Data sovereignty can be linked to empowering Indigenous communities to control the information that is collected from them and is an important aspect of building reciprocal relationships between Indigenous and non-Indigenous stakeholders.

One of the most common applications of Indigenous data sovereignty is the Ownership, Control, Access, and Possession (OCAP)<sup>®</sup> principles. The OCAP<sup>®</sup> principles demonstrate how data from First Nations should be collected, protected, used, and shared. First Nations communities collectively own the data that is collected (ownership), should have control over all aspects of data that impacts them (control), have access to data regardless of where it is held (access), and have physical control of the data (possession) (The First Nations Information Governance Centre, 2019).

Along with the OCAP<sup>®</sup> principles, Bomberry et al. (2020) identify some considerations that communities should make when collecting data within coordinated access systems. The first is to consider who data is being collected from. Only data that is representative of and meaningful to Indigenous communities should be collected. Secondly, communities must consider the intention behind the collection of data. Communities should ask, “Who will benefit from collecting this data?” and “What will the community gain from this?” and collaborate with Indigenous partners to flesh out these data collection intentions. Last, confidentiality and privacy of the data collected from Indigenous individuals and families is critical.



# Coordinated access logic model

## Logic Model Development

### Process

The logic model was developed through an iterative process. It began with the Canadian Observatory on Homelessness team reviewing minutes from three previous coordinated access consultations conducted by End Homelessness Winnipeg with community members. The consultations focused on introducing coordinated access principles to community members and attaining feedback on these principles from community members.

A draft logic model was created based upon these minutes and the literature review. It followed a Westernized template, with the vision for coordinated access in Winnipeg, eligibility for coordinated access, the inputs, activities, and outcomes of coordinated access, and guiding principles for implementation.

The logic model was shared with the project advisory committee, which included End Homelessness Winnipeg staff and Indigenous community members, and a discussion took place to modify and verify its content.

The logic model was then presented to community members in Winnipeg. These consultations were organized by End Homelessness Winnipeg and focused on specific sub-populations of Winnipeg's community. This included consultations with Indigenous community members, women and gender diverse individuals, young people, older adults, people with disabilities, newcomers, 2SLGBTQ+ individuals, and service providers. The consultations were co-led by End Homelessness Winnipeg and the Canadian Observatory on Homelessness. The consultations provided an opportunity for community members to provide feedback on the logic model and to discuss ways to present the logic model in a culturally based format. Based upon this feedback, the logic model was modified, and two different versions were created: 1) Policy makers and 2) Community members.

In the last step, the logic model was presented back to the Advisory Committee for a final verification. Presented below is the summary of notes from the community feedback sessions.



## Logic Model Verification Summary

### Main Themes from Across the Consultations

Below we present the main themes from the consultations with Indigenous community members, women and gender diverse individuals, young people, older adults, people with disabilities, newcomers, 2SLGBTQ+ individuals, and service providers. This information was used to further refine the program logic model.

### Background of Participants

#### Housing History

Participants across the consultations shared their housing histories. Some were currently homeless, while others were currently housed. Some participants spoke of being homeless for the first time, while others described cycling in and out of homelessness. Several participants also spoke of living in several cities in Canada before their current stay in Winnipeg.

### Service Use and Housing Experiences of Participants

#### Supports and Services in Winnipeg

Participants spoke of the support they get from family and friends and service organizations. Participants spoke of services they have accessed in Winnipeg such as Doorways and Ma Mawi Wi Chi Itata Centre.

Other participants spoke of the traumatizing nature of some shelters. They spoke of the violence that can occur and that staff can be hesitant to intervene as they are also scared of the situation. This can be triggering for people who have experienced violence in the past, leading them to exit the shelter and live on the street.

There were also discussions on the need for easier access to supports. Participants spoke of having to wait a week to speak to service providers. One young person spoke of the challenges of aging out of youth services and having to find other services in the city. Relatedly, participants spoke of the challenges of being switched between different agencies and the importance of having choice in what services are offered to them. This includes young people who age out of youth services.

Without increased resources, one participant shared that Coordinated Access will “waste your time because there’s still no where to put people. There are so many people fighting for just one spot in a shelter or in subsidized housing so when one spot comes available it is filled right away.”



## System Coordination and Systems Collaboration

The lack of system coordination was discussed by all participants. One participant said that they are told that they must go to different places around the city to access resources. They felt that they get bumped around the system. Participants also noted that they are not aware of all the resources available to them in the city. Another participant said, "I felt like I was being passed around like a cheap bottle of wine."

One participant shared how one service organization was only offering services to people that they were familiar with, resulting in the participant not receiving any service. The participant said, "It shouldn't be who you know that gets you services."

## Housing Affordability and Quality

Participants spoke of the lack of affordable housing in Winnipeg and the rising rental costs. These costs are not keeping up with people's incomes. Participants also said that some available housing is of poor quality. Participants said that they want a safe, clean place to live in and another participant shared that there needs to be more housing that is accessible for people with different health needs.

## Logic Model Comments

### The Seven Sacred Teachings

Some participants took issue with the application of the Seven Sacred Teachings in the logic model. Several participants agreed that it is one thing to organize the system around the Seven Sacred Teachings in principle, but it is another thing to abide by and implement them. Participants shared that it is difficult to trust the system, particularly when personal items can be stolen within the shelter system. One participant said, "honesty and trust is hard to build with people."

