

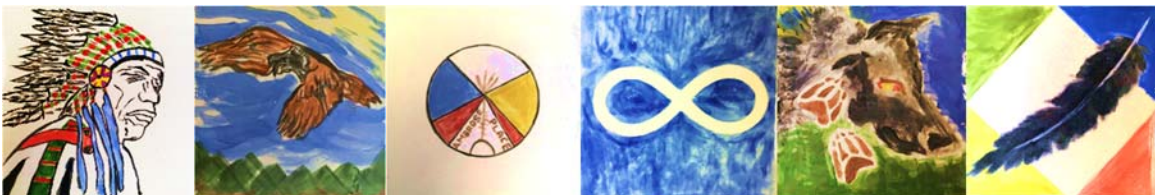
tawāw pe-apik •
poohsapoot, amo ihtopiit •
edanigha, hoʔa •
annaii t'sat dhiindii ts'at nizheh da'on tinich'uh •
qain, aimaruatun aquviatin •
come and sit and be at home •

A report based on sharing circles with residents and staff from Ambrose Place



* * *

The mission of Ambrose Place is to create opportunities for healthy, safe, affordable homes for individuals and families of Indigenous ancestry in a culturally sensitive context.



ACKNOWLEDGEMENTS

This report is dedicated to:

- Ambrose Daniels and everyone living on the streets.
- All of the residents at Ambrose Place, including residents who have passed away.
- Strengthening the worldview and values of Indigenous peoples and decolonization through providing homes for Indigenous peoples.
- Everyone who participated in the study, including the residents and staff who shared their words and experiences with the researchers in sharing circles. Sharing personal experiences was difficult for some. Words cannot express our gratitude and appreciation. This study would not have been possible if not for the openness and courage of participants.

This research was created and conducted collaboratively by:

Norbert Dumais, Neil Pascal, Carola Cunningham, Maggie Hodgson, Russell Auger, Dexter Severight, and Lavine Horsefall (Ambrose Place)

Erin Gray, MacEwan University, Josh Evans, University of Alberta, Bernadette Pauly, Meaghan Brown and Tim Stockwell, Canadian Institute for Substance Use Research, University of Victoria (Canadian Managed Alcohol Program Study)

Julia Weaver, Tristan Robinson, Shireen Surood, and Diana Steinhauer (Alberta Health Services)

The resident sharing circle components were funded by:

The Canadian Institutes of Health Research by way of a Partnerships for Health Systems Improvement (PHSI) grant (application # 358075),
The Michael Smith Foundation for Health Research, and
Alberta Health Services.

The research committee respectfully acknowledges that the research was conducted on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples including the Cree, Blackfoot, Metis, Nakoda Sioux, Iroquois, Dene, Ojibway/Saulteaux/Anishinaabe, Inuit, and many others whose histories, languages, and cultures continue to influence our vibrant community.

The title of this report is in Cree, Blackfoot, Dene, Gwich'in, Inuvialuktun, and English in order to acknowledge the cultural diversity of Ambrose Place residents and staff and their ancestors.

The tiles featured on the title page have been created by Ambrose Place residents, staff, and visitors.

Table of Contents

ACKNOWLEDGEMENTS	2
I. EXECUTIVE SUMMARY	4
II. INTRODUCTION.....	6
a. The Ambrose Place Story	6
b. Ambrose Place: Approach to Managing Alcohol.....	9
c. Goal of this Research.....	11
d. Indigenous Perspectives on Indigenous Homelessness	11
e. Western Perspectives on Homelessness and Permanent Supportive Housing (PSH) with a Harm Reduction Approach	13
III. THE PROCESS.....	15
IV. WHAT WE HEARD.....	17
a. Resident Sharing Circles.....	17
b. Staff Sharing Circles.....	28
V. ONGOING CHALLENGES	33
VI. CONCLUDING REFLECTIONS.....	34
VII. ACTION ITEMS.....	37
VIII. INDIGENOUS REFERENCES	38
IX. WESTERN REFERENCES.....	40

I. EXECUTIVE SUMMARY

In collaboration and with humility, Indigenous residents, staff, Elders, Knowledge Keepers and Western researchers explore the programming and ways of Ambrose Place. This report shares resident and staff knowledge to understand changes experienced among residents as they enter and live at Ambrose Place. This report sheds light on residents' experiences that occur across multiple dimensions including mental, emotional, physical, social and spiritual life.

Sharing circles were held at Ambrose Place with staff and residents between January and August 2017. A smudging ceremony preceded each period of sharing. Importantly, our research team was guided by Indigenous ways of knowing and respect for the values and beliefs of Ambrose Place. This research is based upon oral teachings and Natural Law. Together, we participated in ceremonies, smudges, and pipe ceremonies as a part of strengthening our relationship. Notably, the Western researchers have been humbled by this experience. As shared by one of the Elders, the Western researchers needed to learn how to “waste time” with their Indigenous colleagues.

Knowledge from the sharing circles with staff revealed how Ambrose Place has contributed to the overall well-being of residents and that Ambrose has “*Become home*” and has created a “*Family*” for residents. The knowledge that “*Ceremony can heal*” highlights the importance and critical nature of ceremony for both staff and residents. Ceremony is not just a component of Ambrose but is the foundation of Ambrose – ceremony is the basis of all that Ambrose represents.

Residents generously shared their wisdom and experiences about their lives before and after they came to Ambrose. Residents talked about living on the streets and described how “*It's a tough life out there.*” Moving into Ambrose provided residents with significant relief from living rough leading to many improvements in their overall well-being. A central finding of this research is captured in one resident's comment that “*Here, now, I have a home.*” Experiences of being treated with respect and “*Like I'm some kind of important person*” were shared by residents and this learning helps us to understand the impacts of supports provided at Ambrose Place.

This report also identifies difficult issues relating to the day-to-day operation of Ambrose Place including safety and security, verbal abuse, institutionalization, tolerance, and communication.

At the time of writing, staff and residents are already working to address many of these challenges. The recommendations in this report attempt to respond to these challenges.

II. INTRODUCTION

a. The Ambrose Place Story

Ambrose Place provides housing and wrap-around culturally appropriate support services primarily to individuals and couples of Indigenous ancestry. These services are offered using a harm reduction model, which is based on improving residents' quality of life, health, and wellbeing in a non-judgmental and gradual way by meeting people where they are at. One of the aspects of this harm reduction model is a managed alcohol program which strengthens residents' capacity to manage their use of alcohol.

Ambrose Place is inspired by, and named after, Ambrose Daniels, who died due to complications from pneumonia at the age of 51. Ambrose was born and raised in the Buffalo Lake Métis Settlement where he was surrounded by a supportive community and loving family and known by his family and friends as "Uncle Smurf." Unfortunately, health issues eventually led to an inability to continue to work in his trade and contributed to his development of a substance use problem. Ultimately, Ambrose chose to live with a new-found family in Edmonton's inner city, often generously offering others a place to stay at night in his apartment. His constant visitors, however, led to an eviction notice and homelessness. He was unable to find housing for the remainder of his life, as the housing units available were hard to access for someone who was Indigenous with addictions issues and shelters were often filled to capacity. One particularly cold night, Ambrose contracted pneumonia, and without a home to rest and regain his health, he passed away from complications from this illness. Ambrose Place recognizes that Ambrose Daniels' journey to recovery and reclaiming his life was filled with obstacles, and aims to help ensure that in the future, access to safe, affordable housing is not one of those barriers.

Ambrose Place opened in November 2014 to serve residents of Indigenous ancestry with histories of addictions and being difficult to house. Over time, Ambrose Place has evolved to house residents with different and often higher levels of care needs, including: complex physical and mental health concerns, developmental disabilities, palliative care needs, and people who were formerly heavy users of emergency services. The wrap-around support services that Ambrose Place offers are provided by health care aides, nursing staff, independent living support (ILS) workers, social workers, Elders, and support staff for residents who are eligible for Persons with Developmental Disabilities (PDD) funding. Ambrose Place contains 42 suites as well as

community facilities on the main floor, including a dining area where meals are provided and an outdoor garden.

