Winnipeg Research Demonstration Project

Institute of Urban Studies
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INSTITUTE OF
URBAN STUDIES
UNIVERSITY OF WINNIPEG

REPORT ON
PROPOSAL DEVELOPMENT
AT THE WINNIPEG SITE

MHCC's
At Home
Chez Soi
Project

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At Home | Chez Soi

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This document prepared by the Institute of Urban Studies for the Mental Health Commission of Canada to report on the efforts of the Winnipeg Site in developing its proposal for At Home/Chez Soi project.

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Authors' Note

We would like extend our warm thanks the 32 Research partners who volunteered their time to meet with us – sometimes more than once – to share their stories, insights and wisdom. As newcomers to the At Home/Chez Soi project, we learned so much, and not just about the history of the project. We are very much looking forward to meeting with you again to discuss the implementation research.

Also, we would like to thank Marcia Thomson and her staff for assisting us with supplementing the historical background of the Winnipeg Site by making available to us several boxes of archived files.

Thank are also owed to our terrific team of transcribers, Dawn Boyle, Freeman Simard and Sandra Simard!

We hope that the following report will prove useful and valuable to the Winnipeg Site.

Summary

This document reports on the efforts of the Winnipeg Site in developing its proposal and coming together as a Site. The purpose of the report is two-fold: to construct a narrative of the formation of the Winnipeg Site that can assist in identifying emerging issues that, once addressed, might strengthen the implementation phase of the project; and, at the same time, to highlight lessons in excellence that may assist other cities seeking to replicate the At Home/Chez Soi model.

Interviews and focus groups reveal that the long history of grassroots organizations addressing community needs in Winnipeg was a source of strength in the proposal development process and made the initial identification of likely Site partners relatively easy. Most of the Site partners had had a great deal of experience working in their own spheres, but had little collective experience with cross-sectoral collaboration of this scale. However, the shifting parameters of the RFP was a source of great dissatisfaction for most stakeholders, as was the perceived lack of transparency at the Site level in terms of which organizations were selected to be a part of the Site and which ones had been left out.

Bridging world views – particularly between Aboriginal and non-Aboriginal perspectives -- appears to have been one of the most significant challenges involved in the proposal development process. Non-Aboriginal stakeholders for the most part employed the Housing First model as their reference point on vision and values, while Aboriginal stakeholders held to traditional beliefs. The Winnipeg Site seems to have been developed around two sets of assumed shared values, but with limited attempts at synthesizing them. For example, the extent to which stakeholders thought the Site had meaningfully included "people with lived experience" depended to some extent on whether the stakeholder was Aboriginal or non-Aboriginal.

The major purpose of the Winnipeg Site being to examine the Housing First model in the context of Winnipeg's Aboriginal homeless population meant that there was little doubt as to the Site's main focus. However, the differences between dominant world views means that, despite a great number of meetings that were held in the proposal development process, significant variation exists in terms of visions for the project.

The story of the development of the Winnipeg Site as revealed in the interviews and focus groups conducted for this report is a fascinating portrait of the exercise and negotiation of world views. The negotiation between these world views was clearly not always successful, nor is it complete. More effort will be needed at the Winnipeg Site to encourage more cross-sectoral contact, communication, sharing, understanding and collaboration.

Executive Summary

Introduction and Methods

This document reports on the efforts of the Winnipeg Site in developing its proposal and coming together as a Site. It is based on a series of interviews and focus groups utilizing a common research protocol developed by the National Team. The purpose of the report is two-fold: to construct a narrative of the formation of the Winnipeg Site that can assist in identifying emerging issues that, once addressed, might strengthen the implementation phase of the project; and, at the same time, to highlight lessons in excellence that may assist other cities seeking to replicate the At Home/Chez Soi model. Five focus group sessions and 14 in-depth interviews were conducted. Twenty-four people were interviewed in focus group sessions and 14 people in in-depth interviews. A collaborative approach was adopted to the preparation, coding and analysis of the interviews and focus group results. Findings from the interviews and focus groups were paraphrased, summarized and synthesized.

Environment

The long history of grassroots organizations addressing community needs in Winnipeg was a source of strength in the proposal development process and made the initial identification of likely Site partners relatively easy. This was particularly the case in terms of the Aboriginal stakeholders, who swiftly demonstrated capacity and agency in asserting their interests in the project. However, the shifting parameters of the RFP was a source of great dissatisfaction for most stakeholders. There was also some concern expressed over a perceived lack of transparency at the Site level in terms of which organizations were selected to be a part of the Site and which ones had been left out.

Stakeholders

Stakeholder relations are discussed in terms of stated motivations, constraints, challenges and world views. Motivations were related strongly to what the stakeholders hoped would emerge from the project; in other words, what they held as expectations for success: that the Site would be able to "prove" the effectiveness of the Housing First model, and the long-term benefits would follow in the form of core funding and stable infrastructure for housing the homeless. Almost all agreed that there was no obvious organization that could have been in a position to take sole leadership of the project. Most stakeholders had had a great deal of experience working in their own spheres, but few had worked in the sort of cross-sectoral manner of this project. There was a fundamental tension apparent in the perceived overall mission of the Site's work, specifically in terms of whether or not it was service oriented or research oriented. Bridging world views appears to have been one of the most significant challenges involved in the proposal development process. This was especially the case in terms of negotiating Aboriginal and Western world views.

Vision, Values and Principles

Clearly, the diverse, divergent and competing world views among stakeholders helped shape the Site. However, as depicted by the Site's informants the process by which this shaping took place was fairly informal and premised on a number of significant assumptions, some of which might have benefitted from additional scrutiny. Most stakeholders appeared to have referenced preexisting (i.e, external) visions and values, and that these largely fell along lines of identity.

Non-Aboriginal stakeholders for the most part employed the Housing First model as their reference point on vision and values, while Aboriginal stakeholders held to traditional beliefs. The Winnipeg Site seems to have been developed around two sets of assumed shared values, but with limited attempts at synthesizing them. There doesn't appear to have been the necessary dialogue to combine these world views into a unique, "made in Winnipeg" vision and value statement.

The Inclusion of People with Lived Experience

This wasn't so much a matter of debate as it was of different definitions. The extent to which stakeholders thought the Site had meaningfully included "people with lived experience" depended significantly on how they viewed the definition of this term, and there was a variety of definitions offered which, again, depended to some extent on whether the stakeholder was Aboriginal or non-Aboriginal.

Processes and Relationships

While there is now some consensus that the stakeholder organizations with the Site are the well-suited for their respective roles, there was concern about the level of transparency with which these agencies were selected. The late entry of the Department of Psychiatry was the source of some tension and difficulty for some research partners. As well, despite a great number of meetings that were held in the proposal development process, work will likely be needed on an ongoing basis to maintain good relationships between these very different and distinct entities. This will be particularly important when it comes to bridging the multiple world views involved in the project.

Structures

The evolutionary and informal nature of Site processes seems to have precluded formal discussions of decision-making structures, but these have more or less corresponded with roles and functions on the Project Team.

Focusing the Program

The major purpose of the Winnipeg Site being to examine the Housing First model in the context of Winnipeg's Aboriginal homeless population meant that there was little doubt as to the Site's main focus. However, there was more fine-grained discussion and refinement in terms of the interventions focusing on the "whole person," the scope of which sometimes extends beyond the funded parameters of the program, pointing to an unanticipated shortfall of resources.

Resources

Defining necessary project resources, like most issues associated with the Winnipeg Site, depend upon the world views of the proponents. Of all the issues, those associated with resources appear to have the most bearing on project implementation, as stakeholders raised repeated concerns about the long-term ability of the Site to meet the needs of its participants, particularly in terms of identifying and securing appropriate housing units and ensuring proper services and supports.

High and Low Point Stories

These points were not discussed so much in terms of "stories" per se, but more so in terms of what people liked best or least about their experiences. There was generally little new that was

heard in these inputs as they were generally repetitions from the main questions. Most frequently heard low point stories related to the frustrations associated with writing the proposal; most high point stories to the official launch of the Site.

Cross-Cutting Themes

The most significant theme was that there is simply a great deal of uncertainty about the project's "big picture." Significant variations actually exist in what constitutes these visions – not merely in terms of value statements, but the stated purpose of the project, how it should be carried out, and for whom. At least some of the conflict and tensions discussed related not to the Housing First model itself, but that it was being researched. Stakeholders' disparate visions largely derive from world views associated with Aboriginal and Western epistemologies.

Conclusion

The story of the development of the Winnipeg Site as revealed in the interviews and focus groups conducted for this report is a fascinating portrait of the exercise and negotiation of world views, of competing ontologies. Two broadly defined sets of world views – that were never really successfully synthesized – have sought to stake their claim to guide a socially desirable goal. The negotiation between these world views was clearly not always successful, nor is it complete. More effort will be needed at the Winnipeg Site to encourage more cross-sectoral contact, communication, sharing, understanding and collaboration.

1.0　Introduction

At Home/Chez Soi is a project funded by the Mental Health Commission of Canada (MHCC). It is a 5-year research demonstration project exploring ways to assist the growing number of homeless people who have a mental illness by providing them with housing. It builds on existing evidence and knowledge, applying it in a Canadian setting. Learning what service and system interventions are most effective will better help Canadians who are living with mental health issues and are homeless. The At Home/Chez Soi research demonstration project is being undertaken in 5 cities across Canada – Moncton, Montreal, Toronto, Vancouver and Winnipeg.

This document reports on the efforts of the Winnipeg Site in developing its proposal and coming together as a Site. It is based on a series of interviews and focus groups utilizing a common research protocol developed by the National Team. The purpose of the report is two-fold: to construct a narrative of the formation of the Winnipeg Site that can assist in identifying emerging issues that, once addressed, might strengthen the implementation phase of the project; and, at the same time, to highlight lessons in excellence that may assist other cities seeking to replicate the At home/Chez Soi model.

