Cedar Blankets: Building Wraparound Supports & Reducing Barriers for Indigenous Women and Children to Transition Houses and Safe Homes

Final Evaluation Report for BC Society of Transition Houses

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RECIPROCAL CONSULTING INC.

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Funding Statement

Motivation Statement

Reciprocal Consulting is working in partnership with BCSTH to highlight how the Cedar Blankets project contributes to well-being and self-determination of First Nations, Métis and Inuit women through culturally relevant and responsive methods. As partners, we use an intersectional lens, recognizing that women and their children experiencing gender-based violence are affected by intersecting aspects of identity and access to power.

The intention of the project is to learn from the experience of four pilot sites and the advice of a stakeholder advisory committee how the service delivery model can increase the accessibility of transition houses and highlight the value of investment in transition house policy and practice to increase the safety and well-being Indigenous women and their families.

Executive Summary

This report presents the findings from the evaluation of the Cedar Blankets initiative. The objective of this initiative was to reduce the barriers for Indigenous women and their children accessing transition houses and safe homes by assisting transition houses and safe homes to develop culturally safe practices and to decrease perceived and actual barriers to access for Indigenous women and their children. Four pilot sites were selected to take part in this initiative, with the pilot sites being located in the following areas: Robson Valley, Campbell River, Cowichan Valley, and Cranbrook.

Evaluation Methods

The evaluation methodology took a collaborative, participatory, and strengths-based approach. This evaluation utilized a mixed-methods approach, where both qualitative and quantitative data were gathered. Data were collected through semi-structured interviews with BCSTH staff, interviews or focus groups with Pilot Site staff, interviews with committee members, and online surveys with both pilot site staff and clients at pilot sites. BCSTH also provided online survey data completed by participants after training. Qualitative data from the interviews, focus groups, and surveys were analyzed using thematic analysis. Quantitative data from the program tracking data and surveys were analyzed using excel.

Evaluation Findings

The following presents a summary of evaluation findings from the Cedar Blankets initiative.

Reach of the Cedar Blankets Initiative

About the Pilot Sites in the Cedar Blankets Initiative
Four sites engaged in the piloting of the Cedar Blankets initiative; the pilot sites were located in Cowichan Valley, Robson Valley, Campbell River, and Cranbrook. Pilot sites were located in both rural locations, as well as areas that were both rural and urban.

Over the course of the evaluation, evaluation participants from the pilot sites largely self-identified as non-Indigenous (i.e., 73% at baseline, and 87.5% in later years). While the majority of evaluation participants identified as non-Indigenous, several did identify as First Nations, Métis, or Inuit (23% at baseline, and 12.5% in later years). Finally, evaluation participants at the pilot sites frequently reported their role as either transition house counselor, crisis counselor, or transition house staff.

About the Clients at the Cedar Blankets Pilot Sites
One hundred percent of client evaluation participants indicated their pilot site serves Indigenous women. In years 2023 and 2024, 43 clients identified as Indigenous on the intake form with 15 clients identifying as Indigenous in the client survey. Over one third of clients indicated they had accessed services at a pilot site previously (39.5%).

Challenges in Accessing Services
The majority of client evaluation participants indicated they did not experience any barriers accessing services. However, some client evaluation participants indicated they previously felt the services were limited as they were previously unable to access services due to ineligibility or limited beds available. Other client participants noted they experienced stigma and judgment and felt stereotyped and vulnerable at the transition house.

Design and Delivery

The Need to Reduce Barriers and Challenges that Interfere with Addressing Barriers

Evaluation participants at the pilot sites reported there is a need to reduce barriers that interfere with individuals accessing services. Participants reported an average rating of 3.39 out of 5 regarding the need to reduce barriers at their own pilot site location, and a rating of 4.42 out of 5 regarding the need to reduce barriers across the province of BC.

Challenges and limitations in reducing barriers or promoting inclusive service delivery included challenges in accessing human and financial resources, a lack of training and knowledge on reducing barriers and promoting inclusive service delivery, accessibility challenges, limited staff capacity, the need for more relationships with Local Nations and Communities, and a lack of cultural resources. Evaluation participants from the pilot sites also spoke about the challenge of the sites being connected to oppressive systems, such as the *Ministry of Child and Family Development* (MCFD) and the *Royal Canadian Mounted Police* (RCMP), which creates difficulties for Indigenous women who often do not trust non-Indigenous organizations. Further, they also noted there is often a lack of importance placed on Indigenous-specific services.

Supports Needed Among Clients
Client evaluation participants indicated they need the following supports: counselling, therapeutic services, emotional support, support with goal setting, referrals to services, access to accessible housing, supporting finding employment, and access to learning opportunities. Evaluation participants shared that their cultural needs could be met if they had spaces for traditional teachings, ceremonies, and food.

Interest and Readiness for Improving Indigenous Service Delivery
Evaluation participants at the pilot sites found utility in the development of an engagement strategy for understanding Indigenous women's perspectives, and in creating a community of practice to share lessons learned across sites. They noted there is a need for more resources, not more strategies, as staff are mostly well-informed on how to improve service delivery.

Evaluation participants at the pilot sites were also asked about their readiness at the start of the initiative, as well as in 2022, 2023, and 2024, to which their readiness ebbed and flowed. At the start of the initiative, evaluation participants noted their site was ready to make significant shifts in organizational practices to improve cultural safety and that most staff are ready to make needed changes (average of 4.68 out of 5), and by 2024 the average rating for readiness decreased to an average of 3 out 5. Priority areas to focus efforts included: building relationships with Indigenous community agencies, as well as improving the continuum of care for Indigenous clients.

Presence of Indigenous Programming
At the start of the Cedar Blankets initiative, some evaluation participants at the pilot sites said they had no formal Indigenous specific services or programming at their site, they did report that some Indigenous staff connect with Indigenous women at the sites to offer Indigenous medicine and to connect with them spiritually.

Motivations for Joining the Cedar Blankets Initiative
When asked what motivated their pilot site to join the Cedar Blankets initiative, evaluation participants most frequently spoke about wanting to better serve Indigenous women and their children. Several evaluation participants spoke about being inspired by Indigenous colleagues, Indigenous staff members' lived experience, as well as their personal observations of practices that need to change and witnessing tensions that Indigenous staff have experienced.

Goals, and Desired Outcomes and Results for Indigenous Service Delivery at Pilot Sites
Evaluation participants at the pilot sites identified goals and outcomes they wanted to see for Indigenous service delivery, including: more cultural programming and policies, education and training for staff, improved engagement and connections with local Indigenous community and organizations, increased resources at the pilot sites, more wrap around services, and the need for a shift in attitudes and behaviours within pilot site practices.

Furthermore, evaluation participants at the sites hoped the initiative would result in culturally safe services for Indigenous women and families and would shift policy and organizational culture to create safety for both Indigenous staff and clients. The hope for an expansion of the model to other sites and organizations was also mentioned.

Early Concerns about the Cedar Blankets Initiative
At the start of the Cedar Blankets initiative, evaluation participants at the pilot sites shared concerns about experiencing emotional discomfort in reflecting on their roles as settlers, and that the COVID-19 pandemic might exacerbate emotional stress.

Training
At the start of the initiative, the majority of evaluation participants at the pilot sites reported they had previous training in cultural safety or humility (71%), which increased by 10% in the following years. There was interest from evaluation participants to have additional training on intergenerational trauma and trauma-informed practice, Indigenous cultural safety and racism, and topics related to historical context. Preference for in-person trainings and train-the-trainer models were reported by evaluation participants.

Strengths of the Cedar Blankets Design
Strengths of the Cedar Blankets model included that the model is flexible and adaptable and not prescriptive, which allows agencies to meet Indigenous women and families where they are at. Having the model women-centered was also noted as a strength because there is a clear emphasis on the perspectives of Indigenous women; the model is not institutional but rather it supports client-centered and heart-centered work. The model was also reported as being clear and well-informed and offered a broad enough scope to be inclusive for women of all ethnicities and backgrounds. Evaluation participants further shared that having the partnership stakeholder committee (PSC) was a strength of the model as they had experience and awareness to offer guidance on the model.

Challenges in Implementing the Cedar Blankets Initiative
Challenges encountered in the first year of the Cedar Blankets initiative included delays in starting the initiative due to staff turnover and recruitment, particularly among Indigenous staff, and challenges with the selection of PSC members. COVID-19 also caused challenges which led to limited community outreach, engagement, and the ability to offer in-person training. Varying degrees of engagement within pilot sites was also identified as a challenge in implementing the initiative as some pilot sites engagement with the initiative began to wane.

Barriers to Serving Indigenous Women and Children
Evaluation participants at the pilot sites identified barriers that made the delivery of culturally safe services difficult and noted gaps in education and training, particularly related to resources on Fetal Alcohol Spectrum Disorder. A lack of access to culture was also identified by pilot site leads as a barrier as there can be a feeling of discomfort when staff are unsure how to offer culturally safe services in a culturally sensitive way. Evaluation participants at the sites also reported that some of the requirements and rules at the pilot sites may make clients feel unsafe (i.e., rules that prohibit visitors, chores, numbered doors, abstinence policies). Evaluation participants also reported that policies and practices can be disruptive, describing the need to shift policies to reduce barriers for Indigenous families.

Some evaluation participants at the sites spoke about barriers in connecting Indigenous peoples from other regions, provinces, and territories with cultural supports in the local region (i.e., connecting an Indigenous person from eastern Canada with a local Nation's culture on the island or northern BC).

Finally, some pilot site staff reflected on their capacity as a barrier and noted that the sector is already overburdened, they are hesitant to be involved in this work, and there are limits due to staffing levels, inadequate compensation, and limited time for education and training.

Outcomes and Impacts

Client Satisfaction with Pilot Sites
Client evaluation participants indicated that the staff at the pilot sites were respectful and supportive, and the pilot sites had connections with local Indigenous organizations and services. In the later years of the initiative, clients reported that the space at the pilot sites felt welcoming and safe, whereas earlier years saw slightly lower ratings. Clients further shared that they felt safe with staff at the pilot sites, and they appreciated the emphasis on cultural safety and awareness at the pilot site.

Meeting the Needs of Clients – Client Perspectives as they Leave the Pilot Site
Client evaluation participants shared they received welcoming and helpful support at the sites, explaining that the atmosphere at the pilot site was welcoming, respectful, comfortable, safe, and supportive. All clients who completed the evaluation survey noted they would refer a friend or family to the pilot site they visited, with many expressing a desire to stay at the pilot sites long-term as they felt supported and welcome.

Impacts on Choice to Access Services
Client evaluation participants shared that their experience led to them finding helpful and needed supports, noting that they felt as though all their needs were attended to during their stay and that they felt supported and encouraged. Evaluation respondents noted gaining access to the needed supports for healing, describing that they have access to support groups and counselling.

Client Impacts Since their Involvement with the Pilot Sites
Since their involvement with the pilot sites, clients in the evaluation shared a sense of inner-growth and self-acceptance as a result of their involvement, explaining they have more determination to grow and improve, maintain their sobriety, and they have an increase in inner strength, dignity, hope, and self-respect. Increased stability and safety since their stay at the pilot site was also reported.

Policy and Practice Shifts at Pilot Sites
Evaluation participants at the pilot sites described policy and practice shifts that focused on minimizing institutionalized procedures to improve feelings of safety in the physical space. This was done by being more accommodating around policies that create barriers and supporting clients in choosing their own path; further, pilot site evaluation participants spoke about integrating trauma informed practice and harm reduction, supporting clients with substance use issues, and accommodating large families into the pilot sites. Simplifying the intake and outtake processes were also noted as policy/practices changes. The intake process was reconfigured to be lower barrier where staff ensure that women are settled into the home before gathering information and starting the intake process. The intake process is more culturally appropriate and focuses on creating a welcoming atmosphere for clients as reported by evaluation participants.

Shifts in internal processes and relational ways of working was noted by pilot site evaluation participants who reported more awareness of Indigenous ways of being and knowing. It was shared that the learnings from Cedar Blankets has changed service delivery for Indigenous clients, as some have implemented more cultural programming and support clients in carrying out cultural projects.

Most Significant Changes from Implementing Cedar Blankets

Evaluation participants at the pilot sites reported positive adjustments to their individual outlook and behaviours as they came to understand and recognize the importance of the work of Cedar Blankets. Others gained more self-awareness, realizing the effects of trauma and intergenerational trauma, and the critical need to do the work well. Evaluation participants at pilot sites reported an awareness of cultural safety, with several reflecting on their own racial biases, privileges, and understanding the barriers that exist for Indigenous women. Many shared they were not properly taught the history of colonization or its

impacts on Indigenous peoples and communities, and the opportunities to participate in ceremonies was a transformative experience for their outlook on cultural safety.

Evaluation participants at the pilot sites also reported they became more aware of the rigidity and colonial biases in programs and were actively trying to de-colonize their practice while working towards integrating more relational practices. Furthermore, evaluation participants at the sites noted progress towards reducing barriers for women and children as pilot sites were improving accessibility through community outreach workers, increasing awareness of resources available, providing transportation support, and establishing good connections with local Indigenous services and communities. It was also reported that staff morale at pilot sites had increased due to their involvement in Cedar Blankets as staff had reported increased enjoyment at work as they move away from colonial mindsets and structures.

Perception of Racism and Inequities
Evaluation participants at pilot sites were in agreement that racism, discrimination, and stereotypes negatively impact the lives of Indigenous peoples, and that Indigenous peoples face racism within systems that prevent them from being treated equally. Evaluation participants at pilot sites were also in agreement that Indigenous peoples experience health, social, and economic inequities, and that they were aware of how the Indian Act impacts Indigenous peoples.

Cultural Safety in Operations

With respect to the operational practices associated with cultural safety at the pilot sites, evaluation participants reported some increased access to services for Indigenous women over the initiative's tenure. Evaluation participants noted low numbers of Indigenous women accessing the sites at the start of the initiative, to which they attributed to a lack of cultural safety; however, as the initiative unfolded over the years, some evaluation participants reported that their main clientele were Indigenous women.

Evaluation participants at the pilot sites also highlighted that relationships and connections with local Indigenous communities and organizations – both formal and informal – had strengthened over the course of the Cedar Blankets initiative. At the start of the initiative, evaluation participants noted there were connections and engagement in the form of referrals and collaborating to provide services to clients, however over the course of the initiative, more evaluation participants spoke about attending community events and ceremonies, and establishing relationships with local friendship centres, and even implementing policy and practice changes to support collaboration. These practice and policy changes are notable given that, at the start of the initiative, evaluation participants from all four sites reported that they did not have a policy or practice framework for Indigenous reconciliation or cultural safety. It was also noted that sites did not have specific policies or practices regarding service delivery with Indigenous women and their children.

Lessons Learned and Wise Practices

Convening committees, engagement sessions, and meetings
Evaluation participants reflected on the importance of including Indigenous perspectives at councils and committees to create space for self-determination and agency of Indigenous people. Including a variety of perspectives and voices was noted as a best practice from the PSC. Furthermore, evaluation participants noted that providing honoraria to all committee members is a best practice. Centering flexibility and finding creative ways for the committees to connect was noted as a wise practice, in addition to focusing on meaningful relationships within committees and with Indigenous communities.

Evaluation participants also shared that they would have planned and organized more proactively when it came to meeting to increase attendance. A practice that worked well was holding space for reflection and sharing wisdom as this supported with shared learning during PSC meetings.

Preparation and Planning for Delivery of the Initiative

Engaging in research and learning prior to implementing the model was reported by evaluation participants as a wise practice, as it is important to learn how to do the work in a community- and place-based way. This research and learning includes understanding the challenges faced in remote locations, such as transportation, confidentiality and communication.

Access to training and support for ongoing learning and education was shared as a wise practice for other organizations so staff can take on allyship roles and support the implementation of the model. Trainings related to cultural safety practices was noted, with particular focus on the fact that staff members are at different places in their understanding of reconciliation and decolonization, recognizing the continual learning journey for service providers. Pilot site staff further spoke about the importance of learning about Indigenous histories, colonization and the context of the systemic barriers that Indigenous women face. Education through the Cedar Blankets initiative was cited as an opportunity to better serve Indigenous women and families. Improved education related to cultural competency, having empathy for Indigenous women, and understanding how practices and decisions can be adapted to support intersecting issues would go a long way to better serving Indigenous clients.

Evaluation participants at pilot sites also shared that having strong leadership and management practices in place will foster the development of internal champions. Considering alternative ways and different options to select pilot sites was a lesson learned for evaluation participants who shared that they would have included more pilot sites in the initiative if there was additional funding and they would have revisited the application process and requirements when selecting pilot sites. Understanding the different work cultures may have been easier to understand by being in-person as reported by evaluation participants. Evaluation participants shared that they would revisit the planning process to consider potential risks and challenges for implementing the model and that it would have been beneficial to prepare a realistic plan that aligns with the budget. Lastly, evaluation participants shared that more staff was needed to support the work, as staff were often *working on the side of their desks* to support the work.

Implementation and Delivery of the Initiative
Ensuring service delivery at pilot sites is client centered and genuine, which includes staff learning and growing to be client centered in their approach, was noted as a wise practice by pilot site staff. Adapting, adjusting, and pivoting approaches was noted as a benefit when unintended events or circumstances would arise. It was also highlighted by staff and leads that allowing time to develop relationships is important and they described that a focus on efficiency can be detrimental to building strong relationships. Evaluation participants shared that ensuring that the intake forms or house rules should be aligned with the Cedar Blankets model and that frontline staff need to be oriented so they can think about how their decisions will impact Indigenous women.
The need for flexibility as it relates to adjusting behaviours and outlooks was also noted by evaluation participants. Evaluation participants reported that they spoke about moving away from a goal-oriented approach to an approach that allowed for more self-reflection, a more informal, non-institutional, non-colonial approach. Evaluation participants reflected on the importance of how issues are communicated, sharing that the complex challenges faced by First Nations, Métis, and Inuit women and their families which can be overwhelming and those in support positions need to be mindful of their communication.

Engagement among Sites
Ensuring the clarity on the purpose of the initiative to ensure that there is no confusion about the core focus of the initiative was a lesson learned by evaluation participants. Evaluation participants shared the wise practice of offering online gatherings to create a virtual community and connect pilot sites across the province to feel the strength of others who want to improve access to services. Supporting pilot site staff was highlighted as a wise practice by evaluation participants to share insights and offer peer support.

Opportunities to Support Wise Practices and Impact
Evaluation participants shared that increased collaboration should be in future initiatives, particularly with Indigenous organizations. Continuing to enhance polices and programming was shared by evaluation

participants who noted the need for policies and programming that meet the needs of Indigenous clients. This includes adjusting guidelines that are unnecessarily restrictive and create more barriers and offering Indigenous specific programming to create spaced for healing. Finally, evaluation participants saw that there was an opportunity to use Indigenous language within the sites.

Recommendations

The following are recommendations that emerged from the evaluation findings of the Cedar Blanket Initiative.

1. **Consider developing an engagement and retention strategy to support the ongoing participation of pilot sites.**
   ⇒ Pilot sites were expected to meet regularly throughout the Cedar Blankets initiative, however some pilot sites were more or less engaged, with participation decreasing over the duration of the initiative. Consider reassessing the frequency of meetings to ensure that participation remains active.
   ⇒ An engagement and retention strategy could include the development of a meeting calendar to ensure that pilot sites are aware of all meetings in advance and can plan their attendance accordingly. In addition, meeting agendas should be shared in advance of all meetings, with meeting notes to following all meetings.
   ⇒ To garner more engagement in meetings, consider offering an in-person gathering for all pilot sites and leads once a year to support with building relationships among the pilot sites and increase engagement and commitment to the initiative. These annual in-person meetings could also include professional development opportunities, such as trainings and speakers.
   ⇒ To increase engagement at virtual meetings, consider, having guest speakers for a portion of the meeting. Guest speakers could be selected based on questions that arise from pilot sites, and challenges experienced.
   ⇒ Consider the development of a structured agenda that is used at each meeting so participants can come prepared with questions and to think strategically for finding solutions. A structured agenda could look like:
     o Introductions
     o BCSTH updates
     o Pilot site updates (i.e., successes, challenges faced)
     o Q&A among sites
     o A guest speaker
     o Closing

2. **Consider convening the Indigenous Women's Council and the Partnership Stakeholder Committee on an ongoing basis to offer additional guidance and support to Cedar Blankets.**
   ⇒ With additional funding for honoraria, the ongoing engagement of the Indigenous Women's Council and the Partnership Stakeholder Committee would be of benefit to Cedar Blankets as they provide a lens of lived and front-line experience.
   ⇒ Their expertise could be provided to not only pilot site staff, but also the BCSTH staff as they develop a blueprint or Cedar Blankets moving forward.

3. **Consider offering support to BCSTH members to develop a hiring and retention strategy for Indigenous staff prior to implementing Cedar Blankets.**
   ⇒ Some pilot sites do not have or have limited Indigenous representation; therefore, it is curial that a hiring and retention strategy be implemented prior to Cedar Blankets to ensure that Indigenous staff are not burdened by the implementation of the initiative.

