Thinking About Service Delivery: Aboriginal Providers, Universal Providers, and the Role of Friendship Centres

Nicholas Spence

Jerry White

Follow this and additional works at: https://ir.lib.uwo.ca/aprci

Part of the Social Policy Commons

Citation of this paper:
https://ir.lib.uwo.ca/aprci/62
Thinking About Service Delivery: Aboriginal Providers, Universal Providers, and the Role of Friendship Centres

Nicholas Spence and Jerry White

Introduction

The paper focuses on how to maximize program and service provision to urban Aboriginal peoples. It was intended to examine the roles and capacities of universal and Aboriginal specific providers, while articulating the function of partnerships with a focus on the role of Friendship Centres.

This is a short “think” paper† that cannot either reflect the current situation in any detail or describe a comprehensive plan for the next period. The work is the product of a review of existing research, a survey of community and government studies, and a consultation with the service delivery community. We felt it was important to seek the insights and perspectives from those individuals on the ground, actively engaged in program and service provision, including Aboriginal providers and universal providers as well as selected Friendship Centre personnel.

Our goal was to isolate some basic principles that could guide the research and planning that will take place in the future. As well, we wanted to see if there are any simple approaches or models that would be useful in proceeding with future research and planning.

We want to make one caveat. The range of program and service delivery to urban Aboriginals across Canada is quite large. This paper may seem to miss the diversity of many local areas, where exceptional strides have been made. We are aware of the extent of initiatives across the country; for example, in cities such as Calgary and Winnipeg.2 Aboriginal councils and/or Aboriginal-universal provider partnerships have made great strides forward resulting in some very positive outcomes. On the other hand, many urban centres have developed very little by way of co-operation, consultation, or partnerships with Aboriginals. Nevertheless, we had to step back and look for a general framework that would have more general applications given the scope of the issue at hand.

The paper begins with a short section that addresses the importance of urban service delivery to Aboriginals. Next, we outline the research questions and our methodology, followed by a description of principles and best practices. Finally,
we have a conclusion that draws out some of the main points we wanted to make and points to future research.

**Why is the Question of Urban Service Delivery to Aboriginals Important?**

Canada’s Aboriginal population can be characterized as a rapidly growing, young and diverse population (Guimond 2009). One of the key points of differentiation within the Aboriginal population is between those individuals who reside on reserve versus urban centres. Over time, this population has become increasingly urban. By 2006, 54% of Aboriginals reported living in an urban centre, increasing 4% from 1996 (Statistics Canada 2008). The majority of the urban Aboriginal population is First Nations (50%) and Métis (43%), and few Inuit live in southern urban centres.

The well-being of the urban Aboriginal population is directly related to the quantity and quality of available infrastructure, including programs and services, they are able to access in their respective communities. Currently, there is limited research in the area of urban Aboriginal program and service provision. Closing this research gap is of paramount importance given the demographic characteristics of the Aboriginal population compared to the general population, including higher birth and death rates, shorter life expectancies, a higher proportion of lone parent families, higher levels of reported health issues, lower levels of education and income, higher unemployment, and increased incidence of inadequate housing, and associated issues which have been documented in detail elsewhere (Royal Commission on Aboriginal Peoples 1996; Newhouse and Peters 2003).

**Research Questions**

There are three main research questions that this paper begins to examine:

1. What programs and services should be supplied to urban Aboriginal residents by non-government organizations with a universal orientation, and what programs and services should be delivered by Aboriginal-specific organizations?

2. What links or partnerships might be constructed between universal and Aboriginal-specific organizations in the not-for-profit sector in order to promote organizational learning, alleviate capacity constraints, boost efficiency, and increase overall effectiveness?