### Guiding Practices for Implementation

Participants liked the piece about staff treating people as someone's own relative but cautioned that it should not just be how you would treat your family. Some participants did not have strong relationships with their family but had other non-family members in their support network. These other supports, sometimes defined as one's "street family," were able to talk to the participants in a way that other people cannot. One participant suggested that the Golden Rule is used: Treat everyone like you would like to be treated.



## Assessments

Participants spoke of the utility of assessment tools as it relates to getting a sense of who people are. An assessment tool should help staff know what a person is currently dealing with. The more a person feels comfortable sharing information, the more help they can get from services. One participant said that peers could be involved in the assessment process.

Some participants did not like the word “assessment” as it brought forward thoughts of being interrogated. Current assessment tools, such as the SPDAT, were described as traumatizing people. A participant shared their experience as having to prove their trauma and tell their story several times over the past year. It was thought that assessments should be consistent across people.

## Awareness of Services

Participants shared that people need to know the supports that are available to them. They mentioned the addiction supports available at Siloam Mission and supports that extend beyond the homelessness sector, such as supports from religious organizations. When asked how people can be made aware of available services/programs the participants said a commercial, a Facebook page or other online resources would help them find out about resources.

## Transition to Housing and Supports

Participants spoke of the importance of supporting people once they are in housing. They shared that when they first got their place that they needed to stay away from the shelter for a few weeks. So, their worker stopped by their place instead. A participant shared, “Someone to come and check up on you is important. That made me feel good. Sometimes I’ll just be in my place and hibernate and sometimes I don’t realize I’m doing it.” Other participants also felt the same. For example, one participant said it is important to get out of the house and engage in activities, such as volunteering, because “you start to hate your place after a while.”

## Peer Support

Some participants shared the importance of having peer supporters available. A participant shared that when you are homeless, “you start to hate where you are at. You don’t necessarily think about what you’re going through can also help someone else.” Participants also shared that, “There’s something about being around people who know what you’ve been through.” When working with peers, “You don’t feel like you’re being judged.” This was important because some participants felt that, “Some staff make you feel like you are in the way.”



## Staff Training

Participants shared that staff need more training on mental health issues and taking a trauma-informed approach. This is needed as participants shared the various traumas that they have encountered in their lives. A participant felt that the current systems are not meaningfully addressing her identified challenges and that staff need to “get off their high horses.” The participants emphasized that staff need to have some humility and treat people with dignity.

## Client Data and Staff Consistency

One participant asked if organizations in Winnipeg has access to his file. The participant said people should determine what level of information should be shared with other organizations. Related to data, one participant said it is important for organizations to have access to a person’s information, because “you have to start all over from the beginning” when you meet a new worker.

## Prevention and Diversion

A few participants asked about the prevention and diversion component of the logic model. It was explained to them that diversion is trying to help people access whatever other supports they have in place instead of having to come to a shelter. This is because once people stay in a shelter, it is more likely that people stay for a longer time. This resonated with participants, as several mentioned that they started to get in a “comfort zone” after staying in a shelter for a little while. This includes knowing where your next meal is going to be. A participant said, “I would be scared to get out of the shelter if I was unsure of myself. I would have to find a place first and be comfortable with it.”

## Eligibility

One participant asked if the coordinated access system applies to them. He said that he does not stay at the shelter anymore but has been living in non-permanent housing (i.e., a hotel) and would like to find permanent housing. In particular, he said “I need to have a system where I can make some positive moves.”

## Racism

Participants shared their experiences of racism in Winnipeg. Participants noted that there is a lot of racism from landlords and homeowners in Winnipeg. Participants also spoke of how home ownership is rooted in colonialism. One participant shared that the system should work to identify racist landlords who have extensive complaints against them and remove them from lists of available landlords.



### Lack of Safety

Once housed, a young person shared that there are no supports available and that they do not always feel safe in their housing. Participants also did not feel safe in the emergency shelter system, noting that some people were very aggressive.

### Migration

One participant spoke of how they migrated from their home community due to a family breakdown. When they arrived in Winnipeg, they experienced homelessness. They also noted that people in the community continue to experience homelessness.

### Inclusivity

The diverse communities in Winnipeg (e.g., Indigenous communities, newcomers, and refugees, etc.) are all on their own journeys, but they also share a lot of experiences. Participants spoke of the need to show the partnerships and bonds that exist in Winnipeg, as well as the shared experiences of diverse communities. One participant shared that when looking at traditional plant-based knowledge that Indigenous people carry, newcomers to Canada also have their traditional, plant-based materials. To visualize this in the logic model, they suggested that two plants could be drawn together and result in a rainbow-coloured rose.

### Advocating for Oneself

One participant shared that while there may be services available in a Coordinated Access system, individuals also need to want to help themselves. So, the Coordinated Access system should be person-centered and provide choice to individuals who access it.

