

# Aboriginal Homelessness in British Columbia

a Report by  
United Native Nations Society

"Working Together for Our Children"

June 2001



# **Executive Summary**

## **Introduction**

Human Resources Development Canada (HRDC) commissioned a study to collect information on the Aboriginal homeless population of British Columbia. The purpose of the work was to identify the organizations most concerned with the continuum of services relating to Aboriginal homelessness, point out the gaps in services, identify essential services, provide a profile of Aboriginal homeless, describe demographics including social indicators and root causes, and make recommendations on HRDC's long term strategy on addressing Aboriginal homelessness including funding allocation methodology.

The study was based on two primary sources, an extensive literature review and direct telephone contacts with service providers that deal with a wide variety of homeless services. The study revealed the need for further in-depth and current research into Aboriginal homelessness. The establishment of a tracking system to obtain long-term data on Aboriginal clients who use shelters or homeless services should be considered to gain a further understanding of Aboriginal homelessness in British Columbia.

## **A Profile of Aboriginal Peoples**

The social, economic and political conditions of Aboriginal Peoples, by all measures, continue to fall below the standards that prevail elsewhere in Canada. These substandard conditions are threatening the existence of Aboriginal Peoples and many have become homeless as a result.

While poverty and homelessness affect many Canadians there are unique characteristics that separate Aboriginal Peoples from other Canadians. Aboriginal Peoples are the colonized, the alienated, the dispossessed, the displaced, the disenfranchised, the oppressed, and the marginalized inhabitants of Canadian society. Statistics of social indicators reveal deplorable disparities in education, health, and income. These disparities have been perpetuated by a history of colonization and cultural genocide of Aboriginal Peoples, which no other Canadians have suffered or experienced.

## **Root Causes of Aboriginal Homelessness**

The impacts of socio-deprivations resulting from colonization have not been the subject of extensive study in Canada. While Aboriginal Peoples are the most heavily studied group in Canada, research into the issue of Aboriginal homelessness is virtually non-existent. No one can say with any certainty the scope of the problem nor, can any accurate figure in terms of numbers be quoted. The effects of underestimating the Aboriginal homeless population are of great consequence for an effective long-term strategy to address Aboriginal homelessness. The Aboriginal

community consulted in this study consider the estimated numbers of the Aboriginal homeless population to be unacceptably low.

A number of under-studies on the assumptions or theories surrounding the causes of Aboriginal homelessness exist. These theories suggest that causes for homelessness are both structural and personal in nature; both are plausible. Structural factors are unemployment, low wages or lack of income, loss of housing, colonization, racism, discrimination (systemic or otherwise), patriarchy, cultural and geographic displacement, and the reserve system.

Personal factors are family related matters, addictions, fetal alcohol syndrome, poor health, eviction and the lure of adventure. Nonetheless, the United Native Nations' study shows that additional causes concerning Aboriginal homelessness are also conceivable. These additional factors include the historical relationship between Aboriginal Peoples and Canada including the process of alienation, displacement, oppression, marginalization, residential schools, and the outlawing of tradition, custom, spiritualism and languages. It is likely that many of these additional factors are causal, symptomatic, or compound Aboriginal homelessness.

Aboriginal homelessness has many unique characteristics. For example, four out of five generations in many Aboriginal families attended residential school which have had deep impacts on the Aboriginal population. As well, many of those who attended residential school or who are survivors of families who attended residential school suffer from psychological, physical and sexual abuse. The literature review reveals that in a recent survey an astonishing 84 per cent of homeless Aboriginal people were directly or indirectly affected by residential school.

### **Gaps in Services**

Service providers of the homeless and those at risk of homelessness must provide for not only those living in crisis, but also for those requiring *intervention* and *prevention*. As well, services must provide a continuum of housing and supportive services. It is abundantly clear from information gathered for this report that existing Aboriginal services are inadequate to meet the continuum of supports necessary to meet the needs of homeless Aboriginal Peoples and those at risk of homelessness. Due to a lack of financial resources, few Aboriginal Service Providers coordinate their services in such a manner that would greatly reduce Aboriginal homelessness.

A directory of service providers was prepared for this report in order to identify gaps in services within eight geographical zones in BC. While Vancouver possessed the greatest number of services available for the homeless there is a lack of adequate resources necessary to address the complete continuum of services necessary to reduce Aboriginal homelessness. Outside of Vancouver, urban centres in BC are lacking a much wider range of services necessary to address the continuum of services. Rural areas, especially in the north are in critical need of essential services.

Huge gaps exist in the continuum of housing and support for the homeless and homeless-at-risk in all rural areas.

The need for culturally appropriate services was frequently cited by Aboriginal organizations as a priority. Aboriginal Peoples are less likely to access non-Aboriginal shelters and services. Aboriginal Peoples require distinctive services that are unlike those requirements of other homeless peoples. A mechanism to assess the appropriateness of service providers and whether barriers exist for Aboriginal Peoples may be needed. Aboriginal organizations feel that services for Aboriginal homeless are more effective when they are culturally appropriate and administered by Aboriginal Service Providers.

### **Aboriginal Specific Strategy**

Aboriginal homeless and those at risk of homelessness are located not only in large urban centres, but also in rural and reserve communities. It is important to recognize that Aboriginal homelessness exists throughout the province. It is proposed that local Aboriginal communities establish their own community plans necessary to address their homelessness needs and that existing services be enhanced to meet the range of supports required. Numerous organizations mentioned sustainability and continuity of homelessness services as being fundamental for the long-term solution of Aboriginal homelessness. Current program funding is short-term in nature making it difficult for inter-organization coordination and partnerships on homelessness services. Longer term funding for organizations would be a more efficient use of resources for a more coordinated community approach and to increase the capacity of Aboriginal organizations to deliver appropriate and recognized services.

Allocation of a long term strategy to deal with Aboriginal homelessness must recognize the need for culturally appropriate services controlled by Aboriginal organizations, that homelessness exists in rural and reserve communities as well as in large urban centres, and that allocation methodology must be fairly distributed so that all Aboriginal communities have a right to access resources to address their homeless issues.

### **Conclusion**

A long-term strategy to deal with homelessness should be a community-based approach. It is recommended that a technical team consisting of HRDC and Aboriginal Service Providers from several geographical zones in BC establish a community plan or template that can be utilized in each zone, ensuring that no zones are left out. Community meetings should be held to add, delete, and ratify any gaps identified through this research in order to provide a continuum of housing and supports. HRDC and Aboriginal technical representatives (from Aboriginal service provider groups) should hold workshops in each zone to discuss the issue of sustainability. Each community plan should focus on intervention and prevention as part of their overall plan. It is prudent to have one community entity be responsible

(financially) for all resources in order to reduce administration costs. The establishment of community plans should take into consideration those existing service providers who currently provide homeless services to enhance and protect existing services.

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## 1.0 Methodology

The information presented in this report is based on two primary sources, an extensive literature review and direct telephone contacts with service providers that deal with a wide variety of homeless services.

Major social sciences and humanities indexes were searched as well as the library catalogues of academic institutions, public libraries and collections of social service agencies serving homeless populations. Government documents, federal, provincial and municipal, were also heavily consulted.

The issue of Aboriginal homelessness is severely underrepresented in the body of literature examining homelessness in North America, Canada and British Columbia.

Although a lot of the information is useful in providing an overview to the issue of homelessness in British Columbia, it cannot be directly applied to the Aboriginal population.

Nearly four hundred organizations, bands, and government agencies were contacted by telephone to verify and gather relevant information.

To say that there is a need for further in-depth and current research into Aboriginal homelessness is an understatement. The issue of Aboriginal homelessness is severely underrepresented in the body of literature examining homelessness in North America, Canada and British Columbia. Over one hundred pieces of work were considered in researching this project. Of these works, a significant number were outdated. Our knowledge of the causes of homelessness has evolved significantly over the past several decades. In addition, socio-economic factors that lead to homelessness are also different today than in the past so it is important to focus on current and relevant information and data. Much of the body of literature focuses on homelessness in general. Although a lot of this information is useful in providing an overview to the issue of homelessness in British Columbia, it cannot be directly applied to the Aboriginal population. One cannot assume then, that the causes of homelessness among the general population are the same in the Aboriginal population.

Using the criteria of currency, relevancy and specificity, the wide body of literature examined was narrowed to approximately two dozen studies and reports.

The literature analyzed can be divided into three categories: demographic information on Aboriginals in Canada, homelessness in general, and homelessness among Aboriginal populations.

The *Royal Commission on Aboriginal Peoples* (1993), can be commended for providing a current demographic, social and economic overview of the Aboriginal population in Canada. In addition, the British Columbia Provincial government has commissioned several important documents relating to homelessness in the province. Significant work has also been developed by organizations such as the Canada Mortgage and Housing Corporation (CMHC), the City of Toronto and a variety of smaller social service agencies and research bodies.

The Directory of Service Providers was initiated by reviewing various community resource directories. Service providers identified were contacted by telephone to get an accurate description of their services. The original service providers contacted would yield suggestions for other contacts. This "snowball" methodology was particularly relied upon in regions outside of the Lower Mainland. One of the major difficulties in obtaining relevant information from service providers is that of the definition of homelessness. Many service providers do not consider their services to be "homeless services". This compilation of the Directory was an extremely time consuming process as nearly four hundred organizations, bands, and government agencies were contacted by telephone to verify and gather relevant information.

Key informant interviews were conducted using a standard questionnaire (Appendix A) with key Aboriginal Stakeholders and others who provide a variety of primarily Aboriginal homeless services. Twenty key interviews were conducted during the months of March and April 2001 in all regions around the province. Service providers were extremely cooperative giving up to two hours of their time to participate in the interviews to share information on a topic that all agreed calls for immediate attention.

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## 2.0 A Profile of Aboriginal Peoples

There are many distinctions that separate Aboriginal Peoples from other Canadians

The social, economic and political conditions of Aboriginal Peoples, by all measures, continue to lag or fall below the standards that prevail elsewhere in Canada. These conditions are threatening the existence of Aboriginal Peoples and many have become homeless as a result of such substandard conditions; the same can be said whether Aboriginal Peoples live on or off-reserves. The inadequacy of socio-economic programming continues to result in further marginalization of Aboriginal Peoples. The results are poverty and homelessness, which Aboriginal Peoples share disproportionately compared to other Canadians.

While poverty and homelessness affect many Canadians (in terms of popular analysis such as lack of housing, income, and supports) there are many distinctions that separate Aboriginal Peoples from other Canadians. Nonetheless, the distinctions between Aboriginal and non-Aboriginal homeless people can be characterized as follows:

If Canada and BC Columbia want to eradicate or reduce homelessness for Aboriginal Peoples, then these governments must reverse the conditions created through colonization;

“The continued systemic oppression of Aboriginal people means that the reason why Aboriginal people are homeless are greater, more complex, and systemically ingrained than the reasons for homelessness among the general population” (Wente, pg 8).

As such, Aboriginal Peoples are over represented in terms of their presence in statistical numbers of homeless people. As well, the conditions of homelessness for Aboriginal Peoples result generally, whether intentional or unintentional, from the process of colonization. What further differentiates Aboriginal homelessness from non-Aboriginal homelessness is the social, legal, and historical factors, which have created *structural and personal barriers* that, result in Aboriginal Peoples living at the lowest rungs of the Canadian social ladder.

If Canada and British Columbia want to eradicate or reduce homelessness for Aboriginal Peoples, then these governments must reverse the conditions created through colonization; otherwise Aboriginal Peoples will not only be found among those living in poverty and the homeless but they will also be found in *coffins, care, or corrections*. To fully understand these conditions one must assess the history of Aboriginal Peoples.

In an Aboriginal context, any analysis that does not account for the historical and present day structural In an Aboriginal context, any analysis that does not account for the historical and present day structural inequalities that influence Aboriginal Peoples is prey to ... error - sustaining instead of deconstructing colonial attitudes and policies (Gilchrist and Laurette, 1996).

## 2.1 Historical Context

Briefly, one can effortlessly sum up the history of Aboriginal Peoples in Canada by describing the term "*alienation*" and "*colonization*". Through the process of alienation, Aboriginal Peoples lost their lands, culture and self-worth. Before colonization Aboriginal Peoples had their own social, political and economic institutions. However, through colonization, treaties, war, and settlement the lives of Aboriginal Peoples were modified or destroyed. Aboriginal Peoples became alienated from the colonizers by forced dependency and subordination. Legislation, such as the Indian Act, encompassed ill-fated principles of dependency and powerlessness. Lands occupied by Aboriginal Peoples were taken and used by the colonizers. Colonial institutions eradicated Aboriginal property, culture, and self-worth (Reasons and Pavlich, 1995).

