

Aboriginality, Homelessness, and Therapeutic Landscapes of Home: Mapping  
the Experiences of Aboriginal Housing First Participants in Winnipeg

By

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## **ABSTRACT**

Housing First is a psychiatric intervention model that addresses homelessness among people with mental illness. First adopted in New York City in the 1990s, the model has achieved the status of an international experiment. Most recently, the Mental Health Commission of Canada launched the At Home project as a pilot to test the effectiveness of 'Housing First' in five Canadian cities, including Winnipeg. The project was aimed at informing broader policy debates around homelessness, realizing its unique contextual dimensions in Canadian cities, including issues surrounding Aboriginality. Using the Winnipeg site as a case study, this thesis sought to examine the Aboriginal experience of the intervention. Data were collected through in-depth interviews with Aboriginal participants, key informants, and a focus group. After 2.5 years (average) stay in housing, interviewees reported a renewed sense of ontological security. However, the project's dependence on private rental housing limited its creation of Aboriginal-specific therapeutic settings.

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## **DEDICATION**

For Grandma and Grandpa whose thoughts and values have shaped my life

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# CHAPTER ONE

## INTRODUCTION

### 1.1 Context

Homelessness among Canada's urban Aboriginal population has persisted, despite decades of increasing awareness about this troubling trend. Statistics Canada's Aboriginal population profile of 2006 shows that Aboriginal people represent 97% of the homeless population in Thompson (Manitoba), 75% in Regina (Saskatchewan), and 62% in Winnipeg (Manitoba) (Belanger, Awosoga & Weasel Head, 2013). The rise in Aboriginal homelessness has coincided with a period of unprecedented urbanization of Aboriginal people, yet the structural forces driving this phenomenon have only marginally been acknowledged in policy discourses. Instead, stereotypical skid row characteristics such as social disaffiliation, insufficient job-related skills, drugs/alcohol addiction, and mental illness have been emphasized in explanations of Aboriginal homelessness (Kingfisher, 2007; Hopper, 1991). Discourses of individual pathologies have served to justify punitive responses to homelessness within a prevailing neoliberal order. Although not uniquely Aboriginal, earlier urban policy response to homelessness was revanchist by design, as 'white middle classes' sought vengefully to reclaim the city from those whose identities tainted its image (Smith, 1996). Michael Dear and Jennifer Wolch's highly influential work *Landscapes of Despair* clearly captured the spatial concentration of mentally disabled homeless people in marginal spaces of North American cities (Dear & Wolch, 1987). Other authors have bemoaned the outright ostracization of the urban poor through aggressive privatization, policing, and increased regulation of urban space (Mitchell, 1995, 1997). To this end, Mitchell (1997) accuses the neoliberal city of serving an entrepreneurial imperative of attracting capital investment, while seeking to clear people whose identities constitute a threat to the



advancement of this agenda. In Canada, a City of Edmonton proposed revitalization plan clearly illustrates a case of urban revanchism against Aboriginal people. In 2005, the Mayor of Edmonton subtly invited the 'creative class' (gentrifiers) to repossess the City's Boyle Street neighbourhood which was home to more than 2,000 poor Aboriginal people (Granzow & Dean, 2008). By this invitation, the creative class (consisting of business corporations, artists, and gays) was pitted against poor Aboriginal people who have traditionally occupied this neighbourhood.

Whilst a punitive framing dominated much of the earlier geographical works examining neoliberal responses to homelessness, some geographers have recently pointed to (ostensibly) more 'philanthropic' responses to the problem, often traced to a Christian ethos about caring for others. As early as the mid 19<sup>th</sup> century, Christian charity organizations were already active in providing for the needs of the urban poor (Cloke, Johnsen & May, 2005). The Canadian charter of the Salvation Army was established in 1882, and with an annual revenue of 35 million dollars, it now reaches out to some of Canada's poorest people, including the homeless, mainly through the provision of emergency shelters and addiction services (Haiven, 2000). Since the 1980s, a growing number of other faith-based charity organizations, has become involved in delivering emergency services such as soup runs, day centres, and shelter accommodation to homeless people. More recently, an ever-increasing number of secular humanistic responses from state and sympathetic business corporations has also been noted. In addition to state welfare, many business entities, under the ambits of corporate social responsibility, have allocated funds and material resources to support the provision of services to homeless people. Some authors have accordingly argued that rather than a systematic ploy to malign or punish homeless people,

the neoliberal city has become concomitantly compassionate and revanchist (DeVerteuil, May & von Mahs 2009). DeVerteuil and colleagues have therefore charged geographers to go beyond the punitive framing and examine how they can contribute meaningful insights towards the improvement of service delivery to homeless people in the emerging compassionate neoliberal paradigm.

Permanent supportive housing for homeless people with mental illness has emerged in recently years as a major compassionate response in a purportedly post-revanchist era (Willse, 2010; Murphy, 2009). In Canada, the federal government announced in February 2008 the allocation of \$110 million to the Mental Health Commission of Canada (MHCC) for the provision of housing and supports to homeless people with mental illness (MHCC, 2012), culminating in what had come to be known as the At Home/Chez Soi project. The aim of the At Home project was to use Housing First, as a model of service provision, to create stability and control in the lives of homeless people suffering from mental illness.

Although a high proportion of the At Home participants in Winnipeg was Aboriginal (Goering, Streiner, Adair et al., 2012), the housing approach adopted to address their homelessness was developed and tested in the United States and has now been packaged as a model with international applicability. Within this model, a prescribed quality and standard of housing is considered a sufficient setting to place mentally ill homeless people in a position towards self-recovery. Here, the tendency to uncritically present Housing First as a model that is universally capable of creating health-enhancing settings for all people, regardless of cultural and historical differences, is problematic. The need for caution in applying Housing First is reinforced by a paucity of literature systematically examining how

indigenous people experience changes associated with transitioning from homelessness to non-indigenous housing settings. DeVerteuil et al.'s (2009) call to geographers to examine how non-western people experience purportedly compassionate homeless services is therefore important in this regard.

The main goal of this thesis research was to explore Aboriginal people's perspectives on Housing First with a view to understand the extent to which the model has met their housing needs and preferences as well as the limitations thereof. The choice of an Aboriginal gaze for this exploration was informed by my observation that homelessness among indigenous peoples appears to be far more complex than a mere lack of physical dwelling or the inappropriateness of it. In particular, Housing First's conception of home/homelessness – derived from what is normatively seen as the “preferred” status of individuals in western society – can be at odds with non-western notions of home, as some people have already called the dominant normative labels of ‘home’ and ‘homelessness’ an inappropriate description of their personal worlds (Veness, 1992). Veness noted that “the meanings and experiences of home do not remain uniform across cultures, social classes, genders, ethnic groupings, age, etc” (p. 446). Thus, people with non-western backgrounds can have ‘personal worlds’ and subjective meanings of home that do not necessarily mesh with widely-held western normative definitions of home. Home, as place, can be a ‘relational construct’ that is ‘neither universal nor fixed’ (Conradson, 2005), but vary according to personality attributes, culture and scale.

Yet, private rental housing tends to normalize the home-making process, paying little or no attention to individual and cultural preferences regarding housing and notions of home.

With a decline in the social housing sector over the last two decades (Walks, 2006), the free market has assumed an increasing role over the supply of housing in Canadian cities. Over the period, the affordable rental housing stock has declined considerably amidst increasing gentrification and other processes of urban renewal (Meligrana & Skaburskis, 2005; Moore & Skaburskis, 2004). While this remains the true state of the Canadian housing sector, Housing First appears unconcerned about expanding affordable public sector housing, instead choosing to rely on the private rental market with all of its imperfections, including exorbitant rents and Eurocentric notions of housing and home. This appears to be a classical case of trying to resolve a problem with the same ideology (neoliberalism) that created it. This overwhelming faith in the free market contrasts sharply with Canadian housing policies of the early 1970s, when the Canadian federal government, through the Canadian Mortgage and Housing Corporation (CMHC), created the Urban Native Housing Program (UNHP) to support the provision of culturally appropriate housing for Aboriginal urbanites (Walker, 2008). This laudable initiative was abandoned in the 1990s following the withdrawal of the federal government from social housing programs. Coming nearly two decades after this event, the At Home project had to rely on the private rental market to secure housing for its participants, which unsurprisingly was fraught with challenges such as low vacancy rates and exorbitant rents. Despite all the challenges and complexities, the At Home project strove to provide culturally appropriate services to the participants, although such an improvisation was not necessarily harmonious with Housing First principles. With an Aboriginal cultural focus, this research sought to use narratives from Winnipeg's Aboriginal At Home participants and their case managers to:

- Identify and examine the sociohistorical factors that underlie Aboriginal homelessness and how these relate to indigenous experience of purportedly compassionate interventions such as Housing First;
- Provide a qualitative account of how homeless Aboriginal people with mental illness experience compassionate interventions, including Housing First (At Home/Chez Soi), in relation to their notions of home and wellbeing.

To start with, it was not the goal of this research to make authoritative claims about the effectiveness of the Housing First model or the At Home project in general. Rather, the purpose was to explore, from a geographically informed perspective of “place” and “culture”, how homeless Aboriginal people experience and interpret western housing settings vis-a-vis their own notions of home.

## **1.2 The Housing First model**

Chronic homelessness was initially diagnosed largely as a mental health problem, and the US Department of Housing and Urban Development (HUD) responded accordingly by developing a ‘treatment first’ model which seeks to use sobriety principles to make mentally ill homeless individuals ‘housing ready’. However, a significantly high number of homeless people who enrolled in treatment first programs returned to the streets before they were ready for housing, citing onerous process of waiting (for housing) and random testing for drugs/alcohol as major insurmountable hurdles. In recognition of the importance of “settings” as a determinant of health, the Housing First approach downplays the logic of housing readiness, and offers immediate access to independent permanent housing along with optional support services without requiring treatment compliance or sobriety (Falvo,

2008; Stefancic & Tsemberis, 2007). Thus, the Housing First approach separates housing from treatment supports, and access to any of these service streams is not contingent upon the other. Proponents of the Housing First model believe that once permanent housing is unconditionally provided, homeless individuals are better able to overcome personal challenges (including drugs and alcohol addictions) that underlie their homelessness.

A key element of the Housing First approach is its avowed commitment to consumer choice in the selection of (almost invariably private market) housing. To achieve reintegration of mentally ill homeless people, as opposed to their spatial concentration, Housing First consumers are placed in scattered sites apartments (Atherton & Nicholls, 2008). In the United States where Housing First was first piloted, remarkable improvement in housing retention rates and health outcomes of consumers has been recorded (Tsemberis & Eisenberg, 2000; Tsemberis, Gulcur & Nakae, 2004). In the last decade, Housing First has grown increasingly popular and it is fast assuming the status of an international experiment, as many cities outside of the United States are beginning to adopt Housing First policies.

### **1.3 The At Home/Chez Soi Project**

Although people with mental illness form an estimated 12.7% of the homeless population in Canada (Goering et al. 2011), they are the most disadvantaged in terms of access to health and other social services. In recognizing this problem, the Canadian federal government announced in February 2008 the allocation of \$110 million to the MHCC to undertake a demonstration project towards a better understanding of how to end homelessness among people with mental illness. In 2009, the MHCC established the At Home/Chez Soi project with five (5) demonstration sites in Moncton, Toronto, Vancouver, Montreal, and Winnipeg.

The At Home project was implemented over a 4-year period, from April 2009 to March 2013 and its target group was the 'hard to house', defined as chronically homeless persons with mental illness whose consumption of emergency healthcare services was considered disproportionately high (MHCC, 2012). The At Home project was not a fully fledged housing intervention but a randomized control trial (Goering et al., 2011), designed to demonstrate the effectiveness and potential shortcomings of the Housing First model (Hwang, Stergiopoulos, O'Campo, Gozdzik, 2012). As such, participants of the project were randomly assigned to either a 'Housing First' or 'Treatment as Usual' (TAU) experimental group. Participants of the Housing First group received subsidized rental apartments of their choice (although constrained in many circumstances) along with access to support services such as medical/psychiatric treatment, counseling, and skills training. Those assigned to the TAU group accessed existing services and were monitored by At Home researchers over the implementation period of the project. As of December 2011, a total of 2,234 participants had been recruited into the At Home project across the five demonstration sites, 1,254 of whom were in the Housing First intervention group (MHCC, 2012). About 80% of the participants were middle-aged, with an average age of 41 years. About 82% of them were absolutely homeless at the time of their recruitment, living either in shelters or on the streets (Goering, Veldhuizen, Watson et al., 2012). In all, about 300 participants received permanent housing in Winnipeg, along with supports (Distasio & Hatch, 2013). Of these 300 participants, approximately 250 were housed in private rental housing and the rest went into public housing at Manitoba Housing (personal communication with Jino Distasio, Principal Investigator at the At Home project). The expectation of the At Home project was to see participants placed in permanent housing stabilized, rehabilitated, and reintegrated in mainstream society (Goering et al. 2011).

The Winnipeg site was demographically unique in terms of its ethno-racial composition of participants. About 70% of Winnipeg's participants were Aboriginal (Distasio & Hatch, 2013), compared to 15.5% in Vancouver (Zabkiewicz, Patterson, Frankish & Somers, 2012) and 4.9% in Toronto (Hwang et al., 2012). Aboriginal homelessness in Winnipeg is connected with the rapid movement of Aboriginal people to the city from northern rural reserves. Aboriginal migration into Winnipeg began intensely in the 1960s, and it coincided with the 'hollowing out' of Winnipeg's core areas in an era of profligate suburbanization. Displacement from ancestral territories, disruption of traditional economies, abrogation of treaty obligations, and structural unemployment are a few of the many factors that have dislodged Aboriginal people from their homelands across Canada (Walker, 2008). In just four decades, Winnipeg's Aboriginal population has increased astronomically from 1,082 in 1961 to 68,385 in 2006 (Silver & Toews, 2009). Despite these convincing realities of Aboriginal urbanization, there has been a systemic failure in Canada and Winnipeg, in particular, to address the housing needs of Aboriginal people. Compared to the city's non-indigenous population, Aboriginal people face the brunt of housing shortages in Winnipeg (Walker, 2006a). As a result of racism in the rental housing market, high rates of unemployment among Aboriginal people, and restructuring of state welfare, including social housing, a sizeable proportion of Winnipeg's Aboriginal population has turned to the streets or congregated in inner city locations that have grown increasingly derelict due to governmental disinvestment and exploitive tenancy arrangements. Indeed, the growth in Winnipeg's Aboriginal population corresponds with a rise in the proportion of low-income households in Winnipeg's inner city which increased from 32.6% in 1971 to 50.8% in 1996 (Silver & Toews, 2009). Today, Winnipeg has the largest urban Aboriginal population in Canada who, unfortunately but not surprisingly given the above circumstances, are



overrepresented in the city's homeless population (Walker, 2005). As of 2007, there were a reported 350 Winnipeggers living on the streets (Distasio, 2011), with about 70% being Aboriginal (Kirby, 2008). Therefore, the choice of Winnipeg as one of the five experimental sites of the At Home project was clearly strategic, as the rate of homelessness in the city was disproportionately high relative to its population.

At the Winnipeg site, Aboriginal service agencies came forward to be part of the planning and implementation of the project. Service provision to participants was led by three Aboriginal agencies: Ni Apin, Wi Che Win, and Wiisocotatiwin Assertive Community Treatment (ACT). The Aboriginal service agencies were entrusted with the responsibility of providing services that respected participants' Aboriginal culture and identity. It was believed that the Aboriginal agencies had better familiarity with the Aboriginal homeless community and were better positioned to deliver the right kind of services. Ni Apin (Cree word, translated 'I am sitting at home') used teachings based on the medicine wheel to support 79 constituents (project participants) to self-discover their health problems and to undertake steps towards recovery. The Wiisocotatiwin (Cree word, translated 'assist in finding hidden gifts') ACT team used traditional ceremonies, cultural teachings, and sharing circles along with a harm reduction philosophy to assist 97 participants regain mental and housing stability. Through an intensive case management approach, Wi Che Win (a Cree word, translated 'come walk with me') helped 99 participants to reflect and deal with past traumas as they embarked on a journey towards sound health. All the service agencies also had doctors, psychiatric nurses, psychologists, and other professionals who provided various services to the participants based on their individual needs. The service agencies therefore sought complementarity between traditional and contemporary methods of healing,

combining western medicine with Aboriginal teachings and health related activities such as smudging and use of sweat lodges. Each service agency had a drop-in centre which provided opportunities for participants to gather and interact on weekly basis, including playing fun games like arts and decorations.

#### **1.4 Theoretical framework: Aboriginal Therapeutic Landscapes**

This research found theoretical grounding in 'therapeutic landscapes' theory, developed by geographer Wilbert Gesler in the early 1990s to encourage a post-medical geographical practice that looks beyond positivist notions of health. Rooted in health geography and cultural geography, therapeutic landscapes have been described as places with "an enduring reputation for achieving physical, mental and spiritual healing" (Gesler, 1991: p. 84). By fusing concepts of the two sub-disciplines of cultural geography and health geography, Gesler thought of the new theory of therapeutic landscapes as giving health geography a more useful role beyond "locational analyses of health" that predominated geographical practice throughout the 1970s and 1980s (Wilson, 2003: p. 84). The central theme in therapeutic landscapes theory is its emphasis on place as an important site for healing and maintenance of health (Williams, 1998; Gesler, 1992). Williams (ibid) demonstrates that therapeutic landscapes represent something far greater than the physicality of places or their intrinsic value, and for some people, subjective meanings of place and their relationship with health and wellbeing are culturally defined. For Aboriginal people, the connection between health and place is experienced in everyday geographies of living and engaging with the land, known also as Mother Earth (Wilson, 2003). In Aboriginal mythology, the land, as place, has material (physical), spiritual, and social significance. Materially, the land is the provider of food, medicines, and shelter. The resources offered by

the land signify a spiritual relationship between humans and the Creator. By harvesting and using sacred medicines (cedar, sage, sweet grass, tobacco, etc) and other resources offered by the land, the spiritual relationship between humans and the Creator is acknowledged and nurtured. Sweat lodges on the land are cultural symbols that carry spiritual meanings. According to Wilson, the land is therefore a living container of spirits that are encountered in everyday interactions with it. Socially, the land manifests itself in a harmonious existence between people and their communities. According to this worldview, the intermesh of the material, spiritual and social cultures of the land produces what is known as 'Aboriginal therapeutic landscapes', which differ in meaning from other therapeutic landscapes described elsewhere in the geographical literature. Aboriginal therapeutic landscapes therefore present places (land) as complex systems of meaning that embody not only physical milieus, but also spiritual, social, and emotional settings that influence Aboriginal identity and holistic health. Following Wilson, holistic health is defined as a harmonious balance between the physical, emotional, spiritual, and mental elements of life, as shown in the four directions of the medicine wheel. In other words, for Aboriginal people, the land is home.

In this thesis research, the concept of *Aboriginal Therapeutic Landscapes* and its role in holistic health was employed as a theoretical framework to examine the experience of Aboriginal At Home Housing First participants as they transitioned from homelessness to permanent housing. In choosing this framework, I take the position that in the same way the concept of land has been presented, home is a place imbued with multiple meanings that transcend its physical or material significance to include social and spiritual realms of life. Unlike the psychiatrically based models of 'Treatment First' and 'Housing First' (described in

section 1.2) which treat housing and supports as two separate streams of intervention, the four elements of land, community, home, and health are intermeshed in complex ways and are indistinguishable from each other in Aboriginal thinking about therapeutic landscapes. It is therefore inaccurate to speak separately of land, community, home, and health in conceptualizing Aboriginal therapeutic homes. The Aboriginal worldview of life is that everything, including nature and humans, is connected as one (Castleden, Garvin & Huu-Ay-Aht First Nation, 2009). Fig. 1, 2, and 3 provide a contrasting view of the psychiatrically-based models and the Aboriginal notion of therapeutic settings and holistic health, emphasizing the interconnectedness of land, community, home, and health.

