Rural Migration + Homelessness In The North

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1. Executive Summary

"Homelessness results from problem behaviour, and subsequent eviction from public housing."

This research examined homelessness, and co-morbid disorders (addictions and mental health issues) in Inuvik and communities in the Beaufort Delta. Five objectives guided the research, conducted from Summer, 2011 to Summer, 2013. These included: (1) to understand the mental health, addictions, and housing support needs of homeless and HtH men and women in Inuvik; (2) to identify gaps in mental health and addictions services for local homeless and HtH men and women; (3) through an examination of other northern communities, identify effective strategies and emerging best practices; (4) to assess how gaps in the current continuum of care vis-à-vis mental health, addictions, and housing services relate to local homelessness; and (5) provide suggestions for the development and implementation of best practices for homeless and HtH persons in Inuvik and surrounding communities.

A broad definition of homelessness – ranging from chronic to temporary – was used to recruit participants who were considered hard-to-house (HtH) for this study. Focus groups with a broad range of service providers from the Inuvik Interagency Committee (IIC), and other key stakeholders, were used to identify: (1) reasons for homelessness; (2) gaps in services; and (3) potential solutions. These interviews were used to generate a focus group questionnaire assessing the same questions that were administered to HtH persons in Inuvik. As well, HtH persons completed the Quality of Life for Hard to House Individuals inventory. Lastly, focus groups with service providers and stakeholders in several outlying communities were conducted in order to assess the issues related to HtH persons in those communities and migration of residents to Inuvik.

The results show that some migration from outlying communities into Inuvik does occur, but many HtH persons arrive from southern communities. As well, Inuvik itself generates its own HtH population. Homelessness results from problem behaviour, and subsequent eviction from public housing. Many of the behavioural issues arising are in one way or another related to substance abuse and/or the behaviour of other friends and relatives, and to a lesser degree, mental health problems. In addition, the policies guiding the Inuvik Housing Authority are not well understood and are often perceived as punishment. Significant gaps in services in terms of facilities such as detoxification facilities and community-based services were identified by service providers and HtH persons alike. Similarly, a shortage of trained personnel working in existing services was noted. The use of the local RCMP lockup or cells as a stop gap measure for HtH persons is recognized as a significant issue as officers are not trained in addiction or mental health care, and the incarceration of HtH persons without charges does not align with RCMP policy. In recognition of the last point, the use of RCMP cells as a defacto shelter is currently under scrutiny.

This research has demonstrated that the factors leading to homelessness, particularly amongst HtH persons living at the Inuvik homeless shelter – poverty, lack of education/training, substance abuse, mental health problems and lack of affordable housing – are entrenched and persistent. The following recommendations are intended to encourage debate, coordinate services and engender the development of sustainable responses for people who find themselves in HtH situations.

1. Create a central co-ordinating body to work with members of the IIC, Aboriginal groups, the broader community and all levels of government. This body would take a leadership role in responding to HtH persons with co-morbid disorders.

While the IIC does take on a coordinating role, a more permanent body is needed to provide stability of leadership and to facilitate the development of strategies that will promote change in the lives of HtH persons.

2. Develop a strategy to bring all service providers together to share operational mandates, polices and services. The reduction of cross-institutional confusion, misinterpretation of policies, duplication of services and an increase in community services is crucial to service provision.

Throughout this research it has been apparent that, despite the coordinating role of the IIC, many agencies and service providers are not aware of their counterparts' roles and responsibilities in serving HtH persons.

3. Work with members of the IIC, Aboriginal organizations, community groups and government to develop and propose a housing first model appropriate for Inuvik and other communities in the Beaufort Delta. A housing first approach can be developed to be sensitive to the different cultures requiring assistance, while at the same time provide core elements required for daily living in the Beaufort Delta.

Research demonstrates that HtH persons experience positive physical and mental health outcomes, are more likely to engage in treatment, and more likely to find and maintain employment when housed (see: Atherton & McNaughton Nicholls, 2008; McGraw et al., 2010; Singleton et al., 2002; TSSHA, 2007 & Trewin & Madden 2005).

4. Work with housing authorities in the Beaufort Delta to promote practices that are effective in reducing eviction rates among HtH persons.

Discussions with representatives of housing authorities and HtH persons illustrate a lack of understanding between the two groups. HtH persons see housing policies as punitive while housing authority staff view their managerial role and the enforcement of policies as essential to the well-being of all tenants. Clearly, third party intervention is needed to assist those who cannot abide by policies to change behaviours and avoid eviction, while at the same time reducing the strain on other tenants and housing authority staff. Several recommendations in this study speak to ways in which this can be accomplished. At minimum, stabilization of HtH persons is necessary before accessing public housing. This can be accomplished through services provided in transitional housing (recommendation 3) and changes to service provision (recommendations 6 and 7).

5. Strategize with members of the IIC, Aboriginal organizations, community groups and government to expand the operation of the shelter from 14 to 24 hours per day.

Particularly in colder months (.e.g. September – April) many HtH persons find themselves in need of a warm and safe place to stay until the shelter opens. The public library and local market are not acceptable solutions. Instead, having a place to go where they could access service providers or be offered suggestions for personal change while staying safe and warm, may be attractive, even to the most chronic HtH persons.

6. Work with members of the IIC, aboriginal organizations, community groups and government to explore transitional housing options for chronically HtH persons. Options

should include the development of a temporary “wet shelter” serviced by staff trained in dealing with addicted persons with mental health problems.

Similar to the preceding point, this recommendation includes transitional housing as a means of dealing with homelessness while at the same time providing services that may work towards the improvement in the lives of the HtH. This could involve a more therapeutic environment serving Aboriginal and non-Aboriginal peoples using approaches appropriate to their respective cultures. Indeed, these services could be coordinated with “on the land” approaches and have the benefit of providing HtH persons with the skills and resources to cope in a more urban setting, thereby reducing the likelihood of a return to substance abuse and ensuing housing-related problems.

7. Develop outreach services so that HtH persons are aware of available services and can access services when needed.

Presently, accessing services requires HtH persons to make and keep appointments, which is generally during the standard work day While this may be considered an important step in developing personal responsibility for one’s own care, it is a lofty goal for someone living day-to-day or indeed hour-to-hour as is the case for some. Even to the initiated, bureaucracies are intimidating and difficult to navigate, but those living on the margins of society are at a further, structural disadvantage. Outreach in this regard could be coordinated with transitional housing to be more expedient and effective.