4. **Consider engaging a more concerted effort to review policies and procedures at the pilot sites. In particular, consider reviewing existing policies with a 'colonial audit' lens, in conjunction with a risk assessment lens.**
   ⇒ To solidify the practice shifts that pilot sites implemented throughout the initiative, it is recommended that formal policies and procedures be reviewed and refined. A colonial audit of existing policies could be done to identify which policies serve as barriers, which can be modified,

as well as new policies that could be developed. It is important to note that a risk assessment for any adaptations to existing policies or the creation of new policies be completed, as some policies that are inherently colonial may be directly tied to legal requirements or ensuring the safety of staff and clients.

⇒ The review and refinement of policies, including a colonial audit and risk assessment, is a specialized tasks and requires a significant amount of capacity and resources, therefore, funding and support would be needed.

⇒ While some policies were drafted or changed to improve cultural safety and service provision for Indigenous women and their families, staff reported ongoing specific policy barriers that should be addressed (i.e., limitations on the maximum length of stay and policies that prohibit pets or substance use on site).

5. **Continue to recognize the importance of engaging with local Nations and Indigenous communities to ensure that Cedar Blankets is responsive and relevant to Indigenous women in the areas it is being implemented.**

⇒ As a predominately white led organization, it is recommended that BCSTH continues to engage purposefully with local bands, friendship centres, and Indigenous service providers to strengthen services provided to Indigenous women.

⇒ While some challenges were apparent in engagement efforts, increased funding and more intentional planning around engagement would greatly benefit in reducing barriers and create more avenues of support for Indigenous women.

⇒ More specifically, hosting and attending local community events could support in building relationships.

6. **Continue to garner learnings from the Cedar Blankets initiative to advocate for systemic change within BCSTH sites and the housing sector.**

7. **Continue offering training and educational opportunities to increase the capacity of pilot sites.**

⇒ In-person opportunities for education was noted as a benefit, particularly because this type of direct learning was effective for staff.

⇒ Continue to customize and adapt education opportunities to align with the needs of pilot sites and ensure that the content continues to address the impacts of intergenerational trauma, trauma informed practice, Indigenous cultural safety, and the historical context of Indigenous people in Canada. Furthermore, explore training opportunities that focus on both awareness, as well as tangible strategies and practices that can be implemented.

⇒ It was suggested that training on how to better support Indigenous women who have unique and complex needs would be beneficial to pilot sites (e.g. medical needs, FASD, ASD).

⇒ Consider offering seasonal webinars broadly across the BCSTH members and among partners where leads and staff from the 4 pilot sites take turns to share their learnings, successes, challenges and solutions throughout the 5 years. Pilot site leads could serve as champions to create a groundswell of change across the BCSTH membership and among partners.

8. **Continue to ensure that Cedar Blankets is adaptive, strengths based, and relevant to best meets the needs of Indigenous women.**

⇒ The initiative has benefited from being non-prescriptive, relevant, and adaptable to unique contexts.

⇒ Developing the initiative through the lens of Indigenous women and those with lived experience has been instrumental for the initiative to be impactful.

      i. Participants emphasize the importance of the model being women-centered, indicating that the model should continue to be developed collaboratively with Indigenous women to properly prioritize women at the heart of the model.

9. **Continue to be steadfast in addressing racism and bias within BCSTH.**
    ⇒ Addressing racism and bias within BCSTH is crucial when focusing on creating cultural safety within the housing sector.
    ⇒ By addressing racism and bias, services can continue to be non-judgemental and culturally aware.

10. **Continue to prioritize culturally relevant and safe services at transition houses to reduce barriers for Indigenous women and children accessing services.**
    ⇒ Participants highlighted the importance of supporting clients through a variety of culturally relevant ways, including offering cultural and traditional services, encouraging traditional practices, inviting Elders into transition houses, and being aware and sensitive to Indigenous clients' unique needs.
    ⇒ Participants emphasized the importance of having Indigenous staff, support workers, and Elders available for clients.
    ⇒ Participants encouraged further improvements to the physical space and practices at transition houses, aiming increase culturally safety at sites.
    ⇒ Participants highlighted the need to continue to incorporate more cultural resources at transitions houses, sharing that they could implement more holistic services, inclusive language services and increasing access to Elders.

1.0 Introduction

This report presents the findings for the evaluation of the Cedar Blankets Initiative *(hereby referred to as Cedar Blankets)*. The first section of this document summarizes the project background, while the second section of this document details the methodology. The remaining portion of the report includes the evaluation findings, with data collection tools included in the Appendix.

1.1 About BCSTH

The BC Society of Transition Houses (BCSTH) is a member-based, provincial umbrella organization that enhances the continuum of services and strategies to respond to, prevent and end violence against women, children and youth. BCSTH does not provide frontline support services but is supporting transition houses and safe homes across BC in providing frontline services. Their vision is to support communities to be free from violence for all women, children and youth through leadership, education, support and collaboration. BCSTH is committed to upholding the following principles to achieve their mission and vision: feminist, women-centred, respectful, transparent, responsive, and relevant.

BCSTH was established in 1978, dedicated to providing shelter and support to women fleeing violence, playing a crucial role in connecting transition houses across BC. Today, BCSTH supports a large network of member organizations who provide services in women's transitional housing, safe homes and PEACE counselling programs.

1.2 About the Cedar Blankets Initiative

BCSTH has researched and developed a culturally safe and inclusive service model through engagement with Indigenous women with lived experience of violence, as well as with transition house staff. The Building Wraparound Supports & Reducing Barriers for Indigenous Women and Children to Transition Houses and Safe Homes Inclusive Service Model *(hereby referred to as the model)* is the promising practice that has been tested through the Cedar Blankets initiative. Its overarching model is informed by the concepts of GBA+ analysis, survivor engagement, cultural safety, and trauma- and violence- informed practice.

The objective of this initiative was to reduce the barriers for Indigenous women and their children accessing transition houses and safe homes by assisting transition houses and safe homes to develop culturally safe practices and to decrease perceived and actual barriers to access for Indigenous women and their children. Once sheltered, the objective was to provide culturally safe and effective wraparound supports for Indigenous women and children that foster longer stays at the houses and provide safety and healing for gender-based violence survivors.

BCSTH identified four pilot sites to take part in this initiative. The four pilot sites included: Robson Valley Community Services located in Valemount, Campbell River and North Island Transition House Society located in Campbell River, Cowichan Women Against Violence Society located in Duncan, and Canadian Mental Health Association located in Cranbrook.

Figure 1: Promising Practices in Service Delivery for Aboriginal Women: Framework Model
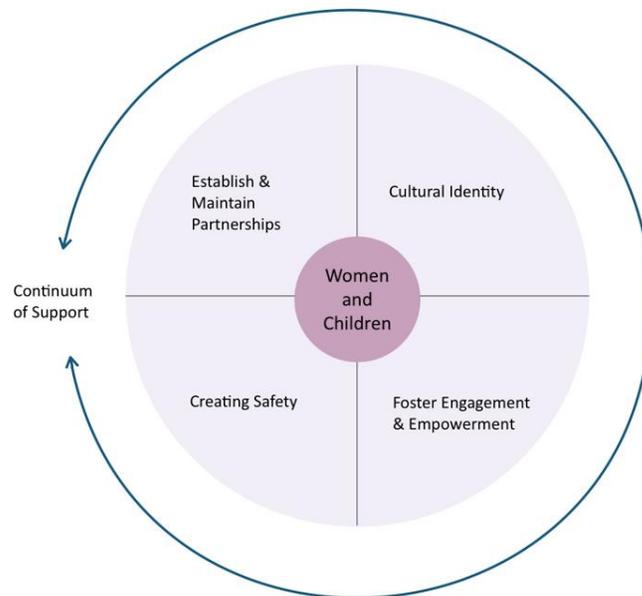
Activities for implementing Cedar Blankets included:

A. Convene a Partnership Stakeholder Committee, recruit and hire key project staff, contract with evaluators, update service delivery model and develop evaluation framework.

B. Identification of pilot sites to implement the Reducing Barriers Inclusive Service Model, establish pilot site implementation plans, local community partnerships and survivor engagement, develop support structures and evaluation processes for each site.

C. Train, monitor and coordinate the Implementation of the 'Reducing Barriers Inclusive Service Model' at the four pilot sites.

D. Regular review and modification of the Reducing Barriers Inclusive Service Model at the pilot sites through evaluation processes, project monitoring and documentation of findings.

E. Draft Blueprint and knowledge dissemination – sharing the Cedar Blankets' blueprint, outcomes and effective practices.

1.3 Project Context

When women contemplate leaving violence, they are often challenged to find safety in their home communities, especially in communities that lack infrastructure and resources. Women feel unable to leave for many reasons, including the fear of losing their children, mental wellness and substance use challenges, lack of viable transportation, poverty and isolation from their community, culture, and support systems. These barriers are magnified for First Nations, Métis and Inuit women and made more complex by their experience of intergenerational, institutional, and individual expressions of racism, including at anti-violence services that should be places of safe refuge. Understanding the intersections between the ongoing legacy of colonialism and the gendered nature of violence is integral to creating safety for Indigenous women at transition houses and safe homes.

Despite being disproportionately victimized by violence, Indigenous women and their children are under-served by transition houses and safe homes. Data reported by transition houses indicates that Indigenous

women access these services frequently and leave them earlier than non-Indigenous women. Research into this phenomenon, including research conducted by BCSTH, indicates that there are several key barriers to accessing transition houses. Substantial barriers to Indigenous women accessing transition houses are rooted in the ongoing legacy of colonization and the residential school system. These include fear of overt and/or covert racism; fear that entering a transition house will result in apprehension of children; and fear that confidentiality and personal agency will not be respected.

2.0 Methodology

This section describes the evaluation purpose and scope, as well as the data collection methods.

2.1 Purpose and Scope of the Evaluation

The purpose of this evaluation was to reflect back and gather feedback on the 5-year implementation of Cedar Blankets. The evaluation focused on gathering insights and perspectives for the duration of the initiative to understand the effectiveness of the reach, design and delivery, as well as the outcomes and impacts. The evaluation also explored the wise practices and lessons learned that could be harvested from the model. The following questions guided this evaluation:

1. How effective was the **reach** of the project?
2. How effective was the **design and delivery** of the project?
3. What were the **outcomes and impacts** of the project?
4. What are the **lessons learned and wise practices** to share from the project?

2.2 Data Collection Methods

Data was collected through multiple sources, using a mix of quantitative and qualitative methods. Data was collected through interviews, surveys, and focus groups, as well as through secondary data provided by BCSTH. Table 1 below outlines the data collection activities, target groups, and number of participants engaged.

Table 1: Data Collection and Data Sources

Year	Target Group	Data Collection Methods	*n*
Preliminary	BCSTH Staff	Interviews	3
	Pilot Site Staff	Survey	55
	Partnership Stakeholder Committee Members	Interviews	6
Baseline	Pilot Site Leads	Interviews	13
	Pilot Site Staff	Survey	31
2022	BCSTH Staff	Interviews	2
	Pilot Site Leads	Focus group	7
	Pilot Site Staff	Survey	21
		Training Survey	18
2023	BCSTH Staff	Interview	3
	Pilot Site Staff	Survey	4
	Pilot Site Leads	Interview	4
	Clients	Survey	7
		Intake/Outtake	7
2024	BCSTH Staff	Interviews	2
	Pilot Site Staff	Surveys & Interviews	2
	Pilot Site leads	Surveys & Interviews	5
	Partnership Stakeholder Committee Members	Interview	1
	Indigenous Women's Council Members	Interview	1
	Clients	Surveys	66
		Total	**258**

Recruitment for interviews, focus groups, and surveys was facilitated with the support from BCSTH pilot sites by sharing a short summary of the evaluation and inviting individuals to engage in opportunities to share input via interviews, focus group, or a survey.

About the Data Collection Timing
Preliminary data were collected in the first year of the five-year Cedar Blankets initiative (May 2020) with BCSTH staff, pilot site staff, and the members of the Partnership Stakeholder Committee (PSC). Preliminary data collection included interviews with BCSTH staff and PSC members, which focused on the strengths of the model, motivations for participation, desired results from the initiative, as well as early lessons learned and wise practices for setting up a partnership stakeholder committee. A survey was also distributed among pilot site staff, which focused on the need for the Cedar Blankets initiative, early strengths and challenges at the pilot sites, external systemic barriers influencing the work, and preliminary outcomes of the pilot sites. The survey with pilot site staff also explored preferred education methods, trainings topics, and supports needed through Cedar Blankets.

Baseline data were collected between February to March 2021. Baseline data included surveys and interviews completed by Cedar Blankets pilot site staff and leads. Baseline surveys and interviews were completed at the outset of the project and focused on understanding where pilot sites were starting from, their motivations for participating in the Cedar Blankets initiative, and readiness for cultural safety programming. Additionally, the baseline surveys and interviews focused on perceptions of racism and inequities that Indigenous women face and how racism and inequities impact access to services.

In the remaining years between 2022-2024, interviews and surveys were completed annually with BCSTH staff, as well as pilot site staff and leads, and clients completed surveys quarterly. In 2024, members of the PSC and IWC were invited to complete an interview.

3.0 Findings

The following presents the evaluation findings for the Cedar Blankets Initiative. Findings are organized by the evaluative areas and overarching evaluative questions of reach, design and delivery, impacts and outcomes, and lessons learned and wise practices. Data collection tools can be found in Appendix B.

3.1 Reach of the Cedar Blankets Initiative

The Cedar Blankets Initiative was piloted in 4 sites across the Province of British Columbia. This section provides details about the pilot sites, the staff at the pilot sites, as well as the clients who utilize the pilot sites. Furthermore, the Cedar Blankets Initiative was also informed by a Partnership Stakeholder Committee (PSC), and details about the PSC's motivations for engaging in this pilot initiative are also presented in this section.

3.1.1 About the Cedar Blankets Pilot Sites

The 4 sites that engaged in the piloting of the Cedar Blankets initiative were located in Cowichan Valley, Robson Valley, Campbell River, and Cranbrook. When asked to indicate which geographic description of their pilot site location, pilot site staff who answered the question were mostly located on **Vancouver Island** (n = 16), followed by the **Lower Mainland** (n = 15). Some pilot site staff indicated their site being located in the **North** (n = 9), and the **Okanagan** (n = 8). See Figure 2 below.

Figure 2: Geographic Location of Pilot Sites
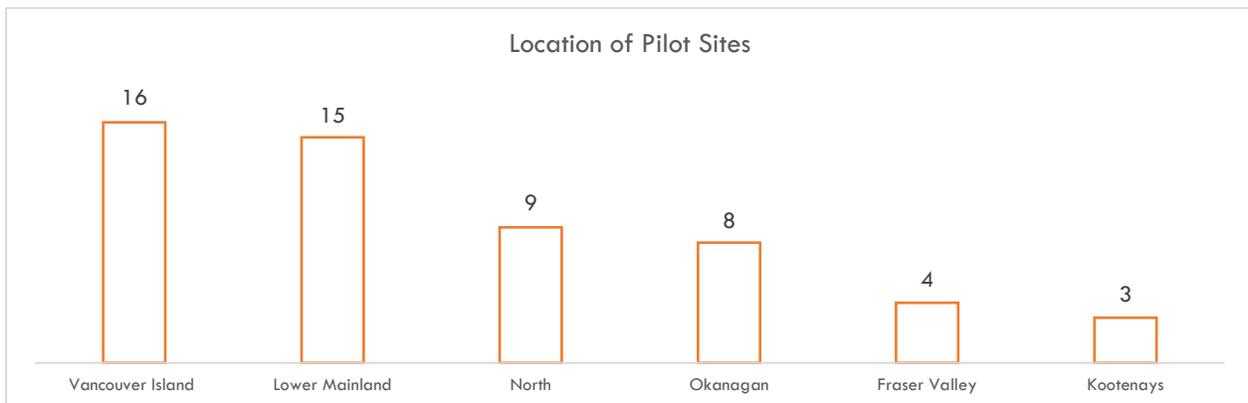
The majority of pilot site staff indicated their site was located in an **urban** area (n = 28). Fifteen pilot site staff indicated their site was in **rural** locations, and twelve reported their site was located in **both a rural and urban area**, explaining that their site is either within or outside the city limits, but serves clients from both areas. See Figure 3 below.

Figure 3: Rural or Urban Location of Pilot Sites

Rural or Urban Location of Pilot Sites

Urban	Rural	Both
28	15	12
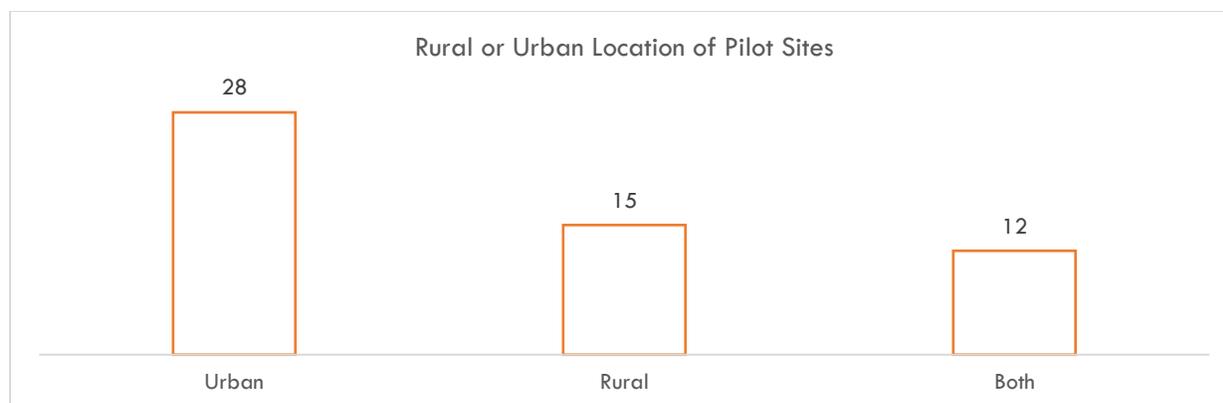
3.1.2 About the Staff at the Cedar Blankets Pilot Sites

Of those who completed the baseline survey, 73% of pilot site staff identified as **non-Indigenous** (n = 22), while 23% of pilot site staff identified as **First Nations, Métis, or Inuit** (n = 7). This trend continued among pilot site staff and leads who completed surveys in the years following the baseline survey (i.e., 2022-2024) where 87.5% of staff and leads identified as non-Indigenous (n = 28), and 12.5% of staff and leads identified as Indigenous (n = 4).

Staff Roles at Pilot Sites

Survey respondents reported a range of roles they hold at their pilot sites. Most frequently, respondents identified their role as either transition house counselor (n = 5), crisis counselor (n = 5), or transition house staff (n = 5).

Table 2: Roles of Pilot Site Staff

Staff Role at Pilot Site	n
Counsellor	10
Transition House Staff	7
Supervisor	3
Coordinator	3
Support Worker	2
Executive Director	2
Program Lead	1
Recovery Worker	1
Manager	1
Director	1

Length of Time Working at the Pilot Site

At the start of the Cedar Blankets initiative, the majority of pilot site staff indicated they have been working at their site for **1 to 3 years** (n = 11), followed by **less than 1 year** (n = 6), and **3 to 5 years** (n = 6). In the annual survey, pilot site staff continued to indicate working at their site for **1 to 3 years** (n = 10),

followed by **less than 1 year** (n = 9), but more site staff indicated being at their site for **10+ years** (n = 6). See Figure 4.

Figure 4: Length of Employment at the Pilot Site

Length of Employment

	Less than 1 year	1-3 years	3-5 years	5-10 years	10+ years
Baseline Survey	6	11	6	4	4
Annual Survey	9	10	4	3	6

3.1.3 About the Clients at the Cedar Blankets Pilot Sites

In the baseline survey, 100% of pilot site staff indicated their **pilot site serves Indigenous women** (n = 55).

In years 2023 and 2024, 43 clients completed intake forms and all clients who chose to self-identify, identified as Indigenous. Forty-one clients identified being from First Nation communities and five clients identified at Métis.[1] Over one third of clients indicated they had accessed services at a pilot site previously (39.5%, n = 17).

When asked to self-identify in the client survey, the majority of survey respondents **identified as Indigenous** (93.75%, n = 15), while one individual identified as non-Indigenous (6.25%). Of the respondents who self-identified as Indigenous, 14 identified with a First Nation community and 1 identified with a Métis community.