Fig. 1.1: Treatment First model

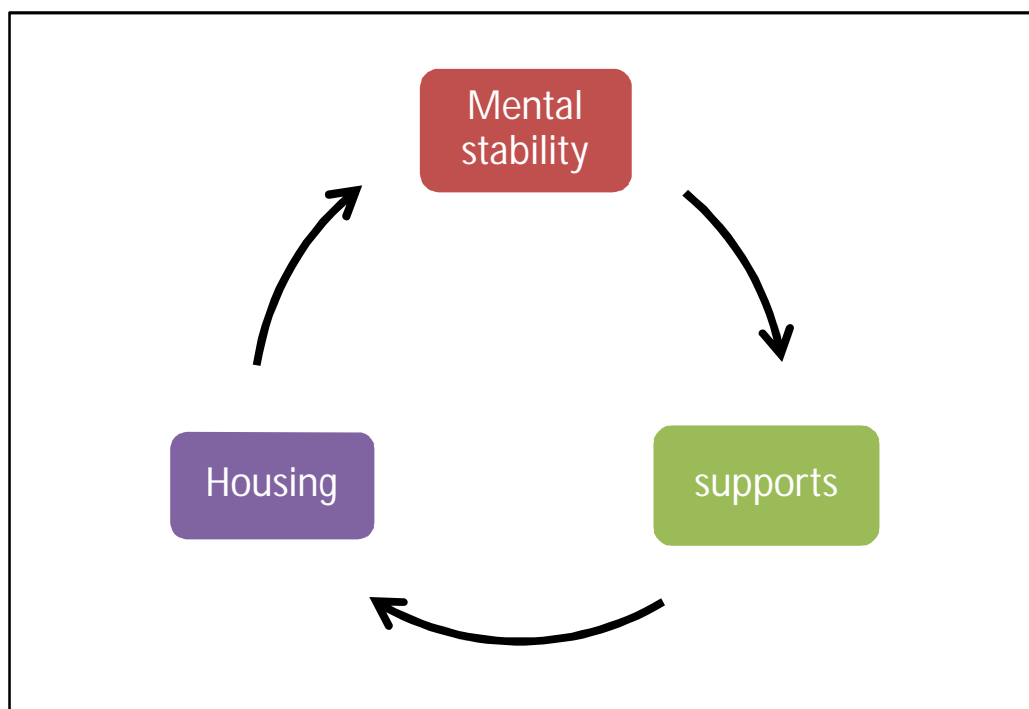


Fig. 1.2: Housing First model

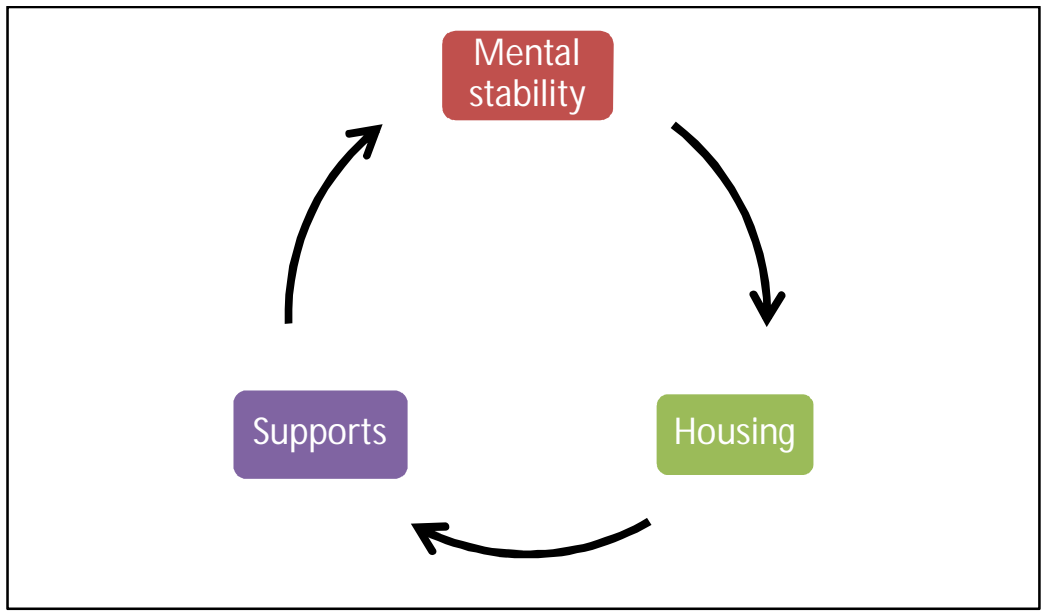
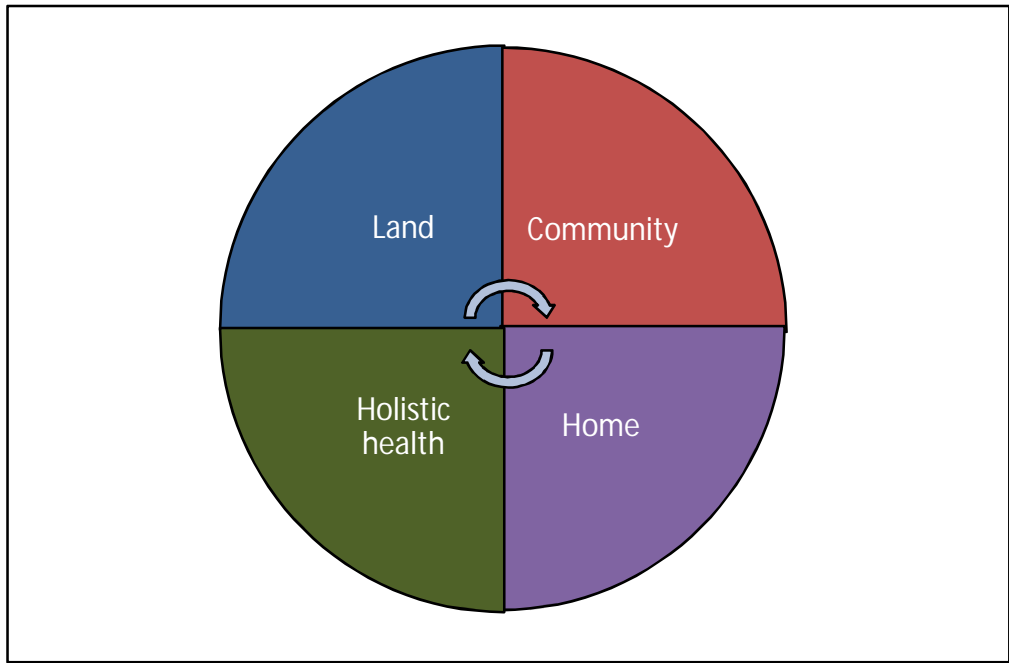


Fig. 1.3: Aboriginal therapeutic settings and holistic health



### 1.5 The research conceptualization process

The work culminating in this research began with a systematic review conducted in the Fall of 2011 on the relationship between Housing First interventions and health. Unsurprisingly,

almost all the published journal articles that satisfied the inclusion criteria and were subsequently reviewed came from the disciplines of epidemiology, psychiatry, and psychology. Among others, the systematic review revealed a lack of attention to culture and place-based dynamics as important determinants of health. It was also noted that much of the empirical research that formed the basis for these articles was undertaken within a US context with a positivist view of health as the absence of disease symptoms. Following this, I became interested in further exploring experiences of Housing First interventions outside a US context, seeking to do that within the lens of a humanistic geographical epistemology. My supervisor helped to put me in touch with the Principal Investigator of the Winnipeg site of the At Home/Chez Soi project, which was in the process of rehousing homeless Aboriginal people using the Housing First model. With the Principal Investigator, I discussed the possibility of exploring the lived experience of the project's Aboriginal participants and his response was overwhelmingly positive. The detailed processes leading up to the conduct of this research are summarized as follows:

- (i) **Phase I:** A systematic review conducted in the Fall of 2011 on the relationship between Housing First and health defined the scope of this research. The interest in conducting this research was bolstered by an extensive review of the literature on homelessness which revealed a lack of attention to the home environment as a setting that influences health outcomes.
- (ii) **Phase II:** The scope of the research was further refined through consultations with my supervisor and later with the Principal Investigator and other staff of the At Home project. The discussions with the project staff helped in clarifying the scope and objectives of the research. Through this consultative process, relationships

with At Home staff were built which became useful in the recruitment of interviewees.

- (iii) **Phase III:** Permanently housed At Home participants who self-identified as Aboriginal people at the project inception were identified, recruited, and interviewed.
- (iv) **Phase IV:** Key staff/partners of the At Home project were identified and interviewed as key informants for their perspectives on the At Home project and how its implementation has shaped the experiences of the Aboriginal participants in relation to their housing and socio-cultural notions of home.
- (v) **Phase V:** All recorded interviews (conducted in Phases III and IV) were transcribed verbatim. The interview transcripts were then organized and analyzed using Nvivo 9.0 qualitative data management software.

My introduction to the project staff by the site's Principal Investigator gave me an 'insider' status within the project (see Dyck, 1993). As an insider, I became familiar with the nuances of the project operations, including the broader policy context within which it operated. By immersing myself in key activities of the project, including attending meetings of the Lived Experience Committee as an observer, I gained a great deal of insights that have influenced the analysis and interpretation of the data.

## 1.6 The organization of this thesis

This thesis is organized into five (5) main chapters. This chapter has presented the context of the research and the theoretical framework that inspired its implementation. It introduces the research context (At Home/Chez Soi), purpose of the research, research

process, and key theoretical concepts related to Housing First and Aboriginal therapeutic landscapes. Chapter one thus establishes the foundation upon which the rest of the thesis stands.

Chapter two elaborates on some of the key concepts introduced in chapter one. It presents key concepts and debates in eight (8) main sections: homelessness in North America, revanchist and compassionate responses to homelessness, making home on the streets, health effects of poor housing and homelessness, meanings of home, aboriginality in the urban context, sobriety and healing, and intersection of culture, place and health.

Chapter three presents the methodological approach used in conducting this research. It explains the choice of qualitative methodology and the procedures of data collection, analysis, and interpretation. In addition, the chapter highlights issues of reflexivity and positionality and how they impacted the research process, as well as the limitations of the research.

Chapter four reports the results of the study. It presents the accounts of the interviewees as they reflected on the sociohistorical factors influencing their homelessness and how these came to structure their experience of purportedly compassionate interventions, particularly emergency services and the At Home project. The chapter shows that the Housing First intervention was demonstrably positive in conferring a sense of ontological security, but fell short in its creation of Aboriginal-specific therapeutic settings by the broader geopolitics of Canadian social housing.



The last chapter presents discussions and conclusions based on the narratives of the interviewees. In this chapter, the narratives of the interviewees have been given deeper interpretation as the Housing First model is scrutinized in the light of Aboriginal therapeutic landscapes. In respect of aboriginality, the chapter identifies some limitations of the Housing First approach and suggests state intervention in investing resources for the purpose of creating more therapeutic settings for people marginalized by the private rental market.

## CHAPTER TWO

### CONCEPTUALIZING ABORIGINAL HOME AND HOMELESSNESS

The aim of this chapter is to explore and elaborate on key theoretical and conceptual topics that provide justification for this research. It explores the broader literature on the phenomenon of homelessness in its neoliberal context, housing, health, and concepts related to home and aboriginality. The chapter is divided into eight main sections. These include a discussion of the genesis of homelessness in North America and Canada, in particular (section 2.1), revanchist and compassionate responses to homelessness (section 2.2), making home on the streets (section 2.3), health effects of poor housing and homelessness (section 2.4), subjective meanings of home (section 2.5), aboriginality in the urban context (section 2.6), indigenous sobriety and healing (2.7) and lastly, the intersection of culture, place, and health (section 2.8). These sections together provide a comprehensive framework for understanding the experiences of the interviewees, as they negotiated therapeutic settings within the Housing First intervention.

#### 2.1 Homelessness in North America

For a very long time, individualistic explanations took precedence over structural explanations in discourses of homelessness. Until the 1970s, only a relatively small number of homeless people occupied American skid row. The typical skid row resident was characterized as a nomadic-like person (known derogatorily as tramp, bum, vagrant, and hobo) who was disaffiliated from work, family, and community life (Hopper, 1991). Individuals with such identities were widely perceived as victims of their own circumstances, as their condition came to be associated with insufficient job-related skills, substance addictions, and mental illness. Post-World II economic prosperity which reinvigorated the

American dream of middle-class status was instrumental in further diverting public attention away from structural explanations of homelessness, with many perceiving homeless people as the 'undeserving poor' (Mitchell, 2011) whose call for public sympathy was unjustifiable.

Explanations of individual pathologies and 'blame-the-victim' attitudes dominated public discourses on homelessness until the 1970s when structural factors found a place in public deliberations about urban poverty. Some authors insist that the root causes of homelessness, particularly in the North American context, cannot be explained without reference to the onset and diffusion of neoliberalism over the past four decades. An important development around this era was a surge in market-led urbanism, in particular the spread of activities related to gentrification and other processes of urban renewal. Inspired by the prospects of capital accumulation, gentrification led to drastic disappearance of low-income rental housing, culminating in a housing affordability crisis. The disappearance of low-cost rental units meant that the remaining units became increasingly unaffordable to low-income earners. Consequently, the number of Canadian households spending over half their total income on housing has increased dramatically over the last two decades (Moore & Skaburskis, 2004). For example, in Canada, a total of 310,000 low-cost rental units were lost to conversion between 1991 and 1996 alone (Pomeroy, 2004: cited in Walks, 2006). By erasing those stigmatized spaces from the urban landscape, gentrification has aided the rebranding of the 'entrepreneurial city' as a "safe zone for commerce, entertainment, and culture" (Crump, 2002: p. 582).

These changes coincided with a time of significant roll-back and reorganization of the welfare state. The spectre of austerity provided governments with the timely opportunity to discontinue commitments to welfare programs. For example, there were significant cutbacks in public spending on welfare services related to mental health and affordable housing (Walks, 2006). With a weakened safety net, many poor people who could not afford housing in the private rental markets turned to the streets and emergency night shelters. The withdrawal of the Canadian federal government from social housing programs in 1993 is well documented as one of the major structural changes that heightened homelessness in Canadian cities (ibid). The roll-back of the welfare state also coincided with a period of rapid urbanization of Canadian's Aboriginal population. With reduced government spending on social programs, Aboriginal migrants coming to urban centres were met with the austerity of the neoliberal city. For example, in 1996, the Manitoba provincial government announced that its Employment and Income Assistance Program was a "program of last resort" and that its overarching aim was to put people back to work, thus marking a regime of workfare rather than welfare (Mackinnon, 2000: p. 56). Eligibility for support under Manitoba's new welfare policy was dependent on demonstrating a commitment to return to work by participating in mandatory job training/search. However, many of the job placements recorded under this system of welfare turned out to be temporary low-paying unskilled jobs that made poverty among their beneficiaries an inescapable reality. With growing emphasis on economic productivity and retrenchment of welfare, material inequalities and social exclusion, including homelessness, have emerged as the social costs of neoliberalism. In Canada, much of the brunt of these structural changes has been borne by Aboriginal migrants whose participation in labour force activities is comparatively low (Loxley, 2000).

Delivery of mental health services to the poor also suffered from the austerity measures of neoliberalism. In particular, deinstitutionalization of mentally disabled persons from institutions of care (e.g. mental hospitals) into urban communities gained a lot of notoriety in the 1970s and 1980s for its role in exacerbating homelessness in North American cities. Beginning from the 1960s, there were already arguments against the paternalism of institutional care, with deinstitutionalization seen in public discourses as a way of promoting reintegration and accelerated recovery of people with mental illnesses (DeVerteuil & Evans, 2010). Goffman (1961), for example, described asylums as 'total institutions' that disconnected inmates from the rest of society. Goffman's work was very influential in the expansion of deinstitutionalization policies in Canada and the United States. Throughout the 1980s and 1990s, deinstitutionalization still formed a significant part of Canadian health policy. The average length of stay in psychiatric hospitals per 1000 population in Canada reduced from 280 days in 1985/6 to 163.5 days in 1998/9 (Sealy & Whitehead, 2004: p. 251). But as it turned out, rather than paternalistic reasons, the logic of large scale deinstitutionalization witnessed in the 1970s and 1980s fit well with austerity measures adopted under neoliberalism and welfare retrenchment (Hopper, 1991).

In an era of limited institutional funding, deinstitutionalized persons were abandoned and left to their own fate in urban communities (Kearns & Smith, 1994). Michael Dear and Jennifer Wolch's (1987) book *Landscapes of Despair* captured public imagination about the ruthlessness of neoliberalism and the plight of deinstitutionalized persons in Canada and the United States. Among others, the book drew public attention to aggravated poverty, segregation, and homelessness among deinstitutionalized individuals. Between 1993 and 1994, Winnipeg undertook a major mental health reform that led to a closure of 25% of

psychiatric beds with the expectation to expand community-based rehabilitation facilities (Tataryn, Mustard & Derksen, 1994). A longitudinal study in the years following this policy reform showed that people with severe mental illness were not only hyper-mobile, but they also lacked the stability needed to access community mental health facilities (Lix, Hinds, DeVerteuil et al., 2006).

## **2.2 Revanchist and compassionate responses to homelessness**

Discursively constructed as a problem exclusive to deviants, early institutional responses to homelessness reportedly lacked any 'therapeutic premise'. Pre-1970s workhouses - the progenitors of today's night shelters - for homeless people were considered stigmatizing spaces of containment and concealment and, as such, were designed to offer their users the least of comfort. Such an institutional response was rooted in the assumption that homeless people would go to work, if social assistance was designed as punitively as possible (Veness, 1992).

In the contemporary neoliberal city, several strategies have been adopted to clear spectacles of poverty and social injustice out of public view. Neil Smith's (1996) 'revanchist city' describes the vengeance with which New York's upper class sought to banish and reclaim the city from the urban poor. Such reclamation tactics have included forced clearance of homeless people and their encampments by police (Mitchell, 1995), refusal of city authorities to provide places of public convenience (Kawash, 1998), and promulgation of anti-homeless bylaws criminalizing homeless subsistence activities such as begging and panhandling in public spaces (Laurenson & Collins, 2007). Through the installation of CCTV surveillance cameras and unwarranted policing, public spaces are being purified for use by a

more affluent consumer class. Amidst persistent persecution of homeless people and violation of their 'right to the city', Mitchell and Heynen (2009) have bemoaned the annihilation and demise of public space. For Mitchell and Heynen (ibid), public space has been commodified, privatized, and appropriated by a privileged class. In Winnipeg, Aboriginal youth have been vocal in describing how surveillance by police, neighbourhood vigilantes and other regulators of urban space has constrained their spatial mobility, sense of place, and health (Skinner & Masuda, 2013). Bookman and Woolford (2013) have also demonstrated how urban branding and place-making practices in Winnipeg's Exchange District have invoked public disquiet over behaviours considered unruly and out of place.

Other tactics have included the legitimization of street clearance through aggressive campaigns by city authorities against the expression of sympathy and kindness to homeless people, drawing public attention to a purported range of services available to the poor (DeVerteuil et al., 2009). Meanwhile the new poverty management regime that began in the United States in the 1980s and spread swiftly to other western countries, including Canada, places emphasis on privatization of welfare services and reduction of caseloads. From his work with homeless women at Palms Mission Shelter in Central Los Angeles, DeVerteuil (2003) asserts that the relentless pressure on welfare institutions by governments to cut caseloads and reduce cost under the new poverty management regime has produced institutional cyclers who continue to rely heavily on welfare by moving from one institutional setting to another. Rather than providing the settings needed for recovery and return to normal housing, institutions of care (e.g. shelters) have become perpetually involved in perpetuating homelessness by evicting their clients and setting time limits. Taking together, these accounts show the extent to which neoliberal urbanism has come to

serve an entrepreneurial imperative, centered on reducing public spending on welfare while containing the urban poor in diminishing marginal spaces as part of a range of strategies aimed at bolstering the image of the city (May, Cloke & Johnsen, 2005; Laurenson & Collins, 2007). Michael Dear and Jennifer Wolch's 'service dependent ghetto' provides one of the clearest descriptions of the malign neglect of homeless people in North American cities (Wolch & Philo, 2000).

Beyond the punitive framings that dominated much of the earlier geographical work on homelessness, compassionate institutional responses to the problem have also been examined in recent times. Such compassionate responses have traditionally involved the expansion of homeless shelters and emergency services. In Britain, the implementation of the Rough Sleepers Initiative and the Homeless Action Program greatly increased the outreach of shelters and emergency services in British cities (May et al., 2005). There is been similar ethos in the Canadian context. In 1999, the Supporting Communities Partnership Initiative (SCPI) was developed and funded by the federal government to aid community planning towards alleviating homelessness in Canadian cities, although much of this support came in the form of shelter provision (Leo & August, 2006). In recent years, the provision of permanent supportive housing has gained acceptance as a strategy for addressing chronic homelessness among the mentally ill (Culhane & Metraux, 2008). In cities where housing affordability is an issue, affordable housing units are being provided to ensure that persons at imminent risk of absolute homelessness remain stably housed (Laurenson & Collins, 2007).



The emergence of these seemingly compassionate responses does not, however, signify an end to punitive policies. Rather, contemporary urban policies on homelessness are characterized by both compassionate and punitive responses. Geoffrey DeVerteuil (2006) suggested the term “post-revanchism” to refer to the complexity of responses that now characterize the contemporary urban agenda on homelessness. In other words, neoliberal urban policies on homelessness are simultaneously supportive and punitive.

### 2.3 Making home on the streets

Most people, regardless of social status, need a home to feel safe and to belong. Even in places fraught with danger such as the streets, people still try to enact home-based activities, particularly those relevant to their survival. Although homeless people face a lot of difficulties in accessing prime public spaces, material resources, and health facilities, they have devised creative ways of overcoming the structural challenges they face as disenfranchised citizens. As the British sociologist Anthony Giddens (1984) argues in his *structuration theory*, human agency is not subservient to social structure. Rather, the two are always engaged in a continuous process of negotiation. Cloke, May and Johnsen (2008: p. 244) have further emphasized that “homeless people cannot be regarded as cultural or political dupes, seeking only to survive within the prevailing sociospatial order”. In challenging accounts of NIMBYism (not in my backyard) and ‘service dependent ghettos’, Cloke et al. (2008) drew upon narratives from homeless people in Bristol to argue that the cartographies of homeless spaces are far more complex than simple spatial models such as those of Dear and Wolch. From their study, Cloke and colleagues reported that homeless people were seen engaging in various forms of performativity of impression management (e.g. observation of spatial organizational etiquettes) as they sought to traverse

unsuspiciously between marginal and prime spaces in their search for places to sleep, eat, earn, and hang-out.

Drawing upon participant observations, key informant interviews, and photographic documentation, Rowe and Wolch (1990) have also refuted the long-standing notion of homeless people as socially disaffiliated individuals. From their work on homeless women's social networks in Los Angeles' skid row, Rowe and Wolch suggest that, as part of their coping strategies, homeless women have always developed and maintained social networks with other people, both homeless and housed. From such social networks, homeless women obtain the material resources, security, and emotional and logistical support needed for their survival. Rowe and Wolch identified two forms of social networks of homeless women: peer networks and domiciled networks. Peer networks are those developed with fellow homeless persons, including friends and lovers/spouses, while domiciled networks are those developed with members of the housed public. In a similar study in London involving three homeless women, Radley, Hodgetts and Cullen (2006) also observed that social relationships are crucial for maintaining homeless women's emotional wellbeing and security.

