BCAAFC | BC Association of Aboriginal Friendship Centres

Urban Indigenous Wellness Report

A BC FRIENDSHIP CENTRE PERSPECTIVE

Fall 2020

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Acknowledgements

The BCAAFC is grateful to the network of 25 Friendship Centres who supported this important work. We would like to sincerely thank all of the staff and clients who participated in the engagement sessions and generously shared their time, knowledge, and passion for the health and wellness of urban Indigenous people living in BC. We raise our hands to all of you.

We acknowledge the support of the Ministry of Mental Health and Addictions who funded this project.

Terminology

Urban Indigenous Peoples: *The term 'Indigenous' is inclusive of First Nations, Métis and Inuit peoples, but it should be emphasized that each are distinct from one another. Therefore, the term 'urban Indigenous peoples' is used in this report to collectively refer to First Nation (status or non-status), Métis or Inuit people living outside of an Indigenous community, such as First Nation reserves, Métis settlements or Inuit communities. While they may reside within their traditional territory – the land base that has been occupied and utilized by Indigenous Nations since time immemorial – today, these spaces may be considered urban or rural areas in Western contexts. Many who are considered 'urban Indigenous' by this definition do not identify as an 'urban Indigenous person'. Rather, it is common for individuals to identify themselves by their Nation, family and/or community. Many individuals may also identify as being Indigenous without ties to a specific Nation or community, which can be attributed to Canada's colonial history of purposefully removing people – notably women and children – from their communities.*

Patient • Client • Community Member: *In service-delivery, individuals who seek supports and services are generally referred to as 'clients' or 'patients'. The term 'patient' is generally used in a deficit-focused medical model and consequently not used in Friendship Centre settings. The term 'client' – considered a strength-based, solution-focused term which emphasizes collaboration in care – is used in certain contexts in Friendship Centre service delivery, and is intermittently used in this report. The descriptors used in service delivery settings reflect what supports are offered and how providers see their role in delivering services. Further, these terms are informed by worldviews. As described below, the work of Friendship Centres is embedded in principles of respect, reciprocity, and relationality. Centres represent a community of support for many individuals who access their programs and services. Therefore, this report predominantly uses 'community members' to describe the individuals who attend and seek support from Friendship Centres.*

Health • Wellness: *The term 'health' – which carries a medical connotation – refers to Western understandings of physical health (absence of diseases and illness) and does not necessarily include all factors of one's wellbeing. Although descriptors such as 'mental health' and 'spiritual health' are used to address this gap, they are not inclusive of each other. 'Wellness' from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind and body. Wellness is used more frequently than 'health' in this report, as it still inclusive of one's physical wellbeing and reflects holistic concepts of health more commonly used in Indigenous ideologies.*

Executive Summary

In 2019-2020, the BC Association of Aboriginal Friendship Centres (BCAAFC) embarked on a mission to identify wellness needs, priorities, gaps, promising practices, and recommendations of urban Indigenous peoples in BC. This work is a response to the pressing mental health and substance use issues – notably the opioid crisis BC has been facing since 2016 – that disproportionately affects Indigenous peoples living off-reserve and in urban areas.

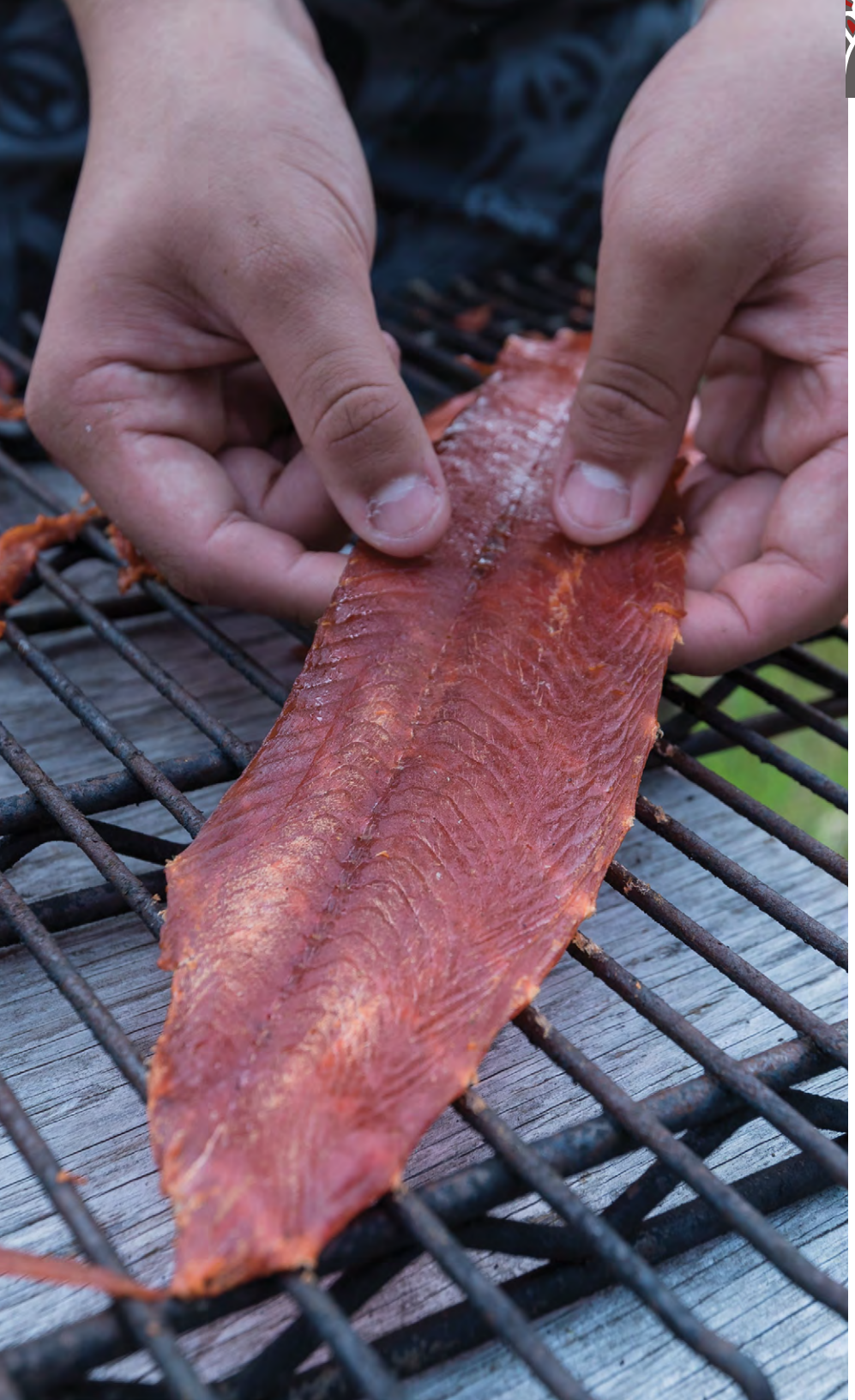
As the largest service-delivery infrastructure for urban Indigenous peoples, Friendship Centres are critical to supporting the health and wellbeing of Indigenous peoples living in urban, rural, and off-reserve areas. Friendship Centres provide a safe space for Indigenous peoples to access information, resources, and receive quality and culturally-safe health and social services.

Informed by the collective experience and expertise of the individuals within the BC Friendship Centre movement, the Report was co-developed to provide direction on how all partners and stakeholders can work together to improve health outcomes of urban Indigenous peoples in BC.

Section 1 lays the foundation for the current context of urban Indigenous people in Canada. It examines the health inequities of Indigenous peoples and identifies some of the unique challenges and barriers that urban Indigenous peoples experience.
Section 2 explores the policy landscape around Indigenous peoples' right to health and wellness, and existing mechanisms, tools and reports that reaffirm these rights.
Section 3 outlines the history of the Friendship Centre movement in Canada and the role of Friendship Centres in promoting, advocating, and providing wellness services to individuals, families and communities.
Section 4 provides an overview of the approach, methodology and guiding principles for the engagement sessions and the Wellness Report more broadly.
Section 5 presents the findings compiled into 5 overarching themes: (1) culturally-safe, comprehensive and quality service delivery; (2) holistic determinants of Indigenous wellness; (3) capacity building and workforce development, (4) partnerships and collaboration, and (5) increased and enhanced funding. Under each theme, the report identifies a vision, priorities for action and recommendations.
Section 6 provides a summary of the findings and next steps around implementation.

It is important to note that the majority of the development of this report occurred before the spread of the COVID-19 virus began in Canada. COVID-19 has added even more urgency to the priorities and recommendations outlined in this report. In addition to creating new barriers, the devastating impacts of the global pandemic have exacerbated existing gaps and inequities in health and social services for the urban Indigenous population. Further, Indigenous peoples are overrepresented in populations at heightened risk of contracting the virus.

In effort to mitigate the spread of the virus, many services have either shut their doors or greatly reduced services offered. Services that continue to operate lack sufficient resources as the need for such services have exponentially increased. During a time of critical need, BC Friendship Centres have continued to provide services to their community members. In addition to addressing the recommendations outlined in this report, we call on all sectors and all levels of government to consider the compounding impacts the pandemic has had on the urban Indigenous population and adjust their services and initiatives accordingly.



SECTION 1: Context and Background

Indigenous peoples of North America[a] have lived and thrived on these lands and waters since time immemorial. Nations were prosperous with strong, healthy populations who enjoyed good physical health due to active lifestyles and healthy diets. First Nations, Métis and Inuit peoples have both shared and unique histories, backgrounds and contexts. Long before European settlers arrived, Indigenous peoples practiced subsistence lifestyles where resources were carefully maintained, managed and preserved to ensure long-lasting abundance. Having deep connections to their respective territories, Indigenous peoples understood the healing properties of plants and used these natural medicines to heal a wide range of ailments.[1]

In addition to physical health, mental, emotional and spiritual health – often referred to collectively as holistic wellness – was vital to the survival of peoples, families and communities. Though described in many different ways across Indigenous cultures, wellness was perceived as having a sense of purpose, interconnectedness, belonging and meaning as well as a connection to one's beliefs, values and identity.[2]

The arrival of European colonizers in the late 15th century deeply affected the wellness of Indigenous populations. Contact between Indigenous peoples and settlers brought the intentional spread of epidemics such as smallpox, influenza, measles and whooping cough. These diseases had devastating

[a] The term Turtle Island is often used to describe what is commonly known as North America and originates from the Lenape, Iroquois, Anishinaabe, and other Woodland Nations. Turtle Island is not referenced here, as it is not reflective of the numerous Indigenous concepts and relationships to land in BC. Instead, one must recognize the connection between language and land and strive to use local Indigenous place names where possible, and according to whose territory you are on.

effects on Indigenous peoples, reducing populations significantly and clearing the way for the colonization that followed.[3] Governments and churches sought to actively colonize Indigenous Nations by removing them from their traditional territories in order to facilitate land theft and resource extraction. By being forcibly removed and disconnected from the land and water, Indigenous ways of life (i.e. knowledges, languages, cultural practices, oral traditions, governance systems and legal structures) were disrupted, leading to the further decline of the health and wellness of Indigenous peoples.

In the 19th century, the Indian Residential School system was an established to remove children from their families and communities with the objective to "continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question", as stated by Duncan Campbell Scott, head of the Department of Indian Affairs (1913-1932). For over 150 years, underfunded and overcrowded residential schools operated with over 150,000 Indigenous children attending these schools, and thousands of students having suffered various forms of abuse. These abuses, along with poor sanitation, inadequate food and lack of health care, resulted in a high death rate among students.

The Sixties Scoop – which involved the mass removal of Indigenous children from their families into the child welfare system, where they were intentionally placed with non-Indigenous families – further disconnected Indigenous children from their cultures and communities. These assimilatory and discriminatory policies and practices were designed to disenfranchise, marginalize and 'civilize' Indigenous peoples.

The intergenerational trauma resulting from residential schools and the Sixties Scoop are still felt by families and communities today, and Indigenous children continue to be overrepresented in the child welfare system. Ongoing colonialism, discrimination and racism, and social and economic exclusion continue to affect the health and wellbeing of Indigenous Nations. An example of discriminatory policies that persist in health care specifically are 'birth alerts' used throughout Canada, which allows hospitals to notify child-welfare agencies about mothers who are deemed 'high-risk', and disproportionately affects Indigenous families. BC banned the controversial birth alerts in 2019; however, reports of infants being seized by MCFD shortly after birth continue.

Despite historical and ongoing oppression, Indigenous peoples have shown incredible resiliency and strength. Reconnecting with culture, revitalizing language, and being on the land and water can strengthen Indigenous identity and counteract the cultural discontinuity caused by Canada's legacy and ongoing colonial policies.[4] Therefore, this report acknowledges cultural reclamation as integral to promoting urban Indigenous wellness.

Urbanization

The policy of forced assimilation in Canada came into full force through the *Indian Act* (1876). Under the *Indian Act* and the ensuing reserve system, the development of cities and towns led to the forced relocation of Indigenous Nations to remote plots of land that were often located great distances from urban areas.[5] While cities grew to engulf Indigenous traditional territories making them part of the urban space, Indigenous peoples were restricted from occupying these spaces through policies like the *Pass System*. This physical exclusion of Indigenous peoples from urban areas created notions of difference that became historically embedded in the social and economic exclusion and discriminatory treatment of Indigenous peoples.[6] A study on urban Indigenous people in Winnipeg found that the process of 'othering' is a daily reminder of persistent colonial relationships that exist between Indigenous and non-Indigenous people.[7] Still today, urban Indigenous people often feel invisible in the city and like 'outsiders' despite being on their traditional territories.[8]

As policies related to the pass system were revoked, Indigenous peoples began moving to towns and cities in order to escape poverty, conflict and violence, and to access opportunities like education, employment, health care, and housing.[9] The urban Indigenous population also grew due to demographic growth, migration, mobility, and changing patterns of self-reported identity as a result of amendments to the *Indian Act*.[10] For example, prior to 1985, Indigenous women were enfranchised for marrying men without *Indian Status*, ultimately losing their own *Indian Status*, band membership, and often their right to live on-reserve. As a result, many were forced to relocate to rural or urban areas. While Indigenous women and their children were reinstated with Bill C-3 (1985), which sought to eliminate the gender discrimination in the *Indian Act*, many of their descendants continue to face discrimination.[11]

When the migration of Indigenous peoples to cities started to gain attention in the 1960s and 1970s, it was depicted as a social problem.[12] Indigenous peoples in cities were marked as criminals, drunks and prostitutes and unemployment, homelessness, crime and alcoholism were identified as common problems.[13] Further, Indigenous peoples were considered 'out of place' in the city. Centuries of colonialism and assimilation led to the representation of Indigenous cultures as incompatible with cities and major barriers to successful adjustment to urban life.[14] Indigenous peoples' decision to migrate to towns and cities has often been misinterpreted by scholars and policy makers to mean that they reject or abandon their culture and identity, though this notion of cultural abandonment is untrue.[15]

In fact, urban Indigenous peoples have and continue to emphasize the importance of strong identities in urban life. In 1996, the Royal Commission on Aboriginal Peoples (RCAP) reported that Indigenous peoples continue to express their Indigenous identities and desire to pass it on to their children when they move to cities.[16] More importantly, RCAP reported that strong cultural identities were a critical element to Indigenous peoples' success in cities.[17]

Today, Indigenous peoples are quite mobile and often circulate between rural and urban areas.[18] In 2016, there were 270,585 Aboriginal[b] people in BC, making up 5.9% of the total provincial population. Of the total Aboriginal population in BC, approximately 80% reside in urban and off-reserve areas.[19] This total population does not include individuals who self-identify as Indigenous and/or do not have status under the *Indian Act*, yet this population is likely to live in urban and off-reserve areas.

Indigenous Health and Wellness

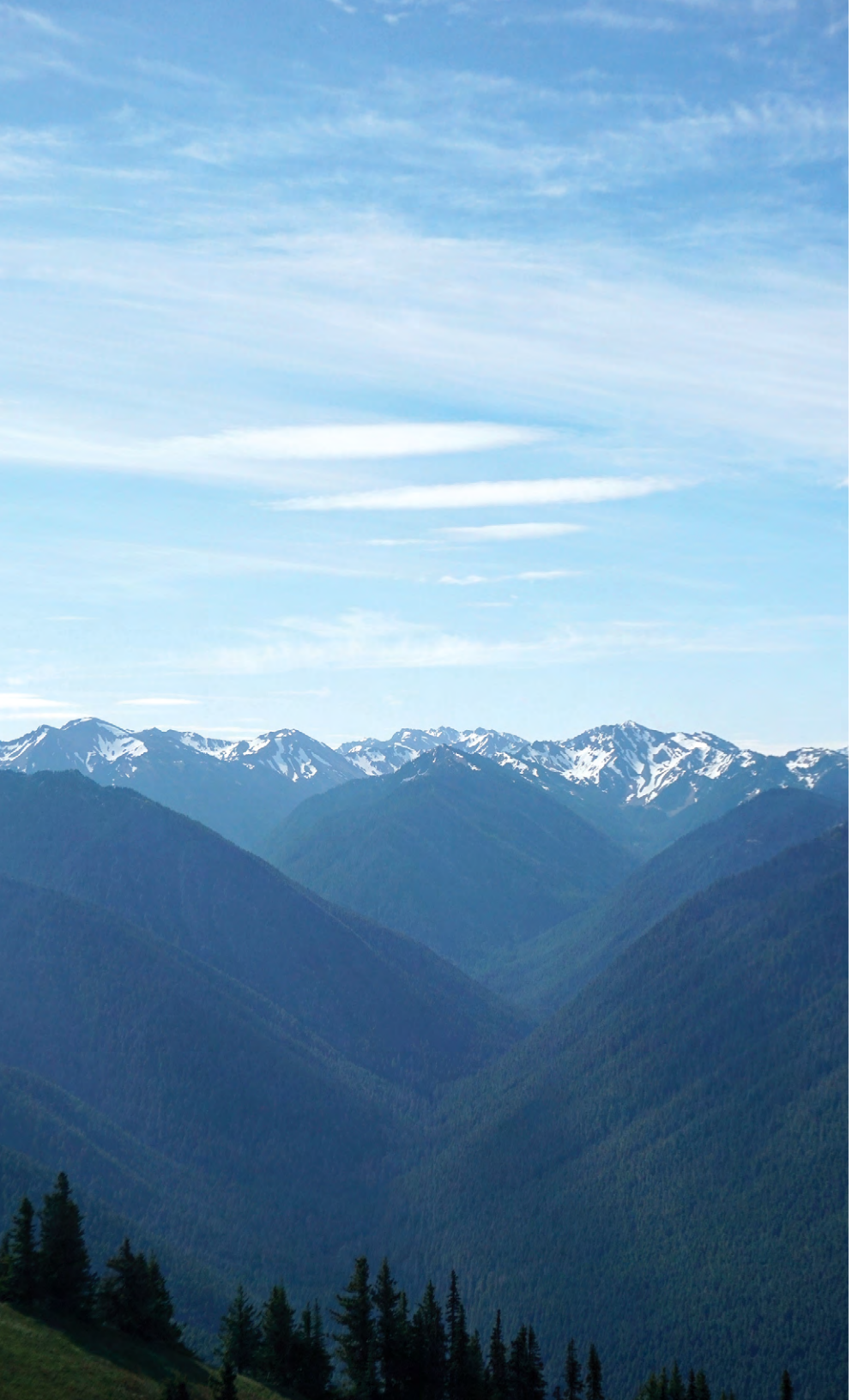
Indigenous peoples are all too familiar with the persistent health crises occurring across the country. In comparison to the general Canadian population, Indigenous peoples face higher rates of chronic and communicable diseases, experience 5 to 7-year lower life expectancy, and are disproportionally hospitalized for conditions that would be treatable in primary healthcare services.[20] Other studies indicate that Indigenous women have been shown to die from cancer at a higher rates and survival rates are lower than average because cancers do not tend to be diagnosed until more advanced stages. In fact, 70% of Indigenous women under 45 years old reported challenges accessing healthcare as a result of long wait times and no access to a family doctor, amongst other reasons.[21]

[b] The term "Aboriginal" refers to First Nations, Inuit, and Métis peoples that are recognized and protected by Section 35 of the Canadian Constitution, 1982. Statistics Canada uses the term "Aboriginal" to define First Nations (status), Métis, Inuit peoples in Canada.

Diabetes rates within Indigenous communities are also extremely high and rates of new HIV infections in some communities are some of the highest in the world.[22] Reports have also found 32% of First Nations people living off reserve, 30% of Métis and 19% of Inuit had one or more disabilities that limited them in their daily activities.[23] Despite significant data deficiency, available data clearly demonstrates Indigenous peoples experience lower levels of health in all measurable areas.

