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RESEARCH REPORT

TEMPORARY SUPPORTIVE
HOUSING FOR ABORIGINAL
PEOPLE AND THEIR FAMILIES



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TEMPORARY SUPPORTIVE HOUSING FOR ABORIGINAL PEOPLE AND THEIR FAMILIES

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NOTE TO READERS

There are seven appendixes to this report. They are available on request from CMHC.

The appendixes are:

- Appendix A—“First Nations communities in Northwestern Ontario”
- Appendix B—“Literature review”
- Appendix C—“Survey questionnaire for users”
- Appendix D—“User report”
- Appendix E—“User tables”
- Appendix F—“Case studies questionnaire”
- Appendix G—“Case studies”



TEMPORARY SUPPORTIVE HOUSING FOR ABORIGINAL PEOPLE AND THEIR FAMILIES

INTRODUCTION

This study examined temporary supportive accommodations related to accessing medical care, education and other vital services for Aboriginal people in four northwestern Ontario centres: Fort Frances, Kenora, Sioux Lookout and Thunder Bay. The research also examined related needs, preferences and the challenges of providing temporary housing for Aboriginal people.

A primary objective of the research was determining the types of temporary accommodations Aboriginal people use and their experiences in using such housing. The research sought to answer the questions of why they need temporary housing, what challenges they face, whether they feel their needs are met and what they believe could be improved.

METHODOLOGY

There were three parts to the research project:

1. A literature review to help understand the temporary housing situation for Aboriginal people.
2. A survey of Aboriginal people who have used temporary housing in Fort Frances, Kenora, Sioux Lookout and Thunder Bay. Researchers interviewed 57 women and 59 men for a total of 116 clients.

¹ Snowball sampling identifies a few initial respondents and uses their social networks to identify more respondents. Snowball sampling can provide access to difficult-to-reach populations, but it tends to produce samples that are not truly random and are not a cross-section of the population.

Researchers interviewed eight women and 12 men in Fort Frances; 14 women and 14 men in Kenora; nine women and 10 men in Sioux Lookout and 26 women and 23 men in Thunder Bay.

3. Twelve case studies of organizations and agencies that provide temporary housing in order to identify best practices and challenges, including one in Fort Frances three in Kenora, three in Sioux Lookout and five in Thunder Bay.

The survey used both closed and open-ended questions. Questions were short, specific and straightforward to make them easy to understand and easier to translate into Cree, Ojibway, or Oji-Cree if necessary. Some questions were quantitative and allowed for some basic statistical analysis.

The researchers first tested the survey questions with 10 people at a youth shelter, an emergency shelter and a hostel in Thunder Bay. The test ensured that the questions were clear and easy to translate, and the responses easy to tabulate. The final survey questions incorporated changes recommended at this stage.

The 12 case studies allowed more thorough analysis; interviews were held between October 18 and November 15, 2004.

This methodology had some limitations:

- A snowball sampling approach¹ does not provide a random sample.
- Key informants identified case study sites, and this did not provide a random sample.

FINDINGS

Literature review

The review found that there are many reasons for Aboriginal people to use temporary supportive housing in communities such as Fort Frances, Kenora, Sioux Lookout and Thunder Bay.

People leave their communities for larger centres to obtain medical care, attend high school, or obtain post-secondary education or employment. In some cases, community housing is so overcrowded that people relocate to obtain adequate housing. The sustained link of strong cultural ties to home communities means that some people move back and forth between their communities and urban centres, creating a regular need for temporary accommodations.

Negative experiences, such as foster care mismanagement, violence and substance abuse also force some Aboriginal people to seek supportive services and temporary housing. The review found that Aboriginal people who grew up in the foster care system are more likely to need temporary shelter. The review also found that Aboriginal people tend not to use a temporary shelter that does not have special services for Aboriginal people.

Extreme poverty due to unemployment and cuts to social assistance is another reason people—particularly those already in urban centres—use temporary housing. Poverty and social assistance cuts affect single-parent families, large families and single women the most.

Client survey

The client survey found that most respondents used temporary supportive accommodations from one to five times in the previous year. More than half the respondents said they were staying in temporary accommodations at the time of the survey.

Many said they were using a motel, hostel or shelter as an intermediary step while they were receiving medical care, escaping violence, waiting to return to their community or waiting for low-rental housing.

For men, a medical appointment was the most common reason for staying in temporary housing.

For women, escaping their partner was the most common reason, followed by medical appointments.

For respondents 34 years and younger, attending school was the most common reason for using temporary supportive accommodations. The researchers found that there are no high school residences. Students stay in private households, while many of them arrive alone and have little or no support system. Those who are unsuccessful in completing their high school education often become at risk for homelessness.

Hotels are the preferred temporary accommodation, followed by staying with friends or family, hostels and shelters. People said they preferred hotels because they were private and clean. Hotels, however, are the most expensive option and not available to many.

Generally, an agency rather than the client pays accommodation fees. Health Canada, for example, generally pays for hostels associated with hospitals, while the Ontario Ministry of Community and Social Services funds many shelters.

Hostel and shelter clients tended to learn about temporary housing services by word of mouth or referral. Most respondents stated that they use English, although 82 per cent said English was their second language. This suggests comprehension and comfort in English may vary—a consideration in publishing information and in outreach activities. This also suggests that conventional advertising in mainstream media may not be as effective as outreach workers, fluent in one of the three regional Aboriginal languages—Cree, Ojibway and Oji-Cree.

Eighty-five per cent of the respondents said that employees of temporary accommodations were helpful and did a good job, but they would like greater availability of shelters, access to more counselling and cultural activities, and greater client access to telephones in shelters and hostels.

Many clients also said it is difficult to travel within centres that have little or no public transit.

Town	Facility	Type
Fort Frances	Fort Frances Friendship Centre	Friendship centre
Kenora	Kenora Fellowship Centre-Temporary Shelter	General shelter
	Morning Star Centre	Detox centre
	Saakaate House Women's Shelter	Women's shelter
Sioux Lookout	First Step Women's Shelter	Women's shelter
	Wii-chi-way Gamik (Out of the Cold) Supportive Housing Shelter	General shelter
	Sioux Lookout First Nation Health Authority Client Services	Hospital hostel
Thunder Bay	Beendigen Inc.	Women's shelter
	Faye Peterson Transition Home	Women's shelter
	John Howard House	Men's transition home
	Shelter House	General shelter
	Wequedong Lodge	Medical transition

CASE STUDIES

The table shows the centres at which researchers interviewed staff for the case studies.

The researchers found several common factors in the case studies. All stressed the need for more temporary supportive shelter for everybody, but particularly for Aboriginal people. Agencies noted that Aboriginal people form a large proportion of clients who use temporary supportive housing and the growing Aboriginal population directly affects the ability of many organizations to meet their needs.

Agencies reported that Aboriginal clients often will not use a non-Aboriginal service, particularly those without Aboriginal staff. They prefer to use Aboriginal agencies, or agencies with Aboriginal staff, because they feel less embarrassed and more comfortable with staff who understand the culture and social norms, speak the language and are aware of the challenges in adjusting to urban life from a rural, remote Northern lifestyle. Finding and hiring qualified Aboriginal staff is, however, a challenge facing all temporary housing agencies.

Perhaps the most notable common factor is the attempt by all of the organizations to provide more than shelter. They also provide formal and informal support programs and services to help their clients overcome challenges such as opening a bank account, getting status cards and social insurance numbers, finding adequate housing, getting educational funding and finding employment. Some shelters provide meals and operate food banks so tenants can direct more of their income towards rent and stay out of temporary shelters.

Temporary housing personnel find that people who come directly from isolated and remote communities are often not proactive about verbalizing their needs and many are unaware of the programs and services that are available. Those without a strong family and social support network in an urban centre are isolated and can have great difficulty adjusting to impersonal private and public services. This suggests that temporary housing is only one piece in a larger picture of providing appropriate supportive services to Aboriginal people.

Agencies were having financial difficulties and could not provide all the services they felt clients needed. While many receive some funding from the provincial or federal government, the amount did not cover all of the costs. As a result, the agencies cut programs, services and staff. All of the agencies raise funds publicly, which takes considerable time and draws attention away from client needs and program delivery.

Government financial support for individuals, through such programs as Ontario Works,² was considered insufficient, causing many individuals and families to turn to temporary shelters for increasing lengths of time because they cannot meet their living costs.

² Ontario Works, a program of the Ontario Ministry of Community and Social Services, provides financial and employment assistance to people in temporary financial need. People receiving assistance through Ontario Works participate in a wide range of employment assistance activities, which help them prepare for, find and keep a job.

CHALLENGES

Challenges for shelters and hostels included:

- Many of the temporary housing shelters are experiencing financial difficulties as they attempt to meet the needs of an increasing number of clients and their needs for shelter, food, clothing, employment training and counselling.
- The need for temporary shelter appeared to be extremely high, especially in the winter. As well, the shelters are seeing more people in financial difficulty as a result of gambling, an increase in young clients ages 19-29 and an increase in clients who are drug dependent or mentally unstable. The policy of many of the shelters is to take in all clients in need in order to ensure their safety. The range of clients makes it difficult for shelter staff to provide for all of their clients' various needs while keeping the shelter a safe place for all clients, including children.
- There is a lack of suitable accommodations for families.
- Many temporary housing shelters do not have accommodations or services that target the elderly, mostly as a result of limited funding.
- Many of the clients from remote communities do not have urban life skills or speak English as a second language, which hinders their ability to find and use services.
- Spouses, youth and children who are experiencing family violence in remote communities often remain because of a lack of access to shelters in their own community, a lack of information concerning shelters outside their community and a lack of finances to fly to an urban centre.
- People often find out about these shelters and hostels through word of mouth, indicating they are not tapped into an organized system or strategy when they move to an urban centre. This indicates that outreach can play an important role in providing information and assistance. Outreach workers who speak one of the three regional Aboriginal languages would also be an asset.
- The increasing use of food banks may be a sign that people can no longer afford to pay market rent and there may be an increase in the number of people needing temporary or subsidized shelter.

Challenges for clients included:

- The case studies show that the top priorities are access to food and a bed. Child care is important mainly for working mothers. Most of the women using temporary accommodation do not have employment and do not require child care.
 - Single mothers seem to have the most difficulties obtaining and maintaining secure housing, followed by young, single, mothers-to-be and then single men.
 - Services are limited in many remote First Nation communities. Medical specialists fly in to the communities once a month or less frequently to offer medical or dental services. For more immediate care, people go to urban centres. For long-term care, such as dialysis, clients often have to relocate.
 - Schools are limited in some remote First Nation communities and many students have to leave their community to obtain a high-school education. Some choose not to leave.
 - The lack of marketable education often makes it difficult for Aboriginal people to find employment that pays enough to secure stable housing.
- Throughout the case studies, agency workers noted that there is a need for more temporary housing to meet the needs of a growing clientele. They raised several factors that had contributed to their agency's success and that could be useful for other agencies interested in establishing temporary accommodations for Aboriginal people. They are:
- Talk to existing operators and practitioners to learn from their experiences. For example, the changing demographic of the Aboriginal population within a given region ought to be considered. In some regions, the pregnancy rate among teenagers is high and as the youth population grows, there may be a growing need for temporary housing for families or women with children, and associated services, such as day care.
 - Develop networking strategies that enable community social agencies and non-profit groups to get involved in the provision of formal and informal support programs and services to help clients.