2.0　Methodology

This analysis was undertaken by researchers with no prior "insider" knowledge of the research at the Winnipeg Site. Neither Michael Dudley nor Fereshteh Moradzadeh were involved in the preparation of the Winnipeg Site's proposal, nor in its implementation, and were brought on to the project much later, in September of 2009 and March of 2010 respectively. As such, the researchers were able to be reasonably objective in their approach. The researchers were also learning for the first time about the issues related to the Site's history, so they were entirely free from assumptions which might have otherwise dissuaded them from pursuing certain lines of inquiry.

2.1 Description of the Sample Participants

All of the participants were major stakeholders in the Winnipeg Site, and had been integrally involved in its development over the past year or more. The initial identification of the participants in key informant interviews was undertaken by Dr. Jino Distasio, Director of the Institute of Urban Studies and Co-Principal Investigator. Later, researchers Dudley and Moradzadeh together identified participants for focus group sessions. Stakeholders interviewed for this report included:

- 2 site coordinators
- 2 principal investigators
- 5 researchers
- 3 service provider leads
- 2 persons from the Aboriginal Lens Committee

As well, the following focus groups were held:

- 1 focus group with researchers and provincial staff
- 2 focus groups with the broad service teams
- 1 focus group with Aboriginal stakeholders
- 1 focus group with the housing delivery team.

In total five focus group sessions and 14 in-depth interviews were conducted. Twenty-four people were interviewed in focus group sessions and 14 people through in-depth interviews. It should be noted that six individuals were consulted twice: once in an individual interview setting and once in focus group setting. Therefore a total of 32 individuals participated, with 29 filling out the demographic forms.

Out of these 29 respondents, only 23 indicated their age, and their responses range from 23 to 76 years old, with an average age of 49. In terms of gender, the sample was weighted slightly in favour of females, who constituted 55% of the sample. Also, 55% of the participants identified themselves as Aboriginal/First Nations/Métis/Inuit, 38% as White or Caucasian and 7% as Asian or Pacific Descent. English was the primary language of 100% of the participants.

When participants asked for their relationship to MHCC Homelessness and Mental Health project, 13 participants recognized their relationship as "service delivery partner" and 6 as "research partner". The other categories had significantly fewer representatives, with 3 identifying themselves as "representative of other community organization"; 3 as "Aboriginal Lens Committee"; 3 as Government Representative; 2 as "Site Coordinator"; and 1 as "Advisory Committee member". Only 2 people chose more than one category.

Responding to the question "how would you describe your involvement in the planning development of the MHCC proposal?", 10 of the respondents recognized themselves as a "key player" and 6 as "actively involved". This means the majority of the participants saw themselves as major players. However, 6 of the participants described themselves as "moderately involved" and 7 participants (about 24%), identified themselves as "peripherally involved" or not involved.

Participants also were asked about what their involvement entailed. Eleven of the participants selected more than one area of involvement. Thirteen people saw their involvement as a "contribution to service protocol" and 11 as a "contribution to research". Although the number of "service delivery partners" corresponds to the number of people who identified themselves as contributors to the service protocol (both 13 participants), the number of "research partners" does not correspond to the number of "contributors to the research protocol" (6 versus 11). This could be the result of the fact that some of the service delivery partners saw their contributions in both service and research.

Also, 14 people consider their involvement as "consultation" and 12 as participating in "planning meetings". Three people did not respond this question.

Most people didn't describe their experience in mental health and housing and the responses of only 6 people who answered this question were rather short. Some only mentioned where they work or describe their experience as one word; for example: researcher, planner, administrative.

Since these descriptive questions were on the reverse page of the form, there is a possibility that some people did not see them.

However, 20 people responded to the questions of "years of experience in mental health/the mental health system" and 21 responded to the question of "years of experience in homelessness/housing." The results are shown in the following table.

Years of experience	Mental health/mental health system	Homelessness/Housing
Up to 3 years	7 people	10 people
4-9 years	2 people	4 people
10-19 years	7 people	5 people
20-30 years	4 people	2 people

It worth mentioning that participants identified themselves as more experienced in Mental Health than in they did in Housing. In response to last question regarding, "previous involvement with other national/multi-site study", out of 24 responses 17 said indicated they had no previous experience.

2.2 Documentation of methodological steps

Participants were contacted via email and telephone to arrange interviews. All interviews were conducted in-person, and all but one occurred in the participants' offices or workplaces. A day or two prior to the meeting, the questions, the ethics form and the demographic forms were emailed to the participants. The same process was later followed for the focus groups, with Moradzadeh contacting participants and emailing materials. All key informant interviews were recorded in-person using a digital voice recorder. Dates and interview subjects were identified in the recordings. To ensure security, files were moved from the voice recorder and password-protected on a laptop. Focus group sessions were not digitally recorded, but were documented by the two researchers taking detailed notes on a laptop and in longhand, which were later compared and combined.

Some of the questions for both interviews and focus groups were adapted in the field. This was especially the case with questions related to "environment" and "stakeholders." In the course of their answers to the first area, participants tended to slide quite naturally into a discussion of the stakeholders. As a result, questions from the "stakeholders" section were often not restated. In the focus group setting, it was sometimes relevant to revert to the "structures" questions from the Key Informant instrument, as these were not included in the focus group template. Researchers with the Winnipeg Site concluded all sessions with an open invitation to offer comments on anything relevant not already covered, framed in terms of, "if you could offer advice to such a planning initiative in the future, what would that be?"

2.3 Description of coding / analysis process

A collaborative approach was adopted in the preparation, coding and analysis of the interviews and focus group results. Each transcript was tentatively coded individually, and then the researchers would meet to compare and discuss their notes. Initial independent coding of interviews had resulted in the identification of sub-themes for each question area. Moradzadeh colour-coded text according to her themes, while Dudley annotated his. A draft list of themes was prepared, and then reviewed with changes made as needed. Moradzadeh tested this scheme by digitally cutting and pasting relevant comments and classifying them according to this initial set of sub-themes. Satisfied with the robustness of the scheme, the researchers copied these themes onto a set of poster-sized sheets of paper, with one numbered sheet for each theme. Colour-coded printouts with excerpted relevant feedback from the stakeholders concerning each question were pasted on these sheets, enabling the researchers to read through each sheet together and agree on how the content of the paragraphs should be classified.
As the researchers worked through the quotes, the wording of the initial coding was adjusted, and categories combined or eliminated. Once these excerpted comments had been coded, and the researchers were comfortable with their revised scheme and the categories, an Excel spreadsheet was prepared with one worksheet for each of the categories from the initial interview template. Using a laptop and projector, the researchers were able to flip easily between PDFs of the interviews and the spreadsheet. Within each worksheet, themes with references to stakeholder interviews by line number were entered. This then allowed the easy transference of text from the spreadsheet to a Word file for wordsmithing and integrating into the report. It was, in short, a very iterative and adaptive process.

Findings from the interviews and focus groups were paraphrased, summarized and synthesized. Selected direct quotes are indicated below with italics.

2.4 Quality Control

According to Wang, Reddy & Kon (1995) data quality may be understood in terms of the following conceptual dimensions: accessibility, interpretability, usefulness and believability. Efforts were made to achieve these criteria. Digital sound files and written transcripts were stored in easily accessible yet privately secured computers and an online collaboratory to which both report authors – but no other stakeholders – had access. Written transcripts of interviews with credible participants were produced by three individuals according to consistent practices and confirmed for accuracy with the interviewer. Dudley, (the researcher conducting interviews) and the transcribers worked together to ensure that ambiguous words or terminology were clarified and the overall accuracy of the transcriptions was confirmed. Collaborative coding ensured that inputs were readily and mutually interpretable. Usefulness of data was ensured by maintaining focus on proposal development; comments and inputs related to ongoing project performance (i.e., implementation) were excised and placed into folders for later use in the implementation report.

2.5 Context

The planning and proposal development process for the Winnipeg Site was influenced significantly by the long history of social and racial disparities in Winnipeg, and in particular the troubled relations between Aboriginal and non-Aboriginal peoples. However, it also benefited from a long history of social activism and engagement in response to these issues. For the purposes of proposal development, the fact that this research both focuses on the Aboriginal community and is "owned" to a large extent by this community, means that the outcomes must be viewed in the context of this history. For more on the context of the Winnipeg Site, please see *Appendix One*.

2.6 Limitations

The findings in this report should be understood to be a summary of the recollections of stakeholders, rather than the opinions of the report's authors. Further to this, the analysis below must be seen as based on recollections of events and associated opinions, rather than seen as "fact" as such. These recollections were augmented by a review of relevant Site documentation, including minutes, emails, presentations and reports. Some of these recollections originate from stakeholders who came to the project relatively late, so not all speakers have the same frame of reference.

Having no prior knowledge of the project gave the authors "fresh eyes" on the story of the Winnipeg Site. But it also was a limitation in that they didn't know, in some cases, about the context that would have better enabled them to furnish follow-up questions. Part of this lack of direct experience with the project affected the selection of key informants, who were chosen by co-Principal Investigator Dr. Jino Distasio, with the result that other potential informants whom might have been selected were excluded from the research[1].

It must also be acknowledged that report authors are non-Aboriginal and have limited knowledge base related to Indigenous Knowledge, so in the course of interviews, focus groups and data analysis they tried to be aware of their own limitations concerning Indigenous Knowledge and Aboriginal world views.

3.0   Data Analysis

3.1 The Planning Environment

In this section, the report addresses the contextual factors of the Winnipeg Site's proposal development process in terms of the Aboriginal context, service delivery and the Request for Proposals. First however, it recounts some basic history of the Winnipeg Site's formation.

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[1]Such organizations would include Siloam Mission, Salvation Army, Mental Health Association and the Mood Disorders Association.