8. Work with members of the IIC, particularly BDHSSA, to establish a permanent detoxification centre.

As noted in this research, persons seeking detoxification must leave their communities for treatment. Most return to the conditions associated with their addictions and failure follows. A local detoxification centre, particularly paired with transitional housing staffed with capable personnel, offers a chance for these people to break the cycle of program failure.

Using mixed methods – review of literature, focus group interviews, statistical data and the administration of the QoLHHI – this research has identified significant gaps in existing services to HtH persons, many suffering from addictions and mental health problems. The emerging images of homelessness and the lives of HtH persons could be construed as bleak. Even without eviction, there is not sufficient housing to meet demand. This issue will require significant and immediate attention to avoid further strain on existing services and personnel. In addition, the causes of homelessness, deeply rooted in the marginalization of people, are multiple and complex, and thus require a comprehensive response on behalf of governments and the communities involved. Still, there are high degrees of community commitment and energy dedicated to ameliorating the conditions leading to homelessness, and the development of strategies to reduce the plight of HtH persons. The recommendations in this report represent first steps in processes of change that will, hopefully, bring about betterment in the lives of HtH persons, and the communities in which they live.

2. Introduction

A. BACKGROUND

Homelessness is generally regarded as a recent phenomenon in the Northwest Territories (NWT). Since the late 1990s, emergency shelters in urbanizing northern centres such as Yellowknife and Inuvik have reported a steady increase in use, representing a rise in absolute, or "visible", homelessness (IIC, 2003; YHC, 2007). Significantly, the vast majority of homeless men and women in both communities are Aboriginal (Christensen, 2011). Although recent studies that have drawn attention to homelessness in the territorial North (Bopp, 2007; Christensen, 2011; Falvo, 2011; Webster, 2006), there remains a significant need for research in this area. The migration of rural populations to regional centres like Inuvik highlights the nexus between homelessness, addictions, and mental health problems. However, the causal connections between addictions, mental health problems and homelessness have received scant attention in northern-based research.

While the city of Yellowknife continues to be the focus of territorial government-led interventions surrounding homelessness, Inuvik tends to be disregarded as a significant recipient of homeless persons from outlying communities, and in the production of northern homelessness. However, as the administrative, economic, and governance centre of the Beaufort-Delta region, as well as the most northerly point on the Dempster Highway, Inuvik is a receiving centre for many people who are homeless, or vulnerable to homelessness, and who also suffer from addictions and mental health problems (Christensen, 2012).

Research in the north supports the hypothesis that resource development is associated with higher levels of mental illness and addictions (Kronstal, 2010). Indeed, community-based research conducted by Aboriginal groups in the NWT has found that petroleum development in the Beaufort-Delta region has resulted in increased instances of substance abuse, gambling addictions, and violence (NSMA, 2002; Salokangas, 2005). Importantly, community consultations on the Mackenzie Gas Project have raised numerous concerns over the perceived increase in social problems due to greater substance use (Kronstal, 2010; MVEIRB, 2005). More recently, the construction of a new highway between Inuvik and Tuktoyaktuk can be seen as both a boon for the local economy, providing jobs and economic stimulation in the service sector, and as a possible cause of social problems in terms of increased substance use, gambling and violence.

Despite the significant role in resource development and local governance, Inuvik and the Beaufort-Delta region remain "remote" areas within territorial and national site-lines. Homelessness tends to be viewed as "out of place" in rural locales (Cloke et al., 2000 a,b). Most homelessness research focuses on urban areas, obscuring the problem in rural settings. This obfuscation extends to other areas of northern Canada, where popular notions of a vast, resource-rich landscape where Aboriginal people live in harmony with the land, conflicts with what we commonly understand homelessness to be.

Community groups in Inuvik have cited specific concerns regarding the role of poor mental health in local homelessness (IIC, 2003). Indeed, some groups suggest that gaps in mental health services and the paucity of effective addictions treatment play a critical role in generating and perpetuating homelessness among northern men and women (IIC, 2003, 2006a,b; Kronstal, 2010). The IIC (2003) further notes that homelessness in Inuvik is exacerbated by a shortage of suitable, affordable housing and a range of other social factors including: poverty, job loss, violence in the home, lack of education and poor social functioning as contributing to homelessness. In addition, existing available services are oversubscribed and the gaps in service delivery are frustrated by the observation that "Inuvik does not have an identified position or agency that ensures grassroots coordination between services. This leads to identified needs not being met and thus gaps and fragmentation occur" (IIC, 2007 p.2). Such gaps, in both communication and services, can result in dire outcomes for those struggling with addictions, mental illness and other challenges.

Additionally, local service providers have observed that intergenerational trauma – the historical transmission of the negative effects of colonization across generations – plays a critical role in homelessness in the region, and is a significant contributor to addictions and mental health problems (Christensen, 2011; Yehuda, 2002), a correlation that is corroborated in the wider literature on Aboriginal homelessness in Canada (Menzies, 2009; Wente, 2000), as well as in other settler countries such as Australia, New Zealand and the United States (Atkinson, 2002; Elder, 2009; Farrelly et al., 2006; Terszak, 2008; Tse et al., 2005; Yellow Horse Brave Heart, 1995, 1998, 2003). In fact, the role of intergenerational trauma in homelessness is of such great concern in Inuvik that the community organized a counseling service for homeless men and women through the Aboriginal Healing Foundation (AHF), though this effort came to a quick end with the demise of AHF funding (Christensen, 2011).

Others have been critical of the intergenerational trauma concept, suggesting that it obscures structural determinants of wellbeing and psychologizes distress (Gone, 2012). This view focuses on livelihoods and the limits of trauma discourse in addressing the fundamental inequalities associated with many Aboriginal communities. The only Canadian study available on this topic found that aboriginal residential school survivors did not differ significantly with their non-residential school counterparts in measures of health and quality of life; however, these groups did score lower than non-aboriginal groups living in the same geographical area, Bella Coola, BC (Barton, et al., 2005).