Client Challenges in Accessing Services

When asked on the intake form and client survey if they experienced any barriers or challenges accessing services, the majority of clients noted that they **did not experience any barriers accessing services** (n = 26). Of those who did report challenges in accessing services, some clients indicated they previously felt the **services were limited at the pilot sites** (n = 8) noting that it was difficult to find out what services were available, and they experienced long waiting periods and waitlists to access the transition house and services. Some clients noted that they were unable to previously access the transition house due to ineligibility or limited beds available. Some clients noted that they experienced **stigma and judgment** when previously accessing the pilot sites (n = 2) and described that they felt stereotyped and increasingly vulnerable and disheartened. Another client reported that they experienced stigma and racism as an Indigenous person. Additional challenges experienced in accessing services included:

⇒ Scheduling conflicts when inviting children to the pilot site
⇒ Barriers attending appointments due to COVID-19
⇒ Lack of information on services and resources available

⇒ Lack of trust in client's autonomy in the transition house
⇒ Lack of access to medical essentials
⇒ Limited access to nearby resources (e.g. transportation and accessibility barriers)

With respect to current barriers experienced in accessing services at the pilot site, again clients mostly noted that they are **not currently experiencing barriers** (n = 27). Of those who reported barriers, some reported **barriers in finding available housing and a lack of availability at the transition houses** and had to wait for an opening or relocate to another house (n = 4).

The **costs of treatment** were also cited as a barrier among one client who explained they were hesitant to stay at the transition house due to costs. Another client reported that they **need access to more services**, describing that they need accompaniment for appointments and leaving the house to attend meetings or gatherings.

3.1.4 About the Partnership Stakeholder Committee in the Cedar Blankets Initiative

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[1] Please note that clients were able to select more than one option when responding to this question.

Partnership Stakeholder Committee (PSC) members were asked to share their motivations for joining the PSC committee, whether they had any concerns or hesitations about joining, and if there were any barriers that limited their participation.

<u>*Motivation for Joining the Partnership Stakeholder Committee*</u>

Several PSC members were motivated to join the committee as they had a desire to **share their experience working to make transition houses safe for Indigenous women** (n = 6). Some PSC members explained that they understood the challenges and barriers faced by First Nations and Métis women in accessing services, while others noted they were motivated to share their lived expertise as First Nations and Métis women. PSC members also shared their desire to be inspired and learn from the initiative and how important the initiative will be to the sector as a whole. Overall, PSC members shared their excitement to participate in Cedar Blankets, including the selection of pilot sites and the ongoing dialogue at committee meetings.

> *Everyone I've met, their hearts are in the right place. That provides a lot of strength to move things forward.*

<u>*Concerns about Joining the Partnership Stakeholder Committee*</u>

Most PSC members had no concerns about joining the committee but shared some **initial hesitations** (n = 3). One member had an initial hesitation as a European settler that they did not have the Indigenous experience to bring to the committee. Another member noted they were uncertain of how the challenges experienced in this work would be dealt with and that while they see a willingness to make changes, they have seen non-Indigenous people be resistance to change in previous experiences. Another commented that while they were unsure about making a commitment to the initiative at first, they realized after the first meeting how aligned the initiative was with their own work, sharing "*[I am] really grateful for the connection and to be a part of it.*"

<u>*Barriers to Participating in the PSC*</u>

With respect to barriers to fully participating in the PSC, some members spoke about **time limitations and workload** as barriers to their participation noting they hoped their busy schedules would not impact their participation and would make time and energy for the committee (n = 3). In addition, **meaningfully engaging by virtual means** was also noted as challenging when intense discussions are taking place.

3.2 Design and Delivery of the Cedar Blankets Initiative

This section provides evaluative findings related to the design and implementation of the Cedar Blankets Initiative, including the need for Cedar Blankets, interest and readiness for implementing Cedar Blankets model at the pilot sites, training needs among pilot site staff, as well as strengths and challenges in the design and delivery of the Cedar Blankets Initiative.

3.2.1 The Need for the Cedar Blankets Initiative

The Need for Increased Efforts at Pilot Sites to Reduce Barriers

Pilot site staff were asked to rate the level of need for more efforts to reduce access barriers at pilot sites for Indigenous women and children (*where one is not at all and five is very much*). Pilot site staff reported an average rating of 3.39 out of 5 regarding the need to reduce barriers to access at their own pilot site location and offered an increased average rating regarding the need to reduce barriers to access across the province of BC (average of 4.42 out of 5).

Table 3: Rating on the Need for Reducing Barriers

Statement	Average Rating (n)
Barriers to accessing **my transition house** need to be reduced	3.39 (n = 52)
Barriers to accessing **transition houses across BC** need to be reduced	4.42 (n = 43)

Challenges in Reducing Barriers at the Pilot Sites

Challenges and limitations in reducing barriers or promoting inclusive service delivery cited by pilot site staff focused on:

Accessing Human and Financial Resources (n = 21)

- Pilot site staff noted that staff experience a high workload, which limits time to engage with clients and the local community. Additionally, it was noted that there is a lack of funding to support more women and children and hire more staff. Pilot site staff mentioned that there are also physical space limitations within the pilot sites, a lack of affordable and available housing, and a lack of support for children of mothers who have experienced violence.

Lack of Training & Knowledge on Reducing Barriers & Promote Inclusive Service Delivery (n = 19)

- Pilot site staff explained there is a lack of training and knowledge on supporting clients with FASD, medical issues, autism spectrum disorder, chronic illness, and other unique and complex needs that clients experience. They also shared there needs to be more time and funding available for staff training, specifically on trauma-informed practices, cultural sensitivity, and awareness of the needs of local Indigenous communities. Additionally, pilot staff cited the need for staff to have strong knowledge of concepts like colonialism, intergenerational trauma, and Indigenous context and history was noted.

Accessibility Challenges (n = 18)

- Pilot sites noted there is a lack of safe and affordable transportation in rural areas, and a general lack of services in remote and isolated areas. Additionally, external barriers also inhibit access to pilot sites, including the housing crisis, a lack of awareness of available services, and stigma and fear of accessing pilot sites. Additionally, challenges with confidentiality in small communities exist, as there are no guarantees of anonymity for clients.

Staff Capacity (n = 17)

- Pilot site staff explained there is not enough staff, and specifically not enough Indigenous staff. Pilot site staff emphasized the importance of having more Indigenous staff and counsellors to support Indigenous clients

Developing Relationships with Local Nations and Communities (n = 10)

- Pilot site staff noted the need for staff who work and communicate with the local First Nations to build better relationships with the local Nations, as well as the need to develop strong relationships with local Elders.

Lack of Cultural Resources (n = 8)

- Pilot site staff described a need for more Indigeous culture, language and involvement of Elders in programming to offer more wholistic services

Certain Policies Limit Pilot Sites to Reduce Barriers for Clients (n = 5)

- The policy that outlines the maximum length of stay & the prohibition of pets and substance use interfere with reducing barriers

Systemic Barriers Impacting the Pilot Sites

When asked if there were systemic barriers that exist within the pilot sites, pilot site staff described that the sites were **connected to oppressive systems** (n = 22). Firstly, it was noted that the connection to the *Ministry of Child and Family Development* (MCFD) is a barrier to engagement because Indigenous women are fearful and distrustful of MCFD. Additionally, it was noted that oppression from the *Royal Canadian Mounted Police* (RCMP) is a barrier for women to report incidents of violence. Site staff shared that Indigenous women face difficulties in accessing many systems and often do not trust non-Indigenous organizations due to the oppressive reality of colonialism. It was also noted that there is a lack of education about racism and Indigenous context for non-Indigenous people which prevents allyship and reconciliation. Finally, pilot site staff indicated that the system is colonial and racist which creates barriers for Indigenous women and children accessing employment, housing, and safe resources and services.

It was also noted by pilot site staff that there is a lack of importance placed on having **Indigenous specific services** that are culturally safe and trauma informed (n = 11), and that there is a need for the following Indigenous specific supports for Indigenous women:

⇒ Treatment centres and substance/addiction supports
⇒ Mental health centers and counselling supports

⇒ Transition houses
⇒ Detox centres
⇒ Legal aid and supports

Supports Needed Among Clients

When asked what they need to feel supported in accessing services at the pilot sites, clients frequently mentioned needing **counselling, therapeutic services, and emotional support** (n = 12). Clients reported they need consistent access to a counsellor, a group counsellor, psychiatrist, trauma and grief therapy, recovery programs, and someone to offer emotional support. Clients also expressed a need for **support with goal setting** as identifying goals would be beneficial for accessing services (n = 10).

A **positive environment** at the pilot sites would support clients in accessing services (n = 11). Clients described that they appreciate when the pilot site and the staff are patient, calm, and kind. Clients also appreciated when the environment is inclusive, uplifting and has a supportive atmosphere, that is judgment free. Some clients noted they need privacy and independence. Additional supports clients reported they need included:

⇒ **Referrals to services and resources** (n = 9), such as supports for navigating legal information and paperwork or applying for services, funding, and benefits.
⇒ **Access to accessible housing** (n = 4), with clients noting they need support with finding safe and affordable housing, and with applying for subsidized housing.
⇒ **Support finding employment** (n = 3), with clients expressing the need for job training, mentorship opportunities, and help with seeking employment.
⇒ **Access to learning opportunities**, such as training on budgeting, basic life skills and communication skills (n = 1).

Figure 5 below highlights suggestion offered by clients for ways that their cultural needs could be met.

Figure 5: Suggestions to Meet Client Cultural Needs and Reduce Barriers

Meeting Client Cultural Needs

- Create space for traditional teachings, ceremonies, and food (n = 29) such as:
- Access to Elders and knowledge holders
- An emphasis on Indigenous teachings and protocols within the site.
- Teachings about cultural practices, including beading, sewing, smudging, making dreamcatchers and blankets, singing and drumming, language and Indigenous art.
- Access to ceremonies and spiritual practices, describing the need to create space for spiritual practices with Elders, talking circles, cultural fasting, spiritual support, offering tobacco, and smudging throughout the pilot site.
- Access to traditional foods like fish, fried bread, seafood, as well as opportunities to learn to cook and preserve traditional foods.

Reducing Barriers

- Increase availability of housing options (i.e., have more second stage housing and women's centers available; n = 2)
- Mitigate accessibility challenges for larger families with multiple kids
- Hold space for clients and cultivate an atmosphere of non-judgment
- Offer an eagle feather during intake process
- Increase accessibility of client referrals from hospitals
- Offer a centralized space to access resources and information
- Make improvements to the physical space, including more child locks and more flooring rugs

3.2.2 Interest, Readiness, and Motivations for Implementing the Cedar Blankets Model

<u>*Interest in Improving Indigenous Service Delivery*</u>

At the start of the Cedar Blankets Initiative with the pilot sites, pilot site staff were asked to rate their interest in receiving support to improve Indigenous service delivery at the pilot sites (*where a rating of 1 was not useful and a rating of 5 was very useful*). On average, pilot site staff found utility in the development of an engagement strategy for understanding Indigenous women's perspectives. Pilot site staff also found utility in creating a community of practice to share lessons learned across sites. Table 4 below highlights pilot site staff ratings.

Table 4: Rating on Interest in Improving Service Delivery

Statement	Average Rating (n)
It would be useful to develop an engagement strategy to gather Indigenous women's perspectives	4.36 (n = 53)
It would be useful to create a community of practice to share lessons learned across transition houses	4.15 (n = 54)
It would be useful to create a process to assess current transition house policies and procedures	3.73 (n = 53)
It would be useful to develop an engagement strategy to gather key stakeholders' perspectives	3.65 (n = 53)
It would be useful to create a working group within your transition house to address improving Indigenous service delivery	3.41 (n = 52)

When asked to provide additional comments on their ratings, pilot site staff shared that there is a need for more resources, not more strategies, as staff are mostly well-informed on how to improve service delivery. Pilot site staff also noted that there is potential to update previous engagement work on the needs of Indigenous women. Additional comments included:

⇒ There is a need to use available information on how to improve service delivery, rather than re-involving Indigenous women
⇒ Staff at the pilot sites are eager to engage in this work and delve into deeper discussion
⇒ External systemic barriers are the main issue, rather than the service delivery
⇒ Training is a significant need within the pilot sites

Readiness of Pilot Sites to Improve Indigenous Service Delivery

Pilot site staff were asked to rate the readiness of their pilot site to engage in improving cultural safety for Indigenous women and their children (*where 1 is for strongly disagree and 5 is for strongly agree*). Pilot site staff reported an average rating of 4.68 out of 5, noting their site was ready to make significant shifts in organizational practices to improve cultural safety (see Table 5 below). Pilot site staff were asked to share more about the level of readiness at their sites, including any barriers that they anticipated. A number of staff described a **high level of readiness** (n = 14), explaining that most staff are ready to make needed changes, and that there is an eagerness to learn and continue the work that has already begun. One pilot site staff member expressed uncertainty about staff readiness and noted a need for more training. Some pilot site staff shared that some staff would experience difficulty with change, and that the need to have hard conversations towards radical change will be a challenge. Pilot site staff were also asked about their readiness in 2022, 2023, and 2024, to which their readiness ebbed and flowed (see table 5).

Table 5: Likert Scale Responses to Readiness Statements

Statement	Baseline Rating	2022 Rating	2023 Rating	2024 Rating
The transition house / safe home is ready to make significant shifts in organizational practices to improve cultural safety for Indigenous women and their children	4.68	4.43	4.56	3

Pilot Site Priorities in Improving Service Delivery

Most pilot site staff indicated that building relationships with Indigenous community agencies (n = 39) and improving the continuum of care for Indigenous clients was a priority for improving access and reducing barriers for Indigenous women and children (n = 38). Additionally, building relationships with Indigenous communities (n = 37), and revising policies and procedures (n = 28) were also identified as priorities. See Figure 6 below for pilot site staff ratings.

Figure 6: Priorities among Pilot Site Staff (%)
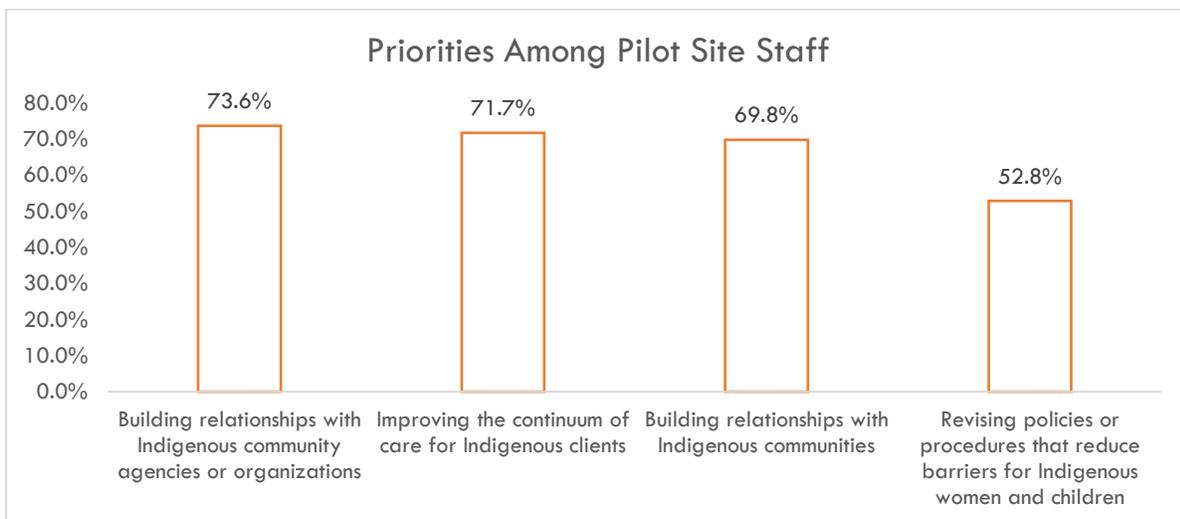
When asked to share additional comments, pilot site staff emphasized the following comments:

⇒ It is important to build relationships with communities, agencies, and organizations that are feminist led.

⇒ It is important to train staff and provide professional development opportunities.

⇒ There is a need for proper resources and funding to be able to revise policies and procedures.

⇒ There needs to be more Indigenous representation for staff and on the Board of Directors.

⇒ Awareness of the resources available needs to be increased.

Presence of Indigenous Programming

At the start of the Cedar Blankets initiative, pilot site staff said they had **no Indigenous specific services or programming at their site** (n = 5), explaining there is nothing formally set up for Indigenous programming, but that some Indigenous staff connect with Indigenous women at the sites and offer Indigenous medicine and connect with them spiritually.

🗨 *Whenever we have anyone stay in our safe home and they do identify as Indigenous, the first question is asking, "Do you smudge, would you like some medicine, do you have any? They likely don't have access to it. I have a stash of goodies that I can share if they need too. And that is pretty much the extent of it at this point.*

Two staff said they **make allowances for cultural practices** by being flexible with clients. For instance, allowance included: supporting clients to leave the house early or return after curfew to go to long house or attend a four-day funeral. One staff shared that while there are no specific Indigenous services, their site has done crafts in the past, such as sage bundles. Another said, "*there are two Indigenous literacy workers, it ends up being catch-all, if other services have Indigenous folks, they'll send them to Indigenous literacy worker to get support and have them make programming more relevant.*"

Readiness and Preparedness for Addressing Cultural Safety

When asked about level of preparation at their site to address cultural safety for Indigenous women and children, pilot site staff mentioned their site is **informed about cultural safety and how to facilitate changes that promote cultural safety** (n = 9). Pilot site staff said their site is open to making policy changes to promote cultural safety and are actively incorporating training to shift organizational practices to reduce barriers for Indigenous women and children. Site staff emphasized their willingness and enthusiasm to continue learning and awareness of cultural safety. Some of the policy changes already implemented included: examining rules and policies that contribute to barriers, working to eliminate staff and resident biases, actively learning about colonization and privilege, hiring more Indigenous staff, and changing the intake and outtake policies to reduce barriers for women.

🗨 *I think the transition house is working to minimize barriers that are created by an excess of rules. We started examining some of the rules/policy to determine what the purpose is and how we can mitigate barriers the women and their children will face. I think as workers at the transition house we need to be aware of our privilege and biases and work hard to minimize/eliminate how this will affect the women. Taking time to listen to the women about their experiences, stories, history and how colonization has affected them individually.*

🗨 *We were able to implement culturally safe policies right away. We hired an Indigenous residence worker, but a barrier is that we do not have a lot of other Indigenous supports in our community. We also changed the wording of certain questions or took out questions in the intake form. For example, adding "Do you have any cultural or religious practices you would like us to be aware of?" and taking out questions asking about education level.*

Motivations for Joining the Cedar Blankets Initiative

When asked what motivated their pilot site to join the Cedar Blankets initiative, pilot site leads most frequently spoke about wanting to **better serve Indigenous women and their children** (n = 12). Pilot site leads shared that there are high proportions of Indigenous women either accessing or in need of transition houses and/or safe home services in their community and there are a number of barriers for Indigenous women staying or connecting with services. One pilot site lead shared:

> 🗨 *Indigenous women tend to not stay as long [at transition homes or safe homes], they do not seek support and [they] leave [transition homes or safe homes] quickly after arriving. [Cedar Blankets allows us to take a] look at how our services can be adjusted to support so that they don't leave in the same place that they have arrived in.*

Pilot site leads also identified **learning** as important motivation for their participation in Cedar Blankets, including opportunities for self-reflection and talking about diversity, inclusion, and equity, and how to combat racism (n = 8). They also mentioned the desire to identify blind spots and have more skills to apply a new lens.

> 🗨 *… as a white settler I have lots of knowledge to gain and blind spots and space to grow as a person.*
> 🗨 *I really want everyone who works at this agency to have a clear understanding of [the barriers that Indigenous women face when accessing services] and work on trauma informed lens and bias that they may have. I think education from the bottom is key.*

Several pilot site leads shared their **own or other staff experiences** as motivation for being part of Cedar Blankets (n = 4). For instance, pilot site leads spoke about being inspired by Indigenous colleagues, Indigenous staff members' lived experience, as well as their personal observations of practices that need to change and witnessing tensions that Indigenous staff have experienced.

Goals, and Desired Outcomes and Results for Indigenous Service Delivery at Pilot Sites

Pilot site staff identified the following goals and outcomes they wanted to see for Indigenous service delivery at their respective pilot sites.

More cultural programming and policies incorporated into the pilot sites (n = 16). Pilot site staff hoped to see more elements of Indigenous culture and values, traditional healing integrated into the sites. Further, pilot site staff hoped there would be more access to Elders and Indigenous languages.

Education and training for staff was also noted as a desired outcome and goal (n = 15), with pilot site staff describing the importance of continued education on the barriers that Indigenous women face, as well as continued education on Indigenous culture, colonialism, intergenerational trauma, and systemic racism. Pilot site staff suggested having more training and workshop opportunities for staff on cultural sensitivity and safety, trauma informed service delivery, and more Indigenous-led workshops.

Improve engagement and connections with local Indigenous community and organizations (n = 10): pilot site staff explained there is a need to build on relationships and increase awareness of their services at the pilot sites in order to better serve Indigenous clients. Pilot site staff suggested the need for staff to participate in community events to build relationships, including attending talking circles and events at the friendship centres.

Increased resourcing at the pilot sites (n = 10), including hiring more staff and accessing more funding to support service delivery. Pilot site staff noted the need to hire more Indigenous staff within the organization, including staff that specifically support Indigenous clients. Pilot site staff also mentioned that they hoped for more funding to provide transportation, open more sites on reserves, and to provide more services for clients.