3. What role might Friendship Centres play to promote successful organizational partnerships in urban settings, improving the relevance of universal organizations, and enhancing the capacity of urban Aboriginal organizations?
Methodology

This research project was completed during the spring of 2009. It consisted of the following steps:

a.) A literature review examining scholarly databases as well as policy papers from government and non-governmental organizations in Canada. We have included an abbreviated list of references to give readers a “feel” for the scope of our search and a place to begin reading, if so inclined.

b.) In-depth interviews with a cross section of stakeholders from Ottawa, London, and Toronto, Ontario, Canada. We chose to interview those organizations that deliver social services (basic needs, health, employment/skills training, housing, education, child/family, and women specific services), including government, universal and Aboriginal specific providers, as well as some National Association of Friendship Centre/Friendship Centre personnel. We are extremely grateful for the insights and knowledge imparted to us through these interviews by all informants.

c.) Out of this investigation we have synthesized a set of Principles and Best Practices that point to answers for our research questions. We present a visual conceptualization of our findings in the Appendix A, entitled a “Maximally Efficient Aboriginal Program and Services Model.”

Principles and Best Practices

In the course of our interviews and literature review, we identified several “Principles and Best Practices.” While this list is not exhaustive, it does represent our synthesis of prevailing understandings on the street and in the literature:

1. The goal of all service delivery is effectively addressing the needs of the target population (i.e., urban Aboriginals). This requires any service provider to clearly define their service group and determine how to best reach and serve that group.

2. There are several very specific differences that must be understood and taken into account when delivering service to Aboriginal people in urban centres. These differences include, but are not restricted to, culture (language, spirituality, traditions), life course experience, social networks (social capital), residential/housing conditions, intra-urban migration, gender, justice issues, home/community ties, weak urban cohesion, a sense of powerlessness, and sometimes even fear.

3. Clearly, universal service providers tend to have larger staffs and more resources, but they do not usually possess the expertise to serve Aboriginal populations or the resources to provide identity group specific services.

4. Aboriginal specific providers are much more likely to have more understanding of the specific differences that should be taken into account in program and service delivery. However, the Aboriginal service providers often have
very limited outreach capacity and resources.

5. Merger-based partnerships that utilize the Aboriginal specific providers as an actual team within the universal service providers is one approach. Alternatively, co-operative partnerships where the Aboriginal service provider and universal service provider develop joint plans and agreements, advised by the community and possibly coordinated by the Friendship Centre can be an important model.

6. In order for any provider to be successful, their assessment of the target population must include and be influenced by a consultation with the target community. Management of programs and advice on how to manage are separate issues. The community must have advisory status but direct management input would vary by conditions. All service providers have to be able to recognize their limitations and seek out their community partners to better serve people in the Aboriginal community.

7. Setting of goals and objectives is crucial. The goals and objectives will be used for measuring how well a program is doing. By establishing outcomes/indicators against each goal and related objective, organizations can assess whether services are meeting needs, determine if changes need to be made to the program, and measure the impact the program is having on the target community members.

8. Many links to the home reserve community remain as urban Aboriginal people continue to visit family and friends. This can also include being loosely involved in band politics. Urban service providers need to be aware of the implications of these ties yet not become embroiled in the politics and activities that can undermine service delivery.

9. Identity issues are very complex and these complicate service delivery. For example, some urban Aboriginals do not want to be labelled; instead, they simply want services, meaning they only approach universal organizations. Some fear they will not be helped by universal organizations so they avoid applying or will only seek out Aboriginal service providers. There is no one size fits all solution. However, universal service providers need to be sensitive and knowledgeable of Aboriginal culture, traditions, and special issues. If not, it is unlikely that they will be successful in delivering services. Aboriginals accessing services offered by universal service organizations often described their experiences in terms of feeling alienated, excluded, marginalized and discriminated against because of their identity as Aboriginal people (Okanagan Urban Aboriginal Health Research Collective 2009). Again, there must be cultural sensitivity and appropriate programming.