At the spiritual core of the building is a ceremony room. This circular room is a vital space at Ambrose Place. It is used for sharing circles, wakes, feasts, memorial feasts, singing, dancing, pipe ceremonies, smudges, shaking tents, one-on-one counselling, naming ceremonies, sobriety birthdays, as a cultural invitation to community members, and to conduct diplomatic relations with international visitors, intertribal relations, and political relations with government officials.

The significance of spiritual ceremonies is to know and honour the connection of all life forms on the land, in the sky, and beyond into the cosmos. Observing this connection through participation in spiritual ceremony enables the human family to have a good life. Spiritual ceremonies are therefore intrinsic to the holistic wellness of individuals, families, and the collective, and helps them to achieve balance. Ambrose Place purposefully plans for the engagement and connection of residents to the integral role of spiritual ceremonies.

There are many Elders and Knowledge Keepers that assist the residents to learn cultural knowledge and teachings. For example, there is a ceremony to ‘brush down’ by waving smudge with an eagle feather over a person’s entire being. This practice is done to relieve the spiritual essence of the person from heavy sorrowful energies. Ambrose Place staff also bring residents to access other ceremonies and cultural events, including powwows, sundances, and fasting camps, hosted on First Nations reserves and in rural areas. Attending a land-based fasting camp in 2016, two residents made a commitment to sacrifice by going without food and water. The significance of their commitment was that they placed a higher value on clean land and water for their grandchildren than their own self-interest, in the ultimate display of humility. Humility is about acknowledging a higher power and placing faith in this knowing.

Medicines from the land are also available to residents to use daily. Smudges, such as sweetgrass, fungus, sage, and cedar, are medicines used to cleanse the mind, body, and spirit as well as the environment. Other types of medicines made available to residents are commonly known methods of addressing ailments. Root and herb treatments that are used to reduce stress and bring a state of balance includes chaga, rat root, and yarrow root, among many others. Residents are encouraged to learn or teach others about gathering, storing, and using these natural medicines that come from the land. Staff make every effort to ensure that residents are

taken onto the land to gather plants, roots and even berries that are considered as being good medicines.

Ambrose Place is operated by Niginan Housing Ventures, a non-profit company formed to address the particular housing needs and requirements of Indigenous people living in Edmonton. Niginan Housing Ventures is governed from an Indigenous Worldview, applying traditional concepts of family and community and Natural Law. Natural Law encompasses Kindness, Honesty, Sharing, and Strength; it is a way of governing self and relationships with all human and sentient beings. Respect and trust are also highly valued by residents and staff at Ambrose Place and its operator, Niginan Housing Ventures.

Alberta Health Services (AHS) and Homeward Trust contract with Niginan Housing Ventures to provide housing for predominantly Indigenous individuals in need of permanent supportive housing who have a history of homelessness and complex physical health, mental health, and substance use issues. In addition, AHS provides direct staffing support which includes social work, recreation therapy and addictions counselling. AHS staff are embedded within Ambrose Place and provide direct services to individuals on-site as well as connections to the community when possible. For example, AHS and Ambrose Place staff work in collaboration to set goals that support residents in choosing positive and less harmful lifestyle decisions. ILS workers may bring residents to Alcoholics Anonymous and Narcotics Anonymous meetings, and 11 residents have now gone to residential treatment for their addictions.

More recently, Niginan Housing Ventures has opened two satellite supportive homes, Rene's Home and Kailek's Home, for former residents of Ambrose Place. The staffing for these homes is funded by Disability Services for PDD-eligible individuals who benefit from a different type of shared housing model than what is provided at Ambrose Place; however, the residents of these homes still benefit from Niginan Housing Venture's cultural approach and harm reduction philosophy.

Residents range from 18 to 80 years old and are referred from many places, including community agencies and AHS. Through AHS, residents may be referred from mental health facilities, hospitals, and home care. Originally, Ambrose Place was established to house homeless or hard-to-house individuals with substance use issues. However, over time, Ambrose Place has been asked to house individuals with different and often more complex needs.

For example, the Edmonton Police Service requested the allocation of two beds for individuals who are a part of their Heavy Users of Services (HUoS) program. The HUoS program serves individuals who interact with police, Alberta Health Services (AHS), or community agencies frequently and often inappropriately and attempts to address their unmet needs through helping them access supports and housing¹. Prior to opening Ambrose Place, Disability Services also approached Niginan Housing Ventures to request two to three beds for their PDD-eligible clients. Over time, more and more PDD and HUoS clients, as well as clients from Alberta Hospital Edmonton, have been referred to Ambrose Place. Currently, Ambrose Place houses six people who have graduated from the HUoS program and who no longer regularly interface with police. Today, there is also a total of nine PDD beds, including six PDD beds between Niginan Housing Ventures' two supportive homes and three beds at Ambrose Place. In addition to the increased numbers of HUoS and PDD clients, Ambrose Place now houses many individuals with co-occurring addiction and mental health disorders.

Although it was also not originally designed to deal with palliative care, Ambrose Place has housed 15 palliative residents until their death. Some of these residents arrived needing palliative care, and others with complex medical issues have become palliative over time. Ambrose Place has grown in their experience with palliative residents, and offer a cultural journey through end-of-life stages^a.

This palliative care includes not only physical and spiritual care, but also important tasks such as tracking down estranged family members. One resident, whose children had been taken into care, wrote letters to her adult children asking for their forgiveness – and, four years later, she is still alive, as are some of the other residents who enter Ambrose Place as palliative. This story, as well as others throughout this report, show us how Ambrose Place serves residents and provides wrap-around holistic, culturally appropriate support services.

b. Ambrose Place: Approach to Managing Alcohol

Compared to some other managed alcohol programs in Canada, Ambrose Place management does not associate their program with “administrating” or “dosing” alcohol. Ambrose does follow a harm reduction philosophy, they accept residents where they are at, and their policy allows for alcohol consumption among residents; however, because heavy use of alcohol or

drugs were not part of the way Indigenous peoples traditionally lived, and acknowledging the many historical and contemporary harms created by substance use, the underlying goal of Ambrose is to foster healing and, where possible, nurture a reduced dependence on all substances, including alcohol. Indigenous ceremony and Indigenous community animate Ambrose Place – unconditional love and obligation to support the well-being of their people are at the heart of this program.

At intake, residents are provided an orientation to the rules in the program including the rules around alcohol and alcohol use and the procedures staff follow when residents are given access to alcohol residents themselves have purchased. Residents are not permitted to store alcohol in their apartments. They are required to check their alcohol in at the front desk. Residents can check in their hard liquor, but it cannot be used as their drinks at Ambrose. Residents' hard liquor is returned to them at their request, but they cannot consume it on the premises. Once alcohol is checked in, residents may request a maximum of 3 drinks (beer or wine only) in 3 hours. Typically, residents can be given their drinks from 7am to midnight. However, most residents do not begin to drink until they leave Ambrose in the morning after breakfast and after morning ceremony.

Residents must come to the staff desk to ask for their drink. The staff assess residents before serving. Residents must consume their drink in their apartment. Drinking in the common area is prohibited. The program stocks 'emergency beer' for residents who run out of alcohol and do not have money to purchase more when they are showing signs of alcohol withdrawal. Staff closely monitor heavy drinkers in the program. Residents undergo a health assessment when entering the program and subsequently undergo regular assessments with a physician. The initial medical assessment helps Ambrose staff to identify heavy drinkers and this informs the communication between staff and residents regarding their alcohol use. When these and other residents are visibly intoxicated staff will encourage residents to reduce the amount of alcohol they consume (for example, by "watering down" their drink). Staff will also encourage residents to substitute a low-alcohol beer for a normal drink.