"*alienation*" and  
"*colonization*"

Reasons and Pavlich described the effects of colonization by saying:

"The colonization process led to the increased alienation of Aboriginal people through loss of their means of self-control and increased dependency upon the colonizers." (Wente, Maggie, 2000, pg. 8)

Homeless Aboriginal Peoples are survivors of colonization, which was predicated on policies of cultural genocide assimilation and systemic abuse that resulted in their unequal treatment under the laws of Canada.

Homeless Aboriginal Peoples are survivors of colonization, which was predicated on policies of cultural genocide \*\*, assimilation and systemic abuse that resulted in their unequal treatment under the laws of Canada. The complexity of these issues reaches far beyond the scope of specific sociological research on homelessness. It should be noted that these broader historical and societal inequalities have placed a large number of Aboriginal Peoples in a disadvantaged position.

Thus, *the effects of colonization on Aboriginal Peoples* is evidenced by high rates of poverty, unemployment, reliance on public assistance, high infant and maternal mortality rates, low levels of education, high suicide and homicides rates, and the high involvement of Aboriginal Peoples in the criminal justice system (Griffiths, Yerbur, and Weafer 1987).

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\*\* The 1948 United Nations Convention on Genocide (to which Canada is a signatory) defines the crime of genocide as any action taken by a government that involves killing members of a group, deliberately inflicting upon the group conditions of life calculated to bring about its physical destruction in whole or in part, imposing measures intended to prevent birth within the group, or forcibly transferring children from one group to another group. It is arguable, in Canada, that Aboriginal Peoples have suffered (at the very least) from cultural genocide and ethnocide through the process of colonization yet this is rarely mentioned when assessing the social, economic, and political realities of Aboriginal Peoples. The effects of colonization should be given more emphasis when assessing Aboriginal homelessness in Canada and British Columbia.

Demographic data and social indicators from Statistics Canada shows alarming statistics that must be examined in order to understand the complexity of Aboriginal homelessness. As well, current socio-economic factors must also be considered.

## 2.2 Demographics

According to Statistics Canada, Aboriginal Peoples make up 1,170,190 of the entire Canadian population.

In British Columbia, the total population who identified as having Aboriginal Ancestry was 172,475 or 5.3 per cent of the total population

In British Columbia, the total population who identified as having Aboriginal Ancestry was 172,475 or 5.3 per cent of the total population (Statistics Canada, 1996). However, some government departments have chosen to accept a different estimate based on the 1996 Census results that were based on a question of Aboriginal Identity versus Aboriginal Ancestry. The 1996 Census included a question of Aboriginal Identity rather than Aboriginal Ancestry, thus resulting in a total Aboriginal Population of 139,665 or 3.8 per cent of the total British Columbia Aboriginal population.

The effects of underestimating the Aboriginal population are quite significant because the result will be an underestimation of the extent of the homeless problem for Aboriginal Peoples.

Which set of data to rely upon for this research is questionable. The effects of underestimating the Aboriginal population are quite significant because the result will be an underestimation of the extent of the homeless problem for Aboriginal Peoples. To demonstrate this point, one must consider the relatively low population count of Registered Indians noted by Statistics Canada in the 1996 Census, which showed a Registered Indian population of 93,835. By contrast, the Indian Register, which the Department of Indian Affairs is required under the Indian Act (Chapter 1, Section (1)) to record, showed a total Registered Indian population of 110,529. Nonetheless, Statistics Canada will not accept the total established under the Indian Register because there is a reporting lag between the occurrence of deaths of Registered Indians and the births of children. As well, the Indian Register does not include those who are entitled to be registered but have not registered. From a community perspective, the estimated numbers of Aboriginal Peoples, which Statistics Canada record, are unacceptably low. Given the risk involved in underestimating the Aboriginal homeless problem it may be appropriate to accept the higher RCAP population, which was the estimate based on the Aboriginal Ancestry question (172,475).

Of the Registered Indian population 49 per cent live off-reserve (Registered Indian Population by Sex and Residence 2000, Department of Indian Affairs and Northern Development, March 2001). Of the total overall Aboriginal population 76 per cent live off-reserve (1991 Census Data).

The Registered Indian population is expected to grow by 1.7 per cent yearly until the year 2005. This rate is slightly higher than the Canadian population. The Aboriginal population is increasingly urban. By the year 2016, the Canadian urban Aboriginal population is projected to be 457,000 (RCAP).

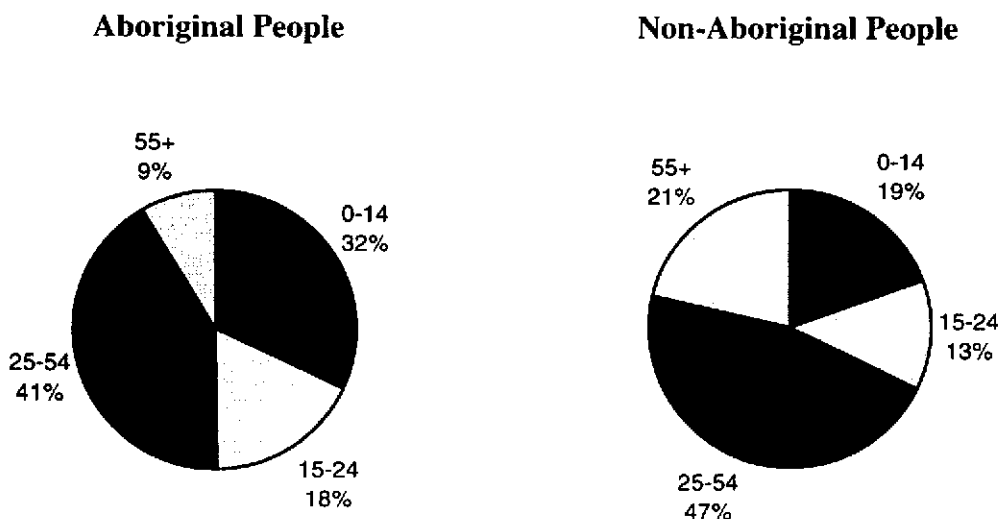
The migration rates of Aboriginal Peoples are significantly higher than the rest of Canadians. There was a total of 60 per cent of Aboriginal Peoples who relocated from 1986 to 1991 compared to 46 per cent for other Canadians. Registered Indian youth between the ages of 15 to 24 years of age were highest at a rate of 72 per cent. British Columbia and Alberta had the highest rates of migration.

The Aboriginal population is a young population. The age structure of the Aboriginal community is significantly different than that of the non-Aboriginal population. The Registered Indian Population median age is 25 while the non-Aboriginal population is 35. Almost 50 per cent of the Aboriginal population is less than 25 years of age compared to just 32 per cent of the non-Aboriginal population. In sharp contrast, 9 per cent of the Aboriginal population is 55 years of age and over while 21 per cent of the non-Aboriginal population is over the age of 55. See Table 1 below:

Registered Indian youth between the ages of 15 to 24 years of age have the highest migration at a rate of 72 per cent. British Columbia and Alberta had the highest rates of migration.

**Table 1**

**50% of Aboriginal People in British Columbia  
Are Less Than 25 Years Old**



It should be noted that almost half of the Aboriginal population under the age of 25 live in large urban centre where there are populations greater than 100,000 people.

**Note:** Figures rounded to nearest number may show figures slightly above or below those reported by Statistics Canada.

## 2.3 Social Indicators

The socio-economic disadvantage of Aboriginal Peoples (living on/off reserve) compared to the total Canadian population is apparent. These socio-economic conditions of Aboriginal Peoples play a major role in characterizing homelessness for Aboriginal Peoples.

### 2.3.1 Education

Most telling is the latest Auditor Generals Report (Released February 16, 2001) which stated that there were serious gaps in the academic achievement of Registered Indians compared with other Canadians; the drop out rates are six (6) times higher for Aboriginal Peoples (students before grade 9).

The education level of Aboriginal Peoples lags behind other Canadians and is an important challenge in addressing social distress, poverty and homelessness.

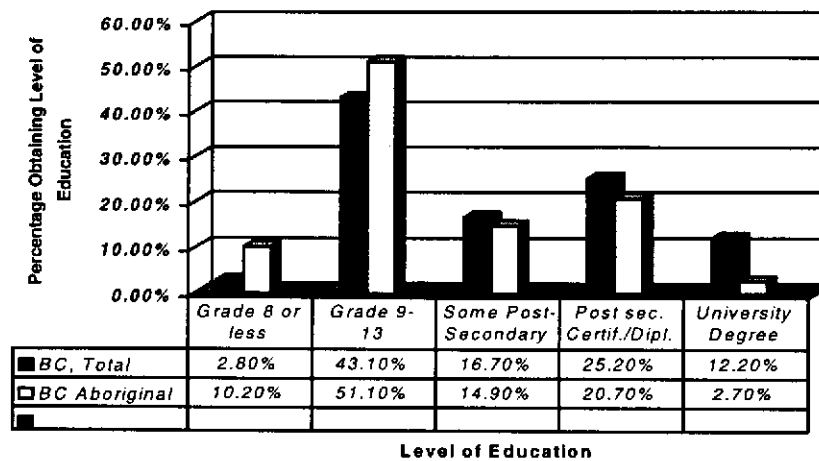
For Registered Indians (1996 Census Data) over the age of 15, 21.9 per cent had less than grade 9 compared to 12.1 per cent for other Canadians.

Most telling is the latest Auditor Generals Report (Released February 16, 2001) which stated that there were serious gaps in the academic achievement of Registered Indians compared with other Canadians; the drop out rates are six (6) times higher for Aboriginal Peoples (students before grade 9). While the Auditor General confirmed that improvements are being made in the area of education advancements by Registered Indians he also confirmed that it would take approximately 23 years for the Indian population on-reserve to reach parity with the overall Canadian rate for high school education. This will have a drastic social effect on Aboriginal Peoples with resulting poverty and homelessness. The socio-economic conditions of Aboriginal Peoples affecting success in education include adequate housing, infrastructure and economic development (Turtle Island Native Network).

In British Columbia according to 1991 Statistics (of Aboriginal peoples between the ages 15 to 49 years), 10.2 per cent of Aboriginal Peoples had a grade 8 education or less compared to 2.8 per cent for the non-Aboriginal community. For those with a university degree 2.7 per cent were Aboriginal Peoples compared to 12.2 per cent for non-Aboriginal people (1991 Aboriginal Peoples Survey). See Table 2 below:

Table 2

### Comparison of Education Levels Total Population vs Aboriginal Population



As well, in British Columbia the number of Aboriginal students who do not live on-reserve is increasing (32,577 in 1999/2000). The number of Aboriginal students who live on reserve has remained the same (11,405 in 1999/2000). However, enrolment in First Nations Schools is declining (4,425 in 1999/2000). The distribution of Aboriginal students for each region of the province who attended school are similar and range from 9,999 to 11,350 each (Vancouver Island Southern Coast, Lower Mainland, North, and Southern Interior). Worth noting is the that 62 per cent of Aboriginal students did not graduate in a six (6) year period which is almost three (3) times that of non-Aboriginal students. Pregnancy is a factor in school drop outs as Aboriginal females are six (6) times more likely than non-Aboriginal students to have children between the ages of 15 to 19. In 1998/99, 12 per cent of Aboriginal students did not progress to grade 9 while only 4 per cent of non-Aboriginal students did not progress to grade 9. Only 38 per cent of Aboriginal students completed school compared to 77 per cent for non-Aboriginal students (Ministry of Education, Province of British Columbia, An Overview of Aboriginal Education, May 1, 2000).

Only 38 per cent of Aboriginal students completed school compared to 77 per cent for non-Aboriginal students

### 2.3.2 Family

According to the 1996 Census, the prevalence of Registered Indian female lone parent families (at 23 per cent) was about twice that reported for other Canadians. For Registered Indian males the numbers of lone parents were nearly double that of other Canadians (Comparison of Social Conditions, 1991 and 1996, Indian and Northern Affairs Canada, catalogue No. R32-163/2000).

Prevalence of Registered Indian female lone parent families was about twice that reported for other Canadians

### 2.3.3 Health

About one half of the Registered Indian females will have children between the ages 15 to 19.

Suicide rates for Registered Indian youth are much greater (8 times higher for females than males and males were 5 times higher) than that of other Canadians

Aboriginal females are six (6) times more likely than other females of the same age to have children between the ages 15 to 19. About one half of the Registered Indian females will have children between the ages 15 to 19 (Ministry of Education, Province of British Columbia, An Overview of Aboriginal Education, May 1, 2000).

Life expectancy for Registered Indians living on-reserve is considerably lower than for other Canadians.

Aboriginal Peoples are more likely than other Canadians to have hearing, sight, and speech disabilities.

Suicide rates for Registered Indian youth are much greater (8 times higher for females than males and males were 5 times higher) than that of other Canadians (Medical Services Branch, Health Canada).