It is also well known that Indigenous peoples in Canada face significantly poorer mental health and substance use outcomes compared to the rest of the Canadian population, including higher rates of depression, alcohol and drug use and suicide.[24] Suicide is the leading cause of death for young people in Indigenous communities, where rates among First Nations youth are five to seven times higher than non-First Nation youth and Inuit youth are eleven times more likely to die by suicide.[25] It has also been reported that 42% of Métis girls have self-harmed and, overall, 31% of Métis youth had ever self-harmed.[26] Finally, the opioid crisis in BC disproportionately affects Indigenous peoples where it has been reported that between January and May 2020, First Nations people make up 16% of the overdose deaths in BC despite only being 3.3% of the population.[27]

The health and wellbeing of Indigenous peoples is affected by wide-ranging and interrelated set of contributing factors, including colonization, residential schooling, racism and marginalization, intergenerational trauma, land dispossession, loss of language and culture, child apprehension, overrepresentation in the criminal justice system and other socio-economic factors.[28] Canada's colonial policies and practices have resulted in a disconnection from traditions, cultural activities, languages, and worldviews. The disconnection from culture in itself contributes to poorer mental health outcomes, therefore cultural reclamation in urban Indigenous communities must be foundational in wellness



work.[29] As a result, mental health and substance use issues are more visible and become coping strategies for these greater systemic issues. Substance abuse specifically is commonly conceptualized as a means for coping or numbing the pain of trauma, abuse, grief and stress.[30]

While cultural discontinuity is associated with negative mental health outcomes, cultural continuity promotes positive mental health.[31] This relationship between cultural connection and wellbeing has always been recognized by Indigenous peoples and must inform the path forward in transforming the health system. Cultural teachings, knowledge and language are integral to positive Indigenous health outcomes. Further, culture supports and sustains a strong identity.[32] A recent study shows that cultural attachment provides a sense of connectedness and cultural identity that plays a significant role for wellbeing.[33] In the study, the promotion and support of traditional activities such as hunting and fishing, gathering medicines, crafting, sewing, beading, and speaking in Indigenous languages lead to greater levels of psychological wellbeing.[34] Both mainstream studies and traditional knowledge affirms that supporting cultural continuity fosters resilience among Indigenous peoples and promotes better wellness outcomes.

WELLNESS IN AN URBAN CONTEXT

Data about the wellness of Indigenous peoples who reside in urban areas is scarce, often not up-to-date, and fails to adequately reflect urban experiences.[35] Data that does exist primarily focuses on off-reserve First Nation populations, rather than urban populations which encompasses a culturally diverse population including non-status and Métis peoples. Still, urban and off-reserve Indigenous populations are dramatically underrepresented in research on the wellness of Indigenous peoples in Canada.[36]

In general, Indigenous peoples residing in urban areas have lower health outcomes than the non-Indigenous population.[37] The most direct and readily measurable impacts are poverty, inadequate housing, limited transportation, racism and discrimination, social exclusion and lack of access to culturally safe or relevant health care. Geographic mobility between rural areas and cities may affect the delivery and use of health services and is often associated with poorer continuity of health service delivery and maintaining adequate care.[38,39]

Interestingly, many Indigenous peoples move to cities for health-related reasons (i.e., proximity to health services) since most health services, especially specialized services, are usually located in urban centres.[40] However, urban Indigenous peoples often feel that they have unmet health care needs as a result of a lack of accessibility, availability and acceptability. A study found that Indigenous peoples who move to cities in order to access medical services often face a series of challenges, including a lack of financial and transportation support, suitable housing near medical services, and isolation from their social support networks in their home communities.[41]

One of the biggest barriers faced by many Indigenous peoples in urban areas is the type of health care available in urban centres. According to the Urban Aboriginal Peoples Study (UAPS), access "to traditional healing practices is as, if not more, important than access to mainstream health care for majority of urban Aboriginal peoples, especially [...] those who strongly identified as Aboriginal".[42] The UAPS reports that 72% of Aboriginal residents of urban areas consider access to traditional healing practices to be important or more important than mainstream care, but only 30% report having 'very easy' access to it.[43]

Connection to culture and language is also different in urban spaces. The urban Indigenous population is highly diverse in their identities, lived experiences, and degrees of connection to culture.[44] Many who live in the city maintain close ties to their ancestral homelands and remain in frequent contact with their families living in community – an integral part of sustaining their traditional cultural practices and identities. Other urban Indigenous peoples are second and third generation city dwellers and their Indigeneity may not be primarily defined by connection to community.[45] In some cases, Indigenous peoples without close ties to a reserve, band, or community may struggle to establish a form of collective identity in the city.

Urban Indigenous peoples may connect to a variety of resources and tools to nurture connection to identity, including pan-Indigenous cultural practices, and often converge around Indigenous organizations in order to access those resources.[46] Initiatives to support cultural reclamation are critical to the construction and maintenance of identity, and are most successful when Indigenous peoples come together and organize themselves.[47] Hence, Friendship Centres and other Indigenous organizations are instrumental for unifying and supporting urban Indigenous peoples.[48]

These organizations promote the preservation of cultures and languages in an urban context and play a critical role in promoting kinship relations between Indigenous peoples of different cultural backgrounds, a vital part of identity-construction and reinforcement. While diversity of urban Indigenous communities may pose a challenge to the development of social relations between Indigenous peoples who fall outside these kinship ties, both linguistically and culturally, urban Indigenous organizations become a space to make those cross-cultural connections. A fundamental outcome of local Indigenous-run organizations is a heightened sense of community and connection to culture without direct access to ancestral lands. Friendship Centres carve out places for cultural retention and identity construction in the urban landscape.[49]

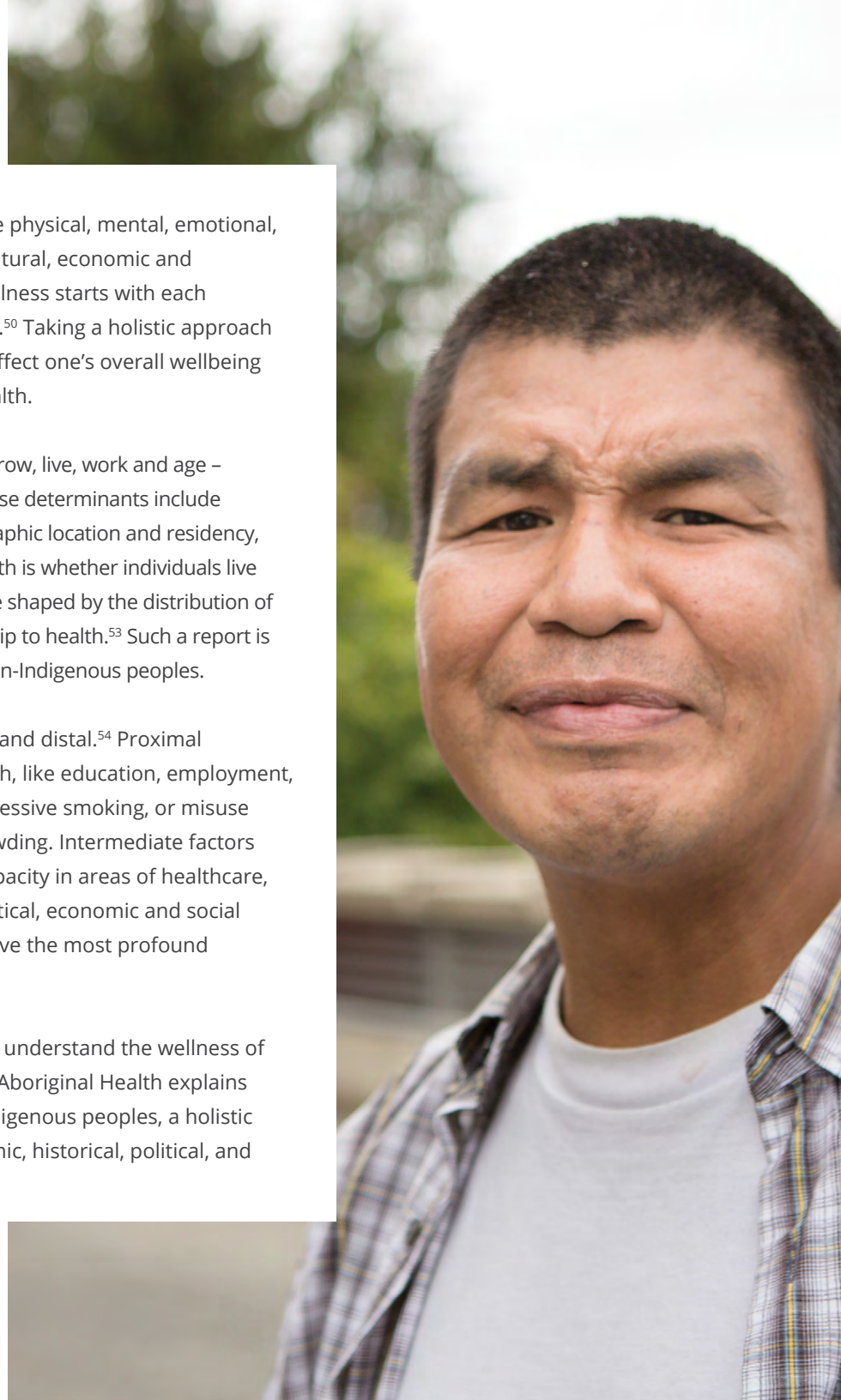
Holistic and Social Determinants of Wellness

Health and wellness from an Indigenous perspective is holistic and encompasses the physical, mental, emotional, and spiritual wellbeing of individuals. The holistic perspective captures the social, cultural, economic and environmental determinants of wellness and understands that the ecosystem of wellness starts with each individual person and radiates out to their family, their community, and their Nation.[50] Taking a holistic approach to wellness means looking at all the different factors that may directly or indirectly affect one's overall wellbeing and how they are interrelated. This is often referred to as social determinants of health.

Social determinants of health are defined as "the conditions in which people are born, grow, live, work and age – conditions that together provide the freedom people need to live lives they value".[51] These determinants include income, shelter, education, food, sustainable resources, social justice and equity. Geographic location and residency, for example, is a determinant of health. In fact, a critical determinant of Indigenous health is whether individuals live on-reserve or off-reserve in rural areas or in urban centres.[52] Determinants of health are shaped by the distribution of money, power and resources at the global, national and local levels, and their relationship to health.[53] Such a report is imperative to understanding the enduring health inequities between Indigenous and non-Indigenous peoples.

Three types of determinants of health have been identified: proximal, intermediate, and distal.[54] Proximal determinants have a direct impact on physical, mental, emotional and spiritual health, like education, employment, income, and food security. This also includes health behaviors such as poor diet, excessive smoking, or misuse of alcohol, as well as physical environments such as housing shortages and overcrowding. Intermediate factors refer to the origin of proximal factors and includes infrastructure, resources, and capacity in areas of healthcare, education and environmental stewardship. Distal determinants are the broader political, economic and social contexts, such as colonialism, racism and self-determination. Distal determinants have the most profound influence on the wellness of Indigenous peoples.

Overall, looking at the determinants of health requires a more nuanced approach to understand the wellness of Indigenous peoples residing in urban areas.[55] The National Centre for Collaborating Aboriginal Health explains in order to understand how to best address health concerns and issues of urban Indigenous peoples, a holistic approach to health that acknowledges the interplay between social, cultural, economic, historical, political, and physical aspects of people's lives is required.[56]



SECTION 2: Policy Landscape

Policy, Jurisdiction and Urban Indigenous Peoples

Governments have long debated where responsibility lies for Indigenous peoples living in urban, rural or off-reserve areas, which has impeded Indigenous peoples' access to health services.[57] In 1996, RCAP stated:

> *Wrangling over jurisdiction has impeded urban Aboriginal peoples' access to services. Intergovernmental disputes, federal and provincial offloading, lack of program coordination, exclusion of municipal governments and urban Aboriginal groups from discussions and negotiations on policy and jurisdictional issues, and confusion regarding the political representation of Aboriginal people in cities have all contributed to a situation that has had serious adverse effects on the ability of Aboriginal people to gain access to appropriate services in urban areas (p. 551).*[58]

The result of jurisdictional wrangling is that Indigenous peoples living off-reserve do not have access to the range of federally provided health services, often provided by the First Nations communities themselves, that First Nations living on-reserve and Inuit living in their communities receive. Provincial governments largely view Indigenous peoples as a responsibility of the federal government, resulting in uncoordinated and inaccessible delivery of provincial programs and services. Eligibility for specific federal government programs and services for Indigenous peoples is not straightforward and depends on a complex interplay between status, residency, treaty, and provincial and federal legislation.[59]

There have been some federal initiatives to address issues faced by the urban Indigenous population. Specifically, the Urban Aboriginal Strategy (UAS) was developed in 1997 to respond to the needs of the Indigenous peoples living in key urban areas. It is a community-based initiative to

improve social and economic opportunities of Indigenous peoples living in urban centres that involves partnerships between the federal government and Indigenous communities and local organizations. In 2012, program delivery was transferred to Friendship Centres.

The Urban Programming for Indigenous Peoples (UPIP) was created in 2017 to provide funding to Friendship Centres to address urban Indigenous issues. This includes core funding for day-to-day operations, staffing, utilities, rent, as well as programs and services funding streams for women, vulnerable populations, youth, transition services, outreach and community wellness. To ensure that urban Indigenous peoples have access to culturally safe services, Budget 2019 proposed to invest $60 million over 5 years beginning in 2019-20 to support capital infrastructure investments in Friendship Centres.

In 2011, the BC Ministry of Indigenous Relations and Reconciliation (MIRR) led the development of the Off-Reserve Aboriginal Action Plan (ORAAP). For the past nine years, ORAAP focused on supporting urban Indigenous and Métis communities in strategic priorities and opportunities to improve socioeconomic well-being. A particular focus was given to supporting greater participation in the economy through education and job training. However, MIRR is seeking to improve their approach to ORAAP to better respond to the needs of Indigenous peoples, but information on the new program has not yet been disclosed.

While programs and services for off-reserve and urban Indigenous peoples exists, there are very little federal or provincial initiatives that specifically target urban Indigenous wellness. Furthermore, the delivery of these services is uncoordinated and services are not widely available or accessible. Therefore, in 2011, the First Nations Health Authority (FNHA) was created by and for First Nations people to advance the wellbeing of First Nations in BC and their inherent right to self-determination.

The FNHA is guided by First Nations perspectives, values and principles.[60] The FNHA works in partnership with First Nations and collaborates with the Ministry of Health, Regional Health Authorities (RHA) and other health service providers to improve health outcomes for First Nations people and ensure culturally-safe programs and services. However, the FNHA is not mandated to provide health services and programs to Métis, Inuit or non-status populations. Off-reserve services provided to status First Nations are also often limited, as described further in Section 5 of this report.[61]

The Provincial Health Services Authority (PHSA) supports a relatively small number of community-based contracted health initiatives with a provincial focus. RHAs provide limited, time-specific funding for off-reserve Indigenous service delivery organizations through the Aboriginal Health Improvement Program (AHIP). Other funding opportunities exist within RHAs and some have established formal partnerships with Friendship Centres, but this varies greatly by region. Ultimately, Indigenous peoples residing in urban areas are at a significant disadvantage in terms of wellness programs and services.[62]

Self-Determination and Self-Governance

Indigenous self-determination is about fulfilling the responsibilities and obligations shared through cultural teachings. As the original inhabitants of the land, Indigenous peoples practice their own political and legal systems, provide stewardship over the land and water, maintain cultural identities and uphold relations with other Nations. Today, self-determination in the international sphere is often defined as the right to freely determine political status and pursue economic, social and cultural development, and having autonomy to control internal and local affairs.[63]

In Canada, Indigenous peoples' inherent right to self-governance has been recognized by the federal government as an existing right under Section 35 of the Constitution Act, 1867. While First Nations have had their sovereignty incredibly undermined by the *Indian Act*, this distinct federal legislation recognizes some very limited jurisdiction and authority.[64] The mere existence of the *Indian Act*, along with recognized land bases such as reserves, has helped ensure the continued existence and recognition of First Nations as separate from mainstream Canadians. In Alberta, where the only Métis settlements exist, the Métis Settlements legislation has played a similar role.[65]

Urban Indigenous peoples are not recognized under the Constitution Act of 1982.[66] In 2016, the *Daniels* decision resulted in a Supreme Court ruling that recognizes the federal government's fiduciary responsibility to non-status peoples and Métis as 'Indians' under section 91(24) of the Constitution.[67] Still, the *Daniels* decision does not grant Indian Status to Métis or non-status peoples. Instead, it affirms the federal government's responsibility to address historical disadvantages and improve programs and services in areas such as education, housing and health care. This leaves many urban Indigenous peoples as unrecognized under federal government's jurisdiction and therefore ineligible for federal funding.[68] In addition, as a 'non-Indian' in the eyes of the federal government, urban Indigenous peoples have "no rights to special programs and services".[69] Put simply, the *Daniels* decision made clear that not all Indigenous peoples are treated equally in Canada.

This has the potential to exclude over half of all self-identifying Indigenous peoples from discussions on self-determination, self-governance and constitutional rights.[70] For First Nations, Métis and Inuit peoples living away from a recognized land base, the challenge to survive as distinct peoples with their own unique needs, interests and aspirations has been difficult.

Urban Indigenous communities are not consulted as sovereign political communities with the right of self-determination by virtue of treaty and constitutional rights, but as provincial or municipal service providers or stakeholders in high-level strategic planning.[71] In fact, there has been very little discussion and understanding of the status of Aboriginal and Treaty rights within an urban context. While self-governance in an urban context is complex, it may be worth considering the potential value of self-governing models in the development of health service delivery in urban Indigenous contexts.[72]

Urban Indigenous peoples have the inherent right to self-determination in policies decisions that affect their lives. Urban Indigenous organizations, like Friendship Centres, play a critical role in advocating on behalf of urban Indigenous peoples through their long history of providing programs and services. If the right to self-determination of urban Indigenous peoples is recognized and actualized, it would increase the quality of life for Indigenous peoples living in towns and cities. Over the years, there have been a number of reports, studies and subsequent recommendations put forth to address these jurisdictional disputes and challenges around self-governance and health inequities for urban Indigenous peoples, as outlined below.

ROYAL COMMISSION ON ABORIGINAL PEOPLES (RCAP)

The RCAP was mandated to investigate and propose solutions to the challenges affecting the relationship between Indigenous peoples, the Canadian government and Canadian society as a whole in the wake of the Oka Crisis of 1990. The commission culminated in a 4,000-page, five-volume final report published in 1996 after extensive research and community consultation. The original report set out a 20-year strategy for implementing recommendations, the majority of which were not fully implemented.

Before the Commission began its work, little attention had been given to identifying and meeting the needs, interests, and aspirations of urban Indigenous peoples. Volume 4 of RCAP touches on many issues affecting urban Indigenous peoples, including challenges connecting to cultural identity, exclusion from opportunities for self-determination, and barriers to culturally appropriate services. Throughout the Commission's hearings, Indigenous peoples reiterated the fundamental importance of retaining and enhancing cultural identity while living in urban areas. The report further stressed the importance of strong cultural foundations for healing, stating: "the key to the healing process lies in protecting and supporting all elements that urban Aboriginal people consider an integral part of their cultural identity" (p.533). This includes spirituality, ceremony, language, land, family, Elders, values and traditions.[73]

RCAP also stated that urban Indigenous peoples must be self-determining. Specifically, RCAP proposed systems for urban self-determination that included Indigenous peoples' involvement in decision-making processes at a local level, especially in areas that are relevant to the acknowledgment and preservation of Indigenous cultural identity. RCAP acknowledged that while no single form of urban Indigenous government is likely to be appropriate for every city given the diversity of communities and populations, workable models and approaches can be adopted in urban centres across the country to reflect the diverse circumstances, characteristics and choices of the communities. RCAP did recommend Nation-based urban governance initiatives be pursued by Nations when they have sufficient capacity to assume governance responsibility for the needs and interests of urban Indigenous citizens.[74]

RCAP highlights the difficulty of accessing culturally appropriate services, noting that intergovernmental disputes, federal and provincial offloading, and exclusion of Indigenous organizations and service agencies results

in uncoordinated and inconsistent service delivery. RCAP recommends that federal, provincial and territorial governments ensure that new and existing Indigenous service delivery agencies have stable and secure funding so they can meet the needs of urban Indigenous peoples. In particular, the report highlights the role of Friendship Centres in urban service delivery and suggested the National Association of Friendship Centres should be given authority and responsibility for urban Indigenous programs and services currently administered by the federal government.

MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS (MMIWG) NATIONAL INQUIRY

In 2016, the National Inquiry into the Missing and Murdered Indigenous Women and Girls (MMIWG) was launched. In 2019, a two-volume final report titled *Reclaiming Power and Place: The Final Report of the Inquiry into the Missing and Murdered Indigenous Women and Girls* was released which shares the stories of more than 2,380 survivors of violence, family members, experts and Knowledge Keepers.[75] The report revealed the persistent and deliberate human and Indigenous rights violations and abuses as the root cause behind Canada's violence against Indigenous women, girls and 2SLGBTQQIA.[c] It also delivers 231 individual Calls for Justice directed at governments, institutions, social service providers, industries, and all Canadians.