At times residents attempt to hide extra drinks including hard alcohol when they come home to Ambrose. Residents are reminded that they are not allowed to do so but there are no real negative consequences issued by staff on these occasions. Acceptance and tolerance and kindness are

paramount features of Ambrose. From the perspective of Ambrose management, “we have a three strikes policy, but we play a new game every week...our goal is to keep people alive and keep them safe.”

c. Goal of this Research

The study this report is based on was developed to better understand Ambrose Place in general and its programming approach to homelessness. More specifically, the goal of this research was to create a detailed description of the changes that occur across multiple dimensions, including mental, emotional, physical, social and spiritual, as residents enter and live at Ambrose Place. To do so we draw upon the strengths of both Indigenous Knowledges and Western Knowledges through the creation of “ethical space” (p. 193)^b, using an approach Indigenous scholars Marilyn Iwama, Murdena Marshall, Albert Marshall and Cheryl Bartlett call “Two-Eyed Seeing^c.” As these authors emphasize, “Two-Eyed Seeing” “neither merges two knowledge systems into one nor does it paste bits of Indigenous knowledge onto Western” (p. 5)^c. Instead, “Two-Eyed Seeing” emphasizes “a weaving back and forth between knowledge in which each strand is necessary to the process” (p. 5)^c.

d. Indigenous Perspectives on Indigenous Homelessness

The Truth and Reconciliation Commission of Canada has documented, in detail, Canada’s oppression and genocide of Indigenous Peoples over the past century. During this time, policies administered by the Government of Canada attempted to destroy Indigenous political and social institutions, forcibly relocated communities, restricted their movement, banned their languages, persecuted their spiritual leaders, and removed their children^{d,e,f}. Indigenous Peoples have experienced collective and enduring traumas as a result of this cultural genocide^g. As a result, intergenerational trauma must be taken into consideration in any examination of Indigenous homelessness^{h,i,j,k,l}. Moreover, Indigenous homelessness must be understood in the context of Indigenous worldviews, Indigenous definitions of home, and the continuing impacts of settler colonialism^j. Building on this understanding, Indigenous scholar Jessie Thistle places Indigenous homelessness in the context of “individuals, families, and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and

identities” (p.6)¹. Furthermore, Thistle documents 12 dimensions of Indigenous homelessness articulated by Indigenous Peoples across Canada (p. 10-12)¹:

Historic Displacement Homelessness – “Indigenous communities and Nations made historically homeless after being displaced from pre-colonial Indigenous lands.”

Contemporary Geographic Separation Homelessness – “An Indigenous individual’s or community’s separation from Indigenous lands, after colonial control.”

Spiritual Disconnection Homelessness – “An Indigenous individual’s or community’s separation from Indigenous worldviews or connection to the Creator or equivalent deity.”

Mental Disruption and Imbalance Homelessness – “Mental homelessness, described as an imbalance of mental faculties, experienced by Indigenous individuals and communities caused by colonization’s entrenched social and economic marginalization of Indigenous Peoples.”

Cultural Disintegration and Loss Homelessness – “Homelessness that totally dislocates or alienates Indigenous individuals and communities from their culture and from the relationship web of Indigenous society known as ‘All My Relations’.”

Overcrowding Homelessness – “The number of people per dwelling in urban and rural Indigenous households that exceeds the national Canadian household average, thus contributing to and creating unsafe, unhealthy and overcrowded living spaces, in turn causing homelessness.”

Relocation and Mobility Homelessness – “Mobile Indigenous homeless people travelling over geographic distances between urban and rural spaces for access to work, health, education, recreation, legal and childcare services, to attend spiritual events and ceremonies, have access to affordable housing, and to see family, friends and community members.”

Going Home Homelessness – “An Indigenous individual or family who has grown up or lived outside their home community for a period of time, and on returning “home,” are often seen as outsiders, making them unable to secure a physical structure in which to live, due to federal, provincial, territorial or municipal bureaucratic barriers,

uncooperative band or community councils, hostile community and kin members, lateral violence and cultural dislocation.”

Nowhere to Go Homelessness – “A complete lack of access to stable shelter, housing, accommodation, shelter services or relationships; literally having nowhere to go.”

Escaping or Evading Harm Homelessness – “Indigenous persons fleeing, leaving or vacating unstable, unsafe, unhealthy or overcrowded households or homes to obtain a measure of safety or to survive. Young people, women, and LGBTQ2S people are particularly vulnerable.”

Emergency Crisis Homelessness – “Natural disasters, large-scale environmental manipulation and acts of human mischief and destruction, along with bureaucratic red tape, combining to cause Indigenous people to lose their homes because the system is not ready or willing to cope with an immediate demand for housing.”

Climatic Refugee Homelessness – “Indigenous peoples whose lifestyle, subsistence patterns and food sources, relationship to animals, and connection to land and water have been greatly altered by drastic and cumulative weather shifts due to climate change. These shifts have made individuals and entire Indigenous communities homeless.”

These dimensions illustrate how Indigenous homelessness is experienced in different ways. Indigenous homelessness is not simply the lack of permanent shelter. It refers to an on-going collective experience with historical roots: namely, the disruption of traditional governance, dispossession of lands and territory, disconnection from ceremony, relationships, language and identity, and non-recognition of Indigenous peoples’ claims by colonial governments.

e. Western Perspectives on Homelessness and Permanent Supportive Housing (PSH) with a Harm Reduction Approach

The over-representation of Indigenous peoples among vulnerable and homeless populations is a widespread issue in cities across Canada. In Edmonton, a city where Indigenous peoples represent roughly 6% of the total population, the 2016 Point in Time Count recorded that Indigenous individuals made up 58% of the total number of individuals experiencing homelessness².

Ambrose Place is categorized as a permanent supportive housing (PSH) facility. Ambrose Place is a unique type of PSH for two reasons. First, Ambrose Place practices a harm reduction approach. Second, Ambrose Place's programming is rooted in Indigenous ways of knowing and being. An AHS report based on 100 interviews with Indigenous mental health and addictions service-users across Alberta confirms the need for these approaches and calls for more access to harm reduction housing, cultural programming and Elders in the province³.

There is a small but robust body of evidence supporting the effectiveness of permanent supportive housing (PSH) practicing a harm reduction approach in rehousing chronically homeless individuals with severe alcohol use problems. Studies have shown that PSH programs offering harm reduction can help the hardest-to-serve, chronically homeless population achieve housing stability^{4,5}. These programs fill a gap in terms of the housing options for chronically homeless individuals who have achieved little success or are not interested in abstinence-based treatment settings². These programs have also been linked to housing attainment, retention and stability, relative decreases in costs, decrease in alcohol use outcomes, decreases in use of emergency services, and decreases in jailing days and bookings^{4,5,6,7,8,9,10}. In programs with managed-alcohol components, time spent in program is associated with consuming fewer drinks and less alcohol related harms¹¹. Motivation to change and time spent in program appear to be two factors associated with these positive impacts^{8,9,12}.

Additional research indicates that a sense of belonging may also contribute to positive change; Maté and Perry identify that when individuals who were formerly chronic users of illicit drugs or alcohol have their belonging needs met, self-soothing through the use of addictive substances often becomes unnecessary and individuals may eventually quit using¹³. Bruce Perry stated, "If we create environments that are safe and predictable and relationally enriched, then all of the other factors involved in substance abuse and dependence will be so much easier to dissolve away" (p. 309)¹³. Describing the importance of relationship, leading attachment researcher Dr. Dan Siegel, in a St. John's Medical Center Words on Wellness Speaker Series, October 2017¹⁴, stated that "repair (within family systems) is possible at any time, even if it is decades later....When you give people a chance to make a repair you can reconnect a relationship and people will have the experience of belonging again....the deepest human emotion. That is all we want, is to have our subjective experience known by another; 'To feel felt.'" This is the seat of

Ambrose Place's success; utilizing approaches steeped in Indigenous knowledge to satisfy human needs of residents so that they may rise to their potential. There is currently no scientific analysis of PSH utilizing a harm reduction approach and offering Indigenous cultural programming. In other words, there is a lack of research on *Indigenous Permanent Supportive Housing* (IPSH). This is a gap in the literature that research on Ambrose Place is well positioned to address.

III. THE PROCESS

The qualitative research informing this report was completed in collaboration with a small group of resident helpers (*oskapewisak*) from Ambrose Place, staff from Niginan Housing Ventures, and researchers from Alberta Health Services, MacEwan University, the University of Alberta, and the University of Victoria (Canadian Managed Alcohol Program Study). This group is referred to in this report collectively as 'we.'