Homeless indigenous people have always existed as organized groups that provide 'reciprocal caring' to their members (Groot, Hodgetts, Nikora & Leggat-Cook, 2011). They exist as family, friends or people from the same tribal land and the forces binding them together are very powerful. They leave and return to the streets together. Therefore, external assistance is deemed useful only when it targets entire groups rather than their individual members. At the moment, very little is known about how these dynamics affect

the housing experiences of homeless people who take part in such social networks. In many ways, the plethora of survival strategies used by indigenous street dwellers for circumventing the homeless city provide scope to re-examine classical theories and perceptions about homelessness and to remap its increasingly complex geographies and question underlying logic of housing approaches.

#### **2.4 Health effects of poor housing and homelessness**

Since the publication in 1890 of Jacob Riis's photographic report on New York's tenements, there has been a proliferation of studies examining the relationship between housing quality and public health in urban settings. At the time of Riis's report, the residents of New York's tenements were ravished by diseases such as cholera, tuberculosis, and diarrhea (Shaw, 2004). Subsequent research affirming Riis's work has concluded that deleterious housing conditions such as poor ventilation, cold, and dampness are linked to respiratory diseases, fevers, and the growth of allergens and disease vectors, including termites, mice, cockroaches, and bugs (ibid). Lead-based installations in old housing stock are toxic and commonly associated with neurological impairment in children. Poor housing conditions are also associated with distress, anxiety, and depression, leading to mental health problems (Krieger & Higgins, 2002).

The neighbourhood setting, where housing is located, is also a significant factor in the health of residents. Neighbourhoods with poor air quality, overcrowded conditions, filth, and high crime rates are known to be inimical to the health of their residents. Dunn (2000) argues that a house, together with the neighbourhood in which it is located, constitutes a site of social support as exemplified by the invitation of guests. Dunn further argues that

marginal housing precludes such invitations and their associated health benefits. Dunn's point is best illustrated by Argentina's impoverished Villa Paraiso neighbourhood, located in the Argentine city of Cospito with a population of about 15,000 inhabitants (Auyero, 2000). The neighbourhood of Villa Paraiso is ravaged by poverty and survival crimes such as prostitution, robbery, and drug peddling. Seen as a stigmatized and shameful neighbourhood, its residents would often tell their work colleagues that they lived elsewhere. Dunn describes as 'prisoners of space' those (impoverished) persons who, for reasons of their poor housing, are unconnected with other people and opportunities outside of their immediate environment. Good housing on the other hand has been reported to have therapeutic effects. For example, Larimer, Malone, Garner et al. (2009) have reported significant reductions in alcohol use by mentally ill homeless persons who have been placed in good permanent housing.

Although much of the western world has recorded significant progress in social development since Riis's time, some of the conditions he described are unfortunately still prevalent in the 21<sup>st</sup> century industrialized city. Canada remains one of the most envied in terms of its socio-economic development, but a recent United Nations' report rebuked the North American country for the housing conditions under which some of its citizens live (Raphael, Curry-Stevens & Bryant, 2008). The onset of neoliberalism which eroded the welfare state and the subsequent commodification of housing have been cited as culprits in the Canadian context. The withdrawal in 1993 of the Canadian Federal government from the provision of social housing has immensely increased housing vulnerabilities in Canadian cities, especially among urban Aboriginal people who have traditionally suffered social exclusion and inequalities. Whereas the number of people in need of subsidized public

sector housing has increased tremendously since 1993, public housing financing has stagnated. For example, the number of housing units owned and managed by Manitoba Housing decreased from 13,123 units in 1999 to 13,023 in 2009 (Finlayson, Smith, Burchill et al., 2013).

Like poor housing, absolute homelessness has been constructed as a health risk with psychosocial and physical dimensions. Over a decade and half ago, Lois Takahashi pointed to the discursive practices that condemn homeless bodies to spaces of stigma and called upon geographers to investigate the “sites of representation that influence perceptions of homelessness and of homeless people” (cited in DeVerteuil et al., 2009: p. 647). Takahashi’s work mirrors concerns about acts of representation that tend to exclude homeless people from participating in public space. Kawash (1998), for example, asserts that the concept of ‘public’ is itself phantomal in nature, yet it has been normatively imbued with certain attributes. Members of the public are presumptively clean in their appearance, have a home and are self-reliant. Lacking these attributes, the homeless body is deemed filthy, undesirable, and a threat to the sanctity of public space. Thus, these discourses have become the basis upon which homeless bodies are being denied access to public space. In particular, the neoliberal ideology of self-reliance invokes a feeling of shame, stigma, and despair among welfare dependents. Invisible homelessness among women is reportedly driven by a feeling of stigma and shame (Klodawsky 2006). These feelings are perpetuated by negative stereotypes of homeless people as ‘hobos’, ‘bums’, ‘vagrants’, ‘panhandlers’, ‘bag ladies’, ‘tramps’, etc. Thus, the discourses that shape negative experience of homelessness are contained in every day social practices and use of language. In the United States, Smith (1991: cited in Veness, 1993) reports the emergence of children’s books

educating them about how homeless people look and how undesirable they are. In this vein, homeless people are deemed by the domiciled public as carrying 'spoilt identities' that threaten the beauty of public spaces.

The health effects of homelessness go far beyond stigma. In many ways, health can also be conceptualized as a relational process that is shaped by interactions between people. Lacking the material resources to participate in social networks, homeless people can become disaffiliated and excluded. According to Hodgetts, Radley, Chamberlain et al. (2007: p. 716), "homelessness is more than bricks and mortar issue". An important effect of homelessness is the disruption or complete loss of a sense of place and belonging, leading to an ambivalent existence that often times restricts service utilization. In consequence, a lot of homeless persons who are disaffiliated have mental health related problems such as schizophrenia, bipolar disorders, and depression (Shaw, 2004). The deployment of escapist strategies involving drug and alcohol use has the tendency to increase vulnerability to various illnesses (Hodgetts et al., 2007). More than others, homeless people are susceptible to HIV/AIDS and other sexually transmitted infections due to unsafe sex, prostitution, multiple sexual partners, and sharing of HIV contaminated needles (Hwang, 2001). Homeless people are also more likely than others to use harmful substances, commit suicide or inflict self-harm. Hypothermic-related deaths are also very high among homeless populations. Homeless persons also face difficulties in accessing health care and adhering to medical regimens (O'Campo, Kirst, Schaefer-McDaniel et al., 2009). All together, homeless people are more susceptible to premature death than the rest of the population (Frankish, Hwang, Quantz et al., 2005). Compared to the general population, mortality rates for street youth in Montreal (Quebec) are 9 and 31 times higher for males and females respectively,

with the immediate cause of death being drug overdose, murder, injuries, AIDS, and hypothermia (Hwang, *ibid*; Frankish et al., 2005).

While these accounts hold validity, they have mainly sought to justify the provision of housing as an important medical intervention that reasserts public health principles. To this end, a more mechanistic account of housing has been aggressively pursued at the expense of home settings that have therapeutic effects. Very little specific attention, for example, has been paid to the housing needs of indigenous people in urban settings. Neutze (2000) has argued that European style housing in Australia has failed to meet the housing needs of urban indigenous people who remain rooted in their tradition and cultural values. Drawing upon literature on Australian Aboriginal housing, Neutz observes that Eurocentric definition of overcrowding differs from the views of indigenous people who prefer sharing accommodation with close kin. Purportedly overcrowded indigenous households in Australia were reportedly healthier than their counterparts who lived in less crowded housing. Indigenous people in shared housing arrangements are not only able to maintain kinship, but more importantly they are able to foster an environment that encourages mutual support. Eurocentric notions of 'private property' in housing settings have also been observed to be disruptive to indigenous lifestyles (Bailie & Wayte, 2006). These observations and arguments about communality of space provide a reason to examine how indigenous people experience housing settings in predominantly non-indigenous environments. Home as a 'place' has also been conceptualized by several authors as being something more than the absence of housing or its inappropriateness.

## 2.5 The subjectivities of home

Home, as a concept, has been difficult to unpack in spite of several decades of intense theoretical work. Veness (1992: p. 446) noted that “when home is equated to housing, homelessness is a relatively easy idea to grasp: it is, quite simply, the absence of shelter” but “home is more than housing...and the fact that a person has housing does not necessarily mean that person is defined as home”. Veness’s work suggests that conceptualization of home is complicated by awareness of its socio-cultural significance. Some scholars have argued that the dominant distinction between the homed and homeless is based on a western normative construction of home, which deems persons homeless if they are living in conditions uncharacteristic of society’s home ideals (Veness, 1993). To this end, the constitution of the ideal home is disputable as some individuals and groups have rejected the dominant labels of ‘home’ and ‘homelessness’, suggesting instead the importance of emotions and sense of belonging in their homemaking endeavours (May, 2000a). Further, these emotions and sense of belonging are not uniformly fixed, but vary from one individual or cultural group to the other. This way, homelessness may be conceptualized as being predicated on a lack of “belonging and connectedness with particular places” (Kearns & Smith, 1994).

In some accounts of home, it has been conceptualized as a ‘private space’ that provides respite and means for its occupant(s) to escape from the prying eyes of the public (Kaika, 2004). In this regard, home is considered a social space that provides privacy and self-control. Home has also come to be associated with housing of a certain prescribed standards and quality. In fact, throughout the 19<sup>th</sup> century, the ideal home in North America was considered a house built with bricks in a well designated zone with facilities such as



water and electricity supply. In post-19<sup>th</sup> century America, the ideal home came to be associated with house-ownership, with renters being a 'suspect class' whose claim to home status was doubtful (Veness, 1992). Up until the 1970s when homelessness exacerbated in the face of growing economic recession, house-ownership remained the ideal American home and symbol of 'pride in place'.

Since the 1970s, the concept of home has undergone revisions as new understandings have begun to emerge in the academic and policy literature. In a recent publication, Ahmet (2013) alludes that home is not just a fixed space that denotes privacy, but a concept that can be "stretched into different realms based on experiences of identity" (p. 622). In this regard, home is a site for identity construction that forges a sense of belonging or otherwise. This goes to mean that as 'home' transcends the domestic sphere; it tends also to include much of the outside world. It is noted that the conceptualization of the American ideal home was oblivious to non-western views about home. In traditional indigenous societies, the concept of home also denotes attachment to family, land, and community. As Veness (1992: p. 446) noted "the meanings and experiences of home do not remain uniform across cultures, social classes, genders, ethnic groupings, age, etc". In echoing similar sentiments, Kidd and Evans (2011: p. 754) stated that "among nomadic and indigenous peoples, home is more frequently associated with the land and spaces in nature in which camps are set up, with less differentiation from the concept of the 'outside' world". Thus, some minority groups may have 'personal worlds' and subjective meanings of home that do not necessarily mesh with widely-held normative characterizations. In summing up what appears to be an apparent tension between Eurocentric and indigenous conceptions of home, Panelli (2008: p. 3) writes that home has become one of the key "lens through which

to read uneven social relations and processes” between indigenous peoples and their colonizers. Thus ‘pride in place’ can be extended beyond house-ownership to include a sense of connectedness with places outside the domestic sphere, including an entire community setting.

Ralph and Staeheli (2011) have also questioned the manner in which home has been uncritically accepted as sedentary space. For Ralph and Staeheli, home is simultaneously sedentary and mobile. While accepting that identification with particular fixed places feels homely, they reject the notion of home as fixed space to which one feels overwhelmingly nostalgic. Central to Ralph and Staeheli’s idea of home is their argument that material objects and relationships with fellow humans constitute the most important ingredients in the mental construction of ‘sense of place’, and wherever these are found, sense of home can be established. Given the fluidity of sense of place, Ralph and Staeheli conclude that home is a ‘space in-becoming’ (p. 520) and in the case of migrants, negotiated between “old and new worlds” (p. 521). Ralph and Staeheli’s argument provides a framework for understanding the mobility patterns of ‘urban nomads’ as they seek no stability in particular places, as homes.

## **2.6 Aboriginality in the urban context**

The increasing urbanization of Aboriginal people in Canada resonates with a global trend towards urban living. Today, 54% of Aboriginal people in Canada live in urban centres (Hanselmann, 2001; Belanger, 2012). While movement to urban centres by Aboriginal people is spurred partly by a desire for better life opportunities, the urban experience for many has been daunting. Urban Aboriginal people are confronted with discrimination in

access to employment and housing opportunities, a reason for which they score abysmally on every social indicator (Cardinal, 2006). For example, in a study using data from the 2000/2001 Canadian Community Health Survey (CCHS) and the 2001 Aboriginal Peoples Survey (APS), Wilson and Cardwell (2012) found significant health disparities between urban Aboriginal and non-Aboriginal populations. Wilson and Cardwell attribute these health disparities to high rates of poverty and homelessness among urbanized Aboriginal people. While homelessness is not uniquely an Aboriginal problem, their overrepresentation in recent counts across Canadian cities raises questions about social equity and the lasting impacts of colonization. Through persistent stigmatization and discrimination in the housing market, a significantly large number of urban Aboriginal people have congregated in poor housing conditions in inner city neighbourhoods across Canada, with Fiske, Belanger & Gregory (2010) recently alleging a return of the social phenomenon of NIMBYism with an Aboriginal focus. Far from being just a response to NIMBYism, the spatial concentration of Aboriginal people may also be borne out of a preference for traditional community settings that are culturally supportive, although the degradation of inner city neighbourhoods as a result of disinvestment is a matter of great concern (Masuda, Teelucksingh, Zupancic et al., 2012).

Some researchers have also established a connection between discrimination against indigenous cultural practices and health status of indigenous peoples. Krieger (2003) recently drew attention to how the denigration and alienation of indigenous cultural practices affect indigenous peoples' health. Such discriminatory practices are prevalent in Canadian society, as high numbers of urban Aboriginal people are compelled to use health services that do not meet their specific needs. Benoit, Carroll and Chaudhry (2003) found

that Aboriginal women in Vancouver's Downtown Eastside (DTES) are not only confronted with discrimination in accessing mainstream health services, but are also compelled to consume services that do not meet their specific health needs and expectations. Benoit and colleagues report that Aboriginal women in Vancouver's DTES are seeking health care services that are informed by Aboriginal culture and healing practices.

Amidst the continuous racialization of cities, urban Aboriginal people have been assertive in maintaining their identity and indigeneity. As Waldram (1990) advises, migration to urban centres should not be seen as an expression of a desire to acculturate. In the face of rapid urbanization across the globe, indigenous people have demonstrated cultural resilience as they seek to maintain their identity while bridging persistent gaps in service provision (Sookraj, Hutchinson, Evans et al., 2009). Over the past several decades, Aboriginal Friendship Centres (DeVerteuil & Wilson, 2010) and Urban Aboriginal Health Centres (Benoit et al., 2003) have proliferated in Canadian cities. In New Zealand, 'By Maori for Maori' was established to collaborate with the Ministry of Health to provide a comprehensive culturally appropriate health services in such areas as family, spiritual, mental, and physical wellbeing to urban Maoris. Since the early 1990s, through the implementation of the Cultural Safety Initiative, New Zealand's mainstream health care delivery system has incorporated Maori cultural principles in healthcare delivery (Ellison-Loschmann & Pearce, 2006). In the United States, Urban Indian Health Organizations (UIHOs) have been established to provide uniquely Indian health services to Native Americans. A participant in a study by Wendt and Gone (2012: p.1028) described the UIHO as "a place to be with other Natives, as well as a place that facilitates a cultural connection to traditional American Indian life". Indigenous urban spaces of care represent landscapes around which social bonding, solidarity, and

identity construction take place among indigenous urbanites. Prior to 1993, when the Canadian Federal government was active in the provision social housing, Aboriginal people spearheaded the creation of the Urban Native Housing Program (UNHP) to provide culturally appropriate housing for urban Aboriginal people. About 11,000 culturally appropriate housing units were created in Canadian cities between 1970 and 1993 through the UNHP, but such initiatives have largely stalled since the withdrawal of the federal government from social housing programming (Walker, 2008).

The marginalization of urban Aboriginal people in the housing and healthcare sectors borders on issues of 'urban citizenship', defined as the right to resources offered by the city (Walker, 2006a). In his observation of indigenous peoples' assertiveness in demanding their entitlement to urban citizenship, Holston (1995) put forward the concept of "spaces of insurgent citizenship", drawing attention not only to indigenous peoples' desire for urban citizenship, but also an agenda for self-determination. Self-determination refers to the "right of indigenous peoples to continue governing their own affairs through the reform of relations within the settler state" (Walker, 2006b: p. 394). An integral part of the right to self-determination is the creation of indigenous spaces of care such as the Aboriginal Friendship and Healing Centres, as well as housing settings that support the community ideals of indigenous people. The establishment of indigenous spaces of care also resonates with a decolonization agenda which seeks recognition and respect for Aboriginal beliefs and cultural practices. Despite the gains made from establishing such indigenous organizations, maintenance of indigeneity in urban societies remains threatened by systemic poverty, racism, and discrimination (Wendt & Gone, 2012). Indigenous urban organizations are also under-funded in spite of rapid growth in demand for their services (Sookraj et al., 2009).

These and many more constraints have limited the ability of indigenous people to create urban spaces that meet their specific needs. In Canada, the result is a widening health disparity between Aboriginal people and the rest of the population (Mackinnon, 2000). Part of the solution therefore lies in public sector investment in Aboriginal healing and health practices, including those pertaining to housing settings.

## **2.7 Indigenous sobriety and healing**

Illness, healing, and health are socially and culturally constructed categorizations that cannot be objectively defined (DeVerteuil & Wilson, 2010). As such, they are subject to cultural bias and interpretations. For example, among the Anishinabek First Nations of Northern Ontario, holistic health is defined in terms of unity and balance between the physical, emotional, mental, and spiritual components of the body (Wilson, 2003). Teachings based on the 'medicine wheel' entreat people to seek a harmonious balance between these four components of life.

Despite such teachings, significant numbers of urban indigenous peoples are struggling with alcohol and drug-related addictions, although no empirical evidence exists to substantiate the widely held view of indigenous people as biologically and racially predisposed to drugs and alcohol (Coyhis & Simonelli, 2008). Rather, research has implicated the role played by colonization, acculturation, and deculturation in addictions among urban indigenous peoples (Hazel & Mohatt, 2001). According to this view point, alcohol and drug addictions among indigenous peoples are "crisis of the spirit" (Torres Stone, Whitbeck, Chen et al., 2006: p. 238) that cannot be cured by the same forces causing it - colonization, deculturation, systemic discrimination, and racism. In seeking solutions, researchers point to

the role of enculturation - the degree of embeddedness in one's cultural teachings, spirituality, and identity - in promoting and maintaining sobriety among indigenous peoples (Torres Stone et al., 2006; Huriwai, 2002). Such sentimental expressions clearly place alcohol and drug treatment for indigenous people outside the realm of mainstream service provision involving psychology and psychiatry. According to this line of thought, the solution to addictions among indigenous people lies not with a western biomedical philosophy, but with traditional healing processes. In a 10-year longitudinal study involving 45 Native American alcohol users, Westermeyer and Neider (1984) report greater sobriety for those who maintained native social ties and engaged in native spirituality and cultural practices. According to Yup'ik world views and teachings, the innate *Ellam-iinga* - awareness of the surrounding - is lost through excessive ingestion of hard liquor (known among the Lakota people as *holy water*). In order to reconnect the two essential components of 'body and *Ellam-iinga*', after a period of intense misuse of the 'holy water', spiritual cleansing is required, part of which lies in reconnecting with land and native community (Hazel & Mohatt, 2001). Indigenous health practitioners have therefore called for settings that promote family and community life (Torres Stone et al. 2006). Although indigenous beliefs are far from being homogenous, their similarities speak to their shared history of being non-western.

## **2.8 Culture, place, and health intersections**

Following the post-structuralist turn in human geography, a litany of geographical works has emerged focusing on the relationship between culture, place, and health. Since the early 1990s, works in this tradition have developed into a new strand of geography that now draws extensively from cultural and medical geographies - the new health geography. The

newly emerged sub-discipline came with an interest in how place-specific characteristics influence health outcomes. By far, the most explicit of concepts examining place-health interactions is Wilbert Gesler's *Therapeutic Landscapes* theory. Defining therapeutic landscapes as places that aid physical, mental, and spiritual healing, Gesler (1991) sought to highlight the healing functions of places and their milieus. Since its introduction, therapeutic landscapes theory has been applied to the study of different geographical contexts, including the health effects of wilderness (Conradson, 2005), urban neighbourhoods (Masuda & Crabtree, 2010; Wakefield & McMullan, 2005), and spiritual places (Williams, 2010). The therapeutic or healing functions of these places, as healing sites, are not necessarily in their inherent material (physical) qualities, but in their symbolic meanings (William, 1998). Such symbolic meanings are sometimes culturally constructed and may range from a feeling of spiritual renewal to fear and ambivalence. Conradson (2005) posits that the process of experiencing place is a 'relational construct' which is neither fixed nor universal, and individuals and cultural groups are bound to engage places in quite different ways, producing quite different outcomes. In building on Conradson's argument, Masuda and Crabtree (2010) used narratives from residents of Vancouver's downtown eastside (DTES) to demonstrate that neighbourhoods widely condemned as derelict and deleterious are in fact therapeutic to those who reside in them. Close affinity with nature which is "infused with cultural believes and spiritual practices" (Wendt & Gone, 2012: p. 1026), according to indigenous mythology, is an important aspect of human health. The central themes in these works suggest that places are inherently spiritual, and identification with particular places forms part of the process of healing.