In 1996 the birth rate was double (25 per cent) that for other Canadians. The total fertility rate was almost double for Aboriginal women than that of other Canadians. The tuberculosis rates for Registered Indians were six (6) times greater than that of other Canadians (Comparison of Social Conditions, 1991 and 1996, Indian and Northern Affairs Canada).

Concerning disabilities, Aboriginal Peoples are more likely than other Canadians to have hearing, sight, and speech disabilities. Aboriginal Peoples are two (2) times more likely to report long-term disabilities and three times more likely to be diabetic (Medical Services Branch, Health Canada).

In British Columbia, a disproportionate number of Aboriginal Peoples were HIV positive (16 per cent).

### 2.3.4 Labour Force

Unemployment rates for all Aboriginal groups continue to be at least double the rate of non-Aboriginal people.

According to Statistics Canada (1996) there was a total of 771, 010 Aboriginal Peoples aged 15 or more in Canada, representing 3.4 per cent of the total Canadian labour force. Registered Indians comprised 35 per cent of the Aboriginal labour force and account for 32 per cent of employment and almost 48 per cent of the unemployed. The Registered Indian population had the lowest labour force participation rate of any Aboriginal group, with a rate of 54 per cent. Unemployment rates for all Aboriginal groups continue to be at least double the rate of non-Aboriginal people.

Registered Indians had the highest unemployment rate of any Aboriginal group, at 27 per cent. The Metis unemployment rate was 20 per cent and the Inuit was 22 per cent.

In British Columbia, according to Statistics Canada, there was a total of 133,848 Aboriginal Peoples aged 15 or more. This accounted for 4.5 per cent of the total labour force population in British Columbia. The labour force rates for Registered Indians in British Columbia living on or off reserve are similar to each other.

However, on-reserve Registered Indians experienced the highest unemployment rates, at 30 per cent. The unemployment rates among all Aboriginal groups in British Columbia were 21 per cent, which was, double that of non-Aboriginal people (Statistics Canada, DIAND Core Census Tabulations, 1996, T-11).

On-reserve Registered Indians experienced the highest unemployment rates, at 30 per cent.

### 2.3.5 Income

It should come as no surprise that Aboriginal Peoples income levels are equally dismal. All Aboriginal groups levels of income fall far behind other Canadians. Such economic factors create social stress and economic hardships, which are contributing factors in assessing homelessness. Table 3 and 4 below show 1991 Income Distributions for Canada and British Columbia.

Aboriginal Peoples income levels are equally dismal.

**Table 3**

#### Income Distribution Age 15 + Population, 1991 Canada

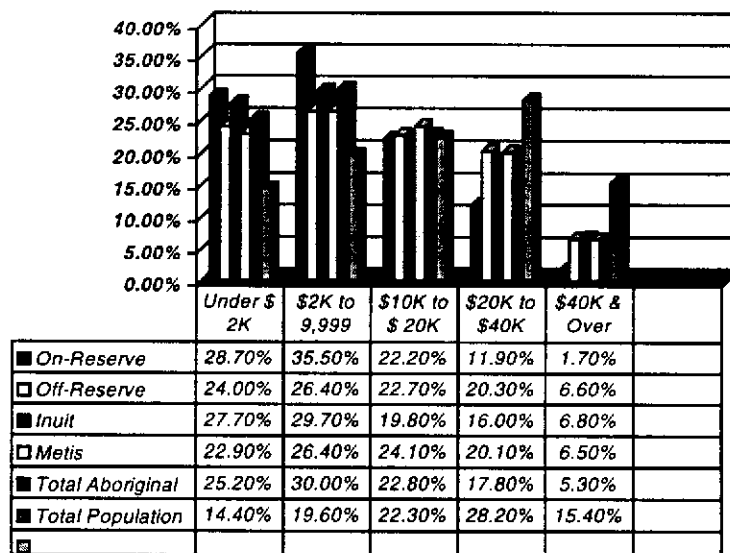
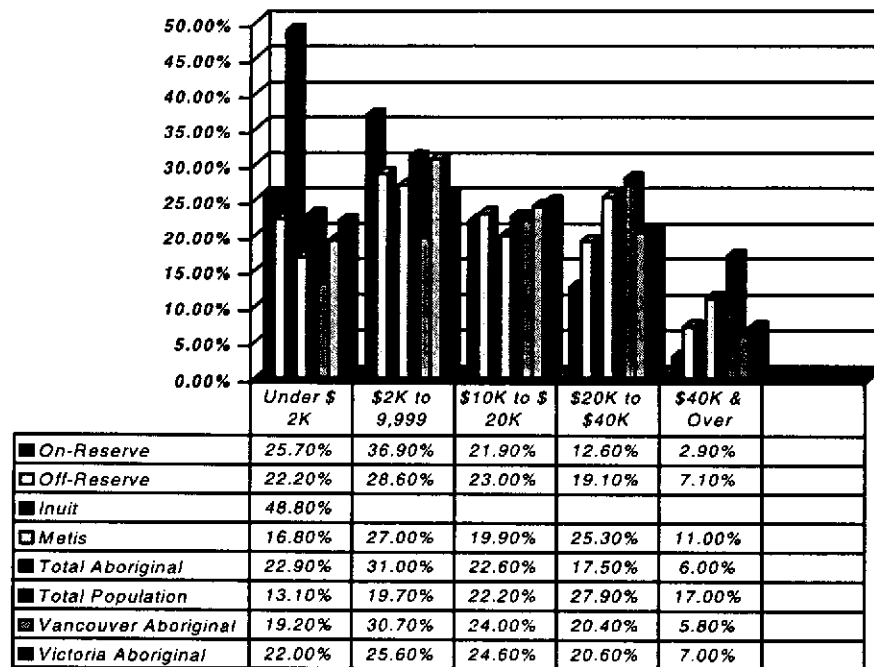




Table 4

### Income Distribution Age 15 + Population, 1991 British Columbia



In 1995, Statistics Canada reported that 40.9 per cent of Registered Indians families were at or below the Low Income Cut-offs compared to other Canadians who were at 16.5 per cent.

Clearly Aboriginal Peoples are over represented in low-income levels. In 1995, Statistics Canada reported that 40.9 per cent of Registered Indians families were at or below the Low Income Cut-offs compared to other Canadians who were at 16.5 per cent. As well, 41.8 per cent of Registered Indians indicated that Government Transfer payments were their major source of income compared to other Canadians at 23.6 per cent (Comparison of Social Conditions, 1991 and 1996, Indian and Northern Affairs Canada).

### 2.3.6 Housing

Aboriginal housing is in a bad state, lagging behind the standards that prevail elsewhere in Canada. These poor housing conditions threaten the health and well being of Aboriginal Peoples and are evidence of poverty and marginalization (RCAP). The effects of poor housing conditions are demoralizing and debilitating for all Aboriginal Peoples. Housing conditions for Aboriginal Peoples living off-reserve continue to worsen as a result of Canada's cancellation of the federal off-reserve Urban Native Housing program. The problem is compounded by the fact that Aboriginal people lack sufficient incomes to look to the private housing market to relieve poor housing conditions - this is evidenced by statistics that show that Aboriginal people who make up the labour force earn half of that earned by other Canadians.

Housing conditions for Aboriginal Peoples living off-reserve continue to worsen as a result of Canada's cancellation of the federal off-reserve Urban Native Housing program.

Throughout Canada there are approximately 645,000 social housing units under CMHC administration (most of which are being or have been devolved to the provinces) of which, 19,389 (2500 unit in British Columbia) are exclusive for Aboriginal Peoples; this equates to about 3 per cent of all social housing (RCAP).

About 3 per cent of all social housing is exclusive for Aboriginal Peoples.

In British Columbia, there are approximately 121,982 social housing units, co-ops and rent supplements; approximately 22 per cent of the Federal Housing stock (Homeless, Causes & Effects, April, 2001, British Columbia). Of the British Columbia social housing units approximately 300 are available primarily\* for Aboriginal people and equates to about 1/4 of 1 percent of all the social housing, co-ops and rent supplements in British Columbia.

Combined federal and BC Aboriginal housing units make up 2% of the total BC Housing units.

The combined federal (2500 Aboriginal units) social housing units together with the British Columbia (300 Aboriginal units) social units is 2,800 units or approximately two (2) per cent of the total BC Housing units. This is inadequate to meet the needs of Aboriginal Peoples whose population is 40.9 per cent below the Low Income Cut-off. As well, 30 per cent or more of the Aboriginal population are living in core need \*\* (RCAP). The following RCAP statements are worthy noting:

"Using data from the 1991 Aboriginal Survey, CMHC estimates the total number of Metis, Inuit and off-reserve Indian households that are in core need at 63,000".

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\*\* Those in "Core Need" are described as anyone whose housing would take up more than 30 per cent of their household income, and assistance from the government is required for them to have their needs met. The threshold of housing affordability is generally considered to be 30 per cent of the household income. If more than 30 percent of household income is spent on housing, it is likely that funds will not be available for such necessities as food and clothing.

The general conditions described by RCAP are probably important to note today, in that, conditions have worsened since the RCAP report was published a number of years ago.

In the Province of British Columbia, the Province may have provided approximately 100 units of social housing for Aboriginal people since the RCAP Report in 1991.

Further, RCAP estimated, based on the 1991 Aboriginal Peoples Survey, that it would take an estimated 17,000 new units (at 1996) to meet the needs of those in core need and an additional 21,600 households would be in need of assistance over a period of ten (10) years. Five years have passed since the RCAP Report and no new units have been made available for Aboriginal Peoples by Canada. In the Province of British Columbia, the Province may have provided approximately 100 units of social housing for Aboriginal people since the RCAP Report. Based on the estimate used by RCAP today it would take approximately 27,800 units nationally to meet the needs of off-reserve Aboriginal Peoples. Aboriginal Peoples in British Columbia currently possess approximately 14 per cent of all Aboriginal social housing, co-op and rent supplements nationally. Using this as a multiplier of the total RCAP estimate (27,800) to meet the needs of Aboriginal Peoples it would take an estimated 3,892 units of social housing, co-ops or rent supplements to meet the current needs of Aboriginal people in British Columbia. Thereafter, RCAP estimates that it would take approximately 300 to 400 units annually in British Columbia to meet the needs of off-reserve Aboriginal people.

RCAP estimates that it would take approximately 300 to 400 units annually in British Columbia to meet the needs of off-reserve Aboriginal people.

Regarding housing tenure (whether own or rented), the percentage of Aboriginal Peoples that owned their dwellings was only 44% compared to 71% for the remaining population. It should be noted there was no data available at the time this research was conducted to determine if the majority of ownership was on reserve. Nonetheless, it is the researchers personal opinion that a majority of home ownership was on reserve. However, Beavis et al (1995) confirmed that Aboriginal Peoples outside reserves were more likely to be tenants rather than homeowners. As well, Beavis confirmed that 50 per cent of Aboriginal Peoples lived in dwellings that needed some type of repair compared to the remaining population at 32 per cent.

### 2.3.7 Other Observations

Aboriginal people are four times more likely to be below the poverty line

Most Aboriginal people are below the poverty line and are four times more likely to be below the poverty line than other Canadians (Thrasher and Mackay).

Estimates show that violence occurs in 80 per cent of Aboriginal families (Ontario Native Women's Association, 1989). Statistical evidence shows that suicide among Aboriginal people is significantly higher than other Canadians (RCAP).

The social problems reported by Aboriginal Peoples (based on the Aboriginal Identity population) indicate significant findings in relation to others in Canada. Most notably, 67 per cent of the Aboriginal population are unemployed, family violence occurs in 39.2 per cent of Aboriginal homes, suicides are noted at 25.4 per cent, sexual abuse is at 24.5 per cent, rape occurs among 15 per cent of the Aboriginal population, alcohol abuse is estimated to be approximately 61.1 per cent and drug abuse for Aboriginal people is at 47.9 per cent (Statistics Canada, 1991 Aboriginal Peoples Survey, catalogue 89-534, as Reported by RCAP).

As well, incarceration rates among Aboriginal Peoples in some communities are 5 to 6 times that of other Canadians (Solicitor General, 1995).

Aboriginal Peoples are the colonized, the alienated, the dispossessed, the displaced, the disenfranchised, the oppressed, and the marginalized inhabitants of Canadian society. The dismal conditions of Aboriginal Peoples socially, economically, politically, and legally have been perpetuated by the historical nature of the relations between Aboriginal Peoples and Canada, which no other Canadians have suffered or experienced. The historical impetus to these acute socio-economic conditions have had a profound impact on Aboriginal Peoples, which has created structural and personal barriers to overcoming such inequities.

Today, the chronic social conditions experienced by Aboriginal Peoples continue to result in the reduced ability of Aboriginal Peoples to free themselves from dependency, poverty, inequality and homelessness.