The Calls for Justice touch on the right to culture, health, security and justice. Regarding the right health and wellness, Call for Justice 3.1 states that health and wellness of women, girls and 2SLGBTQQIA must be recognized and protected on equitable basis regardless of jurisdictional lines, geographical location, or status affiliation. This encompasses access

[c] 2SLGBTQQIA stands for Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual.

to safe housing, clean drinking water, adequate food, and affordable transit and transportation. It can be achieved through providing adequate, stable, equitable and ongoing funding to Indigenous organizations who deliver health and wellness services that are accessible and culturally appropriate.[76]

There are also Calls for Justice that are directed towards health and wellness service providers to recognize that Indigenous peoples are the experts in caring for and healing themselves. Health and wellness services are most effective when they are designed by the Indigenous peoples they serve and grounded in the practices, worldviews, cultures, languages and values of Indigenous communities. The Calls for Justice include support of Indigenous-led prevention initiatives for Indigenous men and boys, suicide prevention for youth and adults, sexual trafficking awareness, mental health awareness, and sex positivity.[77] In order for the implementation the Calls for Justice to be effective and meaningful, they must ensure Indigenous-led solutions and services, ensure cultural safety, and take a resiliency-informed/trauma-informed[d] approach. The Calls for Justice must be implemented in an equitable and non-discriminatory way that respects the differences and diversity that exist including self-identification, geographical information and residency.

TRUTH AND RECONCILIATION COMMISSION (TRC) OF CANADA

The TRC is part of a comprehensive response to the Indian Residential School legacy to acknowledge the injustices and harms experienced by Indigenous peoples and the need for continued healing.[78] In 2009, the TRC began a multi-year process, travelling to all parts of Canada to listen to survivors, families, communities and others affected by the residential school system. In 2015, the TRC published its final report after hearing from more than 6,000 witnesses.[79]

The TRC also released 'Calls to Action' to redress the legacy of residential schools and advance the process of reconciliation in Canada. Many of these Calls to Action relate to health and wellness, calling for the acknowledgement that the current state of Indigenous health is a direct result of previous Canadian government policies and to recognize the health-care rights of Indigenous people.[80] Call to Action 20 states in order to address the jurisdictional disputes concerning Indigenous peoples who do not reside on-reserve, the federal government must recognize, respect, and address the distinct health needs of the Métis, Inuit and off-reserve Indigenous peoples.[81] Lastly, the TRC calls upon the federal, provincial, territorial and municipal governments to fully adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples as the framework for reconciliation.[82]

UN DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES (UNDRIP)

Indigenous peoples in Canada and around the world have fought and continue to fight for the right to self-determination, often referring to international instruments and leaning on human rights organizations to support this assertion. International recognition of Indigenous peoples' rights is a relatively recent trend that can be traced back to the International Labour Organization's (ILO) Convention No. 107 and Recommendation No. 104. Passed in 1957 and implemented in 1959,

[d] The term 'trauma-informed' is commonly used in the health sector and often in the context of Indigenous health. However, it has become a blanket term that may pathologize Indigenous peoples. For the purpose of this report, the term 'resilience-informed' is used throughout.

these two documents represent the first international juridical instruments addressing Indigenous peoples and their rights.

By the late 1960s, Indigenous peoples began to more forcefully demand international recognition of their inherent rights. The efforts of individuals like George Manuel (Shuswap) further catalyzed Indigenous leaders to create the prominent World Council of Indigenous Peoples.[83] The UN responded and made significant strides in its study of Indigenous issues leading to the General Assembly drafting the Declaration on the Rights on Indigenous Peoples.

In September 2007, a quarter century after it was proposed, the UN General Assembly passed UNDRIP by an overwhelming vote of 144 to 4 (with 11 abstentions), with Canada, the United States, Australia, and New Zealand voting against UNDRIP. The Declaration establishes the essential standards for the recognition and protection of the world's 370 million Indigenous peoples' inherent rights. After several years of contentious debate, Canada formally endorsed UNDRIP on November 12, 2010. Indigenous peoples in Canada have long supported the Declaration, specifically its provisions aimed at advancing self-determination.[84] In 2016, Canada officially adopted UNDRIP.

UNDRIP is a non-binding document containing 46 articles that establishes the essential standards for the recognition and protection of the collective rights and individual rights of Indigenous peoples. Many of the articles pertain to health and wellness, including Articles 21, 23, and 24, which state Indigenous peoples have the right to access all social and health services and use their own traditional medicines and healing practices without any discrimination. Indigenous peoples also have the right to improve their economic and social conditions in areas of education, employment, housing and health by developing and administering their own health

and other social and economic programs.[85] It goes on to say "Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health"[86] and that governments must take the necessary steps to achieve the full realization of this right.

In October 2019, the Province of BC introduced Bill 41 mandating that the provincial government bring its laws and policies into harmony with the aims of UNDRIP, including the right to self-determination. Thus far, the implementation of UNDRIP in BC supports First Nations by creating a Nation-based framework for decision-making. Little is known on how the implementation of UNDRIP will impact Indigenous peoples living in urban, rural, and off-reserve areas, or those who are non-status. It may be assumed that First Nations governments will care for off-reserve, urban and non-status Indigenous peoples, but many First Nations do not have the capacity to service community members living off-reserve or non-registered community members. The unintended consequences of implementing UNDRIP without consideration for urban and non-status populations could prevent urban Indigenous peoples from accessing culturally safe and appropriate services. Overall, little is known on if or how UNDRIP will benefit urban Indigenous peoples.[87]

However, the Supreme and Federal Courts of Canada have indicated in a set of decisions that urban Indigenous exclusion is discriminatory and intolerable.[88] Each court has argued that the residency of Indigenous peoples has the potential to discriminate against off-reserve residents since the decision to live off-reserve is often compelled, rather than voluntary. The court's determination in the *Corbiere* decision (1999), for example, stated that disenfranchisement by virtue of urban residency was discriminatory.

In the *Misquadis* decision (2002), the courts formally recognized for the first time an urban Indigenous community as a political community that could represent their own interests, suggesting further that urban Indigenous peoples are a group of self-organized, self-determining, and distinctive communities, similar to First Nations.[89] These court cases debunked the notion that urban Indigenous people lack legitimacy and accountability, and provide legal recognition of urban Indigenous communities.[90] Regardless, it is important that First Nations, Métis, Inuit, and urban Indigenous communities work together to ensure all Indigenous peoples benefit from the implementation of UNDRIP.

SECTION 3: Friendship Centre Movement

History of the Movement

Friendship Centres emerged out of a grassroots movement in the 1950s as more Indigenous peoples started moving to cities. The growing urban Indigenous population both created and responded to a need to develop Indigenous-specific community services by raising funds through the efforts of many volunteers. Some of the earliest Friendship Centres in Canada include the North American Indian Club in Toronto (founded in 1951) and the Indian and Métis Friendship Centre in Winnipeg (founded in 1952). The first Indigenous service agency in BC was founded in Vancouver in 1952. A group of Indigenous peoples led by Marge (Marjorie) White recognized that Indigenous students moving to the city for school lacked access to culturally-relevant support services. This group formed the Coqualeetza Fellowship Club, a safe space for Indigenous students to seek information, meet new people, and connect with Indigenous cultures. As requests for services from individuals transitioning into Vancouver's urban setting continued to rise, the Coqualeetza Fellowship Club became a resource not only for Indigenous students, but all Indigenous peoples relocating to Vancouver. In 1963, the club changed its name to the Vancouver Indian Centre Society, marking the beginning of the Friendship Centre Movement in BC.

In the beginning, Friendship Centres were primarily autonomous with most of their funding coming from fundraising activities, churches, service groups, and a few sparse grants. Initially, Friendship Centres were perceived by federal and provincial governments as temporary agencies responsible for familiarizing Indigenous peoples with mainstream society until successful integration was achieved. In these early years, Friendship Centres initiated programs and services that educated non-Indigenous people on Indigenous cultures and improved understanding

between cultures. For health and social services, Friendship Centres were encouraged to provide referrals to government services and agencies rather than duplicate existing mainstream services.[91]

The 1970s witnessed the growth of partnerships and collaboration between social service agencies and Friendship Centres. This growth was due in large part to the agency referrals of urban Indigenous peoples to Friendship Centres for more specialized, culturally-safe service provision, since mainstream service providers were not responsive to the needs of Indigenous peoples.[92] To fill this gap, Friendship Centres began to reshape existing programming in order to meet the needs of their communities. The continued collaboration between service agencies and Friendship Centres led to the development of client-based services in areas of employment, substance abuse, family support, legal support and cultural retention. Over time, Friendship Centres began to provide cultural programs, language classes, arts, crafts, dance workshops, and much more. This shift led to a new era for the Friendship Centre Movement in which centres became not only places of social service provision but also cultural revitalization.

Wellness in Friendship Centres

Today, there are Friendship Centres located across Canada in most major cities. Despite working against high unemployment rates, cutbacks in government spending, and general economic uncertainty, Friendship Centres are the largest service delivery infrastructure serving the urban Indigenous population. Friendship Centres have taken the lead in providing a wide range of culturally-based and community-run programs and services to off-reserve and urban Indigenous peoples. Friendship Centres are one of the few organizations to cater directly to urban Indigenous needs, regardless of Indian status or membership. Status-blind approaches are not only cost effective and non-discriminatory, but create a safe, supportive environment and sense of community among Indigenous people residing in urban areas.

Friendship Centres are critical to the health and wellness of the populations they serve. Each Friendship Centre positively contributes to the mental, physical, emotional, and spiritual health of their clients and the broader community. Friendship Centres help to alleviate the disproportionate risks that urban Indigenous peoples face through programs and services that promote a holistic approach to wellness and empower individuals and communities.

National and Provincial Associations of Friendship Centres

Friendship Centres may be represented by associations at the national or provincial level. The National Association of Friendship Centres (NAFC) was established in 1972 to represent the growing number of Friendship Centres at the national level. The NAFC acts as a central unifying body for the Friendship Centre Movement, promotes and advocates for urban Indigenous peoples, and represents and supports the local Friendship Centres across the country. As of 2020, the NAFC represents a total of 107 Friendship Centres in Canada.

The BC Association of Aboriginal Friendship Centres (BCAAFC) is the provincial organization for the 25 Friendship Centres located throughout the province of BC. Collectively, Friendship Centres form the largest social service infrastructure in the province. Over the past year, BC Friendship Centres delivered approximately 580 unique programs and services with the help of over 1,200 employees and 4,300 volunteers. The mandate of the BCAAFC is to improve the quality of life for Indigenous peoples by supporting and advocating for Friendship Centres and advancing the development of programs and services that support a healthy and vibrant urban Indigenous population.

SECTION 4: Process for Collaborative Report Development

Over the past 10 years, the BCAAFC has undertaken initiatives to support the work of BC Friendship Centres to better understand and address the barriers that Friendship Centre community members face to their health and wellness. In 2014, the BCAAFC established an internal health committee to provide input and recommendations regarding urban Indigenous health policies, programs and services. In 2016, the BCAAFC Health Committee proposed to develop an urban Indigenous health strategy informed by community to guide policy and programming. The committee expressed the need for a health report that speaks to urban community needs as well as Friendship Centres' capacity to deliver programs and services.

In 2019, with funding from the Ministry of Mental Health and Addictions (MMHA), the BCAAFC set out to identify existing and emerging needs, gaps, priorities and recommendations to address wellness issues faced by urban Indigenous peoples. This work provided an opportunity for the BCAAFC to deliver an urban Indigenous health strategy that is informed by the Friendship Centre movement in BC. This resulted in the development of the *Urban Indigenous Wellness Report: A BC Friendship Centre Perspective*.

Methodology

Community-based research (CBR) methods guided this work. CBR is a methodological practice that places community partnerships at the forefront and follows principles of collaboration, inclusion, respect and relationships. It is a participatory approach where research projects are driven by community priorities and the process is community-led. The BCAAFC approached this work by working collaboratively with its network of 25 Friendship Centres.

Each Friendship Centre was provided the opportunity for staff, frontline workers, Executive Directors, Board of Directors, volunteers, as well as clients and community members to share their input and provide feedback. Different experiences, concerns and needs were captured through both service provider engagement sessions and service user engagement sessions in each Friendship Centre. Flexibility and adaptability are key to CBR processes. While the BCAAFC designed a structure for the engagement sessions, there was opportunity for flexibility based on what worked best for each individual Friendship Centre.

SERVICE PROVIDER ENGAGEMENT SESSIONS

Generally, service provider engagement sessions consisted of three activities. First, participants identified populations served; programs, services and activities offered; partnerships established; and the existing capacity and infrastructure of Friendship Centres through an asset mapping activity. This activity visually highlighted all the great work undertaken by Friendship Centres – capturing well-beyond the project-specific information recorded in quarterly or year-end reporting – despite the challenges and barriers they may face, including insufficient funding, resources and limited capacity. Second, participants engaged in a gap analysis activity, or needs assessment, to identify and define current issues. This activity clarified the discrepancy between the current reality in urban Indigenous service delivery and the desired and optimal situation for Friendship Centre staff and community members. Finally, participants prioritized the gaps identified during the needs assessment.

SERVICE USER ENGAGEMENT SESSIONS

Service user engagement sessions differed slightly in each Friendship Centre. In some cases, the BCAAFC hosted a focus group at the Friendship Centre and invited community members to provide their input over a shared meal. In other instances, the BCAAFC joined existing programs in order to gain insights from specific community members. Participants were engaged through moderated group discussions, as well as individual surveys (with multiple format options) or informal discussions. In all cases, the following information was collected: (1) what does wellness mean to you; (2) what are some of the unique challenges or barriers that affect your wellness; (3) what programs do you like and/or are you aware are offered at the Friendship Centre; and (4) what do you wish you could access at the Friendship Centre.

The participants in attendance at the engagement sessions varied amongst Friendship Centres, from different cultural backgrounds, ages, genders and socioeconomic status. In some cases, participants included individuals with mental health concerns or co-occurring mental health and addictions issues, individuals involved with care systems and institutional systems, individuals facing homelessness, and other at-risk and vulnerable populations. Some engagement sessions targeted specific populations, such as Elders and mothers, to capture the voices and perspectives around population-specific concerns and needs.

Perhaps most importantly, meals and gift cards were provided to participants at each engagement session, not only as a recruitment incentive but to recognize and acknowledge the contributions of participants. Food has always been fundamental to the livelihood, subsistent lifestyle and wellbeing of Indigenous peoples. Moreover, food has always been deeply rooted in the social and cultural elements of Indigenous peoples' way of life, as has reciprocity and gift giving, which are important elements for building and nurturing positive relationships. These are important ways of acknowledging others for sharing their time and knowledge, and to recognize that the knowledge they are sharing has immense value.

Guiding Principles

This work was informed and led by the Friendship Centre movement in BC. Indigenous peoples have the right to define what wellness means to them, how it should be measured, and how data should be owned and stewarded. The report was developed following the set of principles outlined in OCAP® (ownership, control, access and possession). OCAP® principles were developed in 1998 by what is now known as the First Nations Information Governance Center, and ensures that research and data is owned, controlled and stewarded by First Nations or Indigenous organizations. In addition to OCAP principles, the BCAAFC developed a set of guiding principles for the report.

Figure 1: BCAAFC Wellness Report Guiding Principles

HOLISTIC APPROACH TO HEALTH & WELLNESS

Wellness from an Indigenous perspective is holistic and encompasses the physical, mental, emotional, and spiritual health and wellbeing of individuals, families and communities. The holistic perspective captures the social, cultural, economic and environmental determinants of health and wellness. Further, it understands the ecosystem of health and wellness and the interconnectedness of community, family, and individual health. The work looked at whole health – physical, mental, emotional, and spiritual – and identified determinants of wellness for urban Indigenous individuals, families and communities.

RESPECT INDIGENOUS CULTURES, LANGUAGES AND DIVERSITY

Friendship Centres serve urban Indigenous peoples from different cultural and linguistic backgrounds. The diversity within the Indigenous urban communities contributes to the dynamic and unique make-up of the urban Indigenous population of Friendship Centres. The report utilizes and intersectional lens and acknowledge the diversity of Indigenous identities and the differing experiences based on factors such as gender, age, sexuality, ability, economic background, etc. Further, this work recognizes and acknowledges this diversity by being inclusive of different perspectives and experiences.

COLLABORATION & CO-DEVELOPMENT

The report was developed with Friendship Centres and built on the lived experience and expertise of Executive Directors, Board of Directors, staff and community members. This ensures relevant, accurate and appropriate information is captured and recommendations are informed by community needs. The BCAAFC also collaborated with partners and stakeholders for additional input.

STRENGTHS-BASED

This work is wellness-focused, community-centered and culture-centered. Further, it is informed by and builds on the existing strengths and successes of Friendship Centres. This strength-based approach creates asset-based solutions which centre Indigenous ways of knowing, being and doing, and can be an effective method for changing narratives and language. This strength-based approach creates asset-based solutions which centre Indigenous ways of knowing, being and doing, and can be an effective method for changing narratives and language.

REGIONAL REPRESENTATION

Regional diversity shapes the unique needs and priorities of urban Indigenous communities across BC. The report ensures that the five regions (Northern, Interior, Vancouver Coastal, Fraser, and Vancouver Island) are represented, and the differences and unique perspectives are captured. Regional considerations are highlighted in the findings and recommendations, where applicable.

ACCOUNTABILITY & TRANSPARENCY

Relational accountability – enacted through practicing the 4Rs[93] (respect, relevance, reciprocity, and responsibility) – guided this work. The BCAAFC nurtured honorable relationships with collaborators and were accountable to the entirety of the Friendship Centre movement. As part of its commitment to member centres, the BCAAFC ensured transparency and responsiveness throughout the report development process.

Process Overview

The development of the Wellness Report began in April 2019 as a result of collaboration, partnership and co-development with our 25 Friendship Centre network. Over the course of 2019-2020, the BCAAFC in partnership with Friendship Centres engaged in the following activities:

Literature review (July 2019): The BCAAFC gathered existing information and completed a literature review on urban Indigenous wellness and the service delivery landscape.

Coordinate engagement sessions (August 2019): The BCAAFC connected with Executive Directors or appropriate staff to plan and schedule engagement sessions with Friendship Centres.

Plan and design engagement sessions (August-September 2019): The BCAAFC designed the engagement sessions for both service providers and service users at each Friendship Centre. The design and development of engagement sessions with service users were co-developed with Friendship Centres to ensure that the sessions are relevant, safe, appropriate and well-attended.

Engagement sessions with Friendship Centres (October 2019-March 2020): The BCAAFC facilitated 25 engagement sessions with both services providers and service users, starting in October 2019. Approximately half of the engagement sessions were completed between October and December 2019 and the remaining sessions were completed between January and March 2020.

Compilation of preliminary findings (November 2019): Input from the engagement sessions received to date was compiled, synthesized and presented to Friendship Centres at the November 2019 Membership Meeting for input and feedback.

Engagement with partners and stakeholders (December 2019-July 2020): The BCAAFC engaged stakeholders as part of the development of the report to identify ways to enhance service coordination among various systems.

Engagement session with BCAAFC Membership (February 2020): An engagement session took place at the February 2020 Membership Meeting with Executive Directors and Presidents. The BCAAFC presented the findings to the membership to validate the information, provide feedback, and strategize around the recommendations and promising practices for urban and off-reserve health planning and practices.

Development of Wellness Report (February-April 2020): The BCAAFC finalized the draft report, based on information and recommendations from all engagement sessions.

Circulation of Wellness Report (May-July 2020): A final draft of the report was shared with Friendship Centres for final feedback, followed by a review by stakeholders.

Launch Wellness Report (Fall 2020): The BCAAFC launched the *Urban Indigenous Wellness Report: a BC Friendship Centre Perspective*.

Dissemination and implementation (Fall 2020 - ongoing): the report will guide ongoing discussions with partners and stakeholders to strategize about the implementation of the recommendations.