We began meeting in September 2016 to collaboratively plan a research study that would gather knowledge and develop understandings of how Ambrose Place was influencing outcomes and experiences for different clients. A majority of our time during this planning period was invested in relationship-building, discussing the differences between western and Indigenous ways of knowing, and building a shared understanding of Indigenous research frameworks.

Applying the principle of "Two-Eyed Seeing," we have made an effort to utilize Indigenous ways of knowing and respect the values and beliefs of Ambrose Place. Our study is based upon oral teachings and natural law. It also involved Elders in research planning and included ceremony in the research process, as the researchers participated in ceremonies, smudges, and pipe ceremonies. One example of the importance of ceremony in the research process was when a member of the research committee used ceremony to make right relations when there was a disagreement about how to go about the research process. This individual made reparations through offerings of tobacco for the personal affronts that may have caused harm to the other members of the research committee.

Evolving over time, we grew to include a small group of *oskapewisak*, resident helpers (long-time residents of Ambrose Place) who provided guidance and input into the development of our

research plan and assisted with gathering information from residents. The resident peer helpers played an integral role in supporting residents while they shared their wisdom about their experiences before and after coming to live at Ambrose Place.

Beginning in January 2017, we organized a series of sharing circles, first with staff and then with residents, to gather information about staff and residents' experiences of Ambrose Place. The last sharing circle was held in August 2017.

Sharing circles have a sacred meaning in Indigenous cultures and are often used as part of ceremony and as a way of healing¹⁴. Our sharing circles were held in either the boardroom or ceremony room at Ambrose Place. They consisted of individuals seated in a circle. Circles began with a smudging ceremony and then a period of sharing followed.

Our staff sharing circles met five times over several months and involved Alberta Health Services on-site staff and Niginan staff and management. Staff were asked about the residents who had impacted them the most, what makes Ambrose Place different from non-Indigenous agencies, the effect of ceremony on themselves and residents, and the barriers that they faced to providing the best care for residents. They were also tasked to brainstorm questions to ask residents in the sharing circles and interviews that were conducted in the summer and fall of 2017.

Our resident sharing circles met three times over the course of several weeks and involved a total of 13 participants. The questions and topics for these sharing circles were developed based on suggestions from the staff sharing circles. Our resident helpers (*oskapewisak*)/resource persons, Neil and Norbert, were an essential part of these sharing circles, as they helped to create a safe space for participants to share honestly about their experiences. At the first meeting, Neil and Norbert asked participants to share their experiences living at Ambrose Place. These open-ended questions invited participants to talk about their relationship to staff, other residents and the programs Ambrose Place offers. At the second meeting, Neil and Norbert asked participants to talk about their life before coming to Ambrose Place. This sharing touched on many difficult and emotional experiences from childhood to adulthood. At the third meeting, Norbert and Neil

asked participants to talk about their experience of love, respect and community. This sharing provided insight into the supportive relationships that the Ambrose community provides.

After transcribing the recordings from the sharing circles and removing all identifying information, we held two meetings to reflect on resident and staff sharing and identify common themes. These themes are found in section IV below.

Again, we acknowledge the incredible contributions of residents and staff who shared their experiences with us at these sharing circles. Sharing personal experiences was difficult for some. Words cannot express our gratitude and appreciation. This study would not have been possible if not for the openness and courage of participants.

IV. WHAT WE HEARD

a. Resident Sharing Circles

This section's analysis focuses on what residents shared about their lives before coming to Ambrose Place, their experiences living at Ambrose Place, and their experiences of love, respect and community.

"It's a tough life out there"

Residents shared experiences of their lives before they moved to Ambrose Place. Most lived on the streets prior to coming to Ambrose and all reported struggles with maintaining adequate housing during different times in their lives. Residents talked about their ongoing search for safe places to sleep and how they tried to rely on others who, like them, were living rough.

I don't know, I came from the streets, I guess. I was having a hard life.

We moved back to my reserve and we found out our house was taken. We came here [to Edmonton]. Been on the streets here. And we fell off, fell off drinking. Well, me mostly. Um, I like my drinks. It's just me now.

When you're on the street you always look for a safe place to sleep, eh? You don't go sleep where there's the possibility of danger. You always look for a safe place and where there's a crew of people that are your friends. You know, you cluster together.

Residents shared their long histories with drug and alcohol use before living at Ambrose. They described their experiences with trauma, hardships, and severe substance use dependence.

Drinking was my buddy. But I worked most of my life. I learned how to control my drinking for working days. I mean, not working days, eh? I managed to, ah, scrape it 'til Friday. Then I'd get paid and I'd go by the bar. And I was the life of the party I guess. And I did that up 'til maybe about 4 years ago. I still drink, I go on my binge once in every 3 months or something like that. Something hits me. It's a time where I need to get out of my own mind, eh? I don't want to... I don't want to live this, I don't want to face it, I don't want to even think about it. So I just drink.

I used to drink, um... because I was homeless, like drinking helps you forget everything. At least some parts.

The money I made I put some aside for to buy myself something nice and the rest I'd buy drugs or booze or go and share with my so-called friends. There's always people that just use me and still to this day they do. They said oh we love you and like you and all this stuff but you're scheming how to get money out of me and that to buy booze and drugs.

I've seen people leave this world way too soon and like I said I was married to the stuff and it meant more to me than anything in the world to me. I just loved being stoned it just killed everything that I was feeling and I loved the feeling that I got when a drug hit the bloodstream. Nothing else mattered. My kids didn't matter, my wife didn't matter, my family didn't matter; all that mattered was that I was stoned. How I got it, it didn't matter how I got it. I just did whatever I could to get it and that's the sad part of it. Alcohol and drugs were my life for a lot of years.

As can be seen from the previous quotations, substance use became a way of life for residents and served to mask and subdue their pain and loss. In the following descriptions of life after Ambrose Place, residents speak to the positive changes that they have experienced, including those related to substance use.

“Here, now, I have a home”

Residents report experiencing several positive changes after moving to Ambrose Place including, for example, improved health, less drug and alcohol consumption, and improved ability to budget their money.

Many residents spoke about their poor health and the difficulty of addressing health issues when living on the streets, or in shelters and other institutions, or when living in sub-standard housing. Residents talked about how coming to Ambrose has had positive effects on their overall health.

There's been a lot of changes. I can actually sleep and have a good night's sleep, not worrying about anyone bothering me. That's a big thing right now- health and relationships. Actually, health-wise, it's still all coming around, still you know experiencing everything, everything should fall into place 'cause it's better here anyways. People are awesome.

And alcohol takes a toll on your body after a while, so, yeah. But since coming to Ambrose, yeah, it's been improved, I'd say.

When I first came to Ambrose house I was hospitalized and I lost weight while I was in there...[My doctor] gave me [only] months and since I came here my health has improved. I still go for surgeries...Vodka, I don't touch that stuff anymore. And it's been, I don't know I guess I could say the Creator had given me years instead of months.

My health has been getting better. I take medication for my liver cirrhosis.

My health was [in] pretty rough shape before I came here...I'm lucky to be alive so yeah, I'm pretty grateful for this place and my health- still struggling with some things but it is what it is. You are only able to do what you can do and I do the things that are healthy for me- I try to eat properly...I gained quite a bit of weight... Other than that, that's where you know, I was- on the verge of death. I think if I didn't get here- it was sort of a godsend coming here because they cook and I slowly started coming in for meals, slowly started retaining the food It was a tough road but I made her.

And my health has been, it's changed tremendously. I was, um, severely depressed... Now I can take my pills at the proper time. At first, I used to overmedicate myself. I still have this urge to go out and buy pills and things like that, but it's rare now.

Ambrose provides that environment for me to stay healthy. And that's good. Yeah.

My health was okay or it seems like it. I was drunk most of the time and I was hungover a lot of times so when I'm hungover I don't eat and I won't go to any place and ask for help where they serve food like Salvation Army or other places. I wouldn't go there. I'm fairly independent. I guess Ambrose is the first place I ever came to in my life I guess for health.

My hope is to, as my health improves, that I move on. But I'm grateful for where I'm at. For the time being, you know. You just have to dial the phone downstairs and they'll come running upstairs. And they'll check on you. I mean, how many people do that in other places? You know, you either have to be in a homecare or a hospital. But in a housing unit, it's amazing that they have it, actually. I was surprised they had 24-hour healthcare. It's there if you need it, and food's there.