3.1.1 History

The housing, mental health and social service communities in Winnipeg had long been aware of the extreme needs in the city concerning the housing needs of individuals with mental health issues. In 2003 the Winnipeg Regional Health Authority had issued a Discussion Paper on this theme that emerged from their 2001 Mental Health Strategic Plan. Key among its recommendations were cross-sectoral partnerships, building relationships with housing providers and developers, and ensuring that tenants received sufficient supports[2].

Five years later, the Institute of Urban Studies helped to coordinate a "Coalition of Direct Service Providers" meeting on May 23rd, 2008. This was an attempt to create an informal group of direct service providers concerned about mental health and homelessness. Thirty different organizations sent representatives to discuss lobbying government for more resources and raising public awareness of the housing issues facing people with mental illness. One of the main messages emerging from this meeting was the need for focused attention on the Aboriginal community.

In 2008, following the announcement of $110 million for the MHCC Demonstration and Research project, and Winnipeg chosen as one of the Sites, a considerable amount of activity soon followed locally. Jayne Barker gave a presentation to the community in July 2008; Senator Michael Kirby gave a presentation to Aboriginal community on September 2nd; a pre-application workshop and a consultation forum were held respectively on September 4 & 11th; and further meetings with the Aboriginal community were convened in September, October and November. Terms of Reference were then developed with representatives from the Aboriginal community. The Institute of Urban Studies was identified as the research partner; Ma Mawi Wi Chi Itata Centre and Aboriginal Health and Wellness identified as lead Aboriginal service agencies.

The Psychiatry Department at the University of Manitoba was brought on board in April of 2009. The Housing Plus component through Ma Ma Wi was proposed in May 2009 but formalized following the submission of the June 2009 final proposal.

First, however, came the process of proposal preparation. Some stakeholders were invited to submit a proposal. In January 2009 the Mount Carmel Clinic (ACT) and Ma Mawi Wi Chi Itata Centre (ICM) submitted a joint proposal called "Building on Strength", and the Aboriginal Health and Wellness Centre submitted their Ni-Apin proposal.

3.1.2 The Aboriginal Context

The Winnipeg Site's focus on the Aboriginal community is accepted by all stakeholders as a natural, justified and necessary decision, as this community is disproportionately represented in statistics related to social dysfunction. In terms of the specific focus of this research, it is agreed that up to 70% of Winnipeg's homeless population may be Aboriginal. Therefore, the power of Aboriginal community to come together and make change is fundamental aspect of the Winnipeg Site.

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[2] Winnipeg Regional Health Authority. (2003). Mental Health Housing Strategy Discussion Paper. September 2003. Winnipeg.

The common narrative heard from almost all stakeholders was that the initial "buzz" about the MHCC research was quickly followed by alarm on the part of the Aboriginal community that this was going to be research about Aboriginal people, but without appropriate Aboriginal ownership of the research being done. A coalition of Aboriginal organizations quickly assembled and asserted their interests over the project.

The Commission and those working to assemble the Winnipeg Site immediately corrected this oversight and then proceeded under the assumption of Aboriginal leadership and interest. The MHCC then hired the Site Coordinator and a co-Site Coordinator, the latter coming from the Aboriginal community, which allayed some concerns and helped to keep community groups engaged in the process. Then a "working committee" coalesced as the beginning of what would become the Advisory Committee, and they began developing a Terms of Reference.

Several of the stakeholders stressed that there is no monolithic "Aboriginal community;" rather there is a lot of diversity within communities, and this would need to be acknowledged in the study's interventions. For example, some Aboriginal people will want traditional spirituality to be a part of their recovery, while others seek solace in the Christian churches. It should be noted that there is also a history of conflict within the Aboriginal community, and specifically a history of non-cooperation between the Aboriginal Centre and MaMawi.

The eventual ownership on the part of Aboriginal organizations did result in some non-Aboriginal service organizations -- that nonetheless have a significant Aboriginal client base -- feeling "shut out" of the proposal development process.

3.1.3 Existing Service Infrastructure

Early on there was a recognition on the part of stakeholders that Winnipeg did not have any one organization that could have taken control of the project entirely on their own, so that it needed to be a partnership. Stakeholders acknowledged a number of challenges in the Winnipeg Site, among them Winnipeg's chronic shortage of affordable housing units and lack of pre-existing homelessness infrastructure. As well, Winnipeg and Manitoba's shared situation as "have not" jurisdictions has resulted in a constrained pool of resources over which social agencies must compete.

Taken together, these conditions have resulted, according to some stakeholders, in chronic underfunding and disparities with the result that, prior to the formation of this project, Winnipeg didn't really have an existing infrastructure for addressing homelessness. More than one stakeholder characterized Winnipeg as being at "ground zero" as the community organizations involved had never delivered mental health and homelessness programming in this way. There were no established homelessness service providers, or existing cross-sectoral relationships at either the local or provincial levels. This combination of high social needs and limited resources has also led to infighting – according to one informant, "like cats and dogs" when it comes to competing over resources, and a minimal amount of collaboration.

3.1.4 Parameters of RFP

As an environmental condition, the parameters set by the MHCC for the proposal development were by far the source of the greatest dissatisfaction on the part of the Winnipeg stakeholders.

Terms such as "nightmare" and "horrendous" were common in the consultations, and were used to describe the continually changing parameters and perceived lack of forethought and planning that appeared to have gone into the call for proposals.

Once Winnipeg had been chosen as a site, proposals were sought from stakeholders, who understood this to mean that service agencies themselves were to be proponents. Accordingly, several of these agencies hired staff or consultants at considerable cost (in one case, $40,000) to prepare formal and quite lengthy (i.e., 80-page) documents, only to be later told by the MHCC that each *city* was to submit a single proposal reflecting the contribution of all partners as a Site.

In other words, a great deal of money and effort had been spent essentially for nothing, and the process was started again, with agencies trying to boil down their materials to a handful of pages. The whole experience was by many accounts extremely frustrating. As one stakeholder put it:

> *having spent five thousand dollars to help someone, help me get this thing written, and then realizing that that isn't what they wanted and then so we're having to rewrite it, so it was just a nightmare 'cause we weren't getting clear directions of what they were looking for, so how do you clearly write a proposal? ...The process wasn't set up good right from the very beginning...so yeah that was just a mess, it was horrible...they were making it up as they were reading stuff we sent them.*

While most stakeholders shared these frustrations, others thought the RFP was relatively transparent and understandable, and had engaged in back-and-forth with the Commission to straighten things out. Some felt it included considerable flexibility in terms of respecting Aboriginal involvement and values. Part of the uncertainty in the process was felt by some to have been owed to the local context described above: a lack of readily identifiable capacity and leadership.

Still, most felt that the process didn't help build cohesiveness at the Winnipeg Site. Each participant organization was doing their own proposal, without knowing what the other proposal pieces were. The RFPs prescriptive nature was also confusing and a source of tension. Researchers, who were accustomed to including proposed research methods in response to such research calls, were bemused, while service organizations were concerned that they would be unable to set up a truly localized approach sufficiently sensitive to local contexts. Further confusion followed when mixed messages were received from the National Team, to the effect that proponents could "do what you want to" and then coming back with reminders to stick to their original protocol. The sluggish response time with the National Team was also a source of frustration: as one stakeholder put it,

> *We couldn't finish the proposal because we didn't know about the housing, and the expenses. We asked can we do this or that, and they held us up weeks at time to get ready to answer our questions so we could complete the proposals.*

The other issue related to the work of proposal writing was that for those who didn't hire outside staff to do it – and during the second phase of unexpected re-writes, this work was undertaken by service agency staff, and at those organizations' expense. It was a source of some resentment that there was no "seed money" available to undertake this necessary upfront work, and several stakeholders stated that they had hoped to be refunded for proposal expenses, which eventually was the case.

3.1.5 Conclusion: Environment

The Winnipeg site was essentially starting from scratch in terms of building housing services for homeless mentally ill persons. However, the long history of grassroots organizations addressing community needs in Winnipeg was a source of strength in the proposal development process and made the initial identification of likely Site partners relatively easy. This was particularly the case in terms of the Aboriginal stakeholders, who swiftly demonstrated capacity and agency in asserting their interests in the project. However, the shifting parameters of the RFP was a source of great dissatisfaction for most stakeholders. There was also some concern expressed over a perceived lack of transparency at the Site level in terms of which organizations were selected to be a part of the Site and which ones had been left out. On the plus side, the proposal development process *"brought members of the Aboringal community who were used to working in silos together, and that's just fabulous."*

3.2 Stakeholders / Partners

The report shall consider the Stakeholder relations in terms of stated motivations, constraints, challenges and world views.

3.2.1 Stakeholder Motivations

In conversations with stakeholders a variety of motivations were mentioned as driving their organizations' efforts in proposal development. For some it was about serving clients; for others it was about addressing broader issues in the community; for some capacity building, especially as it would relate to addressing mental health issues and homelessness. For the academic partners these goals were complemented by an interest in developing a research agenda and pursuing related partnerships and publication possibilities.

There were also broader social goals. This project was seen as just one more means of responding to deep historical injustices against Aboriginal people and encouraging recovery on the part of individuals, families and the community and in the words of one stakeholder, "*part of reclaiming Aboriginal identity.*"

Motivations were therefore related strongly to what the stakeholders hoped would emerge from the project; in other words, what they held as expectations for success: that the Site would be able to "prove" the effectiveness of the Housing First model, and the long-term benefits would follow in the form of core funding and stable infrastructure for housing the homeless.

3.2.2 Constraints

Almost all agreed that there was no obvious organization that could have been in a position to take sole leadership of the project. Most stakeholders had had a great deal of experience working in their own spheres, but few had worked in the sort of cross-sectoral manner of this project. The Aboriginal community didn't have a lot of knowledge about mental health practices, and the mental health community for their part didn't have a lot of knowledge about the Aboriginal community. At the same time, the Department of Psychiatry hadn't worked with community groups, and while the service agencies had many years of experience working with communities, they hadn't dealt with these issues in a clinical or research capacity. The Institute of Urban Studies, as well, had been primarily involved in qualitative social science research and had little familiarity with the sort of quantitative clinical research undertaken by Psychiatry.