10. Friendship Centres have a rich history, good links, and service delivery experience in many communities across Canada and the territories. This means they can play a role as direct service deliverers. However, it would be best if they took on such a role in areas where there simply are no other Aboriginal-
nal service providers and/or where they have developed clear expertise in a service area. The National Association of Friendship Centres (NAFC) linked organization could engage in a goal-setting process where they set the main service areas they wish to develop for themselves. Where they are providing less service directly, they could play the roles outlined above (i.e., facilitating consultation, goal setting, and service program evaluation).

11. Given the rapid growth of the urban Aboriginal population there will be increasing demands over the next decade, particularly for youth and family services, including women’s services. If we are to target program and services given resource issues, this is a priority. These demographics should influence the self-study by NAFC of their service provision determination.

12. The long run success of service delivery involves several elements, including understanding and building social capital through community building efforts and keeping politics and program delivery separate, by avoiding the transformation of service organizations into political organizations and vice versa.¹⁸

13. Services that are divided into very small, targeted blocks of people work less effectively for Aboriginal clients in the cities. Often, the problems faced by people are clustered. For example, Aboriginal youth needing alternative education facilities may also face housing problems, justice issues, and nutrition concerns. The more holistic or integrated the services, or at least co-operative and interconnected, the better. Programs will be much more effective if they adopt a holistic perspective that treats community members in a comprehensive manner, not just as clients with a specific problem to fix.

14. Universal service providers should seek out and be provided with cultural-spiritual-experience awareness training. The goal is to provide cross-cultural education by Aboriginal people to non-Aboriginal people to foster a better understanding of needs and culture. In the best-case scenario this should be aimed at incorporating Indigenous “ways of working” as mentioned above.¹⁹ Again, as noted above, having Aboriginal providers within the organization is more often the best practice but this type of sensitivity training can be very helpful as well.

15. Some services may be best delivered by Aboriginal service providers and some through partnership. The NAFC could initiate a Canada-wide research project to actually look at the experience on the ground and develop a position on this important issue. It may be found that this varies by urban community size and other factors.²⁰

16. It is important to note, understand, and then acknowledge in a direct way that the history of our country since first contact has created mistrust, unease, and even hostility. This means that many Aboriginal people will not seek services from non-Aboriginal providers. Furthermore, there is a lot of research evidence that Aboriginals want non-Aboriginals to walk by their side, as opposed to in front of them. This implies non-Aboriginals should be allies...
in community development, partners in transferring knowledge, resources, and power, but not seek to lead and force world views on the people or the providers (Silver et al. 2006).

**The Role of NAFC/Friendship Centres:**

Given the “Principles and Best Practices” for program and service providers outlined above, we see NAFC/Friendship Centres playing an integral role in maximizing program and service provision as described below:

a.) Some services may be best delivered by Aboriginal service providers and others through partnership. NAFC can initiate a Canada-wide research project to determine which services are best delivered by Aboriginal service providers, universal service providers with Aboriginal staff or culturally aware staff, or through partnership of universal service providers and Aboriginal specific providers. This should be developed based on interviews with service providers and communities across the country.

b.) Facilitate the partnerships between Aboriginal service providers and universal service providers. This should begin with the production of “best practices” and “how to” guides.

c.) Facilitate the development of community consultation mechanisms for Aboriginal service providers and universal service providers. The NAFC can play a role of working to establish community councils or similar structures. This should also begin with the production of best practices and “how to” guides.

d.) Develop an awareness of programs that exist in the region where they are situated utilizing local Aboriginal resources from both urban areas and First Nation communities.

e.) Develop national expertise on the establishment of goals and indicators for service delivery. Work locally with providers and community to set goals and participate in evaluating these indicators.

f.) The NAFC can play the role of advocate for the provider alliances, partnerships, and amalgamations. There can also be a role of moderating political in-fighting and regional politics involving surrounding First Nations.

g.) Lastly in partnerships between Aboriginal service providers and universal service providers, the NAFC can work with the groups to set goals and evaluate programs and services. This process will ensure there is constant improvement in service as well as promote better co-operation and build partnerships.
Thinking About Partnerships

The links or partnerships that should be constructed between universal service providers and Aboriginal service providers will be somewhat variable. In our research, we observed numerous types of relationships between the non-profit organizations, a testament to the range of socio-economic, historical, geographical, and political factors to consider. That being said, there are some patterns that emerged: arrangements are constructed both formally and informally. What this means is that there must be flexibility to enable stakeholders to engage in partnerships that fulfill their own underlying purposes, mandates, and legal obligations.