B. PURPOSE

In direct response to community-identified research needs, this project examines the role that substance abuse and mental health problems play in individuals' pathways to homelessness in the Canadian North by studying the phenomena in Inuvik. This research project assesses the current addictions and mental health support needs of homeless men and women in Inuvik, and surrounding communities in the Beaufort Delta. In addition, current best practices in other northern communities, namely Yellowknife NWT and Whitehorse YK, were examined and potential options for the client group under study are identified. Our research approach is premised on the understanding that supportive resources

for substance abuse and mental health needs are dependent on cultural, economic, and geographical context. The unique challenges of vast distances, inequalities, boom and bust economies, territorial government structures and climactic shifts require a systems approach with sensitivity to the needs of small, often stressed communities. Models for northern culturally appropriate supportive housing are currently underdeveloped.

The overall aim of this project is to assess the role that the gaps in mental health and addictions services in Inuvik and the surrounding region play in the (re)production of homelessness. The IIC and its member groups suggest that gaps in mental health and addictions support play a key role in the phenomenon of homelessness (IIC 2006 a,b). In order to gain a comprehensive understanding of support needs, we must also explore how notions of mental health, well-being, and home are conceptualized in the northern community context. This includes an appreciation for historical and contemporary approaches to mental health and addictions used by local Inuvialuit, Gwich'in and Métis peoples, as well as frequently taken for granted approaches of non-native White people.

"...this project examines the role that substance abuse and mental health problems play in individuals' pathways to homelessness in the Canadian North by studying the phenomena in Inuvik."

C. RESEARCH OBJECTIVES

The principal aim of this research gave rise to five main research objectives:

1. We sought to understand the mental health, addictions, and housing support needs of homeless men and women in Inuvik, including those migrating to the town from rural communities. By employing focus groups, surveys, and in-depth interviews, we gained a detailed understanding of their specific support needs.

2. We identified gaps in mental health and addictions services for local homeless men and women based on these identified support needs. This allowed us to highlight the critical areas of weakness in the current system based on the specific support needs identified by local homeless people and support providers.

3. We conducted research in other northern communities to determine their responses to the problems associated with homelessness, mental health and addictions. From this research we identified effective strategies and emerging best practices. Based on the incidences of homelessness, mental health problems and addictions, the towns of Yellowknife, NWT and Whitehorse, YK served as focal points for research on best practices in northern, rural communities.

4. We combined our findings from our first three objectives to assess how gaps in the current continuum of care vis-à-vis mental health, addictions, and housing services relate to local homelessness. The specific experiences of local homeless men and women provided the context for this exploration and demonstrated the critical areas for intervention in the local continuum of care.

5. In the spirit of community-based research we provide suggestions for the development and implementation of best practices for homeless persons in Inuvik and surrounding communities. These suggestions are based on the specific needs and gaps highlighted, and rooted in local cultural understandings of mental health, well-being and home.

3. Best Practices: Whitehorse + Yellowknife

Given the limited amount of services and the ongoing gaps in services, best practices may better be understood as 'best we can do given the circumstances.' That being said, there are dedicated and creative professionals and volunteer community members in both Whitehorse and Yellowknife who are engaged in ameliorating the suffering associated with homelessness and substance abuse.

In Yellowknife, the day program provides a safe place to get something to eat, socialize and escape the elements. It operates as a 'wet environment' which means that people will not be asked to leave if intoxicated as long as they are respectful. This program was funded by BHP Bilton, one of the largest mining operations in the region. It represents the business community's ability to impact local social services and possibilities for public-private partnerships. In addition, the Salvation Army provides both short term shelter and long-term housing for men, along with support groups. Previously they operated a program for men transitioning from prison. They currently operate Bailey House, a home for single men at risk for homelessness.

This service offers self-contained furnished bachelor apartments for up to 32 men. They have 24 hour support staff.

While facing challenges related to funding and available housing, the city of Whitehorse, YK has established an anti-poverty coalition. The coalition establishes working groups to deal with the issues relating to poverty, homelessness being one. A significant strength of the coalition is its ability to bring various organizations and non-profit agencies together. Members of the coalition are able to lobby for clients and to promote the interests of those unable to represent themselves. Still, the coalition notes the significant lack of supportive and transitional housing. While the coalition promotes community outreach (YHSS, nd), in essence, homeless persons in Whitehorse have access to what can be considered triage care.

Until recently, homeless persons could be accommodated in older hotels in the city. However, rapid economic expansion has resulted in the closure of these facilities in favour of redevelopment. There are minimal services for homeless persons with addictions and mental health problems, although detoxification facilities are available. The Salvation Army has a shelter that serves upwards of 20 people, but is not suitable for women and children. However, the apartments above the shelter can house 10 women with children. Plans for a women's shelter and additional housing are being discussed, but at the time of writing, no action has been taken.

Providing different levels of supportive housing and treatment for mental health problems and substance abuse is a call oft-repeated in the literature and our interviews. Given ongoing neglect, it bears repeating here that best practices:

- Provide supportive housing for all age groups, including models that focus on family. This includes a "housing first" approach--provide housing first and treat substance abuse and mental illness afterwards. See: http://www.caeh.ca/a-plan-not-a-dream/housing-first/
- Increase cooperation among the different agencies by creating a coordinator position.
- Provide services outside formal institutions, including a mobile homelessness unit.
- Engage the business community to raise funds and develop integrated transition programs that lead to employment.
- Develop peer support programs.

4. Research Methods

A. DEFINITIONS

A significant issue in research on homelessness is that as a concept, homelessness is defined differently depending on geographical location, culture, population of focus, resources and so forth. The homeless iceberg is often used to demonstrate the fact that absolute homelessness, that is living on the street with no shelter, is but the tip of the iceberg concerning homelessness. The European Typology of Homelessness and Exclusion (ETHOS) provides a comprehensive definition of homelessness – roofless, homeless, insecure and inadequate (see Appendix B). This research adopts the ETHOS approach, but acknowledges that the data obtained may not indicate the exact nature of participants' housing situations. As noted later in the research methods section, participants were recruited based on the criteria that they were currently homeless, or had been homeless in the previous year. For this reason homeless persons are also referred to as *hard-to-house* (HtH). Yet, as Begin et al. (1999) note, there are other aspects of the phenomena, many of which appear in this research that may influence its interpretation:

- Chronic homelessness, long-term or repeated homelessness, often experienced by those with chronic illness or addiction problems;
- Cyclical homelessness, resulting from a change of circumstance, for example having been released from an institution; and
- Temporary homelessness, relatively short in duration, sometimes caused by natural disasters or a house fire. (In, Echenberg & Jensen, 2008)

B. COMMUNITY-BASED RESEARCH + MIXED METHODS

Given the importance of participating and collaborating with northern and Aboriginal communities, this research employs a community-based research (CBR) approach (Pain, 2003). CBR includes research conducted under many different designations, including action research, participatory research, participatory action research, and collaborative inquiry. These terms are often used interchangeably because the concepts share underlying goals of social change (Minkler & Wallerstein, 2003), goals that fall closely in line with the ethical principles guiding academic research with Aboriginal communities (Denzin, Lincoln & Smith, 2008; Brant Castellano, 2004). Furthermore, a more accurate and appropriate response to the issues of addiction, mental health problems and homelessness is therefore anticipated because CBR is known to increase community participation, providing greater amounts of more robust data (CCBR, 2009).