3.2.3 Challenges, Conflict and Communication

The timing of stakeholder involvement affected to some degree relationships with other stakeholders. For example, some groups appeared to have had what amounted to "inside knowledge" of the RFP in advance while others had to play "catch up" during the proposal development phase. Basically, earlier involvement was taken by some to have bestowed more perceived ownership than those who had come later. Some stakeholders also reported that the late involvement of the Department of Psychiatry was a source of tension that took awhile to resolve.

There was a fundamental tension apparent in the perceived overall mission of the Site's work, specifically in terms of whether or not it was service oriented or research oriented. A great deal of negotiation and explanation on the part of the research team seems to have gone into articulating the research nature of the project. Several housing and service stakeholders confessed that they didn't really understand what the researchers were going to be doing, while others complained they weren't even sure what they were supposed to be doing. As one stakeholder observed, "*I don't know what it is that I'm a part of.*"

Some of these understandings are clearly linked to contrasting world views held by stakeholders and their respective organizations.

Bridging world views – and even being made aware how they influenced peoples' attitudes and decision-making processes – appears to have been one of the most significant challenges involved in the proposal development process. This bridging seems to have been a significant part of efforts at communication between stakeholders (for more on this theme, see Section 3.2.4).

There were also complaints of one-way communication, or of inadequate information-sharing. While these complaints may point to the need to enhance communication channels at the Winnipeg Site, part of this may also be owed to there having been no real history of cross-sectoral networks in terms of housing and mental health and the sundry social services that interconnect with them such as health and childcare etc. This lack of previous collaborations also contributed to a certain degree of rivalry and conflict when it came to staking out claims for control. Naturally, with the need to secure stakes in the project during the proposal development

comes the theme of organizational self-perception and comparisons made with other stakeholders – as well as assumptions as to how other stakeholders regard one's own agency. For example, some expressed the opinion that their organization had been included because they were better suited for their role owing to a better relationship with the community, or that their approach works better than those used elsewhere.

Other general observations revealed a lack of knowledge about other stakeholder partners. For example, one stakeholder characterized the Main Street Project as an Aboriginal organization when it isn't. As such, some of the comments in this category also reflect the desire of the speaker to clear up misunderstandings about their organization, or to express concern that their efforts aren't sufficiently recognized by others.

3.2.4 Aboriginal and Non-Aboriginal Stakeholders

This was especially the case with members of the Aboriginal Lens committee, some of whom described their frustration with having been given little meaningful to do and being "on the periphery" of the project. As one member reported,

> *I don't think we were all that well-received…when we were first introduced as a committee… 'why would we want a committee like that?' 'what's the use of that?' I know for a fact that those questions were raised. Why would we want a cultural lens committee? An aboriginal cultural lens committee? So I know the resistance is still there.*

For example, in the matter of the key point of contention in the whole study – the inclusion of a "treatment as usual" cohort – the Committee wasn't sure that their recommendations for the Ethics protocol would have any effect. This perceived lack of meaningful participation on the part of the Lens Committee was a major theme of the consultations with some of the members offering ideas for further involvement, such as providing debriefing and healing for the Site's interviewers. Ultimately though, too often members of the Lens committee felt that

> *we don't know what we are advising, we don't know how we could advise, who, who needs our…input or should have it. They thought if they bring us in (even afterthought) it would look good for them, just to say we had representations and some names.*

Unfortunately, one person reported that when she pointed out the "lopsided" nature of this conversation it got "thrown back in her face", which led to discussions with stakeholders on issues of respect and disrespect:

> *you know resistance when you see it. But the worst is the non-participation. The resistance. The just, not having a conversation like you know you don't exist and you know?*

Another Aboriginal stakeholder spoke of how she sensed dismissal and a lack of respect from a non-Aboriginal stakeholder:

> *If you invite an aboriginal person to sit in on committees but you, you are a position of power and you don't make any eye contact whatsoever with the Aboriginal people in that committee or you discount them or just don't make any comments when they have things*

> *to say, that's again another signal in our view that you're not serious about our involvement.*

This perceived lack of respect was also cited in regards to an early invitation to a Cree speaker to provide a translation of "At Home/Chez Soi" – a task considered deeply significant – that was never actually used.

These are samples of some of the elements of mistrust and misunderstanding that were reported. The relationship between Aboriginal and non-Aboriginal members of the Winnipeg Site is a fundamental and repeated theme, and it is also revealed in varied understandings—or world views among the stakeholders.

3.2.5 Conclusion: Stakeholders

While at a functional level there are degrees to which some stakeholders embrace the project for its service orientation more than for housing; or as service provision rather than as a research process, some of this can be linked to organizational and academic cultures. While other attitudes and conceptions are clearly more owed to broader Aboriginal world views as opposed to Western conceptions of empiricism. This diversity of opinion and belief points to some uncertainty as to the existence of a larger shared vision for the project.

3.3 Vision, Values and Principles

Among the 32 participants, there were few specifics offered as to the principles by which the Winnipeg Site carried out its proposal development. There were some general points of agreement. One was that the project need adopt a community development approach, so that it not simply be a matter of top-down implementation but rather would seek to develop capacity at all levels. Another was that of *inclusivity*, of involving Aboriginal people and people with lived experience at all levels of the project, and of the need for *cultural relevancy* in the Site's programming. At the research level, stakeholders talked about collaboration, and about sharing of knowledge and information. For some, the Aboriginal basis for the research meant ensuring that *OCAP principles* (Aboriginal Ownership, Control, Access and Possession of knowledge) were adhered to. The OCAP framework means that the Site would need to ensure that information isn't just taken from people, but there is a giving back, that the community as a whole has to benefit from it. Aboriginal stakeholders in particular were consistent in their use of what they called "healing language" such as recovery, reclaiming, authenticity, of the need to honour, to share stories and to use ceremony as a healing and honouring process.

The goals of the project were generally considered laudable, (even if there was certainly considerable debate over the ethics of the Treatment as Usual [TAU] component of the research [discussed below]). However, the "Housing First" model and Aboriginal values as expressed in the Seven Teachings (see ***Appendix Two***) alternately appeared to provide the necessary moral and ethical templates for both project visions and values. Aboriginal stakeholders certainly felt little need to revisit or articulate their value set, and, as the Housing First model has had years of success in New York, so too was this seen as a reliable source for non-Aboriginal participants.

As a result of the reliance on these two sets of pre-existing values, what is essentially articulated in the interviews and focus groups is a series of observations that amount to these beliefs being

taken for the project's presumed vision and values. There is an implicit assumption that either Housing First (backed by both precedent and the authority of Sam Tsemberis) or Aboriginal world view (backed by the Seven Teachings) *are* the vision and values for the Site:

> *I think the Housing First vision is, is clear enough, that I think everybody kind of got on the side of it…It was pretty clear, so I think it was pretty clear, pretty focused, and the values were pretty clear and pretty focused.*

> *The Housing First model is not just a professional concept, done in professional and academic environments. When telling people about Housing First, people can totally grasp the concept, it has no hidden agenda. Because most people have no professional paradigms, it made more sense to laypeople…it appeals to sensibilities, to basic understandings.*

As compared to:

> *We have Aboriginal concepts that we use so all that was already figured out before we came to the bigger table and they adopted many of those principles so it worked for us.*

> *We all have a common vision but how we do it comes in, in different ways, I mean we all-all of us are Aboriginal people who are…doing this project, all of us have hired Aboriginal staff…it's just our natural way of operating, our guidelines and values and principles are… the core one is, I guess it would be the Seven Teachings, that's our core one that all of us operate on.*

As might be expected there was no consensus on these matters, for those espousing Aboriginal and Housing First perspectives tried to impress upon the other stakeholders the merit of their respective beliefs, while on the Aboriginal side, these stakeholders wanted to convey their world view to non Aboriginal participants. Although this respective lobbying did meet with some success, stakeholders still confessed a lack of unity on visions for the project. For the research team it is primarily about proving the effectiveness of the interventions, while for housing and service providers the common vision is about housing 300 people or about developing community capacity, rather than testing a model. What is apparent, then, is that, in the words of one stakeholder,

> *we all have a very different idea of what this project should be all about.*

Often value discussions in the consultations focused on incorporating values in service delivery, rather than values for the project as a whole, particularly regarding research. This begged the question: what's the vision for the project – testing a model or delivering services?

This fundamental ambiguity was most strongly reflected in the considerable tensions about the project's experimental nature.

3.3.1 Treatment as Usual

The most controversial aspect of the research was by far the need for it to be a randomized controlled sample, with a population receiving "treatment as usual"(or TAU). This was seen by many stakeholders as unethical, and, for Aboriginal stakeholders, contrary to their traditional values. It is essential within Aboriginal belief systems to take care of all people, and not to exclude some from care. Many of the stakeholders reported a difficult time accepting this aspect of the research model:

> *The big issue for me and other people also was the research component of it…I figure again it's just a different world view, the Care As Usual the group that they're not gonna do anything with, and my response back to that well if the Care As Usual were working they wouldn't still be homeless, so let's all say as privileged people, and I include myself as a privileged person; I have a job, I have a home, I have food so I'm privileged, it would only be us that could sit in a room and have that kind of a conversation-That we need to prove-Yeah that we're gonna let people have 'Care As Usual' for four more years. Like, who would even think of that.*

Another observed:

> *There have been studies out of the "ying yang" to prove the cost-effectiveness [of Housing First] – no need to sacrifice people again, we already know what happens to people. We didn't have to sacrifice 300 or 400 people.*

The Aboriginal Partners were eventually but reluctantly convinced to proceed with the understanding and assumption that in the end the benefits to homeless and to the broader community would have been worth it.