The most common type of formal linkages includes an interlocked system of boards of directors, where Aboriginal and universal providers participate in the governance of each other’s organizations. Grants requiring integrated partnerships are another common way to establish formal arrangements. The process of having to demonstrate the strengths and efficacy of potential partnerships to secure funding for initiatives is useful. In poor economic times, these types of partnerships are particularly important to both non-profits and funding agencies. Overall, non-profit agencies are somewhat reluctant to engage in highly formalized partnerships. This is attributed to a host of factors, such as organizational/management issues as well as fears around loss of specific work cultures and special community arrangements.

On the other hand, informal linkages are more common than formal linkages, and they also come in many forms. One typical example of the informal linkages observed comes from the Southwest Ontario Aboriginal Health Access Centre (SOAHAC). This centre is an autonomous holistic institution offering a variety of services, drawing on a community centre model of care offering culturally appropriate, traditional and Western health programming. Many of SOAHAC’s linkages are informal, such as with other non-profit Aboriginal specific and universal organizations, the local college/university, and the mainstream local health sciences centre. Each organization exists independently but is an expert in strategic areas aiming to foster greater outcomes and alleviate capacity deficits but in a less structured or formalized manner. Activities are numerous but can include sharing physical resources (e.g., gymnasiums), human capital (e.g., guest speakers), and cultural competencies (e.g., educating health professionals). Sharing of expertise around grant writing and other important but non-continuous tasks could be important. Another customary informal link includes organizational personnel attending meetings and conferences on topics of interest, establishing linkages with other organizations and groups. The proliferation of mass communication via the internet has also generated a wealth of informal linkages through email lists and websites, such as online forums and discussion groups, across the country.

Given the range of potential organizational deficits, the types of links or partnerships (formal or informal) will be dependent on an assessment of what is needed.
For example, specialized Aboriginal services, such as those for abused women and children, are relatively small and do not possess the resources to dedicate to important activities including grant writing to secure funding. In contrast, the Friendship Centres have a more centralized system in which the provincial branch of the NAFC performs much of this work. In order to prevent a polarization between non-profit service providers, promote efficiency and effectiveness, and alleviate capacity constraints, partnerships must be established based on the unique needs of organizations.

How does this happen? Overall, partnerships take time to develop and there is a role for the NAFC to broker these relationships (as discussed previously) and the government to increase capacity to foster these linkages.

**Future Research**

One goal of this “thought piece” research paper is to identify a small number of research projects that could be pursued. In the course of the above discussion, we identified several projects including the following:

1. Examine the resources needed to have universal service providers deliver culturally appropriate services. What inputs are required for organizations to actively develop strategies that are culturally appropriate to reach and service Aboriginals? This serious issue has never been systematically studied.

2. A study of the current service delivery for Aboriginal peoples in major urban centres. This is aimed to identify gaps in service, utilization rates, and resource underfunding.

3. A Canada-wide qualitative study on the experience of Aboriginal-universal partnerships with a focus on what works and what does not.

4. How has community consultation been done in the past and how might it be improved in the future. This should include in-depth looks at some of the extensive experience in urban centres including Winnipeg, Ottawa, and Calgary.

5. What services should NAFC deliver? What is/are their specialization(s) and expertise?

**Conclusion**

We have only scratched the surface of the research questions posed at the outset. Perhaps the key theme from this project involves how to move forward to a better relationship between universal service providers and Aboriginal service providers.