In addition, based on the rationale that it contributes to scientific knowledge while at the same time producing social change for stakeholders, particularly research participants (O'Leary, 2004), a mixed methods approach (Creswell, 2006) was chosen for this research. CBR has become the expected approach for research with Aboriginal communities in Canada, especially in the North (NAHO, 2005; Ryan & Robinson, 1996). It parallels in many ways the tenets of Aboriginal methodology (Tuhiwai Smith, 1999) and demands the research enterprise be adapted "to the culture and context of the participants" (Kelly et al., 2001, p. 348). Such an approach necessitates a research design that is rooted in local context, in pursuit of local research aims and with an agenda for motivating social change (Pain, 2003). Consequently, our research objectives and methodology are largely dictated by the northern community context in which we work, which includes the participation and collaboration of institutional stakeholders, community-based organizations, as well as homeless men and women. Accordingly, this study uses focus groups interviews, a standardized survey, and the collection of statistical data relating to the use of health and justice services by homeless men and women in Inuvik. These aspects are detailed in the following discussion.

To begin, informal discussions with community collaborators, particularly including the IIC and its members, were used to identify research needs or concerns and lay to the groundwork for the project. Funded by Royal Roads University, the principal investigator conducted this preliminary fieldwork in summer 2011 and winter 2012. The preliminary fieldwork proved to be a central component in the project. As Caine et al. observe there is a need for "culturally anchored research paradigms and communicative competencies in field research" (2009, p. 491), particularly in Aboriginal communities. Essentially, the preliminary groundwork provided the foundation for the overall research strategy or design, used in the study (see Section 2.c).

One of the issues emerging in the study of homelessness in rural locations is the absence of information on the breadth and scope of the

problem. To fill in this gap, the original intent of the project was to collect statistical data on homelessness, particularly as it relates to addictions and mental health concerns. For this aspect of the study, it was anticipated that primary statistical data could be collected from government agencies such as the Northwest Territories Bureau of Statistics and the Department of Health and Social Services, as well as organizations associated with the IIC, including the Nihtat Gwich'in band, the Gwich'in Tribal Council, the Inuvialuit Regional Corporation, the Inuvik Homeless Shelter, the Inuvik Women's Transitional Home, and the local RCMP detachment. As well, it was thought that secondary research on mental health and addictions services and gaps in the NWT, was available through the library and archives at the Aurora Research Institute in Inuvik, or through the Legislative Assembly library in Yellowknife.

C. ETHICS + LOGISTICS

Ethical review for the project was obtained by Royal Roads University and a license for the project was granted by the Aurora Research Institute, the agency that oversees research in the NWT (ARI, 2011). Permission was also granted by the Gwich'in Tribal Council. Key informants and stakeholders who participated in the research, in Inuvik and the outlying communities in the Beaufort Delta, were identified with the assistance of members of the IIC and then contacted by the researchers requesting them to participate in the project. Homeless men and women who participated in the research were recruited through the use of advertisements posted in the Inuvik Homeless Shelter and in other IIC member offices in the Town of Inuvik. Other territorial and federal government offices accepted and posted the invitation, as did local businesses. Potential participants were invited to join the study if they were currently homeless or had been homeless within the previous year. Poster development and distribution was completed through the use of a community resident who works in the human service area. A total of 17 homeless men and women participated in three focus groups, 14 on October 22, 2012 and 3 on October 23, 2012. Two separate groups were held on the first night, October 22. As well, with the assistance of an IIC member, two young adults enrolled in secondary education were identified and agreed to participate in the project. These two participants did not complete the Quality of Life Inventory for hard to House Individuals, but they did engage in a separate focus group on October 26, 2012.

Participants were informed that refreshments would be provided and that they would receive a gift card for $50 valid at a local store. Prior to the research, participants were asked to complete a research consent form (see Appendix C). Demographic data was collected; participants then completed the survey and engaged in the focus group discussion. These aspects of the study were conducted with the help of research assistants, one of whom lived in Inuvik.

D. BREADTH + SCOPE OF HOMELESSNESS

To date, official data has been extremely difficult to collect as site visits to each agency are required to identify relevant data. Even then, very few agencies keep information on homeless persons, and those that do cannot

disclose it without each person's consent. In repositories holding data relevant to the project, access is limited and the information often incomplete. For instance, data on addictions and mental health are limited to territorial government publications on accessing help and aggregate data on incidences of addictions and mental health problems (e.g. see Territories, 2006). Interestingly, issues pertaining to the need for medical detoxification, culturally appropriate treatment, prevention, supportive housing and the integration of services are featured in the territorial plan entitled "A Shared Path to Wellness - Mental Health Addictions Plan 2012 - 2015" (NT, 2006). Consequently, data regarding homelessness, addictions and mental health are confined to local RCMP statistics and health care information from Beaufort Hospital.

I. Focus groups with IIC + other stakeholders

Focus groups with members of the IIC and other stakeholders were used to determine the needs of the community, and to better develop the methodology for researching homelessness in Inuvik. Participants were recruited through the use of the IIC email list inviting interested members to attend. In the invitation, members were also encouraged to invite other stakeholders in the social, health and justice sectors to attend. As with the focus group at the Beaufort Hospital, these focus groups were guided by general questions listed in Figure 1. which resulted in a distillation of observations from the participants. Appendix D provides a list of member organizations that participated in the focus groups. Two organizations (RCMP and BDHSSA staff) were included in the IIC focus groups and in separate interview sessions so that the participants could expand on the details of their roles and observations with HtH persons.

figure 1: focus group questions for community members

1. What is the scope of homelessness?
2. Who is the makeup of the homeless population?
3. What leads to homelessness?
4. Is there a relationship between homelessness, addictions and mental health?
5. What barriers do homeless persons face?
6. What services do they have?
7. What services do they use?
8. What barriers do homeless persons face accessing services?
9. What services are used most and why?
10. How does the broader community respond to homeless persons?

