

Wellbeing Waterloo Region

Indigenous Community Consultations

Updated - September 13, 2018

Purpose

The purpose of this document is to provide an overview of the issues and calls to action identified through the one-to-one meetings with Indigenous leaders and allies. A scan of research was completed to understand if there were any similar themes or issues identified over the past 5 years. It is noted that the scan of the existing research and reports fully support the themes identified through these insightful meetings.

Overview

Throughout the journey of Wellbeing Waterloo Region there have been many ways we have invited the public to participate in working groups, community forums, consultations etc. We have not been as successful engaging with certain populations in this community and therefore efforts were made to reach out to gain understanding of how to connect and engage with groups and individuals. Individual and group meetings were held (appendix 1) and existing research was reviewed (Appendix 2) to gather information and discuss the following questions with Indigenous community leaders:

- What actions need to be taken in order to support wellbeing for Indigenous communities?
- What steps and actions does Wellbeing Waterloo Region need to take in order to build a strong and meaningful relationship with Indigenous communities?
- What are the most effective methods and strategies to engage and work for Indigenous communities?
- What barriers does WWR need to remove to enhance Indigenous communities participation with the initiative?

Thank you!

Wellbeing Waterloo Region would like to acknowledge the time and wisdom that Indigenous leaders and allies shared through these one-to-one meetings.

Key concerns

The following were concerns identified through the key informant interviews as well as through the environmental scan:

Attitudinal and systemic racism

Attitudinal and systemic racism was cited as present in many of the main stream services and systems that could support the Indigenous communities. Gaps in awareness on the part of health care providers of the impact of historical and present day colonization factors experienced by Indigenous people, and how these factors greatly influence their wellbeing was cited by all.

There was strong support to implement cultural safety and competency training for organizations involved in Wellbeing Waterloo Region. This was noted by participants as foundational to develop future relationships. Education about the history, traditions, values and beliefs of Canada's Indigenous Peoples is an integral component in understanding the contexts which shape how Indigenous health and wellness is defined and appreciated. It was also felt by implementing this training that this would be in accordance with the [Truth & Reconciliation Commission of Canada's Calls to Action \(2015\)](#) which many felt had not been considered or implemented by many mainstream service providers.

It was also stated that the training needs to be led and/or developed in partnership with groups that have experienced exclusion. Some felt that WWR should not expect to be educated by Indigenous communities or for free. Others felt that the training should only be delivered by Indigenous communities so the stories could be shared. Although there was not consensus on who should deliver the training there was consensus that the training needs to be resourced and happen for WWR. This training needs to be separate yet

connected to the diversity and inclusion training.

Gaps in training and opportunities for service providers

There is lack of training and also lack of opportunities for service providers to understand and take the time to understand and consider all aspects of Indigenous life, including family and personal histories which are so important to wholistic health care for Indigenous culture. Also there is not a thorough understanding and knowledge of service providers about the historical and contemporary forms of colonization and the intergenerational impacts it has had on Indigenous Peoples' social, cultural, political, economic, and spiritual wellbeing. Indigenous health cannot be understood in isolation of colonial relations that continue to shape access to health care, health care experiences and health outcomes.

Token versus meaningful engagement

People are tired of being subjects of research and consultation without seeing much in the way of tangible results and progress specific to Indigenous communities. The intention and outcome feels "token" or a check box that main stream organizations need to check off and not worth the time it takes away from their current services.

Lack of resources and time

Indigenous organizations are under resourced and therefore do not have the time to provide input and gather input from their communities. Also there is skepticism that the input is even heard or counted as there is no follow up with reports or actions.

Mainstream organizations talk to one or two groups only

There are many Indigenous communities living throughout this region and there is not one organization that represents all the indigenous communities. Typically main stream organizations and government go to one or two organizations to gather input. This is not representative of the Indigenous communities in the region. Also not everyone is affiliated with an organization and therefore people who live in this community are missed. And when there is consultation with the small number of groups there is little to no accountability back to the community that was consulted with on the outcomes.

Lack of Indigenous representation and decision making

Indigenous service providers and residents are excluded from planning bodies for a multitude of reasons and therefore their perspectives are not integrated within system planning, service delivery or policies or measurement.