Many residents experienced a shift in their substance use once they began to settle into healthier and more predictable routines than can be experienced while living on the streets or in temporary housing. Self-identified changes in substance use and ability to budget money are captured in the following quotations.

Um, I don't enjoy alcohol as much as I used to.

So, but trying to cut back on the drinking but that's tough because I've always been an alcoholic so I mean it's just really tough. It's tough because you can't really. I don't like to drink, bring my booze here because I don't want to leave it behind the counter and it kind of ticks me off because you can't bring your 15 pack to your room but in that respect- it's probably best probably better that I can't. You know so maybe its best that I'm trying to cut back on the drinking but anyways I'm just trying to get in to it – I've always been a nice guy, try to meet people around here.

My life's kind of changed I probably would still be drinking if I hadn't found Ambrose Place.

Ah, I have more money now. Less to worry about... Like it's not nice having to worry about money every day. Ambrose, ah, played a large part in that. Especially budgeting

my money. I have to budget everything. “This is what I’m going to buy this month. This is what I have to, ah, pay up today,” that sort of thing. Whereas before, I didn’t. I didn’t care. And now I do.

These quotations illustrate changes in the lives of people who have long histories of cycling in and out of temporary housing and institutions, and living on the streets. When residents discussed these positive changes in their lives they would frequently compare and contrast their experiences of Ambrose Place with other residential programs. According to residents, when compared to other housing programs, Ambrose Place provides them with a safe home where they can begin to settle and feel comfortable. Residents noted that Ambrose Place accepts them for ‘who they are’ and ‘where they are at’.

If I’m talking to somebody who’s on the street and I was to describe Ambrose Place, I would say it’s a safe place. They give you 3 meals a day; there’s healthcare people that watch over you; there’s security at night; they give you your own key to your door; you have your own room; they can help you wash your clothes, clean your room depending on if they have a disability or not. So, one of the first things I’d do is tell them it’s a safe place, it’s a nice place. People help you out.

I drank and I lived in facilities. I never really had a place of my own, I’m homeless on my reserve. Here, now, I have a home. Sometimes I get leery about, like, I’m going to get kicked out for something and I start panicking. Because I don’t always believe it.

With my past experience- especially when I was on the streets and going into different places for trying to find a place to sleep or even find a place to eat and it’s totally different from what I’m experiencing here at Ambrose. I think the staff try to do their best to make it feel like home.

Ah, how to describe this place? It’s, ah, safe, it’s clean. Ah, the staff are, I find them fairly caregiving people. Um, how’s it different? Ah, I think other places where I lived, I used to be on the street for about 10 years... Other places, they’ll say “Well you have to quit drinking for 3 months” or whatever. And it’s hard to quit drinking and change your lifestyle if you don’t have a warm place to stay. And if you don’t have a place to eat, that

sort of thing. So, Ambrose to me is different in that way. That they try to work with you, and, ah, at the same time, they try to help you to help yourself.

It's a safe place, you got staff here that literally go out of their comfort zone to help people. ...I watch these staff go pick guys up that are passed out, and they help everybody. You know, they care about people. They watch over every one...

This place is pretty cool...they came and got me out of the hospital when I was sick.

I would describe Ambrose as it's home. [Before] I couldn't live in a house more than 2 years. And I've always been living in facilities, boarding schools, and whatnot. But here, at first I kind of resented it because it started feeling like a facility. Then things started changing. I drank to forget and things like that. Now I hardly ever drink. I do a lot of, ah, Native crafts to keep myself busy. And I don't know, when I go somewhere, I'm bragging about it; living at Ambrose. Price is a little steep, but it's well worth it.

I just moved in. And, so far it's been good. A little bit overwhelming, but very good. I feel cared for here. And um, basically I'd been on the streets for quite some time as well. It's my first time living in a facility like this, so everything's new to me. But it's comfortable. It's homey and people are good here, everybody's friendly. And I feel good.

I like to call this place home. And I feel really safe here. I'm struggling with alcohol addiction. And for here, I find I can trust people. Whereas I have a trusting issue. And I like to get hugs, ha.

Residents shared a range of experiences with and perceptions on having access to Indigenous cultural ceremonies, Elders and medicines from the land.

While some residents have experienced long histories practicing cultural ceremony and are very involved in participating in ceremony at Ambrose, others make choices not to be involved and for some participating in ceremony is new to them. Further still, some residents expressed the importance of their connection to Christianity.

Since living here I participate in ceremony...And I sometimes it's a lonely place using medicines, sometimes and I really appreciate the people who live here because they don't come around from their drinking and drugs and usually stay away from the ceremony

room. But we're always praying for them too... I love the land, I love the medicines, I love the people that come out of here. So that's why I participate- it impacts my life... Sometimes it's a lonely road when everybody's stoned around you or drinking... But I don't say nothing I just keep praying. Sometimes I'll say a prayer for people because I care about them.

I hardly ever go to ceremonies here because I'm just totally unfamiliar with them like I've never really gone to ceremonies cause I didn't really- growing up an atheist- like I've never gone to church, my family's not really a church family so I'm kind of no 'bible thumpers' or nothing. I'm kind of totally unfamiliar with these ceremonies but so you know I only speak English so that's it. I don't have any medicines, I don't take medicines.

I don't, ah, participate in the ceremonies here. Although the church that I participate in, ah, they have smudging there which I participate in. I also, ah, because I've always been interested in different cultures, I take in Elders that come in here as guest speakers or who are in 2 day workshop on our culture, I would take those in. I find those really interesting.

I participate in some ceremonies. When I was young we didn't do that, but we do have that, my parents didn't believe in things like that. So, we were never taught and then I was told scary stories about these ceremonies just what's going to happen to you and the ghosts and things. So nowadays I try to come to ceremonies and learn about the medicine... It helps really made a change in my life. I sometimes go into the art class.

Before I wouldn't participate in any ceremonies or anything. I'm not really familiar with all that either, I haven't grown up with that. So, it's something to look into for the future; probably will. Because I'm comfortable with it.

I appreciate it when people ask me to come and sweat, but I don't always make it. But I do find it, during the course of my day to make time to pray and read my Bible. I believe in the Lord wholeheartedly; with all my heart. And that's what keeps me alive, is trusting in the Lord. And smudging and stuff. I could take the good out of all, all sorts of cultures, yeah, and apply them to my life.

Residents talked about how it was significant to them that most staff are Indigenous. They noted they felt comfortable and accepted by Indigenous staff and that Ambrose is their Indigenous community. In a light-hearted manner one resident said he felt at ease at Ambrose as “there’s a whole-lotta-brown going around!”.

It feels better for me because I’m Aboriginal, to have my people around working. I feel more at home, more safe, I guess. And I feel – because I think that, for me, I think they understand what we go through sometimes. Just, their lives haven’t been, you know, a bed of roses. Some of them are, you know, some of them are lifers that work here. Ah, they take me to Ceremony sometimes and they share. So, I feel pretty good about having... I guess more safer. Because I feel more open to them than I would with another culture or another colour of people. Because I’ve been around Native people all my life.

As far as having all Indigenous staff, it also gives the tenants an incentive to try to move forward. That it’s possible to get out of their addictions. And some of them don’t have addictions, they have other issues that they come here with. I come here with the addiction issue. And some of them might have medical other challenges in their lives outside of addiction. And having a staff that’s all Indigenous gives them that incentive to do that.

Being treated “like I’m some kind of important person”

When responding to questions about their sense of belonging at Ambrose, residents described a growing sense of community that develops over time.

I’ve gotten to know, like a lot of people here. And so, I guess I, I guess I’m starting to, like you know, fit in, kind of. Ah, um, get involved. And I feel like, yeah, I do feel like I belong. So, that’s a positive thing.

It’s been all new. So many people, so many faces, names. I can’t remember them all. But it’s really comfortable. I feel good here so far. Um, I don’t know about belonging here yet; but the community part, it’s good.