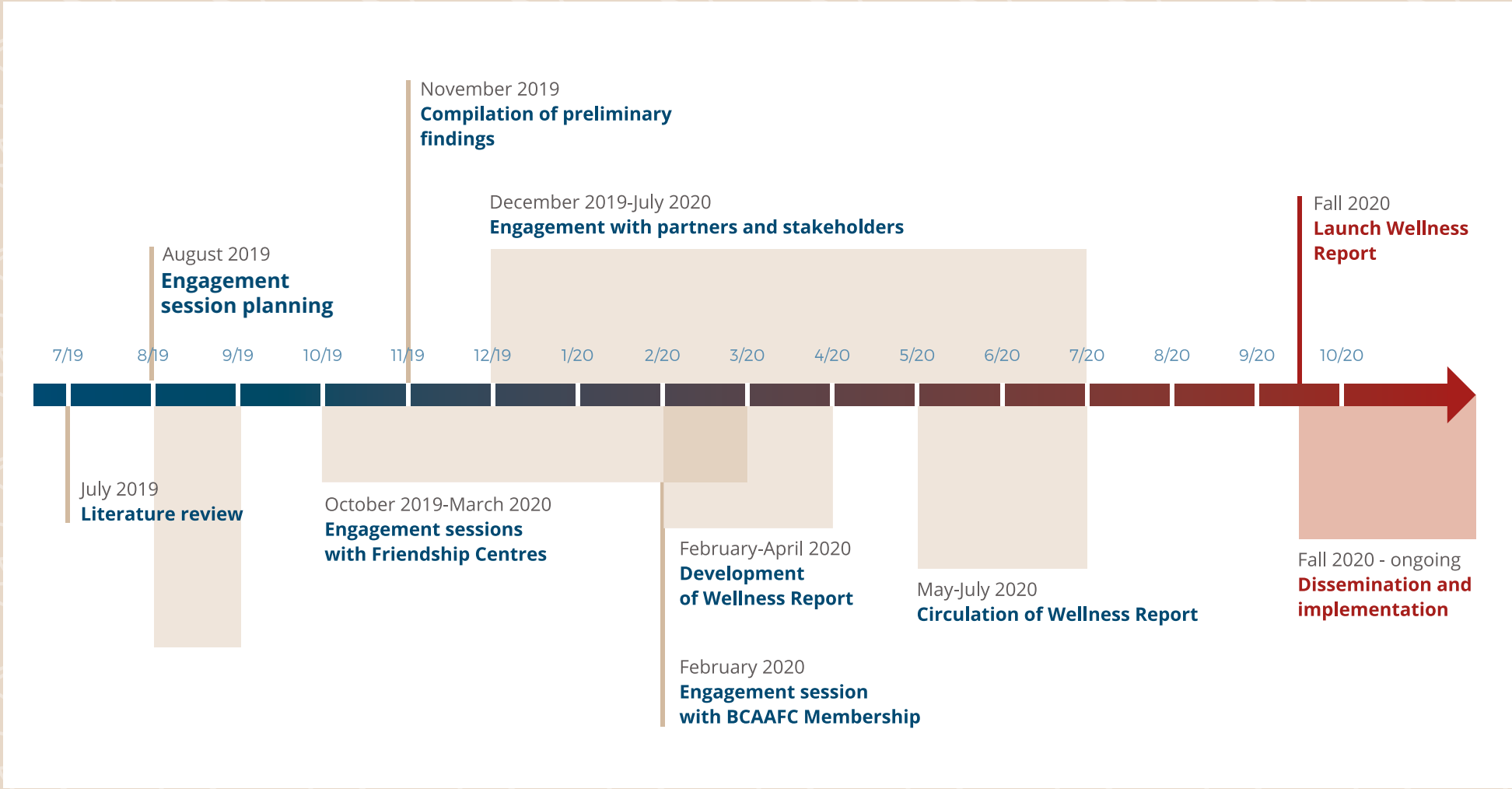


Figure 2: Wellness Report Timeline

SECTION 5: Findings

The data collected from the engagement sessions was analyzed using top-down thematic analysis, meaning the method of identifying, analyzing and reporting patterns or themes within data is driven by specific topics of interest or research questions.[94] The priorities that lead this process were to understand how 'wellness' is defined, and to identify how Friendship Centers can best support this understanding of wellness. The responses from both staff and community members were coded based on relevance and interest to the research questions to show patterns and identify themes, which are outlined in this section. Responses were also used to develop the Friendship Centre Wellness Model in Figure 3 below.

Friendship Centre Wellness Model

The Friendship Centre Wellness Model was developed based on the information collected during engagement sessions. The model illustrates the approach taken by centres for service delivery. For example, community members are centered in the delivery of services, which is a key component of high-quality care. Person-centered and family-centered approaches ensure clients are considered experts in their own wellness and are involved in planning and decision-making. As a result, clients feel safe, accepted and respected and develop trusting relationships with staff. Relationship building is an essential part of the process due to deep-rooted trust issues based on personal histories that may include residential schools or foster care.

Non-judgmental and non-coercive strategies are integral parts of the services provided: Friendship Centres 'meet clients where they are' by providing harm reduction and peer supports. Many Friendship Centres also take an integrated, comprehensive and collaborative case management approach to providing services, working across sectors and partnering with local agencies to coordinate the support, services and interventions to clients, thereby creating a 'no wrong door' policy. Friendship Centres have demonstrated a range of innovations in service delivery, where programs are delivered as part of a holistic basket of services that wrap around each client. Services are extensive, resiliency-informed and strength-based, which ensures an individual's, family's or community's capacities and skills are identified and upheld. Finally, the holistic approach to wellness ensures that culture is foundational in service delivery, and Indigenous ways of knowing and being inform all programs and services.

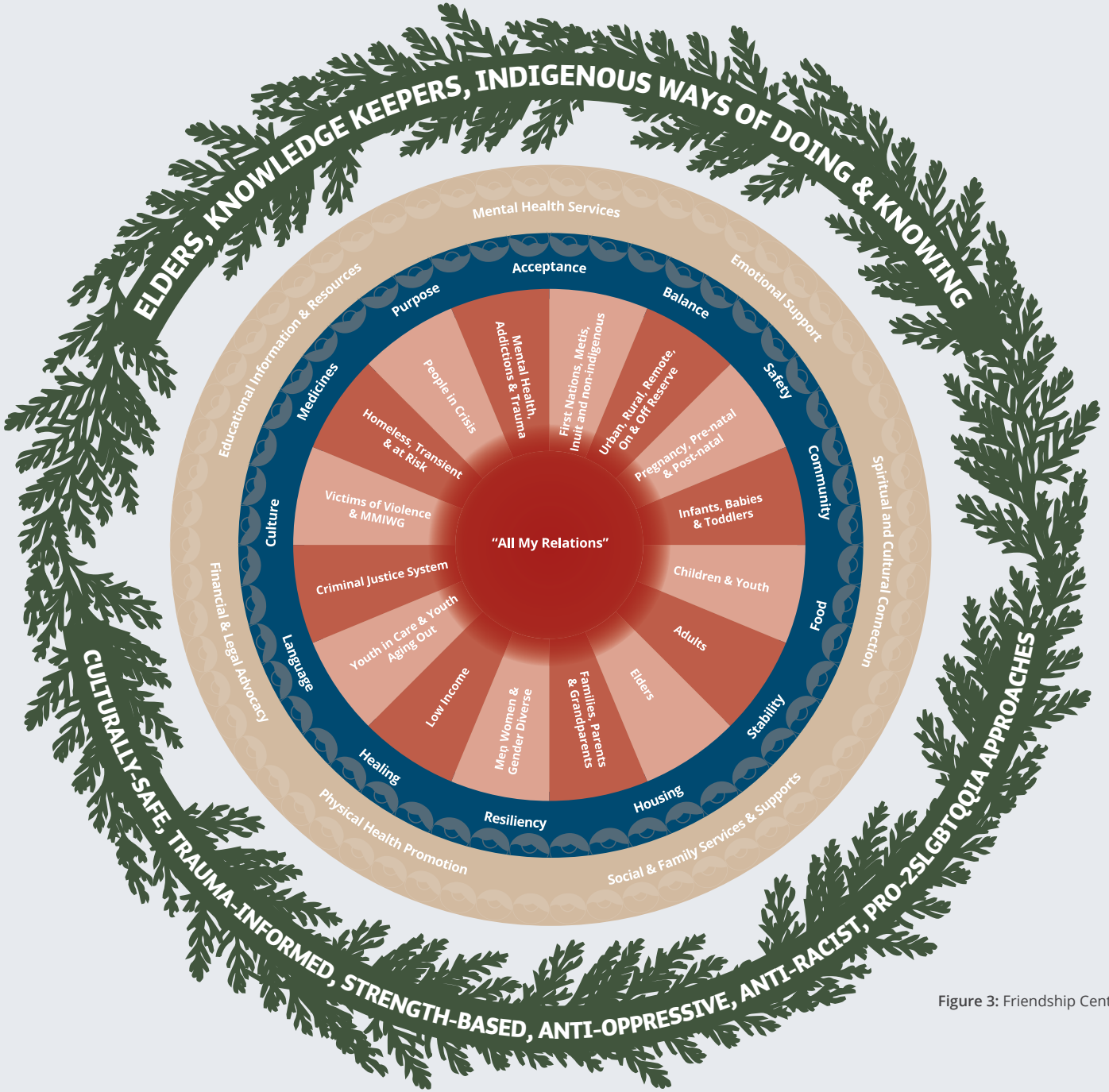


Figure 3: Friendship Centre Wellness Model

Who are we supporting?

The **red** ring at the centre of the model represents all the **populations served** by Friendship Centres. This includes First Nations – both status and non-status, as well as on and off reserve – Métis, Inuit and non-Indigenous peoples from urban and rural areas. Friendship Centres serve each individual across their lifespan, and support those facing additional barriers such as homelessness or acute mental health concerns. When Friendship Centre staff were asked "Who are we supporting?" the response was *everyone* – or, "All My Relations", as described by the Vancouver Aboriginal Friendship Centre.

What are we supporting?

The **blue** circle represents the meaning of **wellness**, as described by Friendship Centres' community members during engagement sessions. Wellness was defined as physical, mental, emotional and spiritual wellbeing, supported by access to affordable housing, food security, support systems, health care, employment and childcare, among other things. Participants described mental and emotional wellness as a sense of balance, purpose and acceptance expressed through happiness, joy and laughter. It is further supported by self-determination, self-care, self-advocacy and connection to relations. Physical wellness was described as leading an active lifestyle, eating healthy foods and sleeping well. Spiritual wellness was defined as a connection to identity, values and creation. Finally, wellness is also supported by culture.

How are we supporting?

The **tan** outer circle outlines the **programs, services, activities** and **events** offered by Friendship Centres, all of which promote and support the holistic wellness of community members. Centres are a hub of culturally-safe and resiliency-informed programs and services which are reliable, responsive and meet the needs of their communities. As a result, programs may differ between Friendship Centres, and services may not be delivered uniformly across all Friendship Centres. However, what remains consistent is that culture is at the foundation of all of the work; programs and services are rooted in Indigenous ways of knowing and being. This often involves the inclusion of Elders, Knowledge Keepers, Indigenous languages, traditional foods, ceremonies, medicines and cultural practices.

Friendship Centres deliver services that support the holistic wellness of community members. The list below provides examples of programs, services, activities and events that are available in different Friendship Centres. When specific or specialized services are not available, Friendship Centres play a critical role to actively connect community members with relevant local and provincial services, and help them navigate the health and social services systems. Finally, Friendship Centres also host various events and activities that bring these services and the greater community together in effort to strengthen cross-cultural awareness and community relation-building.

Mental Health Services

- Intakes & assessments
- Individual or group counselling
- Mental health & substance use programs
- FASD programs
- Outreach
- Referrals to treatment & detox centres
- Aftercare

Emotional Support

- Talking circles
- Healing circles
- Grief & bereavement support
- Men's groups
- Women's groups

Physical Health Promotion

- Food banks & hampers
- Lunch and breakfast programs
- Clothing donations
- Personal & feminine hygiene products
- Sexual health education and promotion
- Harm reductions supplies
- Urgent needs supplies (e.g., grocery vouchers)
- Homelessness outreach
- Community gardens
- Shelters
- Laundry and showers
- Social housing
- Transitional housing
- Transportation
- Sports and recreational activities
- Diabetes programs
- Nurse practitioner
- Immunizations
- 'Quit Now' Smoking Cessation Programs

Spiritual and Cultural Connections

- Traditional medicines
- Traditional foods
- Berry picking
- Harvesting medicines
- Sweat lodges
- Smudging
- Ceremony
- Traditional healers
- Language classes
- Drum making
- Beading
- Culture nights
- Culture camps
- Big House & Long House practices

Social and Family Services and Supports

- Pregnancy and perinatal programs
- Child and youth programs
- Parenting and family programs
- Daycares and preschools
- Aboriginal Infant Development Program
- Aboriginal Supported Child Development Programs
- 2SLGBTQQIA programs & supports
- Anti-violence programs
- Employment programs
- Life skills programs
- Roots program
- Family supervised visits
- Elder programs

Financial and Legal Advocacy

- Legal aid
- Poverty law
- Family law
- Court support
- Housing advocacy
- Financial literacy programs
- Rent subsidies
- Rent Smart programs
- Income tax clinics
- Support with applications and forms (e.g., income assistance, Persons with Disabilities (PWD) Income Assistance)

Educational Information and Resources

- Lunch and learns
- Speaker series
- Health fairs
- Workshops
- Referrals
- Resources

Friendship Centre Community-Identified Needs and Recommendations

Friendship Centres are vital to the communities they serve, filling a gap that would otherwise leave urban Indigenous populations underserved. While they provide a wide variety of services, programs and activities, barriers such as limited resources, funding and capacity limit the scope and reach of program and service delivery.

During engagement sessions, participants identified gaps and barriers, as well as opportunities and goals to meet the wellness needs of urban Indigenous peoples. These findings were compiled into the five themes outlined below, to align with existing supporting documents such as the *First Nations Mental Wellness Continuum Framework*,[95] which undertook a similar endeavour at a national level.

1. **Culturally-Safe, Comprehensive and Quality Service Delivery**
2. **Holistic Determinants of Indigenous Wellness**
3. **Capacity Building and Workforce Development**
4. **Partnerships and Collaboration**
5. **Increased and Enhanced Funding**

Each theme is organized as follows:

THEME

Vision	Objectives and direction for each theme.
Overview	General review or summary of each theme.
Priorities for Action	Immediate priorities identified by Friendship Centres.
Regional Considerations	Factors to consider in order to be responsive to all localities.
Recommendations • Friendship Centres • BCAAFC • Partners and Stakeholders • Prov. & Fed. Governments	Guiding recommendations needed for systems change directed at various partners. Some recommendations are supported by, or have been previously identified in existing documents, reports and Calls to Action, and are identified as: **Red Women Rising Recommendations** **MMIWG Calls to Justice** **TRC Calls to Action** **UNDRIP Articles**

THEME 1: Culturally-Safe, Comprehensive and Quality Service Delivery

Vision: All urban Indigenous individuals and families, regardless of culture, geography, age, gender, or ability to have access to a holistic continuum of culturally-safe, essential and specialized services and supports as part of a comprehensive health system, where Friendship Centres act as a single point of access to connect clients to integrated, team-based, wrap-around services through collaborative case management approaches and strengths-based interventions.

OVERVIEW

To ensure a high-quality, integrated health care system in BC, changes are required on many levels. Canada is in the grips of a mental health crisis that disproportionately affects Indigenous peoples.[96] There are high rates of mental health issues, suicide, alcoholism and substance use within urban Indigenous communities, particularly among Indigenous youth. The current health care system is failing and urban Indigenous individuals and families with mental health issues are falling through the cracks.

Examples of barriers to mental health care are numerous. Significant gaps exist in both services that target those who are at risk of developing mental health problems (i.e. early intervention through appropriate assessment, diagnosis and referral) and services for those who need help managing an existing mental illness (i.e. treatment and aftercare). Standardized testing and assessments, which are often based on western standards of mental health, can be damaging and intrusive to Indigenous clients. A glaring example of damaging treatment is the use of involuntary care as well as the exclusion of culturally-safe supports and advocates in the decision-making process and determining what treatment is in the best interest of the person. Further, when an individual is ready to seek treatment, the system is often not ready for them. Services providers must meet people where they are. This coupled with waitlists, costs, access, transportation and admission requirements (e.g., maintaining sobriety) for detoxification and treatment centres results in many individuals not receiving care when and where they need it.

For clients returning from treatment centres, there is a lack of follow-up and aftercare services that provide an active support structure across services to facilitate the longer-term journey toward healing and integration back into a positive community life. Further, mental health and substance use are often treated separately, despite research showing that these issues often co-occur.[97] Though individuals with mental health issues are at greater risk of having a substance use problem and vice-versa, services and supports are often siloed and consequently less effective. Finally, mainstream programs and services do not always take a resiliency-informed approach, meaning there is little understanding of and responsiveness to the impact of trauma, which is the often at the root of these issues.

Racism and the lack of cultural safety in the health care system is hugely problematic. The system must begin recognizing, respecting and valuing Indigenous ways of doing and knowing as part of the continuum of care. Indigenous ways of healing, including ceremonies, land-based camps, plant-based medicines and cultural practitioners, are evidence-based practices that must be part of planning care pathways for Indigenous individuals and families. Moreover, discrimination and racism — including health care provider's conscious and unconscious biases — negatively impact the level of care Indigenous communities receive. A blatant example of this is highlighted in a 2020 press release from the BCAAFC detailing a game commonly played in BC emergency rooms where staff try to guess the blood alcohol concentration of Indigenous patients.[98] This is but one example of when health professionals assume an Indigenous patient is using substances before they consider any other possible health issue. This not only causes extreme emotional harm, but physical harm, due to the delay in receiving an accurate diagnosis and treatment. Therefore, a systems-based approach must be developed to build and ensure cultural safety for Indigenous people and anti-racism training and accountability for staff and within the health sector.

The current health care system is not comprehensive, coordinated, or culturally-safe, resulting in lower health outcomes for Indigenous peoples.[99] While there have been advances to the systems-wide paradigm shift required to support positive mental wellness, significant gaps persist, particularly for urban Indigenous peoples. For example, many urban Indigenous peoples living in BC are not able to access services, programs and funding through the First Nations Health Authority (FNHA).

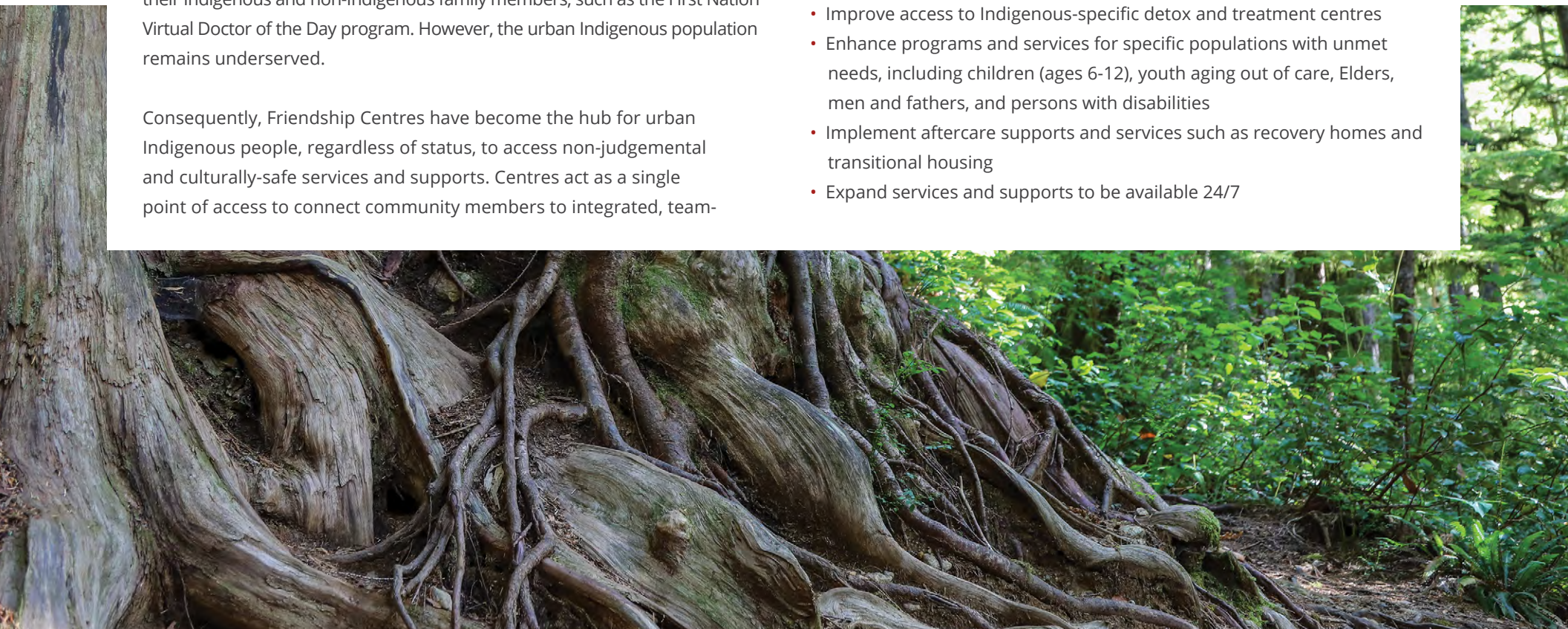
The FNHA is a province-wide health authority that provides the majority of their health programs and services to members of BC First Nations who have status and reside in the province, often by way of funding the programs and services operated by and out of First Nations communities. Therefore,

by extension, the FNHA provides clients with access to health care services, including mental health services and counselling. However, services for First Nations who are non-status, do not have band membership to a Nation in BC, or who are Métis, Inuit and Indigenous to other parts of the world, are fewer and require more assistance to navigate. Since First Nations communities determine who is able to access local programming and services, it is often only available to on-reserve populations, due to limited capacity, limited funding, or other factors. This creates an added barrier for Indigenous peoples who are in need of services but are not recognized as a community member by their band office. Further, for many First Nation community members who have moved off-reserve, travelling to their community for health services is not a viable option. There are communities who offer services to their overall population, including those who are visitors in their territory. The FNHA also offers other programs available to all First Nations living in BC as well as their Indigenous and non-Indigenous family members, such as the First Nation Virtual Doctor of the Day program. However, the urban Indigenous population remains underserved.