Although much of the geographical work on therapeutic landscapes has focused on the 'healing properties of physical places' (e.g. Williams, 2010; Conradson, 2005), the concept can be extended for the study of social places that ostensibly have healing functions, including home settings. In spite of its enormous burden on informal caregivers (family and friends), there has been an emerging trend towards homecare in recent times, prompting Williams (2002) to entreat geographers to examine how 'home' functions as a therapeutic space for caregivers and those receiving care. The recent trend towards 'homecare' in contemporary medical practice seems to suggest that the home environment may possess some unique healing properties, as it is widely acknowledged to be imbued with a multitude of meanings, emotions, and socio-cultural significance. It can be speculated that the familiarity of the home environment(s) together with the social relations therein can be a significant factor in the mental, physical, emotional, and spiritual health of individuals who live there. Among indigenous people, notions of home and those of land and their relationship with mental, physical, emotional, and spiritual wellbeing are inseparable (Wilson, 2003). This interconnected perspective on home, land, community, and health forms the conceptual foundation upon which the remaining chapters of this thesis are built.

## CHAPTER THREE

### METHODS

#### 3.1 Methodological justification

This research was conducted as a case study of the lived experiences of Aboriginal At Home/Chez Soi (Housing First) participants in Winnipeg, Manitoba. Winnipeg was chosen because of its Aboriginal focus, which was perceived as having the potential to generate rich data for examining Housing First outcomes within an indigenous sociocultural lens. Indeed, Winnipeg had the highest proportion of Aboriginal participants among the five demonstration sites of the At Home project. A case study approach was considered appropriate, given that the purpose was to answer particular research questions about a group of people's lives as experienced within a particular institutional context (At Home/Chez Soi) and geographical setting (Winnipeg) (Sofaer, 1999).

Human experience of landscapes was at the centre of this research. Landscapes, Cresswell (2004) argues, are cultural representations of portions of the earth's surface, and the meanings they convey, as places, are dependent on the subjective experience of the viewer. To be able to view spatial phenomena as landscapes, one must possess a certain frame of consciousness (Viik, 2011). In other words, the gaze from which landscapes are recognized and experienced is based on past encounters with places. When the frames through which landscapes are viewed and ascribed with meaning become "intersubjectively valid and institutionalized" (ibid: p. 103), they assume a cultural form.

Phenomenological epistemology is considered more useful in investigations of the subjective experiences of others, as they pertain to landscapes. Phenomenologically based

studies in geography examine how people make sense of spatial phenomena based on their subjective experiences (Seamon & Sowers, 2009). Following Padgett (2007) and May (2000b), this research employed a biographical life-history interview approach to chronicle the lived experience of the Aboriginal At Home participants. Biographical life-history interviews have a retrospective and introspective outlook, covering past and present events and experiences of those being interviewed. Padgett (2007) used a biographical life-history approach in her work with 21 Housing First participants in New York. Through this approach, she was able to chronicle the pre-and-post-housing experiences of her interviewees.

About a decade and half ago, Casey (2000) reminded us of the relationship between human memory and the experience of places. The biographical life-history interview approach recognizes this relationship, and in this research was thought to be particularly useful in linking past and present experiences of home and homelessness. The approach was also thought to give voice to marginalized groups such as Winnipeg's homeless Aboriginal population, thus bringing my research into consistency with the themes of the new 'anti-colonial geographies' of health (Winchester & Rofe, 2010). The concern for omission of voice in accounts of health formed the springboard upon which humanistic epistemologies in health geography research emerged (Gatrell & Elliott, 2009).

### **3.2 Ethical considerations**

Although a thesis research of this nature is aimed at developing the skills and knowledge of the student, I was aware that it could advertently lead to negative experiences for the human subjects involved, especially in circumstances where research participants are identified, victimized or reprimanded as a consequence of their involvement in research

(Butz, 2008; Cloke, Cooke, Cursons et al., 2000; DeVerteuil, 2000). From inception, I considered the rehoused At Home Aboriginal participants as a vulnerable group that must be respected and approached with utmost care. I was also aware that in addition to being powerless and vulnerable, many of the project participants were dealing with poverty and various kinds of mental illnesses and emotional depressions. Steps were therefore taken to ensure that the conduct of my research did not worsen the already precarious circumstances of the participants.

To achieve this, three main steps were undertaken. First, I undertook a course of study in research ethics and received a certificate from the Canadian Panel on Research Ethics (TCPS 2: Tri-Council policy statement on ethical conduct for research involving humans). Second, I submitted my research to rigorous examination by the University of Manitoba Research Ethics Board (REB) prior to the commencement of field work. After a careful study of my ethics application, I was asked by the REB to make a few adjustments. Approval for commencement of field work was granted after the REB received the final version of my ethics application. In the last step, my research instruments and general approach went under internal scrutiny at the At Home project to ensure their compatibility with internal ethics procedures of the project.

Throughout the process of data collection, interviewees were given the option to discontinue interviews if they felt emotionally stressed at any point during the interviews. However, no interview session was discontinued as a result of this provision. Rather, several interviewees chose not to answer some of the questions posed to them. Additionally, the interviews took place at the drop-in centres of the three service agencies to allow

interviewees to ask for assistance from their caseworkers in the event of an emotional distress. The risks and benefits of the research were also explained to the interviewees before the commencement of each interview, and interviewees were still at liberty to refuse participation, even after signing consent forms.

Interviewees were also assured of their anonymity and steps were taken to ensure protection of their identities. Throughout the presentation of results, pseudonyms were used rather than the real names and other identifiers of the interviewees. Recorded data were password-locked and accessible only to the researcher and his principal supervisor. Participants of the focus group were also asked not to discuss the details of the group deliberations outside the group.

### **3.3 Data collection process**

The research utilized multiple qualitative methods (in-depth biographical interviews, focus group, and key informant interviews) at various stages of the data collection process, the reason being to obtain richer insights but also to allow for triangulation of data. Triangulation, using multiple sources of data, was found to be particularly important for minimizing the possibilities of misinterpretation of narratives (Baxter & Eyles, 1997). Triangulation also helped to arrive at a more complete picture regarding the experiences of the interviewees (Gatrell & Elliott, 2009; Shenton, 2004).

A total of 14 Aboriginal Housing First participants of the At Home project were purposefully sampled and interviewed between January and April, 2013. Unlike random sampling, purposive sampling techniques are used in research that seeks deeper insights about a

phenomenon rather than seeking to make generalizations about a particular population (Onwuegbuzie & Collins, 2007). Purposive sampling was used in order to obtain “information rich cases” (Baxter & Eyles, 1997: p. 513). This sampling technique also allowed people who expressed interest in getting interviewed to participate in the research (Christensen, 2012). Identification and selection of interviewees were done with assistance from the three service agencies of the At Home project. The managers of the service agencies contacted the participants about the research and asked them to indicate their interest in participating. Participants who signed up to participate were then asked to meet with me at the drop-in centres, located within the office premises of the service agencies. Participants who qualified for participation were Aboriginal people of First Nations, Metis or Inuit background who recently transitioned from homelessness to housing through the At Home project. In addition to these criteria, I selected participants who were enthusiastic about participating and who were considered by caseworkers to be cognitively able to do so without requiring substantial assistance. In line with ethics procedures, each participant signed an informed consent form signalling their willingness to participate. At the end of every interview, each participant received a gift certificate of 20 dollars and two bus tickets as compensation for one hour of foregone alternatives.

In the course of the individual interviews, a focus group was held with the Lived Experience Committee (LEC) of the At Home project as a way to enrich the data collected from the other sources. The LEC was made up of housed and unhoused participants, peer-support workers, and staff of the At Home project, and as such represented an array of experiences that were worth investigating. The diversity of participants in the focus group also offered an opportunity for further triangulation of the data. The LEC served as a platform for the

participants of the At Home project to share their experiences and to provide and receive peer support, where necessary. The LEC reportedly linked participants' experience in the Winnipeg context with the experience of the other At Home sites, thereby bridging the gap between national and local experience.

In addition to the focus group with the LEC, six key informant interviews were undertaken following the completion of the individual interviewees to provide further insights on the experiences of service providers in managing the housed participants. Key informant interviews were conducted with managers of the three service agencies and three other people with significant roles in the project's implementation. The key informants were knowledgeable about the general experience of the entire Aboriginal population in the project and were therefore able to offer additional insights.

Open-ended interview guides (Appendices 1, 2, and 3) were developed and used for all interviews, thus minimizing the possibility of limiting the knowledge production process to preconceived frames (Johnsen, May & Cloke, 2008). The interview guide for the housed interviewees had a retrospective and introspective biographical outlook, covering past and present events and experiences of their lives. Although the interview guides were open-ended, probes were used in some instances to stimulate further discussions. The interview guides for the focus group and key informant interviews were based on themes emanating from the interviews with the 14 housed interviewees.

### 3.4 Data analysis and interpretation

The interviews lasted an average of 55 minutes, with a range of 40 minutes to 1.5 hours. All interviews were audio-taped and transcribed verbatim. The interview transcripts were then organized using Nvivo 9., a qualitative data management software that has been designed to aid textual analysis of data (Mistry & Driedger, 2012). With this software, the transcripts were organized into key categories that reflected the objectives of the research. All data relevant to each category were identified using a 'constant comparison' technique (Pope, Ziebland & Mays, 2000). With this technique, all major statements contained in the transcripts were compared with the rest of the data to determine the categories that best fit them. The process involved 'cutting and pasting' these statements in the various identified categories. After categorizing, detailed coding was then undertaken. Coding was done, first to reduce the data into a manageable size by identifying and grouping common themes for the purpose of analysis and interpretation. Coding was additionally useful in identifying gaps in the data which were addressed through subsequent interviews. By running a query in Nvivo, I was able to make a link between various codes and themes, thus helping to simplify the analytical process. In order to ensure reliability of the coding process, each interview transcript was coded twice on two different occasions. Comparison of the two sets of coding revealed only a few discrepancies which were reconciled prior to analysis and interpretation.

Initial coding resulted in the identification of seven categories which were subsequently grouped into four main themes: (1) losing home; (2) home on the streets; (3) Finding home; (4) At home but still homeless. *Losing home*: a majority of the interviewees were born on reserves, and they migrated to Winnipeg either as adults or as children adopted by foster



parents residing in Winnipeg. Their reasons for being homeless ranged from unsupported release from institutions of care, historical traumas, and family conflicts, to the uneven geographies of social infrastructure. *Making home on the streets*: interviewees narrated their experiences with various homeless services, including shelters, day centres, and soup runs. Their experiences ranged from a feeling of supportiveness to a feeling of punishment, discipline, and an obvious lack of resources for guaranteed support. *Finding home*: interviewees narrated and compared their housing experiences with their experience of homelessness on the streets and in other homeless spaces. They pointed to both positive and negative experiences with housing. *At home but still homeless*: interviewees provided insights on what home means to them, highlighting cultural and social tensions between Aboriginal and Euro-Canadian notions of home. The coded data were complemented by field notes, taken over an 8-month period from August 2012 to April 2013.

### 3.5 Methodological rigour

In the analysis and interpretation of the data, care was taken not to sacrifice methodological rigour. To ensure methodological rigour, principles of credibility, dependability, confirmability, and transferability were incorporated throughout the research (Baxter & Eyles, 1997). Following Lincoln and Guba (1985), Baxter and Eyles define the principle of credibility as “the degree to which a description of human experience is such that those having the experience would recognize it immediately and those outside the experience can understand it” (p. 512). In ensuring credibility, interviewee transcripts were authentically interpreted and presented in a manner that the interviewees can recognize their experience upon seeing the write-up. Credibility of findings can also be achieved through transcript verification and member-checking, but these were not undertaken as a result of time

limitations. Rather, I relied on triangulation with key informants who had better familiarity with participants and their diverse experiences.

The principle of dependability in qualitative research addresses the question of how reliable the outcomes of a research are. The results of a qualitative research are considered reliable if repeated research on the same topic using the same methods and research subjects would produce the same or similar outcomes (Shenton, 2004). The dependability principle is usually used to avoid personal idiosyncrasies and biases in the analysis and interpretation of research data (Baxter & Eyles, 1997). To ensure dependability, Lincoln and Guba (1985) suggest the use of 'overlapping methods', while Shenton (2004) suggests detailed description of research procedures. In keeping with these suggestions, I used multiple qualitative methods which allowed for triangulation of data. Detailed description of the research procedures has also been given in this chapter.

Confirmability is the equivalent of the quantitative researcher's notion of objectivity, and it addresses the question as to whether the findings of a research have been determined by views expressed by the interviewees rather than those of the researcher. Triangulation and verbatim quotes from interviewee transcripts have addressed this principle, as Shenton suggests.

Transferability deals with the degree to which findings of a research can be applied in contexts outside the study situation. Transferability of findings depends on the degree of similarity between 'sending' and 'receiving' contexts (Baxter & Eyles, 1997). However, this research was conducted in Winnipeg with homeless Aboriginal people with mental illness

who have recently transitioned from absolute homelessness to permanent housing under the At Home/Chez Soi project. Whilst the aim of the research was to provide an understanding of the lived experience of the project participants and to contribute useful insights for shaping similar programs in future, the results are not readily transferable to other social and geographic contexts. As such, utilization of the findings outside a Winnipeg Aboriginal context may be limited. Transferability of the findings is further complicated by the socio-cultural diversity of Aboriginal people across Canada. However, with appropriate attention to context, some amount of transferability may still be possible, given the commonality of themes and experiences (e.g. colonization and ongoing colonialist policies, racism, marginalization, etc.) in indigenous homelessness across Canada and other settler nations such as New Zealand and Australia. Just as Baxter and Eyles (1997) suggested, thick description of the context of this research has been provided, enabling others to make informed judgments about whether their contexts are analogous to the one described here.

### **3.6 Reflexivity and positionality**

Through their associations with universities and issues around race, non-indigenous researchers doing research in indigenous communities are, by default, in a position of power which invariably can affect research outcomes. Skelton's (2001) ethnographic work in the Caribbean presented her with enormous challenges because of her position as a white researcher doing research in a predominantly black community. She encountered issues of trust and power related to her whiteness. Although a black African, I was fortunate not to encounter the same issues of positionality as did Skelton, in part, due to my paralleled experience of colonialism and my socio-cultural position as an indigenous African from a former British Colony. Coming from a similar non-western ancestry as the interviewees

(Appendix 4), the issues around positionality were naturally dealt with from the onset. For example, several of the participants were curious about my African background, asking questions about my observations of social life in both Africa and Canada. Much more than I anticipated, participants were willing to share their stories and experiences with me, although I would not necessarily attribute this cooperation to the colonial histories we shared.

Another source of tension in research with indigenous communities is the tendency for researchers to unknowingly interpret research data from their advantaged and unquestionable positions within a sociopolitical milieu of white privilege (Evans, Hole, Berg et al., 2009). Evans and colleagues remind us that in settler countries, like the United States and Canada, “whiteness is hidden as the normative way of life” (p. 898), and it has become the baseline against which all phenomena are interpreted and understood. Although my circumstances as a graduate student were different from those of the interviewees, my background as an indigenous African with similar experiences and worldviews enabled me to give their accounts a gaze that ordinarily would have been difficult to do as a white researcher.

### **3.7 Study limitations**

#### ***3.7.1 Timing of the research***

The findings of this research came after the completion of the At Home project and, as such, had limited utility in terms of informing changes within the project implementation. The findings may, however, be found useful in broader strategic interventions on Aboriginal homelessness in Canada and elsewhere. Moreover, recent media reports indicate that the

federal government is considering investing more funds to keep the project participants housed beyond its expiration. This being the case, the findings of this research may still inform some strategic decisions regarding how to keep homeless Aboriginal people effectively housed.

### *3.7.2 Methodological limitations*

Trust between researcher and the researched remains an important ingredient in qualitative research involving interviews. Trust allows the researcher to gain deep and reliable details about research participants and their experiences. However, trust building is a process rather than an event and it involves a lot of time investment. For this research, the constraints of time significantly limited trust building efforts. Deeper insights about the experience of the participants could have been obtained if there was more time available to work at building rapport with the participants. However, my association with service managers with whom interviewees have already built trust potentially mitigated this shortcoming.

The spatial settings of the interviews also placed a limitation on obtaining observable data on the dynamics of the home space of the interviewees. Insights from observing their living spaces could have shed more light on the relationships participants had with their home space. Seeing pictures on walls or interior decorations of apartments could, for example, signify the level of emotional satisfaction of the occupant. Because of issues surrounding the mental health situation of the participants and my personal safety as a researcher, I was advised by project staff to conduct the interviews at the drop-in centres rather than the homes of the interviewees. The effect of this limitation was, however, mitigated through

conversations with caseworkers who had first-hand insights on the participants, their apartments, and their experiences. Through frequent interactions and other social engagements, the case managers were able to offer useful insights on how participants related to their apartments, as homes or otherwise.

## CHAPTER FOUR

### ABORIGINAL HOMELESSNESS AND EXPERIENCES OF COMPASSIONATE RESPONSES

Using the biographical experiences of the interview participants and perspectives from key informants and focus group, this chapter discusses the results of the research, undertaken within an eight-month period from August 2012 to April 2013. The results are presented in four main sections. The first section (4.1) presents the socio-demographic characteristics of the interviewees. In section 4.2, the socio-historical factors of Aboriginal homelessness are presented as segues into interviewees' experiences of purportedly compassionate interventions. Section 4.3, provides insights into attempts by interviewees to establish a sense of home in emergency shelters, day centres, streets, etc. and the challenges thereof. In the last section (4.4), I present the interviewees' experiences of the Housing First intervention – the At Home/Chez Soi project – which provided permanent housing to several homeless people in Winnipeg and four other Canadian cities as part of a purportedly compassionate response to homelessness within a contemporary neoliberal paradigm.

#### 4.1 Socio-demographic characteristics of the interviewees

A total of 14 At Home Aboriginal Housing First participants (six women and eight men) were interviewed over a four-month period, from January to April 2013. Participants' ages ranged from 30 to 60 years, with the average age being 43 years. Time spent homeless before entering housing ranged from six months to 22 years, with the average time in homelessness being 5.5 years. Time spent in housing prior to the interviews ranged from 21 months to four years, the average time in housing being 2.5 years. Four of the participants self-identified as Metis, two as Cree, three as Ojibwe, two as Sotho, one as Dene, and two had mixed-Indian heritage of Ojibwe and Cree ancestry. Eight of the 14 interviewees were

born in rural reserves outside of Winnipeg. Educational levels of the participants ranged from grade eight to post-secondary education. Two of the interviewees had attained post-secondary qualifications, two had grade 12, one had grade 11, and nine had grade 10 education and lower. At the time of the interviews, 11 of the interviewees were unemployed and three had been working in volunteer positions. None of the participants had full-time employment status. All interviewees depended on employment and income assistance (EIA) as their primary source of income. All interviewees also reported some form of mental illness, the commonest being schizophrenia, bipolar disorder, and depression. In terms of marital status, 10 of the interviewees were single, two were divorced, and another two were widowed. All interviewees had reported being in night shelters, hospitals, or on the street prior to their recruitment by the At Home project. Detailed demographic characteristics of the interviewees are presented in the table below.

Table: Demographic characteristics of interviewees

<b>Intervi- ewee</b>	<b>Age (yrs)</b>	<b>Ancestry</b>	<b>Place of origin/birth</b>	<b>No. of yrs. /mths homeless</b>	<b>No. of yrs. /mths in housing</b>	<b>Snapshots of pre-At Home/ Chez Soi experiences</b>
Cheryl	33	Ojibwe and Cree	Winnipeg	10 years	2 years	Moved back and forth between reserve and city with parents
Steve	36	Ojibwe	Reserve	6 months	21 months	- Lived a life of constant mobility between reserve and city - Spent time in jail
Jeff	40	Metis	Winnipeg	18 months	2 years	- Suffered depression - Had drug addiction problems
Ken	51	Ojibwe	Reserve	unknown	3 years	- Moved to Winnipeg at age 16 to unite with family - Had alcohol addiction problems
Jenna	39	Cree	Reserve	unknown	3 years	Moved to Winnipeg at age 13 to attend high



						school
John	51	Metis	Winnipeg	2 years	2 years	Raised by foster parents
Mercy	30	Ojibwe	Reserve	6 months	1 year	Had joined a drug gang and doing drugs
Jina	55	Sotho	Reserve	unknown	3 years	Raised by foster parents in Winnipeg
Josh	47	Cree	Reserve	5 years	3 years	- Moved to Winnipeg as a child to seek medical services - Adopted and raised by foster parents
Simon	60	Metis	Winnipeg	6 months	2.5 years	- Grew up in Child and Family Services (CFS) - Lived with different foster parents as a child
Raymond	34	Metis	Winnipeg	9 years	2 years	Had substance addiction problems
Karina	35	Ojibwe and Cree	Winnipeg	6 months	3 years	- Had a dysfunctional family - Was a schizophrenic
Anna	40	Soto	Reserve	22 years	4 years	- Raised in CFS - Suffered physical and sexual abuse as a child
Joe	51	Dene	Reserve	7 years	2 years	Moved to Winnipeg to seek medical treatment for ailing grandfather

## 4.2 Geographies of Aboriginal homelessness

### 4.2.1 Uneven geographies of social infrastructure

Regular back and forth movement between reserve and city was reported by some interviewees as a pattern through which their lives were structured. This mobility pattern is influenced by the paradox of wanting to escape reserve poverty, while desiring to sustain an attachment to home community. As narrated by many of the interviewees, their experience on the reserves was one of deprivation, characterized by the nonexistence or state of disrepair of important social and physical infrastructure such as housing, water supply,

education, and health facilities. Lack of infrastructure pushes reserve-based Aboriginal populations to migrate to urban centres in search for better living conditions. While reserve life is often difficult and unhealthy, they are also places where community bonds provide natural supports and sustain cultural identity. Josh was born on a reserve, located on the border between Manitoba and Saskatchewan, but moved to Winnipeg when he was only two-and-half years old. At that young age, he was diagnosed with a health condition and had to be brought to Winnipeg for treatment since his home community lacked the needed medical facility. The nature of his illness required that he remained in Winnipeg to be close to the medical facility to which he was admitted. Josh was subsequently adopted by a white middle-class family where he lived until age 16. Although he moved back to his home community after leaving foster care, the next 30 years of Josh's life were characterized by constant mobility between Winnipeg and home community. In responding to a question about his mobility, Josh stated the reason for his inability to establish permanent roots:

*I like it here [in Winnipeg]. You can get everything you want, but sometimes it is hard to stay here. When I get tired of staying here I go back to my reserve and stay there with my family for sometime before I come back.*

Cheryl was born in Winnipeg but got used to moving back and forth from her home community since she was six years old. Like Josh, Cheryl saw mobility between city and home community as a necessary aspect of being Aboriginal. Whereas Cheryl desires and actually made an effort to live permanently in her home community, her efforts were frustrated by a lack of appropriate housing and health facilities. She explained the relationship between her mobility and housing and health infrastructure:

*I moved to my reserve with my kids and we tried to live there, but it didn't work out. My kids were small and we lived in a really bad house. My kids were always ill and the health centre too was in a bad condition. So, we moved back to Winnipeg but I visit and stay there (reserve) from time to time.*

For Josh and Cheryl, mobility between their home communities and the city is propelled by both the desire to stay affiliated to home community and the need to access important services in the city such as housing and healthcare. Their inability to establish permanent roots rendered them homeless each time they returned to the city, which to them was not 'home'. Josh and Cheryl have demonstrated a cultural "need" to be attached to home (i.e. native land and community), but the structural poverty they face on their reserves has coerced them into a pattern of nomadism which puts them at a higher risk of homelessness.