## Visual Representation of the Logic Model

The most common thoughts that people shared about Winnipeg focused on nature and the beauty of the city. Other thoughts focused on community belonging and reclaiming one's identity, structural and systemic factors, and amenities and identifiers. Some specific thoughts that people shared about what comes to mind when they think about Winnipeg were:

### Nature

- We have four seasons here; Cold, extreme weather; Wind
- Trees and positive things flowing out of it
- Paths in the city to be disconnected from the noise and cement of downtown



- Being down by the river and in nature
- A maple leaf
- A tree – Really deep roots and roots that are intertwined. Tree provides resources. Breathes our oxygen. Brings life to us.
- Instead of a path, it is tree branches. Your life can branch out in different directions.
- Bears
- Wheat
- Crocus flower
- “I remember when I first came here, and I was hitchhiking and was going to Toronto. When I got here, I knew this was the city I wanted to live in for the rest of my life. I’m not sure what struck me. The beauty of the city. The rivers, the parks, a bit of everything.”
- One participant shared that when looking at traditional plant-based knowledge that Indigenous people carry, newcomers to Canada also have their traditional, plant-based materials. To visualize this in the logic model, they suggested that two plants could be drawn together and result in a rainbow-coloured rose.

### Community Belonging and Reclaiming Identity

- There’s a generosity in Winnipeg
- The Forks can act like a meeting place
- “I’ve been living in Winnipeg since 1974, I love Winnipeg. I met a lot of people in this city. I was in a foster home. Back in the day, they sort of took your identity away. I never understood what it really was. When I moved to Winnipeg, I started looking back to my blood history. I started finding other resources in Winnipeg that I could understand. What I see on this paper, it almost speaks for itself. There are a lot of things in here, I don’t know what more needs to be changed. That’s my philosophy of it.”

### Structural and Systemic Factors

- Issues related to safety and violence
- Racism

### Winnipeg Amenities and Identifiers

- Convenience stores, like 7/11 and Mac’s, and Slurpees
- The City of Winnipeg logo
- Winnipeg Jets and Winnipeg Blue Bombers, symbolize teamwork



Participants were also asked how the logic model could be presented to someone who has a hard time reading. A participant shared that another person could be there to present it to them and adjust the language to make it easier to understand. The language used in the logic model was described as overwhelming.

Participants also felt that more detail could be provided and step-by-step information/instruction as to what each activity refers to, so it is not open for interpretation. In its current form, participants felt it could be interpreted a lot of different ways.

There was consensus among all participants that there needs to be enforcement and accountability to the logic model to ensure that the organizations who agree to the outcomes and activities in the logic model are doing what they say they are going to do. There was a strong sense that the participants do not want this to be just another approach to homelessness that does not help them exit homelessness.



# Coordinated Access in Winnipeg – Logic Model – Guided By the 7 Sacred Teachings: Love, Respect, Courage, Honesty, Wisdom, Humility, Truth

**Vision of Coordinated Access in Winnipeg:** Coordinated Access creates lasting solutions with our community to provide a seamless and rapid exit from the experience of homelessness, through system collaboration and coordination that is person-centered, anti-oppressive, trauma-informed, strengths-based, and grounded in the principles of harm reduction.

**Eligibility:** Individuals and families experiencing, or at risk of experiencing, homelessness in Winnipeg. It is also important to consider the migratory patterns of people travelling from their home community to Winnipeg to access services, connect with friends and family, find employment, escape domestic violence, etc.

## INPUTS

A coordinated body to organize, operate, and adapt coordinated access processes

- Includes dedicated staff
- Includes direction from individuals with lived and living experience of homelessness

Local organizations to participate in the coordinated access system

Educational and community engagement materials on the coordinated access system

An assessment process

An inventory of housing and support providers for matching and referrals

A data management system (i.e., HIFIS)

## ACTIVITIES

**Awareness:** Education, outreach, and community engagement activities to ensure the whole community understands the processes.

**Collaboration:** Collaborating with other systems (e.g., child welfare, justice, Employment and Income Assistance, violence against women) and prevention and diversion (e.g., eviction prevention, shelter diversion) organizations.

**Training:** Ensure that all staff participating in coordinated access process are sufficiently trained, particularly related to trauma-informed care, harm reduction, and anti-racism/anti-oppression.

**Access points:** Physical and virtual spaces where people experiencing homelessness can access the system. This includes centralized (i.e., one primary location for in-person access) and decentralized (i.e., multiple secondary locations for in-person access and phone/Internet/apps) options to reduce the number of organizations a person may need to access.

**Assessment:** A process to understand the person accessing the coordinated access system and to reduce the number of times a person must share their story. The process should be simple, contextualized to the community, and may include an assessment tool.

**Prioritization:** A community-based consultative process to identify community members with housing and support needs that are best fit to what the coordinated access system can offer.

**Matching and Referral:** A fair and transparent process to match people to housing and supports based upon their needs and choices. Ensure there are several comprehensive services available and safe housing options.

**Follow-Up Supports:** Offer follow-up supports to people once they are housed.

**Peer Supports:** Offer peer supports throughout the system.

**Data Management:** A system to manage the data that is collected from people who participate in the coordinated access system. Recognizes privacy, confidentiality, and data sovereignty.

**Evaluation:** Processes to conduct quality checks to ensure the same quality of service is being offered to all people who access the system.