However, while this was the most significant ethical concern, it was not the only one. Other difficulties that people identified concerned not just the design of the project but the practical impediments to carrying it out in the Winnipeg context. Why, asked one stakeholder, are we asking such intimate questions of consumers, "leaving people raw" and then the TAU population doesn't even get housing out of it? Wouldn't it be possible to wait until we had the participants into housing before getting them to recount traumatic – and re-traumatizing – stories?

Another stakeholder questioned if such a prescribed and national approach could be considered "culturally safe" for Aboriginal people, as the questions were not written with Aboriginal people in mind. The Aboriginal Lens committee in Winnipeg has tried to mitigate this difficulty, but it still remains a concern.

There were also ethical implications identified in terms of how this project intersects with the local housing market. When there is so little actual housing available in Winnipeg, one stakeholder asked if we are raising peoples' hopes unfairly when there is so little housing in which to put them? And what of the impacts on the TAU population, when what little housing that might have otherwise been made available to them has been essentially removed from the market to meet the demands of this project?

Another interesting phenomenon in the Winnipeg Site is the contrasting views on mental illness. Many Aboriginal people view mental health issues as related to life trauma issues, associated with residential schools and experience in the child welfare and justice systems, or even as gifts associated with visions and spirituality, rather than as clinical conditions requiring medication. This led to some tension in the Winnipeg Site over the medical model brought to the project.

How these ethical concerns should be dealt with depended largely on world views. Non-Aboriginal stakeholders referred to the successful ethics review at the two Universities, while Aboriginal stakeholders largely found little comfort in this official approval, and agreed to the terms of the trial only reluctantly.

3.3.2 Conclusion: Visions, Values and Ethics

Clearly, the diverse, divergent and competing world views among stakeholders helped shape the Site. However, as depicted by the Site's informants the process by which this shaping took place was fairly informal and premised on a number of significant assumptions, some of which might have benefitted from additional scrutiny.

A few points of agreement aside, what is striking in reviewing the comments from virtually all of the informants on vision and values themes is how non-specific they are. Rather than describing an actual process whereby a vision was articulated that would speak to a set of prescribed values, what appears to have instead been the case is that stakeholders referenced preexisting (i.e, external) visions and values, and that these largely fell along lines of identity. Non-Aboriginal stakeholders for the most part employed the Housing First model as their reference point on vision and values, while Aboriginal stakeholders held to traditional beliefs.

The Winnipeg Site seems to have been developed around two sets of assumed shared values, but with limited attempts at synthesizing them. There doesn't appear to have been the necessary dialogue to combine these world views into a unique, "made in Winnipeg" vision and value statement.

3.4 Participation of people with lived experience

Almost all agreed that it was important that such inclusion be included. As one stakeholder put it, "*they could be my family*." And regardless of who they are, "*they bring gifts that must be honoured*."

However, determining the extent of involvement of persons with lived experience proved to be difficult for the Proposal Development researchers at the Winnipeg Site: there was almost no consensus on this question, mostly due to the fact that there were numerous interpretations of what constituted "lived experience."

To some stakeholders, lived experience referred to having experienced homelessness, while to others it was having just a mental illness or having these combined with homelessness. Survivors of addictions were cited as having "lived experience" while other stakeholders almost appeared

to conflate lived experience with Aboriginality in general, i.e., since we have Aboriginal staff and researchers on this project then we have participation of people with lived experience.

To some extent, it would seem that – again – Aboriginal world views influenced attitudes on this issue, but only to a point. Some argued that, since Aboriginal people always see themselves as embedded in a wider community, and tend not to think of themselves as lone individuals, then any Aboriginal person with a family member or friend who has been homeless has, themselves, gained lived experience with these issues. Other Aboriginal participants appeared to counter this view by noting,

> *you can have a partner who has mental illness, or have relationship with an individual with the lived experience but you aren't that person.*

There were also differing views reported on homeless people – that some people don't want housing and want to live on the street, while others debunked this as a myth. There was also skepticism that the Site would actually find 500 homeless people who were both Aboriginal and mentally ill.

However, by and large there was some agreement that the involvement of people with lived experience had not been achieved as much or as well as it could have been:

> *If there was one thing we could have done better it would have been that. We tried, but it was probably minimal. We were so far behind, building the knowledge base, build these teams, we just didn't have the time or the capacity to do that to the extent that we probably should have.*

Yet others argued that this was built in at the structural level, that staff on the management, research and service teams include people with lived experience. As one participant put it:

> *We hired people with lived experience. We consult with them for the service delivery. Some of our staff have had lived experience before being able to work for us...*

To the extent that people with lived experience – however defined –were involved there were some challenges identified, such as identifying them initially and then keeping track of them to be able to invite them to more than one event. The important thing, said one, is honouring the sanctity of peoples' stories.

There was another significant point of contention on this matter, and that related to the ethics of engaging vulnerable people at the outset who might be filed into treatment as usual. There were, however, other even more serious concerns:

> *It wouldn't be really engaging, because the process was set beforehand and we knew we were not going to change it based on people's input. When you invite people to participate you'd better be sure what you are asking them.*

In other words, if (as some suspected) the key decisions had already made in advance, why would they want to involve people with lived experience when they couldn't contribute meaningfully in the process anyway?

Regardless of differences in perceived adequacy in this area, a Consumer Group was developed after the formation of the Site to ensure ongoing engagement with this essential stakeholder group.

3.4.1   Conclusion: People with Lived Experience

This wasn't so much a matter of debate as it was of different definitions. The extent to which stakeholders thought the Site had meaningfully included "people with lived experience" depended significantly on how they viewed the definition of this term. Unfortunately, stakeholders were not explicitly asked to offer such a definition. But they did cite this as an important factor in the Site's processes and relationships.

3.5 Processes and Relationships

There were many challenges associated with putting together a project that some felt was "too scattered" and for which it was difficult to gain an understanding of expectations. Aside from the fact that Aboriginal stakeholders hadn't been approached right away (discussed above), the origins and organization of the Winnipeg Site seemed to be the subject of some uncertainty. While people didn't feel that the choices were poor ones, there was a wish for more clarity on how Partners had been selected. According to the Site Coordinator, potential stakeholders had been asking if they were in,

> "*and we said, 'do you want to be in? Do others see your participation having value?'* We didn't anoint."

While there was some concern that too many responsibilities had fallen to the Site Coordination function, the fact that it was located with the provincial government was a good thing:

> *Having a person within the government who has experience with developing projects and has good professional relationship and skills in managing resistance and believes in the positive outcomes of the project is key in developing projects like this one.*

Yet at the same time there was concern that it had taken almost six months after the formation of the Winnipeg Site and after the proposal was fully developed that the Department of Psychiatry at the University of Manitoba was invited. While the presence of Psychiatry was viewed largely positively and a necessary addition, the impression some reported was that

> *it felt like when there was a need identified, they went scrambling and looked for someone and brought them in. it didn't feel planned. It felt reactive not proactive.*

Staff with Psychiatry also found it difficult at this late stage to feel involved, as the Site was largely developed without them. Psychiatric staff, not being used to working with service providers, also found it difficult to connect to that group. There were some difficulties in terms of relationships between staff of the lead research organizations when Psychiatry first came on board, but the Co-Principal investigators were seen to have worked well in terms of stepping in when group decision-making had proved difficult to make key decisions. A broader issue more of concern among Psychiatry staff is the general fear of psychiatry and the medical model, which

can be viewed negatively, especially if people have personal experience with the psychiatric system.

There were hopes that the project would help build local infrastructure; instead it seemed to some stakeholders to have heightened some of these existing divisions and territoriality. According to stakeholders, originally the process was very competitive. It took a lot of work and discussion to resolve these tensions. At the same time there were also positive experiences with consensus-building. The frequency of meetings and their informal structure certainly contributed to the ability of the Winnipeg Site to iron out its plans, and it did so in a process described as "open and sharing":

> *a lot of the development of the proposal was about relationship and trust-building, build trust among all the players and among ourselves. There was still separation between research and housing, service and research.*

> *I don't know how many meetings we attend, dozens of meetings, in regard to trust building, relationship and education, bringing in an understanding, and learning as we went, what we were doing.*

This "open and sharing" style of dialogue was used to try to bridge the competing world views involved in the leadership of the Site, especially in terms of balancing research and service agendas, and in building a sense of a team:

> *Initially people felt like yes, we'll do our part and get together occasionally and report on our part, but then realized that we would have to be a team, and that the MHCC expected the Site to work as a team. What made it work was the Aboriginal value base and philosophy that was quickly brought in and integrated. The Lens committee came in and talked about the importance of working together. Two days were set aside when everyone was brought together for teachings and sharing. Made sure there was time and opportunity for people to come together and find out about each others' work.*

The Thunderbird House gatherings were especially seen to have been a positive strategy to bring different stakeholders together, and of respecting the expertise of other stakeholders and building relationship at the Site. This was an example of the Site's commitment to the "cultural experience."

On the other hand, several stakeholders were negative in their assessment of the initial use of the United Way as a facilitator to build the common value sets, offended that the MHCC apparently thought that the Site needed a facilitator to get along, which was felt to be "paternalistic."

For their part, the Winnipeg Regional Health Authority recognized the need to build bridges with the Aboriginal community, and didn't want to be seen as a top-down government agency. So they stepped back to let the community take the lead. But it was seen as important by the Aboriginal stakeholders that their people not always being the ones having to build the bridges; as one stakeholder phrased it, they still feel "saturated" with need to still be educating non-Aboriginal people about the histories and issues between the two peoples.

Finally, many reported that the Site had good relationships with National Team, although one stakeholder wished that some of the training could have originated locally, instead of always being "top down." Others were suspicious of the Commission, saying, "*It's like they don't trust. I would never do another project with MHCC again.*" The evolutionary nature of the research sometimes also meant that the Coordinators were waiting for answers from MHCC and this caused anxiety among some Partners as they didn't have the answers people were looking for. Service providers got impatient with the project being built as it went along.