Lack of ongoing funding and reporting burden

There are major barriers in accessing culturally secure and ongoing funding for Indigenous peoples living in Waterloo Region. And when there is funding available service providers are competing against each other for available funding, creating mistrust and competition between agencies. Funding is also often short term and sparse and therefore needs are not met. There are also many administration requirements for reporting that are a heavy burden on small organizations.



Lack of data on the numbers of the indigenous community

Historically, Indigenous Peoples don't often fill out Census Data Forms as they feel it doesn't apply to them, and therefore the numbers reported on the census were felt to be inaccurate. Participants reported that the population in our Region is much higher than documented – closer to 40,000. This has been supported in the [Our Health Counts study in Toronto, Hamilton and London](#) which have proven that the percentage of Indigenous Peoples who actually live in an area is 2 to 3 times that measured through the Census. Also surveys and other mainstream data collection methods are seen as being “colonial” and exclusionary of Indigenous culture.

Lack of culturally appropriate primary and mental healthcare

Significant gaps in primary and mental health/addictions services that promote and respect Indigenous methods of healing, including wholistic care, Elders and spiritual ceremonies were noted by many of the participants. With regards to programs for age specific groups – services directed at youth and seniors were noted as extremely lacking. Many members stated that over the last ten years, they have articulated numerous barriers to accessing primary health and mental health and addictions treatments in a variety of consultations and proposals to different funders but with no outcome.

Participants also noted that mainstream services do not always have to provide the actual programs, instead they can provide the space and resources for the Indigenous community to provide the services for themselves.

Call to Action

Suggested actions

The following provides a summary of suggested actions that Wellbeing Waterloo Region and community partners could take in order to address some of the issues identified in the previous section. The suggested actions are in no particular order.

Develop meaningful relationships with Indigenous communities

Develop respectful and meaningful relationships with Indigenous People to foster intercultural understanding and connection that facilitates authentic conversations and input. It was suggested that in the beginning stages of this work that a clear vision and set of guiding principles would provide the foundation to develop positive, life long and meaningful relationships. This action needs to be documented explicitly in the WWR Plan in order to signify a commitment. Commit to developing culturally appropriate ways to gather resident insights so that programs and services are provided in culturally appropriate ways.

Respect for Indigenous diversity

There is diversity amongst Indigenous communities. Therefore the work and process that happens through Wellbeing Waterloo Region needs to recognize and include representation from First Nation, Métis and Inuit peoples.

Explore the possibility of developing a region wide Indigenous Advisory Council

There have been attempts to develop an Indigenous Advisory Council in the past that have not been sustained for a variety of reasons. The majority of participants suggested that the timing and need for the development of an Advisory Council would be better supported now. Therefore a suggested action was to explore the possibility of developing a region wide Indigenous Advisory Council (members represent the diversity of the Indigenous community), that is supported

and resourced to provide advice and input on Wellbeing Waterloo Region as well as services and programs in Waterloo Region. Some had suggested that a current organization help to lead this exploration and some cautioned that this may not be the best approach as it would be difficult to choose one organization that represents the diversity of Indigenous communities in this region. Other suggested that we look to Oxford County and learn from their Advisory Council as it was cited as a promising practice for Waterloo Region.

Recognition for wholistic wellbeing model

Indigenous wellness models are, by nature, wholistic. Creating an understanding of this model with the wellbeing sector is key to delivering culturally appropriate services. The conceptualization of wellbeing considers the balance and maintenance of the physical, emotional, spiritual, and mental aspects of a person. This model promotes an understanding of the interconnectivity of all aspects of one's being, along with the interconnectivity of oneself and one's connection to the community and the natural environment. In a wellness framework, this recognizes that numerous factors affect a person's wellbeing, including access to traditional culture and spiritual practices, connection to land, positive community relations.

Support and participate in Indigenous community gatherings

Coming together to celebrate and build relationships is important to Indigenous communities and therefore attending events and being present is key to relationship building and awareness raising.

Call to Action

Create opportunities to develop cultural competency for Wellbeing Waterloo Region members

Develop and deliver training and opportunities to increase capacity of mainstream wellbeing providers involved with Wellbeing Waterloo Region to ensure culturally safe and appropriate care to Indigenous people. Ensure that training addresses the impact of historical and present day colonization faced by Indigenous people is foundational to reconciliation. Take the time needed and make it specific to Indigenous communities.