## OUTCOMES

### Short-Term

- Enhanced awareness of the coordinated access system among community members and service providers
- Improved access to housing and support options for community members
- Increased engagement of community members in developing housing and support plans

### Mid-Term

- More appropriate matching to housing and support based on the unique identities of community members
- More equitable access to housing and supports for community members

### Long-Term

- Decreases in returns to homelessness
- Achieving housing stability more quickly
- Improved spiritual, physical, mental, and emotional health of community

## Guiding Practices for Implementation

The system should provide access to Elders, Knowledge Keepers, Healers, and medicines before, during, and after the steps in the coordinated access system

The system should address the intersecting identities of people: Indigenous communities, young people, older adults, domestic violence survivors, women and gender diverse people, 2SLGBTQ+ communities, people with various accessibility needs, newcomers and refugees, Black community members, racialized community members, sex workers, and people who use alcohol and substances

The system should be guided by a culturally safe, trauma-informed, harm reduction approach and meet people where they are at in their journey. Follow the principles of Thistle and Smylie (2020) when engaging with community members – Identifying and situating oneself, Keeoukaywin (visiting), Hospitality, and Treat people like you would treat your own loved ones or relatives.



# Coordinated Access in Winnipeg – Logic Model – Guided By the 7 Sacred Teachings: Love, Respect, Courage, Honesty, Wisdom, Humility, Truth

**What is Coordinated Access?** A system to help people rapidly exit from the experience of homelessness by enhancing collaboration and coordination across the system. It means having different ways to access housing and support options, not having to repeatedly share your story, and identifying housing and support options that work for you.

**Who is Coordinated Access for?** Any individual or family who is experiencing, or at risk of experiencing, homelessness in Winnipeg.

## WHAT MAKES UP A COORDINATED ACCESS SYSTEM IN WINNIPEG?

**Organizer.** End Homelessness Winnipeg organizes, operates, and adapts coordinated access processes

**Service providers.** All local organizations that provide services to people experiencing homelessness in Winnipeg

**Community engagement.** Educational and community engagement materials on the coordinated access system

**An assessment process.** A process to understand your journey.

**Housing and support options.** A list of housing and support providers for matching and referrals

**A data management system.** A private and confidential system to keep information that you share.

## WHAT ARE THE STEPS IN WINNIPEG'S COORDINATED ACCESS SYSTEM?

**Being aware of the system:** Making sure that the Winnipeg community understands the processes and what is available.

**Collaborating across the system:** Agencies working together with to prevent people being bounced around the system.

**Preventing homelessness:** Agencies working together to prevent homelessness, like preventing evictions.

**Training staff:** Ensuring that all staff treat people with respect, including taking a trauma-informed, harm reduction, and anti-racism/anti-oppression approach.

**Accessing the system:** Providing in-person and virtual (e.g., online, phone) spaces where people can access the system. This includes having multiple locations for in-person access to reduce the number of organizations a person may need to access.

**Understanding your journey:** A way for people to share their story to understand their needs and reduce the number of times a person must share their story.

**Prioritizing people based on their needs:** Based upon community feedback, developing a system to identify community members with housing and support needs that are best fit to what the coordinated access system can offer.

**Matching people to housing and support:** A fair and transparent process to match people to housing and supports based upon their needs and choices. This includes having several comprehensive services and safe housing options available.

**Offering follow-up supports:** Offering follow-up supports to people once they are housed to help them with their journey.

**Offering peer supports:** Offer peer supports, or supports from people who have also experienced homelessness, throughout the system.

**Keeping your information private:** A system to manage the data that is collected from people who participate in the coordinated access system. This includes the right to privacy, confidentiality, and data sovereignty.

**Evaluating how the system is doing:** Reviewing the system to make sure that the same quality of service is being offered to all people who access the system.

## WHAT IS THE SYSTEM TRYING TO ACHIEVE?

### Short-Term

- Enhanced awareness of the coordinated access system among community members and service providers
- Improved access to housing and support options for community members
- Increased engagement of community members in developing housing and support plans

### Mid-Term

- More appropriate matching to housing and support based on the unique identities of community members
- More equitable access to housing and supports for community members

### Long-Term

- Decreases in returns to homelessness
- Achieving housing stability more quickly
- Improved spiritual, physical, mental, and emotional health of community members

## HOW SHOULD THE SYSTEM BE OPERATED?

The system should provide access to Elders, Knowledge Keepers, Healers, and medicines before, during, and after the steps in the coordinated access system

The system should address the intersecting identities of people: Indigenous communities, young people, older adults, domestic violence survivors, women and gender diverse people, 2SLGBTQ+ communities, people with various accessibility needs, newcomers and refugees, Black community members, racialized community members, sex workers, and people who use alcohol and substances

The system should be guided by a culturally safe, trauma-informed, harm reduction approach and meet people where they are at in their journey. Follow the principles of Thistle and Smylie (2020) when engaging with community members – Identifying and situating oneself, Keeoukaywin (visiting), Hospitality, and Treat people like you would treat your own loved ones or relatives.



# Coordinated access evaluation framework

## Evaluation Framework Development

### Process

The evaluation framework was also developed through an iterative process. It began with the Canadian Observatory on Homelessness consulting with the project Advisory Committee to understand the goals of the evaluation. The previous consultations on coordinated access and the literature review were also reviewed.

A draft evaluation framework was created through this process. It included the evaluation questions, the method for answering the questions, and the sources of data. Draft interview guides were also created. The framework was shared with the project Advisory Committee and a discussion took place to modify and verify its content.

A community-based verification process was not completed for the evaluation matrix. This was because the focus of the community consultations centered on verifying the logic model. Therefore, this evaluation framework will need to be vetted by community members to ensure relevancy and accuracy.