It may be that the best approaches for program and service delivery involve Aboriginal and universal providers working out partnerships. These partnerships should be based on the Aboriginal providers leading service delivery, leveraging the resources and expertise of the universal provider organization. The services should be directed at the proper target community, and the community has to be
aware of the service and advisors as well as the scope and content of the services. This may, at first glance, seem contradictory, but the expertise and resources of the universals are only part of the issue; reaching the target community in a way that really serves their needs can be quite a different issue.

These partnerships can mean that the Aboriginal service providers actually merge into the universal service providers or they remain separate but work closely together. The former arrangement raises the problem of maintaining the Aboriginal specific and cultural sensitivity focus as well as the issues related to “approachability” of the service organization, given fears and distrust among the Aboriginal population. The latter arrangement poses other potential problems related to coordination and how to leverage resources and skills.

Regardless of the format, in the process of clearly defining and understanding the community there needs to be a well defined set of goals and outcomes. The effectiveness of the services must be the subject of mutually set and understood indicators. Everyone’s interest must be improving the services and helping the community. This requires an active consultation with the community whether that is via formalized councils, NAFC led forums, or new innovative methods that can be discovered across Canada in the proposed research.

The Aboriginal specific providers can often work as “stand alones,” but they need to coordinate with the universal providers even where there are no partnerships. Provider councils are one way to accomplish this task, and the NAFC acting as facilitator could play an important role in ensuring these develop. Friendship Centres can be advocates for these councils.

Are there services that should or must be delivered by universals? Our conclusion is “no.”

Are there services that must be delivered by Aboriginal-specific providers? Our answer is “no.”

Should some services be delivered without regard for the unique conditions of the Aboriginal population? Our conclusion would be that all services are already delivered that way to different degrees across the country. If urban Aboriginal people wish to seek services from universal providers without an Aboriginal focus or cultural sensitivity, they may do so right now. The problem is we do not have the effective delivery of services to the Aboriginal population in the cities. To make these services effective and truly help the population, they must be sensitive to the history, culture, life course, etc., of the people. The issue here is that virtually every service from skills upgrading to housing to health care have to be delivered in a more effective way. We have outlined above what we think are the basics of that efficacy.

Across this country Aboriginal service providers somewhere deliver almost every type of service from health to skills training, so there is no reason that all services should not be delivered in this way. The real issue is making the whole system more effective and that will demand increased resource allocation to better-partnered providers.
Endnotes

1 The paper was commissioned under the Urban Aboriginal Knowledge Network. It had a limit of about 10 pages.

2 Beginning as early as 2004, the city of Winnipeg, along with Winnipeg Aboriginal organizations, partnered with the federal and provincial governments to develop Canada’s first Urban Aboriginal Strategy (see Graham and Phillips 2006).

3 Urban areas include large cities, or census metropolitan areas, and smaller urban centres (Statistics Canada 2008).

4 In comparison, 81% of non-Aboriginal people were urban dwellers in 2006 (Statistics Canada 2008).

5 Urban Aboriginal people are less likely than non-Aboriginals to live in large urban centres. As of the 2006 census, 59% of the urban Aboriginal population lived in census metropolitan areas, while this figure was 80% for non-Aboriginal people. Another 41% of the urban Aboriginal population lived in urban centres smaller than a census metropolitan area (Statistics Canada 2008).

6 We also examined work completed in the United States, Australia, and New Zealand.

7 Perhaps the greatest consensus in our research was the need for developing culturally appropriate outreach methods and programs and services. For Aboriginals in urban centres, a range of organizations provide service, including universal and Aboriginal specific. Universal organizations are engaged in providing services that benefit all individuals regardless of ethnicity, gender, or class, except where those services are explicitly established to deliver to a group, such as “Women’s Shelters.” However, as one universal provider outlined, the attitude that the organization is providing services for “everyone” and “anyone is welcome” is politically correct but this does not necessarily translate into good outreach or appropriate delivery for Aboriginals. For example, in our interviews, it was observed that most services for children’s mental health did not have an Aboriginal specific component. On the other hand a relatively new program in southwestern Ontario, Mnaasged Child and Family Services was regarded as highly appropriate and effective given the focus on protecting Aboriginal children based on culture, customs, values, and beliefs.