More wrap around services (n = 6): pilot site staff described the importance of having a broader scope of support and services, such as more second stage and long-term housing and security for families leaving the pilot site.

A **shift in attitudes and behaviours within pilot site practices (n = 5)**: pilot site staff spoke about the need for approaches to be non-judgmental, culturally aware, strengths-based, feminist, and client centered. Site staff also explained that racism and biases among staff need to be addressed in order to improve the services for indigenous clients. Resistance from pilot site staff was also evident, as there were some staff who did not feel they had practices to shift in service delivery. One pilot site staff member shared the following on outdated policies within their site "*Some policies reflect a second wave feminism which is outdated and hinder our ability to effectively support our communities."*

Pilot site leads also spoke about their desired results for the initiative, with several leads noting a goal to **improve services for Indigenous clients** (n = 7) as well as the **development of policies and practices to support cultural safety** (n = 6). One pilot site lead commented:

🗨 *… [we] want to collaborate more for community-wide connection and create ripple effects by doing internal work where we have a chance to make a difference in our corner that ripples out to wider community to make a bigger positive change.*

BCSTH staff and PSC members were also asked what they hoped the result of the Cedar Blankets initiative would be for the pilot sites. BCSTH staff expressed a desire for the initiative to result in **culturally safe services for Indigenous women and families** (n = 3). Staff elaborated that they would like to see services delivered in a way that provides Indigenous women support and time to heal. Further, staff spoke about the desire for shifts in policy and organizational culture to create safety for both Indigenous staff and clients, where the sites create safe spaces to ensure more Indigenous women and their families access services and return as needed. Staff also hoped that BCSTH as an organization will feel better equipped to support members in increasing cultural safety in a way that feels achievable for resource-constrained organizations.

BCSTH staff also hoped to see **growth in terms of service delivery at pilot sites** (n = 3). Staff generally mentioned they would like for the work of the initiative to be constructive and helpful, providing tools to reduce barriers for Indigenous women, children, and youth, especially given the investment of time, energy, and enthusiasm by pilot sites. Staff also mentioned they hoped to see transition houses create systemic changes to their internal policies, including training and hiring practices. In 2024, staff mentioned that they have seen significant growth and development within pilot sites, noting that service providers have committed to sustaining the work and have transformed their service delivery. One staff highlighted that over 200 people have now completed the training and feels participants have begun to think differently about how they provide services to indigenous women and children. BCSTH staff also indicated they hoped there would be education and awareness among pilot site staff to understand that Indigenous women and their families are not vulnerable, but intentionally disadvantaged.

PSC members also hoped the Cedar Blankets initiative would result in **culturally safe delivery of services for Indigenous women and children** (n = 6). Members explained they would like to see transformation in

the way services are provided, including hearing from Indigenous women about what they want and improving practices that will break down fears for accessing services. Two other PSC members identified that they that staff will share knowledge about diversity and the complexity of issues that First Nations, Métis, and Inuit women face in accessing services.

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Desired Results for the Sector

BCSTH staff expressed a desire for **increased awareness and commitment to decolonizing practices within the sector** (n = 3). Staff hoped the blueprint from this initiative would inform those in the sector working with local Indigenous communities and offer learnings from women with lived experience. Staff also spoke about the desire for the initiative to support non-Indigenous staff feel more comfortable acting as allies and Indigenous staff feel better supported.

BCSTH staff also hoped to create **organizational wide and sustainable change** to scale and replicate the model within pilot sites and other transition houses (n = 2). Staff hoped that pilot sites would continue to build on their learning journey and share resources and expertise with other transition houses. Staff also described their aspirations for the lessons learned at the four pilot sites to inform other BCSTH members on what works and what does not in adapting services to be safe places for Indigenous women, children, and youth to go. There is considerable interest from the sector to implement Cedar Blankets model into other transition houses, and other organizations. Staff described the need for the whole sector to fundamentally shift their approach away from colonial structures to a more human centered approach, noting the need for transition houses to be more women-centered to increase the safety for Indigenous women and children.

PSC members expressed hope for **culturally safe services across all transition houses in the province** (n = 3). PSC members noted that they hoped the initiative would contribute to Nation-specific goals to reduce the number of missing and murdered women and improve women's lives through providing culturally and physically safe places.

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Early Concerns about the Cedar Blankets Initiative

At the start of the Cedar Blankets initiative, pilot site leads identified their concerns about implementing the initiative at their sites. Concerns centered around:

⮑ **Emotional discomfort among staff involved** (n = 3). Pilot site leads explained that as white settlers they can expect to feel humbled when reflecting on their role as settlers and when asking questions that demonstrate ignorance or vulnerability. Emotional discomfort was explained by one pilot site lead as particularly concerning because staff are experiencing higher levels of emotional stress due to COVID-19 and may become emotionally overwhelmed as a result of the initiative.

> *Definitely being a white settler, for sure – that's an area where there is discomfort, in knowing my place and what is appropriate, wanting to help and not wanting to overstep – ultimately having humility and asking questions and learning as we go through. It's uncomfortable being in a place of discomfort, as white settlers should.*

⮑ **Added fatigue and logistical issues related to operations and programing** (n = 2). It was noted that other training opportunities were also planned in the year in which the initiative launched, which may increase the workload of staff. In the early years of the initiative, the COVID-19 pandemic had increased fatigue, which caused concerns of about fatigue being exacerbated by engagement with the initiative. Others discussed the logistical issues due to their program being linked to a recovery program with separate mandates and operations.

When asked about barriers that might impact participation in the initiative, pilot site leads identified the following barriers:

Capactity and Staffing (n = 8)	Pilot site leads noted that Cedar Blankets engagement may interfere with already busy work loads. It was shared that barriers such as limited staffing and increased client needs have contributed to heavy workloads, and training activities from the initiative will be difficult to juggle. Staff turn-over and staff leave was also discussed as a barrier, which raised questions as to whether all staff will be able to engage in Cedar Blankets activities. Comments included: *"[they] have to do a lot off the side of their desks, but everyone who has agreed to be part of initiative will make time"* and *"[There's] been [a] hike in violence at home and a hike in access to safe homes, it has gone up 250% since COVID hit, so it's become real that we are so isolated and far away from big resources, hospitals, treatment centers."*

Awareness and Resistance

(n = 6)

Pilot site leads shared that adapting to new ways of doing things might be difficult for staff. This was assumed to be a continued barrier because resistance to change had come up during past initiatives to make the program more accessible or lower barrier. Some pilot site leads expressed empathy that it can be difficult to accept change, especially when changes in the field seem frequent. Another pilot site lead that spoke about resistance to change shared insights that consensus and mutual understanding of the importance of each change can help reduce resistance among staff. Further, one pilot site lead expressed that preconceived knowledge or habitual ways of thinking about other cultural groups such as First Nations can feed into resistance. This pilot site lead anticipated that people who are confident with an approach may be more resistant to considering the problematic aspects of their approach.

COVID-19 Pandemic

(n = 3)

Early in the Cedar Blankets initiative, pilot site leads spoke about the ways in which COVID-19 may serve as a significant barrier in the future, as restrictions and waves of the virus can be unpredictable.

While there were anticipated barriers to participation in Cedar Blankets, participants also expressed readiness and excitement to **overcome barriers and engage** with the initiative (n = 5). Pilot site staff that shared excitement for the opportunities ahead with Cedar Blankets commented that there were few attitudinal barriers as staff are on board and management is supportive of forward-thinking work. Additionally, pilot site leads shared that staff are ready to engage and acknowledge the importance of engaging in reflection of these topics. Further, participants expressed gratitude for the opportunity to engage in this learning process.

3.2.3 Past Training Experiences and Interest in Future Training

Pilot Site Staff Prior Training on Cultural Safety / Humility

At the start of the Cedar Blankets initiative, the majority of pilot site staff reported having **previous training in cultural safety or humility** (n = 22, 71%), with 19% indicating they were **unsure** (n = 6) and 10% reporting they had **not received training** (n = 3) (see Figure 6 below). Pilot site staff indicated they had attended the following training opportunities:

⇒ BCSTH Training: *Increasing Access for Indigenous Women and Reducing Barriers*
⇒ Understanding the Village Workshop
⇒ San'yas Indigenous Cultural Safety training
⇒ Trauma-informed practice
⇒ Moose Hide Campaign workshop
⇒ University of Alberta Indigenous Canada course
⇒ UBC Reconciliation through Indigenous Education

One Indigenous respondent shared that they learned their cultural ways through strong influences and mentorship from their family, sharing: "*My cultural ways of knowing have been a part of my life as far back as I can remember.*"

Through the annual evaluation surveys, pilot site staff were asked again if they had completed training on cultural safety and/or humility, to which the majority of staff reported having **previously attended training** in cultural safety or humility (n = 21, 81%). Smaller proportions responded that they were **not sure** (n = 3, 12%) or had **not received training** (n = 2, 8%) (see Figure 7 below). Staff reported attending/receiving the following training:

Training Attended/Received
⇒ Training through education (i.e., Master's, Addiction Counsellor Program, n = 8)
⇒ Increase Access for Indigenous Women (n = 7)
⇒ Cedar Blankets training (i.e., pilot training, online training; n = 5)
⇒ Trauma Informed Practice Foundations (n = 5)
⇒ Foundations in Violence Against Women v2.0 BCSTH (n = 3)
⇒ Indigenous Canada – Coursera (n = 3)
⇒ San'yas Indigenous Cultural Safety (n = 3)
⇒ Hummingbirds rising
⇒ Restoring the Circle
⇒ HSA International Woman's Day 2017 Workshop: Truth & Reconciliation from a woman's perspective
⇒ Health Sciences Association of BC Group - Indigenous Awareness

Focus of Training Topics
⇒ It takes a village (n = 2)
⇒ Reducing Barriers (n = 2)
⇒ BCAACS-Bringing Tradition Home
⇒ Indigenous Awareness & Working with the UN Declaration
⇒ Response Based Practice
⇒ Indigenous Cultural Competency Training
⇒ Nonviolent-Communication Training
⇒ Harm reduction
⇒ Truth and Reconciliation
⇒ Training through workplace
⇒ Supporting women with mental wellness and substance in safe homes and transition houses

Figure 7: Pilot Site Staff Prior Training Experiences
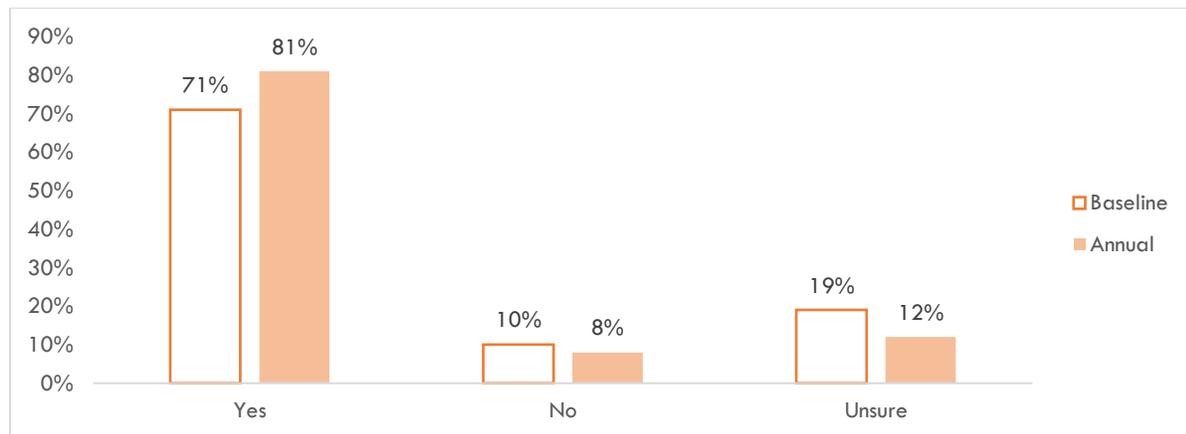
Interest in Additional Training Topics

When asked to rate their interest in additional training opportunities, pilot site staff reported interest in additional training on intergenerational trauma and trauma-informed practice, as well as Indigenous cultural safety would be helpful. See Figure 8 below.

Figure 8: Interest in Additional Training at Baseline
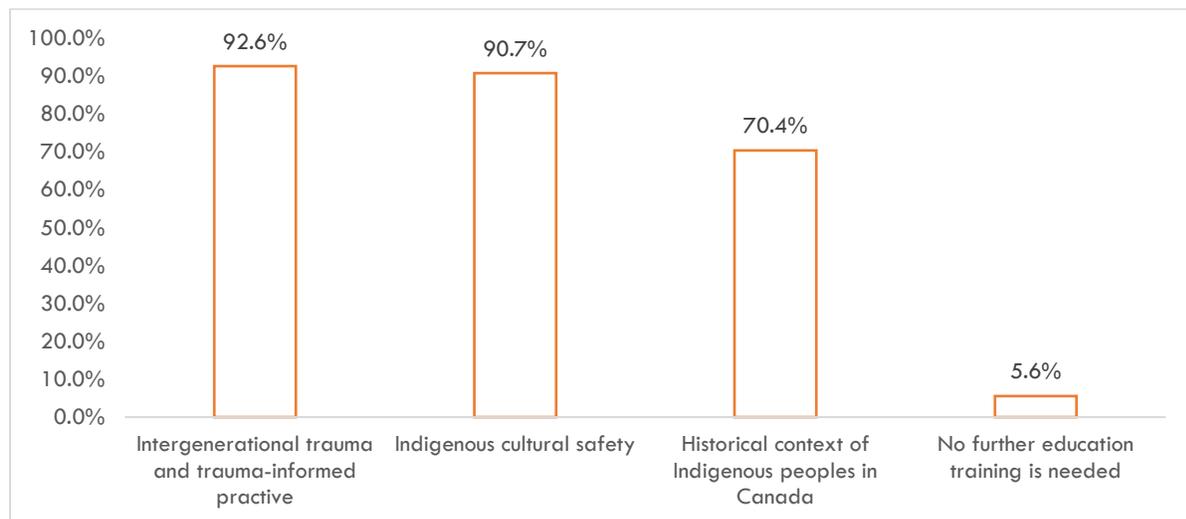
Pilot site staff expressed an interest in **topics related to cultural safety and racism** (n = 6), including topics on Indigenous worldviews, healing, intersectionality, safety planning with Indigenous women, access to Elders, racism and privilege, and how to engage with Indigenous communities. The need for **training on intergenerational trauma** was also of interest (n = 3), such as training on topics related to harm reduction, mental health, substance use training, crisis resolution, coping mechanisms, and vicarious trauma. One pilot site staff described the need for training on **topics related to historical context**, as there is a need to learn about *Missing and Murdered Indigenous Women and Girls* (MMIWG), the *Truth and Reconciliation Commission* (TRC), lands, treaties, reserves, unceded territories and cultural appropriation.

Preferred Educational and Training Methods

When asked what kinds of training methods would be well-received at their pilot site, pilot site staff indicated in person trainings, online trainings, and train-the-trainer models as desired methods. See Figure 9 below for pilot site staff ratings on each method.

Figure 9: Preferred Training Methods by Pilot Site Staff
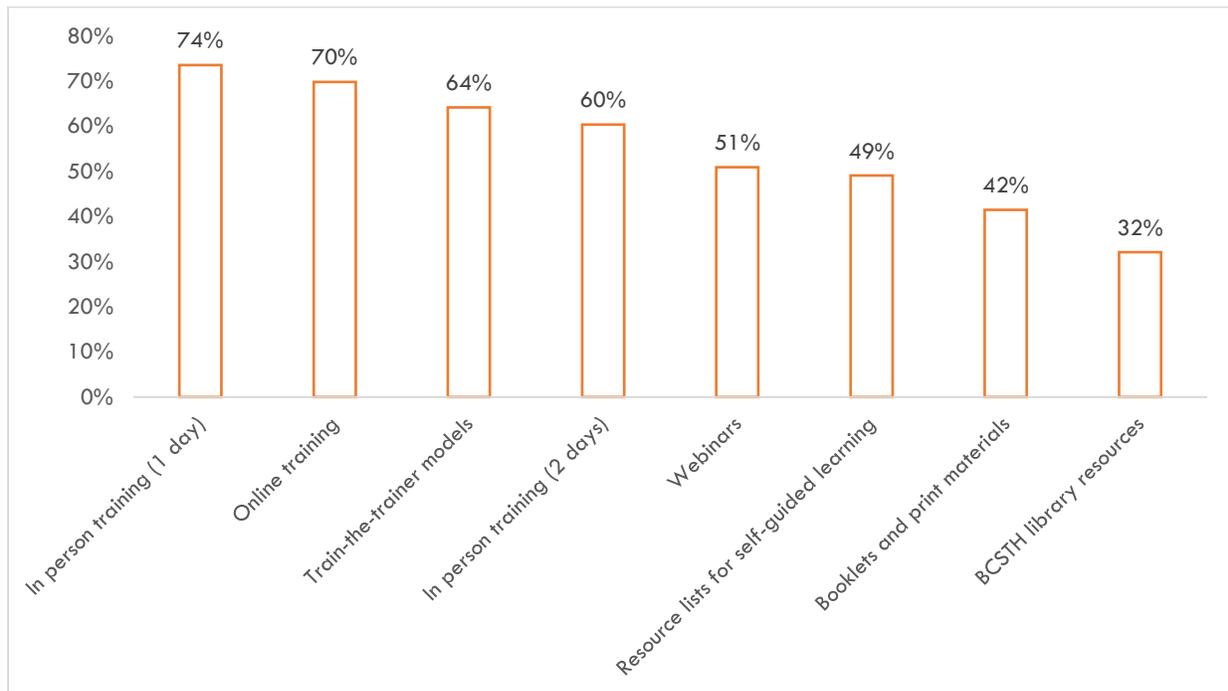
Pilot site staff elaborated on the importance of **in-person education** describing their preferences for direct in-person learning rather than online webinars and workshops, or solely reading materials (n = 8). It was recognized that learning online can be challenging for some and can result in low uptake.

3.2.4 Strengths and Challenges of the Cedar Blankets Model and Implementation

Strengths of the Cedar Blankets Design

BCSTH staff were asked to identify the strengths of the Cedar Blankets model and design. In responding, BCSTH staff frequently noted that the **Cedar Blankets model is flexible and adaptable** (n = 3), explaining that the model is not overly prescriptive and allows for agencies to meet Indigenous women and families where they are at. The model is flexible in allowing communities and organizations to adjust elements to fit their context and needs, while providing clear direction on factors for success. Staff also shared that the flexibility of the model was effective in supporting pilot sites adapt and adopt portions of the learning to fit their needs and support growth.

Staff also shared that the **model is women-centered** as there is a clear emphasis on the perspectives of Indigenous women (n = 3). Staff indicated that having women at the heart of the model was important. Staff also highlighted that the model maintains its purpose of supporting service delivery that will reduce barriers for Indigenous women and children; the model is not institutional but rather it supports client-centered and heart-centered work. Furthermore, the model's commitment to wraparound services was also identified as a strength and the straight-forward image of the circles is grounding and reminds frontline staff to keep respecting Indigenous women and children at their sites. The fact that the model was

developed collaboratively through consultation with Indigenous women with lived experience and pilot site staff was also noted as a strength; one staff member noted that the introduction of the model was timely because the material helped bridge gaps between Indigenous and non-Indigenous worldviews and provided perspectives so that people could be allies when important Indigenous-specific concerns or events arise. This respondent suggested that the news of unmarked graces at Indian Residential Schools had made people more open-minded, energetic, and ready to learn about Indigenous-specific issues. Ultimately, it was noted that the model is not just another program but rather it offers organizations tools and permission to practice allyship.

PSC members also spoke about the strengths of the Cedar Blanket initiative, noting the model is **clear and well-informed** (n = 3). PSC members explained that the model was thoroughly researched, informed by grassroots experience, and creates space for excellence in trauma-informed delivery of service. One PSC member highlighted how important the training element of the model was to educate staff on why the model is needed.

PSC members also highlighted the **PSC itself** as a strength because they are working together as a committee for change (n = 3). Within the PSC, there is circle-level engagement, a sincere desire for feedback, openness and willingness to work together, guidance from those with experience, and the potential for a combined voice to address Indigenous issues. The **experience and awareness of the committee members** themselves was also raised as a strength (n = 2). PSC members noted that many members were already doing the work, and that the inclusion of Elder and youth voices, as well as representation from across the province was key. One PSC member reported that the **piloting of the model at the four sites** was a strength, as pilot testing allows for learnings and adjustments to the model.

The **broad scope** to increase inclusion and provide services to diverse women was noted as a strength by pilot site staff who explained that their sites have an inclusive model for women of all ethnicities and backgrounds (n = 9). Pilot site staff noted that staff support clients without judgement and create a welcoming space for all women and children. Additionally, pilot site staff reported the importance of ensuring service delivery is safe for all women, not just Indigenous women. Lastly, pilot site staff described that their site welcomes women who have experienced any type of violence, not solely domestic violence.