I belong here. When I go somewhere I am in a hurry to go back home like and even I panic when I go out of the city. I’m not the type of person to just go up and yabber at

everybody. I've always just kept to myself but here I'm starting to get to know people right? Part of I guess some of the inner side of people and not so scared. I used to be scared for even somebody to look at me but I do belong here and the staff are always treating me like I'm some kind of important person.

I feel a sense of community and belonging here. People are nice. And I always wanted a place like this. A big TV, couch. But I can do that in my room too, baby. In privacy! My own bed and everything. And I have a sense of belonging; that I could do important things with other people and in life. Instead of getting bitter I'll decide to get better.

Residents commented they feel respected, cared for and listened to at Ambrose Place and that this is demonstrated through how staff and management are both respectful and supportive and how they validate and believe in them. Residents describe staff as 'going the extra mile' for them.

Yeah, I think I'm respected. Ah, there's a lot of activities that happen within Ambrose. And, um, and it's your choice whether to participate or, or not. And ah, and if you participate, you know, you're welcome to take part. And if I don't feel like participating, that's fine too. And that's important to me; that if I don't want to participate in any function, that's my choice. So, I think in that way, I feel respected.

I, ah, do feel respected by the staff. And I sure, hopefully the staff have that respect too. Because I want them to have respect because they're trying real hard to work. They're really trying hard.

Um, I feel respected and listened to at Ambrose. And the staff are very, very, ah, helpful. Don't matter what it is. Even if it's out of their league, they'll try to correct it for you. Which is something that I haven't seen in other – I've been in facilities, in and out of facilities.

Staff treat people with respect. And they tolerate a lot. They tolerate a lot of swearing, and cursing, and stuff that, ah, if they were – if we were in another place, those people would lock you up right away and just leave you by yourself until you... But these people, they won't do that. They make sure you're safe, they make sure you're okay before they leave you alone. You know, they watch you, they walk beside you so you don't fall.

I definitely feel cared for here, since I've been here. Everyone's making me feel comfortable. Physically, mentally, in all aspects I feel cared for. First facility that I've known that has this kind of staff and tenants. Yeah, very cared for.

I remember one time I was, ah, I was drinking out back in the back alley. I think I might have passed out in the back alley. And I remember one of the staff members came back there and helped me back in. But I know something like that would never have happened anywhere else, eh?

I'm grateful that I feel cared for. It's a nice feeling. You know? It's a nice feeling. You feel good. You feel worthy. You feel, you feel, you know, you feel good inside. Anyway, I could explain it other ways, but it's just good. You just have a nice feeling about it. When somebody takes the time to just notice you and say "how are you doing?"

Residents describe their connection to other residents and staff like that of a family. Many residents feel that they are loved at Ambrose Place. Residents' comments suggest that over time, they settle and become less guarded and allow themselves to feel like they belong. Eventually they see the staff and other residents as allies and potential friends.

When I first got here I didn't feel loved because I was someone new. But they made me feel like I belonged here when I first got here, they didn't try to, I didn't feel ostracized like they didn't want me. And then they made me feel like they respected me, cared for, and then eventually I see the love that they actually do love me here, you know? I'm not talking just about the staff I'm talking about everybody is a family. It's like a big family now...It's a tough life out there being alone, you know. It's an ugly feeling not having nobody to turn to but here at least we can talk to each other, you know, people create friendships, you know, with each other.

This is the most loved I've felt, right here in this place than I've ever felt. I've felt more from my mother, but that's a different story. But this is different because these are friends and, ah, good friends. And you know? I really, ah, I really like that.

I feel loved here. I think, ah, some of the workers can probably work somewhere else. And probably make a lot more money than they're probably doing here. But I think they

do it because of, ah, the love of their job and the people that they interact with. And, um, so to me that says a lot for the staff here. They do it because they, they, ah, they're sharing what they have with other people. And trying to make life easier for me.

I love everybody in this room, everybody that I see in the morning I try to wish them good morning with a smile and I feel a sense of peace here in this building, a sense of peace that you can just go back there and you can just sit in the sun and you don't have to spend millions of dollars to go to Jamaica or somewhere but yeah I do feel loved and I like joking around with people.

I haven't been around my family for a long time. Just because I'm only coming off the streets and stuff like that. Out there it's everybody for themselves, right? So here, it's all [sighs], I do feel the love here.

Residents were asked to describe what they were most proud of since coming to Ambrose Place. Their responses were varied and reflect their growing positive self-perceptions which, overall, illustrate the beneficial impacts of living in the community of Ambrose Place in terms of housing, substance use, relationships, recreation, and a sense of pride in connection to culture, spirituality and participation in ceremony.

It's weird since I've been here I'm proud that I'm actually getting my ID back.

Proud of my apartment. Keep it nice and clean. Proud of the food.

I'm proud of myself for just being me I guess. I always hated myself.

The most I'm proud of is I got a place to stay, and move into a bigger place. And I got my place all cleaned up.

Beading!

I had to battle with death so thank you lord and I pulled through and then I came here and I have a home that I feel comfortable in, you know. I'm happy.

I'm proud that I'm actually getting my [vehicle] back... That's a big thing for me.

Getting my TV. Um, that's probably the smartest thing I ever did, is getting my own TV.

It's technical to maneuver your beads to exactly the way you want them. And it's a great big thing when you finally do it, eh? So, you practice that stitch so you don't forget.

I'm proud of this place...I'm proud of taking my medicine.

I'm proud of myself for going to the pow-wow... I got to see my daughter and granddaughter dance.

I'm proud of my kids. And that I finished a course. I'm proud of that. But I've had a slip since. But I'm not going to beat myself up for that. Just keep trying again. And I'm proud I made this meeting today, too.

b. Staff Sharing Circles

The following section's analysis focuses on what staff shared regarding their relationships with residents and ceremony and their discussion around what makes Ambrose Place different.

"This has become home"

Staff members observed many changes in residents they worked with every day. Staff identified that certain residents' behaviours had changed, even though they may still be struggling in other aspects of their lives. One of the main changes that staff identified was that many residents now felt at home and saw Ambrose Place as their home.

Staff participants described seeing many different changes among residents. For example, staff observed a decrease in some clients' interactions with emergency services, with one staff member describing a client who used to have daily interactions with the police, and who "hasn't had any involvement with EPS since." Staff also noticed changes in residents' attitudes towards staff, increases in residents' openness with staff, decreases in violent behaviour, and increased stabilization and improvement in residents' health and wellbeing.

When she makes mistakes she knows how to apologize and just the way she does things she's learning how to change behaviours. So those behaviours and the changes that she's

making, they're little but they're big, right? So those to me are big successes right when you see those little things.

While some staff described seeing residents cycle in and out of sobriety or continue to use and observed others refraining from drinking, other staff identified that some residents' cycle of addiction continues at Ambrose Place but is less severe:

And a lot of them you can see the change on them when they first came into here, to like how they are now, they are still in the cycle of their addictions and stuff but it's not as bad as it was when they first came here like [resident]. [...] the change from her first moving into here to now, she does really good and she does put in more effort to get clean.

One of the main changes that staff identified is residents' increased sense of home, safety, and stability. Staff noted that while many residents continue to use, they observed meaningful changes in residents, including having them recognize Ambrose Place as their home:

And even when you see she goes out there and does things that are not healthy she knows how to come home where it's safe so she always comes back here to rest and get better right? So she knows that this is home right? So I think that that's a huge piece. And I think for a lot of the clients it's so hard to center on one, but I think that that's the thing that I really see is that this has become home, so even if they're going out there and drinking and using drugs, they're coming back here, they know where to come home to be safe.

Staff noted how some residents have never been housed successfully, suggesting that a feeling of belonging and home contributes to residents' success at Ambrose Place:

Look at [resident] how many times do we have people from the outside come and said never have these people been housed successfully? Even [resident] her worker said never has she been housed successfully and so happily [...] it's because their spirit feels home.

Staff members identified many changes in residents, big and small, and noted that a feeling of home was at the core of some of these changes. Staff's observations of residents' increased sense

of home and belonging is echoed by their own feelings of belonging to a family at Ambrose Place.