Consequently, Friendship Centres have become the hub for urban Indigenous people, regardless of status, to access non-judgemental and culturally-safe services and supports. Centres act as a single point of access to connect community members to integrated, team-based, wrap-around services through collaborative case management approaches and strengths-based interventions. Though centres play a critical role in improving health outcomes for urban Indigenous peoples, real transformational systems-wide change is required, where Indigenous peoples and organizations, health care professionals, experts, stakeholders and government officials work together to ensure a full spectrum of holistic, culturally safe essential and specialized services and supports are accessible.

PRIORITIES FOR ACTION

- Increase mental health and substance use services, notably outreach and counselling
- Advance access to clinical and specialized mental health professionals
- Increase youth-specific mental health staff, services and programs
- Improve access to Indigenous-specific detox and treatment centres
- Enhance programs and services for specific populations with unmet needs, including children (ages 6-12), youth aging out of care, Elders, men and fathers, and persons with disabilities
- Implement aftercare supports and services such as recovery homes and transitional housing
- Expand services and supports to be available 24/7



PROMISING PRACTICE: INDIGENOUS HEALTH AND WELLNESS CLINIC (FRASER REGION ABORIGINAL FRIENDSHIP CENTRE ASSOCIATION)

In partnership with Fraser Health Aboriginal Health and the First Nations Health Authority (FNHA), the Fraser Region Aboriginal Friendship Centre Association (FRAFCA) operates an Indigenous Health and Wellness Clinic based out of two locations: the FRAFCA Whalley Boulevard office and Kla-how-eya Healing Place. The Clinic offers a range of services and programs to facilitate healing and wellness through emotional, mental, spiritual and physical health supports. These services include, but not are not limited to, healthcare and social services navigation, counselling, pregnancy supports and care, medical care from nurse practitioners, as well as assistance with connecting to specialists when needed. This accessible, fulsome approach aligns with the "one door policy" that Friendship Centres operate from, and offers a wide breadth of supports to promote urban Indigenous wellness.

REGIONAL CONSIDERATIONS

In northern BC, there are significant geographical challenges to providing timely access to quality, equitable health care. Often, it is not possible to provide services typically offered at facilities in urban settings due to barriers around retention of trained staff and managing the costs associated with remote locations (i.e. transportation). Many mainstream essential services and specialized services are limited or non-existent.

In respect to mental health services specifically, there is a lack of qualified, culturally-safe mental health professionals, clinical counsellors and psychiatrists who have a sound understanding of intergenerational colonization and its impact on Indigenous peoples. As a result, misdiagnosis and lack of proper treatment for individuals with mental health challenges persist. In addition, Indigenous individuals who experience substance use issues — often to cope with the effects of ongoing colonization — face great difficulty in accessing detox centers and treatment centres due to distance, limited and/or costly public transportation and, most notably, colonial and discriminatory practices.

Further, Indigenous peoples should not have to choose between their relationship to land or community, and accessing health services. Often in order to reach health services or enter treatment, Indigenous peoples who reside in remote regions have to leave their chosen communities. People need services where they are at, both mentally and physically.

RECOMMENDATIONS

Friendship Centres

1. Provide and/or increase access to a full basket of essential wellness services for Indigenous clients of all ages, ranging from prevention, early intervention, treatment, crisis care, clinical care, home visits, and aftercare, and includes mental health and substance use programs, supports and services that are low-barrier, available on-demand, overnight and/or afterhours.

2. Increase aftercare support and provide active support structures within communities and across services to facilitate the longer-term journey of individuals and families toward healing and integration back into a positive community life. This should encompass cultural aftercare, which can include mobilizing and empowering individuals, families, or groups to access culture and acquire cultural knowledge and skills.

3. Provide outreach programs, supports, and provision of services in settings other than Friendship Centres in order to keep the engagement of clients and encourage the most involvement.

4. Map care pathways that include community and provincial services that are simple, accessible, and easy to navigate, in order to create a wraparound service delivery model with a 'no wrong door' policy (all doors lead to, or link to quality services and supports).

5. Create opportunities for urban Indigenous peoples to participate in traditional, holistic and land-based healing practices, programs and activities such as canoeing, medicine picking, and harvesting foods, all as part of providing supportive steps to connecting back with communities and supporting the healing of Indigenous peoples.

6. Implement peer-led overdose prevention, response, and harm reduction activities and advocacy in the broader community, including distribution of harm reduction supplies, education on safer disposal and safer injection, naloxone training and distribution, peer support and navigation.

BC Association of Aboriginal Friendship Centres

7. Advocate for increased healthcare coverage for all Indigenous peoples, regardless of their status or where they reside, to include but not limited to prescriptions, counselling, dental, optical, mobility devices, adaptive equipment, and alternative treatments.

8. Support Friendship Centres to create standardized intake and referral protocols, and develop standards for cultural safety and competency.

9. Coordinate Indigenous-specific mental health, de-escalation, crisis response, and resiliency-informed training for all staff and frontline workers at Friendship Centres.

10. Introduce accountability measures such as developing external complaints processes to address systemic, structural and personal racism that Indigenous peoples experience throughout the mainstream health sector.

Partners and Stakeholders

11. Treatment centres to better support clients by working with Friendship Centres on transition planning to support effective discharge planning procedures; expand treatment to address underlying trauma and mental health issues; adjust criteria for entry into treatment (i.e.,

maintaining sobriety) and exit out of treatment; and adjust costs to make treatment accessible to non-status Indigenous peoples and others not covered by the FNHA.

12. Hospitals to hire more Indigenous Patient Navigators and cultural supports to support Indigenous clients as they navigate the Western medical system – notably in cancer care and maternity care – as well as create healing spaces for traditional ceremonies within hospitals.

13. All essential services to use principles of resiliency-informed care to ensure programs and services promote healing from different forms of unresolved trauma, including intergenerational, multigenerational, and complex trauma as it relates to historic and ongoing colonization.

14. Service providers, healthcare professionals, and all other staff within healthcare facilities (i.e., administration staff, hospital security guards) to be required to take skills-based training in anti-racism and cultural safety and for all medical schools and institutions to require courses dealing with Indigenous issues, rights and histories.

15. Promote and support traditional medicines and healing practices in healthcare, and recognize the expertise and value of cultural practitioners, knowledge keepers and Elders through the provision of resources and compensation.

Provincial and Federal Governments

16. Establish strength-based, culturally-relevant Indigenous wellness indicators with Indigenous partners such as the First Nations Information and Governance Centre (FNIGC) to measure and monitor goals and gaps in health outcomes between Indigenous peoples (regardless of where they live) and non-Indigenous peoples.

17. Recognize the distinct health needs of off-reserve and urban Indigenous peoples by acknowledging that services are most effective when designed and delivered by those they serve, and consequently support Friendship Centres in meeting the needs of urban Indigenous populations.

18. Promote a quality care system that makes a continuum of essential wellness services available and accessible for all Indigenous peoples, wherever they choose to reside or access services, including health promotion, prevention, early identification and intervention, crisis response, coordination of care planning, detox, treatment and aftercare, and includes regulation and oversight.
This includes supporting and/or establishing:

    18.1. permanent, no-barrier, preventative, accessible, holistic, wraparound services such as those offered in Friendship Centres;

    18.2. outreach supports and services, including street nurses, mobile healthcare vans, mobile trauma and addictions recovery teams;

    18.3. full spectrum of recovery supports including immediate access to Indigenous-specific detox and family treatment centres that use culture as treatment with Indigenous healing methods and land-based practices;

    18.4. opioid-assisted therapy programs and full spectrum of substitution treatment options;

    18.5. culturally-safe indoor overdose prevention sites and consumption sites;

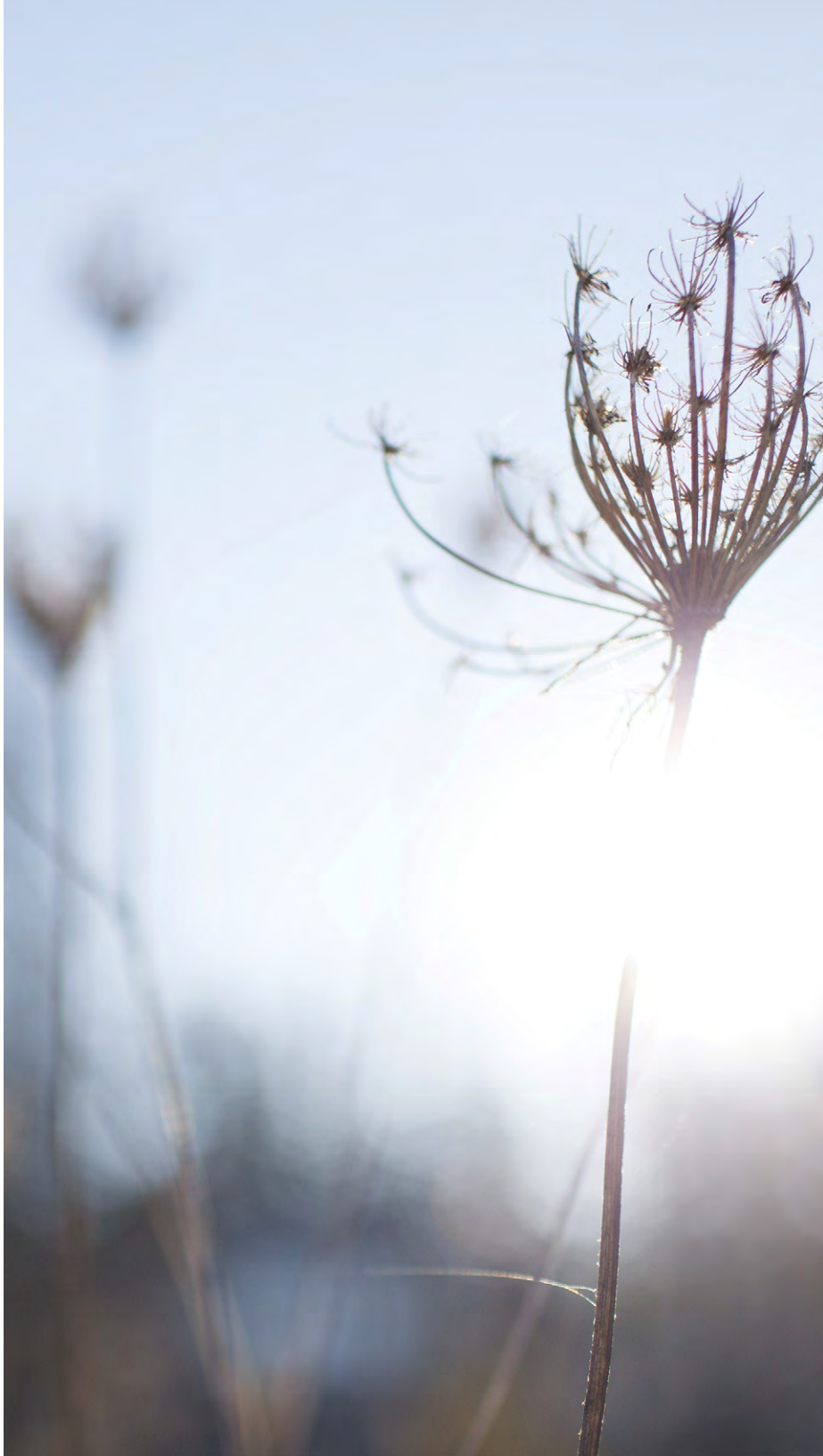
    18.6. culturally competent and responsive crisis response teams to meet the immediate needs of an Indigenous person, family, and/or community after a traumatic event;

    18.7. legislative standards to regulate the use of isolation and restraints against mental health patients to ensure compliance with Charter rights.

19. Acknowledge and recognize the value and effectiveness of culture and traditional healing practices as a health intervention in addressing substance use and mental health issues, while building an evidence-base for land-based service delivery models and use of traditional medicines and plants.

20. Build a decolonizing, anti-racist and resiliency-informed health system so all levels of service delivery have a basic understanding of the impacts colonialism and residential schools can have on individuals, families and communities, and are equipped with a better understanding of the needs and vulnerabilities of Indigenous peoples affected by trauma.

21. Ensure the full basket of essential services is available and accessible so no Indigenous person is required to relocate in order to access care, and consider the unique needs of rural, northern and remote communities who may have greater needs and more limited access to necessary services. This may require expanding tele-health and other health innovations supported by technology, and ensuring the right to Internet access.



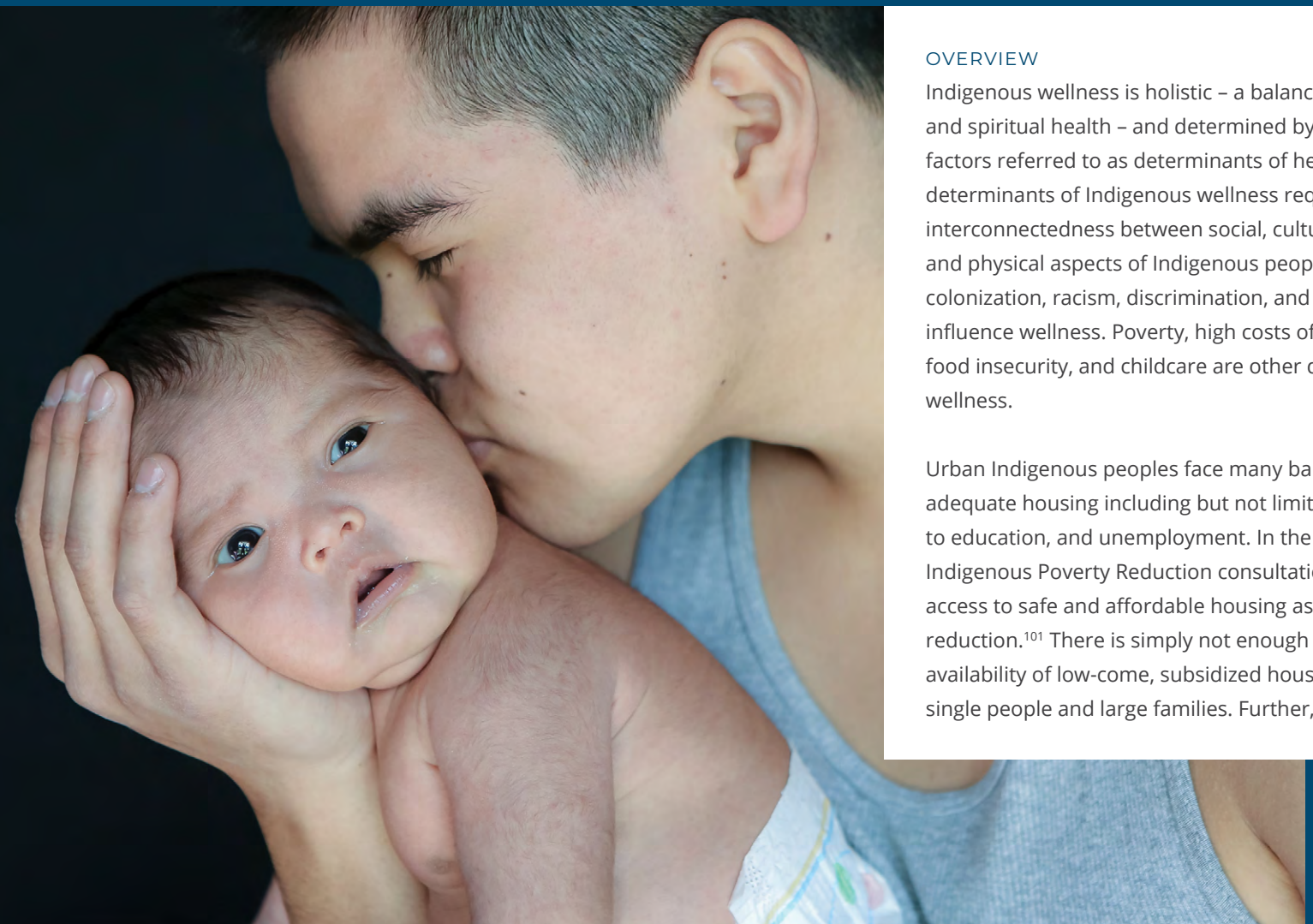
INDIGENOUS YOUTH ON WELLNESS

In the development of this report the BCAAFC engaged with youth specifically to learn how to best promote youth wellness and to include youth perspectives for planning for future generations. This feedback was integrated throughout the report, however additional feedback specific to youth wellness included:

- **The need for more access to cultural supports and traditional ways of healing in the treatment process.** In addition to Western medicine and treatment practices, the need for alternatives to these for Indigenous youth was indicated both for the purpose of promoting spiritual and cultural wellbeing, but also for those for which some Western medicine is not effective (i.e. adverse effects to medication for mental illnesses)
- **The need for a better understanding throughout the education system of the barriers facing Indigenous youth, to combat the misunderstanding that issues are inherent in youth, and to support youth accordingly.** There is a need for a fundamental shift from the idea of "misbehavior" to seeking further understanding as to why a youth is taking those actions and what barriers they are facing (i.e. what are the barriers as to why a student might not come to school?)
- **Medical professionals who treat Indigenous youth need to have a better understanding of how to work with and support Indigenous youth specifically.** The feedback indicated that often when seeking medical services, there is a severe lack of knowledge as to how to engage with Indigenous youth as well as a lack of recognition of youth agency and their ability to speak to what they are experiencing physically and mentally.
- **The need for staff who work with Indigenous youth across sectors to take earnest interest in youth's mental wellbeing and equate mental wellness to the importance of their physical wellbeing and their education.**

THEME 2: Holistic Determinants of Indigenous Wellness

Vision: All urban Indigenous peoples across their lifespan, regardless of culture, geography, gender, or ability to be supported in their pursuit of holistic wellness through affordable and adequate housing, meaningful education and employment, healthy and traditional foods, culturally safe childcare and other determinants of wellness.



OVERVIEW

Indigenous wellness is holistic – a balance of physical, mental, emotional, and spiritual health – and determined by interactions between many factors referred to as determinants of health.[100] Understanding determinants of Indigenous wellness requires acknowledging the interconnectedness between social, cultural, economic, historic, political, and physical aspects of Indigenous peoples' lives. For Indigenous peoples, colonization, racism, discrimination, and social exclusion are factors which influence wellness. Poverty, high costs of living, housing, transportation, food insecurity, and childcare are other determinants of Indigenous wellness.

Urban Indigenous peoples face many barriers accessing affordable, adequate housing including but not limited to, racism, poverty, barriers to education, and unemployment. In the 2018 summary report of the Indigenous Poverty Reduction consultations, Friendship Centres identified access to safe and affordable housing as the top priority in poverty reduction.[101] There is simply not enough affordable housing and limited availability of low-come, subsidized housing, especially for Elders, youth, single people and large families. Further, many urban Indigenous peoples

experience racism at the hands of landlords and property managers. Discrimination based on sex, gender identity, economic status and race has resulted too many times in routine violations of privacy, illegal entry into housing, threats and harassment, substandard maintenance, illegal rent increases and disregard for basic dignity.

There is also a lack of supported housing for low-income individuals, contributing to homelessness and resulting in an increased need for shelter beds – a need that is largely unmet. Homelessness disproportionately affects Indigenous peoples in BC. Despite only making up 2% of the population of Greater Vancouver in 2019, Indigenous peoples made up 39% of the homeless population.[102] Indigenous peoples faced with homelessness are more likely to be unsheltered and street homeless compared to non-Indigenous homeless people.[103] Shelters, notably safe houses and emergency shelters, are not addressing the concerns of women, youth, 2SLGBTQQIA, Elders and peoples with disabilities. Some Friendship Centres reported concerns around the increasing number of Indigenous Elders in shelters. In fact, the number of seniors on BC Housing's applicant registry increased by almost 60% between 2012 and 2017.[104]

Across the province, transportation was identified as a gap. This is a direct result of exclusion and poverty faced by Indigenous peoples. Inner city transit can be costly and inaccessible. Rural and remote areas have limited or no public transportation available and community members must walk, rideshare or hitchhike to get to work, school and medical appointments. Transportation is also a barrier for individuals who must travel out of town, particularly following the 2018 discontinuance of all but one Greyhound passenger bus route in BC. For urban Indigenous peoples, access to long distance travel is essential for medical appointments, accessing detox centers and treatment centres, as well as travelling back to community for cultural or community obligations, such as funerals or ceremonies. Gaps in transportation has forced individuals to resort to unsafe means of travel such as hitchhiking, putting Indigenous women and girls in especially vulnerable positions as they already experience disproportionately higher rates of violence. For this reason, hitchhiking can be life-threatening, evidenced by the high number of Indigenous women and girls who have been murdered or gone missing on the Highway of Tears – the stretch of Highway 16 between Prince Rupert and Prince George.