Challenges in Implementing the Cedar Blankets Initiative

Challenges encountered in the first year of Cedar Blankets centered on:

- ♦ **Delays in starting the initiative due to staff turnover and recruitment**, particularly at the leadership level and with key roles (n = 3).
- ♦ **Challenges with the selection of PSC members,** as the first convening of the group took place over a year after member selection; the delay in convening posed challenges related to capacity and commitment of members (n = 3). Initially, Elder and youth roles were not identified for the committee which presented a gap on the committee, along with a lack of Indigenous representation.
- ♦ **Funding challenges** where certain aspects of Cedar Blankets required funding that was not planned for, such as having funds for honoraria for youth and Elder positions on the committee, having funds for gifts for relationship building and engagement with communities, and having travel funds to build relationship and support pilot sites over the duration of the initiative (n = 2).
- ♦ **The large scope of the project**, including the magnitude of the micro and macro goals set out for Cedar Blankets (n = 2).

BCSTH staff also spoke about challenges related to the **COVID-19 pandemic and associated restrictions** (n = 3). Staff spoke about the limitations the pandemic had for a community outreach project, where the intention was for the team to be able to go into community and really get to know the four pilot site

communities. Staff emphasized that the project had to significantly shift and pivot in terms of connecting to the broader community and the pilot sites, noting it was challenging to pivot during implementation. While COVID-19 restrictions did not directly affect all years of the project, staff noted there were lasting impacts from the inability to conduct in-person trainings and gatherings. Ultimately, the COVID-19 pandemic limited the impacts of the initiative. While successful efforts were made to create connections virtually, the online platforms did not allow for the same depth and had an impact on the timing and impact of training. Staff emphasized that having virtual learning options can be beneficial but noted that in-person gatherings and opportunities to build relationships is a core aspect of Indigenous ways of knowing and being. Challenges with connecting to local Indigenous communities was also noted by one PSC member who explained non-Indigenous organizations need support connecting to local bands and Indigenous communities, while another committee member reported there was a **lack of Indigenous representation in the initiative**.

BCSTH staff also reported that **limited funding inhibited the project** (n = 2) as the costs for in-person gatherings was higher than anticipated and depleted the funding faster than anticipated. Staff explained that because BCSTH is not an Indigenous organization, it was a challenge to find enough funding. One staff member emphasized the importance of having sufficient funding to support protocol recognition and gifting, noting that they needed more funding to complete the work in a good way. Limited funding was also echoed by one PSC member as a challenge.

Varying degrees of engagement within pilot sites was also identified as a challenge in implementing the initiative (n = 2). One BCSTH staff explained that there was a varying level of willingness to engage and participate in the initiative among the pilot sites, and resistance from pilot sites presented challenges during the implementation of the model. In year 5, it was noted that some pilot sites engagement with the initiative began to wane.

BCSTH also spoke about challenges related to **staffing** (n = 2), specifically around finding Indigenous candidates as a non-Indigenous organization. BCSTH staff explained that they broadened their dissemination practices and engaged with more partners to find Indigenous candidates. Additionally, having enough human resources to support the multiple dimensions of the work, such as project management and curriculum writing, was also a challenge. Relatedly, **updating the subject matter** since the model was initially developed was a challenge because of human resourcing, but it was an important step to complete with new reports and resources emerging. Integrating the TRC Calls to Action, MMIWG Calls to Justice, and other reports such as In Plain Sight have resulted in many shifts to ensure relevance, especially as a non-Indigenous organization. Lastly, one staff member described **challenges with limiting the selection of pilot sites to four** as there was significant interest. This staff hoped more pilot sites could have been chosen to participate as there was over 20 applications from houses to be involved.

Barriers to Serving Indigenous Women and Children

At the start of the Cedar Blankets initiative, pilot side leads identified the various barriers that make the delivery of culturally safe services difficult. Most frequently, pilot site leads noted having gaps in **education and training** (n = 9) and shared more education was needed around delivering culturally safe services. In addition, pilot site leads expressed a need for education and training on decolonization, reconciliation, cultural   appropriation, and holistic ways to   meet client needs.

> *I think a big gap would be education and training throughout entire organization. As I said earlier, I think that unintentionally there are a lot of people in the community and possibly in the agency that hold some bias towards Indigenous peoples.*

A lack of access to culture (n = 6) was also identified by pilot site leads as a barrier to delivering culturally safe services, with pilot site leads explaining there is a feeling of discomfort because they were unsure about how to offer culturally safe services in a culturally sensitive way. It was also noted that their services may be working well for non-Indigenous clients but that that might not be true for Indigenous clients. An additional gap around access to culture was the role of Elders at the sites and that it is often hard to find Elders and having more Indigenous staff would be great. Lastly, it was mentioned that there is not enough access to cultural healing and cultural foods.

Pilot site leads spoke about **triggers and restrictions** present at the sites that may impede on delivering cultural safe services (n = 4). Triggers and restrictions included:

⇒ Numbers on doors at the sites could be changed to other references, maybe in Indigenous language
⇒ Chores might represent a gap in feeling safe at the site

⇒ Requirements of sobriety at the sites and the risk of being abused if they cannot stay
⇒ Rules within BC Housing that prohibits outside visitors, especially during COVID-19 which is isolating

Additional barriers to delivering services to Indigenous women and children included limited written policies around desired practices, limited resources on Fetal Alcohol Spectrum Disorder, and a need to critically review and revise intake and feedback forms. One pilot site lead spoke about **confidentiality** and that some Indigenous clients prefer white women working at the sites to avoid being identified by community members in a smaller community, while another lead noted that **locations of the sites** could be a barrier as clients may not want to travel off reserve.

Pilot site staff and leads were asked each year over the 5-year initiative to identify gaps and challenges in the delivery of culturally safe services at their sites. Echoing challenges identified at the start of the initiative, **education and training** was noted as a barrier again in 2022 (n = 2). Pilot site staff and leads expressed a desire for more training on Indigenous communities and histories in order to deliver culturally safe services. **Barriers in connecting with the local Indigenous community** was also cited by one pilot site leads or staff, particularly when the site is geographically far from the local nation, which can limit access to cultural supports and collaboration with the nation. **Connecting Indigenous peoples from other regions, provinces, and territories with cultural supports** was also cited as a challenge, as the cultural supports and connections are limited to the local nation rather than connecting clients with their nation-specific culture and community. Lastly, one pilot site lead/staff shared that they noticed some clients are hesitant to self-identify and connect to cultural supports.

Pilot site leads and staff also spoke about their pilot site having **insufficient Indigenous identifying staff and support workers**, describing that there is not always an Indigenous staff member or advocate available for service delivery (n = 2). Pilot site leads/staff expressed the need to ensure the site has enough Indigenous representation the staff or suggested hiring an Indigenous advocate to better support clients. One pilot site lead/staff shared that some **policies and practices can be disruptive**, describing the need to shift policies to reduce barriers for indigenous families. This individual described that some policies have limited clients' ability to have visitors and described the importance of family-centered support for Indigenous clients.

Finally, some pilot site staff reflected on their capacity as a barrier and noted that the sector is already overburdened, they are hesitant to be involved in this work, and there are limits due to staffing levels, inadequate compensation, and limited time for education and training.

> 🎙 *...It feels to me like what is happening is we are asking an already unpaid and overburdened section of our workforce (our front line staff) to take on this huge, triggering, trauma heavy, intense task of re-educating and training themselves in cultural safety for what is by far the largest demographic of*

people in our house, Indigenous women and their children are primarily who we serve at our location. It is an additional ask, without the resources to support that ask. It is not working.

🗨 *There are many barriers such as staffing levels, time limits, compensation, education and training time for cultural safety. Due to low level of compensation for front line workers there are less job applications; among those applications there are low levels of applicants who have the necessary education. The women who already work in the house are eager for education but need the financial support to receive training. These barriers lead to burn out and stress leave and make it challenging to ask an over-burdened workforce to do cultural safety training*

3.3 Outcomes and Impacts of the Cedar Blankets Initiative

This section provides evaluative findings related to outcomes and impacts of the Cedar Blankets Initiative, including client satisfaction with the pilot sites, client impacts, policy and practice shifts, changes in perceptions of racism, inequities, and elements of cultural safety.

3.3.1 Client Satisfaction with Pilot Sites

Clients were asked to rate the several statements about the pilot sites staff support, space, services, and partnerships with Indigenous organizations/services. Clients rated statements on a scale of 1 to 5, where 1 was "not at all" and 5 was "very much". Overall, clients indicated that the staff at the pilot sites were respectful and supportive, and the pilot sites had connections with local Indigenous organizations and services. In the later years of the 5-year initiative, clients reported that the space at the pilot sites felt welcoming and safe, whereas earlier years saw slightly lower average ratings. See Figure 10 below for average ratings between years 2023 and 2024.

Figure 10: Client Ratings on Staff, Space, Services, and Partnerships (average)
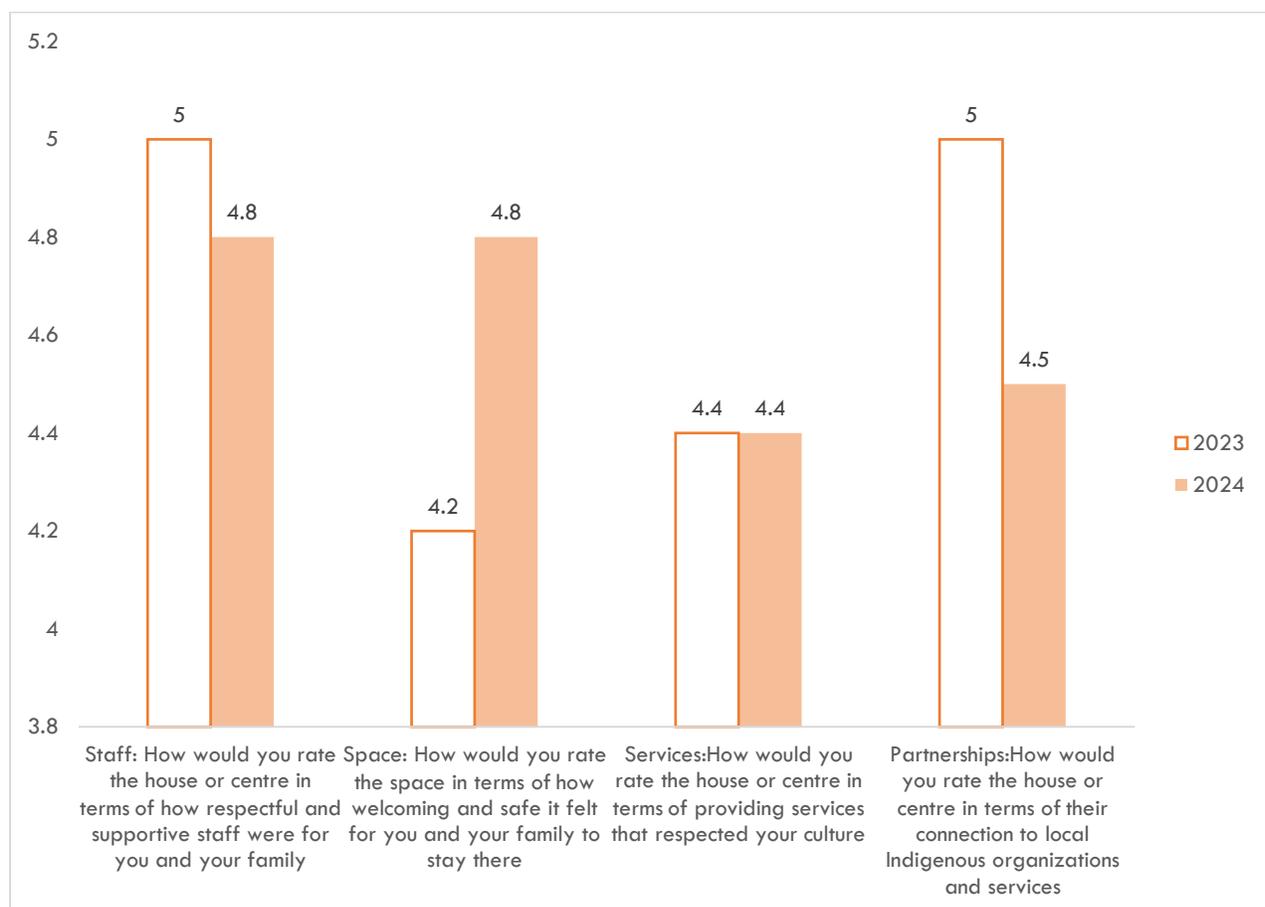
Clients were asked to elaborate further on their ratings related to staff, space, services and partnerships. A key theme was that clients **felt safe with the staff at pilot sites** (n = 11). Clients described being well supported by staff, emphasizing that they were able to share candidly with the staff without fear of judgment. Clients emphasized that staff were understanding, kind, knowledgeable, and warm and compassionate. One client reported they noticed increased positive impacts from their stay when they learned to open up to staff and their help.

Clients also shared that they appreciated the emphasis on **cultural safety and awareness** within the pilot site (n = 8). Clients explained that the pilot site supported connections with Elders, emphasized Indigenous approaches to healing, and that they were knowledgeable about local nations, and offered Indigenous specific cultural activities. One client emphasized the importance of increasing access to Indigenous cultural services and noted there is always space for increased access to Elders and cultural resources. Several clients described their **positive experience with the physical space**, mentioning that there is an abundance of space and that the space was welcoming for family visitors (n = 7).

Clients also mentioned they increased their **connection with local resources and services**, sharing that staff helped them connect with supports, cultural resources and local resources (n = 7). Additionally, clients shared that they appreciated the sharing of information regarding services, noting that they received information on schooling, daycare, local shelters, local food resources, resources for single mothers and support in finding any needed services.

Meeting the Needs of Clients – Client Perspectives as they Leave the Pilot Site

When asked on the outtake form if their needs were met while accessing services, clients mostly shared that they **received welcoming and helpful support** (n = 20). Clients described that the atmosphere at the pilot site was welcoming, respectful, comfortable, safe, and supportive. Additionally, clients shared that the staff at the site were welcoming, helpful, supportive and approachable, noting that staff were integral their positive experience.

Would Clients Refer Others

When asked to share whether they would refer a friend or family member to the services at pilot sites, all clients who completed the survey noted they would **refer a friend or family** to the pilot site they visited (n = 18). Clients emphasized again that they experienced positive impacts form their stay, including prolonged sobriety and inner peace.

Impacts on the Length of Stay

When asked to share whether their experience at the pilot site impacted the length of their stay, clients expressed a **desire to stay long term** (n = 9). Clients emphasized that they felt supported to stay at the transition house and expressed a desire to stay long term due to the welcoming atmosphere. Clients explained their **positive experiences fostered longer stays**, describing that their experience at the site was positive and positively impacted their healing journey (n = 8). Clients described that the atmosphere at the transition house was respectful and polite, which encouraged them to stay.

One client described that their **length of stay was impacted due to behavior**, describing that they left early due to self-sabotaging behavior.

Impacts on Choice to Access Services

When asked to share reflections on how their experience at the pilot site influenced their choice to access serviced, clients shared that their **experience led to finding helpful and needed supports** (n = 10). Firstly, respondents shared that they felt as though all their needs were attended to during their stay, sharing that they felt supported and encouraged. Respondents shared that they gained access to the needed supports for healing, describing that they have access to support groups and counselling. One client shared that their experience helped to foster more acceptance and openness to receiving support. Another client shared that they feel more compelled to advocate for themselves and for other women who are navigating the system.

Lastly, some clients generally shared that their experience led to access of services and resources, one client emphasized that they stayed longer than anticipated to continue accessing resources.

3.3.2 Client Impacts Since their Involvement with the Pilot Sites

When asked to share what had changed for them since their stay at the pilot sites, clients most often shared that they had felt a change in their **sense of inner-growth and self-acceptance** (n = 9). Clients noted they experienced more self-acceptance and became more honest with themselves and others. Clients also reported they have more determination to grow and improve, maintain their sobriety, and have an increase in inner strength, dignity, hope, health and self-respect. Additionally, clients spoke about experiencing **more stability and safety** since their stay at the pilot site, describing that they generally feel safer and more supported (n = 2). One client reported they had not experienced any changes.

3.3.3 Policy and Practice Shifts at Pilot Sites

Several pilot site staff reported there have been ongoing efforts to incorporate policy shifts to improve service delivery. Pilot site staff described **policy and practice shifts that aimed to minimize institutionalized procedures to improve feelings of safety in the physical space** (n = 24). Pilot site staff explained they were aware that rules and guidelines can create barriers for clients, and they aimed to be more accommodating to clients. Additionally, it was described that the pilot sites were welcoming, safe, relaxed, and had a warm and friendly atmosphere. Pilot site staff mentioned that the sites focused on maintaining an environment with reduced barriers by supporting clients in choosing their own path, and by simplifying the intake process. Furthermore, it was noted that the sites practice being trauma informed and integrates harm reduction to support clients with substance use issues. Additionally, it was noted that staff aim to be accommodating to clients' needs by accepting clients with large families into the space.

Relatedly, pilot site staff described that there have been shifts in **internal processes and relational ways of working**, noting more awareness of Indigenous ways of being and knowing (n = 9). They shared that there have been shifts in the internal organizational policies which are having positive impacts for both clients and staff at the pilot site. They also described that their learnings during the Cedar Blankets initiative have changed their service delivery for clients at the site, mentioning an increase in flexibility and generally noting staff are more accommodating of client's needs. Pilot site staff reported that prior to Cedar Blankets, the sites had more strict guidelines and rules, sharing that they are more flexible around guidelines and exceptions to accommodate clients now

We're more lenient on actually listening to a person's experience and what they need and then being flexible around our guidelines if it makes sense to accommodate that. We're not so rigid.

in order to reduce barriers for Indigenous families. One pilot site staff specifically noted that they are more open to be accommodating to provide space for reunification of family members. Others shared that they have implemented more cultural programming, mentioning that they support clients in carrying out cultural projects, allowing smudging, incorporating more Indigenous art and languages, and have created a safe space for meditation.

Pilot site staff also shared that there have been some shifts in internal processes that have benefited staff, sharing that staff are required to attend trainings and learning opportunities. Noting that internal processes are more flexible, for example, internal meetings have tended to be less formal and more focused on connection and reciprocity. One site staff shared that their workplace is recognizing the importance of mind, body, and spirit, noting that staff now have access to mental health days. Lastly, one individual noted that there have been shifts in their hiring practices, describing that they have changed the

process to be more inclusive and lower barrier while ensuring potential hires understand reconciliation and decolonization.

Efforts to work in more relational ways included **changes to data collection and the intake processes** (n = 6). Pilot site staff described that the intake and outtake forms were altered to be lower barrier. They noted that the processes are more concise and request less information. Staff shared that they make an effort to ensure women are settled into the home before gathering information and starting the intake process. The intake process is more culturally appropriate, and they focus on creating a welcoming atmosphere for clients, for example, offering tea and food during intake.

> 🗨 *Cedar Blankets kind of gave us the permission and the allowance and the encouragement to [make changes]. It reinforced that, yes, we were headed in the right direction. And let's keep doing this; let's try to make our services better.*

Pilot site staff also reported they are generally **taking a more hands-off approach,** learning to support in culturally safe ways. One site staff noted that the organization is deeply committed to this work, and it values diversity and inclusion. However, this individual also noted that more efforts could be made to cement these efforts in practice. An example of cementing efforts in practice is creating an honorarium for Indigenous Elders and Leaders.

Pilot site staff shared that there is more ability and awareness of **actively questioning policies and practices,** describing that staff are reflecting on how to improve policies (n = 3) and they are actively questioning the effectiveness of policies and focusing on what will best meet the needs of clients.

Pilot site staff highlighted that the **Indigenous Women's Council assisted in policy changes,** describing that they have been integral to improving the policies (n = 2). The IWC helped to consult on changing the intake form, creating an inclusive environment, developing more culturally safe policies, and reducing barriers for Indigenous women accessing services.

In 2022, two pilot site staff shared that there had not been any recent changes in policy and practice, sharing that there had already been Indigenous competencies in place. One noted that they had not received any feedback from Indigenous clients regarding service delivery, therefore were not aware of any needed changes.

BCSTH staff also spoke about how the **Cedar Blankets model contributed to important changes within service delivery and policy at the pilot sites** (n = 2). Staff described that they had seen positive impacts within different aspects of policies and practices at pilot sites, specifically in improvements to the cultural safety at the sites, the board level, within frontline practices, and in the design and physical space of the sites. One BCSTH staff member mentioned that the sites are using the online portion of the model as part of the onboarding hiring process, and that the model operates as a tool to support staff at the pilot sites consider how shifting practices can contribute to the collective circle wrapping around to support Indigenous women and children. Lastly, one staff member highlighted that pilot sites have been implementing their learning to positively impact new policies, noting that one site used the teachings to help open a childcare center.