## Framework

### Process Evaluation Questions

Evaluation Question	Data Source	Collection Method
<p>1. What strategies did End Homelessness Winnipeg use to engage the community in the development of coordinated access? What strategies worked well? What strategies did not work as well?</p> <p>a. Did the community feel that these methods were appropriate? What other strategies could End Homelessness Winnipeg have used?</p> <p>b. Did the community feel heard, respected, and understood during the engagement process? How so?</p> <p>c. Did community members feel the principles of coordinated access were adequately explained? Did community members feel that the principles were contextualized to the Winnipeg context?</p>	<p>Elders and Knowledge Keepers</p> <p>Individuals with lived and living experience</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p> <p>Local, Provincial, and Federal Government Stakeholders</p> <p>Participants of engagement events</p>	<p>Interviews, focus groups, and surveys</p> <p>Post-event surveys</p>
<p>2. How were Elders and Knowledge Keepers included in the development of coordinated access?</p>	<p>Elders and Knowledge Keepers</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p>	<p>Interviews and focus groups</p>
<p>3. How were individuals with living and lived experience included in the development of coordinated access?</p>	<p>Elders and Knowledge Keepers</p> <p>Individuals with living and lived experience</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p>	<p>Interviews, focus groups, and surveys</p>



## Evaluation Question

4. How were diverse voices representing diverse communities (e.g., First Nations, Métis, and Inuit communities, young people, older adults, 2SLGBTQ+ communities, women and gender diverse individuals, racialized individuals, immigrants and refugees, individuals with physical disabilities, etc.) represented in the development of Winnipeg's coordinated access system?

a. Did diverse communities feel represented in the development process? How so?

5. How did End Homelessness Winnipeg address the reluctance or hesitation of community members to participate in the development of the coordinated access system?

6. How did End Homelessness Winnipeg address community concerns around data management and data privacy?

## Data Source

Elders and Knowledge Keepers

Individuals with lived and living experience

End Homelessness Winnipeg Stakeholders

Homelessness and Housing Sector Stakeholders

Participants of engagement events

Elders and Knowledge Keepers

Individuals with living and lived experience

End Homelessness Winnipeg Stakeholders

Homelessness and Housing Sector Stakeholders

Elders and Knowledge Keepers

Individuals with living and lived experience

End Homelessness Winnipeg Stakeholders

Homelessness and Housing Sector Stakeholders

## Collection Method

Interviews and focus groups

Post-event surveys

Interviews and focus groups

Post-event surveys

Interviews and focus groups

Post-event surveys



### Evaluation Question

7. Was the communications strategy to engage community members to participate in the development of coordinated access effective?

a. Were community members aware of meetings? Did community members feel they could contribute to meetings?

### Data Source

Elders and Knowledge Keepers  
Individuals with lived and living experience  
End Homelessness Winnipeg Stakeholders  
Homelessness and Housing Sector Stakeholders  
Local, Provincial, and Federal Government Stakeholders  
Participants of engagement events

### Collection Method

Interviews and focus groups  
Post-event surveys

8. Were engagement strategies conducted in a culturally safe and respectful manner?

Elders and Knowledge Keepers  
Individuals with living and lived experience  
End Homelessness Winnipeg Stakeholders  
Homelessness and Housing Sector Stakeholders

Interviews and focus groups  
Post-event surveys

9. Were enough financial and human resources allotted to the engagement process?

End Homelessness Winnipeg Stakeholders

Interviews and focus groups

10. What were the unintended outcomes of the engagement process? Did anything arise from the engagement process that was not expected?

End Homelessness Winnipeg Stakeholders

Interviews and focus groups



## Implementation Evaluation

Evaluation Question	Data Source	Collection Method
1. Was the coordinated access system implemented as planned?	<p>Elders and Knowledge Keepers</p> <p>Individuals with lived and living experience</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p> <p>Local, Provincial, and Federal Government Stakeholders</p> <p>Participants of engagement events</p> <p>Administrative Data</p>	<p>Interviews, focus groups, and surveys</p> <p>Administrative data</p>
2. What factors facilitated the implementation of the coordinated access system? What are the strengths of the coordinated access system?	<p>Elders and Knowledge Keepers</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p>	<p>Interviews and focus groups</p>
3. What factors hindered the implementation of the coordinated access system? What are the challenges of the coordinated access system?	<p>Elders and Knowledge Keepers</p> <p>Individuals with living and lived experience</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p>	<p>Interviews and focus groups</p>



### Evaluation Question

4. Were diverse communities (e.g., First Nations, Métis, and Inuit communities, young people, older adults, 2SLGBTQ+ communities, women and gender diverse individuals, racialized individuals, immigrants and refugees, individuals with physical disabilities, etc.) accessing the coordinated access system?  
a. How did diverse communities feel accessing the coordinated access system?