Access to safe, affordable and nutritious food is an urgent social, economic, cultural and health issue for Indigenous peoples that is exacerbated in urban areas where access to cultural or traditional food is limited. As Indigenous peoples migrate to urban centres, the immediate access to traditional or cultural foods is lessened and reliance on expensive and unhealthy market foods is increased. The resulting diet changes has led to a western poverty diet with devastating impacts on Indigenous health. When Indigenous peoples have access to cultural foods, there is a whole range of positive benefits on social and economic wellbeing. Growing, harvesting, preparing, and eating cultural food is an important part of Indigenous peoples' connection to land. The disconnection from one's food and culture contributes to poorer mental, physical, emotional, and spiritual health.

Culturally safe, accessible, and affordable childcare is another challenge for urban Indigenous families. Quality early learning and childcare programs can support the wellness of children and families, and mitigate the impact of early adversity on children's life course.[105] More importantly, when childcare is anchored in Indigenous cultures, languages, practices, and histories, it can play a foundational role in children's cultural identity and health trajectory.[106] It contributes to family preservation and strengthens the whole family, thereby playing a key role in preventing children from entering the child welfare system and improving child welfare outcomes.[107] Based on research conducted by the BCAAFC in 2019, Friendship Centres

PROMISING PRACTICE: ALL CLANS PATROL (DZE L K'ANT FRIENDSHIP CENTRE)

The All Clans Patrol is an innovative harm-reduction approach to community safety and security, currently in development out of Dze L K'ant Friendship Centre, that will serve communities in Smithers, BC. The All Clans Patrol reframes outreach and patrol as "Nationhood building" through strength-based, culturally founded service delivery that engages with all aspects of one's wellness. The program is led by Indigenous community members and grounded in Indigenous values and responsibilities of safety and security. Further, the Friendship Centre developed a comprehensive training program that positions decolonization as integral and seeks to "re-matriate", or incorporate matriarchal views in its approach. From training to outreach, the program challenges old paradigms of service delivery in a variety of ways, including working from a *complex-ongoing stress disorder response* as opposed to *post-traumatic stress disorder* response to address the ongoing, compounding trauma Indigenous community members face. Additionally, The Patrol actively engages with, seeks advice from, and implements knowledge of the matriarchs in community. Further, the program leans heavily into the knowledge of the younger generation to both create a sustainable program that will serve future generations and meet the needs of youth today.

that offer early learning and childcare are 'the difference makers' for urban Indigenous children and families as they are safe places for positive intergenerational learning, belonging and identity formation.[108]

Indigenous peoples in urban and rural areas commonly experience discrimination, stereotyping, and exclusion in all aspects of society as a result of deep-rooted systemic racism that is embedded in Canada's colonial systems, institutions and polices. Racism profoundly impacts Indigenous peoples' access to education, housing, food security, employment, and health care and contributes to the overrepresentation of Indigenous peoples in the child welfare and criminal justice systems.[109] This is because racism occurs at multiple levels from internalized, individual attitudes, beliefs or ideologies, interpersonal interactions between individuals, to systemic inequalities in power, resources, capacities and opportunities.[110]

Racism has devastating effects on the wellness of Indigenous peoples. In fact, a meta-analysis on the relationship between racism and wellness outcomes revealed that racism is associated with poorer mental health, including depression, anxiety, psychological stress, as well as poorer physical health.[111] Further, Indigenous peoples often experience racism, discrimination, stigma, and poor treatment by health care providers, which often makes them reluctant to access services. In urban areas, Indigenous peoples are labelled as drunks, criminals, homeless and prostitutes, and are often underserviced and misdiagnosed by health care professionals as a result.

De-colonizing, anti-racism training for health care workers, and cultural safety within the health care system is needed to increase the awareness, understanding, and capacity to provide culturally safe services to Indigenous peoples. It can foster an environment where health care providers understand and recognize the impacts of colonization, enhance

self-awareness and actively work to improve the safety and quality of health services for Indigenous peoples.

PRIORITIES FOR ACTION

- Increase of affordable and adequate housing, particularly for large families, youth and Elders
- Implement programs for food security
- Align income with costs of living and inflation
- Increase availability of childcare providers
- Improve accessibility of public transit, both local and regional/provincial transportation
- Ensure cultural-safety, and anti-racist and anti-oppressive approaches in mainstream services
- Address stigma against mental health, addictions, and homelessness
- Expand services for aging populations and Elders around transportation, housing and home visits
- Implement strategies to address violence against Indigenous women and girls (MMIWG)

REGIONAL CONSIDERATIONS

While Indigenous-specific determinants of wellness influence the health of individuals regardless of residency, access and availability vary by region. In larger urban areas, such as Vancouver and Victoria, the cost of housing is considerably higher. While income assistance and disability benefits in BC are low (e.g. $710/month for a single person on income assistance), the average lowest rent in Single Room Occupancies (SROs) in the downtown Vancouver east side is $687 per month – a $23 difference for individuals on income assistance.

In the north, the cost of living is high, affordable housing is scarce, food insecurity is prevalent, and public transportation is limited in comparison to other parts of the province. This can be attributed, in part, to the influx of temporary foreign and domestic workers. This transient population often creates higher demands in housing which lead to increases in rent, and long-lasting effects even after the industry workers leave. In the northwestern region specifically, local Friendship Centres have reported that the influx of oil and gas, forestry and mining industry workers results in the inflation of rental rates with few rental houses available.[112]

There is also substantial evidence that shows natural resource extraction projects directly correlate with increased violence against Indigenous women, girls and 2SLGBTQQIA people.[113] The *Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* found that 'work camps' or 'man camps' associated with the resource extraction industry are connected to higher rates of violence against Indigenous women both at the camps and in neighboring communities. In addition, these camps are associated with increased crime rates, including substance use related offences, sexual offences and domestic and gang violence. This is further escalated by high housing costs, which result in increased demands for shelters, higher rates of homelessness, hitchhiking and an increased number of women entering the sex trade. The link between resource extraction projects and violence against Indigenous peoples – largely attributed to the influx of temporary workers, who are mostly young males, have disposable incomes and spend long stretches of time in isolated camp settings – continues to endanger Indigenous women and girls, particularly in the north.

Further, communities and Friendship Centres in the interior of BC face the brunt of extreme weather conditions, particularly forest fires and floods. Forest fire and emergency management should be considered in regards to the wellness of the urban Indigenous population in these areas, as these affect people's health, safety as well as the service delivery of Friendship Centres.

PROMISING PRACTICE: CHIWID TRANSITION HOUSE (CARIBOO FRIENDSHIP SOCIETY)

Chiwid Transition House, in partnership with the Cariboo Friendship Society, operates a 16-bed unit that provides a safe haven for women and their children who have experienced physical, sexual and/or emotional violence or abuse. Roughly 75% of the women who receive support through the House identify as Indigenous, however all women can access Chiwid's services. Chiwid offers in-house supports such as counselling, group meetings and activities. Moreover, essentially all programs offered by the Cariboo Friendship Society are available to the women and children at Chiwid. Because of this, culturally-founded programs and supports are made accessible and readily available. For example, the Friendship Centre Longhouse provides opportunities for ceremony for women and their families who are unable to access their home communities. As a result of this continuity of services and a full-basket approach, women at Chiwid receive holistic, personalized support and are further supported through a healthy transition out of the House as they can continue to access the Friendship Centre's services.

RECOMMENDATIONS

Friendship Centres

1. Seek opportunities to further support people (at risk of) facing homelessness through the establishment of low-barrier shelters and/or low-income housing, and 'Community Voice Mail' programs.
2. Consider innovative ways to address food security, such as community gardens, food banks, providing discount cards or gift cards to grocery stores, and delivering workshops for preparing, canning, smoking and/or drying traditional foods.
3. Include Indigenous language and cultural revitalization in all aspects of programming, as well as land-based and water-based activities where possible, as an identity strengthening preventative measure to promote positive determinants of wellness.
4. Develop culturally-appropriate parenting programs, notably for fathers and single families.
5. Create a position for an Indigenous family advocate who can advocate for mothers and families in dealing with the Ministry of Children & Family Development (MCFD).
6. Support projects to help individuals create jobs for themselves by starting a business (including mentorship, coaching, support in advancing an action plan) and/or projects that provide individuals with opportunities through which they can gain work experience, which will lead to ongoing employment.
7. Develop initiatives to increase graduation rates of Indigenous students and support youth to help them obtain skills for employment such as through internships or student summer jobs.

PROMISING PRACTICE: FOR US BY US, YOUTH IN CARE NETWORK (PRINCE GEORGE NATIVE FRIENDSHIP CENTRE)

For Us by Us (FUBU) Youth in Care Network is hosted by the Prince George Native Friendship Centre and works directly with youth both within the Friendship Centre community and beyond. FUBU's purpose is to serve youth in areas that youth deem important to their overall wellness, provide advocacy and community, as well as work to ensure youth agency is respected and upheld. The program's mission statement and goals, for example, are living documents and are regularly modified as per the direction of the youth it serves. Further, monthly meetings are held and led by youth to specifically discuss the activities for that month to ensure they are relevant, effective and timely. FUBU is grounded in the initiative to promote healthy recreation absent of the use of substances, as evidenced by their Drop-in Centre that provides a safe space for youth to connect with each other and participate in healthy recreational activities. The Reciprocity Program is another program offered through FUBU that facilitates volunteer opportunities both within Friendship Centres and elsewhere in the community. Through this program, coupled with outdoor activities and opportunities to travel, youth are further connected to the community and gain employable skills. FUBU staff also provide advocacy for youth when accessing services or care upon request by the youth: if the youth indicates that their needs are not being met, a FUBU staff member will advocate for them.

8. Provide annual local and regional opportunities for families of missing and murdered Indigenous women, girls and 2SLGBTQQIA peoples to support each other and to build community awareness of violence against Indigenous peoples.

9. Establish community-based passenger van and car share programs, and seek an annual transport allowance for Indigenous clients to travel to their home community.

BC Association of Aboriginal Friendship Centres

10. Form formal partnerships with Native Housing agencies to ensure housing outreach workers and advocates are equipped with the resources to adequately connect clients to Friendship Centre programs and services.

11. Support Friendship Centres in emergency and disaster preparedness, response, recovery and resiliency planning.

12. Implement recommendations from the BCAAFC Poverty Reduction Report (i.e. conduct an analysis and identify best practices in poverty prevention and reduction programs) and the BCAAFC Urban Indigenous Early Learning and Child Care report (i.e. conduct research on capturing and evaluating promising practices and innovations in urban Indigenous ELCC policies and programs).

13. Assess and explore the expansion of the 'All Clans Patrol' model (see Promising Practice, p. 47) to Friendship Centres, led by Indigenous community members and based on Indigenous reciprocal responsibilities of safety, security, and kinship.

14. Evaluate provincial policies and practices related to social assistance and child welfare for the purpose of improving them to meet the needs of Friendship Centre clients.

15. Partner with the Indigenous Sport, Physical Activity and Recreation Council (I·SPARC) to promote physical activity in all Friendship Centres as a fundamental element of health and wellness, reduce barriers to sports participation and increase the pursuit of excellence in sport.

Partners and Stakeholders

16. Community-based health and social services delivery organizations to ensure culturally-safe, relevant, and accessible services for Indigenous peoples by partnering with Friendship Centres for all programs and services for Indigenous clients, adopting cultural competency training requirements and establishing cultural safety, decolonizing and anti-racist policies.

17. Resource-extraction and development industries to ensure the safety of Indigenous peoples at all stages of project planning and monitoring.

18. Housing agencies to audit landlords and property managers annually to track refusal of housing on the basis of discrimination (RWR).

Provincial and Federal Government

19. Address the housing crisis to meet the needs of urban Indigenous peoples for safe, adequate, available and culturally and geographically appropriate housing. This includes:

    19.1. Undertaking the construction of new social housing and the provision of repairs for existing social housing to meet the housing needs of Indigenous peoples, specifically women fleeing violence, single parent families, mothers at risk of child apprehension, persons living with disabilities, youth and Elders. Specific needs such as mobility access, space for children and extended families, and ceremonial practices must also be considered.

    19.2. Supporting the establishment of low-barrier shelters, transition homes, and second stage housing.

    19.3. Changing the definitions of social housing and affordable housing to ensure it is inclusive of people on social assistance, and rent rates are income-geared not market-geared.

    19.4. Ending the criminalization of homelessness including bylaw infractions and criminal charges for sleeping or tenting in public spaces.

20. Develop a strategy to ensure safe, readily available, and affordable transit and transportation services and infrastructure that considers special accommodations for northern and remote communities, such as free public transportation and emergency phone booths along Highway 16, and provide free transit for children, youth transitioning out of care, and for all adults on pensions, income assistance, and disability assistance.

21. Commit to reducing the number of Indigenous children in care by supporting the development of a culturally appropriate child care system for Indigenous families that is independent from child welfare services. Further, expand education, housing, and related supports until the age of 25 years old for youth "aging out" of the system.

22. Uphold the social and economic rights of Indigenous peoples by taking effective measures to improve economic and social conditions. This includes, but is not limited to, establishing a universal basic income; increasing federal pensions and disability rates; simplifying the application processes for income and disability assistance; increasing earnings exemptions; and raising asset limitations for those on income and disability assistance.

23. Create a strategy to eliminate employment gaps between Indigenous and non-Indigenous peoples and develop equitable and inclusive hiring policies and standards that rectify Indigenous exclusion from the economy. Further, support and enhance the capacity of Friendship Centres to provide professional career and employment related services and programs to support urban Indigenous peoples throughout the employment continuum.

24. Increase accessibility to Indigenous-specific victim programs, services, and healing supports provided to family members and survivors of crime, sexual exploitation and human trafficking.

25. Formally recognize responsibility to support efforts that provide urban Indigenous peoples with meaningful access to cultures and languages in order to reclaim and revitalize Indigenous cultures and identities, and recognize and protect Indigenous languages as official languages.

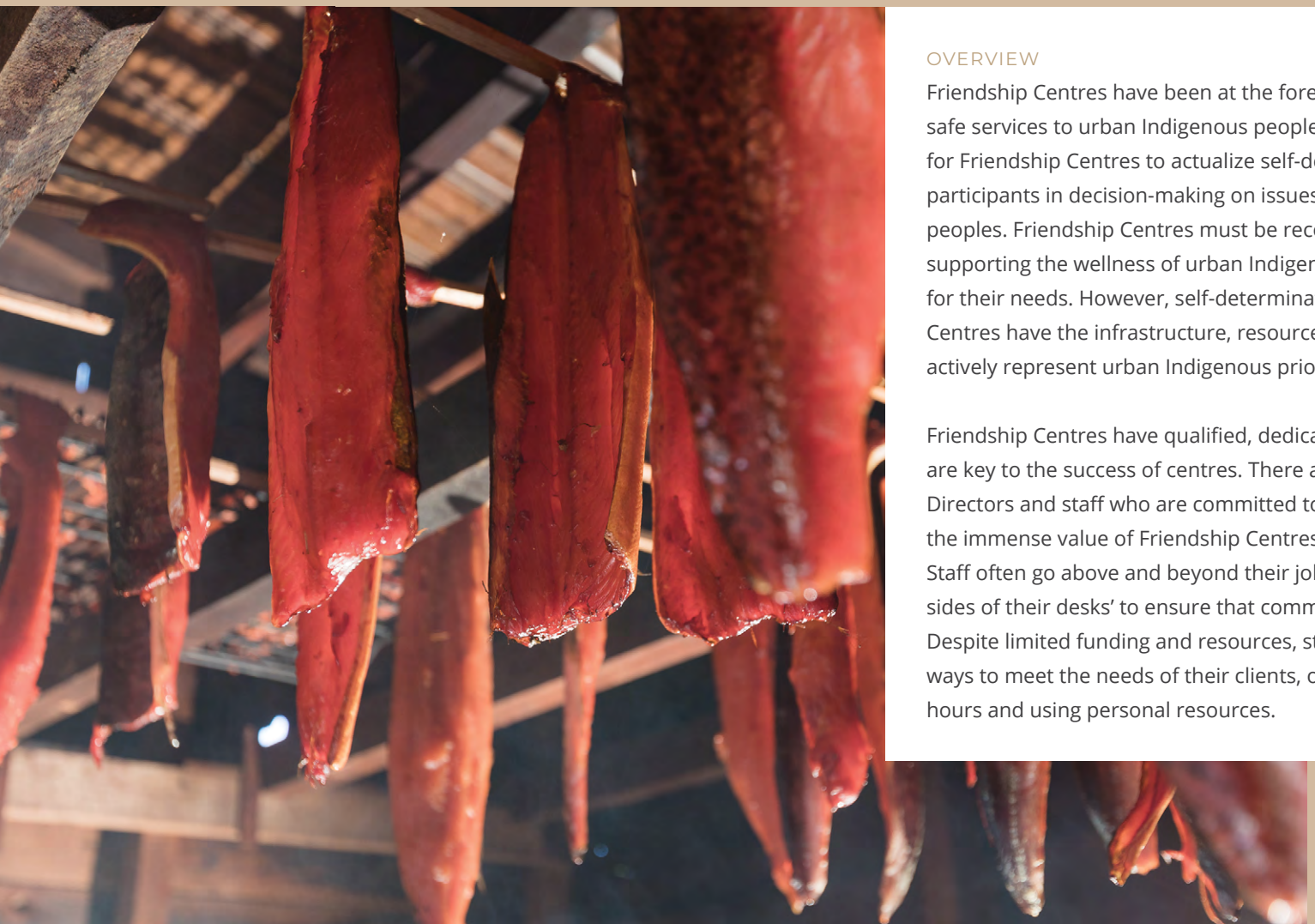
26. Increase food security by enabling access to traditional land- and water-based food resources, increasing access to affordable and healthy foods for Friendship Centres and food banks, and by establishing standard breakfast and lunch programs in schools.

23. Expand the Aboriginal Head Start program, increase availability of culturally-appropriate child care centres, and support the development of culturally-relevant parenting programs and early childhood education programs for Indigenous families.

24. Develop an action plan to renounce ideologies and instruments of colonialism, racism and misogyny within all levels of governments and public institutions, and educate Canadians to confront and eliminate racism, sexism, homophobia and transphobia to support the right of Indigenous peoples to live free from any kind of discrimination.

THEME 3: Capacity Building and Workforce Development

Vision: All Friendship Centres to build and sustain the capacity, qualified workforce, and infrastructure required within a system of quality assurance and accountability, as a means to uphold their self-determination to develop, establish, and administer programs and services.



OVERVIEW

Friendship Centres have been at the forefront of providing culturally-safe services to urban Indigenous peoples. As such, it is important for Friendship Centres to actualize self-determination and be active participants in decision-making on issues related to urban Indigenous peoples. Friendship Centres must be recognized for the role they play in supporting the wellness of urban Indigenous communities and advocating for their needs. However, self-determination is only possible if Friendship Centres have the infrastructure, resources, and capacity required to actively represent urban Indigenous priorities at decision-making tables.

Friendship Centres have qualified, dedicated and passionate staff who are key to the success of centres. There are many long-term Executive Directors and staff who are committed to their work and strongly believe in the immense value of Friendship Centres for their communities and clients. Staff often go above and beyond their job descriptions and 'work off the sides of their desks' to ensure that community members' needs are met. Despite limited funding and resources, staff find creative and innovative ways to meet the needs of their clients, often working outside of scheduled hours and using personal resources.

At the same time, many Friendship Centres are understaffed. As a result, existing staff must take on multiple roles and heavy caseloads. It is not unusual for staff to have double or triple the caseloads of their counterparts in other organizations. This poses a challenge for Friendship Centres when undertaking long-term strategic planning, as staff are consistently responding to immediate and emerging needs. Understaffing impacts the retention of qualified staff who may feel overworked. Heavy workloads, high job demands, job satisfaction, emotional exhaustion, and lack of resources or supports are some factors that impact burnout and stress in the workplace. Burnouts negatively impact the wellness of staff, hinder productivity and performance, and contribute to high turnover in the workplace.[114] Turnover can adversely affect clients by disrupting the continuity of care. It is also costly as there are expenses associated with staff recruitment, training, and loss of organizational knowledge.[115]

The health and wellness of staff is just as important as the wellness of community members. Ensuring that staff wellness is a priority is necessary for ensuring that clients are also being well taken care of when they come to the Friendship Centre. Staff wellness can include personal wellness days, team building activities, access to counselling or other mental health services, and maintenance of a healthy work-life balance. It is essential for Friendship Centres to integrate wellness supports in program contracts to ensure staff are able to seek and receive the culturally appropriate supports they need.