Two focus groups were held, one on July 26th, the other on July 27th, 2012 at the Inuvik Interagency office. A total of 12 people participated in the two focus groups, three on July 26 and nine on July 27. The discussions were digitally recorded and later transcribed into print. Analysis of the data was undertaken using a classical content analysis (Joffe & Yardley, 2004) approach whereby emerging themes were arranged in similar categories based on relevance to the focus group questions.

ii. Law enforcement data

Consultations with the RCMP in Inuvik led to the identification of data that could be used for the project. With the assistance of the detachment, data was obtained that detailed the number of charges on a month-by-month basis and the number of admissions to the cells or lock up, also on a month-by-month basis. These data captured the incidence of charges and persons detained for violation of the Northwest Territories Liquor Act, and causing a disturbance/mischief, including public intoxication, under the criminal code. The data did not provide information on charges or detention related to mental health.

iii. Focus group with Beaufort Delta Health and Social Services Authority (BDHSSA)

Statistical records on the incidence of homeless persons using hospital or other health care facilities did not provide data that could be used in the research. Instead, information from service providers at BDHSSA at the Beaufort Hospital was collected with a focus group attended by service providers who carry out several functions including: mental health, addictions, acute care, social programs, social support and community social services. The focus group was held on October 25, 2012 at the hospital. The questions in Figure 1 were used to guide the BDHSSA focus group. As well, the classical content analysis approach (Joffe & Yardley, 2004) was used to identify emerging themes in the data.

iv. Focus groups + interviews with key informants in outlying communities in the Beaufort Delta

Given the assertion that rural communities contribute to the homeless population in Inuvik, visits to outlying communities in the Beaufort Delta were undertaken to determine the

incidence of homelessness and any associated problems. In addition to the question of rural migration to Inuvik, the focus group questions in Figure 1 were used to guide discussions in these communities. The hamlets of Tuktoyaktuk, Sachs Harbour, Aklavik and Fort McPherson were visited between September 2012 and February, 2013.

E. ADMINISTRATION OF THE QOLHHI + FOCUS GROUPS

Initially, the study included the administration of the SF-36, a psychometric instrument that measures the functional health and well-being of respondents (Ware & Gandek, 1998). However, the SF-36 has limited application to homeless populations or rural settings and has not been tested with homeless populations that include Aboriginal people in the Canadian Arctic (Russell, Hubley & Palepu, 2005). Given these limitations, the QoLHHI was selected to replace the SF-36 as it has been used with homeless populations in the Canadian context. The QoLHHI contains an impact survey and an MDT (multiple discrepancies theory) scale. The flexibility inherent in the instrument allows for partial or complete administration (Russell et al., 2005). This is an important feature as reducing the amount of time required to complete the survey can minimize participant fatigue. As the focus groups were intended to solicit information on participants living conditions, the MDT component was selected for the survey. Three domains of the MDT were administered: housing, health and social support. The survey was administered according to the guidelines suggested by Hubley et al. (2009).

Following the survey, participants responded to general questions relating to their current experiences being homeless or to being homeless within the previous year. The focus group questions were developed based on the information gleaned from the focus groups with IIC members, conducted in June 2012. A copy of the questions appears in Figure 2 below.

figure 2: focus group questions for hard-to-house participants

1. Where do you live?

Probe: Where else have you lived in the past year?

2. How did you end up living in these places?

Probes: What happened to you? Why do you think they happened?

3. What problems do you have right now?

Probes: Housing, health, relationships?

4. What do you need to deal with these problems?

Probes: Medical help, help with housing, dealing with addiction...?

5. Have you tried or done anything to deal with your problems?

Probes: Seek advice? See medical help? See a counsellor? Ask a friend or relative...?

6. Have you been able to deal with any problems?

Probes: How? Did things/people get in your way?

5. Results

As indicated earlier, during the development phase of the focus group questions it was decided to call the participants hard-to-house rather than homeless as the former captures a more realistic perspective of the life circumstances of homeless men and women in Inuvik. Here, the term homelessness is used interchangeably with hard-to-house. The results presented here provide a summary of the first four research objectives noted in Section 2.c above. The discussion starts with the assessment of the breadth and scope of homelessness in Inuvik from the perspective of the IIC, law enforcement and members of the BDHSSA. This is followed by an analysis of the data collected on hard-to-house participants including: demographic information, results from the QoLHHI, and information gleaned from the focus groups with hard-to-house homeless men and women in Inuvik.

A. BREADTH + SCOPE OF HOMELESSNESS IN INUVIK

i. Inuvik Interagency Committee + related stakeholders

Founded in 1984, the IIC is the longest running non-profit service organization in Inuvik. Members of the committee estimate that there are anywhere from 20-30 homeless persons in Inuvik at any one time but these numbers fluctuate depending on the time of year. When able to be on the land and lead a more traditional life, there are fewer homeless persons in town. Several themes emerged from the focus groups for those living on the streets. Most homeless men and women suffer from severe addiction problems and comorbid disorders including depression and schizophrenia. Significantly, many homeless men and women have experienced some kind of abuse in the residential school setting, or have lived in situations where family members, i.e. parents, have experienced the abuse. As such, generational trauma is highlighted as a contributor to the dysfunctional lives of HtH persons. These factors are complicated by a lack of education and social skills leaving homeless men and women with few coping skills. After losing their housing, assuming they had it to begin with, homeless men and women eventually wear out their welcome or 'burn their bridges' with family and friends and end up staying at the

homeless shelter. However, the shelter is dry, which means people who seem to be intoxicated or using substances are denied access. Hence, many of these people frequently find a way to the RCMP cells.