Recognize and celebrate Indigenous contributions and leaders

The need to recognize and celebrate Indigenous contributions to Waterloo Region was cited by many participants. For example it was suggested that WWR have an annual ceremony to showcase Indigenous leaders contributions to wellbeing Waterloo Region.

Participation of Indigenous community on Wellbeing Waterloo Region

Provide capacity and opportunities for Indigenous representatives to participate on the working groups and decision making tables of Wellbeing Waterloo Region. Provide resources to support involvement and insight gathering from Indigenous communities so that it does not take away from the service provision which was noted as an issue. Also provide support for an Elder to attend key decision making tables. Also WWR needs to consider hiring Indigenous staff for the backbone support functions.

Support Indigenous Health Services

Address the gaps in primary and mental health/addictions services and respect Indigenous methods of healing, including wholistic care, Elders and spiritual ceremonies were noted by many of the participants. Make

the funding long term instead of seed or demonstration grants. Make resources and the space available in mainstream organizations for Indigenous service providers to deliver culturally appropriate care.

Public awareness campaigns and events

Support Indigenous awareness campaigns and events using a variety of media channels to create awareness, support equity, reduce isolation, support inclusion and strengthen belonging.

Celebrate diversity and profile Indigenous culture and work

Provide supports/resources and opportunities to celebrate cultural inclusion and indigenous leadership. For example it was suggested that funding and supports be provided to help Indigenous communities promote and implement an annual Pow Wow. Other suggestions were to help communicate local stories, support and exhibit local artists (music and visual arts), host conferences or a speakers series and/or have book clubs that feature Indigenous authors.

Monitor Indigenous wellbeing

Working with the Indigenous community to identify methods to obtain and track Indigenous health in the overall measurement system for Wellbeing Waterloo Region needs to be an action under the measurement and monitoring work of WWR. To date, research involving First Nations, Métis and Inuit peoples in Canada has been primarily carried out by non-Indigenous researchers, and has not necessarily provided tangible benefit to Indigenous peoples or their communities. Where data are collected, First Nations, Métis and Inuit peoples are not always asked to identify their Indigenous status, or not all individuals will self-identify, or are otherwise reluctant to participate in surveys and research due to mistrust. As a result, local data on the First Nations, Métis and Inuit populations in Waterloo Region is limited. The data that do exist provide a preliminary foundation of knowledge of the particular challenges for these communities.



CASE FOR CHANGE

The case for change: Why?

Some people may ask “Why should Wellbeing Waterloo Region make special effort to build relationships with First Nations, Métis and Inuit in Waterloo Region? Why not other specific groups?”

In Waterloo Region, First Nations, Inuit and Métis people experience greater barriers to wellness compared to non-Indigenous populations. There are proportionately far more Indigenous people who experience poverty, homelessness, precarious housing, unemployment and barriers to education than non-Indigenous populations.¹

First Nations, Inuit and Métis people have important knowledge and insights to offer about what creates and sustains wellbeing. First Peoples have lived in community and cared for the land in this region for thousands of years.² Despite sustained attempts to extinguish Indigenous cultures and communities, First Peoples have proven to be resilient and are now the fastest growing population compared to non-Indigenous populations in Canada.³

The Constitution Act of 1982, Section 35 recognizes that First Nations, Métis and Inuit have a distinct relationship with the government from non-Indigenous Peoples. They are to have the power of self-determination, and inherent rights to land, language, spirituality, culture, justice, economics, health and more.⁴ All levels of government are bound to uphold these rights through the programs they fund.

The barriers to wellness that Indigenous people face are a direct result of government policies that have deprived them of those things that support their wellness---self determination, language, culture and connection to their traditional lands and resources.⁵ This is precisely the situation that many newcomers and refugees have experienced in their countries of origin and have come to Canada to escape. Over the years, agencies in Waterloo Region have made significant efforts to consult with newcomer and refugee groups and provide them with services more suited to their needs. The Indigenous population has been not given similar attention or service. Sometimes they have been consulted---rarely have they seen any actual benefits to their community from these consultations.