Staff wellness is also impacted by salaries. It is important for staff to have competitive wages, benefits and pensions to increase job satisfaction and retention, yet Friendship Centres are unable to offer competitive wages to recruit and retain qualified staff. Consequently, Friendship Centre staff receive significantly lower wages compared to mainstream organizations and service providers. Moreover, benefits are often limited and pension programs are basically non-existent. Many Executive Directors have surpassed the average age of retirement, partly due to the inability to provide pensions and retirement plans for management and staff.

Opportunities for educational or professional development also can increase staff recruitment and retention. Opportunities have been made available, but there is still a need for additional training, particularly in mental health and crisis intervention. Training and professional development opportunities for frontline workers, and even administrative staff, is necessary to ensure that staff are up-to-date on new policies that may impact their work, new methods and interventions that they can apply to their work, and qualifications and certifications required for their work. Additionally, training and professional development provide opportunities for staff to network and exchange knowledge.

Training for board members was another area identified as a need in many Friendship Centres. A strong Board of Directors is vital to the successful governance of Friendship Centres. It is critical for board members and Executive Directors to clearly understand their roles and responsibilities, ensuring that both governance and management duties are carried out effectively and appropriately.

One of the most pressing, and most underfunded priority identified in the engagement sessions is the need for capital investments. For many Friendship Centres, renovations and upgrades to buildings are overdue. Most centres need updates to improve accessibility (i.e. elevators and wheelchair ramps) and others need renovations to improve security measures (i.e. security cameras and panic buttons). Friendship Centres service a diverse range of clients from children and families to individuals with high risk behaviours. Centres experience challenges with being able to service everyone in a safe and secure way that fosters inclusivity and

ensures all community members feel welcomed and safe. Over the years, centres have grown to offer more programs and services, but lack the physical space to accommodate all these services. Friendship Centres need additional space to offer more programs and services and hire more staff.

PRIORITIES FOR ACTION

- Build, expand and renovate buildings and infrastructure to ensure safety, accessibility as well as to increase office space to meet program needs
- Provide education, training and professional development opportunities for staff and boards
- Increase wages, benefits and offer pension plans to improve staff recruitment and retention
- Implement more supports for staff wellness
- Hire additional qualified staff to support current staff in managing large caseloads
- Engage in long-term strategic planning and emergency planning
- Improve statistics and data collection for Friendship Centres

REGIONAL CONSIDERATIONS

Friendship Centres located in the north and other rural and remote areas often experience more difficulty recruiting staff, as there is a limited pool of qualified candidates and few incentives (i.e. allowances) for health professionals to relocate. It can also cost more time and money for staff in remote areas to participate in education, training or professional development opportunities. For example, staff at the Fort Nelson Aboriginal Friendship Centre often participate in online training as it reduces cost and does not require travel. However, if virtual alternatives are not available, these centres cannot partake in training and education opportunities.

Friendship Centres

1. Take positive action to recruit, hire, and train local Indigenous workers as part of staffing and succession planning, and equip employees with the understanding, skills and access to information, knowledge and training that enables them to perform effectively. Further, identify incentives to retain Friendship Centre workforce (e.g. wage parity, flexible work schedules, and professional development opportunities).
2. Create a diversity of low-barrier, peer-based jobs with priority hiring and support for Indigenous peoples, as well as jobs that value and compensate cultural skills such as weaving, beading, drum making, food harvesting and traditional healing.
3. Create mechanisms and a safe environment to adequately promote and support employee wellness, which may include scheduling regular debriefing, support circles with Elders, providing expanded social supports (i.e., childcare), coordinating staff wellness activities, enabling flexible schedule options (i.e., reduced work week), building adequate coverage into staffing plans, and facilitating self-care.
4. Seek alternative and innovative ways to increase staff capacity, such as placements for practicum students, and recognize the contribution of volunteers by creating accredited volunteer programs to transfer skills and enable access to employment.
5. Engage Indigenous youth early by offering career exploration, mentorship, and opportunities to be involved in the Friendship Centre movement.
6. Develop plans to purchase, build or renovate facilities to improve infrastructure and increase space of Friendship Centres, and include security, accessibility and safety considerations of clients and staff.

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7. Strengthen and enhance organizational capacity in Friendship Centres around governance, performance measurements and data collection, quality assurance and human resources to improve case management and client support.
8. Share existing opportunities and/or develop and deliver training, education, and professional development opportunities to ensure Friendship Centre staff are equipped with the tools and resources to provide high quality, resiliency-informed and culturally-safe programs and services, including crisis intervention and mental health first aid training. Encourage 'Train the Trainer' opportunities when possible to further increase capacity building.
9. Facilitate connections through regional and provincial gatherings and develop an integrated network for Friendship Centre staff to exchange knowledge, best practices and support the alignment of programs and initiatives.
10. Enable strategic planning to review opportunities to renovate, repurpose, and revitalize existing infrastructure to the benefit of the safety and wellness of staff and clients, and to prepare Friendship Centres for growth opportunities.
11. Seek additional funding for salaries and employment benefits, retirement savings programs, honoraria, equipment, capital renovations and repairs, training and professional development for Friendship Centres.

Partners and Stakeholders

12. Promote the leadership of Friendship Centres in guiding and determining service delivery models that best meet the needs of urban and off-reserve Indigenous people.

13. Support initiatives and/or provide in-kind opportunities that build Indigenous ownership and capacity.

14. Recognize and compensate the expertise and value of cultural workers and traditional roles as part of the essential basket of services for urban Indigenous clients.

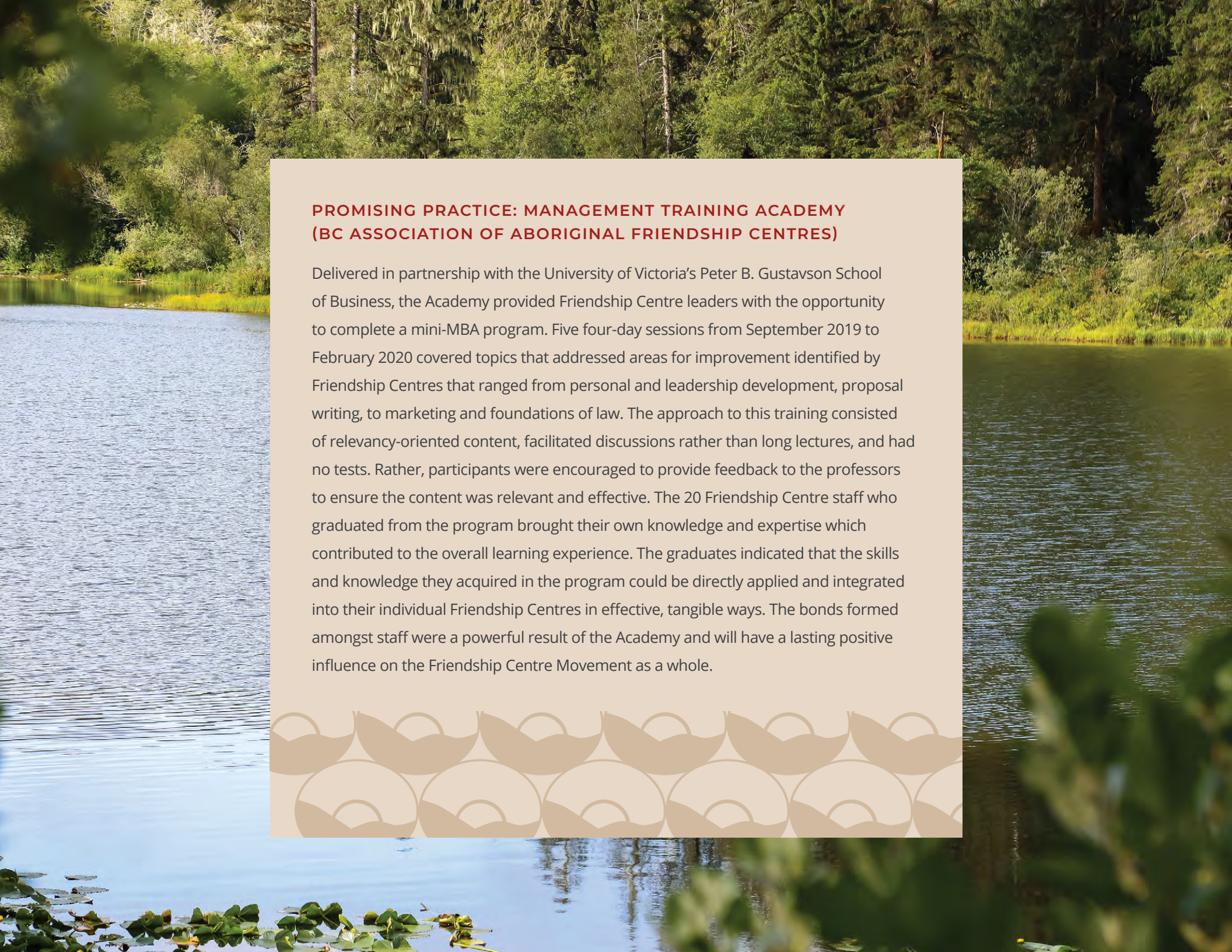
15. Provide increased and flexible support to Indigenous students, particularly within health and social services fields, through scholarships, fellowships, research skills training and mentorships, to address the lack of access to these opportunities for urban Indigenous peoples.

Provincial and Federal Government

16. Create and support effective and well-funded opportunities and incentives to increase the number of Indigenous professionals working in health care and social services fields and ensure retention within Friendship Centres through equitable funding for competitive wages, benefits, and pensions.

17. Ensure that Indigenous peoples have supports, resources and equitable access to jobs, training, and education opportunities.

18. Recognize self-determination and self-governance as an essential element in the delivery of culturally-safe, relevant and effective services for Indigenous peoples.

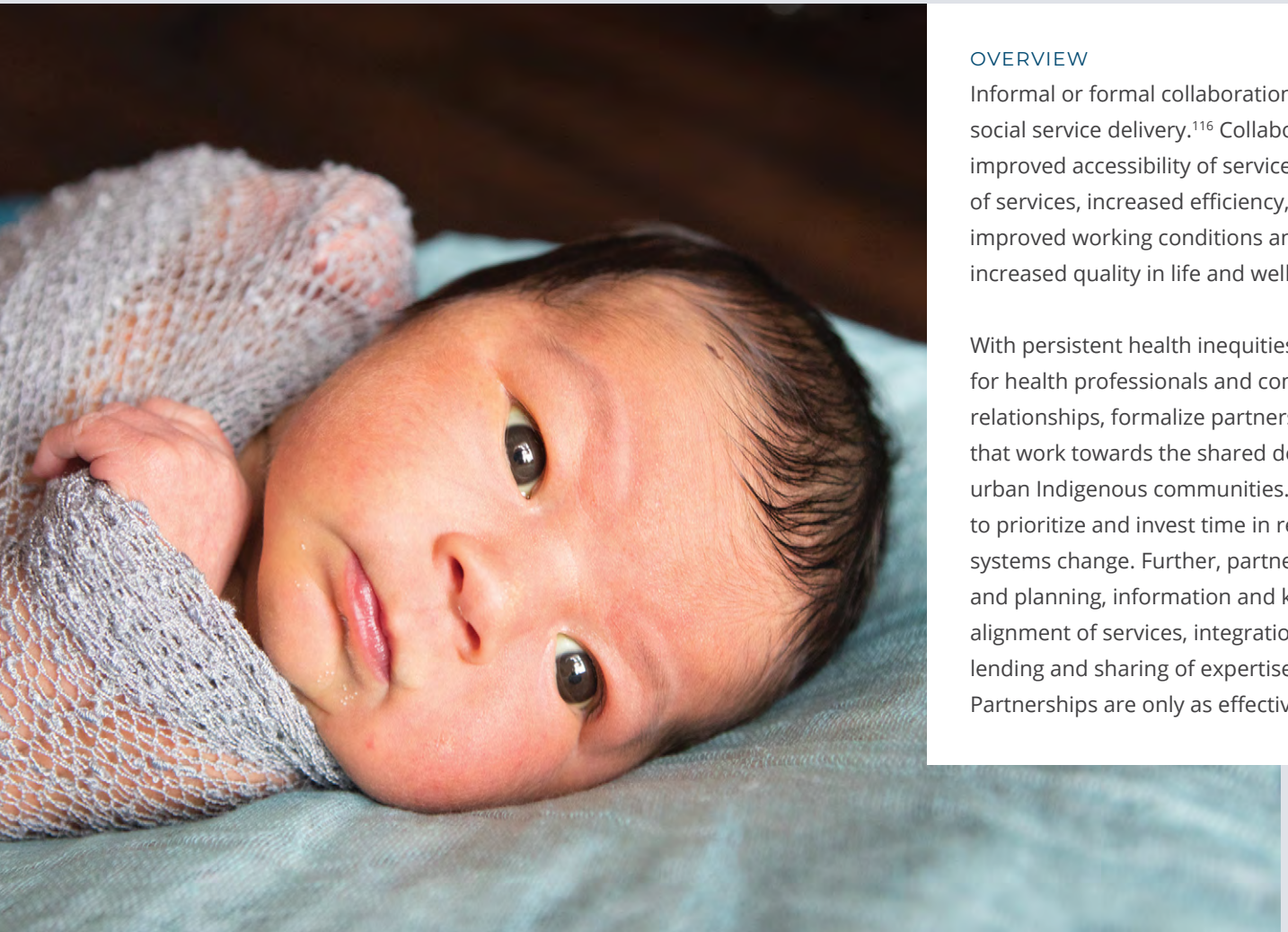


PROMISING PRACTICE: MANAGEMENT TRAINING ACADEMY (BC ASSOCIATION OF ABORIGINAL FRIENDSHIP CENTRES)

Delivered in partnership with the University of Victoria's Peter B. Gustavson School of Business, the Academy provided Friendship Centre leaders with the opportunity to complete a mini-MBA program. Five four-day sessions from September 2019 to February 2020 covered topics that addressed areas for improvement identified by Friendship Centres that ranged from personal and leadership development, proposal writing, to marketing and foundations of law. The approach to this training consisted of relevancy-oriented content, facilitated discussions rather than long lectures, and had no tests. Rather, participants were encouraged to provide feedback to the professors to ensure the content was relevant and effective. The 20 Friendship Centre staff who graduated from the program brought their own knowledge and expertise which contributed to the overall learning experience. The graduates indicated that the skills and knowledge they acquired in the program could be directly applied and integrated into their individual Friendship Centres in effective, tangible ways. The bonds formed amongst staff were a powerful result of the Academy and will have a lasting positive influence on the Friendship Centre Movement as a whole.

THEME 4: Partnerships and Collaboration

Vision: All stakeholders, including Friendship Centres, Health Authorities, Indigenous organizations and other service providers, to have stronger coordination and collaboration to ensure timely connection, increased access, and cultural safety across services and supports and maximize the benefits through effective planning, use and follow up of available services.



OVERVIEW

Informal or formal collaboration and partnerships are key to health and social service delivery.[116] Collaboration has many outcomes including improved accessibility of services to clients, more equitable distribution of services, increased efficiency, effectiveness and quality of services, improved working conditions and employee job satisfaction, and overall increased quality in life and wellbeing.[117]

With persistent health inequities and gaps in access to care, it is necessary for health professionals and community-based organizations to build new relationships, formalize partnerships, and develop collaborative processes that work towards the shared desire to improve the health and wellbeing of urban Indigenous communities. This requires all partners and stakeholders to prioritize and invest time in relationship-building as a key ingredient to systems change. Further, partnerships require consistent communication and planning, information and knowledge exchange, coordination and alignment of services, integration and connection of programs, and the lending and sharing of expertise, staff, space, and resources and funding. Partnerships are only as effective as the participants are committed.

Friendship Centres have a unique and extensive service delivery network that facilitates cross collaboration among community-based organizations and both the private and public sectors.[118] One key strength of the Friendship Centres is that they are liaisons in their communities and have strong partnerships between like-minded organizations, leverage community presence and support, and strengthen connections and break down barriers between Indigenous and non-Indigenous people.[119] It is essential for Friendship Centres to create strategic partnerships with various partners and service providers to ensure community members have increased access to a comprehensive continuum of health and wellness services. Further, better care planning coordination, collaboration, and case management will ensure clients do not get lost in the health care system.

The BCAAFC has an important role in supporting Friendship Centres to share information and resources with stakeholders, and to build relationships to improve access to programs and services throughout the province. The BCAAFC also promotes the Friendship Centre movement in BC by creating awareness of both programs offered by Friendship Centres, as well as urban Indigenous-specific barriers to wellness. This is an important advocacy piece that enables relationships to numerous stakeholders who are genuinely eager to support urban Indigenous wellness in a good way.

Many partners need to work together to ensure that the wellness priorities of urban Indigenous peoples are included in all health and wellness planning and programming, including the BCAAFC, Friendship Centres, Health Authorities, First Nations Health Authority (FNHA) and Métis Nation of BC (MNBC). As the FNHA begins to plan and implement an action plan for its "urban and away from home" population,[e] it is critical for Friendship Centres to be at the table and included in discussions. Friendship Centres have been at the forefront of delivering services to Indigenous peoples living away from their communities and territories for over forty years.

Similarly, MNBC has 38 Métis Chartered Communities throughout BC, which provide services and supports to Métis individuals and families. There is opportunity for Friendship Centres and the Métis Chartered Communities to work together to better serve the Métis population in BC. Overall, the BCAAFC, FNHA and MNBC must continue to coordinate and plan together to ensure that all Indigenous peoples, no matter where they reside, have access to equitable services.

In some cases, Friendship Centres are working closely with local First Nations communities. However, many Friendship Centres do not have formal partnerships with First Nations, despite that Friendship Centres service off- and on-reserve members of local communities. It is important that Friendship Centres and First Nations communities have regular communication and work together collectively. With the recent implementation of UNDRIP in BC, there is an opportunity for First Nations and Friendship Centres to collaborate on programs and services to ensure that all Indigenous peoples, regardless of where they choose to live or access services, have access to programs and services.

While Indigenous peoples hold the right to self-determination over healthcare, governments hold a responsibility and obligation to work with Indigenous peoples to improve health outcomes. Commitment and collaboration depend upon effective leadership, particularly at the federal, provincial and municipal government levels. In particular, the government

e The First Nations Health Authority defines "home away from home" population as BC First Nations who live off-reserve or in urban areas.

can ensure that the proper investments, infrastructure, capacity, and funding and resources are in place so service delivery organization can work effectively. Provincial and federal governments can also be a key player in affecting systems-wide paradigm shifts through genuine and meaningful partnerships with Indigenous organizations that can hold governments accountable to ensure these changes are to the benefit of Indigenous peoples.

Partnerships and collaboration between Friendship Centres and different stakeholders must be mutually beneficial and respectful. Respect, trust, self-determination and commitment are key principles of Indigenous engagement that are needed to work in meaningful ways with Indigenous communities and organizations.[120] Early engagement, appropriate and ongoing communication, long-term and sustainable relationships, and honoring Indigenous knowledge bolster successful partnerships. Indigenous partners must drive collaboration and Indigenous organizations must be a key player in decision-making processes. Better integration among partners can also address gaps in the continuum as well as in the continuity of care when moving through systems. By implementing these principles, all partners can work together effectively to transform the system and ensure all Indigenous peoples have access to the services they need.

PRIORITIES FOR ACTION

- Increase communication, coordination and collaboration in health and social services
- Improve care planning for clients through collaborative case management
- Build and maintain formalized referral networks
- Support Friendship Centres to participate in committees to engage on urban Indigenous issues
- Promote and increase awareness of Friendship Centre services and programs
- Strengthen collaboration with local First Nations communities and Indigenous organizations
- Increase communication and information sharing between BCAAFC and Friendship Centres

REGIONAL CONSIDERATIONS

All Friendship Centres are part of larger community. In many cases, Friendship Centres work closely with other health and social service providers to ensure urban Indigenous communities have access to a comprehensive continuum of programs and services. Friendship Centres in larger urban areas, such as Vancouver, Victoria or Prince George, encounter fewer challenges when establishing partnerships. Larger cities have a greater number and variety of health organizations, social service providers and community-based agencies, and have more access to health care professionals. On the other hand, Friendship Centres in smaller rural areas often experience more difficulty forming partnerships due to politics of smaller towns and communities, competition over funding and resources, and in many cases, a lack of other service providers or health care professionals to partner with.

In addition, Friendship Centres in rural areas are typically more limited in their capacity to participate in committees, advisory groups or panels in order to network and create linkages for partnerships. Larger Friendship Centres in more populous urban areas, however, have more staff available to carry out the day to day operations, which allows for senior management to engage in more high-level activities such as formalizing and maintaining partnerships.