### Data Source

Elders and Knowledge Keepers  
Individuals with lived and living experience  
End Homelessness Winnipeg Stakeholders  
Homelessness and Housing Sector Stakeholders  
Participants of engagement events

### Collection Method

Interviews and focus groups  
Post-event surveys

5. How were Elders and Knowledge Keepers engaged in the implementation of the coordinated access system?

Elders and Knowledge Keepers  
Individuals with living and lived experience  
End Homelessness Winnipeg Stakeholders  
Homelessness and Housing Sector Stakeholders

Interviews and focus groups  
Post-event surveys

6. How did End Homelessness Winnipeg support the creation of data sharing agreements across the sector?

Elders and Knowledge Keepers  
Individuals with living and lived experience  
End Homelessness Winnipeg Stakeholders  
Homelessness and Housing Sector Stakeholders

Interviews and focus groups  
Post-event surveys



Evaluation Question	Data Source	Collection Method
7. How does the coordinated access system in Winnipeg differ from the federal directives? What are the contextual factors in Winnipeg that led to these differences?	<p>Elders and Knowledge Keepers</p> <p>Individuals with lived and living experience</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p> <p>Local, Provincial, and Federal Government Stakeholders</p> <p>Participants of engagement events</p>	<p>Interviews and focus groups</p> <p>Post-event surveys</p>
8. Is the coordinated access system being implemented in a culturally safe and respectful manner?	<p>Elders and Knowledge Keepers</p> <p>Individuals with living and lived experience</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p>	<p>Interviews and focus groups</p> <p>Post-event surveys</p>
9. Were enough financial and human resources allotted to the implementation of coordinated access?	<p>End Homelessness Winnipeg Stakeholders</p>	<p>Interviews and focus groups</p>
10. What are the early outcomes of individuals engaged in the coordinated access system?	<p>End Homelessness Winnipeg Stakeholders</p>	<p>Interviews and focus groups</p>



## Outcome Evaluation

*(Tied to outcomes in the logic model)*

Evaluation Question	Data Source	Collection Method
<p>1. Were individuals with lived experience aware of the coordinated access system?</p> <p>Were service providers aware of the coordinated access system?</p>	<p>Elders and Knowledge Keepers</p> <p>Individuals with lived and living experience</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p> <p>Administrative Data</p>	<p>Interviews, focus groups, and surveys</p> <p>Administrative data</p> <ul style="list-style-type: none"><li>• Number of referrals</li></ul>
<p>2. Were community members being housed in an efficient manner compared to processes used prior to the implementation of coordinated access?</p>	<p>Elders and Knowledge Keepers</p> <p>Individuals with Lived and Living Experiencing</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p> <p>Administrative data</p>	<p>Interviews and focus groups</p> <p>Administrative data</p> <ul style="list-style-type: none"><li>• Length of time to attain housing</li></ul>
<p>3. Were community members being matched to housing and supports based on their intersecting identities?</p>	<p>Elders and Knowledge Keepers</p> <p>Individuals with living and lived experience</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p> <p>Administrative data</p>	<p>Interviews and focus groups</p> <p>Administrative data</p> <ul style="list-style-type: none"><li>• Demographics</li><li>• Length of time to attain housing</li><li>• Satisfaction with housing and supports</li></ul>
<p>4. Was there a reduction in returns to homelessness?</p>	<p>Elders and Knowledge Keepers</p> <p>Individuals with Lived and Living Experiencing</p> <p>End Homelessness Winnipeg Stakeholders</p> <p>Homelessness and Housing Sector Stakeholders</p> <p>Administrative data</p>	<p>Interviews and focus groups</p> <p>Administrative data</p> <ul style="list-style-type: none"><li>• Length of time to attain housing</li></ul>



### Evaluation Question

5. Were there fewer housing moves among participants?

### Data Source

Elders and Knowledge Keepers  
Individuals with living and lived experience

End Homelessness Winnipeg Stakeholders

Homelessness and Housing Sector Stakeholders

Administrative data

### Collection Method

Interviews and focus groups

Administrative data

- Number of moves

6. Are community members experiencing improved spiritual, physical, mental, and emotional health?

Elders and Knowledge Keepers  
Individuals with living and lived experience

End Homelessness Winnipeg Stakeholders

Homelessness and Housing Sector Stakeholders

Interviews and focus groups

Surveys



# Reflections and next steps

This report has documented one phase of Winnipeg's multi-phase journey to a coordinated homelessness and housing system.

The work was co-developed by members of End Homelessness Winnipeg and the Canadian Observatory on Homelessness. The main output of the report, the program logic models, were vetted by community members with lived and living experience of homelessness in Winnipeg. The insights provided by community members were invaluable and reflect the essential need for any intervention or policy on homelessness to be grounded in lived experience.

Coordinated access is not new to Winnipeg and the current report reflects themes from previous work. It demonstrates the importance of including previous knowledge and contextualizing it to current environments. The *Advancing Coordination of the Winnipeg Homeless Sector* (The Institute of Urban Studies, 2017) report outlines the work that Winnipeg has previously engaged in to create a coordinated homelessness system. The report outlined recommendations for enhanced system coordination, several of which were addressed during the development and verification of the logic model. For example, we heard that:

- It is important to have plain language summaries of what coordinated access is and the processes involved in a coordinated access system.
- It is important to develop outreach strategies and promotional materials so that all community members are aware of the services available to them.
- The coordinated access system should be person-centered, trauma-informed, and aligned with harm reduction principles.
- Partnerships and the inclusion of a number of intersecting systems is necessary in a coordinated access system.
- It is important to have an array of supports and services, including different housing models and prevention and diversion strategies.