Repeatedly, we heard the universal service providers are being forced to deliver services as quickly and efficiently as possible. However, they generally lack the human capital and finances to deliver special approaches to target groups such as Aboriginals. Even where they sincerely want to develop specialized programs they could not follow-up on that interest. Thus, another research project would examine the resources needed to have universal service providers develop and deliver culturally appropriate services.

8 Aboriginal service providers and provision of service to Aboriginals within universals must encourage a “life course” approach to service delivery to be effective. The life course approach recognizes that current well-being is a product of more than simply one’s recent activities. Research on the life course approach has demonstrated the importance of understanding how the events across one’s entire life determine well-being. (Life course approaches have been developed in Western science, but there is a counterpart in traditional knowledge, which is sometimes referred to as “holistic approaches.”) For example, significant life events during the early critical stages of fetal development, such as malnutrition or alcohol consumption of the mother, have a lasting effect in terms of fetal alcohol spectrum disorder and later life risk for a variety of diseases. Best Start is a program aimed to address such maternal, newborn, and early childhood issues. Urban and reserve Aboriginals tend to be less likely to complete high school for a variety of reasons. The Alternative Education Secondary School Program in Ontario has been developed to improve educational outcomes by providing services that address the needs of students at high risk of dropping out (e.g., teenagers with children). At the other end of the spectrum, the needs of “at risk” elderly (as well as chronically ill or disabled people) is addressed through N’Amerind London’s Life Long Care Program Services.

Complicating matters further, the experiences of Aboriginals in Canadian society vary by genera-
An important difference between Aboriginal peoples and other ethnic groups in the city is that there is a high degree of cultural and linguistic diversity that acts as a barrier to community building. While some cities have neighbourhoods where greater numbers of Aboriginals choose or are forced to live, research shows that this is not universally the case (Maxim, Keane, and White 2003). Research indicates urban Aboriginals move residences frequently (Aman 2009); the employed “middle class” urban Aboriginals do not access Aboriginal organizations because they are service or problem oriented (Urban Aboriginal Task Force 2005); and finally housing issues are quite unique and difficult (Walker 2005a, 2005b, 2008; Peters 1997). These findings indicate that service delivery, sense of community, housing, and community building go hand in hand.

Familiar faces with local knowledge make the quickest bond. Studies note that there is an increasing recognition by non-Aboriginal service providers that when mainstream agencies are staffed by Aboriginal people, the target Aboriginal population, particularly youth, are more likely to access those services. It may, however, not always be possible or feasible for mainstream agencies to employ Aboriginal staff. Some jurisdictions have adopted other approaches (Liaison Officers and so on).

Here too is a role for the NAFC. Local Friendship Centres can facilitate the community consultation process and assist in the establishment of advisory councils.

NAFC can participate in evaluating these indicators in partnership with Aboriginal service providers and universal service providers. The process of determining the Aboriginal population as the target population, developing the goals and outcomes, and finally evaluating the programs will ensure there is constant improvement in service and enhance co-operation. The focus of non
profits tends to be service delivery while the evaluation process tends to receive little time and effort as a result of a lack of resources and organizational skills to develop evaluation systems (Thompson 2005).

This is a difficulty in service delivery that tends to favor alliances with universal service providers or well-advised universal service providers standing on their own. This can be complicated for Aboriginal service providers if they are heavily influenced by surrounding non-urban community politics. The NAFC can play a role in moderating these influences through the advisory counsel system as well as the goal setting/evaluation process.

Over the last decades Friendship Centres have often filled the cracks in the mainstream systems by providing both health and social services to urban Aboriginal people. This often puts a greater stress on already under-funded programs and services at the centres. Friendship Centres could explore the idea of becoming key advocates for the various partnerships and merged universal specific–Aboriginal specific organizations.