RECOMMENDATIONS

Friendship Centres

1. Build relationships and establish agreements and guidelines for roles and responsibilities, where Friendship Centres exercise control and self-determination in the development and implementation of programs, services and collaborative care plans for urban Indigenous peoples (UNDRIP). This includes innovative partnerships at all levels with service delivery organizations and agencies, NGOs, hospitals, healthcare providers, health authorities, universities, and so on.
2. Formalize referral networks and collaborative arrangements between organizations and agencies to maximize the positive impact of existing services and support integration as early as possible.
3. Map care pathways that include community, regional, and provincial services that are simple, accessible and easy to navigate in order to create a wraparound model where all doors lead to quality service and support access to other services if needed.

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4. Develop partnerships through agreements and Memoranda of Understanding with provincial and federal departments, First Nations governments and organizations, non-profits and agencies to improve service delivery and clarify program policies and areas of responsibility. Further, develop partnership with universities and colleges to connect with researchers on urban Indigenous health priorities.
5. Create and share protocols and agreements to support the continuum of care as a way to address barriers to collaboration such as confidentiality concerns and ethical standards.
6. Develop resource guide to put forward practical tools for Friendship Centres to navigate the health system and increase linkages to Aboriginal Patient Liaisons.
7. Facilitate partnerships, communication, and knowledge exchange among Friendship Centres to share promising practices and build on strengths, skills and experience and to create consistency amongst Friendship Centre programming.
8. Promote the Friendship Centre movement and increase awareness of programs and services.

9. Encourage non-profit organizations, agencies, voluntary sector, private, social and education sectors and all stakeholders to implement recommendations in this report.

Partners and Stakeholders

10. Initiate inclusion and early engagement with Friendship Centres to foster reciprocal, genuine and mutually beneficial partnerships which operate within a framework where self-determination is understood and honoured, decision-making processes are de-centralized and Indigenous protocols are respected.

11. Formalize networks and standardize frameworks for referrals, case management, and protocols for information-sharing. This is especially important given the jurisdictional barriers that urban Indigenous peoples often face when determining what supports they are eligible for.

12. Establish regional Interdisciplinary Teams in each health region to provide the critical connections among the various components and levels of the mental wellness system.

13. Develop action plans to build internal competencies and values to increase cultural safety and understanding of ongoing colonization and power dynamics.

Provincial and Federal Governments

14. Create networks, linkages and other mechanisms to support collaboration, relationship building and partnership at the system level requiring cross sector ministries, health authorities, agencies and stakeholders to work collaboratively and cooperatively. Additionally, engage the following sectors to support a comprehensive continuum of mental health services:

    14.1. Child, youth and family services sector to ensure integrated and comprehensive care planning with Friendship Centres and Indigenous services providers;

    14.2. Correctional services sector to ensure intensive and comprehensive mental health, addictions, and trauma services for incarcerated Indigenous peoples and to ensure collaboration with Friendship Centres in planning reintegration;

    14.3. Courts and legal sector to ensure Indigenous courtroom liaison workers can connect Indigenous peoples in the court system to Friendship Centres for appropriate services;

    14.4. Policing sector to strengthen police services through collaboration with front-line organizations like Friendship Centres who work in service delivery, safety and harm reduction;

    14.5. Public safety, transportation and natural resources sectors to identify and respond to sexual exploitation and human trafficking.

15. Eliminate jurisdictional gaps, disputes and neglect that result in denial of rights and services for urban Indigenous peoples through better integration and collaboration amongst systems.

16. Ensure urban Indigenous representation on steering committees, working groups, advisory councils, boards and expert panels.

17. Promote shifts in bureaucratic and organizational culture and establish progressive leadership that is strategic, collegial, not risk-adverse where power is shared, innovation is supported, and meaningful participation strategies are utilized.

18. Provide and mandate staff and public servants education on the history of Indigenous peoples, rights, and laws as well as training in cultural competency, conflict resolution and anti-racism, and are held accountable so partnerships amongst stakeholders are genuine and authentic.

PROMISING PRACTICE: KOAST OUTREACH SITUATION TABLE (KI-LOW-NA FRIENDSHIP SOCIETY)

Ki-Low-Na Friendship Society staff take part in a Community Outreach Situation Table, or Hub, to partner with other service providers in the community provide full-basket services to community members. The Kelowna Outreach and Support Table (KOaST) is a coming together of service providers and community representatives for the purpose of supporting an individual or family in crisis. This strategy encourages coordination between service providers, as the lack thereof often creates barriers for peoples in receipt of services. The Table has representation from the school district, RCMP, and social workers. Situations are brought to the table by a member service-provider, and the individual or family remains anonymous until the group decides to move forward with approaching the person or family to offer supports, or when necessary. However, if a situation can be resolved with a member seeking specific advice from other members, the person(s) can remain anonymous. This community effort relieves some of the burden of the Friendship Centre to provide all and mimic existing services in the community to meet the needs of the person or family, but their continued involvement can ensure they are being served in a culturally safe way. Further, this strategy fosters stronger relationships between service-providers as well as a greater awareness of Friendship Centre programs and services.

THEME 5: Increased and Enhanced Funding

Vision: All Friendship Centres to have long-term, stable, secure, and flexible funding so centres can adequately and reliably provide programs and services that meet the current and emerging needs of their clients.

OVERVIEW

According to the Mental Health Commission of Canada, mental health impacts almost all Canadians in some way.[121] The resulting cost to the economy is significant. In Canada, $50 billion per year is spent on both direct costs, such as health care, social services, and income support, and indirect costs, like businesses that lose income due to productivity loss.[122] If no changes are made to public programs, policies, or investments, the number of people with mental health issues will grow and related costs will increase to $306 billion over the next 30 years.[123] Yet, there is strong evidence that commitments to and investments in mental health can improve both the economy and the health of the population.

These commitments and investments must include community-based organizations, like Friendship Centres, who play a pivotal role in mental health.[124] These organizations support mental health and wellbeing in the communities they serve through service provision, information sharing, health promotion and advocacy.[125] However, they often face challenges in establishing and maintaining financial stability and sustainability as a result of evolving funding landscapes, competition with other organizations and meeting the onerous criterion of funders, and having to patch together multiple programs to develop adequate, wrap-around services. Thus, funding instability is a barrier to delivering effective programs and services.[126]

While funding alone is insufficient to ensuring the wellness for urban Indigenous peoples, additional funding and the flexibility and permanency of current funding for Friendship Centres is a critical factor. The current lack of adequate and sustainable funding is harmful to the health and wellness of community members. Funding is often time-limited and siloed for specific projects or programs, which has detrimental effects on community members. When funding is not renewed, programs are suspended and staff are laid off, community members are no longer able to access the programs or services they depend on. This seriously affects their continuity of care. It also negatively affects the trusting relationships staff have built with community members.

Funding must also be flexible in order to address new and emerging issues as they occur. This would ensure resources can be maximized to address the needs in community and/or be used in times of crisis. There is also generally little to no funding available for infrastructure, wages, food security, transportation and cultural activities, yet these are some of the most important aspects of program delivery from an Indigenous perspective. Certain expenses, such as food, are deemed ineligible by funders, meanwhile food insecurity is one of the biggest issues faced by populations accessing Friendship Centres. Moreover, food has always been deeply rooted in the social and cultural elements of Indigenous peoples' way of life. The paternalistic criterion makes it difficult for Friendship Centres to sustain successful programs and meet the needs of their community members.

Without a staff position dedicated to securing funding – like a Development Officer or Grant Writer – applying for project-specific grants is arduous and time-consuming for staff and management, who otherwise could attend to the job for which they were hired and also expand on the activities of their departments without diverting their energy from their day-to-day responsibilities and operations. It can also be strenuous for Friendship Centres to piece together multiple pots of funding to secure enough dollars to run high-quality, effective programs and services. Further, the reporting required as part of funding, contribution agreements and grants can also be time-consuming and unnecessarily burdensome. Finally, limited, competitive, application-based funding creates competition with other organizations and agencies which can create future challenges around collaboration. Alternatives to competitive funding streams should be explored, seeking to build collaboration between organizations to address mutual priorities through shared resources and labour.

There are specific critical concerns around mainstream organizations receiving Indigenous-specific funding. With recent attention to reconciliation, and Calls to Action directing mainstream organizations to implement reconciliation efforts, many organizations have developed Indigenous-specific initiatives or 'Indigenized' programs and services. In turn, these organizations apply for Indigenous-specific funding. While it is important that mainstream organizations address their own complicity in the systematic oppression and marginalization of Indigenous peoples, it is problematic for these organizations to compete with Indigenous organizations for Indigenous-specific funding.

Mainstream organizations have long proven they are not suitable for delivering programs and supports to Indigenous peoples, indicated in low Indigenous participation rates in mainstream services and high rates of reported racism and discrimination. Indigenous organizations, such as Friendship Centres, have the experience and expertise in providing culturally-safe and relevant services to Indigenous peoples. Consequently, it is important for Indigenous organizations to be the recipients of funding specifically committed to supporting the wellness of Indigenous peoples.

PROMISING PRACTICE: WACHIAY STUDIO (WACHIAY FRIENDSHIP CENTRE)

Wachiay Studio is a social enterprise operated by the Wachiay Friendship Centre. What began as an afterschool art and screen-printing class geared towards youth is now a growing enterprise that offers programming and workshops that serve urban Indigenous youth as well as schools, other Friendship Centres, community groups, as well as Indigenous and non-Indigenous artists. In May of 2015, Wachiay Studio opened a new facility that features a dedicated art room for a range of art creation capabilities, from t-shirt printing to digital art preparation and film. In the early stages of the enterprise, the Studio facilitated learning and printing traditional Northwest Coastal artistry from artist Andy Everson. Founded and focused on Northwest Coast traditional art, the Studio shifted its focus to entrepreneurship to include more than art and design, but also business, marketing, machine operations and maintenance, and other areas. Knowledge around business and entrepreneurship are especially nurtured through One Tribe, an art collective made up of young people who have completed the screen-printing training program and workshops. One Tribe also attends art shows and festivals across the province to showcase and sell art by the youth where 25% the sales profits go directly to the artists.

Friendship Centres are primarily supported by government funding, grants, donations or fundraising efforts and face challenges as a result of short and restrictive grants, inconsistent funding, and limited overhead and administrative dollars. Without consistent, multiyear funding, Friendship Centres encounter many barriers to running effective programs and services. Despite the many funding challenges that they face, Friendship Centres are finding innovative ways to create revenue. Some Friendship Centres carry out extensive fundraising efforts, while others operate social enterprises to generate income that can be utilized for programs and services.

For example, the Friendship House Association of Prince Rupert successfully purchased a local hostel, the Pioneer Inn, to operate as a social enterprise. Similarly, the Cariboo Friendship Society in Williams Lake owns and operates the Hearth Restaurant and Native Arts and Crafts Shop. Social enterprise is a great opportunity to compliment long-term, sustainable funding to ensure that Friendship Centres can achieve the financial stability and sustainability that is necessary to operate a successful centre (See 'Promising Practice' p. 67).

PRIORITIES FOR ACTION

- Increase funding, particularly in areas of mental health, infrastructure, wages, food security, transportation, and cultural activities
- Provide long-term, stable funding
- Develop standard funding contracts for consistency
- Improve funding application processes and reporting requirements
- Increase flexibility of funding to address emerging issues
- Ensure grants include administrative costs
- Improve cultural competency of funders
- Reduce competition for funding with other organizations and communities
- Expand funding to cover costs of programming, not just salaries

REGIONAL CONSIDERATIONS

Smaller Friendship Centres located in rural areas have more limited capacity and resources. As a result, Executive Directors and/or staff who are inundated with their primary obligations are now also responsible for writing proposals and completing reporting requirements. This creates enormous burdens on these smaller centres, and contributes to a cycle where insufficient capacity and funding persists.

For rural and remote communities, mental health concerns are still prevalent, yet access and availability to services is often more difficult. Additional funding must be available to meet the needs of these communities which lack services, and additional funding must be provided for transportation to access these services.

RECOMMENDATIONS

Friendship Centres

1. Seek an array of diverse funding opportunities and innovative ways to raise revenue in addition to federal, provincial and local/ municipal funding sources, including but not limited to: foundations, charitable donations, fundraisers, corporate philanthropy, granting organizations, in-kind donations, etc.
2. Start a social enterprise to generate sustainable revenue, including but not limited to businesses; fees for services; and, sales and/or rental of products, equipment, space and facilities.
3. Become designated as a registered charitable organization by the CRA in order to seek funds from donors, and create simple mechanism to donate through online platforms (i.e. GoFundMe Campaigns) or direct donation options featured on the Friendship Centre's website.
4. Support designated staff to attend trainings and other educational opportunities to increase proposal and grant writing skills.
5. Engage and highlight funders and donors by acknowledging contributions on websites, social media, at events or in promotional materials.

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6. Advocate with partners and stakeholders on behalf of Friendship Centres for more enhanced, flexible funding arrangements in order to move away from short-term or project-based funding models whose terms and conditions often do not cover all necessary program elements.
7. Advocate with provincial ministries to realign existing funding into an envelope of permanent funding that can be used with flexibility and carried-over by Friendship Centres to deliver the continuum of essential wellness services.
8. Support Friendship Centres in applying for grants and funding – as well as undertaking research and providing baseline data to support these applications – by hiring a dedicated grant writer/researcher and sharing funding opportunities through appropriate communication channels.
9. Develop a social enterprise strategy to help Friendship Centres adopt innovative business models and enhance public and private support of social finance, and equip Friendship Centres with solid business fundamentals through training opportunities.

Partners and Stakeholders

10. Change funding requirements to be more flexible and responsive to the needs and realities of Friendship Centres, such as allowing for administrative costs, and removing restrictions around ineligible expenses (i.e. food security).

11. Develop reporting templates and offer innovative ways to report, including (semi-structured) oral and/or media formats, to reduce the administrative reporting burden experienced by Friendship Centres.

12. Review administrative granting processes (i.e., application, reporting and evaluation processes) to ensure cultural appropriateness and realistic timelines, and examine engagement processes to better understand reach and audience composition for call-outs.

13. Create mechanisms to ensure granting process and funding tables are Indigenous-led and allow for Indigenous agenda setting. This should include processes to ensure appropriate and supported Indigenous participation on advisory groups and review committees, and a commitment to Indigenous inclusion within policies and Terms of References.

14. Initiate a granting cycle co-designed by Indigenous peoples that focuses on Indigenous-specific issues, funds Indigenous-led organizations and honours a process-oriented approach (as opposed to outcome-oriented approach).

15. Adhere to principles of ownership, control, access and possession (OCAP) as it relates to the collection of information in monitoring and reporting processes.

Provincial and Federal Governments

16. Create flexible and long-term funding for Friendship Centres to create, deliver, and disseminate programs, services, as well as promotion and prevention campaigns designed for urban Indigenous peoples. Core and sustainable funding, as opposed to program funding, must be provided to local, provincial and national Friendship Centre organizations.

17. Acknowledge fiduciary responsibility to fund Friendship Centres to provide a continuum of wellness services to address the physical, mental, emotional, and spiritual harms caused by historical and ongoing colonialism. Funding must also be provided to support:

    17.1. the revitalization and restoration of Indigenous cultures and languages;

    17.2. prevention programs, education, and awareness campaigns related to violence prevention and reducing lateral violence;

    17.3. 24/7 low-barrier emergency shelter and transition homes with full wrap-around supports;

    17.4. sports and recreational programs that reflect the diversity of cultures and traditional sporting activities;

    17.5. art programs and initiatives that contribute to Indigenous resurgence, revitalization and reconciliation.

18. Consider the unique funding needs of rural, northern and remote Friendship Centres who may have particular access needs given their distance from other service providers and organizations.

19. Prioritize and allocate funding and resources in budgets to eliminate the social, economic, cultural, and political marginalization of urban Indigenous peoples, notably women, 2SLGBTQQIA people and persons with disabilities.

20. Implement funding conditions that require mainstream organizations who receive funding for Indigenous-specific programs and services are working in genuine, ongoing and demonstrable collaboration with Indigenous organizations, compensating Indigenous organizations for their collaboration, and establishing efforts to improve cultural safety within their own organizations.

SECTION 6: Conclusion

The *Urban Indigenous Wellness Report* and Model was developed through extensive collaboration between all 25 Friendship Centres in BC. Community-based research methods and the information, knowledge and experiences shared during the engagement sessions shaped the report that succinctly outlines opportunities to strengthen wellness programs, services and supports and provides recommendations for systemic change to meet the needs of urban Indigenous peoples living in BC.

The Wellness Model is a visual representation of the role of Friendship Centres in their local communities. Wellness refers to the balance of the mind, body and spirit and encompasses physical, mental, emotional and spiritual wellbeing. The community members that Friendship Centres serve are diverse in age, gender, cultural background, socioeconomic status, physical and mental abilities, and in how they contribute to the vibrancy of community. However, these community members also face a variety of compounding and intersecting barriers such as racism, food insecurity, homelessness, mental and physical health issues, violence and addictions, which results in an imbalance of an individual's, family's and community's overall wellness. Friendship Centres recognize the interconnectedness of each factor of one's wellness and therefore provides a wide range of programs, services, activities and events to address and enrich all aspects of an individual's life. Ranging from mental, spiritual and physical health services to educational, financial and legal supports, all these programs serve to improve a person's wellbeing.

Friendship Centres often go above and beyond to ensure their clients are well taken care of, yet there are many opportunities to improve the quality of service. Both within these engagement sessions and beyond, the need for more mental health staff, services and programs was

identified as a high priority for the Friendship Centres in BC. Specifically, in addition to more counselling and outreach, the need for increased access, affordability, and individualized approaches of detox and treatment centres, as well as adequate aftercare and recovery supports was identified. Further, there is a need for youth-specific mental health supports and services as well as services and supports that are accessible 24-hours a day, including in the evenings and on weekends. The vision to make a full spectrum of holistic, culturally-safe, and resiliency-informed essential and specialized services and supports accessible and readily available to urban Indigenous peoples, where Friendship Centres act as a single point of access to connect clients to integrated, wrap-around services, requires systemic change at multiple levels.

There are other indicators of wellness, outside of the conventional western concepts of health, that are of equal importance in meeting the wellness needs of urban Indigenous peoples. These include, but are not limited to, affordable and subsidized housing for large families, youth and Elders, accessible and affordable transportation, food security and access to traditional foods, and culturally appropriate and free childcare. However, arguably the greatest barrier is the prevalence of racism, discrimination, stereotyping, and exclusion experienced by urban Indigenous peoples in all aspects of society. Racism affects everything from access to education, housing, food security, employment and health care, resulting in poorer physical and mental health for the urban Indigenous population. These barriers to wellness require systemic change through anti-racism and cultural safety training and policies, accountability measures in the health care and social service sectors as well as education across all sectors on Indigenous histories, cultures and experiences.

Friendship Centres need to be able to actualize self-determination and be active participants in decision-making in health-related service delivery policy and programming for urban Indigenous peoples. Friendship Centres need recognition for the key role they play in the advancement of urban Indigenous wellness and how they serve as a hub for individuals and families to access culturally safe, wraparound services and support. Improved and expanded infrastructure, resources, capacity, funding, and self-governing power is required to meet the wellness needs of urban Indigenous communities in a more proactive and fulsome way. It requires capacity building and workforce development, particularly in areas of training and professional development, staff wellness, upgrades in infrastructure and increase in wages.

Friendship Centres are essential for providing programs and services that support the health and wellness of urban Indigenous communities, but they cannot do it alone. Collaboration and partnerships are opportunities for service providers, health care professionals, health authorities and others to work together to ensure smoother referrals, better coordination, more timely services, and improved care planning for all clients. All partners and stakeholders must prioritize and invest time into relationship-building with Friendship Centres, Health Authorities, FNHA, MNBC, and other local and regional health organizations and service providers. Governments can also help create the networks, linkages and other mechanisms to support collaboration and partnership at a systems level. Friendship Centres can also work together internally to increase communication, share information and resources, network and build strong relationships to improve clients access to programs and services throughout the province.

Increased, long-term and flexible funding will enable Friendship Centres to continue to run as well as expand the critical programs and services they offer. Friendship Centres have found innovative ways to create revenue, particularly through operating social enterprises to generate

income that are used for programs and services. Still, the lack of adequate and sustainable funding has direct, negative impacts on the health and wellness of Friendship Centre community members. Changes to funding requirements, reporting templates, granting processes and granting cycles will all directly improve the programs that urban Indigenous community members rely on in their daily lives.

Friendship Centres are the largest service-delivery infrastructure for urban Indigenous peoples and provide critical support for the wellbeing of individuals and families living in urban, rural, and off-reserve areas. Friendship Centres provide a safe space for Indigenous peoples to access information, resources, and receive quality and culturally-safe health and social services. This report is but one example of how the BCAAFC, in partnership with all 25 Friendship Centres, reflects and adapts to the priorities of the communities they serve. The *Urban Indigenous Wellness Report*, informed by the collective experience and expertise of the individuals within the BC Friendship Centre movement, builds off of existing work that has laid the foundation for how we achieve transformational change that contributes to healthy urban Indigenous communities where Indigenous peoples can thrive. In order to improve the wellness of urban Indigenous peoples, it requires Friendship Centres and all partners and stakeholders to come to the table and work together.

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