“This is my family”

While talking about the residents that impacted them most and what makes Ambrose Place different from other agencies, many staff discussed their close relationships with clients and how they saw the staff and residents at Ambrose Place as their family. Some staff explained that their understanding of residents and staff as family was a part of their Indigenous worldview.

Throughout the sharing circles and interviews, the staff communicated the love they have for the residents at Ambrose Place and noted that their ability to develop personal relationships with residents is a part of what makes Ambrose Place unique. Staff argued that while others might see their interactions with residents as unprofessional, they see and care for the residents as a part of their family and community. In this way, they show that they see this way of relating to each other at Ambrose Place as important and also inevitable:

I think it's different here because a lot of the times what you hear in the health care field is you're not supposed to get attached but here it's like inevitable, we can't help it, even though if we're trying to stay professional, either they get attached to us or we get attached to them, it goes either way. But of course we are going to have feelings like when [resident] passed it was so hard for everybody. But I'd rather have my feelings hurt just to make the end of his life much more enjoyable and feeling more comfortable with people. You know it's worth it. It's not for nothing.

Many staff also noted how the appeal of working with their own Indigenous people and culture draws them to work at Ambrose Place and makes them feel more like part of a family. For some staff, personal experiences also contribute to this feeling, as they have family members who had gone through similar struggles to the residents. In some cases, residents were actually related to staff members. Whatever the individual connections, however, staff members' feelings of belonging enables them to connect with residents in a personal way:

The reason why I started working here was because I felt I was more of a person, how do you say it, it was between this place and another and the other one I kind of would have

just been like a number, you know what I mean? But here, we can actually be personal with the clients.

Staff described the importance of building close, trusting relationships with residents. Despite the fact that not all interactions with residents were always positive, staff said that they “still go back” because it takes time to build relationships. Staff also explained how they build close relationships with residents in different ways. In particular, some staff described how opening up and sharing themselves and their own experiences helps them develop trust with residents:

So that being said you know the residents knowing some of my personal journey and they know that I’m- that I use a lot of my heart to communicate with them, and then -showing them that love, that real genuine love. And I find that some of them are calling me sister, some of them are calling me girl, they have their own names for me and they feel comfortable and they want to try too.

As the previous examples show, staff viewed residents as a part of their family and community and expressed love for the people they work with every day. While staff used different language to talk about these relationships, many staff described this way of working together as a family as being a part of their Indigenous worldview and approach:

I think because we go about things in a different way. We are like a family here a crazy little family but a family nonetheless you know. We know we have people in our families of staff who have been on this road that they’re on, so we understand that they’re like maybe our aunties or our uncles, our cousins sometimes who have lost their way. So we understand that and we can accept them for who they are and I don’t think that happens in a lot of other places and we try to work together as a community that’s the tribal ways right? That’s the way we operate. And some people say well they’re not very professional. Well perhaps not, but you know we laugh together, we cry together, we eat together, we celebrate things together, we grieve together, but we do it as a family, as a community, and we try our best to be the kind of family that we need to have. Like if somebody’s not doing well and screwing up, we will talk to them and say you know I think you can do better.

In this way, staff described their love for Ambrose Place and its residents as something that permeates their everyday interactions with residents, as well as something that is informed by Ambrose Place's Indigenous worldview.

“Ceremony can heal”

Staff members across all sharing circles and interviews identified the importance of ceremony for themselves and residents, and spoke at length about their experiences with ceremony at Ambrose Place and elsewhere. Similar to how love and care permeated staff's conversations about residents, however, some staff pointed out that ceremony could not be separated from everything else that is done at Ambrose Place, including the sense of home and belonging that staff discussed in the previous sections.

I don't separate our ceremony from anything that we do here. It's not religion. It's our way of living, it's our life, it's who we are, it's our identity, so when she talked about coming home that's exactly what ceremony does, it brings you back to who you are.

Staff members were almost unanimous in describing ceremony's importance for their own wellbeing and sense of belonging at Ambrose Place. Along with other benefits, staff described how participating in ceremony helps them feel grounded.

But with ceremony it helps me big time here. Like even just in our everyday lives like outside of work right, you come in and it's accessible here and it's just very, I don't know humbling in a sense.

The staff participants also saw ceremony's calming, peaceful effect on the whole building and the people who enter it, whether community members, residents, or staff.

When people come into the building, the feeling I got when we first, once we moved in and started smudging and started smudging just with the staff, then with the residents, and then strangers come in and it's because of all of that stuff and all of those things we do, the ceremonies that have been held here. That people say that when they walk in the door it's very peaceful like no other place they've been and so I do think that ceremony is really important.

Staff responses about the value of ceremony also included identifying its impact on residents, many of whom due to loss of culture had not had access to ceremony or medicines before. Other staff members spoke about the specific effects that ceremony had on individuals, including “redirecting people that are being violent,” helping people “stay sober,” giving people a sense of purpose, and helping people process trauma and grief:

I would say every morning, especially just recently there is a new Elder who is facilitating a smudge every morning and watching people start to pick up on that and to come in and, and a community start to build just around that alone. Because there was a time where that stopped happening for a brief time and I noticed the effect that had on people, started to I guess allow people to drift away from that connection. And so the recent one was a client, her name is [resident], who is really finding that to be helpful in her process of grieving, also her process of sort becoming more connected with herself. And so she’s a person who has been participating in those and found them to be really helpful to help her sort of feel the feelings that she’s been trying to numb out. So it’s been heavy and that a lot of emotions have come out but also really cathartic in that it’s helped her to begin to repair some of the things she feels she has lost.

Not only do staff explain the integral importance of ceremony for themselves and the benefit of having access to ceremony every day at Ambrose Place, they also note the effect that ceremony can have on others entering the building, including visitors and residents. In particular, they note that ceremony can lead to feelings of peace and calm and can aid in residents’ healing, sobriety, and in redirecting residents from certain behaviours.

V. ONGOING CHALLENGES

During sharing circles and subsequent research team meetings, residents and staff identified ongoing challenges relating to the day-to-day operation of Ambrose Place. At the time of writing, staff and residents were already working to address many of these challenges. Below is a brief summary of the challenges identified.

Safety and Security

Sharing circles showed us that Ambrose Place is experienced by many as a safe home where residents can begin to settle and feel comfortable; however, some residents observed that many of the problems that exist outside in the community are brought into Ambrose Place. Some voiced concerns regarding theft and bullying. Others described how disruptive behavior among some residents made them feel uneasy and unsafe.

Verbal Abuse

Sharing circles showed us that staff and residents feel a connection to one another not unlike that of a family; however, both staff and residents had witnessed incidents involving verbal abuse. These cases of disrespectful behavior were isolated but nonetheless had an impact on relationships between staff and residents.

Institutionalization

Sharing circles showed us that Ambrose Place is experienced by many as a safe and comfortable home; however, some residents felt that certain rules (for example, signing in and out) made Ambrose Place feel like an institution. This feeling seemed to be more prominent amongst new residents, and some residents noted that this feeling had faded over time.

Tolerance

Our analysis showed us that Ambrose Place's harm reduction philosophy is central to its mission and outcomes; however, some residents expressed concern regarding the degree to which disruptive behavior by some residents is tolerated, behavior that in some cases makes others feel less safe and secure.

Communication

The sharing circles showed us that residents are generally satisfied with the level of care and service they receive at Ambrose Place; however, some residents expressed uncertainty regarding how their financial contributions to rent and food were being used and whether costs would remain the same over time. While some expressed that they felt the cost was "worth it," some were concerned with not having the rent increases communicated to them.

VI. CONCLUDING REFLECTIONS

Residents' showed tremendous courage when talking about their lives before and after coming to Ambrose Place. Before coming to Ambrose Place many residents were chronically homeless. During the circles, their sharing provided personal accounts of the dimensions of Indigenous homelessness identified by Jessie Thistle^h. This included, for example, the dimensions of *relocation and mobility homelessness* ("We moved back to my reserve and we found out our house was taken"), *escaping or evading harm homelessness* ("You always look for a safe place and where there's a crew of people that are your friends. You know, you cluster together"), and *mental disruption and imbalance homelessness* ("I don't want to live this, I don't want to face it, I don't want to even think about it. So I just drink"). These experiences demonstrate the importance of placing Indigenous homelessness in the context of political, social, cultural and spiritual dislocation, isolation and disruption.