The provincial government, who funds most local social service agencies at least in part, has committed to actions that support reconciliation between urban Indigenous communities, the provincial government and the broader public service through the Urban Indigenous Action Plan.⁶ It is informed by the principles of the United Nations Declaration on the Rights of Indigenous People (UNDRIP) and the Report and Calls to Action of the Truth and Reconciliation Commission

¹ https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/FirstNation_Métis_Inuit_PopulationProfile.pdf

² <http://archaeologymuseum.ca/southern-ontario-archaeology/>

³ <https://www.statcan.gc.ca/pub/89-645-x/2010001/growth-pop-croissance-eng.htm>

⁴ https://sencanada.ca/content/sen/committee/421/APPA/Briefs/ConstitutionAct_2017-09-19_e.pdf

⁵ <https://www.canada.ca/en/indigenous-services-canada/news/2018/04/the-lancet-series-canadas-global-leadership-on-health.html>

⁶ <https://www.ontario.ca/page/urban-indigenous-action-plan>

(TRC). As well, all levels of government, including some municipal governments (e.g. Kitchener through the Big City Mayors Caucus and their Pathways to Reconciliation Initiative) have committed to taking concrete steps toward reconciliation, beginning with the action of deliberately building respectful relationships with urban Indigenous communities.

The priorities of Wellbeing Waterloo Region relate to concerns of First Nations, Métis and Inuit people in Waterloo Region:

- **To Support the Growth and Development of Children and Youth.** A larger portion of the First Nations, Métis and Inuit population in Waterloo Region is 19 years and younger (35.6 per cent of the First Nations, and Inuit population compared to 25.1 per cent of the total population of Waterloo Region).⁷ Indigenous children are more likely to experience vulnerabilities in Early Childhood Growth and Development than the non-Indigenous population.⁸
- **To decrease social isolation.** There are some similarities of experience between Indigenous people and newcomers and refugees. For example, their experiences of trauma continue to impact their lives and the lives of their children, they have cultural beliefs and practices that are different from and often rejected by the dominant culture, and they frequently experience a lack of culturally sensitive services. As well, for various reasons such as bias, fear and stigma due to colonization, Indigenous people have not been very visible as a community, despite significant numbers of them in Waterloo Region. (The 2016 census says there are 8,985 in Waterloo Region.⁹ However, due to barriers for this population to participate in the census, it is proposed that this number underestimates the actual population by 2-4 times¹⁰, which would make the population in Waterloo Region between 17, 970 - 35, 940 people or between 3.35% and 6.72% of the population).
- **To End Chronic Homelessness---**In the 2014 Point in Time Count, Region of Waterloo Community Services found 16 per cent of the 261 individuals surveyed for chronic homelessness self-identified as First Nations, Métis or Inuit, a clear over-representation for the size of the population.¹¹

⁷ https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/FirstNation_Métis_Inuit_PopulationProfile.pdf

⁸ https://www.publichealthontario.ca/en/.../OHP_infog_FirstFiveYears_2014.pdf

⁹ <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3530&Geo2=PR&Code2=35&Data=Count&SearchText=waterloo&SearchType=Begins&SearchPR=01&B1=All&TABID=1>

¹⁰ Rotondi MA, O'Campo P, O'Brien K, Firestone M, Wolfe SH, Bourgeois C, et al. Our Health Counts Toronto: using respondent-driven sampling to unmask census undercounts of an urban indigenous population in Toronto, Canada. *BMJ Open*. 2017;7(12):e018936,2017-018936. Available from: <http://bmjopen.bmj.com/content/7/12/e018936.long>

¹¹ Region of Waterloo Community Services. 2014. Waterloo Region registry week community debrief. Updated June 2015. 2769607

Appendix 1: Participants of consultations and *future consultations (not completed)

Group	Description of service / program	Contact	Role	Phone	email
Anishnabeg Outreach	Employment Support	Lee Ann Hundt	Former Manager	519-742-0300	apatisiwin@anishnabegoutreach.org
Anishnabeg Outreach	Employment Support Our mandate is to assist individuals with their goals in employment, training and education with a special emphasis on the urban Aboriginal population Website: https://aocan.org/	Stephen Jackson	Executive Director	Phone: (519) 742-0300	Stephen Jackson <stephen@aocan.org>
Blue Sky Singers	Community Group A group of First Nations singers, strong and active in the local Indigenous community. Participate in community events, offering traditional First Nations music.	Heather Majaury	Culture Drum Group		heather.majaury@gmail.com
Conestoga College	Indigenous Student Services Provide traditional counselling, weekly luncheons (Wednesday), social and family events, bursary/ scholarship information, Annual Pow Wow (February), Aboriginal Students Association, Elders-In-Residence Program, and student recruitment Website: https://www.conestogac.on.ca/aboriginal-services/contact.jsp	Christina Restoule	Aboriginal Student Services	519-748-5220 ext. 2470	crestoule@conestogac.on.ca
Good Hearted Women Singers/Researcher	Community group	Kelly Laurila	Song Carrier of Mino Ode Kwewak N'gamawak Drum Circle, Reconciliation Circles	519-893-6333 Tamie 519-716-8993	kellylaurila@bell.net tamiejcoleman@gmail.com