The uneven geography of infrastructure has also resulted in some Aboriginal people relocating from their home communities to settle in Winnipeg on a more permanent basis. While the primary purpose for coming to Winnipeg was often to gain access to social services, other factors have worked against their return to home community. Joe visited Winnipeg for the first time as a 25-year old escort for his ailing grandfather, but chose to remain in Winnipeg after his grandfather's death. The decision to remain in Winnipeg after his grandfather's death was influenced by his belief that his grandfather's spirit still lives in the city.

*I used to live up north, but I moved here about 26 years ago and I have been here since. My grandpa died and I just couldn't handle it back home. I used to be an escort for him and he died in hospital while I was escorting him here in the city. To me, he still lives here and that is what keeps me here.*

By this logic, Joe would have likely been living in his home community if the need for his grandfather's movement to Winnipeg did not arise. Joe's permanent relocation to Winnipeg was therefore influenced by the unavailability of an appropriate medical facility in his home community to treat his grandfather's ailment.

Migration to Winnipeg was sometimes influenced by a desire to obtain higher educational qualifications. Seven interviewees indicated lack of higher educational facilities in their home communities as their reason for relocating to Winnipeg. After completing or failing to complete their education, a number of factors, including family circumstances, conspired to prevent these cohorts from returning to their home communities. Jenna came to Winnipeg at a young age to pursue higher education, but the death of a partner led to myriad of problems, including drug addiction and subsequent loss of custody of her daughter. These events in her life also snowballed into other problems, including homelessness, as she became increasingly unconcerned about the things around her. Although homeless after these events, she couldn't return to her home community because of a need to stay around in order to visit and see her daughter occasionally. She explained the circumstances surrounding her inability to return to her home community:

*I moved here when I was 13 years to do my high school because my reserve didn't have any high school. Since 13, I probably went back to the reserve 2 or 3 times..... and when my partner passed away, I suffered a lot of depression and I didn't give a shit about anything after Child and Family Services took my daughter away.*

For four other interviewees, the main reason for moving permanently to Winnipeg was to access good housing. The housing situation on many reserves is in dire need for intervention. According to some interviewees, much of the reserve-based housing stock is unfit for human habitation, a factor that cannot be discounted in explanations of Aboriginal migration and homelessness. In the focus group with the Lived Experience Committee (LEC) of the At Home project, a participant commented on the housing situation of the reserves:

*The housing problem in Winnipeg is not different from that existing on the reserves. I am here (Winnipeg) not because I don't want to go back and live in my community, but because there is no place to live when I go back.*

The narratives of the interviewees present the uneven geographies of Canadian infrastructure related to health, education, and housing as important structural factors in Aboriginal homelessness. These infrastructures have formed the locus around which Aboriginal mobility between reserve and city, and therefore homelessness, is structured. While Winnipeg is perceived as being endowed with infrastructure, no institutional arrangements are in place to assist Aboriginal migrants in need of housing in the city. Particularly striking is the mobility pattern of nomads who live paradoxical lives of trying to escape from poverty on their reserves while desiring to sustain attachment to home community.

#### ***4.2.2 Family conflicts, precarious housing, and disaffiliation***

For three interviewees, the primary reason for moving to Winnipeg was to reconnect with family and friends, but conflicts after their arrival have led to disaffiliation and homelessness. These conflicts sometimes arise out of undiagnosed mental illness and subsequent exhibition of behaviours considered by their families to be undesirable. Jeff came to Winnipeg from his reserve as a young man in his early 30s to live with his father who worked as a cemetery attendant. A few years after his arrival, his father died and he went to live with an uncle whose relationship with him deteriorated after a few months of living together. Jeff explained how estrangement from family and friends contributed to his homelessness:

*I burnt everybody that trusted and helped me. I was too much of a risk and nobody wanted to trust me any longer. My friends and my family were no longer ready to accept me in their homes, and so I slept on the streets and bus shelters until my name came up in the Main Street project.*

Strained relationships and subsequent disaffiliation from family after his arrival in Winnipeg contributed to Jeff's homelessness.

Disaffiliation and homelessness were also driven by the precarious socioeconomic circumstances of participants' family supports. Two of the interviewees arrived in Winnipeg to reconnect with family and friends, but unfortunately found their kin living in poverty and in insecure housing. These dynamics were related to lack of affordable housing and unfavourable rent lease agreements that were particularly restrictive to doubling up living arrangements. For these reasons, evictions among Aboriginal tenants in Winnipeg are reported as being quite common. Jeff initially arrived in Winnipeg to live with his father who settled in Winnipeg more than 20 years before. A few weeks after his arrival, Jeff's father lost his apartment because he owed nearly three months of accumulated rent. Following their eviction, Jeff and his father moved in with an aunt. For the next two months at his aunt's bachelor suit, the utility cost more than tripled, forcing the landlord to issue an eviction notice in line with the rent lease agreement. Following these events, Jeff then moved out of his aunt's apartment to live on the streets, sleeping occasionally at night shelters and in rooming houses. Jeff explained the circumstances leading to his homelessness:

*I couldn't stay with my dad either at the time because he was in limbo for a place. He was staying at my aunt's place. I stayed with them for 2 months and the water bill tripled and she (aunt) could only accommodate one of us and I left because my dad really needed a place to stay.*

### 4.2. 3 Social exclusion

Although the interviewees had many motivations for migrating to Winnipeg, a common trait they shared was the part of the city they lived after arriving in Winnipeg. All interviewees had lived in the Downtown and North End areas. In these neighbourhoods, the interviewees became entangled in behaviours that contributed to their homelessness. Ken grew up on a reserve under the care of his grandparents. He arrived in Winnipeg in the 1970s as a teenager to reconnect with his parents who had separated several years before but were both living in the city. His two older siblings, a brother and sister, had earlier also migrated to Winnipeg. All of Ken's family lived in the North End and he chose to live there too. While in that neighbourhood, Ken met and made friends with fellow teenagers who introduced him to the use of solvents which eventually contributed to his mental illness and homelessness. Ken explained how his friends in the North End neighbourhood influenced his solvents addiction:

*I lived in the North End with my mother and sometimes with my father. I used to have a lot of friends there. They (friends) used to get me to go and buy sniff for them from the corner store. They would teach me what to say at the corner store in order to get the sniff sold to me. I used to tell the people at the corner that I needed the substance to build model airplanes and cars. My friends got high with the sniff and I started sniffing too.*

Josh, who was adopted and raised in Winnipeg but moved back to his reserve at age 16, revealed how the neighbourhood influenced his alcohol addiction after he returned to the city:

*When I came back from the reserve, I noticed that all the Indians were always drunk and I started thinking that this was what I had to do to be Indian: to be drunk all the time.*

Some of the interviewees came to Winnipeg to seek employment opportunities, but their lack of formal education and employable skills meant that they were ill-equipped for a job

market that is predominantly service-oriented. Unable to pay for housing, a lot of Aboriginal people coming to Winnipeg from reserves are compelled to take up residence on the streets and in night shelters around the Downtown and North End areas. According to key informants, Aboriginal poverty and homelessness in Winnipeg, as in many cities across Canada, are compounded by issues of systemic discrimination in job and housing markets. There is some reluctance and hesitation among employers and landlords to employ or house people with Aboriginal identities. In the focus group with the LEC, Judith recounted that she was raised in the United States and her last name is not an obvious Aboriginal name. Although she was capable of paying for an apartment, she could not find a landlord willing to rent to her. She felt that all efforts to find a landlord to rent to her were futile, which compelled her to live in the Main Street project - a City of Winnipeg funded project that caters to the needs of the homeless. She recollected that she once learned about a vacant apartment via the Internet and she proceeded to contact the caretaker on telephone. According to Judith, her telephone conversation with the caretaker went well and she was asked to come over and inspect the apartment. But the caretaker's willingness to rent to her changed the moment she showed up in person to inspect the apartment. On seeing that she was Aboriginal, the caretaker quickly apologized and told her the apartment was rented out three hours earlier. She felt deflated and hopeless on hearing this news, but her story resonated with the stories of many other Aboriginal people looking for rental housing in Winnipeg. Racial discrimination remains a key barrier to Aboriginal integration within Winnipeg's housing and employment systems. Anna, a 40-year old woman recounted how her Aboriginal identity prevented her from getting employment and therefore housing:

*At some point, I wanted a job but no one would hire me because I was an Indian and so since 1990, I have been living on unemployment benefits. I really can't get a job.....[and] I can't pay for housing.*



As a key official of the At Home project, Trevor provided further substantiation of interviewees' accounts of racism in the housing sector. He had extensive experience working with Aboriginal people who had no rental record and who faced barriers in accessing housing in Winnipeg. He explained how racism affects the housing careers of Winnipeg's Aboriginal population:

*There is some sort of resistance to Aboriginal people moving into communities and integrating in communities. So, even though Aboriginal families and individuals are moving into Winnipeg, they are congregating in the Downtown and North End largely because there is probably some passive resistance to Aboriginal integration.*

Until they got accepted into the At Home project, many of the interviewees had no housing or employment history which contributed to further homelessness and unemployment. Landlords are often nervous and skeptical about renting housing to older adults who have no rental records. With current vacancy rates stabilizing around 1% over the last five years, accessing housing in Winnipeg is extremely difficult and competitive. The lack of housing gives landlords a great deal of discretion to choose the most ideal tenants, and most Aboriginal people, especially those with mental disabilities, are disadvantaged in this regard. The At Home project expended significant energy in assuring landlords of its commitment to repair units in the event of damages. Such guarantees needed to be put in place in order for landlords to accept the participants. However, the At Home officials responsible for these mediations were themselves non-Aboriginal, which brings into doubt how well they represented the interest of Aboriginal tenants in negotiations with landlords.

#### ***4.2.4 Historical traumas, substance addictions, and mental illness***

Aboriginal homelessness in Winnipeg is compounded by mental illness and addiction issues, some of which in turn are connected to colonization and historical traumas. Although mentally ill for many years, the conditions of many At Home participants went undiagnosed

until their recruitment into the project. As a result, many of the interviewees admitted to trying to self-medicate with highly addictive substances, leading to further destabilization of their mental health. The addictive substances (drugs, alcohol, and solvents) were reportedly used as a means to numb traumas and emotional pains, some of which were multi-generational. Steve explained how he and his mother attempted numbing their traumas with alcohol:

*I was hopeless and I had given up....My mother and I were overtaken by emotions, and alcohol and marijuana played a major part in our problems. I smoke marijuana a lot but I never saw it as a problem. The alcohol and the marijuana helped me to forget about my problems. They were the only things that gave me relief. All my friends and family thought it was okay to drink and smoke because everyone in the area did it too.*

These traumas are connected to the experience of residential schools, displacement, assimilation, and other processes of colonial annihilation and marginalization of Aboriginal people. Through the residential school system, for example, families were ripped apart and children taken from their parents and placed in state funded Catholic boarding schools where they were taught to dislike their own culture and identity. The effects of these colonial suppressions are intergenerational as the dysfunctionality exhibited by one generation tends to influence future generations. The effects of the dysfunctionality of families and poverty include emotional depression and subsequent dependence on drugs and alcohol. Joe also recollected how he used alcohol to help numb the traumas he suffered:

*On a typical day I would look for someone with money to drink so that I wouldn't have to deal with everything that is on my mind.*

Jeff explained how mental illness and alcoholism contributed to his homelessness:

*I was diagnosed bipolar four years ago and I never really realized that was what I was....It was affecting me and I turned to alcohol a lot. I drank and used drugs so I could numb that feeling of hopelessness and low self-esteem until the next day.*

In some instances, erratic behaviours associated with drug use and alcoholism led to the removal of children and subsequent disintegration of families, producing further traumas and emotional depression. Mercy explained the connection between addictions, family disintegration, and the exacerbation of depression:

*When I had my kid, I got a place (house) and sometime after I lost my kid I gave up my apartment and started staying with family. My kids were taken away because I had started getting into drugs. I was doing coke and partying really hard.... I went through a really bad depression and I just didn't give a shit after that. I didn't give a shit about any of the stuff I had. I just wanted to escape from my surroundings that reminded me of my children because it was making me more depressed.*

Therefore, individual homeless risk factors such as alcohol/drug addictions and mental illness are linked to intergenerational traumas caused by colonial assimilation policies. Any compassionate response to Aboriginal homelessness needs to take into account this sociohistorical context. Social housing interventions, in particular, would need to be anti-colonial by design and should aim at creating settings that recognize the cultural identities and past colonial histories of Aboriginal people.

#### **4.2.5 Institutionalized homes for Aboriginal youth**

Interviewees affirmed the role of Child and Family Services (CFS) in recolonizing and creating Aboriginal intergenerational traumas and homelessness. Five of the interviewees alleged that their journey to poverty and homelessness began with CFS. With CFS, Aboriginal children in supposedly dysfunctional Aboriginal families are removed and placed under the care of purportedly stable non-Aboriginal foster families. Ironically, some of these foster families were dysfunctional themselves, as evidenced in the abuse and multiple placements of interviewees who experienced foster care. Anna was born in one of the Northern reserves in the 1950s and she migrated to Winnipeg with her mother where she entered

CFS. Like many others, Anna's story is one of emotional, physical, and sexual abuse. She narrated her experience under foster care:

*I was born in X reserve and when my mum and I moved here (Winnipeg), I was taken away from my mum because she couldn't take care of me. She was too much of an alcoholic. So I was taken away from her by Child and Family Services and I lived in foster homes.....life in the foster homes was hard. I always ran away because I was sexually abused.*

Western conceptualization of 'home' as stable settings actually contributed to mental illness in Aboriginal people maturing out of foster care. Although stable settings were provided through CFS for some interviewees, the tribulations and traumas suffered growing up in foster care contributed significantly to addictions, mental illness, and homelessness. As explained by interviewees like Anna, many of the addictions were related to numbing traumas emanating from institutionalized care.

After attaining adulthood, Aboriginal youths are released from foster homes without supports to help facilitate this transition. As a result, Aboriginal youths growing out of foster homes are often at risk of homelessness or become prone to survival crimes leading to imprisonment. Some of the interviewees grew up in the CFS system and upon attaining adulthood have often lived between streets and prisons. Simon, who has never known his biological parents, left CFS at age 18 but ended up in prison the week he was released from CFS. For Simon, prisons and penitentiaries are the adult version of CFS for Aboriginal people. He recounted how his unsupported release from CFS contributed to his imprisonment and homelessness:

*I didn't grow up with my parents. They didn't raise me and I don't even know them. I was in the CFS system. I was in and out of foster homes left and right [because] there were more bad things than there were good things. I was mistreated – physical and mental abuse. That was how I grew up until I turned 18. A week after I turned 18, I was in jail. So I spent much of my life between the streets and jail..... Going to jail didn't*

*bother me at all. It was just another institution like the CFS.*

The role of reinstitutionalization of Aboriginal youth in their homelessness is twofold. First, reinstitutionalization has been cited by the interviewees as a source of all kinds of abuse, leading to traumas, addictions, and mental instabilities which together constitute important risk factors of homelessness. The second effect of reinstitutionalization relates to unsupported release of Aboriginal youth from foster care, putting them at risk of survival crimes, imprisonment, and homelessness. Without institutional and family supports, these offenders usually end up being homeless.

#### **4.2.6 Federal/provincial social policies**

Insufficient housing supports related to Employment and Social Assistance (EIA) and public housing were another major determinant of Aboriginal homelessness. In the focus group, a participant who has worked extensively in advocacy for disadvantaged populations in Winnipeg reiterated how changes in federal/provincial social policies have contributed to growing homelessness in Winnipeg:

*Since 1992 or 1993, the EIA welfare rate for rent has not been raised. It is been stagnant all these years at 285 dollars per month. Now, you tell me where [in Winnipeg] anybody can find a place for 285 dollars a month.*

Much of Winnipeg's housing stock is old and inappropriate for human habitation. In addition to being old and inappropriate, the city's housing stock is small in relation to its rapidly growing population. A member of the focus group commented on the state of Winnipeg's housing stock:

*We have a major problem with the housing stock [in Winnipeg]. It is small in relation to the population and [it] is old too. If we have no housing, it doesn't matter how much money we put into Housing First. Housing First relies on the private sector to supply housing. If we can't actually build housing, then Housing First cannot work as it should.*

Over the past few years, Winnipeg's aging housing stock has come under attack from gentrification and other processes of urban renewal. However, the gentrified neighbourhoods are becoming increasingly expensive, and low-income Aboriginal tenants are gradually being replaced by wealthier non-Aboriginal tenants. Karina, a 35-year old woman, who was homeless for six months before her recruitment by the At Home project recollected how she became homeless after her landlord renovated her apartment:

*He (landlord) said he wasn't gonna rent me the place after renovating the place because the rent was gonna go up and I couldn't accommodate the increase because I am on welfare.*

There is reluctance in Winnipeg to invest in public housing, thus giving the private sector an increasing role in the housing affairs of the city. While the prices of rental accommodation have increased significantly over the years, as a result of private market activities, EIA support to the poor - consisting of mostly Aboriginal people - has failed to take the current realities of private market housing in the city into account. The grand effect has been the spread of homelessness among people whose only source of income is EIA.

#### **4.3 Making home on the streets**

The narratives of the interviewees provide a mix of punitive and compassionate responses to their experiences of homelessness in Winnipeg, producing a much more complex terrain that transcends a dichotomous framing. Winnipeg's homeless landscape is dotted with several service spaces that provide resources and respite to homeless people. From several night shelters, soup lines, and drop-in centres dotted across the city, homeless people were able to obtain shelter, food, and clothing to meet their basic survival needs. But such service spaces are institutionally fragmented; compelling homeless people to travel from one

service agency to the next in order to obtain the range of services needed. Jeff explained how he went about getting a day's nourishment:

*I would go to Main Street project to get food. The Main Street project offered only soup and bread, but Siloame Mission and United Gospel Mission would give a full meal.*

If one could afford a token fee, an assemblage of services could be obtained from the Salvation Army, one of Winnipeg's major shelters. Jeff described his experience at the Salvation Army:

*I was staying over at the Salvation Army.....Living in the shelter at the Salvation Army was not too bad. They gave three square meals a day and you could shower and do laundry. It was not too bad, but they do take quite a bit of your money.*

Like shelters, drop-in centres played a crucial role in the daily lives of homeless people in Winnipeg. They provided not only resources, such as food and clothing, but also a place where homeless people could meet, socialize, and forge networks of support among themselves. Karina explained how drop-in centres fostered networks of support:

*At the drop-in centres, we sit there and people talk to each other, even if you don't know each other. There, we help each other on where to go to get clothing, wash clothes, and get food. We just sit there and talk, laugh [and] use the phones and computers.*

But far from perfect, the so-called compassionate responses to homelessness sometimes produced contradictory positions towards their clientele. Rules and regulations governing stays in night shelters and other homeless spaces - often based in the religious context of providers - placed limitations on the therapeutic experiences of their clients. With varying levels of mental and cognitive stability, some of the interviewees found it difficult to negotiate such service spaces. One service team leader explained:

*The only response [to homelessness] is been a limited amount of shelter space and even that, Siloame Mission is faith-based and they have very stringent rules. Most of our population that we work with haven't been allowed to go into Siloame Mission. Salvation Army charges a fee to the system in order to stay there. Virtually it is only the Main Street*

*project that is likely the lowest barrier shelter option.*

For some of the service agencies, eligibility for support was contingent upon the maintenance of sobriety, as there were stringent rules prohibiting alcohol and drug use among shelter users. Some interviewees pointed at some shelters and drop-in centres as disciplinary spaces to be avoided. Rather than providing care, some service agencies were reportedly in the business of instilling discipline and converting their clients to what they considered 'normal life'. Such eligibility requirements were seen not only as an act of discipline, but a process that ultimately infantilize homeless people. Jeff explained the difficulties associated with living in shelters:

*I was in the United Gospel Mission but I got kicked out because I was drinking....They did alcohol test and I didn't pass the test. I then went to stay at the Main Street project for a couple of days because I wanted to drink some more.*

It is therefore important to recognize, but without romanticizing, the therapeutic role and importance of substance use and street networks among participants in the absence of effective mental health care.