CONCLUSIONS

- Hire qualified, trained Aboriginal staff at temporary accommodations in areas that serve a large Aboriginal population. Agencies with Aboriginal staff that can incorporate Aboriginal cultural and social values in agency programming increase the comfort level of many clients and improve communication with them, which allows the agency to better respond to client needs.
- Consider special care needs, such as wheelchair accessibility or grab bars for the elderly when planning a centre.
- The location should allow for convenient access to services and public transportation.

OTHER RESEARCH OF INTEREST

Free Research Highlights:

Developing a Methodology for Tracking Homeless People over the Long Term.

(Order Number 63685)

Applicability of a Continuum of Care Model to Address Homelessness.

(Order number 63287)

Children and Youth in Homeless Families: Shelter Spaces and Services.

(Order number 62492)

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LOGEMENTS TEMPORAIRES AVEC SERVICES DE SOUTIEN POUR LES AUTOCHTONES ET LEUR FAMILLE

INTRODUCTION

La présente étude se penche sur les logements temporaires avec services de soutien vers lesquels peuvent se tourner les Autochtones lorsqu'ils doivent accéder à des soins de santé, à une formation ou à d'autres services essentiels dans quatre centres urbains du nord-ouest de l'Ontario, soit Fort Frances, Kenora, Sioux Lookout et Thunder Bay. L'étude examine également les besoins connexes, les préférences et les difficultés à surmonter en matière de logements temporaires pour les Autochtones.

Un des principaux objectifs de l'étude était de déterminer les différents types de logements temporaires auxquels ont recours les Autochtones et de recueillir leurs expériences à cet égard. L'étude avait également pour objectif de connaître les raisons pour lesquelles les Autochtones doivent se tourner vers des logements temporaires, les difficultés qu'ils sont appelés à surmonter, leurs impressions quant à savoir si leurs besoins étaient comblés et les aspects qui, selon eux, pourraient être améliorés.

MÉTHODE

L'étude a été divisée en trois volets.

1. Une analyse documentaire qui a permis de faire le portrait des différents logements temporaires offerts aux Autochtones.
2. Une enquête auprès d'Autochtones qui ont eu recours à des logements temporaires à Fort Frances, Kenora, Sioux Lookout et Thunder Bay. Les chercheurs ont interrogé 116 clients, soit 57 femmes et 59 hommes.

Ils ont interrogé 8 femmes et 12 hommes à Fort Frances, 14 femmes et 14 hommes à Kenora, 9 femmes et 10 hommes à Sioux Lookout et 26 femmes et 23 hommes à Thunder Bay.

3. Douze études de cas sur les organismes et les agences qui offrent des logements temporaires afin de cerner les meilleures pratiques et les difficultés à surmonter : une à Fort Frances, trois à Kenora, trois à Sioux Lookout et cinq à Thunder Bay.

Le questionnaire contenait des questions dirigées et des questions ouvertes. Celles-ci étaient courtes, spécifiques et directes, afin qu'elles soient faciles à comprendre et à traduire au besoin en cri, en ojibwa ou en oji-cri. Certaines questions étaient quantitatives et ont permis de réaliser une analyse statistique de base.

Les chercheurs ont d'abord testé les questions auprès de 10 personnes dans un refuge pour jeunes, un refuge d'urgence et un foyer de Thunder Bay. Les chercheurs ont ainsi pu s'assurer que les questions étaient claires et faciles à traduire, et que les réponses pouvaient être facilement transposées en tableaux. Les modifications proposées à l'issue de ces tests ont été apportées aux questions.

Les 12 études de cas ont permis une analyse plus approfondie et les entrevues ont eu lieu entre le 18 octobre et le 15 novembre 2004.

Cette méthode comporte toutefois certaines limites.

- La méthode d'échantillonnage en « boule de neige »¹ ne fournit pas un échantillon aléatoire.
- Des personnes-ressources ont proposé des organismes pour réaliser les études de cas ; l'échantillon n'était donc pas aléatoire.

¹ Cette méthode consiste à partir d'un échantillon de personnes pour y adjoindre des personnes avec lesquelles les premières se déclarent en relation. L'approche « boule de neige » peut donner accès à des personnes difficiles à atteindre autrement, mais tend à créer des échantillons non aléatoires qui ne représentent pas une section transversale de la population.

RÉSULTATS

Analyse documentaire

L'analyse a fait ressortir que plusieurs motifs peuvent expliquer le recours des Autochtones à des logements temporaires avec services de soutien dans des collectivités comme Fort Frances, Kenora, Sioux Lookout et Thunder Bay.

Les Autochtones quittent leur collectivité pour les plus grands centres afin d'obtenir des soins médicaux, de poursuivre des études secondaires ou postsecondaires ou de travailler. Dans certains cas, les logements communautaires sont si surpeuplés que les gens déménagent pour trouver un logement convenable. En raison du lien culturel étroit qui les unit à leur collectivité, certains Autochtones font régulièrement la navette entre celle-ci et les centres urbains, créant ainsi un besoin régulier de logements temporaires.

Les expériences négatives, comme une mauvaise gestion des familles d'accueil, la violence et la toxicomanie, forcent également certains Autochtones à recourir à des logements temporaires et à des services de soutien. L'étude a démontré que les personnes qui avaient grandi dans des familles d'accueil étaient plus enclines à avoir recours à des logements temporaires. L'étude a également relevé que les Autochtones n'avaient pas tendance à utiliser les refuges qui n'offraient pas de services adaptés à leurs besoins spécifiques.

La pauvreté extrême causée par le chômage et les compressions dans l'aide sociale sont d'autres raisons qui poussent les Autochtones, plus particulièrement ceux qui habitent déjà les centres urbains, à se tourner vers des logements temporaires. La pauvreté et les compressions dans l'aide sociale touchent principalement les familles monoparentales, les familles nombreuses et les femmes seules.

Enquête auprès des clients

Cette enquête a révélé que la majorité des répondants avaient eu recours aux logements temporaires avec services de soutien entre une et cinq fois au cours de l'année précédente. Plus de la moitié des répondants ont dit qu'ils demeuraient dans un logement temporaire au moment de l'enquête.

De nombreux répondants ont affirmé demeurer dans un motel, un foyer ou un refuge lorsqu'ils doivent recevoir des soins médicaux, souhaitent échapper à la violence, attendent de retourner dans leur collectivité ou sont en attente d'un logement à loyer modique.

La raison la plus souvent citée par les hommes est les rendez-vous médicaux.

Les femmes, pour leur part, cherchent refuge dans un logement temporaire pour échapper à un partenaire violent, en premier lieu, et pour se rendre à un rendez-vous médical, en deuxième lieu.

Chez les répondants âgés de 34 ans et moins, les études étaient le premier motif de recours à un logement temporaire avec services de soutien. Les chercheurs ont remarqué qu'il n'existe aucun foyer pour les élèves du secondaire. Les élèves demeurent dans des maisons privées, mais bon nombre d'entre eux arrivent seuls et ne peuvent compter sur un réseau de soutien. Ceux qui ne terminent pas leurs études secondaires risquent davantage de se retrouver à la rue.

Les hôtels sont la forme d'hébergement temporaire préférée, suivie des amis ou de la famille, des foyers et des refuges. Les personnes interrogées disent préférer les hôtels parce qu'ils sont propres et privés. Ils représentent cependant la forme d'hébergement la plus coûteuse et ne sont donc pas à la portée de tous.

En général, un organisme assume les frais d'hébergement. Par exemple, Santé Canada assume les frais d'hébergement dans les foyers associés aux hôpitaux et le ministère des Services sociaux et communautaires de l'Ontario finance de nombreux refuges.

Les clients des foyers et des refuges apprennent l'existence de ces formes d'hébergement par le bouche à oreille ou y sont dirigés. La majorité des répondants disent parler l'anglais, mais il s'agit d'une langue seconde pour 82 pour cent d'entre eux. On peut donc penser que le niveau de compréhension et d'aisance dans cette langue varie. Il s'agit d'un facteur à considérer au moment de diffuser de l'information et d'élaborer des activités d'approche. Par ailleurs, la publicité courante faite dans les principaux médias n'est peut-être pas aussi efficace que le sont les travailleurs d'approche qui maîtrisent une des trois langues autochtones régionales, soit le cri, l'ojibwa et l'oji-cri.

Quatre-vingt-cinq pour cent des répondants estiment que les employés des logements temporaires sont serviables et compétents, mais disent également souhaiter avoir un meilleur accès aux refuges, aux activités culturelles, aux services de consultation et à des téléphones.

De nombreux clients soulignent également qu'il est difficile de se déplacer dans les centres où il y a peu ou pas de transport en commun.

Ville	Centre	Type
Fort Frances	Centre d'accueil de Fort Frances	Centre d'accueil
Kenora	Centre d'accueil de Kenora - Refuge temporaire	Refuge général
	Centre Morning Star	Centre de désintoxication
	Refuge pour femmes Saakaate House	Refuge pour femmes
Sioux Lookout	Refuge pour femmes First Step	Refuge pour femmes
	Refuge avec services de soutien Wii-chi-way Gamik (échapper au froid)	Refuge général
	Services aux clients des autorités sanitaires de la Première nation de Sioux Lookout	Foyer-hôpital
Thunder Bay	Beendigen Inc.	Refuge pour femmes
	Maison de transition Faye Peterson	Refuge pour femmes
	Maison John Howard	Maison de transition pour hommes
	Refuge	Refuge général
	Wequedong Lodge	Transition médicale

ÉTUDES DE CAS

Le tableau ci-dessus dresse la liste des centres où les chercheurs ont interrogé le personnel dans le cadre des études de cas.

Les chercheurs ont relevé plusieurs éléments communs aux centres étudiés. Tous les centres insistent sur le fait qu'il faudrait créer davantage de logements temporaires avec services de soutien pour répondre aux besoins de la population en général, mais plus particulièrement à ceux de la population autochtone. Les centres estiment que les Autochtones représentent une grande proportion des clients des logements temporaires avec services de soutien, et de nombreux organismes ont du mal à répondre adéquatement aux besoins des Autochtones en raison de la forte croissance de cette population.

Les centres font observer que les clients autochtones n'ont généralement pas recours aux organismes qui ne s'adressent pas spécifiquement à eux, et encore moins à celles où le personnel n'est pas autochtone. Les personnes interrogées disent en effet préférer se tourner vers les organismes autochtones ou celles où le personnel est autochtone, parce qu'elles se sentent plus à l'aise avec des personnes qui comprennent leur culture et leurs normes sociales, parlent leur langue et sont conscientes des difficultés que représente le fait de passer d'un milieu rural, éloigné et nordique à un milieu urbain. Il est cependant difficile pour tous les centres de ce genre de trouver et d'embaucher des Autochtones.

Fait marquant observé lors de l'étude, les centres partagent tous le souhait d'offrir beaucoup plus qu'un abri. En effet, ils offrent également des programmes et des services de soutien officiels et non officiels en vue d'aider les clients à surmonter des difficultés comme l'ouverture d'un compte bancaire, l'obtention d'une carte de statut et d'un numéro d'assurance sociale, la recherche d'un logement adéquat, l'obtention d'une aide financière pour les études et la recherche d'emploi. Certains refuges offrent des repas et un service de banque alimentaire, ce qui permet aux personnes de consacrer une plus grande partie de leur revenu au loyer et de quitter les logements temporaires.

Le personnel des logements temporaires observe que les personnes qui débarquent directement des collectivités éloignées et isolées ont tendance à ne pas exprimer leurs besoins et à ne pas être au fait des programmes et des services qui sont offerts. Par ailleurs, celles qui ne peuvent pas compter sur un solide réseau social et familial dans un centre urbain se trouvent isolées et peuvent éprouver plus de difficulté à s'ajuster à des services privés et publics impersonnels. Les logements temporaires ne représentent donc qu'une partie des services de soutien dont peuvent avoir besoin les Autochtones.