Our findings also reflect previous reports focused on developing a system that is rooted within Indigenous values, understandings, and actions. Distasio et al. (2019) write that the homelessness system in Winnipeg should be built on trust, inclusiveness, and humility and operate from a trauma-informed approach that recognizes culture and diversity, the strengths of people and the community, and a cooperative and collaborative frame. Therefore, the logic model that was cre-



ated is guided by the Seven Sacred Teachings and includes Indigenous-specific guiding practices for implementation. Although these are important to include within the logic model, participants during our consultations warned that if the coordinated access system does not actually reflect and act upon these Teachings then it will all be for nothing. It demonstrates the importance of accountability mechanisms to be developed so that participants of the coordinated access system can provide feedback on whether the system is operating as intended. The accompanying evaluation matrices in this document provide an example of how to attain specific feedback.

The outcomes in the logic model also reflect the importance of incorporating an Indigenous worldview. The long-term outcomes include improved spiritual, physical, mental, and emotional health of community members and the community as a whole. This reflects the finding from the *Localized Approaches to Ending Homelessness: Indigenizing Housing First* that acknowledges the importance of supporting individuals from a holistic approach (Distasio et al., 2019). It shows that Winnipeg's coordinated access system should support people in their journey to housing, which includes supporting their overall well-being.

To meet these outcomes, it will be important for Winnipeg's coordinated access system to have staff who are trained in the guiding principles for implementation. This will include an investment to train new staff and to offer regular trainings to hone staff skills. Staff will need to be ambassadors of the coordinated access system, with the knowledge to share a common understanding of what the coordinated access system involves. Trust building with people who access the coordinated access system is vital and staff need to feel confident to deliver person-centered, trauma-informed, and harm reduction-focused services to support people in their journeys. As outlined in the literature review, the implementation of cultural safety practices is key.

The coordinated access system will also collect a lot of important information from the people who access the system. The data that is collected should only be used for the purpose of supporting people to find appropriate housing and supports, and to examine the efficacy of the coordinated access system. As we are all stewards of our own information, the coordinated access system will need to develop policies and procedures that respect the privacy of people who use the system. There will also need to be a focus on Indigenous data sovereignty principles, as outlined in the literature review.

Going forward, the logic models can serve as guiding frameworks for End Homelessness Winnipeg to base the emerging coordinated access system on. It should be viewed as a living document, meaning that the components of the document



may change over time as the coordinated access system grows. It will require that the logic model be reviewed on an annual basis so that community members have an opportunity to provide input on the coordinated access system. The accompanying evaluation frameworks will need to be vetted by community before they are implemented. It will be important for the evaluation frameworks to be grounded in Indigenous values, understandings, and actions.



## References

- Alaazi, D.A., Masuda, J.R., Evans, J., & Distasio, J. (2015). Therapeutic landscapes of home: Exploring Indigenous peoples' experiences of a Housing First intervention in Winnipeg. *Social Science & Medicine*, 147, 30-37.
- Bird, C.E., Thurston, W.E., Oelke, N., Turner, D., & Christiansen, K. (2013). Understanding Cultural Safety: Traditional and Client Perspectives. Retrieved from: <https://www.homelesshub.ca/sites/default/files/Cultural%20Safety%20Final%20Report%20March%202013.pdf>
- Bodor, R., Chewka, D., Smith-Windsor, M., Conley, S., & Pereira, N. (2011). Perspectives on the Housing First Program with Indigenous Participants. Retrieved from: <http://homewardtrust.ca/wp-content/uploads/2016/12/Perspectives-on-the-Housing-First-Program-with-Indigenous-Participants.pdf>
- Bomberry, V., Maracle, Y., Mayo, S., MacLaurin, Montana McCormack, C.S., ... Mifsud, A. (2020). Revisioning Coordinated Access: Fostering Indigenous Best Practices Towards a Wholistic Systems Approach to Homelessness. Social Planning and Research Council of Hamilton – Indigenous Reaching Home Team and the Canadian Observatory on Homelessness. Retrieved from: <https://www.homelesshub.ca/resource/revisioning-coordinated-access>
- Canada Mortgage and Housing Corporation. (2021). Rental market report. Retrieved from: <https://www.cmhc-schl.gc.ca/en/professionals/housing-markets-data-and-research/market-reports/rental-market-reports-major-centres>
- Christensen, J. (2016). Indigenous housing and health in the Canadian North: Revisiting cultural safety. *Health & Place*, 40, 83-90.
- Distasio, J., Zell, S., McCullough, S., & Edel, B. (2019). Localized Approaches to Ending Homelessness: Indigenizing Housing First. Retrieved from: [https://winnspace.uwinnipeg.ca/bitstream/handle/10680/1727/2019\\_IUS--Localized\\_Approaches\\_Ending\\_Homelessness\\_ENG\\_Final.pdf?sequence=1&isAllowed=y](https://winnspace.uwinnipeg.ca/bitstream/handle/10680/1727/2019_IUS--Localized_Approaches_Ending_Homelessness_ENG_Final.pdf?sequence=1&isAllowed=y)
- Downing, R., & Kowal, E. (2011). A postcolonial analysis of Indigenous cultural awareness training for health workers. *Health Sociology Review*, 20(1), 5-15.
- Drabble, J., & McInnes, S. (2017). Finding Her Home: A Gender-Based Analysis of the Homelessness Crisis in Winnipeg. Retrieved from: [https://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2017/03/Finding\\_Her\\_Home\\_%20low-res.pdf](https://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2017/03/Finding_Her_Home_%20low-res.pdf)
- Drew, N., Adams, Y., & Walker, R. (2010). Issues in mental health assessment with Indigenous Australians. In N. Purdie, P. Dudgeon, & R. Walker (eds.), *Working together:*



Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice (Ch 14). Canberra, ACT: Dept of Health and Ageing.