It is important then to discuss more completely the root causes of homelessness in order to respond appropriately to the needs of Aboriginal Homeless Peoples. However, it is also important to keep in one's mind the historical nexus of the ill effects that colonization has imposed on Aboriginal Peoples. Understanding Aboriginal homelessness requires a look beyond conditions of family problems, addictions, poor health, unemployment, low-income levels, and reliance on social assistance. The distinctions of Aboriginal Homelessness and general homelessness begin with an understanding of the historical connection to these chronic social conditions, which have affected Aboriginal Peoples for so long. In this way, others may be able to understand not only the distinctions between Aboriginal Homeless Peoples and others Canadians but also how to treat Aboriginal Homelessness.

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Alcohol abuse is estimated to be approximately 61.1 per cent and drug abuse for Aboriginal people is at 47.9 per cent

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The distinctions of Aboriginal Homelessness and general homelessness begin with an understanding of the historical connection to these chronic social conditions, which have affected Aboriginal Peoples for so long.

### 3.0 Root Causes of Homelessness

Floyd (1995) suggests that the causes of homelessness are both "*structural*" and "*personal*" in nature.

It is Flemming's position that the *personal factors* are the result of the underlying *structural factors*

Based on Floyd, Flemming, and Beavis it is arguable that the acute *personal factors* (which are causes of homelessness) find their roots, for Aboriginal Peoples anyway, in alienation and colonization.

Finding specific theories on the root causes of Aboriginal homelessness is a difficult task. There is very little research or literature to draw from. While Aboriginal Peoples suffer similar symptoms, understanding root causes will assist those trying to respond to Aboriginal Homelessness in a responsible way.

However, there are a few research projects worth considering. Floyd (1995) suggests that the causes of homelessness are both "*structural*" and "*personal*" in nature. The *structural factors* of homelessness include matters such as: unemployment, low wages, loss of rental units, de-institutionalization. The *personal factors* that lead to homelessness, Floyd suggests are: family matters (divorce, abuse, death, etc.), addictions, health related matters, evictions and the lure of adventure. Beavis et al argues that Floyd's positions on the causes of homelessness are helpful, but for Aboriginal Peoples, should be expanded using the proposition of O'Reilly – Flemming. It is Flemming's position that the *personal factors* are the result of the underlying *structural factors*, such as: colonization, racism, and discrimination, patriarchy, cultural displacement, and the reserve system. Flemming's list could certainly include additional of structural barriers, such as: the process of alienation; dispossession; displacement; disenfranchisement; oppression; marginalization; residential schools; jurisdictional debates, the sixties scoop; cultural genocide or ethnocide; and the outlawing of - tradition, custom, spirituality, and languages.

Based on Floyd, Flemming, and Beavis it is arguable that the acute *personal factors* (which are causes of homelessness) find their roots, for Aboriginal Peoples anyway, in alienation and colonization. The Institute of Urban Studies, at the University of Winnipeg seem to support this proposition, stating:

"In Pre-contact times, most Native peoples in Canada lived a nomadic or semi-nomadic lifestyle, moving seasonally and/or periodically as an adaptation to the changing availability of the natural resources on which their economies were based. They did not live in houses, as we know them. Euro-Canadian incursions, the establishment of Native "reserves", and other means of setting up sedentary settlements (notably a government resettlement programme in Labrador) have both undermined traditional adaptations and created a Native housing problem."

Other attempts to explain the causes of homelessness have focused on homeless people as *victims*. Jahiel confirms that the events that make people homeless are initiated and controlled by others whom society allows to engage in various enterprises that contribute to the homelessness of others.

Further research supports this theory and suggests that Aboriginal Peoples are victims of *structural arrangements* in society (Griffiths, Yerbur, and Weafer). Griffiths describes a conceptual framework of *Aboriginal Victimization* as:

“Someone or something killed, destroyed, injured or otherwise harmed by, or suffering from, some act, condition, agency, or circumstance” (Websters New 20<sup>th</sup> Century Dictionary, 1978).

Griffiths goes on to say that the *structural conditions* in which Aboriginal Peoples exist should be considered as *causal factors* in their *victimization*. And further, Griffiths notes that the *social indicators* indicate that the *socio-structural* conditions of Aboriginal Peoples results in the *extensive victimization* of Aboriginal Peoples and this is evidenced by poverty, high infant mortality rates, a lower life expectancy, high suicides and alcoholism.

Regardless of the various theories, the face of homelessness for Aboriginal Peoples appears to have its nexus in colonization and that has resulted in structural barriers, which have led some Aboriginal Peoples into homelessness and socio-structural deprivation.

Regardless of the various theories, the face of homelessness for Aboriginal Peoples appears to have its nexus in colonization

### 3.1 Characteristics of Aboriginal Homelessness

The impacts of socio-deprivations resulting from colonization have not been the subject of extensive study in Canada. Thus, the effects of these impacts as they relate to homeless needs further study. However, for the purpose of this research two specific impacts have been considered and are described as unique characteristics of Aboriginal homelessness. These unique characteristics are demonstrated by the outcomes shown in the social indicators discussed earlier.

The first of these unique characteristics is the conditions created through *Residential School* abuse suffered by many Aboriginal Peoples. This subject matter has only been recently studied in a meaningful way because of recent court challenges. Residential School has a profound impact on the Aboriginal homeless population, which is evidenced in the results shown in the survivors of Residential School themselves or had parents who were survivors of residential schools”. McKay and Thrasher further state that approximately one million Aboriginal children attended Residential School during their one hundred years of homeless survey conducted by Thrasher and McKay in Victoria. Thrasher and McKay state that 84 per cent of homeless First Nations People surveyed were “either operation (Estimate of

Approximately one million Aboriginal children attended Residential School during their one hundred years of operation and many of these children were “abused psychologically, physically and...sexually.

the Assembly of First Nations). Wade, 1995 confirms that as many as five generations of Aboriginal Peoples (in some families) attended Residential Schools. And many of these children were "abused psychologically, physically and...sexually" (Armstrong 1993, Miller 1996 – as reported by Thrasher and McKay). As well, Thrasher and McKay reported that 100 per cent of those Aboriginal Peoples surveyed disclosed that they were sexually abused and 100 per cent also suffer from addictions issues.

Service providers must keep in mind that colonization and Residential School was, as RCAP Reported:

"Based originally on religious and philosophical grounds, this sense of cultural and moral superiority would be buttressed by additional, pseudo-scientific theories, developed during the nineteenth century, that rested ultimately on ethnocentric and racist premises".

Another profound impact that is becoming more readily understood by medical professionals and others is *displacement*.

Thus, it should be implicit that Aboriginal Peoples harbour a deep sense of resentment and mistrust for non-Aboriginal governments and organizations. Thus Aboriginal homeless people are more likely to be the *absolute homeless* living under bridges and stairwells.

Another profound impact that is becoming more readily understood by medical professionals and others is *displacement*. Displacement has (like Residential School) been found to contribute to declining health of Aboriginal Peoples, reduced economic opportunities and employment opportunities, increased dependencies, and cultural disintegration (RCAP).

There are many other unique characteristics of Aboriginal homelessness, such as: cultural stress, health effects, social and political effects, organic dysfunction, substance abuse, death and suicide, and psychiatric disorders.

Both *Residential School* and *Displacement* have disrupted the lives of Aboriginal Peoples, which is evidenced by social indicators. These factors cannot be ignored when attempting to assist the Aboriginal homeless. This disruption is central to the socio-deprivation experienced by Aboriginal Peoples.

There are many other unique characteristics of Aboriginal homelessness, such as: cultural stress, health effects, social and political effects, organic dysfunction, substance abuse, death and suicide, and psychiatric disorders. However, the limitations of this research project make it impossible to consider other relative characteristics. Further research is required on how these matters affect Aboriginal homelessness. Regardless, Aboriginal Peoples require distinctive homeless services that are unlike those requirements of other homeless peoples.

As such most homeless service providers are ill equipped to respond to such unique characteristics suffered by Aboriginal Peoples. To understand such circumstances requires the skills of trained professionals both medical and cultural.

Based on these unique characteristics one must ask whether current homeless services are adequate and appropriate for Aboriginal Peoples. There is no research in this area. A shelter for example, would have to assess its current operations to determine whether the shelter created barriers for the Aboriginal homeless. This too, needs further research. Nevertheless, a common finding among researchers is that services for *Aboriginal homeless are more effective when they are culturally appropriate and administered by Aboriginal service providers* (Beavis et al). The Aboriginal community should be left with the choice of describing what is culturally appropriate and acceptable in any given circumstance.

A common finding among researchers is that services for *Aboriginal homeless are more effective when they are culturally appropriate and administered by Aboriginal service providers.*

### 3.1.1 Definition – Homeless/At Risk

The Round Table on Best Practices – Addressing Homelessness, provides this useful homeless (in British Columbia) definition:

*“...people are considered homeless when they have no housing, are living in emergency shelters, are at high risk of losing their housing and have few housing options, or who are living in inadequate, substandard and unsafe living conditions.”*

Further explanation of this definition, by the Best Practices Round Table, describes homeless people as those *who live on the street and have no shelter* (described as the *absolute homeless*), *rely on emergency shelters or shelters as primary residences* (those frequently on the streets), are at *high risk of losing their housing* for lack of affordability (could include those suffering from lack of employment or marriage break-up), *those on low fixed income who pay more than 30 per cent of their income on shelter*, live in housing under *threat of redevelopment*, those living in *accommodations that are unsafe* (poorly maintained buildings, pest infestations lack of security), and those who live in *inadequate housing (over crowding because of lack of income)*.

People are considered homeless when they have *no housing, are living in emergency shelters, are at high risk of losing their housing and have few housing options, or who are living in inadequate, substandard and unsafe living conditions.*

Eberle et al, Homelessness Causes & Effects, April 2001 suggests that the definition of homeless includes two distinct groups of individuals:

“ The first...people literally without shelters and who live on the streets as well as those relying on emergency shelters for accommodations.”

“The second...those ...at risk of homelessness.”

*At risk of being homeless* as those who pay more than 50 per cent of their income for rent

Eberle's distinct groups are further defined using similar criteria established by the Round Table, *supra*. The major divergence between the Round Table definition and that of Eberle is the treatment of those who are *absolutely homeless* and those who *at risk* of being homeless.



Eberle further characterises those *at risk* of being homeless as those who pay more than 50 per cent of their income for rent as opposed to the 30 per cent opined by the Round Table. However, both of these definitions may be unsuitable for the Aboriginal community because they fail to consider the acute socio-economic (social indicators) conditions of Aboriginal Peoples shown earlier in this report. For example, if Eberle's *at risk* definition is accepted, Aboriginal People would be greatly under represented among the *at risk* homeless population mainly because Aboriginal Peoples income levels are half that of non-Aboriginal Canadians. Likewise, the Round Table 30 per cent *at risk* definition may also be unacceptable for the same reason.

Underestimating  
Aboriginal homelessness is  
detrimental to the entire  
Aboriginal community

Depending on what *at risk* definition is being used, caution is warranted because underestimating Aboriginal homelessness is detrimental to the entire Aboriginal community. Another example, of the *at risk* distinction is the failure to consider those who are "*couch surfing*."

Gerald Daly (A Comparative Assessment of Programs Dealings with the Homeless Population in the United States, Canada, and Britain) argues that the most appropriate definition of the homeless is the United Nations definition, which is:

Another definition of  
homelessness is divided  
into three categories:  
situational (temporary)  
homelessness, episodic  
homelessness, and chronic  
(long term) homelessness.

"...those who have no home - street people as well as the victims of fire and other crises and ... those whose dwelling units do not meet the U.N. standards."

Daly suggests that the U.N. definition should also include: battered women and those who lack security of tenure beyond the next thirty (30) days.

Beavis et al provides another definition of homelessness, which is divided into three categories: situational (temporary) homelessness, episodic homelessness, and chronic (long term) homelessness. Brundridge (1987) (as reported by Beavis et al) defines these categories more clearly by stressing that:

- *Situational homelessness* – are those who suffer from some acute life crisis (divorce, eviction, release from institutions)
- *Episodic homelessness* – are those who alternate between being sheltered and unsheltered
- *Chronic homelessness* – are those who are homeless for extended periods of time (chronic substance abusers, bag ladies, and those mentally-ill being released from care)

Regardless of these definitions Beavis suggest that a better *at risk* definition is required for the Aboriginal community. This may be of particular importance if funding made available through the Supporting Community Partnership Initiatives (SCPI) is prioritized to respond only to *absolute homelessness* and not the *at risk* population. Nonetheless, any attempt to define Aboriginal homelessness should reflect broad and purposive language encompassing the acute conditions of Aboriginal Peoples (whether those conditions exist on or off-reserve).