3.3.4 Most Significant Changes from Implementing Cedar Blankets

Pilot site staff and leads were asked to reflect on the most significant learnings or experiences from the Cedar Blankets project. Most pilot site staff and leads spoke about witnessing **positive adjustments to their individual outlook and behaviours** (n = 9), which includes coming to understand and recognize the importance of the work itself. Others stated that they gained more self-awareness, realizing the effects of trauma and intergenerational trauma, and the critical need to do the work well. One pilot site staff or lead relayed that they are now more critical and able to confront their own biases, and welcome others to correct them. All pilot site staff and leads emphasized the responsibility of the work, being able to be reflexive and adaptable to the challenges and opportunities presented. One pilot site staff or lead stated that intentionality is important to this process. Many shared that they were not properly taught the history of colonization or its impacts on Indigenous peoples and communities, with one individual describing that they had opportunities to participate in ceremonies, which was a transformative experience for their outlook on cultural safety.

> *I know about white privilege, and I know how to recognize bias and all of those things and yet I've gone through our Canadian schooling system, including university, and felt like that training received from working at Cedar House… I learned so much more in this experience. It was just very eye opening to me. I knew some of it and it was really horrifying to realize that I still didn't know anywhere near what I should know.*

Pilot site staff and leads also shared that they noticed significant **changes in service delivery regarding relationality and relational practices** (n = 4). For instance, they noted they are more aware of the rigidity and colonial biases in other programs and are actively trying to de-colonize their practice while working towards integrating more relational practices. Site staff and leads also noted they have been more patient and reflective while learning to be low-barrier and supportive of Indigenous women's needs. One individual reflected that during the creation of the *Indigenous Women's Council* (IWC), they learned the importance of building relationships through food and holding space for conversation outside of emails. In addition, **progress towards reducing barriers for women and children** was identified by pilot site staff (n = 13) as pilot sites were improving the accessibility to their site through community outreach workers, increasing awareness of services and resources available, providing transportation support for clients, offering a toll-free phone number for clients, and establishing good connections with local Indigenous services and communities in order to connect clients with local bands, friendship centres, and Indigenous service providers. BCSTH staff also spoke about the sites **connecting to the wider Indigenous communities,** noting that all sites have built connections with Indigenous peoples around them (n = 2). Staff described that some sites had a harder time connection to local nations but have had success in improving relationships with the nation. Staff also mentioned that some relationships have been very collaborative and active.

Finally, one BCSTH staff described that **staff morale at pilot sites has increased** due to their involvement in Cedar Blankets and staff have reported increased enjoyment at work as they move away from colonial mindsets and structures.

Increased Awareness of Cultural Safety

Pilot site staff noted that their pilot site had an awareness of cultural safety (n = 33), and that they aim to support clients in the following ways:

⇒ Providing traditional foods
⇒ Respecting and accommodating traditional values and practices
⇒ Staff engagement in cultural awareness and cultural competency training
⇒ Staff and client participation in community cultural events
⇒ Hosting Elders circles
⇒ Supporting culturally safe health care
⇒ Providing culturally safe services and being flexible and accommodating for Indigenous clients and family's needs
⇒ Providing access to translators during the intake process
⇒ Offering cultural workshops/ceremonies for clients
⇒ Including local Nations and communities in the operations of the site (e.g. territory acknowledgments and asking permission to operate on the lands, collaboration with the band and Elders).

Pilot site staff also mentioned that their sites have Indigenous staff and support workers available for clients and described that there are paid positions at their sites for Indigenous staff and workers to help increase cultural safety. Pilot site staff also participate in reflecting on their own racial biases, privileges, and barriers that exist for Indigenous women. Furthermore, leadership at the sites encouraged and supported continual learning opportunities on for cultural safety. Lastly, one pilot site staff noted that their site was specifically working to implement the *Truth and Reconciliation Commission of Canada* (TRC) Calls to Action in their workplace. Lastly, it was noted that Indigenous leadership and input had been implemented in all programs and procedures, and the Indigenous Women's Council has been a significant part of that work.

3.3.5 Perceptions of Racism and Knowledge of Cultural Safety

Perception of Racism and Inequities

Each year, pilot site staff were asked to rate several statements on their perceptions of racism and inequities for Indigenous peoples, where a rating of *1 is strongly disagree and 5 is strongly agree*. On average, pilot site staff were in agreement that racism, discrimination, and stereotypes negatively impact the lives of Indigenous peoples, and that Indigenous peoples face racism within systems that prevent them from being treated equally (see Figure 11).

Figure 11: Perceptions of Racism and Inequities (average)
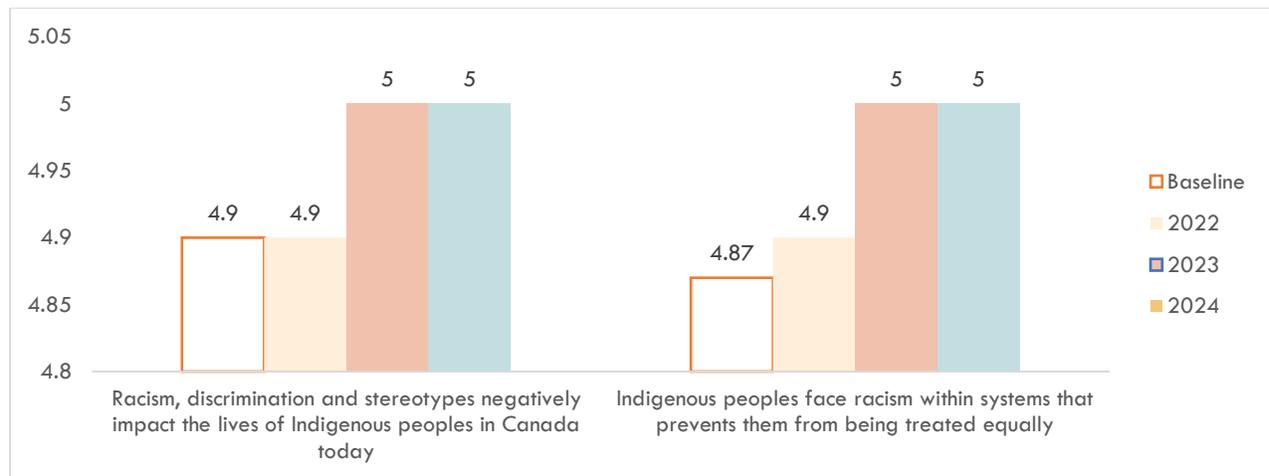
Furthermore, on average, pilot site staff were also in agreement that Indigenous peoples experience health, social, and economic inequities, and that they were aware of how the Indian Act impacts Indigenous peoples (see Figure 12).

Figure 12: Perceptions of Racism and Inequities (average)
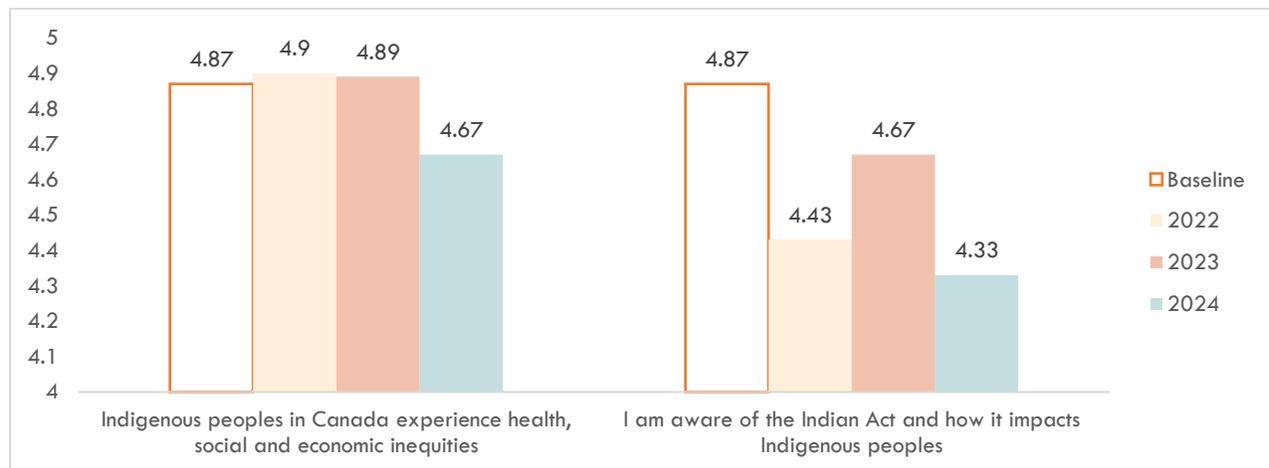
Finally, on average, pilot site staff were also in agreement that there is a need for Indigenous cultural safety and humility in all aspects of health and social programming (see Figure 13).

Figure 13: Perceptions on the Need for Cultural Safety (average)

There is a need for Indigenous cultural safety/humility in all aspects of health and social programming

Baseline	2022	2023	2024
4.13	4.86	5	4.67
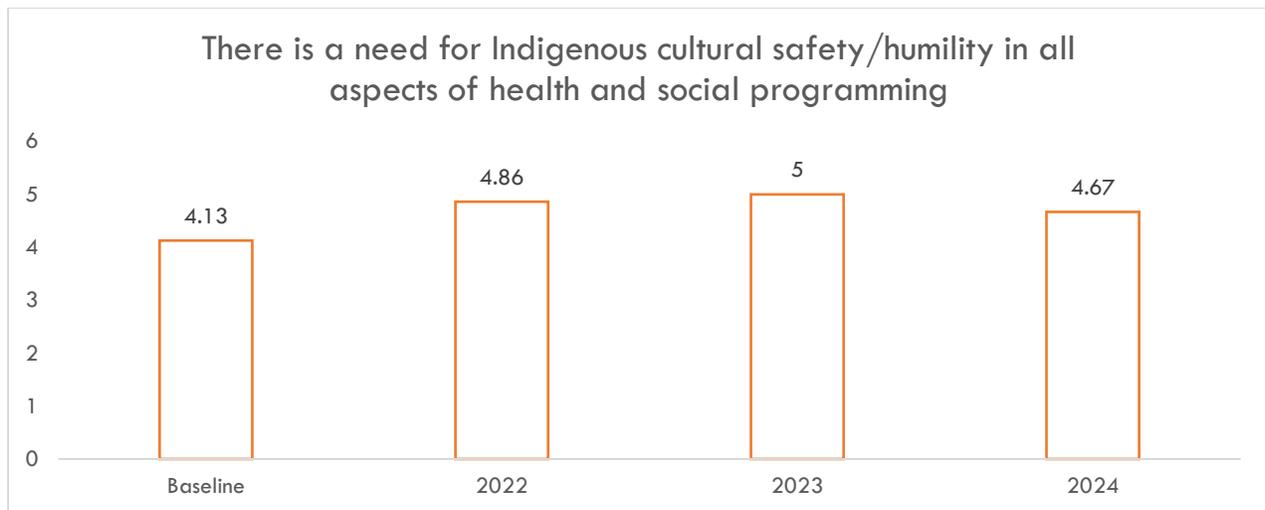
When asked to share more about their ratings, some pilot site staff expressed an interest in further learning (i.e., more on the impacts of the Indian Act), with some reporting they did not have a lot of knowledge of the Indian Act and have more learning to do to fully understand the ways the Indian Act impacts Indigenous peoples. Others expressed shame for Canada's treatment of Indigenous people and a need for change and recognized the courage of Indigenous staff and clients to share their lived experiences. Other pilot site staff noted that they have learned a lot because of the trainings (n = 3), with one specifically noting that they are "*constantly learning and unlearning as a cisgender, non-Indigenous female…*" One pilot site staff shared that they have witnessed racism in health settings, and the need for cultural training is imperative, while another reported that they have heard stories of the racist treatment Indigenous people face. Finally, one respondent shared:

> 🗨 *I try to be an ally for Indigenous people. I am committed to standing up against racism. I am aware of my privilege, and I try to be mindful of any biases I may have. I work hard to do all I can to treat/respect Indigenous people and all they have experienced because of colonialism and oppression.*

Understanding of and Actions Related to Cultural Safety

Each year, pilot site staff were asked to rate their agreement with statements on their understanding of cultural safety, decolonization, and delivering safe services on a scale of 1 to 5 (where one is strongly disagree, and 5 is strongly agree). On average, pilot site staff agreed with the statement that they understand the barriers and challenges that Indigenous women face in accessing services, and that they understand solutions and culturally safe methods to enhance serving and supporting Indigenous women (see Figure 14).

**Figure 14: Ratings on Understanding Cultural Safety (average)**
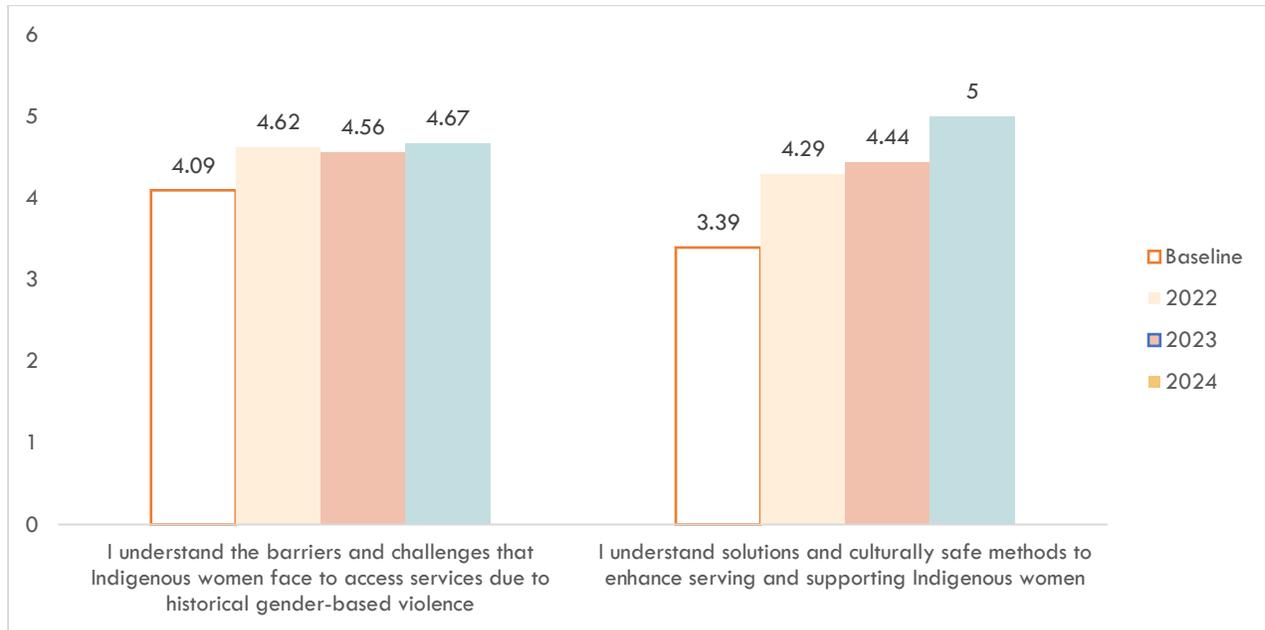
Furthermore, on average, pilot site staff were also in agreement with statements that Indigenous peoples experience health, social, and economic inequities, and that they consider how TRC and MMIWG calls apply to service delivery and that they put effort into understanding how decolonization and allyship can be fostered (see Figure 15).

Figure 15: Ratings on Behaviours Related to Cultural Safety (average)
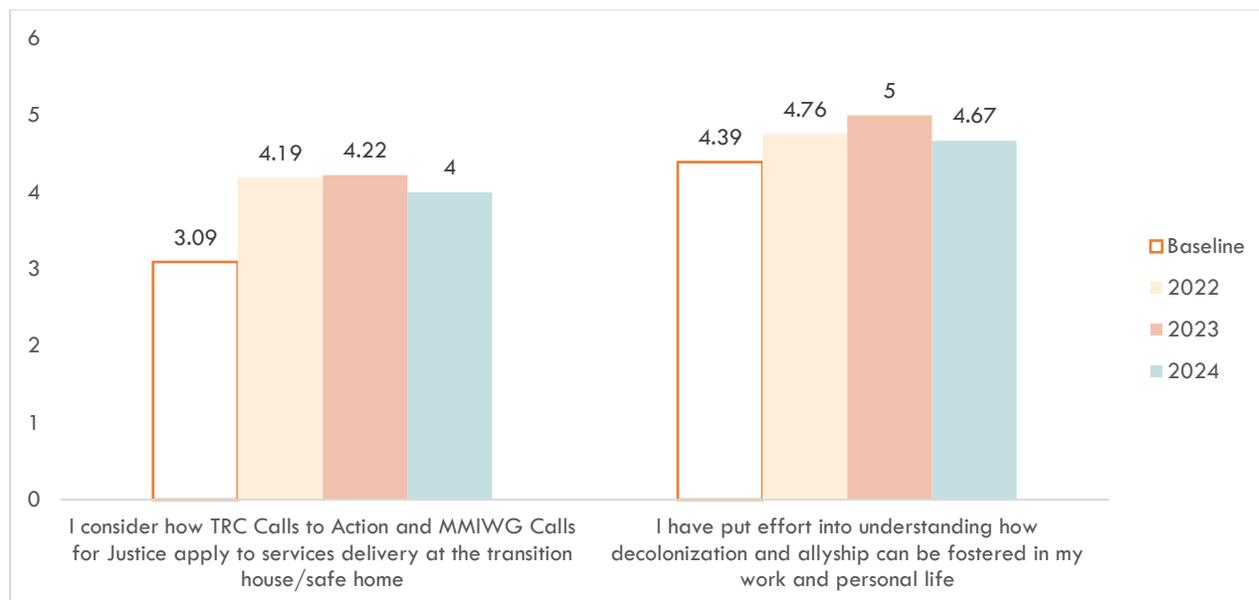
When asked if there was anything more to share on their ratings, pilot site staff expressed a desire to learn more, the importance and need to learn more, and an uncertainty about putting understanding into practice. Comments included:

- 💬 *I think it will be continuous learning for anyone who wants to understand the barriers that colonization has affected Indigenous People.*
- 💬 *By doing my own research and learning through cedar blankets, to better understand. I have advocating for Indigenous women to help reach more people to do the same.*
- 💬 *I am still learning! There is so much information I have read but have yet to practice and participate in*
- 💬 *I would like to learn more about how the calls to action/justice can be applied to our work at the [transition] house.*
- 💬 *I can never fully understand barriers/challenges that Indigenous women face as I am not part of that culture. I would like to participate in solutions and am open to learning how. I feel like I would like direction on how to implement the TRC calls to action and MMIWG calls for Justice into our practice at the transition house.*
- 💬 *Actively involved in conversations of decolonization and allyship but not involved in everyday conversations; the direct service team at the transition house knows more about what needs to change.*

Barriers to Addressing Cultural Safety

Pilot site staff were asked to rate their agreement with the statement that there are considerable barriers to addressing cultural safety at the transition house/safe home (where 1 was strongly disagree and 5 was strongly agree). While average ratings slightly fluctuated each year, pilot site staff generally disagreed with this statement (see Figure 16).

Figure 16: Perceptions on the Need for Cultural Safety (average)
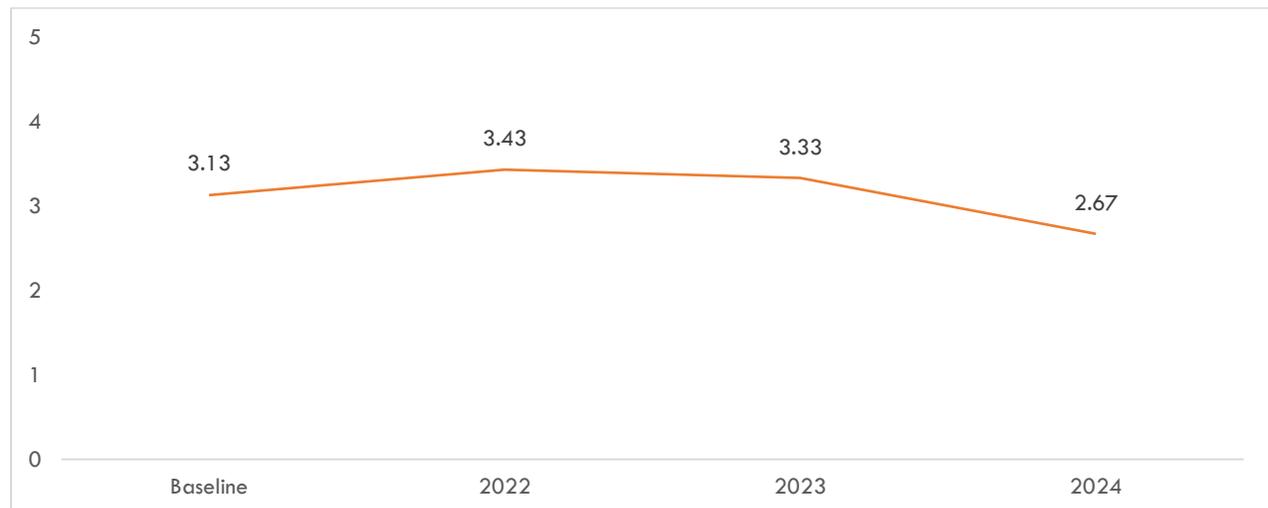
3.3.6 Cultural Safety in Operations

Pilot site leads were asked a range of questions regarding current operational practices associated with cultural safety. It was emphasized that these questions were not meant to be prescriptive means of addressing barriers for Indigenous women, but simply areas of exploration for where shifts might be considered through Cedar Blanket, dependent on the specific opportunities and contexts at each pilot site. Pilot site leads shared their reflections on current access to service for Indigenous women, the level of relationships and representation at their sites, and relevant policies and practices currently in place.