Les organismes disent éprouver des difficultés financières et ne peuvent offrir tous les services qu'ils jugent essentiels pour leurs clients. Plusieurs organismes reçoivent du financement du provincial ou du fédéral, mais celui-ci ne suffit pas à couvrir tous les frais. Par conséquent, les organismes doivent couper dans les programmes, les

services et le personnel. Tous les organismes procèdent à des campagnes de financement publiques qui exigent d'eux beaucoup de temps et d'efforts qu'ils ne peuvent pas consacrer à répondre aux besoins des clients et à mettre en œuvre des programmes.

Les programmes gouvernementaux de soutien financier aux individus, comme Ontario au travail², sont jugés insuffisants et forcent de nombreuses personnes et familles à avoir recours à des logements temporaires pendant des périodes de plus en plus longues, parce qu'elles ne sont pas en mesure d'assumer leurs frais de subsistance.

DIFFICULTÉS À SURMONTER

Quelques-unes des difficultés que doivent surmonter les refuges et les foyers.

- De nombreux organismes offrant un logement temporaire éprouvent des difficultés financières et parviennent de moins en moins à répondre aux besoins en logement, en nourriture, en vêtements, en formation et en services de consultation d'un nombre croissant de clients.
- Le besoin de logements temporaires semble particulièrement élevé l'hiver. Les refuges observent qu'il y a de plus en plus de personnes ayant des difficultés financières causées par le jeu, de jeunes de 19 à 29 ans, de toxicomanes et de personnes mentalement instables. De nombreux refuges ont pour politique d'accepter tous les clients dans le besoin afin de garantir leur sécurité. Le personnel a cependant de la difficulté à répondre aux besoins variés d'une clientèle hétéroclite tout en veillant à ce que le centre demeure un endroit sûr pour tous ses clients, y compris les enfants.
- Il n'y a pas assez de logements adéquats pour les familles.
- De nombreux refuges n'offrent pas de services ni d'hébergement aux aînés, principalement en raison du manque de financement.

Quelques-unes des difficultés que doivent surmonter les clients.

- Les études de cas ont révélé que la priorité des clients était l'accès à un lit et à de la nourriture. Les services de garde sont importants surtout pour les mères qui travaillent. La majorité des femmes qui ont recours aux logements temporaires ne travaillent pas et n'ont pas besoin de services de garde.
- Les mères seules sont celles qui ont le plus de difficulté à obtenir et à garder un logement. Elles sont suivies par les jeunes femmes enceintes seules et les hommes seuls.

- Les services sont limités dans de nombreuses collectivités de Premières nations éloignées. Les spécialistes se rendent par avion dans les collectivités au plus une fois par mois pour offrir des services médicaux ou dentaires. Pour recevoir des soins immédiats, les personnes doivent se rendre dans les centres urbains. Pour les soins de longue durée, tels que la dialyse, elles doivent souvent être relocalisées.
- Les établissements scolaires sont peu nombreux dans les collectivités de Premières nations éloignées et de nombreux jeunes doivent quitter celles-ci pour avoir accès à une formation secondaire. Certains choisissent de ne pas quitter leur collectivité.
- Le manque de formation monnayable sur le marché du travail empêche souvent les Autochtones de dénicher des emplois qui rapportent un revenu suffisant pour garantir un logement stable.
- De nombreux clients provenant de collectivités éloignées ne sont pas préparés à la vie urbaine ou parlent l'anglais à titre de langue seconde, ce qui augmente les difficultés pour trouver et utiliser les services.
- Les conjoints, les jeunes et les enfants victimes de violence familiale dans les collectivités éloignées y demeurent souvent en raison de l'absence de refuge sur place, du manque de renseignements concernant les refuges situés à l'extérieur de leur collectivité et de l'insuffisance de moyens pour se rendre par avion dans les centres urbains.
- Les personnes sont souvent informées de l'existence de ces refuges et foyers par le bouche à oreille, ce qui suggère qu'elles ne sont pas intégrées à un système organisé lorsqu'elles arrivent dans les centres urbains. Les activités d'approche peuvent contribuer à fournir aux personnes dans le besoin l'information et les services qui pourraient les aider. L'embauche de travailleurs d'approche maîtrisant une des trois langues autochtones régionales serait également un atout.
- Le recours croissant aux banques alimentaires signifie peut-être que les gens ne peuvent désormais plus payer les loyers du marché et que le nombre de personnes ayant besoin d'un logement temporaire ou subventionné pourrait augmenter.

² Ontario au travail, un programme du ministère des Services sociaux et communautaires de l'Ontario, offre du soutien financier et de l'aide à la recherche d'emploi aux personnes qui ont des besoins financiers temporaires. Les personnes qui participent à Ontario au travail ont accès à une vaste gamme de services qui les aident à trouver un emploi et à le garder.

CONCLUSIONS

Les employés interrogés dans le cadre des études de cas estiment qu'il faudrait davantage de logements temporaires pour répondre aux besoins d'une clientèle grandissante. Ils ont relevé plusieurs facteurs qui ont contribué à la réussite de leur organisme et qui pourraient être utiles à d'autres personnes qui souhaiteraient créer des logements temporaires pour les Autochtones.

- Discuter avec les exploitants et les intervenants afin de profiter de leur expérience. Par exemple, la démographie changeante de la population autochtone d'une région donnée devrait être prise en considération. Dans certaines régions, le taux de grossesse chez les jeunes filles est très élevé et, à mesure que la population grandit, les besoins en logements temporaires pour les familles ou les femmes avec enfants et de services connexes, comme les services de garde, risquent d'augmenter.
- Élaborer des stratégies de réseautage qui permettent aux organisations sociales communautaires et aux groupes sans but lucratif de participer à la prestation de services et de programmes de soutien officiels et non officiels aux clients.
- Embaucher du personnel autochtone qualifié pour travailler dans les logements temporaires des secteurs largement autochtones. Les organismes qui ont des employés autochtones pourraient incorporer aux programmes certains aspects sociaux et culturels afin que les clients se sentent plus à l'aise et que la communication soit plus aisée. De cette façon, les organismes seraient davantage en mesure de répondre aux besoins des clients.
- Tenir compte des personnes ayant des besoins spéciaux en pensant, au moment de la construction notamment, à faciliter l'accès aux fauteuils roulants et à installer des barres d'appui.
- Positionner le centre à proximité des services et des réseaux de transport en commun.

AUTRES RECHERCHES D'INTÉRÊT

Documents *Le Point en recherche* gratuits :

- *Élaboration d'une méthodologie pour le repérage de personnes sans-abri.*
(Numéro de commande 63686)
- *Applicabilité d'un modèle de continuum de services pour gérer le problème des sans-abri.*
(Numéro de commande 63288)
- *Places et services à l'intention des enfants et des jeunes dans les centres d'hébergement pour familles sans-abri.*
(Numéro de commande 62493)

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GLOSSARY

Aboriginal	The term Aboriginal is used for a person who identifies with, or is a member of, an organic, political or cultural entity that stems historically from the original peoples of North America. In Canada, the term includes Indian, Inuit and Métis.
Acceptable housing	<p>Canada Mortgage and Housing Corporation (CMHC) defines acceptable housing as housing that is adequate in condition, suitable in size and affordable.</p> <ul style="list-style-type: none"> • “Adequate” dwelling units are those the occupants say do not need major repairs • “Suitable” dwelling units have enough bedrooms for the size and makeup of resident households, as described in the National Occupancy Standards • “Affordable” dwelling units cost less than 30 per cent of before-tax household income.
Affordable housing	<p>In November, 2003, the National Summit on Affordable Homeownership organized by CMHC and Habitat for Humanity defined affordable housing as:</p> <ul style="list-style-type: none"> • A homeowner unit is affordable if the purchase price is below market price for a unit of similar type, size and number of bedrooms, is modest in size and design and is sustainable for the purchaser over time within a threshold of 30 per cent of before-tax total household income.
Core housing need	CMHC considers a household to be in core housing need when a household lives in housing that is below one or more of the adequacy, suitability, or affordability standards (as defined in “Acceptable housing”), and has an income that is too low to allow it to rent an alternative local market dwelling that meets acceptable standards for less than 30 per cent of the household’s before-tax income,.
Low-income housing	Low-income housing meets housing affordability and housing physical adequacy needs of households with incomes below the poverty line. It includes government-subsidized, “rent-geared-to-income” housing. It also includes many older, low-cost, privately owned houses and apartments, and inner-city rooming house units.
National Occupancy Standards	As defined by CMHC, the National Occupancy Standards for housing says there should be one bedroom for each cohabiting adult couple; unattached household member 18 years of age and over; same-sex pair of children under age 18; and additional boy or girl in the family, unless there are two opposite sex siblings under five years of age, in which case they are expected to share a bedroom. A household of one individual can occupy a bachelor unit (that is, a unit with no bedroom).
Rent geared-to-income	Rent geared-to-income depends on the household income of the tenants. Many rent geared-to-income measures set rent at 30 per cent of household before-tax income.
Snowball sampling	Snowball sampling identifies a few initial respondents, then uses their social networks to identify more respondents. Snowball sampling has advantages—it can offer researchers access to difficult-to-reach populations—and disadvantages—it tends to produce samples that are

	not truly random and may share characteristics.
Social housing	Social housing is rental housing built and maintained with government assistance, for low- and moderate-income households. Rental is geared to income.
Special needs housing	<p>Special needs housing means a unit that is occupied by or is made available for occupancy by a household with one or more members who require accessibility modifications or support services in order to live independently.</p> <p>Examples of special needs housing include seniors' subsidized lodge units, group homes, first-, second- and third-stage stage housing for women and children leaving abusive relationships and shelters for homeless people.</p>

EXECUTIVE SUMMARY

INTRODUCTION

This study examined temporary supportive accommodations related to accessing medical care, education and other vital services for Aboriginal people in four northwestern Ontario centres: Fort Frances, Kenora, Sioux Lookout and Thunder Bay. The research also examined related needs, preferences and the challenges of providing temporary housing for Aboriginal people.

A primary objective of the research was determining the types of temporary accommodations Aboriginal people use and their experiences in using temporary housing. The research sought to answer the questions of why they need temporary housing, what challenges they face, whether they feel their needs are met and what they believe could be improved.

METHODOLOGY

There were three parts to the research project:

1. A literature review to help understand the temporary housing situation for Aboriginal people.
2. A survey of Aboriginal people who have used temporary housing in Sioux Lookout, Fort Frances, Thunder Bay and Kenora. Researchers interviewed 116 clients—57 women and 59 men.
Researchers interviewed eight women and 12 men in Fort Frances; 14 women and 14 men in Kenora; nine women and 10 men in Sioux Lookout and 26 women and 23 men in Thunder Bay
3. Twelve case studies of organizations and agencies that provide temporary housing in order to identify best practices and challenges, including one in Fort Frances three in Kenora, three in Sioux Lookout and five in Thunder Bay.

The survey used both closed and open-ended questions. Questions were short, specific and straightforward to make them easy to understand and to make it easier to translate them into Cree, Ojibway, or Oji-Cree if necessary. Some questions were quantitative and allowed for some basic statistical analysis.

The researchers first tested the survey questions with 10 people at a youth shelter, an emergency shelter and a hostel in Thunder Bay. The test ensured that the questions were clear and easy to translate and the responses easy to tabulate. The final survey questions incorporated changes recommended at this stage.