Related to the dry shelter and use of the RCMP cells is the lack of any real support services for homeless persons. Services such as a detoxification centre are not available. Those seeking such services must travel long distances to Hay River and other communities . The same is true for those persons needing any kind of longer-term mental health treatment who travel to places such as Yellowknife, Edmonton and Vancouver. In addition, while members of the IIC work together to help where they can, there is no funding to offer services. Supportive and/or transitional housing is considered an important step in helping homeless men and women with addiction and mental health problems regain the stability needed for self-sufficiency. These services would provide a safe environment where basic needs could be met, and the requisite social skills for healthy functioning could be acquired. However, with the exception of the IIC, Inuvik and the Beaufort Delta generally do not even have the help of non-profit agencies such as the Salvation Army. An RCMP officer highlights the systemic problems of limited resources:

> **If at the shelter if there's no drinking allowed either, so if you're envisioning a place like that—no drinking no drugs—then of course they have to come to us. And they go to the library and hang out during the day, I see a lot of people hanging out there at the library, the Northmart, they go and have fried chicken and they pass out on the chairs so they can call us and we go. There's nowhere to put them, no one wants to put up with them but I haven't seen anybody aggressive. I haven't seen much objections from them. They know there's no other options at this point. It would be nice to have another option.**

The RCMP expressed frustration over becoming the *de facto* shelter. As one of the few places where homeless can get out of the cold and find a place to sleep, they are in the position to view how gaps in the service system impact organizations and individuals. The RCMP expressed frustration over having to take up the slack, becoming reluctant social workers.

> **It would be nice to have another option. And of course when it comes to mental illness, we know there's issues, we don't know what they are. Most of them aren't diagnosed; tell me if I'm wrong. We're not trained whether in mental illnesses which is kind of sad because we know that most of the clients that we do take are seniors which is really unfortunate. But you know there are some young ones and I'm sure there's fetal alcohol syndrome that comes into play but we're not even trained on that either so we do our best to deal with those people but there's not much we can do to help, there's no other options. I wish there was. Yes we'll go pick'em up, we'll remove that person, but can we bring him somewhere safe… other than in as sad as it is, it's a cement cell, no beds, no nothing, it's pretty sad to have to do that.**

This RCMP officer points to the fundamental problem of inadequate options. Not only are there not enough beds for homeless, many of the people the RCMP is forced to shelter require mental health and substance abuse services. Further, the poignant depiction of older people forced to sleep in cement cells gives one a sense for the despondency expressed by this officer and others who were part of the focus group. "You want to help but there's no options whatsoever," said the officer.

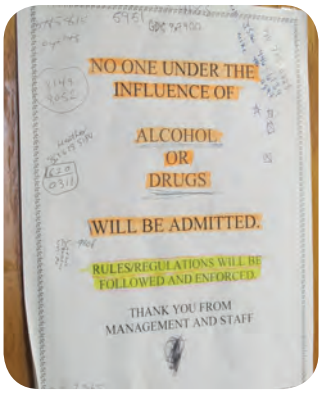
II. Law enforcement

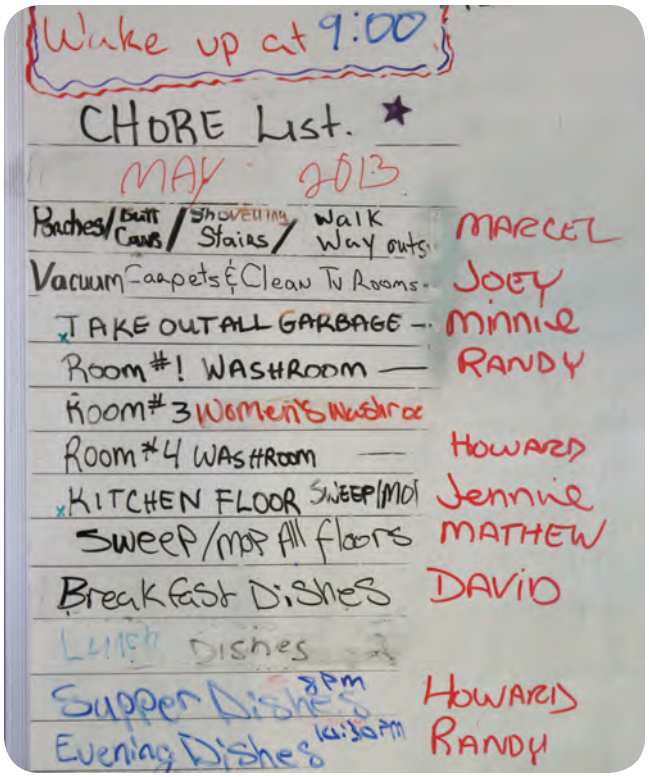
While not keeping data on homelessness, addictions and mental health per se, the RCMP in Inuvik maintain records on public disturbances (PD) under the Criminal Code of Canada and offences under the territorial Liquor Act (LA). From January to October 2012 there were 2097 charges recorded under the PD and 494 under the LA. For the same time period, there were 1937 admissions to the cells or lockup. While specific details are not provided, the RCMP note that the majority of offences are not processed. Indeed, the RCMP recognizes that many offences are committed with the intent of being arrested and confined so that homeless persons have a safe and warm place to sleep. Accordingly, admissions statistics are inflated and highlight the *defacto* use of the cells as a shelter. As one member said about the role of the RCMP regarding sheltering homelessness persons in Inuvik, "...sometimes we have to think outside the box."

III. BDHSSA

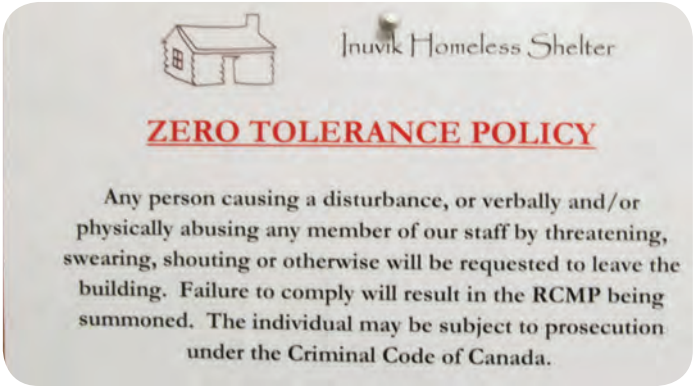
Participants in the BDHSSA focus group identified several reasons that they thought contributed to homelessness in the region. On the one extreme, the lack of housing in some communities such as Paualtuk and Aklavik has led to overcrowding, which in turn results in stressful living conditions and eventually, expulsion of family members who seem to be the greatest cause of stress. However, HtH persons who end up using BDHSSA service do so because they are unable to access public housing. Regarding housing itself, participants pointed to several policies in public housing, the choice for many people living on income support or working in low paying jobs, that potentially contributed to the problem. Two policies in particular seemed to resonate with participants. First, the waiting period for housing is six months for new residents in most communities (some housing authorities have different policies based on need). Second, registered tenants are required to have visitors (longer term) sign onto the lease. This requires that the new occupant register with the housing authority and have his/her income assessed. Failure to do this results in problems such as the requirement that the lease holder pay arrears for the time the visitor stayed in the residence. Regarding housing, one participant stated that people have "…limited choice and people's dependence on housing which is a complex system…" causes problems for the HTH.