In this way, universal service provider non-Aboriginal staff will be better able to develop an understanding of Aboriginal culture and history, and be much more likely to develop the empathy necessary to deliver services effectively. The NAFC/local Friendship Centre can coordinate to develop this educational process. This should/could be an important service role for NAFC/Friendship Centres.

In the health area, Aboriginal providers have certain strengths. The primary strengths are holism, synergy of Western and traditional health philosophies, a focus on primary care, openness to collaboration with provincial services, and integrated health service delivery that includes traditional medicine, which aims to improve the quality of life with an emphasis on the whole process of moving to wellness.

As of 2008, the Aboriginal Friendship Centre Movement supported a membership of about 16,244 urban Aboriginal people from across Canada. Aboriginal Friendship Centre service provision includes twelve program areas: Culture, Family, Youth, Sports and Recreation, Language, Justice, Housing, Health, Education, Employment, Economic Development, and Other, which includes a variety of initiatives ranging from community development to program staff positions. Nationally, there are a combined total of 1,167 individual programs being offered within the ninety-nine core funded and fifteen non-core funded Friendship Centres, as well as seven Provincial Territorial Associations, across Canada. Friendship Centres are one of the few major service providers that supply culturally appropriate services for urban Aboriginals (National Association of Friendship Centres 2008).

Ministries have a central role in working with Aboriginal people in a supportive manner by assisting with the interpretation and understanding of policy as well as related rules and regulations. This process is important in ensuring that policy can be understood and pursued, including issues related to accountability and proper stewardship of government funds, yet flexible enough to be meeting the true needs of Aboriginal citizens. In short, the ministries seek to make a viable investment for governments that serves the needs of Aboriginals. Sometimes, however, government priorities and community priorities are not aligned.

A more transparent system of long-term funding between various levels of government and the policy issues related to funding schemes dependent on on-/off-reserve status must be addressed. Buying in to partnerships where there is a potential to lose resources likely reduces incentives to engage in such processes. This is an area worthy of further research.

For the purposes of this paper, the urban/rural distinction has two main consequences: a) the legal distinction between on- and off-reserve Aboriginals has clear implications for accessing program and service delivery given the complex and unique relationship between federal government and on reserve First Nations; b) the high mobility of Aboriginals between reserves and urban centres problematizes the notion of on- and off-reserve in terms of program and service delivery needs and planning.

Note the pronounced arrow from Friendship Centres to Partnerships indicates the key role these centres play in facilitating partnerships between providers.

Overall, urban Aboriginals as a status group in society may lack the political presence of other ethnic status groups in Canadian society, hampering their ability to leverage support and resources in a market with limited resources. This comes as no surprise given the diversity of
urban Aboriginals, scattered geographically in urban centres, with varied cultural and historical backgrounds, frequently occupying both reserve and urban centres simultaneously, and not receiving the same legal recognition and political presence as many Aboriginals on reserve (e.g., Assembly of First Nations).
References


Ontario Federation of Indian Friendship Centres, Metis Nation of Ontario, Ontario Native Women’s Association. 2009. The Ontario Off-Reserve Aboriginal Housing Trust. Ontario Native Women’s Association: <www.onwa-tbay.ca/PDF%20Files/Forms/March%203%20Revised%20Final%20OAHT%20Report-FINAL.pdf>


APPENDIX A: Maximally Efficient Aboriginal Program and Services Model

Utilizing the principles and best practices developed from a synthesis of the literature and interviews, we present a way to conceptualize what we have done via the Maximally Efficient Aboriginal Program & Service Delivery Model (see Figure 5.1 on page 106).

Effective and efficient program and service delivery to urban Aboriginals refers to those activities associated with meeting the needs of the target population—urban Aboriginals—enabling them to fully participate in Canadian society. Evaluation is a necessary and important aspect of program and service delivery, requiring careful consideration from the beginning of the service process.