By not providing the stability needed for recovery and return to normal life, some service providers, particularly operators of night shelters, have become perpetually involved in propagating homelessness and exacerbating the health risks of would-be clients who could not abide by their rules. Simon narrated how the night shelters failed to support his friend to return to normal life:

*I have got this friend of mine who was in one of the missions and he wanted to go and work but they literally have a policy that you have to take out all your stuff by 10:00am so that they can clean up the place. Because he wanted to work, he thought they won't do anything and so he went out to work for the day, leaving his stuff on the bed. When he came back in the evening, he found his stuff in the dumpster.*



The physical conditions of some of the shelters also precluded any therapeutic experience for their users. The shelters were either too dirty or supervision was done with some levity, with drug use getting entrenched, although illegal. Raymond revealed the rampant use of addictive substances in the shelters:

*The shelters were gross. They were always dirty. There were too many people there and some sniffed solvents. I was glad the shelters were there to help me when I needed a help, but I never really wanted to go back to them.*

Jeff commented on how substance use in shelters affected people trying to maintain sobriety:

*Bad things happen in the shelters too like drugs, people drinking Listerine in their rooms, and the Staff don't care a shit about that. Living in the shelter is difficult for someone trying to maintain sobriety.*

According to three of the key informants, homeless service providers were increasingly unable to meet the growing demand for shelter space in Winnipeg. The homeless population in Winnipeg has seen a tremendous growth in the last 10 years and it now outstrips the number of available shelter beds. As a result, operators of night shelters have often had to turn homeless people away for lack of shelter space (Gessler, 2011). Anytime shelter spaces were not found, interviewees resorted either to couch-surfacing at the homes of friends and relatives or sleeping rough on the streets, under bridges, in parks, and in abandoned houses. Ken explained how he found places to sleep each time shelters were full:

*When it wasn't too cold, I slept outside in the back lane by the church. I slept also at the gas station. I used to look for somewhere quiet like an abandoned house and I would sleep there.*

Cheryl also explained how she found alternative places to sleep each time she could not get access to a shelter bed:

*I went mostly to friends and family to sleep. I slept outside too under bridges, parks, bus*

*sharks or anywhere possible.*

Sleeping outside in itself was fraught with many challenges. The dangers associated with sleeping rough ranged from physical assault to rape (in the case of women). Anna narrated her experience as a rough sleeper on the streets of Winnipeg:

*Life was hard on the street because I was abused and beaten up all the time on Main Street. I had to do things I didn't wanna do, but I had to give in because I was weak. I had to give in to sex because I was afraid. Otherwise, I got kicked around and sometimes they would pull weapons on me.*

Sleeping rough on the streets and in other inappropriate places posed several health risks to homeless people, particularly during winter when temperatures are extremely cold and hypothermic. According to one of the key informants, hypothermic related deaths among homeless people are quite high in Winnipeg during winter.

In summary the results, thus far, suggest a mix of compassionate and unsupportive responses from service providers. The streets and service spaces are obviously fraught with risk and danger. Yet within them, one could also find many instances of therapeutic experiences related to sense of belonging, mutual support, and nourishment that are consistent with a broader understanding of home. However, any sense of home on the street existed within a luminal space of criminality, risk, violence, and hardship. Within this context, instead of building on existing networks/spaces of care, the provision of permanent housing has emerged as a purportedly more compassionate response to homelessness in Winnipeg. Scattered independent permanent housing was the ethos that was expected to help participants overcome the many challenges they faced in shelters and other homeless spaces. It was particularly anticipated that permanent housing would provide the stability needed by homeless people with mental illness to recover and regain their health. The next

section highlights the experiences of the At Home participants, seeking specifically to provide a more nuanced understanding of the actual experiences of homeless Aboriginal people within this relatively “novel” yet individualized and spatially dispersed therapeutic milieu.

#### **4.4 Finding home in At Home/Chez Soi**

Like many other purportedly compassionate responses to homelessness, the At Home project brought mixed experiences to its Aboriginal participants. On one hand, some interviewees were unequivocal about how the project has helped in restoring a sense of ontological security, self-esteem, and mental stability. On the other hand, interviewees were less satisfied with the lack of attention to their sociocultural preferences in regard to the importance of home as a therapeutic setting. Interviewees were particularly dissatisfied with the absence of family-oriented ceremonial spaces within their home milieu. The themes below provide detailed accounts of how Aboriginal participants experienced life in independent scattered sites apartments in Winnipeg.

##### **4.4.1 *Ontological security***

The stability created by permanent housing conferred on the interviewees a renewed sense of ontological security, defined by Dupuis and Thorns (1998: p. 27) as “a sense of confidence and trust” in being in the world. The shift from a disempowered status as homeless people to having an apartment represented a significant positive change in the lives of some interviewees. They felt their apartments enabled them to exercise self-control and discretion over their lives, which they hitherto lacked. Participants’ sense of self-control and ownership was partly reflected in the different ways in which they decorated their

apartments, although all had received basically the same furniture and kitchenware at the inception of the project. According to key informants, the photographs and decorations spotted on the apartment walls of the participants after a few months in housing signified a sense of control and ownership over the appropriation of their space. John, who had been homeless for more than five years and living at the Salvation Army before moving into his own apartment, commented on how the move felt like a return to a previously stable phase of his life:

*"I guess I feel at home in my apartment because it is mine and it is my bed, my couch, my TV, my computer. That is how I used to make my living when I could get work"*

For many interviewees, the opportunity to shut the door and have a quiet time in solitude was therapeutic. The privacy and stability offered by permanent housing were important in helping some participants reflect and make decisions about their lives. Simon explained his restored sense of privacy and how it has helped in his reflections about future prospects:

*I have a lot of privacy now. I can focus on the future more....I am now thinking of getting a job or going to school.*

#### **4.4.2 Self-esteem and new social networks**

Through permanent housing, several of the interviewees were able to build on their self-esteem and to make new friends outside of their homeless circles, whom they called 'healthy friends'. Healthy friends are members of the domiciled public who were previously inaccessible to the interviewees when they were homeless. Being able to interact freely with other people without being denigrated on the basis of their homeless status was helpful in building their self-esteem as respectable members of the public. The sense of rootedness conferred by permanent housing along with the restoration of dignity as normal

citizens has aided emotional healing for some of the interviewees. A participant in the focus group recounted the role of housing in her renewed sense of pride:

*[Permanent housing] has helped me to rebuild pride. I don't have to hold my head down anymore. I can hold my head up now in front of anybody these days.*

Jeff recounted how the At Home project helped him to change his friends and acquire new social networks:

*I guess the security I got in the apartment helped my stability and also changed my friends. I am no longer associating with drug addicts. Even my girlfriend, I had to let go.... I am no longer hanging out with people who could influence me back into drugs and alcohol.....I have now got a circle of healthy friends.*

#### **4.4.3 Sobriety and mental stability**

The stability offered by permanent housing played a key part in maintaining sobriety among the interviewees. From drinking more than a liter of alcohol per day along with doing crack and sniffing cocaine and solvents for the past 10 years, Cheryl explained how her newfound sobriety and mental stability revealed new future possibilities for her:

*The stability is been good.....now I don't do drugs anymore... And I hope that one day I will be reunited with my children.*

Through the At Home project, some interviewees have been able to reconnect with existing mainstream services they could not access as homeless people. By reconnecting with existing mainstream services like Alcoholics Anonymous, some interviewees were further able to see opportunities to seek appropriate medical attention for their mental health illnesses. Joe explained how stable housing has helped him to maintain sobriety:

*I have not relapsed. Whenever I feel like drinking, I go to my doctor and he would prescribe me 'Temazepam', and I can get through a couple of months. I also go to Alcoholics Anonymous on Ellice Street.*

For some participants, permanent housing has stabilized them to a point that they now have begun to set goals for the future, as in the case of Cheryl who hopes to reunite with her children placed in foster care. Other aspirations of the interviewees included maintaining good health, finding a job, or even returning to school to obtain better educational qualifications. Such aspirations are important signifiers or surrogates of mental and emotional recovery. Steve who had been homeless for six months prior to his recruitment by the project explained his future aspirations regarding health and employment:

*I will keep seeing my psychologist and I will try and find a job in the future so that I will be able to keep my apartment when this project ends.*

#### **4.4.5 Persistent nomadism**

Through CFS and the uneven geographies of institutions, a segment of the At Home participants could still be described as being transient or nomadic. Many At Home participants who grew up in foster care have been less successful at establishing permanent roots as adults. While they desired a return to their reserves after leaving foster care, their lack of strong ties with home community together with the uneven geographies of social infrastructure have kept them in constant mobility between reserve and city. Josh was born on a reserve but raised by foster parents in Winnipeg, and since age 16 he has been a nomad, moving repeatedly between his home community and the city. Nomadic participants like Josh were not particularly looking to establish permanent roots. Rather, their lives have been structured to move repeatedly between home community and city. For participants who were still in this routine, the At Home project had changed very little about this aspect of their lives. Josh's back and forth movement between home community and city was corroborated by one of the key informants:

*Housing First doesn't quite apply to Aboriginal participants who are really used to a life*

*of migrating – moving from one place to another and then to another. Housing First is really designed about people setting roots and establishing a home. I think for some Aboriginal participants, their idea of setting roots or their need to set roots is very different from that of non-Aboriginal folks. They don't necessarily plan on staying somewhere for a year and being the model tenant.*

#### **4.4.6 Home as family, friends, and community**

Contrary to the popular notion of homeless people as disaffiliated individuals, interviewees demonstrated numerous coping strategies based on their survival instincts, one of which was the formation and maintenance of street alliances, cliques, and networks of support. Consequently, At Home participants who got into housing felt obliged under an unwritten code to reciprocate favours they received from family and friends as a result of their newfound resources. In addition, home was seen by some of the interviewees as a family space, with family itself seen with a much wider brush and extended to include friends and other community members. But, while many At Home participants were willing to host their families and friends coming from their home communities and within the city, the private rental market placed limitations on this kind of activity, especially sleepovers. Karina complained about how principles of independent scattered living have come to disconnect her from the social networks from which she obtained emotional support and resources:

*My guests always have to leave and I am always sitting there by myself with nothing to do. I can't just sit there and be quiet like they want me to....I can sleep at night but I can't have people over....Home is connection, togetherness, helping, sharing, and watching the kids. You are at home when you are with your people. Home is a place where you would never be lonely.*

A participant in the focus also described his home in terms similar to Karina's:

*Home is connection with family and community. I am a grandfather and I like it when my children and grandchildren are around. I feel at home when I am with them.*

One of the key informants corroborated the narratives of the interviewees, emphasizing the 'coming in' and 'going out' of participants' family and the resulting tensions between them and their landlords.

*In the beginning, each client would come as an individual person and so they wouldn't have strong family connections or partners. So it was like a single person being housed in a single person's place [but] what we have found of course is that people actually have community connections and partners.....Once they (participants) connect back to their home community, [they] have a lot of family come and visit. So they might have their mom and three cousins come and stay for three weeks and then they would go home and next week an uncle comes and the week after that a different cousin comes and landlords tend to not like excessive guests because they feel it is a big drain on their utilities.*

Another key informant also commented on the challenges of independent housing for individuals with a communal culture:

*It is really challenging for people who have lived communally on the street to then pull one person out and put him in a house and tell them they have to tell all their community that they are not allowed to stay over because it would cause them to get evicted.*

Restrictions on guest sleepovers by landlords resulted in loneliness among some participants. Indeed, many of the interviewees expressed dissatisfaction with the loneliness created by independent scattered living, some of them admitting to going back to the streets and night shelters to reconnect with friends and family. Karina explained how independent scattered living has isolated her from her community of friends and family:

*I am too now isolated and living with people who I am not used to living with, people who necessarily don't want me there and I don't feel comfortable.*

For Jenna, who was diagnosed of schizophrenia, independent living in scattered sites had not only created loneliness but had actually exacerbated her mental health situation. She lamented on how scattered sites living has contributed to the deterioration of her mental health:



*I never really hallucinated until I started living in that house. I hallucinate now because I live alone in an area I don't like. I probably think alone too much....I think I am getting sicker staying in there rather than outside.*

For At Home participants like Jenna, returning to the streets where they feel more welcomed appeared to be a logical decision. The loneliness experienced by some of the interviewees in scattered housing where visitations and sleepovers by friends and family are restricted can be likened to the 'spatial prisons' described by Dunn (2000). Being simultaneously schizophrenic and a prisoner of space can result in poor health outcomes. Unable to cope with the restrictions placed on sleepovers, some of the participants disregarded tenancy rules, brought in their friends and family for sleepovers and eventually got evicted from their apartments.

#### **4.4.7 Lack of ceremonial spaces in home settings**

Smudging and participation in sweat ceremonies are two essential Aboriginal cultural practices with healing functions. In Aboriginal culture, spaces for smudging and sweat lodges are indistinguishable from domestic spaces, and the two blend in complex ways to produce Aboriginal therapeutic settings. The lack of Aboriginal cultural spaces in the home environment hindered the therapeutic experiences of several interviewees. For example, smudging, which involves the burning of sage or sweet grass, could not be effectively practiced without triggering obnoxious beeping from smoke detectors, installed in apartments to warn against risks of fire. In trying to overcome this inadequacy, the At Home project made provisions for participants to be taken outside their home environment at the outskirts of Winnipeg to undertake such important ceremonies, particularly sweats. One of the key informants explained the location of sweat lodges and their importance in the lives of the project participants:

*The sweat lodge that we go to is kept by Elder Greene in Selkirk. We work with Elder Greene because he works with people with mental health issues. He can be really helpful for people who struggle to know the difference between what may be a disillusion or hallucination or symptoms of their mental health issues and what is a spiritual experience*

It is noted that visiting sweat lodges located elsewhere does not carry the same therapeutic effects, so long as they lie outside the home environment. According to interviewees, the full benefits of sweat lodges are exploited when they are located in home space and used in combination with other domestic activities. Jenna explained how planning a trip to a sweat lodge outside her home does not feel therapeutic.

*Sweats are supposed to be where you live. You don't plan to go to sweats. You just get in there whenever you feel like it.*

Mercy retorted angrily to the separation of home space from sweats and smudging spaces:

*You can't even do anything (smudging) in there (apartment) without the fire alarm making noise.*

Home, for some of the interviewees was also about living in a community where traditional teachings are made an essential part of the community sociality. Josh explained the settings needed for creating his ideal home:

*Home is living in a community where there are elders to undertake Aboriginal teachings in sharing cycles and different ceremonies. This is what makes us who we are. We get our self-identity through communal living and the teachings that go on in the communities.*

#### **4.4.8 Socio-cultural behaviours**

According to three key informants, homelessness for some of the project participants was an experience they shared with their parents and for some, their grandparents. For Aboriginal people who have spent their entire existence being homeless, a lot of time and efforts were needed to get them used to the culture of living in housing with other people.

Owing to their family circumstances and the intergenerational nature of their homelessness, some of the At Home participants did not have an opportunity to learn and acquire those developmental skills needed to live in housing, especially in apartment blocks where personal liberties have to be exercised with respect for those of fellow tenants. According to the informants, it was difficult to bring some of the housed participants to understand the difference in spatial context between the housed environment and homeless spaces. Lacking good tenancy skills, some of the participants were reportedly disruptive, hosting outrageously noisy parties in apartment blocks at odd hours in the night. In some instances, damages to apartment units occurred as a result of such parties, leading to multiple evictions. Ken explained the circumstances leading to his eviction:

*When I joined the project, I got kicked out of a place on Jarvis [street]. I wasn't supposed to have guest sleepovers....but I had a disruptive girlfriend and she would break my window or door.....drink and yell. Eventually, I was kicked out.*

Karina joined the At Home project three years ago after having been homeless for much of her adult life. She expressed her frustration at the restriction placed on her personal freedom at Manitoba Housing:

*It has been crazy [living in my apartment] because if you make the slightest noise, Manitoba Housing Security comes up there and bang on your door and tell you that you are making noise and that you are not the only one staying there. If you make the slightest noise, they get mad at you.*

Part of Karina's personal freedom had to do with hosting parties at her apartment with her cousins. Her insistence on exercising this freedom led to her eviction from Manitoba Housing. She explained the circumstances of her eviction:

*[I was evicted] because my cousins and I would invite people to my house and we would party and get loud, and Manitoba Housing said I couldn't live there anymore because there were too many parties and people were loud and breaking things.....[Consequently], I was kicked out of my apartment.*

Sometimes the responsibility associated with having an apartment was overwhelming for some of the participants. Having been homeless throughout their entire adult life, some of the interviewees reportedly found it difficult undertaking daily chores, including cleaning up their apartments and doing laundry, to meet expectations of tidiness. While homeless, these chores were carried out for them by others. Mercy retorted:

*I hate the responsibility that comes with having my own place, like cleaning up and taking care of my own laundry.*

According to key informants, because of the mental health situation of the participants, landlords and caretakers were persuaded and, in some instances given incentives, by the project to accept participants in their units. With mental illness, poor housing histories, and obviously lacking rental reference for housing, the project stood in as guarantors and openly discussed the circumstances of the participants with landlords. A key informant revealed how the project mediated relationships between participants and landlords:

*Some of the participants had no rental or employment history and landlords were concerned about the safety of their properties. Some landlords would not even accept our participants. The project therefore guaranteed to repair damages caused by our participants.*

Although accepted into housing on the basis of these guarantees and incentives, landlords who willingly housed these potentially disruptive persons remained skeptical about the participants, as they went to great lengths to ensure the safety of their properties, which was achieved largely at the expense of participants' privacy and convenience. For these landlords, the participants were a suspect class of tenants whose activities in the apartments had to be monitored for infractions. Being under the radar, some interviewees reported a feeling of discontentment and, in some instances, strained relationships with landlords and caretakers. Mercy recounted how her landlord disregarded her privacy:

*My landlord is a racist....he comes and goes out of my apartment whenever he wants....and he tries to tell me who I can have and can't have in my apartment. That sucks!*

Apart from troubleshooting with different kinds of assistance, including housing and supports, to achieve mental stability, Housing First does not appear to problematize the colonial and racist roots that undergirded relations between Aboriginal tenants and non-Aboriginal landlords. As the above accounts demonstrate, Aboriginal homelessness is not just a mere lack of housing but a relational problem between Aboriginal people and the rest of Canadian society, all of which need to be addressed simultaneously if effectiveness is to be achieved.

#### **4.4.9 Limited housing options in Winnipeg**

Although having choice in the selection of housing and residential neighbourhoods is a key requirement of fidelity in the Housing First model, the housing reality in Winnipeg placed limitations on the choices of the At Home participants. While some of the participants were successful at obtaining their ideal apartments, others were compelled to accept housing in neighbourhoods they considered less desirable. First, a lot of that had to do with the low vacancy rate in Winnipeg which currently pegs around 1%, thus putting the prices of rental housing above the means of the At Home project and its participants. Although the At Home project provided a substantial subsidy to ease the financial burden on its participants, quality housing in safe neighbourhoods was still expensive for a lot of the participants. Second, the issue of discrimination against Aboriginal people with mental illness was still a serious challenge as some caretakers and landlords were unwilling to accept participants in housing. Third, EIA which remained the only source of income for most of the At Home participants is currently too low in relation to the rising cost of housing in Winnipeg. With

these factors working against the participants, several of the interviewees could only find housing in inner city locations which were characterized by poor housing, poverty, and high crime rates. Regarding the compromise she had to make to get into housing, Karina explained:

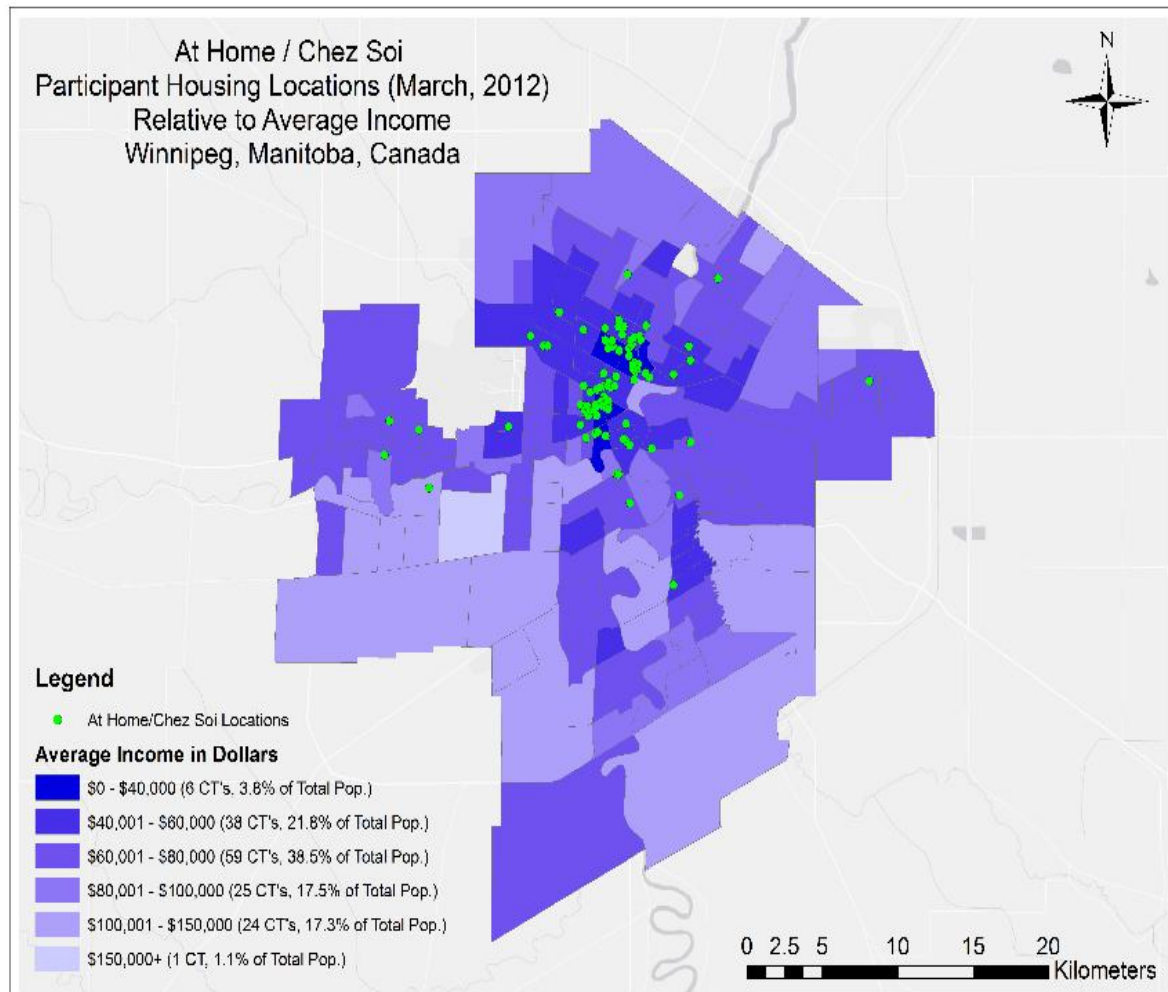
*I live in the North End, around Point Douglas. There are always gunshots and gang fights. My support worker picked that place and I told her I didn't like it but I took it anyway because winter was coming and I was tired of being outside.*

Mercy also commented on the quality of her housing, located in the inner city:

*The house is in a poor condition. There are too many things that need to be fixed. The foundation is coming off. There are mice. The ceiling in the bathroom leaks. [The apartment] is cold because it is in the basement. It is an old house.*

For At Home participants like Karina and Mercy, the ideal home would be in a neighbourhood that has good housing, free of crimes and gang-related activities. In their cases, the improvement in their housing circumstances as a result of their involvement in the At Home project was doubtful. Fig. 4 shows the residential locations of the At Home participants. The map reveals that despite the choice element of the Housing First model, Winnipeg's At Home participants were still located in low-income inner city neighbourhoods.