The 12 case studies allowed more thorough analysis and interviews were held between October 18 and November 15, 2004.

This methodology had some limitations:

- A snowball sampling approach¹ does not provide a random sample.
- Key informants identified case study sites, and this did not provide a random sample.

FINDINGS

Literature review

The review found that there are many reasons for Aboriginal people to use temporary supportive housing in communities such as Thunder Bay, Kenora, Fort Frances and Sioux Lookout.

People leave their communities for larger centres to obtain medical care, attend high school, or obtain post-secondary education or employment. In some cases, community housing is so overcrowded that people relocate to obtain adequate housing. The sustained link of strong cultural ties to home communities means that some people move back and forth between their communities and urban centres, creating a regular need for temporary accommodations.

Negative experiences, such as foster care mismanagement, violence and substance abuse also force some Aboriginal people to seek supportive services and temporary housing. The review found that Aboriginal people who grew up in the foster care system are more likely than others to need temporary shelter. The review also found that Aboriginal people tend not to use a temporary shelter that does not have special services for Aboriginal people.

Extreme poverty due to unemployment and cuts to social assistance is another reason people—particularly those already in urban centres—use temporary housing. Poverty and social assistance cuts affect single-parent families, large families and single women the most.

Client survey

The client survey found that most respondents used temporary supportive accommodations from one to five times in the previous year. More than half the respondents said they were staying in temporary accommodations at the time of the survey.

Many said they were using a motel, hostel or shelter as an intermediary step while they were receiving medical care, escaping violence, waiting to return to their community or waiting for low-rental housing.

¹ Snowball sampling identifies a few initial respondents and uses their social networks to identify more respondents. Snowball sampling can provide access to difficult-to-reach populations, but it tends to produce samples that are not truly random and are not a cross-section of the population.

For men, a medical appointment was the most common reason for staying in temporary housing.

For women, escaping their partner was the most common reason, followed by medical appointments.

For respondents 34 years and younger, attending school was the most common reason for using temporary supportive accommodations. The researchers found that there are no high school residences. Students stay in private households, while many of them arrive alone and have little or no support system. Those who are unsuccessful in completing their high school education often become at risk for homelessness.

Hotels are the preferred temporary accommodation, followed by staying with friends or family, hostels and shelters. People said they preferred hotels because they were private and clean. Hotels, however, are the most expensive option and not available to many.

Generally, an agency other than the client pays accommodation fees. Health Canada, for example, generally pays for hostels associated with hospitals, while the Ontario Ministry of Community and Social Services funds many shelters.

Hostel and shelter clients tended to learn about temporary housing services by word of mouth or referral. Most respondents stated that they use English, although 82 per cent said English was their second language. This suggests comprehension and comfort in English may vary—a consideration in publishing information and in outreach activities. This also suggests that conventional advertising in mainstream media may not be as effective as outreach workers, fluent in one of the three regional Aboriginal languages—Ojibwe, Cree and Oji Cree.

Eighty-five per cent of the respondents said that employees of temporary accommodations were helpful and did a good job, but they would like greater availability of shelters, access to more counselling and cultural activities and greater client access to telephones in shelters and hostels.

Many clients also said it is difficult to travel within centres that have little or no public transit.

CASE STUDIES

The table shows the centres at which researchers interviewed staff for the case studies.

Town	Facility	Type
Fort Frances	Fort Frances Friendship Centre	Friendship centre
Kenora	Kenora Fellowship Centre—Temporary Shelter	General shelter
	Morning Star Centre	Detox centre
	Saakaate House Women's Shelter	Women's shelter
Sioux	First Step Women's Shelter	Women's shelter

Town	Facility	Type
Lookout	Wii-chi-way Gamik (Out of the Cold) Supportive Housing Shelter	General shelter
	Sioux Lookout First Nation Health Authority Client Services (Hospital Hostel)	Hospital hostel
Thunder Bay	Beendigen Inc.	Women's shelter
	Faye Peterson Transition Home	Women's shelter
	John Howard House	Men's transition home
	Shelter House	General shelter
	Wequedong Lodge	Medical transition

The researchers found several common factors in the case studies. All stressed the need for more temporary supportive shelter for everybody, but particularly for Aboriginal people. Agencies noted that Aboriginal people are a large proportion of clients who use temporary supportive housing and the growing Aboriginal population directly affects the ability of many organizations to meet their needs.

Agencies reported that Aboriginal clients often will not use a non-Aboriginal service, particularly those without Aboriginal staff. They prefer to use Aboriginal agencies, or agencies with Aboriginal staff, because they feel less embarrassed and more comfortable with staff who understand the culture and social norms, speak the language and are aware of the challenges in adjusting to urban life from a rural, remote Northern lifestyle. Finding and hiring qualified Aboriginal staff is, however, a challenge facing all temporary housing agencies.

Perhaps the most notable common factor is the attempt by all of the organizations to provide more than shelter. They also provide formal and informal support programs and services to help their clients overcome challenges such as opening a bank account, getting status cards and social insurance numbers, finding adequate housing, getting educational funding and finding employment. Some shelters provide meals and operate food banks so tenants can direct more of their income towards rent and stay out of temporary shelters.

Temporary housing personnel find that people who come directly from isolated and remote communities are often not proactive about verbalizing their needs and many are unaware of the programs and services that are available. Those without a strong family and social support network in an urban centre are isolated and can have great difficulty adjusting to impersonal private and public services. This suggests that temporary housing is only one piece in a larger picture of providing appropriate supportive services to Aboriginal people.

Agencies were having financial difficulties and could not provide all the services they felt clients needed. While many receive some funding from the provincial or federal government, the amount did not cover all of the costs. As a result, the agencies cut programs, services and staff. All of the agencies raise funds publicly, which takes considerable time and draws attention away from client needs and program delivery.

Government financial support for individuals, such as Ontario Works,² was considered insufficient, causing many individuals and families to turn to temporary shelters for increasing lengths of time because they cannot meet their living costs.

CHALLENGES

Challenges for shelters and hostels included:

- Many of the temporary housing shelters experience financial difficulties as they attempt to meet the needs of an increasing number of clients and their needs for shelter, food, clothing, employment training and counselling.
- The need for temporary shelter appeared to be extremely high, especially in the winter. As well the shelters are seeing more people in financial difficulty as a result of gambling, an increase in young clients—ages 19–29 and an increase in clients who are drug dependent or mentally unstable. The policy of many of the shelters is to take in all clients in need in order to ensure their safety. The range of clients makes it difficult for shelter staff to provide for all of their clients' various needs while keeping the shelter a safe place for all clients, including children.
- There is a lack of suitable accommodations for families.
- Many temporary housing shelters do not have accommodations or services that target the elderly, mostly as a result of limited funding.

Challenges for clients included:

- The case studies show that the top priorities are access to food and a bed. Child care is important mainly for working mothers. Most of the women using temporary accommodation do not have employment and do not require child care.
- Single mothers seem to have the most difficulties obtaining and maintaining secure housing, followed by young, single, mothers-to-be and then single men.
- Services are limited in many remote First Nation communities. Medical specialists fly in to the communities once a month or less frequently to offer medical or dental services. For more immediate care, people go to urban centres. For long term care, such as dialysis, clients often have to relocate.
- Schools are limited in some remote First Nation communities and many students have to leave their community to obtain a high school education. Some choose not to leave.

² Ontario Works, a program of the Ontario Ministry of Community and Social Services, provides financial and employment assistance to people in temporary financial need. People receiving assistance through Ontario Works participate in a wide range of employment assistance activities, which help them prepare for, find and keep a job.

- The lack of a marketable education often makes it difficult for Aboriginal people to find employment that pays enough to secure stable housing.
- Many of the clients from remote communities do not have urban life skills or speak English as a second language, which hinders their ability to find and use services.
- Spouses, youth and children who are experiencing family violence in remote communities often remain because of a lack of access to shelters in their own community, a lack of information concerning shelters outside their community and a lack of finances to fly to an urban centre.
- People often find out about these shelters and hostels through word of mouth, indicating they are not tapped into an organized system or strategy when they move to an urban centre. This indicates that outreach can play an important role in providing information and assistance. Outreach workers who speak one of the three regional Aboriginal languages would also be an asset.
- The increasing use of food banks may be a sign that people can no longer afford to pay market rent and there may be an increase in the number of people needing temporary or subsidized shelter.

Conclusions

Throughout the case studies agency workers noted that there is a need for more temporary housing to meet the needs of a growing clientele. They raised several factors that had contributed to their agency's success and that could be useful for other agencies interested in establishing temporary accommodations for Aboriginal people. They are:

- Talk to existing operators and practitioners to learn from their experiences. For example, the changing demographic of the Aboriginal population within a given region ought to be considered. In some regions, the pregnancy rate among teenagers is high and as the youth population grows, there may be a growing need for temporary housing for families or women with children, and associated services, such as day care.
- Develop networking strategies that enable community social agencies and non-profit groups to get involved in the provision of formal and informal support programs and services to help clients.
- Hire qualified, trained Aboriginal staff at temporary accommodations in areas that service a large Aboriginal population. Agencies with Aboriginal staff that can incorporate Aboriginal cultural and social values in agency programming increase the comfort level of many clients and improve communication with them, which allows the agency to better respond to client needs.
- Consider special care needs, such as wheelchair accessibility or grab bars for the elderly when planning a centre.
- The location should allow for convenient access to services and public transportation.

CHAPTER ONE—BACKGROUND

OVERVIEW—ABORIGINAL PEOPLE IN NORTHWESTERN ONTARIO

The Aboriginal people of Northwestern Ontario are largely of First Nations descent: Cree, Ojibway or Oji Cree.

There are 51 First Nations or bands recognized by the *Indian Act*, in Northwestern Ontario with a total population of approximately 27,000. The First Nations of Northwestern Ontario are signatories to Treaties Number 5 or Number 9.³ Members of these First Nations are status Indians and entitled to the rights and benefits of the *Indian Act*.

Indians who are not members of the 51 First Nations are non-status Indians and are not entitled to rights and benefits under the *Indian Act*.

The Aboriginal people of Northwestern Ontario include Métis. Historically, Métis refers to the children of French fur traders and Cree women in the Prairies and Scots traders and Déné women in the North. Today, Métis describes people with mixed First Nations and European ancestry who identify themselves as Métis.

There are six community councils of the Métis Nation of Ontario in Northwestern Ontario:

- Kenora Métis Community Council
- Northwest Métis Nation of Ontario (Dryden)
- Sunset Country Métis (Kenora and Fort Frances)
- Thunder Bay Métis Council
- Greenstone Metis Council (Geraldton and area)
- Marathon Metis Council.

Inuit are also Aboriginal people. There are no formal Inuit organizations in Northwestern Ontario.

DEMOGRAPHICS

A summary of demographic information about Aboriginal people in Northern Ontario shows:⁴

- Aboriginal communities have the highest population growth rate in the region.

³ Appendix A, “Profile of First Nations in Northwestern Ontario,” lists First Nations in Northwestern Ontario and gives each First Nation’s location, registered population, transportation access and Tribal Council affiliation.

⁴ Southcott, Scott. Ph.D. Feb 2004. Aboriginal Communities in Northern Ontario 2001 Census Research Paper Series: Report #11. Prepared for the Training Boards of Northern Ontario. The Training Boards of Northern Ontario.