3.5.1 Conclusion: Processes and Relationships

While there is now some consensus that the stakeholder organizations with the Site are well-suited for their respective roles, there was concern about the level of transparency with which these agencies were selected. As well, despite a great number of meetings that were held in the proposal development process, work will likely be needed on an ongoing basis to maintain good relationships between these very different and distinct entities and bridge the multiple world views involved in the project.

3.6 Structures

The Winnipeg Site is structured in such a way that the governance of the project is shared but lines of communication proceed to from the various components to the leadership team, the advisory committee and the Aboriginal lens committee (see Appendix One).

There were few comments specifically on the subject of structures, as these themes were mostly covered by this point in the interviews and focus groups. Most agreed that the processes for interaction between the stakeholders were consensus based, informal and heterarchical. Structures developed organically, through an "evolutionary" process.

It was argued, however, that in any project there is a need for structure: a certain level of structure is needed so people and organizations know what the expectations are and so they have a sense of what flexibility they have to do things. Without adequate structure, according to one stakeholder, it is difficult to be flexible, as there is uncertainty and confusion.

One of the strategies mentioned by several stakeholders was to emulate Aboriginal practices, by "structuring" meetings around informal circles in which "*everyone is a learner and a teacher.*"

An Advisory Committee was developed early on to provide overall guidance and support and to be key links in informing other stakeholders about what was happening, and has met perhaps 6 times to provide direction and be informed on project status. The Cultural Lens committee too was intended to be a filter for looking at project information in terms of consistency with Aboriginal values. The Project Team was formed to include managers of the three interventions as well as the co-Principal Investigators and the Site Coordinators. The Consumer Group was formed to ensure that people with lived experience could have input, to ensure their involvement and explore continuing after the project is done.

3.6.1   Conclusion: Structure

The evolutionary nature of Site processes precluded formal discussions of decision-making structures, but these have more or less corresponded with roles and functions on the Project Team.

3.7 Focusing the programs

The "third arm" in Winnipeg was the Ni-Apin model, offered by Aboriginal Health and Wellness. The model is a day program that includes home visiting, both traditional and contemporary resources, a drop-in component, and one to one and group/circle interaction/counseling. From its conceptions it was seen to be a way to approach mental health and homelessness in a holistic way consistent with Aboriginal world views:

> *[Ni-Apin] was consistent with the traditional Aboriginal model: teaching circle, medicine wheel…Having the chance to incorporate other concepts in our model was a great opportunity. This program encapsulates everything together. The model goes beyond physical and basic needs and has so many other aspects in a holistic way.*

This holism extended not just to the 'consumer' but to their spouses/partners:

> *One of the things that sets Ni-Apin apart is that in the standard model you provide service to your constituent, but not your partners. We recognize and acknowledge our partners. The ICM model would only see one side of the coin—excluding partners.*

According to some participants, however, some of the program's unique aspects came under criticism from the national team, apparently on the recommendation of Sam Tsemberis:

> *We get the sense that our "third arm" doesn't fit. It was accepted but now it seems like they are trying to force it into being another ICM. The uniqueness would be lost. Sam [Tsemberis'] report recommended changes to [Ni-Apin]… he didn't even learn what Ni-Apin is about –they are trying to make us confirm. Why did they ask for a 'made-in-Winnipeg solution'?*

Another innovation at the Winnipeg Site was the "Housing Plus" deliver model, led by Ma Mawi Wi Chi Itata in conjunction with Mount Carmel Clinic and the Aboriginal Health and Wellness Centre. This service worked with the Housing Provision arm to ensure that each resident was provided with furniture and other goods necessary to start setting up house. Such goods would include beds, couches, tables, televisions, pots pans, plates, utensils and start-up groceries. Housing Plus comprised a housing coordination team; warehouse space to store furniture and other household items; a procurement plan with which to take advantage of economies of scale and bulk purchasing opportunities; and a local partnership to provide moving services. All these were to be undertaken with a view to capacity building in the community, by hiring and procuring locally.

There was little else to be added on this point by the time it was raised in consultations, as the pronounced needs of the Aboriginal homeless population had been the focus from the beginning.

There were however debates about defining the core clientele, in terms of the validity of focusing solely on mentally ill homeless people, defined clinically.

> *So, unless you've, bipolar, or schizophrenic, all those big medical- you're not eligible which I think is unfortunate…I mean what about the sniffer who's got dead brain cells from sniffing too long*?

> *I heard this one guy say, "Yeah I've got a mental illness - it's called 'I don't have a house!'"*

In terms of the interventions, stakeholders clearly supported "holistic" approaches that considered the whole person, not just their physical housing needs and a clinically-diagnosed mental illness. A "blended" approach was taken in the intervention that combined western and traditional services, and services are customized to include, for example, reunions with family members and return visits to First Nation Reserves.

> *It isn't only about housing but also fixing "spiritual loneliness" and this is about rebuilding connections with family and community. Developing a new lifestyle. Encouraging volunteering. Helping people developing their strengths, using their abilities in a positive way. Whatever gifts they have we try to use them.*

> *One of the things that sets Ni-Apin apart is that in the standard model you provide service to your constituent, but not their partners.*

Some of these additional services, it turns out, are not funded by the At Home program but often come out of agencies' operational budgets.

3.7.1 Conclusion: Focusing the Program

The major purpose of the Winnipeg Site being to examine the Housing First model in the context of Winnipeg's Aboriginal homeless population meant that there was little doubt as to the Site's main focus. However, there was more fine-grained discussion and refinement in terms of the interventions focusing on the "whole person," the scope of which sometimes extends beyond the funded parameters of the program, pointing to an unanticipated shortfall of resources.

3.8 Resources

The community-based agencies involved in the Winnipeg Site have limited financial resources, so stakeholders reported challenges in setting aside sufficient money for additional programming, such as drop in programs, providing sweats and paying for visits to family on Reserve. This problem was also felt early on, as there was no financial support for the pre-proposal meetings in which the stakeholders engaged, which was more of a burden for the service stakeholders than for the researchers.

The most significant resource-related problem for the Winnipeg Site was finding enough space to house all the planned activities. Some stakeholders felt that the Project Team waited too late in the planning process to securing housing; it takes time to build relationships with landlords, especially where high-needs clients are concerned. Furthermore, some stakeholders pointed to a

lack of coordination with the Province and their housing initiatives, which has resulted in even more competition for a very small supply of affordable housing.

It is not just the supply of housing units, one stakeholder stressed, but ensuring that they are safe, clean and appropriate. Too often the units being shown to the housing teams were in poor condition. Others expressed concern that the very housing typology made available – the bachelor or one-bedroom apartment – might not be the most appropriate for persons so long accustomed to collective housing in group homes, shelters or the streets, as they would likely isolate participants from their communities and support networks.

According to several stakeholders, the intervention arms also experienced some difficulties in terms of securing staff and providing appropriate training. The arms didn't have staff that were sufficiently trained in mental health diagnoses and related issues prior to the project so had to be trained, although the National Team had promised training.

A larger and long-term issue that came up in consultations related to project sustainability. While it had been discussed to some degree, so much attention was given to getting the project off the ground that there wasn't a real long-term focus on this.

3.8.1 Conclusion: Resources

Aboriginal perspectives on the "whole person" meant that needed resources extend beyond core housing and mental health supports to include relationships and spirituality, which weren't targeted for funding. Of all the issues, those associated with resources appear to have the most bearing on project implementation, as stakeholders raised repeated concerns about the long-term ability of the Site to meet the needs of its participants, particularly in terms of identifying and securing appropriate housing units and ensuring proper services and supports.

3.9 High Point and, Low Point Stories

Interestingly, these points were not discussed so much in terms of "stories" per se, but more so in terms of what people liked best or least about their experiences.

High points included: Having a full day of sharing; being part of a big project; relationships; serving people; learning lessons; "*the guy who came out from under the bridge and said it's so much easier to eat when your hands are warm*"; being reaffirmed by community people that the project was on the right track; when the "glasses" were gone and we saw each other as equals; the launch which was a big success; meeting stakeholders from other cities and seeing they had had similar backgrounds, spoke the same language, had same type of expertise; first round table in the Thunderbird House; meeting Sam Tsemberis.

Low points included: Feeling disqualified by authorities; coming in late after decisions made; not having adequate information rewriting the proposal without knowing the actual parameters; having to "hurry up and wait"; when national team changed their mind; Senator Mike Kirby telling people they could "do what they wanted as long as it related to housing"; feeling overwhelmed; unknowns stressful for stakeholders; Sam Tsemberis' presentation in the spring.

3.9.1 Conclusion: High Point and Low Point Stories

There was generally little new that was heard in these inputs; they were generally repetitions from the main questions.

3.10 Advice

Stakeholders were asked if they had any advice to offer other potential Sites developing such a project in the future. Ideas included:

- make sure the project builds in time for relationship building;
- if a project targets a specific population, then the leaders need to go to that community and its leaders and bring them to the table;
- the project should adapt its national metanarratives to the local context and world views;
- representatives from all the cities being included need to meet right at the get-go;
- the project leaders should work within a spiritual framework in association with Elders;
- partners need to ensure that what they are developing is exactly what the funder wants;
- implementation issues are very local and particular, so precedent doesn't hold as much weight for service providers as it may for research partners;
- cross-sectoral projects need cross-sectoral mentors. It isn't enough to bring in outside researchers (such as Sam Tsemberis); bring in outside service providers too, people from similar backgrounds to the Site's membership to bridge gaps in understanding by speaking the "same language";
- set up budgets that recognize that non-profits operate on really tight budgets;
- stakeholder organizations should be selected through a transparent process involving a committee rather than being selected by the Site Coordinator;
- meetings should be more formal;
- the project should build more local capacity through locally-provided training opportunities;
- Bring the research team together with site coordinators and community service teams;
- There were many people and agencies who weren't selected as partners of the project. These should be considered stakeholders for future research.