Access to Service for Indigenous Women

At the start of the Cedar Blankets initiative, pilot site leads reported there was a **low number of Indigenous women accessing the pilot sites** (n = 15), of which many assumed that low numbers were **due to a lack of cultural safety** (n = 8). It was noted that some Indigenous residents access the pilot sites but discontinued because they felt uncomfortable. Others reflected on the lack of cultural elements at pilot sites, noting the site's approach differs from Indigenous healing perspectives, and the structure of the program was rooted in western culture and thus designed to meet the needs and comforts of White women. Pilot site leads also reflected on how cleanliness, organization, and the structure of the sites, as well as rules and boundaries may trigger memories of being institutionalized, sharing the following:

- 🗨 *…there are locked doors and cameras and numbers on the doors and buzzers, [which] can feel like a residential school or jail at times because of what is in the house.*
- 🗨 *Not only [are] the services and steps supportive of a typical non-Indigenous individual, but also the house itself. We are renaming the rooms and doing what we can to make it culturally comfortable, but it only goes so far if the house has white women working there who don't know how to connect on that level.*

💬 *Indigenous women might worry about the rules and guidelines and fear it will be like prison, institutional, replicate other experiences they or their family have had.*

Pilot site leads spoke about **challenges that limit access to services,** noting that Indigenous women may be struggling with day-to-day burdens and may not be able to research resources such as transition houses (n = 5). Others shared concerns that Indigenous women had a preconceived view of the services at pilot sites and uncertainty around how they will get along with other residents. Leads also highlighted that Indigenous women could be avoiding accessing pilot sites due to fears of racism or re-traumatization. One pilot site lead shared that building trust is crucial with Indigenous women and that breaking down relational challenges from past traumas can be done through a careful approach. Leads also shared how a **lack of staff knowledge about Indigenous communities** has been a barrier, explaining there is a general lack of awareness of resources for Indigenous women (n = 2). A lack of awareness around how Indigenous communities work also serves as a barrier.

…[it] takes time to build trust and [for] some it takes up to three visits to build trust, so energy has shifted to connecting rather than finding solutions for them unless it's an emergency.

Confidentiality and community size may have impacted willingness of Indigenous women to access the program, as women who reside in communities where the pilot site is located may doubt the ability for program staff to protect their confidentiality. One lead shared:

💬 *… we also run into [concerns about confidentiality] here. If someone comes into the house, they might see other women from their community, or even know staff. [There have been] situations where [staff] have been a family member or friend. It can be a good thing for them, or not a good thing.*

Leads also noted there may be concerns from Indigenous women around being targeted by MCFD or the RCMP for being involved in the program. Pilot site leads hypothesized that the reason pilot sites might have a higher number of Indigenous clients was because Indigenous women are more likely to be victimized and **require services** as a result of intergenerational trauma and marginalization, therefore leading them to the pilot site (n = 3). Others commented that since the number of Indigenous women accessing the program are high, they assumed it was as a result of the program being a safe space for Indigenous women.

Throughout the 5 years of the initiative, pilot site leads were asked again about their perceptions on whether the site was accessible for Indigenous women. In responding, pilot site leads reflected on the number of Indigenous women accessing their sites and most noted **no perceived shifts or changes in access for Indigenous clients compared to others** (n = 8). Leads described that a majority of their clientele identify as Indigenous and the rate of Indigenous clients accessing services remains steady. Leads recognized the importance of access to services for Indigenous women, despite not being able to explicitly differentiate or reflect on notable shifts or changes to access. Others reflected on how some shifts and changes did occur, but minimally. Where there had been shifts or changes to the number of Indigenous women accessing programming, it was assumed that these increases were related to an overall influx of women who were struggling with homelessness or engaging in sex work. It was inferred that the COVID-19 pandemic significantly impacted access, where the early months of the pandemic saw virtually no access, and nearing the last 10 months, there had been a significant increase related to access.

💬 *There was already an established relationship with Indigenous women in the community and the number of Indigenous women accessing services was fairly high.*

Relationships with Indigenous Communities and Organizations

At the start of the Cedar Blankets initiative, pilot site leads were asked if their site had relationships with local Indigenous communities, or off-reserve Indigenous organizations and what their engagement looked like. Pilot site leads reported that they **had formal and informal connections with Indigenous organizations** in their community (n = 10), and their engagement varied from referrals, supporting residents, and general collaboration.

> *One thing that we've done is work with [local friendship house] on a project to keep moms with their children – they reached out to us for mentoring in terms of how they can navigate, and we've offered them job descriptions and other resources.*

Pilot site leads also reported having **connections with local Bands and nations** (n = 5), where they collaborated with bands and nations around counselling services, housing, health services, a community task force, and child and family services. While pilot site leads spoke about their relationships and engagement with local Indigenous communities and organizations, they also spoke about the **limitations** they experienced, explaining that connections can vary based on the staff (n = 3). Additionally, one pilot site lead who reported they had no relationships with local Indigenous community stated:

> 💬 *I'm in the traditional territory of the [local Nation], but I haven't worked that closely [with them]. We reach out when we need to and want to build that [relationship] better.*

Throughout the 5 years of the initiative, pilot site leads were asked if their organization had built or strengthened relationships with local Indigenous communities, or off-reserve Indigenous organizations in their communities. All pilot site leads reported several **positive relationships and connection had been built with Indigenous organizations** (n = 10). Engagement with local Indigenous communities/organizations varied from referrals, supporting residents, attending community events and ceremonies, relationships with local friendship centres, and general collaboration and partnerships. Some noted that operational changes in policy and practice have made an impact on service delivery. Pilot site leads explained:

> 💬 *… we are working with [Indigenous] women in a way that is supportive of the continuation of service.*
> 💬 *We've opened [programming] up so that counselors who work with the different nations, can refer even though our funding or partnered funding, which reduces the barriers previously experienced.*
> 💬 Relationships have been built with local organizations and have partnered on a *Missing and Murdered Indigenous Women and Girls* event and a suicide awareness walk.

Pilot site leads also reported establishing **connections with local Bands and Nations** (n = 5), where they collaborated around counselling services, housing, health services, court workers, and child and family services. Additionally, pilot site leads noted they had collaborated with local nations to increase cultural safety and incorporating the local language, culture, and art into the site. Pilot site leads expressed that ongoing collaboration and relationship building was critical to the success of local Indigenous involvement. One site lead reported that engagement with Indigenous community had been continuous, and now they are seeing the local Indigenous Nation refer clients consistently. Other participants noted that the Indigenous Advisory Council connected to the Cedar Blankets initiatives was beneficial with relationship building. Pilot site leads cited the **COVID-19 pandemic as a barrier** to establishing and maintaining relationships with local Indigenous organizations/communities.

Indigenous Representation at Pilot Sites

Pilot site leads reported **limited or no Indigenous representation in the operations of the transition houses or safe homes at the start of the Cedar Blankets initiative** (n = 6). Over the course of the Cedar

Blankets initiative, pilot site leads were asked again if Indigenous individuals and groups were involved in the operations of the transition house, to which most noted **there is Indigenous representation among staff** (n = 7). The figure below highlights pilot site leads' perspectives on Indigenous representation within the sites at both the start of the Cedar Blankets initiative as well as throughout the 5 years of the initiative.

Figure 17: Perspectives of Indigenous Representation at Pilot Sites

At Baseline

- Some leads noted thier sites had limited Indigenous representation in operations, with no representation on their board (n = 6). While others noted their sites had Indigenous representation on their board (n = 5).
- Some leads spoke about having Indigenous staff at their sites (n = 6), and encouraging them to sit on committees.
- Pilot site leads noted their site provides or hosts Indigenous specific services (n = 6) specifically access to Elders where Elders do cedar brushing, smudging, and in-residence services.
- One site noted they had an Elder as a clinical supervisor and they provide constructive feedback with some issues at the site.
- One lead spoke about having a social justice committee where they are doing work around representation and awareness

Annual

- Leads noted their pilot site benefits from involvement of the Indigenous Women's Council (IWC) who have made a positive impact on cultural safety in operations (n = 4).
  - The IWC consulted on policies and practices to improve cultural safety and reduce barriers for Indigenous clients (i.e., hiring practices).The involvement of Indigenous committees has offered a platform to reflect and enact positive changes to the operations of their site.
- Leads shared there are ongoing activities related to increasing hiring practices, staffing, and recruitment of Indigenous staff (n = 3). They noticed the need to hire more Indigenous staff, leadership, and board members, and there are efforts being made to incorporate *Equity Diversity and Inclusion* (EDI) strategies in operations.
- One lead described that their transition house is fully Indigenous led, while others mentioned there are Indigenous board members, Elders, and staff members at the site.
- One lead indicated that more could be done to incorporate Indigenous representation in operations, including ensuring that there is Indigenous representation within the leadership

Policies and Practices for Cultural Safety and Reconciliation at Pilot Sites

Pilot site leads were asked if their site had an official policy or practice framework in place for Indigenous reconciliation or cultural safety/humility. Leads from all four sites reported that **they did not have a policy or practice framework for Indigenous reconciliation or cultural safety** (n = 8). Two leads were unsure if there were such policies in place, while some leads noted that discussions were occurring though not formalized into policy yet. Some leads identified related policies or frameworks, though not specific to cultural safety (n = 6). These included:

⇒ Trauma-informed care
⇒ Diversity, equity and inclusion
⇒ Philosophy of service – meeting women where they are at, using their own values and needs as guides, not discriminating in terms of race, sexuality, religion.
⇒ Whole of family support.

Pilot site leads also noted that their **sites did not have specific policies or practices regarding service delivery with Indigenous women and their children.** Pilot site leads noted the need for more outreach and flexibility in order to better serve Indigenous women (n = 4). Comments on this theme included needing to connect Indigenous clients with resources through Indigenous organizations; finding ways to extend services from in the house to remote access; and making exceptions to guidelines for specific services. One pilot site lead identified how expectations around the site have shifted to consider how to support women where they are at rather than imposing uniform standards. Other examples of outreach and flexibility included:

🗩 *Some exception to guidelines such as if Indigenous women want to participate in ceremony or other activities outside [specific] hours, we always allow that.*
🗩 *Management works with ICAT team and if they are high risk, we will always take them, even if we are full, move someone else to [another] space we have if that client's safety isn't the same level or same concern. When someone is in need of a safety bed, we absolutely take them, even on a couch.*

When asked if there were any specific Human Resource policies regarding Indigenous staff or volunteers, pilot site leads from all four sites indicated they did not know of any (n = 7). Some leads spoke about having inclusive hiring practices, including being an equitable employer and having a policy that hiring decisions will not be based race, religion, sexuality, culture (n = 3). The desire to increase Indigenous staff through hiring was shared by pilot site leads (n = 4).

3.4 Lessons Learned and Wise Practices from the Cedar Blankets Initiative

This section provides evaluative findings related to lessons learned and wise practices from the Cedar Blankets Initiative. This section also identifies opportunities and suggestions for future replicability, scalability, and impacts.

Convening Committees, Engagement Sessions, and Meetings

- ⮑ **Include Indigenous Perspectives:** BCSTH staff noted the importance of including Indigenous perspectives in the PSC, such as voices from Elders and youth from local communities and Nations. The inclusion of Indigenous perspectives was noted as a practice that worked well. Further, BCSTH staff spoke about how it is a wise practice to support the initiation of councils/committees to ensure Indigenous voices are being heard and create space for self-determination and agency. BCSTH staff shared that the development of the IWC was instrumental in creating a culturally safe environment as the IWC reviewed policies and provided feedback to reduce barriers for Indigenous women and children.

- ⮑ **Include a variety of perspectives and voices:** In reflecting on what they would do differently, PSC members said they would include a variety of perspectives and voices on the committee. In particular, BCSTH staff noted it is a wise practice to ensure there is representation of Indigenous voices on boards, even if that requires the board to expand. BCSTH staff further noted that having a diversity of perspectives is important.

- ⮑ **Honour engagement and participation of committee members:** BCSTH staff shared that committee members should receive honoraria appropriate to their commitment level. Honouring the engagement and participation of committee members was noted as a practice that worked well.

- ⮑ **Center flexibility in committee members' engagement and commitment:** BCSTH staff said it was a wise practice to have committee activities that centered a respectful and flexible approach to engagement with partners. An additional element of centering flexibility in engagement is to get creative in findings ways to connect with each other virtually. While meeting virtually can be challenging for some members to participate fully, PSC members spoke about how they implemented a co-facilitation model and ensured that each meeting had clear outcomes and next steps to highlight a clear direction forward.

- ⮑ **Build meaningful relationships within the committees and with Indigenous communities:** PSC members reported that focusing on meaningful relationship building within the committee was a wise practice, as it cultivated an environment of care and compassion. One committee member described the importance of engaging in this work in a relational way, which includes being patient and flexible while building connections with community. Focusing on relationship building and community engagement was echoed by BCSTH staff, however BCSTH also reported that a practice they would do differently in the future is to allocate the appropriate resources and supports in order to build strong relationships with community. BCSTH staff further explained they would have created more opportunities and space for community participation, such as hosting community gatherings and hosting feasts. Additional practices BCSTH staff noted they

> *I think that our management has put lot of work into creating a team that really supports one another. And I think we are comfortable sharing with each other how we're feeling or what came up for us during the training. I think we are a strong team. And I think that really helps.*

would do in the future, included ensuring there is enough time to build relationship and work to understand proper protocols with the local Nations, including acknowledgments and gifting. Pilot site staff also shared that it is essential there be strong outreach and engagement with local Indigenous organizations and communities, as well as good interpersonal relationships and communication with service providers; pilot site staff described the need to make space for challenging conversations and sharing vulnerable experiences with other service providers within the initiative. They emphasized the need to build trust and relationships that focus on relationality and connection with other staff. One pilot site staff shared the that in-person work improved team building, relationality, and strengthened the team's inter-personal communication and therefore would be a key recommendation for other organizations

- **Proactively plan and organize:** In reflecting on what they would do differently, BCSTH staff suggested having more time to plan for meetings, such as proposing dates further in advance of meetings to increase attendance, as well as providing pertinent information in advance of meetings to accommodate those who need to travel.

- **Hold space for reflection and sharing:** PSC members emphasized the importance of holding space for reflection and sharing, where open dialogue can occur so members can learn from each other. This was cited as a practice that worked well, particularly as PSC members spoke about the value of the information shared during the PSC meetings; they spoke about learning about cultural teachings and practices, white fragility and white supremacy, programs and services at other sites, and how PSC members and BCSTH staff have advocated for change. Furthermore, PSC and IWC members also shared that they valued learning more about cultural safety from a decolonial lens, particularly gaining a better understanding of the barriers that Indigenous women face when accessing housing and supports. PSC and IWC shared that their learning led to more appreciation for cultural practices and the importance of cultural competency for all non-Indigenous staff.

- **Provide clarity on the role of committee members:** In the first year of Cedar Blankets, PSC members shared that the committee could have benefited from a more upfront understanding of the committee's role in the initiative, including clear information on the commitment needed for members involvement.

Preparation and Planning for Delivery of the Initiative

- **Engage in research and learning prior to implementing the model:** One PSC member shared it is important to learn to do the work in a way that is community-based and place-based, and to understand the ways that Indigenous women are impacted by gender-based violence, and how to make a positive impact in reducing the barriers Indigenous women face. Further, it was noted as important by BCSTH staff to have an enhanced understanding of the challenges related to remote locations, such as challenges related to transportation, communication and confidentiality issues, as well as inequities of resources provided on-reserve and off-reserve.

> *I think having the background and learning about what these [Indigenous] families have gone through and… [the]… generational trauma and [having] an understanding of that. [As well as] the truth and reconciliation work that's being done. Murdered and missing Indigenous women I think is a really big one that [staff] should be aware of and stand up for and be a part of. I think just the more knowledge that [staff] have, I think is better to serve these clients.*

- **Recruit and retain Indigenous staff:** PSC members

and pilot site staff both expressed the importance of hiring, recruiting, and retaining Indigenous staff, and having mechanisms and supports in place so BCSTH and the sites are a place where Indigenous people want to work. One pilot site staff reiterated the importance of having Indigenous people visible in the organizational structure, as the presence and visibility of Indigenous people can support client comfort and safety. The following was shared:

- 💬 *Having an Indigenous staff is everything. It's all about being out in the house and talking with the women and having a cup of tea with the women at the table and wanting to bake Bannock with them and just wanting to be out there building relationships and that's her focus. It takes time and effort. But that's not everybody and it's hard.*
- 💬 *It has been a significant and meaningful shift to have an Elder present; it brings intuition, counselling, programming and a space to sit and be together in a different way. Residents are always looking forward to the Elders coming to the house.*

➲ **Provide training and support ongoing learning and education:** When asked to share wise practices and tips for other organizations who would like to conduct similar work, PSC and IWC committee members shared the importance of having training, particularly for non-Indigenous staff so they are equipped to take on allyship roles and support the implementation of the model. Staff also noted the need for training to address biases and shifting away from focusing on first impressions. Additionally, training and education on implementing cultural safety practices was recommended. Pilot site staff explained, if a workplace experiences high staff turnover, ongoing training is required to continue the standard of care. Others stressed the importance of experience and having the competencies to support the work in a fulsome way. Opportunities to engage in ongoing and continued learning on how to decolonize practices and policies was also noted by BCSTH staff and pilot site staff. One pilot site staff specifically emphasized that all staff members are at different places in their understanding of reconciliation and decolonization, recognizing the continual learning journey for service providers. Pilot site staff further spoke about the importance of learning about Indigenous histories, colonization and the context of the systemic barriers that Indigenous women face. BCSTH staff spoke about their learning of the widespread unawareness of the barriers and issues present for Indigenous people. They noted the ignorance and lack of knowledge about the history and current situation facing Indigenous people and that it was not necessarily by choice, but due to a lack of opportunity to learn more. Education through the Cedar Blankets initiative was cited as an opportunity to better serve Indigenous women and families. Improved education related to cultural competency, having empathy for Indigenous women, and

> *I think we have some really strong Indigenous women in the house right now and I can tell they feel comfortable. I can tell they feel safe. I can tell that they feel like they have purpose here in the house and they have lessons to teach us and to share with us. Representation matters.*

understanding how practices and decisions can be adapted to support intersecting issues would go a long way to better serving Indigenous clients. One pilot site staff / leads shared: "*[I would like] staff education and support to dig deeper into beliefs, [and so on], and build more awareness of the realities and needs of First Nation women and families.*" With respect to the way training and education opportunities are offered, some staff suggested training be in-person or as a hybrid model instead of virtual, as in-person of a hybrid model can create a more fulsome experience and deeper learning for those in attendance.

➲ **Strong leadership and management practices:** Pilot site staff and leads shared that having strong leadership and management practices in place will foster the development of internal champions.

➲ **Consider alternative ways and different options to select pilot sites:** BCSTH staff shared that they would revisit the application and selection process for pilot sites if they could do something differently with Cedar Blankets. One BCSTH staff member shared they would have included more pilot sites in the initiative as there was considerable interest from various sites, but that additional funding would be needed to support more than four pilot sites. Another BCSTH staff said they revisit the application process and requirements when selecting pilot sites. This staff noted that rather than using a matrix to score each application, it might have been more appropriate to have engagement with the applicant in the selection process. BCSTH staff also noted that the varying work environments at each of the sites were particularly difficult to learn about virtually, including understanding the different work cultures (e.g. impacts of unionization, accreditation, and formal/informal working relations), which may have been easier to understand by being in-person.

➲ **Plan and consider risks and challenges in advance:** One BCSTH staff member noted they would revisit the planning process to consider potential risks and challenges for implementing the model. This staff member experienced significant challenges when adapting the model from in person to virtual delivery and said the initiative would have benefited from more planning to anticipate implementation related changes, such as staff turnover.

➲ **Prepare a realistic plan that aligns with the budget:** In reflecting on what they would do differently, BCSTH staff shared they would be more realistic about what can be accomplished with the funding and how the budget is allocated. It was noted that more funding was needed throughout the initiative.

➲ **Have fulltime staff positions:** More staff was needed to support the work, as staff were often *working on the side of their desks* to support the work. BCSTH staff noted that the initiative could have benefited from two full-time positions in order to do a thorough job.