- Aboriginal communities have a higher percentage of youth than the region as a whole.
- Youth out-migration from Aboriginal communities is lower than for Northern Ontario as a whole.
- Labour force participation rates and employment rates for Aboriginal communities are lower than for the region as a whole.
- Unemployment rates for Aboriginal communities are considerably higher than for the region as a whole.
- Young people in Northern Ontario Aboriginal communities have especially low rates of labour force involvement.
- The industrial and occupational structure of Aboriginal communities in Northern Ontario differs from that of the region and Ontario.
- Educational levels in Northern Ontario Aboriginal communities are lower than the averages for the region and for Ontario.
- The average income of individuals in Aboriginal communities in Northern Ontario is lower than both regional and provincial averages.

CHALLENGES OF GEOGRAPHY

Many First Nations communities in Northwestern Ontario are defined as remote or special access communities. Indian and Northern Affairs Canada defines “remote” as a geographic zone located over 350km from the nearest service center with year-round road access. “Special access” refers to a geographic zone where there is no year round road access to a service center—residents rely on aircraft in the summer and aircraft and roads, usually on frozen lakes or rivers, in the winter.⁵ Air travel is expensive and winter roads are dangerous and trips to communities linked by winter roads are usually lengthy.

For those who travel by air, once they are in urban centres, getting around can be difficult. Fort Frances and Sioux Lookout do not have public transit. Kenora and Thunder Bay do, but service is limited and confusing to people unused to public transit. They prefer to use taxis, which are expensive.

SOCIO-ECONOMIC CHALLENGES

Aboriginal people in Canada, when compared to non-Aboriginal people, have lower income and education levels. Their rates of unemployment, incarceration and welfare dependency are higher.

⁵ Retrieved from http://www.ainc-inac.gc.ca/pr/ra/cwb/res1_e.html, July 12, 2005.

The Aboriginal population is much younger than the non-Aboriginal population and is the fastest-growing population segment in Canada.⁶

Aboriginal peoples have higher birth and death rates and shorter life expectancies. They are much more likely to live in poverty than non-Aboriginal people. There is also a markedly higher percentage of single-parent families in the Aboriginal community.

According to the Northwestern Ontario Associated Chambers of Commerce⁷, the economies of Northern Ontario communities tend to depend largely on single, multi-national, resource-based companies. For a number of reasons, including a consistent drop in commodity prices over the past century and technological mechanization, these resource-based companies have required steadily declining numbers of employees.

The Prime Minister's Caucus Task Force on Urban Issues reports that there is now a "sizable" Aboriginal middle class in urban centres, and that more and more Aboriginal youth are obtaining post-secondary education. However, for Northern Ontario, employment in a natural-resource dependant economy tends to be seasonal and vulnerable to economic cycles. This has an impact on Aboriginal people.

POPULATION AND AGE

Northwestern Ontario is a large geographic area with sparse population density.

Approximately 235,000 people live in the region. Most (150,860) live in Thunder Bay, the major centre. Although the region is composed of almost 60 per cent of Ontario's land mass of 1,076,395 km² (415,598 m².), it has only two per cent of the population—and that population is declining. Between 1996 and 2001, the region's population fell by about four per cent, according to Statistics Canada.

The average age of the Northwestern Ontario population is increasing faster than the provincial and national averages, partly the result of the increasing out-migration of youth and young families and a lack of in-migration of young people.

For Aboriginal people in Northwestern Ontario, the picture is different. The region is home to a large and growing number of Aboriginal people and about 40,000 now live in the region. As Table 1 shows, the percentage of Aboriginal people in the total population is increasing and is much higher than the province as a whole. Census data in 2001 showed that the Aboriginal population is younger than the non-Aboriginal population.

⁶ Prime Minister's Caucus Task Force on Urban Issues. 2002. *Canada's urban strategy: A vision for the 21st century*. Interim report 2002.

⁷ Northwestern Ontario Development Network, *Grow Bonds North*, English, retrieved July, 2005 from <http://www.nodn.com/article/82.asp>

Location	Aboriginal population—1996	Aboriginal population—2001	Per cent change 1996–2001	Total population—2001	Aboriginal people as per cent of total population—2001
Thunder Bay District	11,755	13,180	12.1	150,860	8.7
Kenora District	20,030	21,410	6.9	61,800	34.6
Rainy River District (Fort Frances and area)	3,040	3,635	19.6	22,109	16.4
Northwestern Ontario	34,825	38,220	9.7	234,770	16.3
Ontario	141,525	188,315	33	11,410,046	1.3

Source: Statistics Canada, Census 1996, 2001

Table 1—Number and percentage of aboriginal population, by district, region and province, 1996 and 2001

HEALTH

Aboriginal people living in Northwestern Ontario have a higher incidence of illness than the non-Aboriginal population. Common health conditions include:

- diabetes and related complications—three to five times the national average
- pregnancies complicated by gestational diabetes mellitus (GDM) or hypertension
- shigellosis—almost 20 times the national average
- tuberculosis (TB)—eight to 10 times the national average
- hepatitis A—5.3 times the national average
- adult and child pneumonias
- skin infections
- urinary tract problems
- pertussis (whooping cough)—three times the national average
- mental instability leading to chemical dependencies and related complications, including Fetal Alcohol Syndrome Disorder (FASD) and an elevated rate of suicide.

Developmental and behavioural problems in children are common, especially speech delay and fetal alcohol effects resulting in school problems. Heart disease among First Nations in Ontario is increasing as is HIV and AIDS on the rise. ⁸

⁸ http://www.hscn.on.ca/templates/main_template.asp?section_id=15&page_id=568, retrieved Aug. 14, 2004

Risk factors include widespread obesity, substance abuse, family violence and above-average smoke exposure (wood stove and tobacco, 70 per cent smoke in First Nations, compared to approximately 30 per cent of all Ontarians, according to the Ontario First Nation Regional Health Survey)⁹ A poor standard of living and difficult social issues compromise Aboriginal health. Poverty, unemployment, substandard overcrowded housing, limited water and sanitation services, geographic isolation, poor telecommunications, limited access to primary and tertiary health care services and distance between patients and health resources are all significant determinants of health. Many First Nations members have little access to health care, other than nurses, in their community. In First Nations, members with chronic illnesses, such as diabetes or kidney malfunction, face enormous challenges and often must relocate to an urban centre for continuing treatment.

EDUCATION¹⁰

The educational attainment of Aboriginal people is dramatically lower than the educational levels of non-Aboriginal people. Moreover, Aboriginal people face particular educational challenges. There are limited schooling options for children. Most First Nations have only a primary school. Because the communities are small, there are often multiple grades in a classroom, adding to teacher challenges. Recruiting and retaining qualified teachers and school administrators for the long term is difficult. Special needs services are practically non-existent. Students must travel to the closest town or city, where they find room and board, for high school.

There is a shortage of culturally appropriate curriculum materials. Mainstream texts rarely recount Aboriginal history or the role Aboriginal people have played in the development of Canada. There is also a lack of curriculum material for the teaching of Aboriginal language and there is a shortage of qualified language teachers.

Aboriginal students often move back and forth between schools in their community and those in larger centres in Northwestern Ontario. This movement can affect their ability to complete the work necessary to succeed. As a result, many Aboriginal students lag behind their peers in grade placement and academic skills.

LANGUAGE BARRIER

Aboriginal people in Northwestern Ontario often face a language barrier. Many residents, especially in remote communities, speak an Aboriginal language as their primary language and English as a second language. Travelling to an urban centre generally means having to

9 [http://www.changefoundation.com/tcf/tcfbul.nsf/bd2f3bc5aed75c4605256e0d00513d5b/947f63d40359694985256de400610ad1/\\$FILE/6](http://www.changefoundation.com/tcf/tcfbul.nsf/bd2f3bc5aed75c4605256e0d00513d5b/947f63d40359694985256de400610ad1/$FILE/6), retrieved Aug. 14, 2004.

10 Dojack, Jackie, *A Study to compare NAN education resources with those provided to schools of similar size and circumstances by public systems*, April 2003.

speak English. This is particularly challenging for older people who may not speak English fluently. Translation and interpretation is expensive and often not affordable.

CHAPTER TWO—CHARACTERISTICS OF THE RESEARCH SITES

Figure 1: Map of the study region¹¹

This chapter gives a brief overview of the size of the four research sites and a sense of each locale and the breadth of services available.

Appendix B—“List of sources of information–Contact list,” gives the Aboriginal service agencies in each of the four centres. (The appendix is available from CMHC.)

FORT FRANCES (POPULATION 8,315)

Medical services	<p>La Verendrye Hospital and Health Centre</p> <ul style="list-style-type: none"> • primary and secondary care • chronic care and acute care, including obstetrics, medical–surgical, pediatrics, intensive care • three operating suites, 24-hour emergency coverage • rehabilitative, diagnostic and other therapeutic and counselling services <p>Fort Frances Clinic</p> <ul style="list-style-type: none"> • family practice physicians • surgeon • obstetrician–gynecologist <p>Gizhewaadiziwin Health Centre</p> <ul style="list-style-type: none"> • services targeted to Fort Frances' Aboriginal residents (about 1,200 people) and 10 neighbouring First Nation communities (about 2,000) • primary care component of integrated health delivery service overseen by the Fort Frances Tribal Areas Health Authority • primary care physician, two nurse practitioners, diabetes educator, health educator and a nutritionist–dietitian • services include training and development, health planning, long-term care, public health and health promotion • a traditional healing coordinator makes referrals to traditional healers in the area and works with communities in the development of their own traditional healing services • Ojibway medical translation services
Educational services	<ul style="list-style-type: none"> • five public elementary schools, junior kindergarten to Grade 8 • two separate elementary schools, junior kindergarten to Grade 8, French immersion program • Fort Frances High School, enrolment about 1,400 • satellite campus of Thunder Bay's Confederation College • Lakehead University full-credit courses through extension programs

11 <http://www.confederationc.on.ca/college/maps/nwomap.htm>, retrieved Aug. 14, 2004.

	<p>and Contact North, a distance education facility</p> <ul style="list-style-type: none"> • modern day care service at either the recently built Children's Complex or privately in-home • Seven Generations Education Institute provides secondary, post-secondary and vocational education to First Nations in the Rainy Lake Tribal Area
Aboriginal services	<ul style="list-style-type: none"> • United Native Friendship Centre provides Aboriginal people with special services in social, educational, and cultural development • Services include a Youth Justice Program; Aboriginal Healing and Wellness Program; Lil' Eagles Program for youth 6–12 years; Urban Aboriginal Multi-Youth Centre Program; Native Literacy Program; Aboriginal Drug and Alcohol Program; Employment Services; Aboriginal Family Support Programs; Native Combined Courtworker Programs; Healthy Babies; Aboriginal Pre-natal Nutrition; and Aboriginal Head Start.
Lodging	<ul style="list-style-type: none"> • 10 hotels, motels and inns • one campground • numerous outposts, lodges and campsites in the area surrounding the town • no other temporary accommodations • the closest location for women seeking safe shelter is Atikokan, 150 km away • one transition home for people with mental health problems—Nelson House • no Aboriginal-specific accommodation

KENORA (POPULATION 17,000)¹²

Medical services	<p>Lake of the Woods District Hospital</p> <ul style="list-style-type: none"> • largest hospital in Northwestern Ontario outside Thunder Bay • 105 bed, designated trauma facility • 35 medical-surgical, 32 chronic, 19 psychiatric, eight pediatric, six obstetrical, four intensive care unit (ICU) beds • accredited community active treatment hospital with chronic beds • provides primary, prevention, some secondary acute care services and chronic care services • core services include emergency-ambulatory care, mental health, chronic care-rehab, medical-surgical and maternal-child health • complementary services include dialysis, chemotherapy, palliative care, alcohol detoxification day treatment and diabetes education. • emphasizes inpatient and outpatient services, psychiatry as well as cultural services for Aboriginal people • Aboriginal people account for 40 per cent of outpatient visits and 30 per cent of inpatient visits <p>Other</p> <ul style="list-style-type: none"> • three medical clinics • one district health unit • one adult community mental health unit • two nursing homes • one district home for the aged • 11 dentists • three chiropractors • two physiotherapy clinics
Educational services	<p>Keewatin-Patricia District School Board</p> <ul style="list-style-type: none"> • area includes Kenora, Dryden, Red Lake, Ignace, Sioux Narrows and Sioux Lookout • enrolment about 8,000 • programs from junior kindergarten to completion of high school • significant adult education program • 30 schools <p>Kenora Catholic District School Board</p> <ul style="list-style-type: none"> • enrolment of approximately 1,300 students • three elementary schools, one secondary school, one French immersion school <p>Post-secondary education</p> <ul style="list-style-type: none"> • Confederation College—community colleges • Two Lakehead University satellite campuses • Contact North distance education facility

¹² http://www.hscn.on.ca/templates/plain_template.asp?section_id=23&page_id=139&menu_link_id=23, retrieved Aug. 30, 2004.