There are numerous agencies that supply programs and services, including government, Friendship Centres, universal service providers, and Aboriginal service providers.

While our initial research question was to look at Aboriginal and universal providers, it is clear that government must figure into the picture. Government plays three central roles: a) program and service provider; b) policy maker; c) capacity builder. Government has some programs that directly service urban Aboriginals through a variety of initiatives. As a policy maker, the government at all levels sets policy and the legal framework under which organizations can obtain funding and operate. Governments have their own priorities and mandates to fulfill, given their terms in office. Government funding for Aboriginal specific programming is highly desirable and every indication from our research is that targeted funding is not sufficient at present for either universals or Aboriginal organizations to deliver services to this target population. Besides direct funding for programs, resources allocation for building partnerships would be one mechanism to increase efficiency.

Universal service providers offer a variety of social services to the public in a status blind manner, serving the diverse needs of our multicultural society. These non-profit organizations can be characterized as constantly “in need” of more resources given their mandate and scope, but generally possess greater infrastructure and resources to provide services than Aboriginal service providers; however, universal service providers’ organizational deficits generally include a lack of expertise to deliver culturally appropriate services to Aboriginals.

Aboriginal service providers offer a variety of social services to the public with a focus on serving the needs of the urban Aboriginal population. The variability of services offered in urban centres across Canada is quite large, but on average, these providers lack the political presence, capacity, and infrastructure to meet all of the needs of urban Aboriginals. This is particularly the case with respect to services where the infrastructure costs are high, such as health care. Moreover, many of these organizations are small in scope, lacking the resource
security of more established universal service providers. These organizations are, however, rich in expertise related to culture and other Aboriginal specific issues.

**Appropriate delivery contingencies** refers to the range of unique issues specific to the urban Aboriginal population that must be addressed in providing effective and efficient program and service delivery. Consideration of these issues, including cultural appropriateness, lifecourse, gender, social capital, housing, migration (urban versus rural), justice, cohesion, powerlessness, and fear must be taken into account throughout the program and service delivery process, from assessing programming and service needs to developing initiatives to implementation and finally evaluation. This is best achieved through a variety of partnerships that pool different resources (financial, political, cultural, etc.) to provide, ideally, a holistic framework for meeting the needs of urban Aboriginais.

**Partnerships (formal/informal)** are the nucleus for effective and efficient program and service delivery, a prerequisite or determinant of appropriate delivery contingencies. These partnerships can come in many forms, including formal and informal institutional arrangements, such as merger based partnerships (Aboriginal service providers as part of universal service provider team) and co-operative partnerships (service providers remain independent but set up joint initiatives). Irrespective of the type of partnership, the underlying goal of these arrangements is to develop a framework in which organizational deficits (typically financial, infrastructural, human capital, cultural) are overcome through maximizing resources.

**The NAFC/Friendship Centres** play a unique and foundational role in this model. Because one of the research questions associated with this project is to assess the role of Friendship Centres in enhancing program and service delivery, we have designated them “special Aboriginal service providers.” They play a dual role in the model, as a provider of a range of services in the communities in which they exist and an enhancer of social capital (partnerships) between organizations. In terms of the latter, Friendship Centres can play an important leadership role in bringing together or networking organizations to coordinate different types of resources. In this respect, Friendship Centres are a resource, supplying relevant program and service information as well as expertise on goal setting, indicators, effective management, and evaluation. In theory, developing partnerships and sharing expertise are sensible ways to maximize resources; however, this is not a straightforward process. Partnerships themselves must be built upon trust and mutual respect considering the mix of historical, cultural, and legal issues/ responsibilities of various stakeholders. Proficient leadership is based on an ability to manage these central issues and strongly advocating greater well-being for urban Aboriginal peoples.
Figure 5.1: Maximally Efficient Aboriginal Specific Program and Service Delivery Model

[Diagram showing various elements and connections, including Universal Service Providers, Aboriginal Service Providers, Friendship Centers, and Government, with arrows indicating flow and interactions.]