A more appropriate definition, from an Aboriginal community perspective, may be the following:

*"Aboriginal Homeless":* Those who have suffered from the affects of colonization and whose social, economic, and political conditions have placed them in a disadvantaged position resulting in any one of the following situations:

1. Those who are Absolutely Homelessness\*; and
2. Those At Risk of Becoming Homeless\*\*.

Notwithstanding this revised Aboriginal Homeless definition, care should be taken to ensure that the Absolute Homeless and the At Risk of Being Homeless are treated equally in terms of crisis management and crisis prevention. Research confirms that both are equally important when addressing homelessness.

The definition of homelessness is however important when considering individual characteristics of homelessness and the estimated population of Aboriginal Peoples who are homeless.

Any attempt to define Aboriginal homelessness should reflect broad and purposive language encompassing the acute conditions of Aboriginal Peoples

Care should be taken to ensure that the Absolute Homeless and the At Risk of Being Homeless are treated equally in terms of crisis management and crisis prevention.

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\* *Absolute homelessness* (from a community perspective) is more likely to be described as: those who have no security of tenure beyond a thirty day period; those who suffer from family violence or family breakdown who have no security of tenure; those who "couch surf" for a period of more than thirty days with no security of tenure; those who are frequently involved in the street life; those who are living in inadequate, substandard and unsafe accommodations that do not meet the minimal housing standards established by the United Nations or other local government agency such as Canada Mortgage and Housing Corporation; those who rely on emergency shelters or shelters as primary residences; anyone released from a mentally-ill facility or prison with no security of tenure; those prevented from leaving a mentally-ill facility or prison because of a lack of security of tenure (including those women or men who are unable to have children returned to them by the ministry of child and family services for want of decent affordable housing); those who flee their home and who have no security of tenure as a result of sexual abuse (regardless of age); those who alternate between being sheltered and unsheltered (whether those shelters are hospitals, hostels, SRO, or otherwise); those who suffer from discrimination and who cannot hold security of tenure for any reasonable period of time as a result of such discrimination.

\*\* *At risk of homelessness* (from a community perspective) is more likely to be described as: those who pay more than 25 per cent of their income for accommodations; those who suffer from acute life crisis such as: family violence, divorce, eviction, release from institutions; those who are at risk of losing their accommodations as a result of a lack of income, overcrowding, redevelopment, or unemployment; those whose income is below the Low Income Cut-off; those whose education level would place them in social distress or poverty below the Low income Cut-Off; those who suffer from substance abuse, mental-illness, or those who suffer from structural and personal barriers that may lead to homelessness; those who are denied an opportunity to acquire social housing to meet their socio-economic needs; those who are hard to house for what ever reason; those whose income requires them to use food banks to supplement their income for prolonged periods of time; and those who are entrenched in the sex trade on the streets.

### 3.1.2 Individual Characteristics

Treatment requires special consideration and a different kind of response in order to help the homeless person experiencing discrimination (advocacy may be required as part of the solution or possibly fair housing audits).

Aboriginal Peoples homelessness conditions are often caused by migration from rural communities or reserves.

Today's homeless include the elderly, those with mental illness, youth, women, men, and single families with children.

Aboriginal clients are more likely females (41 per cent), families with children (17 per cent), and under the age of 24 (33 per cent) than other British Columbia homeless clients.

Individual characteristics such as *ethnicity* is often over looked when assessing homelessness. Until recently, research in Canada has not focussed on ethnicity Bently (1995). This is somewhat unfortunate because racism is also a factor that places people at risk of homelessness. Having knowledge of ethnic origins would be beneficial in knowing how to treat those who are at risk or homeless as a result of their ethnic origin. For example, Aboriginal Peoples may be experiencing racial discrimination resulting in sporadic homelessness. Thus, treatment requires special consideration and a different kind of response in order to help the homeless person experiencing discrimination (advocacy may be required as part of the solution or possibly fair housing audits).

Also note worthy, there is no available research that shows ethnicity between Aboriginal groups of those homeless clients served. This is an important factor to note because Aboriginal Peoples must also know (among their Nations) who is going to share responsibility for their members. There is a need for greater research in this area.

*Migration* is another individual characteristic that leads to homelessness. Research shows that Aboriginal Peoples homelessness conditions are often caused by migration from rural communities or reserves. These Aboriginal migrants try to escape exceptionally poor socio-economic conditions thus looking for jobs, education, and better health care. Somewhat unfamiliar with the city, these migrants often find it difficult to become re-established and become susceptible to poverty, depression, addictions, crime, and homelessness (Morrow 1990).

Despite past stereotypes, that the homeless are older men suffering from addictions, today's homeless include: the elderly, those with mental illness, youth, women, men, and single families with children. Eberle notes that Aboriginal clients are more likely females (41 per cent), families with children (17 per cent), and under the age of 24 (33 per cent) than other British Columbia homeless clients.

In Victoria, the homeless are made up of those with multiple problems such as mental illness, substance abuse, and physical disabilities (61 per cent), single women (44 per cent), women with children (17 per cent) people with mental illness (17 per cent), street youth (11 per cent) and refugees and immigrants (11 per cent). Of these Victoria homeless Aboriginal men make up 40 per cent of those using shelters and Aboriginal women make up 20 per cent of those

using shelters, Thrasher and Mackay.

Notwithstanding the research conducted by Eberle and that of Thrasher and Mackay, key interviews were conducted (for this research) using a standard *questionnaire*, (attached at Appendix A) with key Aboriginal Stakeholders and others who provide a variety of (primarily) Aboriginal homeless services. These interviews were conducted during the months of March and April 2001 in the following regions: Lower Mainland/Southwest Region, Vancouver Island/Coast Region, Kootenay Region, Thompson/Okanagon Region, and North Region.

Interviewed Stakeholders confirmed that the age group of clients served range between 18 and 75 years of age. As well, depending on the region those served appear to be evenly split between men, women, youth, single parent families, and elders. In some cases, Stakeholder services were dedicated to one particular segment (male, female, youth, those released from prison) of the Aboriginal population or the other.

Nevertheless, each Stakeholder interviewed confirmed that there was a need for services and shelters for all groups of Aboriginal clients. No data was requested in the questionnaire concerning the particular Aboriginal group that a client belonged to (First Nations, Metis, Inuit, Status, Non-Status, Treaty, and Non-Treaty) mainly because service providers offer services status blind (served all Aboriginal groups – First Nations, Metis, Inuit, Status, Non-Status, Treaty, and Non-Treaty) regardless of regional differences. Many clients served suffer from mental illness or trauma of some sort, are substance abusers, with varying levels of educations (grade 4 to university), experience family violence, and some suffer from FAS/FAE. The source of income for most clients served is either social assistance or no income at all. Very few clients served had their own incomes.

There were a variety of reasons for clients accessing services in all regions ranging from: referrals, those who flee family violence, those exiting the prisons, those still connected to families but are on the verge of homelessness, those who by choice want to be homeless, those who experience racism, those migrants looking for work but not finding it, those (for a variety of reasons) who are forced off their reserve, those who must have access to services as part of their court sentence, and those who are picked up by the police (off streets) and dropped off with service providers.

Appendix B summarizes the key characteristics and findings of the questionnaire administered in each region. The summary is not intended as empirical evidence to support one group of Aboriginal Peoples over another nor to suggest a particular service over another. The information gathered is merely a guide to understanding some of the characteristics underlying Aboriginal homelessness as gathered from key Stakeholders.

The major limitation of note for readers here is that there are very few (possibly one or two for all of British Columbia) Aboriginal emergency shelters in which to collect information on the characteristics of Aboriginal

Reasons for clients accessing services range from: referrals, those who flee family violence, those exiting the prisons, those still connected to families but are on the verge of homelessness, those who by choice want to be homeless, those who experience racism, those migrants looking for work but not finding it, those who are forced off their reserve, those who must have access to services as part of their court sentence, and those who are picked up by the police and dropped off with service providers.

homeless. Therefore a majority of the questionnaires were administered using secondary Stakeholders who provide direct services to the Aboriginal homeless population.

A useful source of information to confirm the results of the questionnaire comes from research conducted by Eberle. However, Eberle's research is not Aboriginal specific and is anecdotal nonetheless (e.g. Eberle confirms that of all clients surveyed 52 per cent had welfare as their primary source of income. On the other hand, Aboriginal Peoples surveyed in the questionnaire administered through this research showed that an overwhelming majority had social assistance as their source of income and the remaining numbers had no income at all). What is important to note is that the results of the questionnaire seems consistent with the social indicators shown earlier in this report (as reported by Statistics Canada).

Accordingly, estimating the number of Aboriginal Homeless Peoples will be a difficult task.

### 3.1.3 Estimate of Aboriginal Homeless and Those At Risk

First, Aboriginal Emergency shelters are practically non-existent. Second, the approach does not capture the true nature of Aboriginal Homeless Peoples

One of the most useful and popular methods of counting the homeless is through the use of emergency shelter records (through what is called *snapshots – a point in time*). This approach, however, is somewhat out of place for the Aboriginal community for several reasons. First, Aboriginal Emergency shelters are practically non-existent. Second, the approach does not capture the true nature of Aboriginal Homeless Peoples because it fails to consider sub-categories such as: those who "couch surf", those being released from prisons, battered women and transition houses, those being released from hospitals, those in detox centres, those who have no security of tenure but live in inadequate housing (overcrowded or otherwise), and those who alternate between being sheltered and unsheltered. Third, the approach does not account for those who are at risk of becoming homeless such as: those Aboriginal Peoples who pay more than more than 25 percent of their income for rent, those who suffer from family violence who are unable to leave their abusive situation because of fear of homelessness, those whose incomes are below the Low Income Cut-off, the mentally ill, and those living on the streets involved in the sex trade. As a consequence further data collection is require to include these people in an estimate of the number of Aboriginal Homeless Peoples.

Another useful tool in measuring the homeless is the *period prevalence*, which measures homelessness over a certain period of time (eg. The Edmonton Task Force and the Toronto Golden Task Force measured homelessness over the course of one year). For this research project it was not possible to take

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\* "Couch surfing" is more likely to occur among Aboriginal households, as Aboriginal Peoples are more likely (almost double as likely) to live in over crowded accommodations than are non-Aboriginal Canadians.

advantage of either the snap shot or period prevalence methods of measuring homelessness due to lack of time, funding, and Aboriginal emergency shelters necessary to carry out such a task. For that reason there is no consistent source of data on the number or characteristics of Aboriginal Homeless Peoples.

Furthermore, there is no shared database like that used by Shelter Net or Canada Mortgage and Housing Corporation (Homeless Individuals and families Information System – HIFIS) to gain information concerning Aboriginal homelessness. The Aboriginal community should consider establishing a similar database (operated by the Aboriginal community – possibly in partnership with Shelter Net or CMHC) to keep track of long-term information about clients who receive shelter or homeless services. This type of system would take several years to establish and gather useful information from.

Because the *snapshot* or *period prevalence* analysis (for this research) is unavailable for use to estimate the number of Aboriginal *Homeless* Peoples and those *at risk* of homelessness an alternative estimation tool is needed. One alternative tool for analysis is the use of *experiential factors* that most commonly affect Aboriginal Homeless Persons, such as - lack of income or no income. Therefore using a Statistics Canada Low Income Cut-off (LICO) rate, which confirms that approximately 41 per cent of Aboriginal Peoples are below the LICO, an estimate of the potential Aboriginal homeless and at risk population is possible. It is probable that 41 percent of those Aboriginal Peoples 15 years of age or older (133,848 Statistics Canada figures for British Columbia) approximately 54,878 Aboriginal Peoples are *homeless* or *at risk* of becoming homeless. This estimate includes both on and off-reserve Aboriginal populations. With 76 per cent of all Aboriginal Peoples (British Columbia) living off-reserve there would be approximately (based on the LICO *experiential factor*) 41,707 off-reserve Aboriginal Peoples are potentially homeless or at risk of becoming homeless. This estimate is the high water mark of those Aboriginal Peoples that are *at risk* of homelessness.

Nevertheless, those Aboriginal Peoples who are among the *absolute homeless* population is more difficult to estimate. A useful tool to examine the estimated *Absolute Homeless* population is to use a percentage of those Aboriginal Peoples whose *income is below \$ 2,000.00*. Using the Total Aboriginal Population (from Table 4) whose incomes is below \$ 2,000.00 (22.9 per cent) an estimated 23,295 (133,848 x 76 per cent x 22.9 per cent) Aboriginal Peoples are among the Absolute Homeless (for all off-reserve Aboriginal Peoples in British Columbia).

Like with any estimate, the results are not to be construed as empirical evidence of the number of Aboriginal Peoples who are *Absolutely Homeless*, experiencing *homelessness*, or *at risk* of being homeless; the estimate is merely a guide. The *experiential factors* analysis is important because it demonstrates the high water mark of those *Aboriginal Peoples* who are experiencing *homelessness* or *at risk* of homelessness (41,707) and those who are *Absolutely Homeless* (23,295), based a predominant experiential factor – *lack of income or no income at all*. On the other hand, the

There is no shared database like that used by Shelter Net or CMHC to gain information concerning Aboriginal homelessness.