	<p>Adult education</p> <ul style="list-style-type: none"> • Academy for Technical Education and Vocational Training • Community Learning Centre • Kenamatewin Native Learning Centre • Lake of the Woods Adult Learning Line • Community Learning and Resource
Aboriginal services	<p>Services and programs include:</p> <ul style="list-style-type: none"> • Aboriginal Head Start Program • Kenora Anishnaabe Kweg Aboriginal Women's Organization • Kenora Native Street Patrol • Lake of the Woods Ojibway Cultural Centre • Native Child Care Program Advisor • Nechee Friendship Centre • Nimishomis-Nokomis Healing Group • Sacred Circle • Washagamis Bay First Nation Elder Centre • Washagamis Bay OTFS • Weechiittewin Family Services <p>Wassay-Gezhig Na-Nahn-Dah-We-Igamig–The Kenora Area Health Access Centre</p> <ul style="list-style-type: none"> • provides culturally appropriate care to Aboriginal people in the Kenora area • area served includes Kenora, 10 First Nations within a 75-mile radius of Kenora, and a portion of the Dryden area • located at Washagamis Bay First Nation on Lake of the Woods, 15 minutes from downtown Kenora • staff includes a physician, nurse practitioners, diabetes nurse-educator, nutritionist, dental hygienist and social worker • as traditional health care concepts are integral to the Centre's programming, a traditional healing coordinator is also part of the staff <p>Grand Council Treaty Number 3</p> <ul style="list-style-type: none"> • headquarters for Grand Council Treaty Number 3, the political organization for 28 First Nations in the Treaty Number 3 area <p>Kenora Métis Council</p> <ul style="list-style-type: none"> • serves the Métis community within the Kenora area, including Redditt, Minaki, Sioux Narrows, Grassy Narrows and surrounding areas
Lodging	<ul style="list-style-type: none"> • three hotels, 14 motels, and five bed and breakfasts, offering a total of 558 rooms • one detoxification centre • three half-way houses • one homeless shelter, the Anamiewigummig Fellowship Centre • one women's shelter, the Kenora Family Resource Centre (Women's Shelter-Saakate House)

SHIUX LOOKOUT (POPULATION 5,336)

North of Sioux Lookout there are 28 First Nation communities with a total population of 15,000. Most are accessible only by air.

Sioux Lookout is the service centre for these communities.

Medical services

Sioux Lookout has two hospitals—the Sioux Lookout Zone Hospital and the Sioux Lookout District Health Centre (DHC). Although some services are duplicated, the two hospitals share two surgeons, a radiologist, anesthetic services, ultrasound services, pastoral care and some support services.

The hospitals have developed services for the specific needs of the district, such as a tuberculosis program, diabetes program, mobile ultrasound, a renal dialysis unit, a visiting dental program and First Nations mental health-addictions programs.

Sioux Lookout Zone Hospital

- operated by the federal government
- first set up as a tuberculosis treatment facility
- 37-bed facility offering a full range of acute-care services
- now primarily serves the First Nations population from the isolated communities
- acts as a base hospital for 18 northern nursing stations, four community clinics, and several smaller communities
- physicians from Sioux Lookout Zone Hospital travel regularly to the field to offer medical expertise to the northern nursing stations and consult by telephone from Sioux Lookout
- two full-time physiotherapy positions and a part-time occupational therapist
- inpatient and outpatient physiotherapy services for clients referred from First Nations communities
- physiotherapy and occupational therapy outreach services, flying into remote communities at regular intervals

Sioux Lookout District Health Centre (DHC)

- traditionally served the townspeople and people from surrounding non-reserve communities
- 24 acute-care beds, five chronic and 20 extended-care beds
- two full-time equivalent physiotherapists provide rehabilitation care to Sioux Lookout and surrounding communities of Savant Lake, Hudson, Pickle Lake, Alcona, Frenchman's Head
- Home Care has a large pediatrics caseload and the therapists work closely with the School Health Support Program.

Air ambulance

- Ontario Ministry of Health service
- Staffed by critical-care flight paramedics, certified in ACLS (advanced cardiac life support); PALS (pediatric advanced life support); NALS (neonatal advanced life support) and ALSO (advanced life support obstetrics)
- paramedic program operates under a base hospital medical director at

	<p>the District Health Centre, but all Sioux Lookout physicians are participants in the base hospital program</p> <p>First Nations Health Authority</p> <ul style="list-style-type: none"> • coordinates several health services and programs for First Nations people • operates a client services program that administers a 40-bed hostel and coordinates patient transportation and accommodation <p>Other</p> <ul style="list-style-type: none"> • public health and home care services through the Northwestern Health Unit • town physicians operate the Hugh Allen Clinic • physicians at the Sioux Lookout Zone Hospital operate an appointment clinic in the hospital • several senior citizens facilities
Educational services	<p>Elementary, secondary</p> <ul style="list-style-type: none"> • public and separate school systems junior kindergarten to Grade 8 • French Immersion program at the public elementary school • Queen Elizabeth District High School offers Ontario Academic Credit (OAC) courses • Pelican Falls First Nations High School, 15 miles outside Sioux Lookout, offers secondary classes in a residential setting for students from northern reserves who have progressed beyond the levels of education offered in their home communities <p>Private schools</p> <ul style="list-style-type: none"> • Two Christian schools offer religious-based education for Grades 1 to 12 <p>Post-secondary</p> <ul style="list-style-type: none"> • Confederation College satellite campus programs include full-time post-secondary diploma programs, full-time and part-time certificate programs, continuing education courses and other education training opportunities
Aboriginal services¹³	<ul style="list-style-type: none"> • Aboriginal Alcohol and Drug Program • Aboriginal Family Support Program • Aboriginal Wellness Program • Equay Wuk (Women's Group) • First Step Women's Shelter • Head Start (Waninawakang Aboriginal Head Start) • Nishnawbe-Gamik Friendship Centre • Nodin Counselling Services <p>The Sioux Lookout First Nations Health Authority delivers the following programs and services:</p> <ul style="list-style-type: none"> • Nodin Child and Family Intervention Services • Client Services Department • Canada Prenatal Nutrition Program (CPNP)

13 Extracted from: <http://www.siuoxlookout.ca/services&attractions/comserv.htm>, retrieved Aug. 30, 2004.

- Tuberculosis Control and Surveillance Program
- First Nation and Inuit Health Information System (FNIHIS)
- Community Health Development Worker
- Transition Youth Worker

Sioux Lookout is home to many Aboriginal organizations including:

- Independent First Nations Alliance (IFNA)
- Shibogama Tribal Council
- Sioux Lookout Area Aboriginal Management Board (SLAAMB)
- Wawatay News
- Windigo First Nations Tribal Council

Lodging	<ul style="list-style-type: none"> • three motels • one bed and breakfast • numerous lodges and outdoor camps • one women's shelter, First Step Women's Shelter • Wii-chi-way Gamik-Out of the Cold Shelter Emergency Shelter
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THUNDER BAY (POPULATION 121,986)

Thunder Bay is one of eight urban centres taking part in the federal government's Urban Aboriginal Strategy. In September, 2002, the federal government proposed to work with interested provinces to expand on existing pilot programs to meet the needs of Aboriginal people living in cities. In its 2003 *Budget*, the federal announced it was allocating \$25 million over three years to support the UAS. UAS pilot projects are meant to test new ideas on how to better respond, through partnership, to the local needs of urban Aboriginal people.¹⁴

Medical services	<ul style="list-style-type: none"> many health care services, including community care access centres, community health centres the Aboriginal health access centre and hospitals
Educational services	<p>Secondary education</p> <ul style="list-style-type: none"> Dennis Franklin Cromarty High School is the only Aboriginal high school in Thunder Bay <p>Post-secondary education</p> <ul style="list-style-type: none"> Confederation College offers a full range of programs and educational services throughout the region; full-time post-secondary programs; part-time credit and non-credit courses; specialty programs for business and industry; pre-employment and skills training programs; apprenticeship programs and co-operative-workplace training programs. Lakehead University has a student population of 7,300 and a wide range of academic programs at the undergraduate and graduate levels. Aboriginal students account for approximately 10 per cent of the student population. There is an Aboriginal Awareness Centre and Aboriginal Cultural and Support Services. Native education programs include nursing, teaching, university access and Native languages.
Aboriginal services	<p>Employment services</p> <ul style="list-style-type: none"> Aboriginal Recruitment Coordination Office (ARCO) Nishnawbe Aski Development Fund Métis Nation of Ontario Training Initiatives (MNOTI) <p>Friendship centres</p> <ul style="list-style-type: none"> Thunder Bay Indian Friendship Centre Youth Centre Métis Nation of Ontario <p>Health and social services</p> <ul style="list-style-type: none"> Aboriginal Recruitment Coordination Office Anishnawbe Mushkiki (Thunder Bay Aboriginal Community Health Centre) Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre <p>Legal services</p> <ul style="list-style-type: none"> Aboriginal Law and Advocacy Program at Negahneewin College at

¹⁴ *Backgrounder—Urban aboriginal strategy*, http://www.pco-bcp.gc.ca/interloc/default.asp?Language=E&Page=strategy&Doc=20031125_background_e.htm, Bilingual, retrieved July, 2005

	<p>Confederation College</p> <ul style="list-style-type: none"> • , Aboriginal Liaison Unit of the Community Services Branch of the Thunder Bay Police • Native Combined Courtworker Program at the United Native Friendship Centre <p>Education</p> <ul style="list-style-type: none"> • Oshki-Pimache-O-Win Education and Training Institute • Fort William First Nation Entrepreneurship Training Program
Lodging	<ul style="list-style-type: none"> • temporary accommodations include shelters, hostels, hotels, motels, school and university residences, which are available all year <p>Shelters</p> <ul style="list-style-type: none"> • Beendigen Inc. • Community Housing • Community Residence Women's Shelter • Faye Peterson Transition House • Haven House Street Youth Crisis Support Centre • John Howard Society Howard House • Salvation Army Booth Centre • Shelter House <p>Hostel</p> <ul style="list-style-type: none"> • Hosteling International runs a hostel in Sibley Hall at Confederation College

CHAPTER THREE—PROJECT ELEMENTS

LITERATURE REVIEW

The literature review (the literature review is reported in detail in Appendix B, which is available on request from CMHC) helped develop an understanding of the temporary housing situation for Aboriginal people and provided a demographic overview of the Aboriginal population in Canada and northern Ontario.