Other reasons identified for the inability of the HTH to access housing is rooted in addiction and mental health problems. There was agreement that for chronically addicted





"...in my experience work[ing] in a treatment centre that was a combination of detox as well as a treatment centre I was able to experience how important that is because you engage the person the moment they walk in the door..."



"When somebody says I want to go to treatment, that's the moment you can go to a private treatment centre. You grab them and hopefully you can get them there."

persons "…it's very difficult to sort out what kind of mental health issues the person might have." However, severe depression leading to suicidal ideation was identified as a serious problem in the region. The possible connections between chronic addiction, depression and past trauma were highlighted. A participant stated that "…when you talk about mental illness, schizophrenia and bipolar, my experience in Inuvik is that there are a lot of people who are homeless because of past trauma and addictions." Yet, as indicated above, disentangling the triad is virtually impossible with present resources.

Regarding possible solutions for the HtH, participants in the BDHSSA focus group had several experiences and suggestions for the issue. Referring to her experience in a treatment centre, one participant identified the effectiveness of having a treatment centre and the limitations experienced by the HTH and their service providers,

> **…having actually in my experience worked in a treatment centre that was a combination of detox as well as a treatment centre I was able to experience how important that is because you engage the person the moment they walk in the door and they're detoxing in the same place they're going to get the treatment and so you engage them right away. And so its very difficult for the counsellors here. When somebody says I want to go to treatment, that's the moment you can go to a private treatment centre. You grab them and hopefully you can get them there. It doesn't matter if they're drunk if they're high, you can get them there when they have a space. You don't have to worry about all that in between stuff. But here then you have to say well now I need you to come back for another appointment and another appointment and they don't make it.**

While recognizing that addicted persons need to desire the change associated with treatment, participants argued that a comprehensive detoxification facility was needed, and that a long-term treatment facility was needed to compliment detoxification. Additionally, the need for community-based follow up was underscored as a requirement to ensure long term success for HTH persons completing treatment.

For persons not able or willing to participate in treatment, several participants discussed the notion of a *wet shelter* (i.e. does not require sobriety). The importance of shelter for safety of the HtH, and as a potential starting point for treatment was noted by many. A participant suggested that stable housing reduces one's level of crisis and opens him/her up to the possibility of improving their health through lifestyle change. A wet shelter could provide the *milieu* for change, as well as, providing a safe environment for HtH persons.

One last observation about the region was the issue of invisible homelessness among younger people with addictions and/or mental health problems. Particularly in smaller communities, families may feel obligated to house relatives who would otherwise have no place to go. Unfortunately, these arrangements are often detrimental to these families who seek help from BDHSSA. A participant observed,

> **that puts the helping professionals in a really tough spot because people don't understand that you can't just fix him. And its much more complex than that, but I think…homelessness contributes to elder abuse in a big way because their children and their grandchildren are knocking their doors down basically to get money, a place to sleep, food and elders are in very vulnerable positions of being able take care of themselves and again feeling obligated…to take care of their family but also being abused…so it's a really tough situation for elders.**

iv. Focus groups and interviews with key informants in outlying communities in the Beaufort Delta

In addition to the issue of migration to Inuvik, the themes emerging from the focus groups in Aklavik, Fort McPherson, Sachs Harbour and Tuktoyaktuk overlap and highlight: (1) changing demographic characteristics in these communities; (2) the physical decay of available housing; (3) a lack of employment; and (4) community caring.

The lack of employment in Beaufort Delta communities has become a concern for residents and hamlets alike. Unemployment is inextricably linked to the shrinking population in these communities. Most young people eventually leave their community to attend secondary school in Inuvik, leaving the older generations with the task of maintaining the community. The rift between modern life and traditional ways of living and knowing expands when these young people return. While a few stay, many eventually leave again for further education and/or employment in Inuvik and beyond. Thus the *graying* of northern communities, while not a new phenomenon in Canada, has the possible effect of leading to community extinction. That said, these communities still function quite well while dealing with day-to-day life within a rural context.

Migration from rural communities to Inuvik occurs, but it is not common according to focus group participants. Additionally, many HtH persons leave these communities due to lack of housing, more so than for eviction. For

example, in two communities, reference was made to the poor condition of housing built before the 1980s. Participants from Aklavik and Tuktoyaktuk noted that many homes built before this time require such substantial repairs that they have been left uninhabited. A participant from Aklavik, a community subject to flooding, noted,

> **…I also guess from the point of view of the actual architectural structure, any houses that were built before about the 1980s are in dire need of replacement just because of the fact that they've been using wooden pilings and things like that with all the flooding that goes on.**

A participant from Tuktoyaktuk commented that, "In housing we have 172 units, but a lot of them are shut down and five of them are going to be demolished this winter. They write them off."

Typically, persons who leave their home communities return because they cannot find work or otherwise support themselves in Inuvik. One participant summarized the situation,

> **…when I was in Inuvik the homeless people there leave Inuvik unless they go to jail or for counselling through the alcohol program." Yet, upon return these HtH people usually return to the same lifestyle they had before leaving. A participant form Tukyoyaktuk commented that, "…there's two people that went through that program and there's no follow up after that. It's sad to say those people are in the same boat as when they left, they have a big fat zero…and it's tough.**

Despite the apparent reduction in populations in rural communities, the strain on housing exists, and to a degree is increasing with changes to culture and community/family life. In contrast to earlier times when multiple generations and extended families lived together, there is a trend for younger people remaining in communities to want their own residence. This is particularly true in troubled homes. In Fort McPherson and Aklavik, many young people surf from house to house to avoid what a participant referred to as "wearing out their welcome" at any one particular place. Participants noted that this was a strength because it indicated a caring community. According to a participant from Fort McPherson,

> **There's lots of support but they need to go and seek it. Just going back to when we were talking about when people are homeless then people go to Inuvik and then they become homeless there for however long they spend there, maybe a month or two but they always seem to come back home. And they always have a place here. To really think of it I don't think there's anybody (from) our community in Inuvik that is homeless.**

Similarly, regarding caring for addicted and/or ill HtH persons, a participant form Aklavik observed,

> **…I think this community is actually very different from many other communities in that there is very good infrastructure here, a very good sense of community and we can usually find somebody to take somebody who is intoxicated, depending on the degree of intoxication or what the exact health problem is…**

However, not all participants shared the approach taken to care for addicted persons. Participants from Tuktoyaktuk and Aklavik expressed frustration over younger people who did not want to work, particularly those HtH who did not keep up with paying their rent and ended up homeless.