Fig. 4.1: Residential map of Winnipeg's At Home/Chez Soi participants



Statistics Canada (2006); Institute of Urban Studies, University of Winnipeg (2012)

In summary, the interviewee accounts have demonstrated that Aboriginal homelessness is connected to their colonial past, as well as ongoing processes of recolonization. Structural factors such as the uneven distribution of infrastructure, reinstitutionalization of Aboriginal youth, social exclusion, etc. and individual homeless pathologies, including nomadism, addictions, and mental illness are all but interconnected in complex ways. The manner in which Aboriginal homeless people experience, negotiate, and interpret purportedly compassionate responses to their homelessness can be situated within their experiences as colonized and marginalized people. Thus, truly compassionate interventions targeting

Aboriginal homelessness must be decolonized in order to take on board culturally specific characteristics that are important for creating Aboriginal therapeutic settings.



## CHAPTER FIVE

### DISCUSSION AND CONCLUSIONS

The emotional geographies of home and their relationship with health have received substantial theoretical attention. Most of these works have conceptualized home not just as a physical dwelling, but a site of multiple meanings (Ralph & Staeheli, 2011; Padgett, 2007; Kearns & Smith, 1994). In this thesis, I go a step further to use therapeutic landscapes theory to examine the cultural meaning of home, as it pertains to Aboriginal Housing First participants in Winnipeg. Specifically, this thesis builds on Wilson's (2003) theory about the relationship between land, as place, and health. While noting that Wilson's theory was based on research undertaken in a rural reserve setting in Ontario, this thesis posits that her theory has utility in the urban context. Although physically separated from land in its traditional sense, the community and family orientations, spiritual practices, and ceremonial activities of my research participants are land-related activities that are still important for Aboriginal therapeutic settings in the urban context. The findings of this research suggest that culturally contextualized theorizations of home are important for our understanding of the subjective geographies of home.

This thesis has also demonstrated the importance of sameness in dealing with positionality in cross-cultural research. My experiences and worldviews as an indigenous black African from a former British colony resonated with those of my research participants. Thus, the 'us and them' tensions often encountered in cross-cultural research involving white researchers and colonized indigenous peoples did not arise in the course of my research. However, this thesis was limited methodologically by time and, as such, I could not build rapport towards collecting and using observable data in the analysis. Future research incorporating

participant observation techniques could provide far more in-depth analysis of what home means to homeless urban Aboriginal people with mental illness.

This chapter provides a framework for understanding the constitution of home within an Aboriginal context as it attends to 'culture' in homelessness research. First, the sociohistorical context of Aboriginal homelessness is discussed, highlighting its colonial antecedence and why compassionate interventions must be situated within an anti-colonial agenda. Second, I discuss how the interviewees experienced emergency homeless services which purportedly served as compassionate post-revanchist responses to homelessness in Winnipeg. The third section of this chapter discusses the housing experiences of the Aboriginal At Home/Chez Soi's Housing First participants, highlighting their need for appropriate therapeutic settings that meet their expectations of home. The section is based on perspectives gleaned from the narratives of the interview participants, the purpose being to link their experiences to the concept of 'Aboriginal therapeutic landscapes' (Wilson, 2003), which are centered on the cultural meanings of place and health. The findings call into question the appropriateness of private market housing for Aboriginal participants amidst racism and marginalization against Aboriginal people in all aspects of national life. Finally, I conclude with a series of recommendations for creating Aboriginal therapeutic homes.

### **5.1 Sociohistorical context of Aboriginal homelessness**

Two distinctively entrenched positions have often been made between structural and individualistic explanations of homelessness. While structural explanations related to the onset of neoliberalism have found empirical support since the events of the 1970s and

1980s, 'blame the victim' explanations still dominate public discourses on homelessness (Gallagher, 1994; Hopper, 1991). Understandably so, much of these discourses are based on research undertaken outside a Canadian Aboriginal context, mostly in the United States and Great Britain where skid row was first studied (Herbert, 2008). Accounts obtained from interviews with Aboriginal Housing First participants in Winnipeg seem to refute some of these dualistic explanations, rather suggesting a multiplicity of intricately interlinked factors.

As the narratives of the interviewees have demonstrated, the spread of homelessness among Aboriginal people in Winnipeg is an outcome of a multiplicity of factors that defy simplistic notions of structural and individualistic cautions. First, homelessness among urban Aboriginal people is not unconnected with Canadian colonial history and prevailing social policies that ostensibly have functioned to recolonize and assimilate Aboriginal people. Since the 1960s, there has been an influx of Aboriginal populations into Canadian urban centres from rural based reserves. Consistent with this pattern, a majority of the participants interviewed in this research came to Winnipeg from rural reserves as migrants looking to better their 'life chances', a phenomenon that is consistent with the rapid urbanization of the Aboriginal population across Canada (Hanselmann, 2001). The proportion of Canada's Aboriginal people living in urban areas increased from 7% in the 1950s to over 50% in 2006 (Wilson & Cardwell, 2012). In settler societies like Canada, migration of indigenous people into large urban centres has been triggered by myriad of factors, including systematic degradation of ecosystems and loss of traditional means of livelihood (Kearns, Moewaka-Barnes & McCreanor, 2009), dispossession of land (Wendt & Gone, 2012) and lack of employment opportunities (Ellison-Loschmann & Pearce, 2006).

Second, this research has confirmed the role of the uneven geographies of social infrastructure as a major contributing factor in Aboriginal rural-urban migration and homelessness. As the interviewees narrated, many reserve-based populations across Canada continue to endure deplorable economic and social deprivation that is prohibitive to healthy living (Sookraj, Hutchinson, Evans et al., 2010), while large urban centres like Winnipeg continue to be the focus of social services related to education, child welfare, corrections, addiction treatment, and mental health (Christensen, 2012). The skewed geographies of social infrastructure has been interpreted by others as a strategy to dislodge Aboriginal people from their traditional territories or lure them to urban centres where they could be assimilated as part of an ongoing process of recolonization (Peters & Robillard, 2009).

Third, through invasive child welfare policies and correction systems, reinstitutionalization of Aboriginal children and youth has occurred, with most Aboriginal people maturing out of foster care ending up in prisons and penitentiaries. Gaps in service provision to Aboriginal youth growing out of foster care and correction systems have been blamed as a major cause of Aboriginal homelessness in Canadian cities, including Winnipeg. In particular, access to appropriate housing and employment opportunities remains a serious social problem for Aboriginal people settling in Winnipeg, including those released from foster care, prisons, and penitentiaries. The narratives of the interviewees demonstrated in very real terms the life-long consequences of such childhood experiences, as such individuals are vulnerable to survival crimes, substance addictions, and other risk factors that lead to incarceration, mental instabilities, and homelessness (Gessler, 2011). Ruttan, LaBoucane-Benson and Munro (2008: p. 34) also argue that these traumatic experiences produce “a perpetual self-

effacement that silenced voice [and in a lot of cases] a self-destructive anger that often resulted in addiction, abuse of self, and further victimization of others". Such 'malign neglect' could be likened to the outcomes of the deinstitutionalization policies of the 1970s and 1980s that today have remained important landmarks in the history of North American poverty and homelessness.

Fourth, state welfare policies related to public housing and low Employment and Income Assistance (EIA) rates are important structural factors that continue to have serious ramifications for homelessness among unemployed and mentally ill Aboriginal people. Along with the disbandment of state funded public housing programs, government policy on EIA has failed to account for the housing reality in Winnipeg. With the rent of a bachelor suit stabilizing at an average of 600 dollars per month, many Aboriginal people who depend on welfare assistance have had to find ways to make home on the streets and in night shelters.

Lastly, the issue of racism against Aboriginal people in the private rental housing market remains crucially important as far as their homelessness is concerned. As the accounts of the interviewees show, the intensification of Aboriginal homelessness in Winnipeg can partly be attributed to discriminatory practices borne out of negative stereotypes which present Aboriginal people as a disruptive population. As a result, private landlords and caretakers have always been hesitant in accepting Aboriginal tenants in housing, more so if they have been homeless and have mental illness.

In sum, the research confirms that individual homeless pathologies of Aboriginal people such as migration, transience, traumas, addictions, and mental illness are connected to

colonization and ongoing structural factors implicitly, and insidiously connected to racism and a recolonization agenda. Indeed, intergenerational traumas and systemic racism have been shown to play a significant part in addictions and mental illness among Winnipeg's homeless Aboriginal population. Similarly, residential schools, child welfare systems, and the uneven geographies of social infrastructure have contributed to Aboriginal nomadism and lack of rootedness. Homelessness among Winnipeg's Aboriginal population is therefore an outcome of complex interactions between individual and structural causal factors and the ideological tendency to isolate the two produces a truncated understanding of Aboriginal homelessness. Anti-colonial responses to Aboriginal homelessness in Canada would need to be placed within the colonial present of Aboriginal peoples, their culture, and identity. An anti-colonial policy response to homelessness is important for demedicalizing the phenomenon, while recognizing that culture, emotions, and spirituality are an integral part of the broader solution. Given this context, therapeutic home for Aboriginal people may be seen as a social space devoid of control by non-Aboriginal people. The production of such home spaces may also lie outside the purview of private sector housing, as this is an area lacking active participation of Aboriginal people.

## **5.2 Finding 'home' within emergency homeless spaces**

While colonially induced traumatic experiences and ongoing processes of recolonization and assimilation are important structural factors in Aboriginal homelessness across North America, earlier urban response to homelessness "turned from a position of malign neglect to more obviously punitive measures" (Johnsen, Cloke & May, 2005: p. 787). Within an urban policy agenda, bylaws and other regulatory measures have been used in many North American cities to prohibit the performance of homeless survival activities (e.g. begging and

panhandling) as part of a plethora of strategies to contain and manage the urban poor, including persons with homeless identities. In his contribution to discourses of urban revanchism, Nicholas Blomley (2004) provides a compelling argument about privatization of urban space as being fundamentally responsible for legitimizing “intensified surveillance and policing” (p. 31) that result in evictions from private urban space of those who have sought refuge in streets and parks. Amidst this discursive landscape, some compassionate responses to homelessness have emerged, ushering in a purportedly compassionate era that is now characterized by a much more complex homeless landscape, which Joshua Evans and Geoffrey DeVerteuil (AAG session 2013) have termed the ‘messy-middle ground’.

The landscape of homeless services in Winnipeg is dominated by non-statutory agencies, mostly Christian organizations, whose missions are driven primarily by an ethos of care for others as enshrined in the New Testament scripture (Cloke et al., 2008; Rollinson, 1998). According to Cloke and colleagues, the urge to care for others is also driven by a morality discourse where ‘self and otherness’ become blurred as caregivers feel ethically obliged to be sympathetic and supportive of those in need. Propelled by these religious, but also secular humanistic principles, several organizations in Winnipeg, including the Main Street project, Salvation Army, Siloame Mission, and United Gospel Mission, have become involved in caring for the city’s homeless population amidst abrogation of governmental responsibility for the provision of social welfare (Mackinnon, 2000). Through these agencies, homeless people in Winnipeg could obtain a variety of services and resources, including food, shelter, clothing, and places for hanging out. However, the fast rising numbers of homeless people in the city along with deteriorating funding make it increasingly difficult for these service agencies to adequately meet the needs of their clientele. For example, as

narrated by the interviewees, shelter beds were allocated on the basis of first-come-first-served, and each time shelters were full, many homeless people in need of shelter space were returned to the streets and into other unsafe places. The governance of night shelters and other homeless spaces were also sometimes exclusionary and inimical to the needs and preferences of segments of their clientele. The narratives of the interviewees revealed that many of the missions serving homeless people were governed by rules and regulations that prohibited alcohol and drug use, putting those who could not maintain sobriety at risk of remaining on the streets (Rollinson, 1998).

Winnipeg is also visibly lacking any anti-racial policies, leaving homeless service providers with the option to disregard cultural differences, if they so wish. The inadvertent over-regulation and normalization of homeless spaces is consistent with what Cloke et al. (2005) described in their study of emergency homeless services in Britain. Cloke and colleagues discovered that while charity organizations in Britain had professed unconditional care for the homeless, there were empirical discrepancies as some caregivers sought to use their services to evangelize and instill self-discipline in their clients.

As emergency homeless spaces are replete with challenges, some of which are particularly salient for Aboriginal people, the streets have become an integral part of their everyday geographies of survival. Perhaps, by virtue of their culture and life experiences on reserves, many Aboriginal people appear somewhat resilient to street life. Many of the interviewees experienced the streets as spaces that fostered mutual support in the absence of a supportive atmosphere at designated homeless spaces. This observation is not a romanticization of Aboriginal street life, as the interviewees also recounted instances of



risky rough sleeping, rape, murders, etc. which undoubtedly cast light on the lack of adequate and compassionate policing and supports on the streets. Thus, although some homeless Aboriginal people find the streets to be more supportive than designated homeless spaces, the absence of compassionate policing and other supports on the streets makes them an inappropriate setting for therapeutic interventions.

### 5.3 Finding 'home' in At Home/Chez Soi

The At Home project sought to provide housing and supports to that segment of the homeless population who, through aggravated mental illnesses, addictions, and behavioural challenges, have faced the toughest barriers in accessing mainstream existing homeless services. Rather than non-statutory sector organizations, the At Home project was implemented with financial resources (110 million dollars) from the federal government. With five demonstration sites in Moncton, Toronto, Montreal, Vancouver, and Winnipeg, the At Home project represented one of the most coordinated compassionate responses to homelessness in Canadian welfare history. But taking into account an 'Aboriginal therapeutic landscapes' perspective, the implementation of the At Home project could be seen as having a mixed impact on the experiences of its Aboriginal participants in Winnipeg and their success in finding/creating a home in the city.

An important positive outcome of permanent housing was the creation of a sense of safety, ownership, self-control, and privacy among the project participants. These markers of ontological security came to be an important factor in the mental stability and general wellbeing of the project's Aboriginal participants. The feeling of ontological security was particularly greater among participants who had past housing experiences and who, while

on the streets, relished profoundly their days in housing as domiciled members of the public. Prior to being rehoused, these participants had typically lived in shelters or couch surfed at the homes of family/friends where markers of ontological security were absent. In these homeless living arrangements, key decisions about homeless people's lives were seen to be dictated by others. In many homeless spaces such as soup lines and day centres, homeless people suffered the indignity of having little to no control over what to eat, when to eat or when to rest and wake up (Rollinson, 1998). Through permanent housing, this trajectory changed with the restoration of privacy and the ability to make decisions of one's own without being supervised or scrutinized by the prying eyes of others. The narratives of the interviewees about ontological security resonated with David Sibley's (1995) description of home as personal or family space to which others can only enter by invitation. Permanent housing, in this context, could be seen as providing the stability and protection needed against the vagaries of a "threatening and uncontrollable" outside (Dupuis & Thorns, 1998: p. 24). Thus, the transition from shelters and streets to apartments represented a change in spatial settings with therapeutic effects, characterized by the conferment of markers of ontological security (Padgett, 2007).

The therapeutic functions of permanent housing also played out in the participants' ability to overcome negative stereotypes associated with homelessness, while reintegrating and blending themselves in mainstream society by reconstructing their public image and establishing new social networks. Through stereotypical images imposed by the domiciled public and providers of homeless services, interviewees recounted sentiments that compelled them to conform to a view of themselves as an 'urban underclass' whose membership in urban society was burdensome and undesirable (Rollinson, 1998). Some of

these discursive practices were expressed in open hostility from police and businesses towards the homeless, as they sought to remove persons whose spoilt identities threatened the serenity of prime public space. For some of the interviewees, being in permanent housing has changed the stereotypical images they once suffered as homeless people. As some interviewees narrated, permanent housing offered an opportunity for identity construction, exemplified by shaking off negative images, rebuilding personal pride, and establishing new social networks outside of their former homeless circles.

The housing experiences of the At Home participants was not universally positive, one of the negatives being the inability of Housing First to stabilize some participants in place and to halt their coerced mobility. Mobility of homeless people has often been cited in geographical literature as part of a plethora of survival strategies adopted by homeless people to circumvent urban space regulation (Klodawsky, 2006), acquire resources (Cloke et al., 2008) or overcome restrictions on caseloads associated with the new poverty management (DeVerteuil, 2003). In the context of Aboriginal homeless mobility, nomadism provides a therapeutic context to cycling between reserve and city. Whereas this research found such assertions to be valid in view of the concomitant existence of compassionate and punitive responses to homelessness, it also found that lack of place attachment is an important factor in homeless mobilities of Aboriginal people. Through the child welfare system, many Aboriginal children have inadvertently hopped from one dysfunctional foster family to the other, becoming 'urban nomads' (May, 2000a; Spradley, 1970) as adults with no ties to particular places, even after being housed. This comes in stark contrast with Housing First objectives which are mainly centered on achieving housing stability and establishing permanent roots in particular places. The Aboriginal urban nomads

encountered in this research often moved out and returned to the city, looking to find a 'sense of place' but often fail in their pursuits, in part due to their lack of rootedness created by CFS. Aboriginal nomadism of this nature is amplified by the uneven geographies of institutions where the City of Winnipeg has more than a fair share of health, education, and housing infrastructure which attract people from surrounding reserves on a daily basis. With this movement entrenched in their lives, some of Winnipeg's Aboriginal At Home participants have found it difficult to stay rooted in permanent housing, and as such have often attempted to structure their lives in a social space that encompass both the city and their reserves. This nomadic lifestyle had very little connection with the hunting and gathering past of Aboriginal people, but had more to do with their colonial past as survivors of residential schools, child welfare services, and the ongoing dysfunctional governance imposed by the Indian Act, including the over-concentration of social infrastructure in Winnipeg at the expense of Aboriginal reserves.

The emphasis placed on independent scattered living by the Housing First model conflicts with the community and family orientation of many of the project's Aboriginal participants. Independent scattered housing for homeless people with mental illness is a key fidelity of the Housing First model which is largely driven by a perceived need for social mixing (Atherton & Nicholls, 2008; Stefancic & Tsemberis, 2007). Social mixing policies which can be traced to the growth of segregated American black ghettos in the 19<sup>th</sup> Century are predicated on notions of social equity (Bolt, Philips & Van Kempen, 2010). The residents of such ghettos were understood to be incapable of escaping enduring intergenerational poverty without deliberately desegregating them through social mixing. By having contrasting neighbours of different income and ethnic backgrounds, social mixing was

thought to be an effective instrument for integration and social cohesion. In recent years, the premise of social mixing policies has been challenged and problematized amidst growing evidence showing poor outcomes. Studies of social mix programs in the United States have revealed very little evidence of social interaction between low and high income residents living in the same apartment building (Brophy & Smith, 1997). In a study evaluating social mix programs in South Australia, Arthurson (2010) found that rather than their new neighbours, social mixers had their predominant social ties with their old neighbours.

The narratives of the interviewees demonstrate that strict adherence to the principle of independent living has resulted in isolation and a feeling of loneliness among several Aboriginal Housing First participants. The model's fidelity of independent living can be aligned to a western normative culture which upholds independent living principles as a requirement for creating 'home'. Such principles have consequently found expression in rent lease agreements between landlords and tenants. Within the context of Aboriginality, where communal living is considered therapeutic, the limitation placed on sleepovers by friends and family by private landlords and caretakers was detrimental to therapeutic experiences. This fidelity obviously contrasts sharply with an Aboriginal sense of home, seen by interviewees' as living communally and tied to land. According to interviewees, a sense of home is ignited not by living in solitude in scattered sites apartments, but by living and interacting with family and friends in an environment devoid of the restrictions they experienced in private rental housing. For many of the interview participants, living and performing cultural/spiritual ceremonies together as family, friends, and community are an essential part of being 'at home'. As several of the project participants were already estranged from any sense of family and community, strict adherence to independent living

principles was not only inimical to their reintegration but contributed to further estrangement. Sense of home in this vein could only be achieved by a healing process that re-establishes these ties in a culturally relevant manner.