The search included the Internet and reviews of academic journals and government publications and considered technical, legal, anthropological and sociological perspectives on Aboriginal tenure and land title.

There are many different conceptions of who may be using temporary housing. The literature review shows that many users of temporary accommodations are homeless.

However, the definition of homeless is problematic, as there does not appear to be one accepted definition. The United Nations, as well as studies such as *Youth Homelessness in Thunder Bay: A Snap Shot* (HRDC:2004), divide homelessness into two categories: “absolute” and “relative.”

Absolute homelessness refers to people who have no housing at all, or who live on the street or in temporary shelters. Relative homelessness refers to people whose homes do not meet basic housing standards, including adequate protection and safety, access to safe water and sanitation, situated within a reasonable distance to employment, education and health care and which do not cost more than 50 per cent of their total income.

Some Aboriginal users of temporary housing in Northwestern Ontario may be classified as being either absolutely homeless or relatively homeless, however, the subsequent research took a broad approach, focusing on absolute (living on the streets), relative (those with inadequate housing), periodic (needing shelter from time to time) and the temporary homeless (needing accommodation for a short period) in order to better grasp Aboriginal temporary housing usage in Northwestern Ontario.

Key observations and findings of the literature review

- There is a lack of research concerning the use of temporary housing by Aboriginal people.
- What research does exist tends to focus on homelessness, which, while significant, is not the only reason Aboriginal people use temporary housing.
- Aboriginal people are especially at risk for needing temporary housing for a variety of reasons. Risk factors include: isolated communities that do not have medical services, family problems and difficulties including violence and addiction, poor physical and mental health conditions, unemployment, low salaries, condemnation—

demolition of rental units; landlord-tenant conflicts, release from hospitals or other institutions.

- Single-parent families, large families, and single women are affected most adversely by high unemployment, extreme poverty and cuts to welfare, which leads them to need temporary housing.
- Poor housing conditions in Aboriginal and First Nations communities and in remote communities lead Aboriginal people to migrate to urban areas. Once in the cities, Aboriginal people often have difficulty settling in and lack a support network.. They are therefore at a greater risk of needing temporary accommodations.
- The ongoing link to home communities may result in cyclical, rural-urban travel and moves that creates a regular need for temporary accommodations.
- Family conflicts and violence are important factors in not having regular, ongoing accommodation.
- Divorce, illness, and the death of a family member are serious factors as well as mental, physical or sexual abuse by a parent or spouse.
- Among Aboriginal people who grew up in the foster care system, there is a greater risk for shelter use.
- There is a lack of support for people coming to urban centres.
- Frequently, Aboriginal people do not use accommodations that do not have Aboriginal staff because they do not feel comfortable or feel their needs are not adequately supported.

SURVEY OF TEMPORARY HOUSING USERS

One of the primary objectives of the research was to determine the types of preferred temporary accommodations being used by Aboriginal people and their experiences in accessing temporary housing. The survey sought to answer the questions of why they need temporary housing, what challenges they face, whether they feel their needs are being met and what they believe could be improved.

Methodology

The sampling frame included Aboriginal people who use temporary housing in the four regional centres in Northwestern Ontario: Sioux Lookout, Fort Frances, Thunder Bay and Kenora.

A total of 116 Aboriginal users of temporary housing were interviewed in person. Fifty-seven were women and 59 men. The breakdown was:

- 20 interviews in Fort Frances (eight women and 12 men)
- 28 in Kenora (14 women and 14 men)
- 19 in Sioux Lookout (nine women and 10 men)
- 49 in Thunder Bay (26 women and 23 men)

The *Questionnaire for housing users* (the questionnaire is reported in detail in Appendix C, available from CMHC) combined closed and open-ended questions.

Closed survey questions were short, specific and straight-forward to make them easy to understand and, if necessary, easy to translate. Close-ended questions were more quantitative and allowed for some basic statistical analysis. Open-ended questions, which were more qualitative, were simple, yet generalized. They allowed survey respondents to provide their thoughts, opinions and experiences. These responses enabled the researchers to make a more comprehensive analysis of the basic research questions.

Researchers tested the *Questionnaire for housing users* with 10 respondents at a youth shelter, an emergency shelter and a hostel in Thunder Bay.¹⁵ The preliminary testing ensured that the questions were clear and easy to understand and that answers were easy to translate and tabulate. The testing allowed the research team to discover anomalies in the implications of the questions, the level of difficulty for respondents, the level of respondent interest, if the order of the questions was appropriate and, equally important, timing of the survey. Changes recommended at this stage were incorporated into the final questionnaire before full training of the field team.

The researchers used a multi-faceted strategy to identify an appropriate sample of potential Aboriginal respondents. In general, all agencies approached were very open to granting the consultants entry to conduct a survey of their clients. The following list is a sample of some of the organizations that were approached:

- Friendship Centres (such as, United Native Friendship Centre, Fort Frances)
- Employment and training agencies (such as Kenawun Community Development Corporation, Sioux Lookout)
- Aboriginal High Schools (such as Dennis Franklin Cromarty High School, Thunder Bay)
- Colleges (such as Negahneewin College at Confederation College, Thunder Bay)
- Universities (such as Lakehead University, Thunder Bay)
- Health authorities (such as Fort Frances Tribal Area Health Authority)
- Hospitals (such as Sioux Lookout Zone Hospital)
- Family services (such as Weechi-it-te-win Family Services, Kenora–Fort Frances)
- Provincial–Territorial organizations (such as Nishnawbe Aski Nation, Thunder Bay)
- Women’s organizations (such as Equay-wuk Sioux Lookout)
- Tribal Councils (such as Bimose Tribal Council, Kenora)
- First Nations (such as Lac Seul First Nation, Sioux Lookout).¹⁶

A snowball approach (*see* “Glossary”) identified the sample for the research.

15 The names of the agencies have been omitted to respect the confidentiality of respondents.

16 The names of the agencies have been omitted to respect the confidentiality of respondents

Key observations and findings

Staying at temporary shelters tends to be relatively short term, from less than one week to six months. Many respondents used a shelter as an intermediary step while they were receiving medical care, waiting to return to their communities, were escaping violence or were waiting for low-rental housing to become available.

Demographically, most respondents were status Indians. This is not to imply that non-status Indians or other Aboriginal people do not use temporary accommodations. It is possible that the sample was skewed due to the non-random methodology.

Most of the respondents self-identified as being either Ojibway or Oji-Cree, reflecting the population of most First Nations in Northwestern Ontario.

The largest age category among respondents was 18–29 years of age (39 per cent of respondents). However, each age category was represented. Interestingly, while the number of users seemed to decline in the 30–34 range (10 per cent), the figure almost doubled in the 35–44 age range category (18 per cent) and 45–54 year category (19 per cent). Few respondents were older than 65.

Roughly half the respondents were men. Forty per cent were single. There were some differences along sex lines. Most notable was that the number of male respondents who indicated they preferred shelters (none specified) was double that of women: 14 per cent of men and seven per cent of women. Both sexes preferred hotels (37 per cent of men and 35 per cent of women).

For men, the most common reason for staying in temporary supportive housing was a medical appointment. For women, the most common reason was to escape a violent partner, followed by medical appointments.

Responses for using temporary supportive housing were not significantly different based on Aboriginal affiliation or band. Respondents 34 years old and younger said attending school was an important reason for using temporary supportive accommodations. All respondents, regardless of age, said that medical appointments (or release from hospital in the case of respondents older than 65) was the main reason for using temporary supportive housing.

English was the language used most often among respondents. However, almost 80 per cent of respondents said that their first language is an Aboriginal language. This suggests that for most respondents English is their second language and comprehension and comfort with the language might vary—an important point in publishing literature and conducting outreach.

The majority of respondents said that they were not employed and earned less than \$25,000. A little more than half had high school education or less. At the same time, 44 per cent of respondents had some form of college or university education. While the relationship between education and employability are strong, the need for temporary supportive accommodations among respondents who have a post-secondary education may also stem from a wide variety of other problems, both personal and social.

The most common type of preferred temporary housing was a hotel, followed closely by staying with friends or family, and then staying in hostels, and shelters. People preferred hotels because they are clean, offer privacy, allow independence of movement and users do not have to interact with other clients. It is also the most expensive option and not available to many.

Users of temporary housing tend to learn about temporary housing services through word of mouth or referral, suggesting that there is a need for an increase in the number of outreach workers.

Most users of temporary shelters arrive alone. Rather than suggesting that families do not need shelter, it is more likely that there are other factors hindering families from using temporary accommodations, such as a lack of mobility because of children or a lack of accommodations suitable for families. Those who arrived with another indicated that their companion came in order to provide companionship and assistance as an escort or interpreter.

Accommodation fees tend to be covered by someone other than the client. For example, fees for hostels associated with hospitals are generally covered by Health Canada (Medical Services Branch). Many of the shelters receive funding from the Ontario Ministry of Community and Social Services and supplement their income through fundraising so they do not have to insist on payment from people who have few financial resources.

Just over half of the respondents felt that the amount that they paid for temporary housing was reasonable, while just under half felt temporary accommodations should be available at no cost to the client. It is important to remember that most costs are covered by someone other than the client and opinions about reasonable costs could substantially change if respondents had to pay for shelter services. Twenty-nine per cent of respondents said they would be willing to pay up to \$20 a day.

Some respondents were dissatisfied with expensive shelter fees, long waiting lists and wished for more and better services. Although most respondents (85 per cent) stated that the staff in the temporary accommodations was helpful and did a good job, there was some discontent about management and a lack of security and safety due to unstable clients.

Another issue was transportation, with many clients saying that it is difficult to travel within some of the centres, particularly those without public transit.

Results concerning Aboriginal culture were not quantifiable. Respondents were asked whether their accommodations offered any Aboriginal cultural events. None of the respondents indicated that temporary accommodation locations regularly offered any Aboriginal cultural activities. Some said that cultural activities were offered from time to time. These included craft workshops, powwows and traditional Aboriginal ceremonies, such as sunrise ceremonies, smudging, sweat lodges and sharing circles.

Agency personnel were likely to refer clients to other agencies providing cultural events. Comments concerning how understanding staff was about Aboriginal culture ranged from “excellent” to “not too understanding because most staff were non-Native.” The overall

opinion among users seemed to be that facilities with more Aboriginal staff were more likely to be more understanding of Aboriginal cultures.

The top five requirements of respondents who were accessing temporary accommodations on a regional level were the need for:

1. a bed
2. showers
3. food
4. a telephone
5. laundry facilities.

Most respondents felt their needs were being met.

Respondents were asked what could be improved at their temporary accommodations. Responses were not quantifiable but included opinions such as an increase in the availability of shelters and housing targeted to the Aboriginal client group, along with more cultural activities, greater access to counselling and telephones and greater security in the shelters. It seems that regardless of how well a temporary accommodation site was perceived, the overall feeling was that there was still more to be done.

CHAPTER FOUR—CASE STUDIES

SUMMARY

The purpose of the case study questionnaire (the questionnaire is reported in detail in Appendix E, available from CMHC) for housing providers was to explore the agencies' experiences providing temporary housing and other services to Aboriginal people, what challenges they face, whether providers feel user needs are being met and what could be improved.

METHODOLOGY

While the survey of Aboriginal users of temporary housing provided an overview of their experiences with temporary housing and their needs, case studies allowed for a more thorough analysis. Case study sites were identified through the key informants and by using the snowball technique. The case study interviews were held between Oct. 18 and Nov. 15, 2004 and 12 managers were interviewed, 10 in person. One manager was interviewed by telephone and one completed the questionnaire in writing.