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Using the Total Aboriginal Population whose incomes is below \$ 2,000.00 (22.9 per cent) an estimated 23,295 Aboriginal Peoples are among the Absolute Homeless (for all off-reserve Aboriginal Peoples in British Columbia)

Aboriginal Peoples are *over represented* among those using shelters. This is despite the fact that Aboriginal Peoples are less likely to access non-Aboriginal shelters.

estimated *experiential factors* analysis (based on income levels below \$ 2,000.00 at 22.9 per cent of the Aboriginal population) may be an accurate reflection of Aboriginal Homeless conditions. This becomes more transparent when comparing Eberle's November 19, 1999 *Snap Shot* which shows that 19 per cent (a close resemblance to the 22.9 per cent figure shown in Table 4) of those using emergency shelters are Aboriginal.

Regardless of what tools are used to estimate the number of homeless Aboriginal Peoples, Eberle points out that Aboriginal Peoples are *over represented* among those using shelters. This is despite the fact that Aboriginal Peoples are less likely to access non-Aboriginal shelters.

More importantly, researchers agree that more time needs to be spent on trying to resolve homelessness rather than arguing about numbers. Accordingly, an important next consideration is the identification of *gaps in service*.

## 4.0 Gaps in Services

In order to address homelessness in a meaningful way gaps in services must be assessed. Identifying gaps in services is primarily a task of conducting an inventory of present services. Auditing present services alongside essential services, observed through research as responses to homelessness, shall serve as a basis for Aboriginal Peoples to begin developing far-reaching Aboriginal homelessness plans.

### 4.1 Inventory of Services

Aboriginal Operated Providers are noted in the Inventory of Services (Appendix C) for easy reference.

Attached at Appendix C is a list of Service Providers in the Province of British Columbia who provide direct services (*housing continuum* and *support services*) to the Aboriginal homeless. This is not a complete list of Service Providers but rather a listing of only those Service Providers who provide direct services to the Aboriginal homeless (whether emergency shelter, shelter, or supportive services). Aboriginal Operated Providers are noted in the Inventory of Services for easy reference. The Service Providers list does not include those Service Providers (whether Aboriginal or non-Aboriginal) that provide long-term housing.

The Inventory of Services is broken down into eight (8) Zones (see Appendix D) for a Map of Zones). Each Zone reflects an area of the Province of British Columbia represented by the electoral zones of the United Native Nations. All

Zones include urban and rural Aboriginal Peoples (status blind) and not Registered Indians living on-reserve. An analysis of Service Providers is discussed below for each Zone.

### **Northwest-Nechako Zone 1**

This is an expansive zone, which covers the Northwest, Dease Lake, and Telegraph Creek areas of the province. There are few service providers in these areas. There are two known Aboriginal Operated Societies that are affiliated and work together and offer an impressive list of basic services (with limited funding). One Society operates a barrier free *emergency shelter* and the other operates a *transition* house. Supportive services such as counselling for: *alcohol and drugs, violence, and mental health* are provided. Further services such as advocacy, referrals, and housing assistance are also provided. Needs are greater than current budgets allow for. There are no known residential treatment or recovery services in the entire zone. The only treatment centre available is in Dawson Creek, which is a distance of 1200 kilometres from the furthest community in this zone. There are no known mental health centres, friendship centres, employment readiness, youth, elders, stage housing for those persons released from shelters, or no Aboriginal low-income housing. Further research is required in these areas to determine long term needs of these communities, assess individual homelessness in the north, and determine how isolation affects those who are homeless.

### **Northeast-Zones 2**

This is another expansive zone that cover four (4) concentrated areas: Fort Nelson, Fort St. John, Chetwynd, and Dawson Creek. Among these areas there are no emergency shelters. Each community has a transition house that provides services for women and their children. The lack of emergency shelters is of particular concern because of extremely cold winter months. A large number of migrants arrive in Fort St. John looking for work and find themselves suffering from a variety of poverty and homelessness issues once their limited resources are expended. Aboriginal Peoples who freeze to death in winter months is becoming a common problem. There is a limited stock of low-income housing, which is centred in Dawson Creek. Dawson Creek Native Housing Society operates approximately fifty (50) low-income housing units, which are prioritized for single mothers with children. It is difficult to imagine what elders, youth, single men, those suffering from addictions and mental health, or battered women and others, are doing for accommodations; especially in cold winter months. Extended families are often relied upon to take up the slack where there are no services available to help the homeless. "Couch surfing" is a major concern for those who are forced to migrate to these urban centres looking for work. The transition houses that do exist appear to provide a complete list of services to help those who access these facilities. However, as with most agencies resources are being utilized to maximum capacity and clients are only allowed short stays. Each community has friendship centres, which provide a variety of services from job readiness, counselling, childcare, mothers' services, youth and family services.



### North Coast-Zone 3

Service providers in this zone are generally concentrated in three communities: Prince Rupert, Smithers and Terrace. Each community has its own friendship centre as well as one in Houston near Smithers. Each friendship centre provides a variety of services such as: residential school survivors programs, prenatal nutrition, parenting and youth activities, cultural events, and pre-employment programs.

There are few Aboriginal service providers in Bella Coola. There is one known non-Aboriginal operated emergency shelter (for men) in the North Coast zone, which is operated by the Salvation Army (45 per cent of the clients are Aboriginal). Community meals for the public are also provided. There is only one low-income housing project operated in the North Coast, Muks-kum-ol Housing Society. Muks-kum-ol Housing Society operates approximately 212 low-income rental housing units. As with most low-income housing agencies resources are being utilized to maximum capacity and waiting lists are usually far greater than the supply of housing. Of the low-income housing units operated by Muks-kum-ol 165 are in Terrace. It is not known where those who suffer from homelessness or those at risk of homelessness acquire assistance.

There are two (2) known transition houses where women and their children receive assistance; one in Prince Rupert and the other in Terrace. Counselling is available in-house or by referral. There is a Domestic Peace Centre that provides a range of services for community members suffering from abuse.

There are two (2) known residential treatment centres in the North Coast, one in Smithers and the other in Kitimat. In Smithers there is also the Wilp S'Satxw Community Healing Centre, which offers two (2) weeks A&D programs for men, women, youth, and elders. There is also the James Samuel Gosnell Memorial Health Centre who provide a variety of community services such as: emergency and long-term care, dental, mental and physical needs, and addictions services.

The North Coast has a good level of programs and services most notably those provided by the friendship centres. However, there is very little provided for the homeless or those at risk of homelessness in this zone.

### Prince George-Zone 4

The two areas of concentration in this zone are: Prince George and Vanderhoof. Most service providers in this zone are centred in the city of Prince George. Prince George has a significant list of services both in the continuum of housing and support services. However, as with most service providers, resources are being utilized to maximum capacity. As well, because services are centrally located in Prince George and not in other rural community travel becomes a barrier for those living in poverty. Isolation only compounds problems experienced by those who suffer homelessness or are at risk of homelessness. For example, women and children who suffer from family violence (at risk of homelessness), who lives on-reserve or in rural communities, may not be able to access the continuum of housing and supports for lack of transportation. In such cases

these families will continue to suffer from family violence for fear of homelessness as a lack of resources or transportation to concentrated areas such as Prince George.

There is one (1) known emergency shelters in Prince George, the Quebec Street Emergency Shelter (non-Aboriginal Service Provider). This barrier free emergency shelter provides services to women and their children only; clients are 75 per cent Aboriginal. There are no known emergency shelters for men; although the Prince George Native Friendship Centre has a men's hostel. There are also three transition houses (non-Aboriginal), one (1) in Vanderhoof and two (2) in Prince George. These transition houses provide a variety of services (as does the Friendship Centre and the Quebec Street Shelter) including: referrals, counselling, cultural activities, addictions counselling, day care and more.

Prince George has three known family service organizations and Vanderhoof has one. These offer family support programs, family care workers, counselling, outreach, and referrals. The Carrier Sekani offers elders programs, health clinics, and tenant information. There are no known residential treatment centres in the Prince George zone. The Native Health Society looks after Aboriginal medical needs in Prince George. It is not known how medical needs of the rural and remote community are provided for.

There are two Aboriginal low-income housing providers in this zone, they are: B.C. Native housing Society who operates approximately 200 units of housing and the Prince George Metis housing Society who operates approximately 168 units of housing. The B.C. Native Housing Society has scattered units in rural areas surrounding Prince George while the Prince George Metis housing society operates units mainly in Prince George. Neither Society has had any new unit allocations from the provincial or federal governments for many years. As with most low-income housing agencies resources are being utilized to maximum capacity and waiting lists are usually far greater than the supply of housing.

### **Vancouver Island & Central Coast-Zone 5**

Outside the Greater Vancouver Regional District the Vancouver Island Central Coast has the most service providers and areas of concentration in any other zone, they are: Port Hardy, Powell River, Cambell River, Courtney, Port Alberni, Nanaimo, Tofino, Duncan, Sidney, Brentwood Bay, and Victoria. There are three (3) emergency shelters (non-Aboriginal) located in Victoria. Two (2) of these shelters are run by the Cool-Aid Society. Of these two shelters operated by Cool-Aid there is one specifically for men called Streetlink and one for youth called KEYS. However, these are not barrier free shelters. Streetlink requires client participation as volunteers to do such things as laundry, answer phones, and do peer counselling, etc. KEYS has a unique team concept for their youth to help the youth get on their feet. The third shelter, Mediwiwin provides no barrier services for those who suffer from a mental disability. It is not known where those who are homelessness outside of Victoria seek shelter.

Vancouver Island has the most transition houses (8) anywhere in the province. All provide in house counselling and referrals. Approximately 35 per cent of the clients are Aboriginal. Two of these facilities have non-medical detox beds.

There are two (2) relatively large residential treatment centres in Nanaimo and Tofino. Both of these facilities offer A&D treatment and services for those who suffer from residential school trauma.

There are a total of five (5) friendship centres in Courtney, Port Alberni, Nanaimo, Duncan, and Victoria. These friendship centres provide a wide range of services, such as: employment training, job readiness, computer labs, cultural events, counselling and a lot more.

There are seven (7) known health service providers in this zone. All are dedicated to the health needs of Aboriginal Peoples. Some of these agencies provide medical services without health insurance. Services are wide ranging and include extended care, mental health services, community health nurses etc.

There is AIDS coalition in Courtney, which is dedicated to the needs of persons living with HIV/AIDS. Services include housing and advocacy.

There are three (3) family support programs located in Campbell River, Ladysmith, and Duncan. Services by these agencies include family support and counselling.

There is only one low-income housing provider in this zone, M' Akola housing Society. M' Akola operates a low rental housing portfolio in excess of four hundred (400) housing units spread throughout Nanaimo, Port Alberni, Duncan, and Victoria. As with most low-income housing agencies resources are being utilized to maximum capacity and waiting lists are usually far greater than the supply of housing. It is not known what housing supports are available for Aboriginal Peoples outside of these areas.

### **Cariboo-Zone 6**

This zone has five (5) areas of concentration, they are: Quesnel, Williams Lake, Kamloops, Salmon Arm, and Merritt.

There are two emergency shelters in this expansive zone (Abraham's Lodge and the Cariboo Friendship Society) both are in Williams Lake. In winter months both shelters take in additional clients because of extreme weather conditions. Abraham's Lodge provides barrier free shelter. Abraham's Lodge was established 20 years ago by a local woman who was alarmed by the number of Aboriginal Peoples dropped off by the police in front of the friendship centre, only to freeze to death over night in the winter. Of the two shelters, Abraham's Lodge is worth noting because it provides extensive services with only sporadic funding. Like many of its clients Abraham's Lodge begs for resources wherever possible.

Four (4) of the five (5) communities in this zone have a transitional house with in-house counselling and other services.

There is one treatment centre in this zone, located in Williams Lake. The residential program is six (6) weeks long for A&D addiction. The centre also has a summer refresher course.

Four (4) of the five (5) communities have a friendship centre that offers a variety of services, such as: counselling, healing, job readiness, cultural events, youth, workshops, etc. Most of these centres have social support workers on staff for special needs and services. There is an elders program in Kamloops.

There is one family support centre located in Salmon Arm, although there are family support workers on staff at most of the friendship centres.

There are two health centres in this zone dedicated to the needs of Aboriginal Peoples, one in Merritt and the other in Chase near Kamloops. Adams Lake health centre in Chase has a special program that takes donations of medical equipment and beds for the elderly. As well, financial assistance is given to the elderly for medical services.