While urbanized Aboriginal homeless people have imbibed some western concepts about home, including desiring ontological security, some of them still seek to maintain some aspects of the traditional homes they have been accustomed to. Therapeutic home experience for many Aboriginal people is not limited narrowly to a feeling of ontological security, but extended to include environments or living situations that support their emotional and spiritual wellbeing, which are connected in complex ways to Aboriginal therapeutic landscapes. In addition to communal living arrangements, spatial settings that blend domestic and ceremonial spaces, such as sweat lodges, were considered by the interviewees to be therapeutic. Aboriginal therapeutic home, within this frame of understanding, is consistent with the four directions of the 'medicine wheel': physical, emotional, spiritual, and mental components of life (Wilson, 2003). In the physical realm, home for Aboriginal people, as it is for all others, is the locus around which daily chores (e.g. cooking) are performed, and where human physiological needs like sleeping and resting are attended to. It also provides protection against a 'threatening outside'; particularly activities of other people that border on safety and privacy. Emotionally, an Aboriginal home is a milieu that fosters identity construction and social bonding with family, friends, and community. These relationships, and the social supports thereof, form the key pillars around which 'sense of place' and belongingness are experienced by Aboriginal people. Spiritually, Aboriginal home is a site where spiritual enhancing activities such as sweat lodging and smudging are undertaken. The comment "*You can't even do anything in there (apartment)*"

*without the fire alarm making noise*" reflects the frustration of some At Home participants at the alienation of their cultural/ceremonial practices and therefore their inability to perform spiritual enhancing activities in the apartment environment. The unity of the physical, emotional and spiritual components of home also makes it a locale that fosters mental stability for its occupants.

Aboriginal therapeutic homes, of the kind described here, are extremely difficult to establish in a city with limited affordable housing stock, controlled predominantly by a private rental market. In Winnipeg's case, the rental vacancy rate was around 1% at the time of this research, thus placing limitation on the housing choices available to At Home participants. In recent years, the conversion of rental units into condominiums and other types of family-oriented housing together with the surge in Business Improvement Districts (BIDs) in Winnipeg's downtown area has resulted in an astronomical increase in prices of rental housing. With the rapid erosion of Winnipeg's affordable housing stock, homelessness has increased among low-income renters and those who survive exclusively on Employment and Income Assistance. Consequently, many of the Aboriginal Housing First participants were constrained to inner city locations that were as yet anathema to free market development.

The quagmire of affordable housing and the subsequent suspension of choice did not only lower the therapeutic experiences of the Aboriginal Housing First participants but made them vulnerable to the dictates of private landlords. As noted earlier, Aboriginal At Home participants were, in many instances, compelled to abandon their traditional home practices in order to conform to expectations of landlords and caretakers, with infractions resulting in evictions. Accompanying the low vacancy rate was also the difficulty in obtaining for

evictees alternative spatial settings that were promisingly therapeutic. The search for alternative spatial settings for evictees was fraught with a lot of futility due to widespread stereotypes that held them as disruptive and mentally imbalanced homeless Aboriginal persons, a stigma that significantly affected the housing experiences of the participants. There were reportedly fewer landlords and caretakers willing to house participants who experienced episodes of eviction and who were potentially disruptive and a threat to the tranquility enjoyed by other tenants. It was noted that despite the promise of a mediated relationship and considerable efforts at anti-racist education for landlords and caretakers, there were still widespread tensions between Aboriginal At Home participants and their landlords, most of which were reportedly racist.

A central theme in Aboriginal therapeutic landscapes is the subjective value of places (Wilson, 2003). In the same vein, Aboriginal therapeutic homes are cultural and social constructs that are replete with a multitude of meanings. As Relph (1976) noted, places are characterized by 'authentic' and 'unauthentic' landscapes, the former being places that facilitate healing and "maintenance of health and well-being" (William, 1998: p. 1193). Unauthentic landscapes, on the other hand, are those "uncaring" (p. 1198) or "health-denying" (Wakefield & McMullan, 2005: p. 299) places to which a sense of spatial connection is unattainable. Within the framework of Relph's typology, prevailing Eurocentric norms which tend to exclude Aboriginal behaviours and ceremonial spaces from housing settings make such spatial milieus unauthentic landscapes. In some jurisdictions, unauthentic culturally inappropriate housing is resisted by sleeping outside in the open. In a study on indigenous homeless mobility in Australia, Habibis (2011: p. 406) observed that



“the decision to sleep in the open....may also result from difficulties in conforming to [mainstream] institutional expectations (p. 406).

The lack of culturally appropriate housing also borders on Aboriginal people’s right to urban citizenship and self-determination. Indigenous scholars have pointed out that Aboriginal rights of self-determination in the urban context are bundled up in rhetoric of universal citizenship, characterized by protection of individual rights as citizens and usually heralded in the form of property rights rather than a more collective “right to the city” (Harvey, 2003). This way, Aboriginal rights of collective self-determination are lost in a language of promoting universal citizenship, of which the emphasis is placed on (a lack of) “responsibility” among those who do not conform to the propertied classes. From a sociocultural perspective, a collective right of self-determination is instrumental to Aboriginal inclusive urban citizenship (Walker & Barcham, 2010). As far as Aboriginal homelessness is concerned, a collective right of self-determination could be achieved by supporting Aboriginal institutions to create culturally appropriate affordable housing for Aboriginal tenants, thus making prominent the voices of Aboriginal people in state funded social housing initiatives. Prior to 1993 when the Canadian federal government was actively involved in social housing programming, the Canadian Mortgage and Housing Corporation (CMHC) ran the Urban Native Housing Program (UNHP) to provide culturally appropriate housing for urban Aboriginal people (Walker, 2008). Since 1993 when the federal government retired itself from the provision of social housing, the idea of culturally appropriate public housing for urban Aboriginal people has been swept under the proverbial carpet. But even during the active years of the UNHP, the CMHC blocked a proposal to create specific culturally appropriate housing units in the 1980s, arguing rather

unconvincingly that implementation of such a proposal would have been an aberration of the federal social policy of multiculturalism and universal citizenship (Walker & Barcham, 2010; Walker, 2008). As a result, the role of the UNHP was reduced to disbursing subsidies along with providing counseling to assist urban Aboriginal people to get into private rental housing, an arrangement presumed by state authorities as being culturally appropriate. With a contemporary need for Aboriginal therapeutic spaces in Winnipeg, as captured in the accounts of the interviewees, it is perhaps time to revisit the idea of creating culturally appropriate Aboriginal-specific housing units in the city.

#### 5.4 Conclusions

Using a biographical life-history approach (Padgett, 2007; May, 2000b) rooted in phenomenological theory; this thesis has been innovative in linking the sociohistorical underpinnings of Aboriginal homelessness with the experience of a purportedly compassionate intervention: the Housing First At Home/Chez Soi project. Based on these linkages, I conclude that any intervention aimed at addressing Aboriginal homelessness needs to be situated within an Aboriginal sociocultural and historical context.

All interviewees reported some form of diagnosed and undiagnosed mental illnesses, the commonest being schizophrenia, bipolar disorder, and depression. Of course such diagnoses themselves conform to a Western psychiatric framing of health, a critique that has been acknowledged but not subject to in-depth scrutiny here. Previous research on the topic of Aboriginal homelessness tended to attribute much of the problem of homelessness to individual pathologies such as alcohol and drug addictions, nomadic lifestyles, and lack of employable skills. While this research discovered empirical basis for such conclusions,

individual homeless pathologies were found to be intricately connected to colonial histories and ongoing processes of recolonization and assimilation of Aboriginal people. I suggest here that truly compassionate interventions addressing Aboriginal homelessness must be decolonized within the spirit of a collective right to self-determination. The Winnipeg At Home project site seemed to have recognized this need and had accordingly adapted the Housing First model to fit the Aboriginal context. The appointment of Aboriginal agencies to lead service provision was a major innovation in Winnipeg that ought to be replicated in other interventions on Aboriginal homelessness across Canada and elsewhere. Whereas such a novelty was commendable, a number of structural factors conspired to constrain the creation of Aboriginal therapeutic homes in Winnipeg, a few of which have already been discussed in preceding sections.

Aboriginal people appear to have a collective culture that infiltrates all facets of Aboriginal society, including the home environment. Aboriginal therapeutic home is therefore related to a gregarious living arrangement in which family and friends share common spaces, as explicitly expressed by the interviewees in their insistence to invite family and friends over to their apartments for sleepovers. This insistence was a major source of tension between At Home Aboriginal participants and private (seemingly meddling) landlords, as the latter expected their Aboriginal tenants to conform to tenancy rules that included restrictions on their gregarious activities. The private rental market, with all of its restrictions and imperfections, appears to be ill-adapted to an Aboriginal preference for therapeutic homes, which are spaces and practices that are much more welcoming and inclusive of other people beyond the primary tenant, and rooted in notions of land and community. The independent living principles of mainstream Eurocentric society which

controls Winnipeg's private rental market tends to not incorporate the communal living culture of Aboriginal people, and as such cannot be entrusted with the responsibility of creating Aboriginal therapeutic homes. A truly compassionate and anti-colonial response to Aboriginal homelessness would require state intervention in the creation and maintenance of Aboriginal therapeutic homes. The prevailing free market approach to housing has undermined Aboriginal, as well as non-Aboriginal people's right to the city.

Aboriginal therapeutic homes have also been presented as living arrangements in which domestic and ceremonial spaces co-exist side by side, with little to no distinction made between the two. In Aboriginal therapeutic homes, domestic spaces for respite from the outside world are inseparable from spaces used for ceremonial/spiritual activities such as sweat lodging, smudging, and cultural teachings. To the extent that At Home participants had to move to different spatial settings for spiritual enhancing activities, such as sweat lodging, I argue that the private rental market creates very little therapeutic settings that are concomitantly domestic and ceremonial. The interviewees recounted being taken outside their home environment for ceremonial activities and this potentially negated the therapeutic functions of the home. An ideal Aboriginal therapeutic home is one in which domestic and ceremonial spaces are inseparable. As the private market again fails substantially, state investment in public housing with an active Aboriginal participation would be needed to create settings that incorporate the unique requirements of Aboriginal therapeutic homes.

The transient element remained a major lacuna in the overall experience of the Housing First intervention. Whereas some of this transience could be attributed to the nomadic past

of Aboriginal people, much of it came at the behest of the current uneven geographies of social infrastructure, experiences with residential schools, and unsupported release from child welfare and correction systems. These pro-colonial structures have together conspired to create modern Aboriginal nomadism and homelessness, as mobility between reserve and city became entrenched in the lives of interviewees, even in permanent housing settings. The solution to coerced nomadism and mobility of Aboriginal people and their accompanying homelessness lies not in the kind of rootedness expected by the Housing First model but in transitional housing, where Aboriginal nomads can come and go as they deem appropriate. Transitional or communal housing arrangements that incorporate the needs of nomadic populations are currently nonexistent in Winnipeg, in part due to the over-dependence on the private rental market to supply the housing needs of all populations. Such normalizations appear detrimental to the creation of Aboriginal therapeutic homes in Winnipeg. Again, the private rental market with its orientation towards profit maximization is unlikely to accommodate transitional housing for (Aboriginal) people with nomadic lifestyles. A well conceived state intervention could create public sector housing that is more appropriate to the needs of nomadic populations.

To conclude, Aboriginal homelessness is an outcome of a multiplicity of factors that are inextricably connected to the colonial legacy of Canada. Without acknowledgement and incorporation of Aboriginal therapeutic home-spaces in the design and implementation of housing interventions in Canada, Aboriginal people would remain marginalized, with homelessness persisting as a social problem in a country that is enviably prosperous. At Home's dependence on private market housing, while understandable in the context of prioritization of immediate need in a randomized controlled trial, was nonetheless

detrimental to the creation and maintenance of Aboriginal therapeutic settings so long as housing models, such as Housing First, remain devoid of culturally appropriate infrastructure. Righting such deficiencies would require a public housing policy that would, among others, deliberately seek to create culturally appropriate housing for the homeless Aboriginal population. Such a policy also bodes well with Aboriginal collective rights to urban citizenship and self-determination (Walker & Barcham, 2010; Walker, 2008). While we await a public housing policy, some cultural education or sensitization for landlords and caretakers could be undertaken in the interim. Creating therapeutic settings in private rental housing for Aboriginal participants would, among others, require landlords and caretakers to understand and appreciate that an Aboriginal tenant might have lifestyles that do not conform to what appears to be universally established norms.

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## APPENDIX 1: INTERVIEW GUIDE - HOUSED PROJECT PARTICIPANTS

### ***Introduction***

Before we start, I want to thank you for taking the time to talk with me.

I want us to talk about the At Home project and how you feel about it. This will be very useful for me because I am studying this project at university. Our conversation will help me to write a report and give presentations to people who are interested in how well At Home worked for Aboriginal people.

We will talk for about an hour. You can stop the conversation at any time. I will record our talk with this device because I don't want to distract the flow of our conversation. I will type out our talk on paper so that I can think about what we have discussed. You can have a copy of this paper if you are interested.

Before we start, I want us to read the consent form together.

We are going to talk about 3 things (your life before you became part of this project, your life after you joined this project, and lastly how you see the future). But feel free to tell me about anything you think is important to say. No answer is wrong.

Do you have any questions before we get started?

### ***Biographical data:***

1. Could you please tell me your name?
2. Could you please tell me your age?
3. What gender do you identify with?
4. What is your marital status?
5. What is your ancestry?
6. What do you do on a particular day?

Prompt: employment status

7. How would you describe health?

Prompt: Self-reported health status

8. What level of educational have you attained?

***Pathways to Aboriginal homelessness:***

9. Have you always lived in Winnipeg? (If yes, which neighbourhoods in Winnipeg did you live?

Prompt 1: If no, how and when did you come to Winnipeg?

Prompt 2: Where were you living when you came to Winnipeg?

Prompt 3: Tell me about the places you lived?

Prompt 4: What did you like or dislike about these places?

Prompt 5: Tell me about your life before and after you came to Winnipeg.

10. Tell me how it was like to be homeless? (Tell me how you felt when you were homeless?)

Prompt 1: How long were you homeless before joining this project?

Prompt 2: What was your typical day like when you were homeless?

Prompt 3: Which places did you go when you were homeless?

Prompt 4: Which places did you avoid when you were homeless?

Prompt 5: Where did you go to eat, sleep, and hang-out?

Prompt 6: What did you like about homelessness and what didn't you like about it? (Was there anything you liked or disliked about being homeless?)

***Lived experience of participants:***

11. How long have you been part of this project?

12. What has been your experience living in this apartment?

Prompt 1: What has been better or worse since moving here? (Compared to life on the street or other homeless spaces)

Prompt 2: How has your life changed since moving here?

13. Where are you living now?

Prompt 1: Neighborhood/address

Prompt 2: How did you end up in this neighborhood/address? (Choice of apartment)

14. What does a home mean to you? (What do you consider to be a home?)



Prompt 1: What kind of things make you feel at home?

Prompt 2: How many of these things do you have in your current apartment?

Prompt 3: What is missing?

15. What do you think is going to happen to you once the project is over?

Prompt 1: Do you think you will be able to stay in your apartment after the project is over?

Prompt 2: What would you do in order to be able to pay for your apartment after the project ends?

## APPENDIX 2: INTERVIEW GUIDE - KEY INFORMANTS

1. Studies show that 70% of the homeless population in Winnipeg is Aboriginal. Why are Aboriginal people the most affected?

Prompt: what factors contribute to Aboriginal homelessness?

2. How are the unique factors of Aboriginal homelessness being addressed in Winnipeg and by the At Home project?
3. What does home mean within the Housing First model?
4. When thinking of your own home, what are the most important features that make you feel "at home"?
5. To what extent does the Housing First model provide for those features that you described in relation to your own home. Where might it fall short?
6. You are probably familiar with some aspects of Aboriginal culture. What does home mean to Aboriginal people?
7. How much of that has been provided by the Home project?

Prompt: At Home has adopted a 'Housing First' approach to permanent housing? With specific reference to Aboriginal people, have you noticed any shortcomings/limitations of the HF model? If yes, what are these shortcomings/limitations and how has At Home responded to them?

8. The At Home project strives to deliver culturally appropriate services to participants. What does culturally appropriate service mean? And how is the project delivering culturally appropriate services?
9. Housing First creates opportunities for personal choice in housing selection. Given the realities of the housing situation in Winnipeg, do you think the project has been able to safeguard the element of choice?
10. Some participants have been evicted several times. Why is this so?
11. If you have the opportunity to implement a 2<sup>nd</sup> phase of At Home, what would you do differently?

Prompt: What worked and what didn't work?

12. At Home will conclude its work in the first quarter of 2013. What gaps remain to be addressed as far as Aboriginal homelessness in Winnipeg is concerned?

Prompt 1: Have you had the opportunity to visit some of the participants in their apartments? What have you observed?

Prompt 2: Some participants were evicted multiple times. What role has cultural differences played in these evictions?

## **APPENDIX 3: INTERVIEW GUIDE - FOCUS GROUP**

### ***Introduction***

I would like to begin by first expressing my gratitude to you for taking time off your schedule to be part of this research.

I would like to remind you that the objective of this interview is to solicit your views and opinions on the At Home/Chez Soi project and how its design and implementation have shaped the experiences of the Aboriginal participants. Your expressed views and opinions would be used to write up a Master's thesis and may also be used in conference presentations and journal publications. In all these undertakings, your anonymity is guaranteed, unless otherwise advised by you. No one else would have access to this data, except my supervisor, Dr. Jeffrey Masuda.

I also want to remind you that you are welcomed to leave the interview at any time or asked for it to be rescheduled. Before we proceed to the interview questions, I would like to be sure that you have fully read and understood all of the terms stated in the information letter and have signed the informed consent form.

The interview will last about an hour and I would like to remind you that I will be tape-recording the interview. This is necessary because over the course of the interview the discussion may become quite broad. Tape-recording the discussion allows me the opportunity to focus all my attention on what you say rather than taking notes.

I will be asking a series of questions to keep the discussion going. These questions only serve as guidelines and you are welcomed at any point during the interview to bring up for discussion any issues you feel are relevant or important to you. No answer is wrong.

Do you have any questions before we get started?

1. What is the role of the Lived Experience Circle/Committee (LEC) in the At Home/Chez Soi project?

Prompt 1: what is the LEC's responsibility in the At Home project?

Prompt 2: How long has the LEC been in operation?

2. Why is At Home/Chez Soi relevant in Winnipeg? (Why do you think this project is beneficial in the City of Winnipeg?)

Prompt 1: Why is there homelessness in Winnipeg?

Prompt 2: Why is it difficult for individuals to get housing in Winnipeg?

Prompt 3: How do these factors affect Aboriginal people in particular?

Prompt 4: How is At Home/Chez Soi addressing these problems?

3. What do you think are the challenges/barriers of the At Home/Chez Soi project? How is the project addressing these challenges?

4. What does home mean within the Housing First model?

Prompt 1: I found that rather using the term 'housing', the project uses the term 'home'. Why is this so?

Prompt 2: When thinking of your own home, what are the most important features that make you feel "at home"?

5. To what extent does the Housing First model provide for those features that you described in relation to your own home. Where might it fall short?

Prompt: At Home has adopted a 'Housing First' approach to permanent housing? With specific reference to Aboriginal people, have you noticed any shortcomings/limitations of the Housing First model? If yes, how has At Home responded to such shortcomings/limitations?

6. If you have the opportunity to implement a 2<sup>nd</sup> phase of At Home, what would you do differently?

Prompt: What worked and what didn't work? What would you do differently given another opportunity?

7. At Home would conclude its work in the quarter of 2013. What gaps remain to be addressed as far as Aboriginal homelessness in Winnipeg is concerned?

#### **APPENDIX 4: NATIVE LAND, COMMUNITY, AND HOME AMONG THE BUILSA PEOPLE OF NORTHERN GHANA: AN INDIGENE'S BRIEF REFLECTIONS**

I come from the Builsa tribe of Northern Ghana. We are relatively a small tribe, numbering about 93,000 people, according to Ghana's 2010 Population Census, and occupying a land area of approximately 200,000 sq km. Despite several decades of cultural infiltration from colonialism and intraregional migration, we have maintained a strong connection to our ancestral lands. Among the Builsas, ancestral land is considered to be "something" more than a productive entity. It also embodies spirits that are worshipped as 'givers of life' across Builsaland in almost every traditional household.

Our identity, beliefs, customs, and spirituality are tied to our sense of ancestral land. Our communities are organized around ancestral lands. Members of a community typically share the same ancestral background and they often willingly accept to assist each other in farming and construction activities. Helping each other in carrying out communal tasks and performing ceremonies together are considered therapeutic engagements, as they are typically used as a means for reinforcing communal bonds. Our worldview is that we exist on our land as a collective society and we naturally feel obligated to help each other in our daily activities.

When the Builsa's talk about 'home', we are invariably also referring to our ancestral land. I grew up knowing that our ancestral land is our home. Our house formed just a small part of our home. Home was that entire territory we inherited from our ancestors, and there we have unrestricted rights and privileges. Very little differentiation exists in our understanding of land, community, and home. All three together constituted the therapeutic settings that support our collective existence and wellbeing as a people. To be homeless, in our culture, means being detached from ancestral land and community. To this day, one is still considered homeless even if he owns a house outside his ancestral homeland. Land, community, and home are all but one. They are interconnected.

Although I had a fully furnished apartment in Accra, Ghana's national capital city, where I lived and worked for several years, my grandfather never considered me homed as he

repeatedly advised me to return home to the ancestral land, at least twice a year. For my grandfather, returning to ancestral land was a way of renewing one's spirituality and to revitalize relationships with family and community.