4.0   Cross-Cutting Themes

The researchers have identified a number of themes which they believe are "cross cutting", i.e., affecting multiple areas of concern. Some of the challenges found in proposal development continue to be a challenge for implementation. The most significant theme was that there is simply a great deal of uncertainty about the project's "big picture". As one stakeholder put it,

> *You were in the dark so much, which caused you not be able to steer it yourself. It was hard to understand. You start to say, I have no knowledge of the whole thing, but what can I do in my own area?*

Some of this is surely owed to the sheer complexity of the undertaking. However, it is the considered opinion of the report's authors that what has emerged from the consultations is the

recognition that, despite most stakeholders' assertions that there was a shared vision for the Winnipeg Site, significant variations actually exist in what constitutes these visions – not merely in terms of value statements, but the stated purpose of the project, how it should be carried out, and for whom.

At a basic level, stakeholders offered different conceptions of the Site's primary purpose: it was varyingly described as research, as housing provision, as social service, as community development, as a step towards reclaiming Aboriginal identity. People with lived experience as well were alternately seen as mentally ill, as homeless, as mentally ill and homeless, as Aboriginal, or as being a member of a community that includes people fitting the above descriptions. That At Home/Chez Soi and its participants might be able to be described in all of these ways is worth discussing, but these notions collectively seemed to underscore more pressing questions: do stakeholders view the Site as an exploration as to whether or not Housing First is more effective and efficient than treatment as usual, or whether or not there is the capacity in Winnipeg to implement that model? How can the value of participation of people with lived experience be fulfilled if there is no agreement on to whom this refers?

Two stakeholders noted,

> *Nobody is entirely certain that they understand the whole picture: When I started I was thinking about research as the main component and service and housing as the secondary components. I asked who is driving this and I am here a year later, still asking the question.*

> *It really is service, has to be about actual service provision, and the research will inform the service. You can't research something that doesn't exist; there was no existing infrastructure, so it was created for this research project, it was created to be researched.*

In short, as a "research demonstration project" it appears to some to be about research, to some about demonstration, and to others about service.

Everyone reported that the stakeholders talked and talked, working out such tensions and misunderstandings through discussions. But few stakeholders recalled using any particular tools or strategies to work through differing views. And with meetings being informal, with minutes recorded only rarely, it is likely that some material concerns were discussed repeatedly-ie., partners were 'spinning their wheels.' Some people seemed to have found the frequent and repeated meetings frustrating.

The research stakeholders tend to frame the history in terms of having needed to "sell" the model and explain it over and over; yet the extent to which the research partners had to "sell" the project may be more owed to the fact that it was a demonstration project, that it was about researching the model, and not that it was about housing mentally ill people, the validity of which almost everyone appeared to have accepted. As well, stakeholders reported that in order to overcome conflict and tensions, they needed to explain their position, oftentimes repeatedly, that the speakers were occupied with educating the other stakeholders. But – interestingly – nobody said that they just *listened* really hard to others.

Such confusion points, in the authors' opinion, to the conclusion that no such shared vision for the Site actually exists. Furthermore – and perhaps not surprisingly – the stakeholders' disparate visions largely derive from world views associated with Aboriginal and Western epistemologies. Examples include:

- **Spiritual vs. physical:** In Aboriginal spirituality, spirit comes first and then mind and body. The language used in the ethics protocol was all from the biomedical perspective and felt to be inappropriate for Aboriginal people. What medical practitioners consider a mental illness to an Aboriginal observer might be spiritual loneliness arising from trauma;

- **Clinical vs. Social**: Many stakeholders were troubled by experimental nature of project, specifically the treatment as usual cohort. To the Aboriginal world view, you help every member of the community; if friends, family or even strangers need housing, you invite them in. To deliberately leave hundreds of people without housing didn't sit well with most Aboriginal stakeholders;

- **Individual vs. Community:** Non-Aboriginal stakeholders sometimes expressed excitement about being involved in a big project in terms of their own professional interests, rather than emphasizing community benefits, which by contrast were the exclusive focus of the Aboriginal stakeholders;

- **Process vs. Goal:** Research stakeholders tend to be more focused on the instrumental aspects of the project, where service stakeholders are more focused on community outcomes.

- **Housing vs. Mental Health**: Several stakeholders observed that the emphasis on the project doesn't treat these areas equally, that it is oriented too much to one or the other.

- **Indigenous vs. Western Epistemologies:** There was significant tension between these, and Aboriginal stakeholders clearly differentiate between them and defended their world views during proposal development. Non-Aboriginal participants for their part certainly seem to value Indigenous knowledge as well, even if they don't fully understand it, frequently deferring to Indigenous knowledge and citing it as rhetorical support for the project.

The MHCC for their part probably assumed that such disparate organizations would be able to develop such a complex project simply as a matter of working out technical details, rather than negotiating these details within complex and long-standing world views. The Commission may well have simply not taken such world views into account. Had the partners been brought together to specifically workshop, discuss and share their world views prior to any detailed Site planning, this might have facilitated the articulation of a shared vision and set of values for the Winnipeg Site. Instead, the respective adherents to the Housing First model and Aboriginal world views used these paradigms as significant proxies for the project's vision and values – which were never actually defined, articulated and documented.

5.0   Conclusion

Given the painful history of racial relations between Aboriginal and non-Aboriginal people in Canada it should probably not come as a surprise that a Site that chose to focus on core issues emerging from these relations would, itself, be affected by that history.

The story of the development of the Winnipeg Site as revealed in the interviews and focus groups conducted for this report is a fascinating portrait of the exercise and negotiation of world views, of competing ontologies. Two broadly defined sets of world views – that were never successfully synthesized – have sought to stake their claim to guide a socially desirable goal.

While it's certainly the case that all research partners understand on one level what the ostensible goals of the project are, what seems to be in question is the extent to which these have been internalized. While a diversity of understandings might be beneficial for a service delivery project, it could make more complicated the execution of a research project, the particulars of which must be carried out according to a national protocol.

The crux of the matter seems to be the assumed goodness concerning both world views that goes unexamined by their respective adherents, with an attendant resentment on display that one's own world view isn't adequately understood. This negotiation was clearly not always successful, nor is it complete. This was perhaps best expressed by one stakeholder who noted,

> *In the Aboriginal community you had different conceptions about research and service, and in the mental health community there were different conceptions about RESEARCH and COMMUNITY. All these paradigms [were] at play. Everyone had to stop for a minute and think about their mythologies -- not that they were bad or wrong, but they had to pause.*

As the Winnipeg Site moves forward into its implementation phase, perhaps it needs to once again revisit these world views, and reflect more constructively on what they share and to what extent they can learn from one another. As is suggested above, stakeholders need to pause and reflect on the potency of their mythologies, and how they might be better shared, understood, and – most importantly – harnessed for the successful implementation of the At Home/Chez Soi project.

Appendix One: Site Context

Context of the Winnipeg Site

The research component of the Winnipeg demonstration project is led by the Institute of Urban Studies, University of Winnipeg and is structured as follows:

- Principal Investigator and Lead Applicant Dr. Jino Distasio, Associate Professor of Geography and Director of The Institute of Urban Studies, University of Winnipeg;
- Co-Principal Investigator Dr. Jitender Sareen, Associate Professor of Psychiatry and Community Health Sciences and Director of Research, Department of Psychiatry, with and Corinne Isaak as Research Coordinator;
- Co-Investigator Dr. Patricia Martens, Director of the Manitoba Centre for Health Policy and Dr. Mark Smith Associate Director, Repository Manitoba Centre for Health Policy University of Manitoba; and
- Community Research Coordination Brian Bechtel, Executive Director of the Main Street Project of Winnipeg.
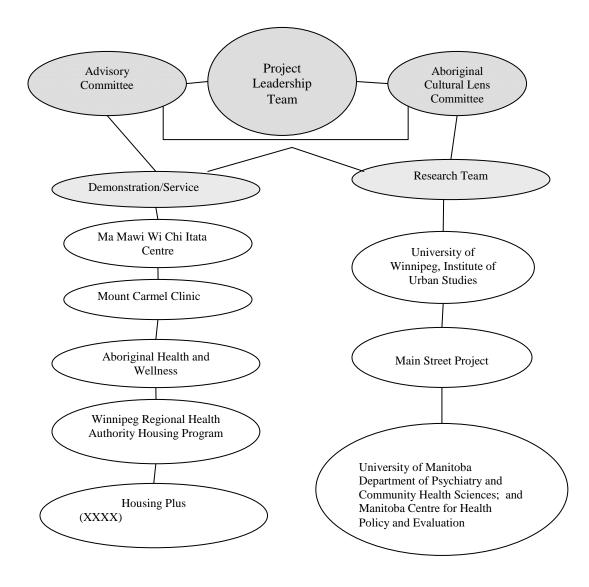
The Ma Mawi Wi Chi Itata Centre undertakes delivery of the Intensive Case Management (ICM) interventions, while the Mount Carmel Clinic is responsible for implementing the Assertive Community Treatment (ACT) interventions.

The Aboriginal Health and Wellness Centre offers *Ni-Apin* Program as Winnipeg's site-specific intervention component ("third arm"). It employs a model that incorporates part of the ICM model with an additional day program that includes home visiting, both traditional and contemporary resources, a drop-in component,and one-to-one and group/circle interaction/counseling.

Additionally, the WRHA will provide support and education to the Winnipeg Site organizations (AHWC, Ma Mawi Wi Chi Itata Centre, Mount Carmel Clinic) through the mental health and primary health care programs of the WRHA.

The Manitoba Centre for Health Policy acts as a supplementary data partner in terms of administrative health data and records of research participants.