Implementation and Delivery of the Initiative

➲ **Focus on client centered work:** Ensuring service delivery at pilot sites is client centered and genuine, which includes staff learning and growing to be client centered in their approach, was noted as a wise practice by pilot site staff. One individual shared: "*Make time to go sit in the kitchen with somebody or if they're cooking to, to ask if I can help them or just to offer to have tea. If I noticed somebody is looks like they're struggling with something I offer them to come sit.*"

➲ **Adapt, adjust and pivot as needed:** Pilot site staff and leads spoke about the need for flexibility and noted the benefit of slowing things down and making adjustments in the workplace if unintended events or circumstances arise. It was also highlighted by staff and leads that allowing time to develop relationships is important and they described that a focus on efficiency can be detrimental to building strong relationships. One pilot site staff / lead explained that the learning that happens in the Cedar Blankets initiative can feel overwhelming and shared the importance of slowing down and making changes one step at a time.

If I think about [bringing] Indigenous women into this house, sometimes there is a silence and we want to be able to stay with that silence, or just be able to slow it down a little bit, slow down the processes. I know it's very cultural for Indigenous women to really reflect and think about things, and we are in a world where we want answers.

⮑ **Shift thinking in line with model:** Have staff at the sites think about intake forms or house rules so they are aligned with the Cedar Blankets model and orient frontline staff to think about how their decisions will impact Indigenous women. The need for flexibility as it relates to adjusting behaviours and outlooks was also noted by pilot site staff and leads, sharing that staff need to be able to actively confront their own biases, which lends to staff being better able to support cultural safety. BCSTH staff also spoke to the importance of learning that they needed to shift their approaches to align with Indigenous ways of being and knowing. They spoke about moving away from a goal-oriented approach to an approach that allowed for more self-reflection. While BCSTH staff noted learning curves when trying to take a more informal, non-institutional, non-colonial approach and experiencing some tension when trying to be more adaptable and flexible, ultimately partners and pilot sites came around to a more decolonial and relational approach.

One of our favorite teachings that we have from one of our Elders is if it's good for Indigenous women, it's good for everyone.

I have learned a lot… about how you can get to the same place but approach it in a very different way. The approach and journey is just as important to getting to the place.

⮑ **Mindful communication with clients:** one BCSTH staff / PSC member reflected on the importance of how issues are communicated, sharing that the complex challenges faced by First Nations, Métis, and Inuit women and their families can be overwhelming and those in support positions need to be mindful of their communication, so they do not exacerbate clients' feelings of being overwhelmed.

Engagement among Sites

⮑ **Ensure clarity on the purpose of the initiative:** BCSTH staff explained that ensuring clarity and proper communication around the purpose of the initiative was a lesson learned and something they would do in the future, as there was some confusion about the core focus of the initiative.

⮑ **Support community building and bridging a community of practice:** Offering online gatherings to create a virtual community and connect pilot sites across the province was noted as a wise practice, particularly so those in support positions can address challenges and feel the strength of others who want to improve access to services.

⮑ **Supporting pilot site staff:** having BCSTH staff available to support pilot site staff was highlighted as a wise practice. BCSTH staff can create opportunities for pilot site staff to reach out to one another for peer insights and peer support.

Opportunities to Support Wise Practices and Impact

⮑ **Increased collaboration:** Collaboration was mentioned by pilot site staff and leads when sharing what the future of the initiative could include, with one pilot site staff sharing their hope for more collaboration and support for Indigenous organizations. One staff shared, "*Instead of replicating services for Indigenous peoples, support the agencies that have the expertise, invite them into the project where they can provide wrap-around [support] and we can provide what we have and can overlap – there can be so much collaboration, not becoming experts where it is not our place, instead collaborate with them.*"

◌ **Continue to enhance policies and programming:** Pilot site staff and leads spoke about the development of policies and procedures around access to family support on site, flexibility on options to leave the site for cultural gatherings, adjusting guidelines that are unnecessarily restrictive and create more barriers for clients. Additionally, revising some policies and rules, such as not enforcing chores and bedtimes, was noted as a suggestion. Finally, pilot site staff and leads said that having Indigenous specific programming and creating spaces for healing practices would provide opportunities to better serve Indigenous women and children. One staff explained, "*Relearning the lost things and just having that safe space where Indigenous women can feel comfortable and walk into the room and go "Oh, it's not a doctor's office, of MCFD, or office, police stations" kind of feeling. Somewhere to talk, to have sharing circles available. Mom and kids' groups, incorporating all programs into it as well.*" Furthermore, pilot site staff and leads spoke about the opportunity to actively support reformation to reform of policy, procedure, practices, and protocols that are currently in place. For instance, it was noted that there are several ongoing efforts in Human Resources that are beneficial, including the modification of hiring practices, how they are recruiting, adjusting qualifications and requirements for the position to meet Indigenous clientele.

> *In general, the opportunity to create policies and procedures that we need to create anyways – not having to recreate in later years because we missed people - do it right the first time. Will always have to look back and update policies and procedures – but feel like we'll be able to do that well as part of Cedar Blankets.*

◌ **Increase the use of Indigenous languages within the sites:** Pilot site staff and leads spoke about the opportunity to use Indigenous language, sharing the following example:

> *Our rooms are numbered… maybe change [it] to names of trees. [It] would be nice to have it in the local Indigenous word for that tree. Could still use number system when we need to. Maybe have a few signs around the house – objects with the name in Indigenous language. Learning these words lessens that gap a bit, and let's Indigenous women know we are interested in their language and stuff like that, little things, would be helpful. We have so many women from so many different Nations, so it would be a little difficult to have words, maybe just local words – but could be a conversation and ask what it would be where you're from. To let them know that it matters – to remind them that they matter and have worth and that we are all equal.*

Appendix A: Secondary Data

A.1 Staff Training Survey

In 2022, participants completed a survey to provide feedback on the service delivery model, see below for feedback provided. See appendix B for the survey tool.

Participants were asked to rate their agreement with the following statement on a scale of 1 to 5, where one is strongly disagree and 5 is strongly agree. See below table for average ratings.

Statement	Rating
Included useful information and practical ideas	4.61
Included a good balance of content delivery methods (texts, videos, links to other resources)	4.56
Provided useful resources for further learning	4.50
Strengthened my knowledge of the history of colonialism in Canada and its impact on Indigenous women and their families	4.50
Increased my awareness of current Indigenous experiences with violence	4.50
Strengthened my understanding of cultural safety	4.56
Provided me with an introduction to the Cedar Blankets Service Delivery Model	4.67
Strengthened my understanding of women centered care	4.56
Increased my awareness of Relational Care	4.56
Strengthened my understanding of allyship	4.56
Increased my understanding of MMIWG Calls to Justice as policies and wise practice	4.61

When asked to rate their satisfaction with the course on a scale of 1 to 5 where 5 is very satisfied and 1 is very dissatisfied, participants rated their overall satisfaction as **4.63** out of 5.

When asked to share the most memorable or important things that they learned in the course, participants shared the following reflections:

⇒ Topics related to colonialism: 60s scoop, Indian hospitals.
⇒ Equity vs equality
⇒ Cultural safety
⇒ MMIWG
⇒ Systemic racism in the health care system
⇒ Connection between mental health, poverty and addiction and colonization and racism
⇒ Importance of women and children in Indigenous communities
⇒ Service providers role in achieving equity
⇒ Concept of cultural humility and relational care
⇒ Importance of continual learning about cultural competency

When asked to share what they felt are the strengths of the course, participants shared the following reflections:

⇒ Informative
⇒ Highlighted the resilience and strength of Indigenous communities
⇒ Provided sufficient supplemental readings and videos
⇒ Effective at teaching challenging topics
⇒ Straightforward flow of information
⇒ Informative resources
⇒ Focus on Indigenous voices
⇒ Content was memorable and relevant
⇒ Wide breadth of information shared
⇒ Self-paced content

When asked for suggestions on improving the course, participants shared the following reflections:
⇒ Create more concise content: shorter and fewer videos

⇒ Expand on some content, felt like information was missing
⇒ Including multiple choice questions to strengthen and test knowledge
⇒ Provide in person learning opportunities
⇒ Including content on current oppression towards immigrants
⇒ Increasing accessibility of online materials
⇒ Inclusion of self care and healing in the course
⇒ Shorter videos to increase engagement

Appendix B: Data Collection Tools

B.1 Pilot Site Staff Survey

1. What is your role at the transition house/ safe home?

   _____

	Less than 1 year	1 - 3 years	3 - 5 years	5 - 10 years	10 years+
2. How long have you been working at the transition house/ safe home?					

This section asks, if you are willing, to self-identify. This will help us better understand the experiences of Indigenous staff and non-Indigenous staff working towards increasing cultural safety at the Cedar Blanket pilot sites. If you would rather not disclose your identity, you can select "prefer not to say".

	Yes	No	Prefer not to say
3. Do you identify as First Nations, Métis, or Inuit?			

	Yes	No	Not sure
4. Have you taken any training on cultural safety/ humility?			

If yes (or not sure), please share which cultural safety/humility trainings you have participated in

Please rate the following questions from 1 to 5, where 1 is strongly disagree and 5 is strongly agree.	1	2	3	4	5
Racism, discrimination and stereotypes negatively impact the lives of Indigenous peoples in Canada today.					
Indigenous peoples in Canada experience health, social and economic inequities.					
I am aware of the Indian Act and how it impacts Indigenous peoples.					
There is a need for Indigenous cultural safety/humility in all aspects of health and social programming.					
Indigenous peoples face racism within systems that prevents them from being treated equally.					

Would you like to share more about any of your ratings above?

Please rate the following questions from 1 to 5, where 1 is strongly disagree and 5 is strongly agree.	1	2	3	4	5
I understand the barriers and challenges that Indigenous women face to access services due to historical gender-based violence.					
I understand solutions and culturally safe methods to enhance serving and supporting Indigenous women.					
I consider how TRC Calls to Action and MMIWG Calls for Justice apply to services delivery at the transition house/safe home					
I have put effort into understanding how decolonization and allyship can be fostered in my work and personal life					

Would you like to share more about your ratings for question 6?

Please rate the following questions from 1 to 5, where 1 is strongly disagree and 5 is strongly agree.	1	2	3	4	5
The transition house/ safe home is preparing to make significant shifts in organizational practices to improve cultural safety for Indigenous women and their children					
There are considerable barriers to addressing cultural safety for Indigenous women and their children at the transition house/safe home					

5. Can you tell us more about the level of preparation at your transition house/ safe home to address cultural safety for Indigenous women and their children, including any barriers that you are aware of?

B.2 Pilot Site Leads Interview

1. First of all, can you tell me what your role is at the transition house?
Cultural Safety in Operations
2. Have you noticed any shifts in the number of Indigenous women accessing services at your transition house? If so, why do you think that is?
3. Have you built or strengthened organizational relationships with local Indigenous youth, families, & communities, or off- reserve Indigenous organizations in your community over the last year? If so, what kind of engagement has taken place?
4. Have there been Indigenous individuals or groups involved in the operations of your transition house/safe home in the past year (e.g., staff, advisory committees, Board Members etc.)?
5. Have there been any shifts or additions to policy or practice regarding service delivery with Indigenous women and their children at you TH in the past year (HR policies, service delivery practices, new services for Indigenous residents, etc.)? If yes, tell me about them.
Serving Indigenous Women and Children Better
6. What gaps or challenges do you see in the delivery of culturally safe services at your transition house?
7. In your opinion, what are some of the greatest opportunities or recent changes within the transition house to better serve Indigenous women, youth and families?
Wise Practices and Lessons Learned
8. What has been one of the most significant things you've learned or experienced through the Cedar Blankets project so far?
9. What would you share or recommend for other transition houses or service providers who are looking to engage in work similar to the Cedar Blankets initiative?
-

B.3 BCSTH Staff Interview

1. First of all, can you tell me what your role is in the Cedar Blankets initiative?
2. In your opinion, what are strengths of the Cedar Blankets model that you see in the work so far?
3. What challenges have you/the project encountered in the past two year of the initiative?
4. What do you hope the results of this initiative will be: at the pilot site level, and for the sector as a whole?
5. What are some wise practices you can share for supporting pilot sites in this work?
6. What are some lessons learned on what you might do differently if you were to start this initiative again?
7. What is one of the most important things that you have learned through this initiative so far?
8. Is there anything else that you would like to add?

B.4 Client Intake and Outtake Forms

Intake Form

Demographic Information
1. Do you identify as Indigenous? Yes or No.

2. Which community/communities do you identify with?
    a. First Nation
    b. Métis
    c. Inuit
    d. Prefer Not to Say

Client Information
3. Have you accessed services here before?   a. Yes or No?
Barriers
4. In the past did you experience any barriers or challenges accessing our services? If so, can you share what those were?
5. Did you experience any barriers or challenges accessing these services this time? If so, can you share what those were?
Anticipated Needs
6. What do you need in order to feel supported while accessing services? [staff prompts: self identified goal planning, what can staff do, what should the space look and feel like, what services do you need, what referrals are you looking for?]

7.   Are there any things we can do to ensure your cultural needs are respected?
[staff prompts: language, spiritual practices encouraged, traditional foods offered, referrals to elders and/or knowledge keepers, or indigenous services]

Outtake Form

Met or Unmet Needs
1.   How did you feel when accessing supports?
[prompts: How did you feel when interacting with staff, did the space feel welcoming, were the services respectful, were the referrals adequate and reflective of your needs?]
2.   Do you have suggestions for how to reduce barriers when accessing our services?
3.   How long did you stay/access services?   a.   Did your experience impact the length of your stay with us? Why or why not?
4.   Based on your experience, would you refer someone else in need to this space?
5.   Would you be comfortable to be contacted by Reciprocal Consulting directly? If yes, what is the best way to reach you.

B.5 Client Survey

Demographic Information
1.   Do you identify as Indigenous? Yes or No.

2.   [If clicked yes] Which community or communities, do you identify with?
          a.   First Nation
          b.   Métis
          c.   Inuit
          d.   Prefer Not to Say

Reach & Engagement
3.   Did you experience any barriers or challenges accessing these services? If so, can you share what those were?
4.   Do you have suggestions for how to reduce barriers when accessing our services?
5.   Did your experience impact the length of your stay with us? Why or why not?
6.   Did your experience here influence your choice to access services? Why or why not?

Cultural Safety & Service Delivery *[design & delivery]*
7. On a scale from 1 to *5, 1 being not at all and 5 very much*, please provide a rating for the following statements. 　　a. **Staff:** How would you rate the house or centre in terms of how respectful and supportive staff were for you and your family? 　　　　i. Please share more 　　b. **Space:** How would you rate the space in terms of how welcoming and safe it felt for you and your family to stay there? 　　　　i. Please share more 　　c. **Services:** How would you rate the house or centre in terms of providing services that respected your culture? 　　　　i. Please share more 　　d. **Partnerships:** How would you rate the house or centre in terms their connection to local Indigenous organizations and services? 　　　　i. Please share more

Sharing Your Story [impacts and outcomes]
8. Has anything changed for you since your stay here?

9. Based on your experience, would you refer someone in need to our services?

B.6 Preliminary Interview for BCSTH Staff

1. First of all, can you tell me what your role is in the Cedar Blankets initiative?

2. In your opinion, what are strengths of the Cedar Blankets model that you see in the work so far?

3. What challenges have you/the project encountered in the first year of the initiative?

4. What do you hope the results of this initiative will be: at the organization level, and for the sector as a whole?

5. What are some wise practices you can share for setting up a partnership stakeholder committee?

6. What are some lessons learned on what you might do differently the next time you set up a partnership stakeholder committee?

7. What is one of the most important things that you have learned through this initiative so far?

8. Is there anything else that you would like to add?

B.7 Preliminary Interview for PSC Members

1.   First of all, can you tell me what your role is in the Cedar Blankets initiative?
2.   What made you want to be part of the Partnership Stakeholder Committee (PSC) for this initiative?
a.   What do you hope the results of this initiative will be: at the organization level, and for the sector as a whole?
3.   Did you have any concerns or reservations about joining the PSC?
a.   Are there any barriers that may impact your ability to participate fully?
4.   In your opinion, what are strengths of the Cedar Blankets model that you see so far?
5.   What has gone well in how the partnership stakeholder committee has started out?
6.   What could have been (or can be) done differently to start this initiative out well?
7.   What is one important thing that you have learned through this initiative so far?
8.   Is there anything else that you would like to add?

B.8 Pilot Site Baseline Interview

1.   First of all, can you tell me what your role is at the transition house?
Organizational Motivation
2.   What made your transition house/safe home want to be part of the Cedar Blankets initiative?
a.   What do you hope the results of this initiative will be for your transition house/safe home?
3.   Did you have any concerns or reservations about being part of the Cedar Blankets initiative?
a.   Are there any barriers that may impact your organization's ability to participate fully?

Cultural Safety in Operations
4.   What percentage of women accessing services at your transition house are Indigenous?   a.   Is this % low or high for the community you serve? Why do you think that is?
5.   Do you have any organizational relationships with local Indigenous youth, families, & communities, or off- reserve Indigenous organizations in your community? If yes, what does this engagement look like?   a.   Have you engaged with any local Friendship Centres or Métis Chartered Communities?
6.   Have there been / are there currently any Indigenous people and/ or groups involved in the operations of your transition house/safe home (e.g., advisory committees, Board Members etc.)?
7.   Does your transition house/safe home have an official overall policy or practice framework in place for Indigenous reconciliation or cultural safety/humility? (If yes, please describe)
8.   Does your transition house have any specific policies or practices regarding service delivery with Indigenous women and their children? (If yes, please describe)
9.   Does your transition house have any specific Human Resource (HR) policies regarding Indigenous employees/ or volunteers? (If yes, please describe)
10.   Does your transition house currently provide or host any Indigenous specific services that work on site (e.g., regular basis, referral basis, informally)? (If yes, please describe)
Serving Indigenous Women and Children Better
11.   What gaps do you see in the delivery of culturally safe services at your transition house?
12.   In your opinion, what are some of the greatest opportunities within the transition house to better serve Indigenous women, youth and families?

B.9 Pilot Site Baseline Survey

1. What is your role at the transition house/ safe home?

_____

	Less than 1 year	1 - 3 years	3 - 5 years	5 - 10 years	10 years+
2. How long have you been working at the transition house/ safe home?					

	Yes	No	Prefer not to say
3. Do you identify as First Nations, Métis, or Inuit?			

	Yes	No	Not sure
4. Have you taken any training on cultural safety/ humility?			

5. If yes (or not sure), please share which cultural safety/humility trainings you have participated in

_____

Please rate the following questions from 1 to 5, where 1 is *strongly disagree* and 5 is *strongly agree*.	1	2	3	4	5
6. Racism, discrimination and stereotypes negatively impact the lives of Indigenous peoples in Canada today.					
7. Indigenous peoples in Canada experience health, social and economic inequities.					
8. I am aware of the Indian Act and how it impacts Indigenous peoples.					
9. There is a need for Indigenous cultural safety/humility in all aspects of health and social programming.					
10. Indigenous peoples face racism within systems that prevents them from being treated equally.					

11. Would you like to share more about any of your ratings above?

_____

Please rate the following questions from 1 to 5, where 1 is *strongly disagree* and 5 is *strongly agree*.	1	2	3	4	5
12. I understand the barriers and challenges that Indigenous women face to access services due to historical gender-based violence.					
13. I understand solutions and culturally safe methods to enhance serving and supporting Indigenous women.					
14. I consider how TRC* Calls to Action and MMIWG** Calls for Justice apply to services delivery at the transition house/safe home					
15. I have put effort into understanding how decolonization and allyship can be fostered in my work and personal life					

16. Would you like to share more about your ratings for questions 12-15?

Please rate the following questions from 1 to 5, where 1 is *strongly disagree* and 5 is *strongly agree*.	1	2	3	4	5
17. The transition house/ safe home is ready to make significant shifts in organizational practices to improve cultural safety for Indigenous women and their children					
18. There are considerable barriers to addressing cultural safety for Indigenous women and their children at the transition house/safe home					

19. Can you tell us more about the level of readiness at your transition house/ safe home to address cultural safety for Indigenous women and their children, including barriers that you anticipate?

B.10 Online Training Survey

Rating the following from: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree, don't know

1.   The course...
   a.   Included useful information and practical ideas

   b.   Included a good balance of content delivery methods (text, videos, links to other resources)

   c.   Provided useful resources for further learning

   d.   Strengthened my knowledge of the history of colonialism in Canada and its impact on Indigenous women and their families

   e.   Strengthened my knowledge of contemporary colonialism in Canada and it's impacts on Indigenous women and their families

   f.   Increased my awareness of current Indigenous experiences with violence

   g.   Strengthened my understanding of cultural safety

   h.   Provided me with an introduction to the Cedar Blankets Service Delivery Model

   i.   Strengthened my understanding of women-centered care

   j.   Increased my awareness of Relational Care

   k.   Strengthened my understanding of allyship

   l.   Increased my understanding of MMIWG's Calls to Justice as policy and wise practice

2. To what extent do you feel satisfied with the course?
   Very Satisfied
   Somewhat satisfied
   Neutral
   Somewhat dissatisfied
   Very dissatisfied

3. For me, the most memorable or important thing/s I learned from the course was/were...

4. What were the strengths of the course?

5. How could the course be improved?