There are four Aboriginal low-income housing societies in this zone. As with most low-income housing agencies resources are being utilized to maximum capacity and waiting lists are usually far greater than the supply of housing.

### **Lower Mainland-Zone 7**

This zone is made up of approximately twenty three (23) municipalities, which include: Vancouver, Vancouver UEL, Richmond, Burnaby, New Westminister, City of North Vancouver, West Vancouver, Surrey, White Rock, Delta, City of Langley, Coquitlam, Port Coquitlam, Port Moody, Maple Ridge, Pitt Meadows, Mission, and Chilliwack. This zone has the most Aboriginal Peoples in terms of population and the highest rates of poverty for any urban centre in the province.

In this zone there are no known Aboriginal emergency shelters and only one Aboriginal transition house. There are seven (7) non-Aboriginal emergency shelters and five known transition houses that provide a significant proportion of their services to Aboriginal Peoples. These agencies provide services to the Aboriginal community even though Aboriginal Peoples are reluctant to use non-Aboriginal services. As well, these service providers offer resources to the Aboriginal homeless where the federal and provincial governments have failed to do so. Most, if not all, of these shelters have some barriers upon entry, which means that Aboriginal Peoples are less likely to make use of services offered. There is only one Aboriginal youth transition house in the entire zone. There are five Aboriginal low-income housing providers; one is dedicated to youth. As with most low-income housing agencies resources are being utilized to maximum capacity and waiting lists are far greater than the supply of housing.

There are approximately forty (40) to sixty (60) Aboriginal Service Providers in this entire zone who provide a variety of support services ranging from: family support, youth support, counselling, food (only 3 Aboriginal service providers in the zone), detox (only 1 Aboriginal service provider in the zone) and A&D, outreach, health, advocacy, employment services, education, skills training, and referrals. Aboriginal service providers are fairly specific in terms of the services they provide. For example low-income housing societies receive housing specific resources and rarely acquire additional funds to provide services beyond housing. Support services such as alcohol and drug (A&D) or family counselling are rarely offered. Low-income housing societies are often

forced to evict tenants because of their inability to deal with family or substance abuse problems. Very few of these Aboriginal service providers offer complete services where their clients can receive a majority of their services under one roof. All of the Aboriginal service providers are severally understaffed and resources are being utilized to maximum capacity. There is great need for Aboriginal homeless projects operated by the Aboriginal community.

### **Okanagan/Kootenays-Zone 8**

This zone covers three concentrated areas, they are: Vernon, Kelowna and Cranbrook.

There are no known emergency shelters in this zone. There four transition houses in this zone but none of them are Aboriginal. Most or all these transition houses have in-house counselling and referrals, some also have advocacy. A low percentage of clients are Aboriginal.

There are two friendship centres in this zone, one in Vernon and the other in Kelowna. Services and programs include addiction and abuse counselling, cultural activities, family support, women's services, job readiness, and youth programs. No known programs are noted for elders.

There are two residential treatment centres in this zone. One is in Armstrong near Vernon with a six (6) week A&D addiction program and the other is in Creston near Cranbrook with a similar program.

There are no health centres dedicated to Aboriginal health in this zone.

There is a non-Aboriginal youth housing project in Nelson with a low percentage of Aboriginal clients. There are four (4) Aboriginal low-income housing projects in this zone. Most have tenant counsellors for referrals. The Canadian Mental Health Association operates a low-income housing project in Cranbrook for person with mental disabilities (it is not known how many clients are Aboriginal).

There is coverage for abused women and their children in four transition houses. However, none of these transition houses are Aboriginal and it is not known how many Aboriginal women and children access these services.

Appendix D is a good visual aid in determining the types of service that are available for Aboriginal Peoples. For the entire province there are only four (4) Aboriginal specific emergency shelters. There are no Aboriginal emergency shelters in the Vancouver, Mission, Chilliwack, and Lillooet Regions, which have the highest and poorest Aboriginal populations among any urban centres in any zone. Services that are provided by the Aboriginal Service Providers are not necessarily provided to meet the needs of the Aboriginal homeless. There are only a few Aboriginal Service Providers who have programming specifically for the homeless population. For example, food banks are offered by a few of the friendship centres and health services are provided for downtown eastside clients in Vancouver. Otherwise, there are very few homelessness services available for those Aboriginal Peoples who are homeless or at risk of being homeless.

Most notably there are no known Aboriginal Service Providers who provide homeless services for those Aboriginal Peoples living with HIV/AIDS.

These issues are discussed more thoroughly under the Gaps section of this report. However, in order to determine Gaps it is necessary to consider literature to identify essential services required to address homelessness for Aboriginal Peoples.

## 4.2 Essential Services

Researchers consistently confirm that a variety of services are required to address the diversity of Aboriginal Peoples who are homeless or at risk of becoming homeless. Services must provide, not only for those living in crisis, but also for those requiring *intervention* and *prevention* of homelessness. As well, services must provide a continuum of housing and supports (*housing, income and support*). Although a wide variety of services are available in all zones there is greater need for homeless "specific" services. These services include:

Services must provide a continuum of housing and supports (*housing, income and support*).

- *Services Dealing With Health Problems of Aboriginal Homelessness*
- *Immediate Food, Clothing and Shelter*
- *Advocacy and Services Booklets*
- *Employment and Training, Life Skills*
- *Adequate Supply of Low-Income Housing*
- *Transition Houses*
- *Battered Women and Children Shelters (short and long term)*
- *Programs for Women*
- *Programs for Youth*
- *Drop-in Centres*
- *Outreach Programs*
- *Research*
- *Second Stage Housing*
- *Residential School Programs for Survivors*
- *Cultural Programs*
- *Repatriation Programs*
- *Education Programs to Help Public Understand Aboriginal Homelessness*
- *Programs for Sex Trade Workers*
- *Alcohol/Drug Treatment, Detox, and Residential Programs*
- *Programs for the Mentally Ill and those Suffering from Psychiatric Disorders*

- *Programs for Fetal Alcohol Syndrome, Depression, and Schizophrenia*
- *Second Stage Housing for Those Released from Institutions*
- *Street Nurse Programs*
- *Dental Services*
- *Capacity Building for Communities to Better Respond to Homelessness*
- *Programs Dealing with Death and Suicide*
- *Landlord and Tenant Educational Programs*
- *Special Financial Assistance Programs to help Aboriginal Peoples Become Established*
- *Programs to Help Keep Young Aboriginal Single Mothers in School Long and Short Term Support Programs, Including Day Care*
- *Family Violence Programs*
- *Transportation Programs*
- *Home Care*
- *Respite Programs*
- *Cultural Bereavement Programs*
- *Programs Dealing with Historical Unresolved Grief (Colonization)*
- *Program Coordination Between Aboriginal Communities, Service Providers and Government*
- *Programs that Involve Consumers*
- *A Data System to Track Homelessness*
- *Elders Support Programs*
- *Barriers Free Shelters and Other Accommodations*

Aboriginal Service Providers also identified key services required for addressing the need of the Aboriginal homelessness (this was part of the questionnaire administered as part of this research – the results are noted at Appendix B). Key services identified are as follows:

- *Barrier Free Shelters*
- *Shelters for Women, Children, and Youth*
- *Outreach Services*
- *Addictions Counselling, Detox*
- *Homeless Transition Services*
- *Mental Health/ Disabilities Services Related to Housing and Homelessness*

- *Supportive Second Stage Housing*
- *Capacity and Community Development*
- *Lifeskills and Job Readiness Training*
- *HIV/AIDS Homeless Transition Services*
- *Preservation of Existing Shelters*
- *Outreach, Food, Drop-in Centres*
- *Cultural Activities*
- *Services for Sex Trade Workers*
- *Healing Programs and Activities*
- *Affordable Housing*
- *Shelter that Include the Entire Family Including Men*
- *Women Specific Programs that Address Homelessness*
- *FAE/FAS, Mental Health, psychosis Programs Addressing Homelessness*
- *Nurses for Direct Community Work Within Community Program*

**Note:**

Aboriginal Peoples have difficulties obtaining access to adequate care. This applies to both urban and rural communities. As a result Aboriginal Peoples suffer from a variety of ailments, such as: colds, flu, respiratory disease, TB, skin disease, nutritional deficiencies, sleep deprivation, mental health, HIV/AIDS, Hepatitis C, and organic brain damage.



All of the above services identified by both researchers and Aboriginal Service Providers address *intervention* and *prevention* of homelessness. As well, services suggested provide a continuum of housing and supports (housing, income and support). In reviewing Appendix D, it becomes clear that there are significant *Gaps in Services* that must be addressed by government and Aboriginal communities in order to address the continuum of housing supports for homeless Aboriginal Peoples and those at risk of becoming homeless. Gaps in Services are summarized next.

### 4.3 Gaps in Services

It is abundantly clear from information gathered for this research that existing Aboriginal services are inadequate to meet the continuum of housing supports for homeless Aboriginal Peoples and those at risk of homelessness. Generally services are not available for the homeless or at risk homeless population. Very few of the Aboriginal Service Providers organize their services in such a manner that would allow complete participation by the clients in the continuum necessary to alleviate homelessness. The coordination and planning of such services are not available to the Aboriginal community for want of financial resources. Simply, the capacity is not present.

Generally services are not available for the Aboriginal homeless or at risk homeless population.

Appendix D demonstrates that most, if not all, Aboriginal Service Providers encounter serious gaps in the continuum of housing and supports necessary to respond to homelessness effectively. With limited capacity it is unrealistic to assume that Aboriginal Service Providers can work effectively.

Summaries of the major gaps in services are listed below. The list is not an exhaustive one, nor is the list set out specifically on a continuum of housing or supports basis.

#### Summary of Gaps on Services

##### *Emergency Shelters*

There is a great shortage of emergency shelters in the province for Aboriginal Peoples even though the estimate of Aboriginal Peoples who are homeless or at risk of being homeless is significant. Researchers and community members see the need for culturally appropriate emergency shelter services as one part of the overall inventory for the continuum of housing and supports. Furthermore, there are a number of barriers that prevent Aboriginal Peoples from accessing shelters. Barrier free shelters must be established as part of the complete continuum of housing and supports.

Culturally appropriate emergency shelter services are a part of the overall inventory for the continuum of housing and supports.

If the role of an emergency shelter is to prevent people from ending up on the streets then greater efforts should be made to ensure that no barriers prevent Aboriginal Peoples from accessing shelter. As well, barriers such as 'no income not allowed' should not be used as a tool to prevent Aboriginal Peoples from accessing shelter – Aboriginal Peoples are the poorest of the poor.

Barrier free shelters must be established

### ***Aboriginal Males***

There are no known Aboriginal second stage housing projects available for men.

There are no known Aboriginal second stage housing projects available for men. Low-income housing providers have not developed any new housing projects for the past six (6) years. As wait lists have increased priorities have been placed on housing women and children. Single men are having more difficulty finding low-income housing. A majority of transition houses are for battered women. There is no funding for men who want to get off the street in many areas.

### ***Rural and Isolated***

Access is an issue for rural homeless

Access is an issue for the many rural homeless, as many communities are isolated. A great deal of effort is required for persons just to reach homeless services. Effort and persistence eludes many persons who are disadvantaged financially and often disabled by addiction or mental illness as well.

### ***Transition and Second Stage Housing***

There are very few transition houses that offer longer-term supportive housing.

Most, if not all, emergency shelters used by Aboriginal Peoples are for over night or very short stays. There are very few transition houses that offer longer-term supportive housing. In Vancouver, there is one Aboriginal Program that offers stays for up to one year (supportive services are provided). However, these services are offered to women only. There are no similar services for men or youth. Supportive second stage or transition housing is an important consideration in the continuum of housing and supports.

### ***Barriers to Homeless Women***

Landlords in private housing markets discriminate against women who are single parents.

Women also experience barriers to finding long-term affordable housing; especially those women who are single parents with large families. Landlords in private housing markets discriminate against these women and they are forced to live in skid row housing or housing that is less than adequate because of lack of resources. Rental supplement programs should be available to allow Aboriginal women the ability to acquire more adequate housing.

### ***Residential Treatment Programs for A&D Addiction***

Distance from other urban centres can prevent clients from accessing services because of poverty and the lack of transportation.

Residential treatment programs have the good success with A&D addiction because of their residential nature. Treatment programs for A&D in the Northeast are non-existent. Williams Lake and Dawson Creek are the most northerly and their distance from other urban centres can prevent clients from accessing services because of poverty and the lack of transportation. There are no treatment programs in Prince George. While it may not be possible for each community to have its own treatment centre better efforts should be made to provide free transportation to and from residential treatment houses.