Employment and Social Development Canada. (2019). Reaching Home Coordinated Access Guide. Retrieved from: [https://www.homelessnesslearninghub.ca/sites/default/files/resources/HPD\\_ReachingHomeCoordinatedAccessGuide\\_EN\\_20191030.pdf](https://www.homelessnesslearninghub.ca/sites/default/files/resources/HPD_ReachingHomeCoordinatedAccessGuide_EN_20191030.pdf)

Employment and Social Development Canada. (2020). Reaching Home: Canada's homelessness strategy directives. Retrieved from: <https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html#h2.3-h3.4>

End Homelessness Winnipeg. (2020). End Homelessness Winnipeg's 5-Year Plan, 2020-2025. Retrieved from: <https://endhomelessnesswinnipeg.ca/end-homelessness-winnipegs-5-year-plan-2020-2025/>

Esler, D.M., Johnston, F., Thomas, D. (2007). The acceptability of a depression screening tool in an urban, Aboriginal community-controlled health service. Australian and New Zealand Journal of Public Health, 31(3), 259-63.

First Nations Health Authority, First Nations Health Council, First Nations Health Director's Association. (2021). Anti-Racism, Cultural Safety & Humility Framework. Retrieved from: <https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf>

Greenwood, M., Lindsay, N., King, J., & Loewen, D. (2017). Ethical spaces and places: Indigenous cultural safety in British Columbia health care. AlterNative, 13(3), 179-189.

Haswell-Elkins, M., Sebasio, T., Hunter, E., & Mar, M. (2007). Challenges of measuring the mental health of Indigenous Australians: Honouring ethical expectations and driving greater accuracy. Australian Psychiatry, 15, S29-S33.

Kukutai, T., & Taylor, J. (Eds.). (2016). Indigenous data sovereignty: Toward an agenda (Vol. 38). Anu Press.

Maes Nino, C., & Good, M. (2016). Here and Now: The Winnipeg Plan to End Youth Homelessness. Retrieved from: [https://www.homelesshub.ca/sites/default/files/attachments/28239\\_here\\_now\\_plan\\_report\\_FIN\\_WEB.pdf](https://www.homelesshub.ca/sites/default/files/attachments/28239_here_now_plan_report_FIN_WEB.pdf)

Monchalin, R., Smylie, J., & Nowgesic, E. (2019). "I guess I shouldn't come back here": Racism and discrimination as a barrier to accessing health and social services for urban Métis women in Toronto, Canada. Journal of Racial and Ethnic Health Disparities, 7(2), 251-261.

Monchalin, R., Smylie, J., & Bourgeois, C. (2020). "It's not like I'm more Indigenous there and I'm less Indigenous here.": Urban Métis women's identity and access to



health and social services in Toronto, Canada. *AlterNative: An International Journal of Indigenous Peoples*, 16(4), 323-331.

Nelson, S.E., & Wilson K. (2018). Understanding barriers to health care access through cultural safety and ethical space: Indigenous people's experiences in Prince George, Canada. *Social Sciences & Medicine*, 218, 21-27.

Newton, D., Day, A., Gillies, C., & Fernandez, E. (2015). A review of evidence-based evaluation of measures for assessing social and emotional well-being in Indigenous Australians, *Australian Psychologist*, 50(1), 40-50.

Province of Manitoba. (2021). Employment and Income Assistance for General Assistance. Retrieved from: [https://www.gov.mb.ca/fs/eia/eia\\_general.html](https://www.gov.mb.ca/fs/eia/eia_general.html)

Social Planning Council of Winnipeg. (2018). Winnipeg street census 2018. We matter. We count. Retrieved from: [https://streetcensuswpg.ca/wp-content/uploads/2018/10/2018\\_FinalReport\\_Web.pdf](https://streetcensuswpg.ca/wp-content/uploads/2018/10/2018_FinalReport_Web.pdf)

Statistics Canada. (2020). Census profile, 2016 Census, Winnipeg, Manitoba. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=4611040&Geo2=PR&Code2=01&-Data=Count&SearchText=4611040&SearchType=Begin&SearchPR=01&BI=All&-Custom=&TABID=3>

The First Nations Information Governance Centre. (2019). The First Nations Principles of OCAP®. Retrieved from: <https://fnigc.ca/wp-content/uploads/2021/08/OCAP-Brochure-2019.pdf>

The Institute of Urban Studies. (2017). Advancing Coordination of the Winnipeg Homeless Sector. Retrieved from: <https://winnospace.uwinnipeg.ca/handle/10680/1562>

Thistle, J., & Smylie, J. (2020). Pekiwewin (coming home): Advancing good relations with Indigenous people experiencing homelessness. *CMAJ*, 192(1), E257-E259.

Tjensvoll Kitching, G., Firestone, M., Schei, B., Wolfe, S., Bourgeois, C., ... Smylie, J. (2020). Unmet health needs and discrimination by healthcare providers among an Indigenous population in Toronto, Canada. *Canadian Journal of Public Health*, 111, 40-49.

U.S. Department of Housing and Urban Development (2015). Coordinated entry policy brief. Retrieved from: <https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>

U.S. Department of Housing and Urban Development (2017). Coordinated entry core elements. Retrieved from: <https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/>