This context is essential for understanding the impact of Ambrose Place. Moreover, the positive changes experienced after moving into Ambrose Place affirm important values associated with Indigenous notions of *homefulness*. During the circles, residents' sharing about their lives since moving into Ambrose Place affirmed important notions of home that were unsettled as a result of housing insecurity, personal trauma, relocation and disruption. For example, values such as safety ("it's a safe place, it's a nice place. People help you out"), spiritual connection ("I love the land, I love the medicines, I love the people that come out of here"), cultural integration ("I do feel like I belong"), belonging and balance ("This is the most loved I've felt, right here in this place than I've ever felt") resonate strongly with Indigenous understandings of *homefulness*. Importantly, residents' experiences were confirmed by staff observations. Staff observed that over time residents begin to feel a sense of home and a sense of family. In addition, staff identified the integral role of ceremony in building spiritual connection among staff and residents.

Based on these perspectives, Ambrose Place can be understood as a place to: *tawāw pe-apik; poohsapoot, amo ihtopiit; edanigha, hoʔa; annaii t'sat dhiindii ts'at nizheh da'on tinich'uh; and qain, aimaruatun aquviatin*; come in and sit and be at home. The *homefulness* fostered through Ambrose Place is a product of managing residents and staff by values and relationships rather than measureable goals and outcomes. Outside on the street they are nobody, and people walk by them like they do not exist. At Ambrose Place, residents belong and are valued as individuals, as

people, which instills hope in them. Ambrose Place gives residents hope and accepts them with love.

VII. ACTION ITEMS

The research committee came up with several action items based on the staff and resident experiences shared in the sharing circles. These actions have to do with funding for staff training and future research.

Research committee members noted the importance of continuing to build staff capacity and enhance their strengths. This includes opportunities to learn new skills and complete further education. For example, some staff are completing training to get their Red Seal, while others are learning about trauma triggers. However, more funding for this investment in staff is needed. Additional funding is also needed for further trauma training and support for staff, who need help with healing to ensure their wellbeing. An application has already been made to secure funding from the Gord Downie and Chanie Wenjack Fund for trauma training.

In addition, further goals and actions related to future research are suggested, including establishing a research ethics committee for Ambrose Place. This body would screen and oversee potential researchers who would like to study Ambrose Place and ensure that research is done ethically, as well as encourage Indigenous researchers to conduct their research at Ambrose Place.

Establishing protocols to guide future researchers working with Ambrose Place and other Indigenous Permanent Supportive Housing projects is another recommended action item.

VIII. INDIGENOUS REFERENCES

- A. Cunningham, C. (2017, October 31). Community of Practice Webinar #12: Carola Cunningham, Ambrose Place, Edmonton residential Indigenous-model MAP Program Description. *Canadian Managed Alcohol Program*. Retrieved from <https://connect.srv.ualberta.ca/p5ow26q8ms8/?launcher=false&fcsContent=true&pbMode=normal>
- B. Ermine, W. (2007). The ethical space of engagement. *Indigenous Law Journal*, 6(1).
- C. Iwama, M., Marshall, M., Marshall, A., & Bartlett, C. (2009). Two-Eyed Seeing and the Language of Healing in Community-Based Research. *Canadian Journal of Native Education*, 32(2), 3-23
- D. Truth and Reconciliation Commission of Canada. (2015). What we have learned: Principles of Truth and Reconciliation. *Truth and Reconciliation Commission of Canada*.
- E. Starblanket, T. (2018). *Suffer the Little Children: Genocide, Indigenous Nations and the Canadian State*. Atlanta, GA: Clarity Press, Inc.
- F. Canada. (1996). Royal Commission on Aboriginal Peoples.
- G. Mitchell, T.L. & Maracle, D.T. (2005). Healing the Generations: Post-traumatic Stress and the Health Status of Aboriginal Populations in Canada. *Journal of Aboriginal Health*, 2(1), 14-24
- H. Homeward Trust Edmonton, Blue Quills First Nations College, & IRM Research and Evaluation. (2015). *Research on the intergenerational impact of colonialism and Aboriginal homelessness in Edmonton: Towards a deeper understanding of the Indigenous experience of urban homelessness*. Retrieved from <http://www.bluequills.ca/wp-content/uploads/2017/03/BQ-Homeward-Trust-Report-Final.pdf>
- I. Aguiar, W. & Halseth, R. (2015). *Aboriginal peoples and historic trauma: The processes of intergenerational transmission*. Prince George, BC: National Centre for Aboriginal Health.
- J. Aguiar, W. & Halseth, R. (2015). *Addressing the healing of Aboriginal adults and families within a community-owned college model*. Prince George, BC: National Centre for Aboriginal Health.

- K. Menzies, P. 2009. Homeless Aboriginal men: Effects of intergenerational trauma. In J.D. Hulchanski, P. Campsie, S. Chau, S. Hwang, and E. Paradis (Eds.), *Finding Home: Policy Options for Addressing Homelessness in Canada*. Toronto: Cities Centre, University of Toronto. Retrieved from: <http://www.homelesshub.ca/FindingHome/>
- L. Thistle, J. (2017). *Definition of Indigenous Homelessness in Canada*. Toronto: Canadian Observatory on Homelessness Press.

IX. WESTERN REFERENCES

1. Edmonton Police Service. (2015). This is who we are: Heavy Users of Services project. Retrieved from http://www.edmontonpolice.ca/News/SuccessStories/TIWWA_HUoS.aspx
2. Homeward Trust. (2017). *2016 Edmonton Point in Time Homeless Count Final Report*. Edmonton.
3. Bell, R. (2016). *Addiction and Mental Health: The Indigenous patient journey project*. Alberta Health Services: Provincial Planning and Capacity Management.
4. Pearson, C., Montgomery, A., & Locke, G. (2009). Housing stability among homeless individuals with serious mental illness participating in housing first programs. *Journal of Community Psychology*, 37(3), 404-417
5. Hwang, S. et al. (2011). Health status, quality of life, residential stability, substance use, and health care utilization among adults applying to a supportive housing program. *Journal of Urban Health*, 88(6), 1076-1090
6. Collins, S., Malone, D., Clifasefi, S. (2013). Housing retention in single-site housing first for chronically homeless individuals with severe alcohol problems. *American Journal of Public Health*, 103, S2, 269-274
7. Larimer, M. et al. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *Journal of the American Medical Association*, 301, 13, 1349-1357
8. Collins, S. et al. (2012). Where harm reduction meets housing first: Exploring alcohol's role in a project-based housing first setting. *International Journal of Drug Policy*, 23, 111-119
9. Collins, S. et al. (2012). Project-based Housing First for chronically homeless individuals with alcohol problems: Within-subjects analysis of 2-year alcohol trajectories. *American Journal of Public Health*, 102, 3, 511-519
10. Clifasefi, S., Malone, D., & Collins, S. (2013). Exposure to project-based Housing First is associated with reduced jail time and bookings. *International Journal of Drug Policy*, 24, 291-296
11. Stockwell, T. et al. (2017). Does managing the consumption of people with severe alcohol dependence reduce harm? A comparison of participants in six Canadian managed alcohol programs with locally recruited controls. *Drug and Alcohol Review*, Online First

12. Collins, S., Malone, D., & Larimer, M. (2012). Motivation to change and treatment attendance as predictors of alcohol-use outcomes among project-based Housing First residents. *Addictive Behaviors*, 37, 931-939
13. Maté, G. (2008). *In the realm of hungry ghosts: Close encounters with addiction*. Toronto, ON: Vintage Canada.
14. Siegel, D. (2017, November 8). *How our relationships shape us by Dr. Dan Siegel* [YouTube Video]. Retrieved from <https://www.youtube.com/watch?v=fwmtgrWKQrY>
15. Lavellee, L. Practical Application of an Indigenous Research Framework and Two Qualitative Indigenous Research Methods: Sharing Circles and Anishnaabe Symbol-Based Reflection. *International Journal of Qualitative Methods*, 8(1), 21-40