Challenges

Fort Frances posed a challenge because it did not offer many options to choose from. Other than hotels, there are no temporary accommodations. Within Fort Frances, it seems that most individuals needing temporary housing use motels, which do not offer any special services and are simply fee-for-service establishments (\$85 or more per night). As such, the Friendship Centre, which provides services for Aboriginal people both in town and in the surrounding area was selected for the case study.

Due to agency work schedules, the biggest challenge in completing the case studies was scheduling the interviews.

It is also important to note that through the background research and surveys the consultants found that in the region:

- There are no high school residences. Students from the north stay in private households, which are not readily identifiable.
- The only medical hostel is located in Sioux Lookout. The hospitals in Thunder Bay, Fort Frances and Kenora are provincial hospitals. One of Sioux Lookout's two hospitals is federal¹⁷ set up to deal with the entire Zone¹⁸ and as such, it serves a significant number of Aboriginal people.

17 A federal hospital is owned or operated by the federal government, not by a province or territory.

The table shows the centres at which researchers interviewed staff for the case studies.

Town	Facility	Type
Fort Frances	Fort Frances Friendship Centre	Friendship centre
Kenora	Kenora Fellowship Centre—Temporary Shelter	General shelter
	Morning Star Centre	Detox centre
	Saakaate House Women's Shelter	Women's shelter
Sioux Lookout	First Step Women's Shelter	Women's shelter
	Wii-chi-way Gamik (Out of the Cold) Supportive Housing Shelter	General shelter
	Sioux Lookout First Nation Health Authority Client Services (Hospital Hostel)	Hospital hostel
Thunder Bay	Beendigen Inc.	Women's shelter
	Faye Peterson Transition Home	Women's shelter
	John Howard House	Men's transition home
	Shelter House	General shelter
	Wequedong Lodge	Medical transition

Table 2—Case study interview sites

KEY OBSERVATIONS AND FINDINGS

A number of commonalities permeate the case interviews. There is a lack of low-income and temporary supportive housing, particularly for Aboriginal people. All agencies interviewed stressed the need for more temporary supportive shelter for everybody, but particularly for Aboriginal people.

Organizations are extremely strapped financially. While many of them receive some funding from the provincial and federal governments, the amount received is considered insufficient to cover all costs associated with delivering existing programs and services. Furthermore, agencies interviewed indicated that many programs, services, and staffing positions have been cut because of insufficient funding. As such, even though the agencies offer a variety of services, they are unable to provide the full range required because of funding challenges. All agencies said they must supplement government funding with fundraising, which takes considerable time and takes attention away from client needs and program delivery.

At the individual level, government support, such as Ontario Works, is considered insufficient and many individuals and families cannot adequately meet their living costs and so are compelled to access supportive housing (temporary and subsidized) to help alleviate some of the challenges. However, there are often long waiting lists for more permanent, subsidized housing, compelling people to turn to temporary shelters for increasing lengths of time. In an effort to assist tenants in meeting their financial obligations for rent some

18 The Sioux Lookout Zone includes 28 First Nations located north of Sioux Lookout all the way to Hudson's Bay. It has a catchment population of 16,000 people.

shelters now provide food bank services so that tenants who are precariously housed can afford to pay their rent and stay out of shelters for the homeless.

A large proportion of clientele who use temporary supportive housing services are Aboriginal regardless of whether the facilities were set up to specifically work with this client group. The growing Aboriginal population is directly affecting the ability of organizations, programs and services to meet their needs.

People who come directly from a remote or isolated community are not as aware of programs and services in urban centres and may not be proactive about verbalizing their needs. Those without a strong network of family and social support often find themselves isolated and have even greater difficulty adjusting to an impersonal urban lifestyle.

Obtaining qualified Aboriginal staffing is a challenge for all of the agencies and yet it is an important feature in the success of an agency. Aboriginal people often prefer to use Aboriginal agencies, or agencies that have Aboriginal staff, because the staff can relate to the culture, can often speak the language and understand the challenges of the difficult move from a rural and remote lifestyle to an urban lifestyle. Aboriginal clients will often not use a non-Aboriginal service, particularly if there are no Aboriginal staff.

Perhaps one of the most notable commonalities is that none of the organizations interviewed provided shelter only. All provided an assortment of support programs and services, even if only in an informal way. This suggests that temporary housing is only one piece in a much larger puzzle of providing appropriate supportive services to Aboriginal people.

OVERALL SUCCESSES

Successes

- The Morningstar Centre contact commented that its successes include a long tradition of working with Aboriginal people and building trust. The centre is flexible with many different services in a variety of delivery formats.
- Saakaate House Women's Centre's successes include offering women access to a safe place to stay, providing referrals and follow-up while providing support that the women need at the moment.
- First Step Women's Shelter cites its success as being able to provide a service that helps women leave abusive situations.
- Wii-chi-way Gamik (Out of the Cold) Supportive Housing Shelter successes include doing what can be done to help people who have lost their children to social services. They assist clients in stabilizing their lives in order to regain custody of their children. It provides safe accommodation, life skills training and visits to the children if possible. Staff helps their clients get status cards, social insurance numbers, a place to live, transportation to get to doctor's appointments, obtain reading glasses and prescriptions.

- Sioux Lookout First Nation Health Authority Client Services successes include having a 100 per cent accommodation rate, providing clients with transportation and being able to accommodate the majority of client requests.
- Beendigen Inc.'s success is the ability to provide Aboriginal-specific services and a home-like and safe atmosphere that is welcoming to Aboriginal people. Beendigen's ability to hire and keep qualified Aboriginal staff has also been important.
- The Faye Peterson Transition House has been successful in keeping women safe once they arrive at the shelter. It also provides safety planning to help women once they leave the shelter. Clients know that the door is always open if they need to return. The Home believes that being consistent in how it serves all women is important. The Home has a very strong anti-racism, anti-oppression policy and regularly examines how its policies look from an Aboriginal perspective
- The John Howard House successes include offering male ex-offenders accommodation and community living. It is a stepping stone for men to begin to live on their own, become self-regulated, and empowered.
- Shelter House counts among its successes the ability to provide outreach and linkages to community organizations through an Aboriginal outreach worker and the building of trust among its clientele. It also offers significant volunteer opportunities for Aboriginal people who may not be able to volunteer elsewhere due to a criminal record or a lack of skills.
- As of 2004, Wequedong Lodge paid off its operational deficit owed to earlier funders by limiting its services to one program—accommodations for people seeking health services—and to one funder.

From an administrative perspective, the Lodge has been successful in finding qualified personnel who can identify trends in their areas of expenditures, that is, forecasting, that helps the Lodge maintain fiscal responsibility, implement a debt reduction plan and meet fiscal targets. It also has been successful in employing proactive management. The Lodge has been very successful in employing an Aboriginal labour force that can relate to clientele in their native language. Thus, staff understand the clients' cultural needs and relate to clients in Aboriginal ways.

CHAPTER FIVE—CONCLUSIONS

The research leads to the following.

CHALLENGES EXPERIENCED BY SHELTERS AND HOSTELS

- Many of the temporary housing shelters are experiencing financial difficulties as they attempt to meet the needs of an increasing number of clients and their needs for shelter, food, clothing, employment training and counselling.
- The need for temporary shelter appeared to be extremely high, especially in the winter. As well the shelters are seeing more people in financial difficulty as a result of gambling, an increase in young clients—ages 19–29 and an increase in clients who are drug dependent or mentally unstable. The policy of many of the shelters is to take in all clients in need in order to ensure their safety. The range of clients makes it difficult for shelter staff to provide for all of their clients' various needs while keeping the shelter a safe place for all clients, including children.
- There is a lack of suitable accommodations for families.
- Many temporary housing shelters do not have accommodations or services that target the elderly, mostly as a result of limited funding.

CHALLENGES EXPERIENCED BY CLIENTS

- Single mothers seem to have the most difficulties obtaining and maintaining secure housing, followed by young, single, mothers-to-be and then single men.
- Some temporary housing shelters help clients remain in their housing by providing them with food or meals so they can continue to pay the rent and not become homeless.
- Most temporary accommodations do not offer organized or regular Aboriginal-specific cultural services. Some clients feel embarrassed or ashamed to speak with non-Aboriginal service providers or with service providers who are not the same sex.
- Clients' lack of marketable education makes it difficult for them to find employment that financially allows them to secure stable housing.
- Many of the clients lack urban life skills, which hinders their ability to obtain services, education and employment.
- Many clients speak English as a second language, which hinders their ability to communicate effectively so they can obtain services, education and employment.
- Spouses, youth and children who endure family violence in remote and special access First Nations communities often remain in the abusive situation because of a lack of

access to shelters in their own communities, a lack of information about shelters outside their communities and a lack of finances to fly to an urban centre.

- Services are limited in remote First Nation communities. Specialists fly to the communities monthly or less frequently to offer medical services, dental services and eye examinations. Usually patients fly south for more immediate care.
- When completing high school in another community or urban center students stay in private households. Many of them arrive alone and have little or no support system. Those living in urban centers who are unsuccessful in completing their high school education often become at risk for homelessness.
- People seem to find out about shelters and hostels through word of mouth, indicating they are not tapped into an organized system or strategy when they move to an urban centre.
- The increasing use of the food banks may be an indicator that people can no longer afford to pay market rent and those in need of temporary shelter may increase.
- The case studies indicate that the top priorities are food, a bed and shelter. Child care is important mainly for working mothers. At the same time, since most of the women who used temporary accommodations were not employed, they did not require child care immediately. It is reasonable to assume that a parent on a limited income who is working would still require affordable child care.

The literature review, client survey and case studies found that absolute homeless people are only one group of potential temporary housing clients. Literature is lacking concerning those who occasionally use hotels, motels, hostels and shelters while they are visiting their children in high school, or accessing services, such as medical attention, that are unavailable in their home community.

As the need for temporary shelters continues to increase, many of the hostels and shelters are experiencing financial difficulties as they attempt to meet the needs of clients with an immediate need for shelter, food, clothing and long-term need for affordable housing, employment training and counselling.

Shelter workers continue to address these financial concerns by cutting services, reducing staff, applying for funding and holding fundraisers.

Various agency workers noted that there was a need for more temporary housing to meet the needs of an increasing clientele. They raised several factors that could bear on success when establishing temporary accommodations for Aboriginal people. One should note that not all factors may apply in every situation but could certainly be considered. They are:

- Agencies interested in establishing temporary accommodations for Aboriginal people should talk to existing operators and practitioners to learn from their experiences. For example the changing demographic of the Aboriginal population within a given region ought to be considered. In some regions the pregnancy rate among teenage Aboriginal women is high and as the youth population grows, there may be a

growing need for temporary housing for families or women with children, and a need for associated services, such as day care.

- Develop networking strategies that enable community social agencies and non-profit groups to get involved in the provision of formal and informal support programs and services to help clients.
- Agencies should consider the need for qualified and trained Aboriginal staff at temporary accommodations in geographical areas that service a large Aboriginal population. Agencies that can provide Aboriginal staff and incorporate Aboriginal cultural and social values in their programming will increase the comfort and communication of many of their clients. This in turn allows the agency to better respond to client needs.
- In some cases, confidentiality is vital. When an agency gains a reputation for maintaining confidentiality, their staff will be in a better position to obtain information that can help them to assist their clients.
- Special care needs should be considered when creating a facility, such as wheelchair accessibility or grab bars for the elderly.
- The location should be close to services and public transportation.

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