Grand River Metis Council	Métis Community Education They provide training.	Jennifer Parkinson	President		Jennifer Parkinson, President president@grandrivermetisCouncil.com Carol Levis, Senator senator@grandrivermetisCouncil.com Barbra Lair chair@grandrivermetisCouncil.com
Guelph Community Health Centre	Wellington Services Offers primary health care	Jennifer Arthur Menominee	Indigenous Healing and Wellness Coordinator	519-803-3117	redbundle@guelphchc.ca
Healing of the Seven Generations	Residential Schools/Court Work Survivors (and intergenerational) of the residential school system will be taught using; traditional and non traditional practises to approach their healing such as: talking circles, drum group, cultural workshops, speakers and advocacy. Also offer Court worker services. Website: healingofthesevengenerations.weebly.com	Donna Dubie	Executive Director	519-570-9118	7generations@bellnet.ca
House of Friendship	Outreach Multiple services—outreach, counselling, housing, addictions supports, etc.	*Clarence Cachagee	Intensive Housing Support Worker	519 742-8327 ext 429	clarenccec@houseoffriendship.org
Inuit Specific Community Resource	Inuit specific services	*Tauni Sheldon	Inuit Community Resource	905-805-0021	tsheldon384@gmail.com

Region of Waterloo	Waterloo Region Museum	Dave Neufeld	Education Coordinator	519-575-4400 ext:3646	dneufeld@regionofwaterloo.ca
	Public Health and Emergency Services	Julie Hill	Social Determinants of Health – Public Health nurse		JuHill@regionofwaterloo.ca
Waterloo Region Catholic School Board	Education Sector Curriculum Leader for First Nations, Métis and Inuit education and Equity	Tammy Webster	Equity and Inclusion Officer		tammy.webster@wcdsb.ca
Waterloo Region District School Board	Curriculum Leader for First Nations, Métis and Inuit education and Equity	Nicole Robinson	Equity & Inclusion Officer – Aboriginal focus	519-570-0003, ext. 4329	nicole_robinson@wrdsb.ca
Waterloo Region Community Legal Services	Process Navigator	Lu Lentz	Indigenous Justice Coordinator	519-743-0254	lentzl@lao.on.ca
	Conducting the I am committed Campaign – to launch on September 24 – Victoria Park Pavilion	Amanda Trites			
Waterloo Regional Police Services	Police Services	Cynthia Martin	Chair of the First Nations, Métis and Inuit Diversity Committee with WRPS	(519)650-8500 ext:8786	CYNTHIA.MARTIN@WRPS.ON.CA
Wilfrid Laurier	Indigenous Initiatives/WLU Wilfrid Laurier University is committed to supporting Aboriginal Students (First nations, Status, Non-status, Inuit and Métis) at its Brantford, Kitchener, and Waterloo campuses. Provides culturally based workshops, assists with bursary/scholarship information and an Elder's-in-Residence Program.	Jean Becker	Senior Advisor to the President	226-220-3727	jbecker@wlu.ca
		Jessica Duke			Jessica Duke jduke@wlu.ca
		Melissa Ireland	Manager, Indigenous Student Services Office of Indigenous Initiatives / Student Affairs		519.884.0710 x4190 wlu.ca/indigenous @WLUIndigenous
					Web: https://students.wlu.ca/student-life/indigenous-initiatives-and-services/staff.html