### ***Low-Income Rental Housing***

There is a dire need for more low-income housing. Long waiting lists force multiple families into over-crowded accommodations where they "couch surf". Aboriginal families are double likely to be in over-crowded accommodations. This has an affect on the entire family. Lack of private space contributes to a desire to flee the home. Many Aboriginal Peoples who migrate looking for work have a very long and difficult wait for low-income housing. Disabled persons are at risk and have less opportunity to acquire low-income housing and are often forced to "couch surf".

Long waiting lists force multiple families into over-crowded accommodations where they "couch surf".

### ***Crowded Conditions***

Because of the shortage of low-income housing, exclusion of seniors fr and relatives often squeeze into over-crowded housing. One or two "couch surfers" and full bedrooms lead to crowded conditions with a lack of privacy, crowded housing. space and personal quiet time. If a member of the household has an addiction, is violent, disabled or mentally ill then many lives are affected. Escape may mean to a homeless life if necessary life skills and job skills are not already learned.

If a member of the household has an addiction, is violent, disabled or mentally ill then many lives are affected

### ***Elderly***

There are virtually no Aboriginal elderly housing units. Elderly are forced into living with their children or grandchildren and they are often take advantage of. Because of a cultural obligation to the young, elderly do not complain when family members take their money. The erosion of the extended family has impacted the number of homeless seniors. There are very few programs or services for the elderly in the community centres

Elderly are forced into living with their children or grandchildren and they are often take advantage of.

### ***AIDS/HIV***

Persons with HIV/AIDS are afraid to go back to their communities or are kicked out of their communities because they have HIV/AIDS. Many are left vulnerable and without help. Many Aboriginal Peoples who suffer from HIV/AIDS have multiple problems and other health conditions that only make matters worse. There virtually no emergency shelters specific for Aboriginal Peoples living with HIV/AIDS nor are there transition, second stage, supportive or long term housing available for them. As a result, their health conditions worsen. One of the most effective conditions that help promote healthy life styles for those living with HIV/AIDS is adequate housing.

There virtually no emergency shelters specific for Aboriginal Peoples living with HIV/AIDS nor are there transition, second stage, supportive or long term housing available for them.

### ***Inadequate Capacity***

Service providers are unable to meet the needs of the homeless or those at risk of homelessness.

Most existing Aboriginal Service Providers have experienced growth in the numbers of clients they serve and more are coming into contact with the homeless and those at risk of becoming homeless. With little or no new resources these service providers are unable to meet the needs of the homeless or those at risk of homelessness. As well, existing service providers have not been able to provide the full range of housing continuum or supports to aggressively address Aboriginal homelessness.

### ***Youth***

There are little or no Aboriginal safe houses available for children under 16.

There are literally no barrier free shelters for Aboriginal Youth.

The Aboriginal population is a young one with 50 per cent of the population below the age of 25. There are many youth who migrate from reserve communities to urban centre only to find that have become homeless or "couch surfing". More shelters dedicated for youth are required in all zones. As well, services for children under the age of nineteen (19) are also required. There are little or no Aboriginal safe houses available for children under sixteen (16). There are literally no barrier free shelters for Aboriginal Youth.

### ***Mental Health Concerns***

There are virtually no services available to help homeless Aboriginal Peoples with mental illness.

Many of the Aboriginal Service Providers interviewed confirmed a need for mental health services for homeless Aboriginal Peoples. There is only one Aboriginal emergency shelter in all the zones that provides Aboriginal specific mental health services by way of a nurse. There are virtually no services available to help homeless Aboriginal Peoples with mental illness.

### ***Data Collection***

Nothing is being collected on the numbers of clients based on Aboriginal origin.

There is absolutely no data being collected in the Aboriginal communities that would act as comprehensive long-term data pool for research or otherwise. Demographics of the homeless Aboriginal population are not being collected. Very little is known about the Aboriginal homeless. Nothing is being collected on the numbers of clients based on Aboriginal origin. This was discussed earlier as an important consideration as it would improve access to resources in cases where jurisdictional disputes occur over who will be responsible for caring (financially) over a particular Aboriginal Group.

### ***Employment***

The unemployment rate for Aboriginal Peoples is significantly higher than any other non-Aboriginal group in British Columbia. While there is a variety of employment, job readiness, and training programs it is not known how many Aboriginal Peoples are participating in these programs. Illiteracy is a problem that no one seems to be addressing. These are some programs that Aboriginal Service Providers want more of to assist homeless Aboriginal Peoples. However, employment programs are not the only programs which the service provider's desire. These should be ancillary to the continuum of housing and support and not the main focus. Many Aboriginal Peoples incomes are below the Low Income Cut-off and are at risk of homelessness. Efforts should be made to reduce barriers to employment for the homeless. Such programs could include grants for work clothes, boots, and other necessities to assist in finding employment.

Efforts should be made to reduce barriers to employment for the homeless.

### ***Outreach Services***

There are very few outreach services available for the homeless Aboriginal clients especially in rural areas. Current Aboriginal Service Providers do not necessarily provide direct service to the Aboriginal homeless. Many of the Aboriginal Service Providers use existing resources in very program specific ways, which means that clients will receive extremely limited support. An example used earlier was the limited support services for tenants in most urban native housing societies. These societies are restricted to provide limited services for existing tenants only. Families, individuals or others on wait-lists do not receive any support services. Budgets restrict the amount of support that can be granted to a particular client. Usually the Tenant Relations Officer is restricted to making referrals only. This frustrates clients who have limited resources to travel to other locations for assistance. Many clients do not get the help they need.

Many of the Aboriginal Service Providers use existing resources in very program specific ways, which means that clients will receive extremely limited support.

### ***Lack of Coordination***

The homeless services across all zones are not very well coordinated. It is unrealistic to expect Aboriginal Service Providers to be able to coordinate with out adequate resources for such coordination. There is no overall plan in each zone to coordinate services. As a result Aboriginal Peoples may not be aware of existing services. Continuity in programs offered to the Aboriginal community is very difficult because funding is usually only available for a short period of time.

It is unrealistic to expect Aboriginal Service Providers to be able to coordinate with out adequate resources for such coordination.

### ***Drop in Centres***

Drop-in centres play an effective role for those who are homeless or at risk of homelessness.

There literally are no twenty-four (24) hour drop-in centres operated by Aboriginal Peoples. Drop-in centres play an effective role for those who are homeless or at risk of homelessness. Although there are many friendship centres across the zones (providing great services) none are known to be open twenty-four (24) hours a day. Limited resources are key concerns in this regard. Twenty-four (24) hour drop-in centres provide warmth from the elements, coffee and light snacks. There are a variety of other services that many drop-in centres provide, such as: counselling, referrals, and public facilities.

### ***Health Services***

An appropriate response for at least one Aboriginal Service Provider has been the use of a mobile medical clinic that provides immediate assistance for those on the streets.

Health services are difficult to administer for the homeless for many reasons. Many homeless clients are transient. Thus medical professionals have a difficult time accessing records to provide adequate advice. As well, Aboriginal Peoples are reluctant to use medical clinics that are not Aboriginal. Better coordination of health care services for homeless Aboriginal Peoples is required in all Aboriginal communities. However, it is worth noting that there are very few Aboriginal clinics available to the Aboriginal communities throughout the zones. Clinics are important to homeless Aboriginal Peoples - so too are street nurses. An appropriate response for at least one (1) Aboriginal Service Provider has been the use of a mobile medical clinic that provides immediate assistance for those on the streets. Other highly populated zones may wish to consider the same. Access to dental care is also an important aspect for the well being of the homeless. More effort needs to be made to assist the homeless in this regard. No services currently exist among Aboriginal Service Providers to address this issue.

### ***Family Support***

Most Aboriginal Service Providers are currently working with maximum client loads.

Family problems are often the reason why people become homeless. Proper family supports should part of the continuum of housing and support services. However, most Aboriginal Service Providers are currently working with maximum client loads. Additional resources are needed to address family support services that are directed at the homeless otherwise Aboriginal Service Providers will lack the necessary capacity to assist the homeless.

**NOTE:** All Aboriginal Service Providers throughout the zones lack the financial capacity to assume responsibility over homeless Aboriginal Peoples. Aboriginal Services Providers are under contractual obligations, which generally prevent them from providing services beyond their particular client groups. In almost all cases, homeless Aboriginal Peoples fall through the cracks becoming yet another statistic among the marginalized peoples of Canada. Governments need to provide necessary resources for the Aboriginal communities to address their homeless problems.

Discussing allocation methods and the long-term strategy will be a helpful next step. In almost all cases, homeless Aboriginal Peoples fall through the cracks

## 5.0 Long Term Strategy / Allocation Method

In discussing the long-term strategy and allocation method there are several points to keep in mind. First, researchers confirm that Aboriginal homeless services must be culturally appropriate and controlled by Aboriginal Service Providers to be effective (Beavis). Second, Aboriginal homelessness and those at risk of homelessness are located not only in large urban centres, but also in rural and reserve communities. Third, any allocation method must be fairly distributed so that all Aboriginal communities have a right to access resources to address their homeless issues.

Notwithstanding these points local Aboriginal communities (in all zones) should be responsible for establishing their own community plans necessary to address their homelessness situation.

The long-term strategy should be a community-based approach consistent with the Supporting Communities Partnership Initiative (SCPI) – Urban Aboriginal Strategy, offered by the federal government through Human Resources Development Canada (HRDC). Otherwise funding made available through the federal government may not be provided. However, it is important to recognize that Aboriginal Peoples who are homeless or at risk of homelessness do not only exist within the communities that HRDC has prioritized.

The long-term strategy should incorporate the *five broad goals* of the SCPI found in the guidelines (Appendix F) and the nine basic elements of their *community plan*. However, because time is of the essence it is recommended that a technical team consisting of HRDC Consultants and Aboriginal Service Providers from several of the zones (or those representing several of the zones) establish a *community plan template* that can be utilized in each zone.

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The long-term strategy should be a community-based approach.

It is recommended that a technical team consisting of HRDC Consultants and Aboriginal Service Providers from several of the zones establish a *community plan template* that can be utilized in each zone



HRDC and Aboriginal technical representatives should hold workshops in zones to discuss the issue of sustainability.

Each *community plan* should focus on intervention and prevention rather than crisis management.

One *community entity* should be responsible (financially) for all resources in order to reduce administration costs.

Every effort should be made to enhance and protect existing services.

Resources from HRDC should ensure that no zone is left out. The identification of *Gaps* is included in this report for each region. Community meetings can be held in each zone to ratify, add, or delete any of the Gaps identified through this research. Priorities have already been established in this research but can be modified by each local zone as resources permit. However, serious consideration should be given to prioritizing Minimal Barrier Emergency Shelter with emphasis on cultural components for Aboriginal clients, transition beds, support services, mental health, addictions, research, data collection, outreach and support services, and drop-in centres.

HRDC and Aboriginal technical representatives should hold workshops in zones to discuss the issue of sustainability. Key government departments should be asked to attend to see if coordination of resources can be achieved to better enhance services as well as address the issue of sustainability. This is significant because HRDC may hold a particular view on what sustainability means in accordance with their guidelines. The balance of the nine elements of the SCPI terms and conditions can be developed with HRDC Consultants and Aboriginal Technical representatives. Community planning groups should be established immediately in each zone so that discussion and ratification of a *community plan* can be completed without delay. The joint technical team should also

(simultaneously) establish an *Expression of Interest* (in the larger zones) for immediate release in the Aboriginal community once the community plan has been accepted by HRDC. In smaller zones it may be possible for Aboriginal Service Providers to identify a particular projects that they wish to develop instead of using an *Expression of Interest*. This may be of particular importance in communities affected by cold weather months and where resources have to be delivered prior to the onset of cold weather.

Each *community plan* should focus on intervention and prevention rather than crisis management. Managing the crisis alone will not effectively respond to the issues of homelessness for Aboriginal Peoples. Moreover, the community plan should consider the long-range reduction of homelessness through increased self-sufficiency and independence of clients as well as cultural-based approaches as part of any intervention and prevention of Aboriginal homelessness. Target groups (clients) should also participate in the process.

Regarding the identification of a *community entity* that shall be responsible for the administration of resources, it may be prudent to have one *community entity* be responsible (financially) for all resources in order to reduce administration costs. The *community entity* would receive instructions from planning committees (or *community advisory boards*) in each zone on what projects should be funded.

The establishment of any community plan should take into consideration those existing Aboriginal Service Providers who currently provide homelessness services

Every effort should be made to enhance and protect existing services. The long-term strategy should have at its core further research and data collection in order to evaluate the needs of clients and assess the services being provided.

The long-term strategy should have at its core further research and data collection

## 5.1 Priorities

Aboriginal Peoples in local zones should prioritize homeless services based on those essential services and gaps noted herein. As well, local communities should consider the coordination of these services within the *continuum of housing and supports*. This is a community responsibility that only they can determine based on their own research and local needs or experiences.

Local communities should consider the coordination of these services within the *continuum of housing and supports*.