The Project Leadership Team, comprised of the Site Co-Coordinators, the lead service providers, the lead researchers and the housing procurement coordinator, provides overall management and coordination of the Winnipeg Project. An Advisory Committee and an Aboriginal Cultural Lens Committee are being developed as part of the Project to ensure that Aboriginal perspectives and collaboration with the Aboriginal community are honoured and promoted in its implementation. Persons with lived experience in mental health and in homelessness are represented in various roles of the Project, on the Advisory Committee or as staff of the lead service providers that will be serving homeless and precariously housed individuals. The inclusion of Aboriginal perspectives and of persons with lived experience in mental health and homelessness are integral to the Winnipeg Site.

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        ┌──────────┐      │   Project    │      ┌──────────────┐
        │ Advisory │──────│  Leadership  │──────│  Aboriginal  │
        │Committee │      │     Team     │      │ Cultural Lens│
        └──────────┘      └──────────────┘      │  Committee   │
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Advisory Committee — Project Leadership Team — Aboriginal Cultural Lens Committee

Demonstration/Service — Research Team

Ma Mawi Wi Chi Itata Centre

University of Winnipeg, Institute of Urban Studies

Mount Carmel Clinic

Aboriginal Health and Wellness

Main Street Project

Winnipeg Regional Health Authority Housing Program

Housing Plus (XXXX)

University of Manitoba Department of Psychiatry and Community Health Sciences; and Manitoba Centre for Health Policy and Evaluation

Characteristics of the homelessness situation

Winnipeg is a community of 633,451 people, (337,465-male and 357,205-female) with a median age of 38.7 (2006 Census Canada). Winnipeg is home to Canada's largest urban Aboriginal population (68,385) with 32,480-male and 35,905-female persons self-identified during the 2006 Census. This growing population is also much younger with a median age of 24 compared to nearly 40 for non-Aboriginal persons (Census Canada, 2006).

Winnipeg's housing rental stock is declining with rents increasing and affordability further eroding. The average rent for a bachelor apartment is $464, $602 for a one-bedroom and $769 for a two-bedroom (CMHC Rental Market Report: 2008).

Private Apartment Average Rents: Winnipeg CMA							
Bachelor		**One Bedroom**		**Two Bedroom**		**Three Bedroom**	
Oct- 07	Oct-08	Oct- 07	Oct-08	Oct- 07	Oct-08	Oct- 07	Oct-08
$451	$464	$578	$602	$740	$769	$874	$920
Source: Rental Market Report Winnipeg CMA Fall 2008							

Since 1991 there has been an overall decline in the vacancy rates for rental property in Winnipeg going from 6.5 per cent to 1.0 per cent as of October 2008. Low vacancy rates in Winnipeg, in both the public and private housing market have contributed to long waiting lists for those seeking affordable shelter. Prospective landowners and managers in the public market have the power to be particular in tenant selection. Some property owners and managers may avoid renting to tenants who are considered marginalized due to perceived drug and alcohol use and misuse, mental health issues and matters relating to affordability and institutional discrimination

Approximately 40 per cent of the rental housing stock is located within Winnipeg's inner city where housing is older and increasingly in need of major repair. This has placed considerable pressure in the rental market with fewer options. The Core Housing Need (2005) for Winnipeg is 10 per cent meaning that the rental accommodation may be in need of repair, the household pays more than 30 per cent for shelter or the household is considered to be crowded (CMHC, 2008).

In looking at shelter assistance rates, a single person on EIA has a budget of $320 per month to rent an apartment (or $300 per month for accommodations in a rooming house) would have difficulty obtaining shelter in Winnipeg. As previously stated, the average rent for a bachelor apartment in Winnipeg (2008) is $464 per month. This represents a shortfall of $144 per month for shelter costs. The wait lists for subsidized housing is also a key issue. The Manitoba Urban Native Housing Association reports that there is an overwhelming shortage of housing, with 2,300 persons on their wait lists (MUNHA 2008) while the Manitoba Housing Authority had 3,037 households on their wait lists in 2003 (Campaign 2000).

Another key issue in Winnipeg is that there are an estimated 1,000 rooming houses (5,000 tenants) with Employment Assistance Income paying approximately $825,000 in monthly rents (Distasio *et al*, 2002). In addition, there are close to 1,000 persons living in residential hotels along the Main Street area of downtown Winnipeg (Distasio *et al*, 2005). While overall shelter beds have increased over the past several years, there remains no Aboriginal owned and operated shelter. The last shelter operated by the Aboriginal community was the Neeginan Emergency Shelter. Currently, Winnipeg has the capacity for 500 shelter beds during the winter months

Estimates of the homeless population in Winnipeg range from a minimum of 350 living on the streets, with a further 1,900 making use of shelters on a short-term or crisis basis (Study on Homelessness Begins in Winnipeg, WFP November 23rd 2009). One challenge associated with the Winnipeg demonstration project is that there has never been a comprehensive and coordinated homeless count. However, past efforts and discussions with emergency shelter staff indicate that the average person without shelter in Winnipeg is most likely male (70%) and of

Aboriginal descent (70%). This corresponds with a recent "point in time" count orchestrated by the Canadian Institute for Health Information, as shown in the chart below.

Table One: Point in Time Estimate: Winnipeg, Manitoba		
Date of Data collection	**Estimate**	**Gender , Age and Aboriginal Peoples**
Night of June 22, 2005	Emergency shelter users 125 (excludes those on the street and hidden homeless)	101 males (81%) 24 Female (19%) Aboriginal Peoples 77 (62%)
Source: *Improving the Health of Canadians 2007-08: Mental Health and Homelessness.* Canadian Institute for Health Information, Canadian Population Health Initiative. Ottawa, Ontario.P.10.		

Description of existing service delivery environment

The standard form of shelter for the homeless in Winnipeg falls under the category of Crisis and Transitional Housing. Main Street Project, the Salvation Army Booth Centre, and Siloam Mission are offer crisis and transitional housing. Such shelter is short-term in nature (with stays of a few days to a few weeks), and is particularly intended for emergency use, with the goal of transitioning individuals back into the community into more permanent housing. Between them they can easily 435 homeless individuals, with a maximum capacity of 500 under conditions of extreme cold.

In addition, there are emergency and transitional shelters geared towards providing services to particular populations, such as women or youth needing protection from dangerous home environments. Women's facilities include Ikwe-Widdjitiwin, Osborne House, Salvation Army - Women's Services, Alpha House Project, Native Women's Transition Centre; while youth are served by MacDonald Youth Services, the Main Street Project, Ndinwemaaganag Endaawaad, and the Neeginan Emergency Shelter.

However, there are major holes in service provision. In 2007, Leskiw and Associates investigated service use and availability among Aboriginal people in Winnipeg and found that, while there are a number of services for adult women there is a lack of similar services for adult males[3]. This is a particular problem in Winnipeg; as the 2001 Community Plan on Homelessness and Housing pointed out, adult males represent a constituency of "high need" that is a frequent user of emergency shelter, and who often has addictions issues. Moreover, the Plan indicated that Aboriginal males experiencing mental illness often seek emergency, transitional and supportive housing in contrast to permanent housing.[4] In general, the report concluded that "individuals

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[3] Leskiw and Associates. (2007) *Mapping of Aboriginal Services in the City of Winnipeg.* Winnipeg, Manitoba.

[4] Social Planning Council of Winnipeg. (2001) *A Community Plan on Homelessness and Housing in Winnipeg.* Winnipeg, Manitoba.

experiencing mental illness were identified as the most under-served in the area of housing resources.[5]"

General services for individuals with mental health issues are provided by the Winnipeg Regional Health Authority. According to their website, services include *"assessment, crisis intervention; supportive counseling, basic needs support, service coordination, and intensive rehabilitation case management"*[6]

Supportive Housing (with on-site support staff) and Supported Housing (case management provided to residents who need supports) are also available in the Winnipeg site through the Winnipeg Regional Health Authority's "Mental Health Program." Supportive housing takes the form of "*housing specifically designed for individuals with mental health issues with designated supports attached to the site/facility. Sites may include shared houses, shared apartments, or self-contained apartments in specified buildings. Example: Friends Housing Inc., New Directions*" while Supported Housing is "generally specific to individuals with a Mental Health diagnosis who require assistance to choose, get and keep housing. Supported Housing service providers assist their clients to acquire housing."[7] The Winnipeg Regional Health Authority also operates mental health residential care facilities through its Community (Supported) Living and Community Mental Health programs.

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[5] Mulligan, Susan. 2008. An Examination of Rental and Social Housing in Winnipeg, Manitoba. The Public Interest Law Centre Legal Aid Manitoba. P. 14

[6] What are health and social services?" http://www.wrha.mb.ca/community/wis/about_hss.php

[7] Winnipeg Health Region Glossary of Housing Related Terms, p. 2.
 http://www.wrha.mb.ca/ltc/strategy/files/LTC_HousingGlossary_Jun08.pdf

Appendix Two: The Seven Teachings

The Seven Teachings

Honesty Humility Truth Wisdom Love Respect Bravery

Honesty - to achieve honesty within yourself to recognize who and what you are do this and you can be honest with all others

Humility - humble yourself and recognize that no matter how much you think you know, you know very little of all the universe.

Truth - to learn truth, to live with truth and to walk with truth, to speak truth

Wisdom - to have wisdom is to know the difference between good and bad and to know the result of your actions

Love - unconditional love to know that when people are weak they need your love the most, that your love is given freely and you cannot put conditions on it or your love is not true

Respect - respect others, their beliefs and respect yourself. If you cannot show respect you cannot expect respect to be given

Bravery - to be brave is to do something right even if you know it's going to hurt you.

Source: Grand Council of Treaty #3, Government of the Anishinaabe Nation in Treaty #3. Accessed July 19th 2010 from
http://www.gct3.net/wp-content/uploads/2008/01/seven_teachings.pdf