Center for Indigegogy - WLU	https://www.wlu.ca/academics/faculties/faculty-of-social-work/centre-for-indigegogy/index.html In the <u>Master of Social Work (MSW) Indigenous Field of Study</u> program at Wilfrid Laurier University. Offer numerous trainings in Indigenous centred wholistic development to assist practitioners, teachers, learners and helpers strengthen their good medicine, teaching and learning bundles.	Giselle Dias			indigegogy@wlu.ca Giselle Dias gdias@wlu.ca Program Administrator Centre for Indigegogy. Indigenous Centred Wholistic Development
University of Waterloo	facilitate the sharing of Indigenous knowledge and provide culturally relevant information and support services for all members of the University of Waterloo community, including Indigenous and non-Indigenous students, staff, and faculty.	*Lori Campbell, Director, Waterloo Indigenous Student Centre	https://uwaterloo.ca/stpauls/waterloo-indigenous-student-centre		
Ganawendan	Training	Amanda Trites			<ganawendan.takecare@gmail.com>
Community member	Community Member				
Community member	Community member				
Community member	Community Member Consultant, Educator, Clinician	Ela Smith	UWaterloo Faculty/consultant/clinician	519-998-3147 (c) 519-998-3147	Ela.j.smith@gmail.com Ela.smith@uwaterloo.ca AngEla Smith ela@whirlingwindconsulting.ca E: samanthac@metisnation.org W: www.metisnation.org
Métis Family Wellbeing Métis Nation of Ontario	Coordinator	Sam Cressman, BCCJ	65 Hanson Ave Kitchener, ON, N2C 2H6	Ph: 519-576-0540 ext 3716	E: samanthac@metisnation.org W: www.metisnation.org
Waterloo Wellington Local Health	French Language Health Services Coordinator/Indigenous Health and Wellness	France Tolhurst		141 Weber St. S, Waterloo ON, N2J	E: france.tolhurst@lhins.on.ca

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Appendix 2: Reports reviewed

1. Indigenous Inter professional Primary Care Teams Application Form, June 2017, Primary Health Care Branch, Ministry of Health and Long-Term Care
2. INDIGNEOUS WELLNESS SERVICESIN WATERLOO WELLINGTON: NEEDS AND VISION. Funding Proposal. June 27, 201. Submitted to:Waterloo Wellington Local Health Integration Network and MOHLTC. Submitted on behalf of: Waterloo Wellington Indigenous communities. Conducted by: Sustainable Societies Consulting Group, LTD. Submitted to: Waterloo Wellington Local Health Integration Network and MOHLTC
3. Relationship with Indigenous Communities Guideline, 2018. Population and Public Health Division, Ministry of Health and Long-Term Care. Effective: January 1, 2018 or upon date of release
4. Downloaded from bmjopen.bmj.com on July 15, 2014 - Published by group.bmj.com
5. Our Health Counts: Urban Aboriginal Health Database Research Project. Community report. First Nations Adults and Children. City of Hamilton (April 2011)
6. Final report: Aboriginal Palliative Care Needs Assessment. Final report April 2014. Waterloo Wellington Local Health Integration Network Expressions of Interest: <i>Aboriginal Palliative Care Needs Analysis One-Time Funding October 2nd</i> , 2013.
7. Indigenous people in Ontario: Historical overview, treaties and land claims, and engagement going forward. Western MSO Planners Forum, October 2017.
8. Closing Gaps in Population Health Information with Indigenous Peoples in Urban Ontario. OPHA Webinar, April 26 th , 2018. Janet Smylie MD FCFP MPH
9. Population Health Profile on First Nations, Métis and Inuit Peoples in Waterloo Region, Public Health and Emergency Services, Region of Waterloo
10. Our health counts Toronto http://www.welllivinghouse.com/what-we-do/projects/our-health-counts-toronto/
11. Our health Counts London http://soahac.on.ca/our-health-counts/
12. Truth and Reconciliation Commission of Canada http://www.trc.ca/websites/trcinstitution/index.php?p=3
13. Truth and Reconciliation Commission of Canada: Calls to action http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
14. The Journey Together: Ontario's Commitment to Reconciliation with Indigenous People. https://www.ontario.ca/page/journey-together-ontarios-commitment-reconciliation-indigenous-peoples Full plan https://files.ontario.ca/trc_report_web_mar17_en_1.pdf
15. The Urban Indigenous Action Plan https://www.ontario.ca/page/urban-indigenous-action-plan
16. INDIGENOUS ALLYSHIP:AN OVERVIEW Jackson Smith Master's Student, Community Psychology, Cassandra Puckett Master's Student, Social Work: Aboriginal Field of Study, Wendy Simon Master's Student, Social Work: Aboriginal Field of Study
17. http://www.sixnations.ca/LandsResources/HaldProc.htm