> **…people that don't pay their rent and they become hard to house and they become these couch surfers you're talking about and then when you follow up with them it don't matter if it is housing, income assistance the health centre, wherever they may be they're going to move to the next one. So they don't really want to give themselves the responsibility even when there's so much opportunity out there for them to get out of the debt that they owe. And it's more or less a personal choice. I see it as personal choice like that…but they're certain groups or families…(that) don't know how to pay the bills, they're not taught at home.**

Referring to the loss of culture and the lack of employment, several participants from Aklavik stated that technology had undermined culture without providing any viable alternatives. The modern lifestyle had created a culture of entitlement wherein single younger people wanted their own residence. According to one participant, "They want what their parents have without having to work for it." However, employment/educational opportunities are not abundant which leaves HtH people in a bind. This bind is exacerbated by the apparent rejection of traditional ways by younger generations. Elder participants lamented on the loss of interest in hunting and being self sufficient on the land. A participant from Aklavik commented that,

> **A lot of the younger people don't know how to hunt…I'd say in the 80s generation, they have no skills for hunting or going out on the land to survive. And I think that's where a lot was lost because if you had a family living on income support and if they were able to go hunting, they would end up with enough in their home to cover the whole month but a lot of them don't have those skills.**

In addition, being on the land was important for its healing effects. Referring to experiences with her elderly father, a participant from Tuktoyaktuk said, "I think of my dad, he's very limited in what he can do now, 85 and everything. But as soon as we got Husky Lake, honestly he gets back to his younger self.." Another participant from Fort McPherson observed that some HtH persons give up their residences and return to a more traditional lifestyle.

> **I think there's a few people that for some reason moved out of housing that built themselves a cabin or went to their bush camp or stayed there at their bush**

> **camp. And some of them stay out there year round. And it's a life for them I guess, that's what they chose to do.**

Emerging from the issues around employment and demographic shifts, is the issue of sustainability of rural communities in the Beaufort Delta. A participant from Aklavik commented that,

> **there's a problem with the small rural communities is that unfortunately if they have no stable (economy) to keep them growing or at least keep them stable and there's nothing of keeping from getting smaller… Sachs Harbour I think has gone from 200 to just under 100. So what is there to keep them there really and unless they want to be a Traditional person they will have to migrate to somewhere bigger and up here that would be Inuvik. And that aggravates the housing situation there. It's happening a little bit from Aklavik who end up going a little bit further to Yellowknife, Whitehouse. So but I'm seeing that happening in many other places. Aklavik used to be really bit like she said, but Inuvik was built and Aklavik's getting smaller. But it's a housing issue a and slightly different problem in each community because of the other issues in the community.**

B. DEMOGRAPHIC INFORMATION OF HtH PERSONS

The majority of participants in the study (14) were male. The age ranged from 18 - 74 with a mean of 40.83. There are 15 Aboriginal participants, 5 Gwich'in and 9 Inuvialuit and one Metis. The remainder included 2 Caucasian and 3 others who did not self identify. Due to missing data for one participant, the following demographic characteristics are derived from 16 participants. For place of birth, 8 participants were born in Inuvik, 3 came from one of the surrounding communities, 3 others came from southern NWT and 4 came from other provinces. Regarding education, 3 participants had achieved a grade 12 diploma and 3 indicated some college education. The remainder had not completed secondary education. Only 3 participants indicated that they were married or in a common law relationship. Although not primary caregivers, 12 participants indicated that they had one or more dependents. While 4 participants indicated no religion, the majority (12) indicated that they were Christian or Catholic. Forty-two percent of participants (8) identified a physical or mental disability. Slightly less than 37% of participants (7) indicated that they

were employed or that they worked at odd jobs. Finally, 42% or 8 participants were sleeping at the Inuvik shelter, 4 were staying with relatives, 2 were recently housed and 2 had no housing or place to sleep.

C. QOLHHI SURVEY RESULTS WITH HARD-TO-HOUSE MEN + WOMEN

The data in Table 1 provide a summary of the responses to the questions in the QoLHHI survey for housing, health and social support respectively. Questions for the surveys are noted below in Figure 3; full copies of the three scales can be found in at http://educ.ubc.ca/faculty/hubley/qolhhi.html. All items in the surveys ask respondents to rate their feelings from negative (1) to positive (7). The exceptions are items 8 and 9—ranging from 1 to 4 in all three domains. The data reported here include mean mode and standard deviation measures for the variables.

The survey data provide some insights into the lived experiences of participants. First, regarding housing, item, the data in item 10 indicates that HtH persons are hoping for better housing in the future. The responses to the majority of the other items hit the midpoint of the scales suggesting that participants view their current conditions as normative for them. Second, participants rated their current health as average for them, with the exception of three items. Most participants viewed their health as slightly better than average, items 8 and 9. Yet, they anticipated that in five years their health would be better. Third, referring to emotional and practical social support, most participants did not identify their circumstances as unusual. Again, participants viewed the support they received as normal for them, but in five years they hoped to be receiving slightly more social support.

figure 3: QILHHI – MDT survey questions

MDT Housing Situation

1. On the whole, how do you feel about the place where you currently live or stay?
2. On the whole, how would you describe the place where you currently live or stay?
3. How does the place where you currently live or stay compare to the average for most people?
4. How does the place where you currently live or stay compare to the best you've experienced in the past?
5. How does the place where you currently live or stay compare to what you expected to have at this point in your life?
6. How does the place where you currently live or stay compare to what you think you deserve?
7. How does the place where you currently live or stay compare to what you think you need?
8. How does the place where you currently live or stay compare to what you think would be ideal?
9. How does the place where you currently live or stay compare to what you want?
10. Think about where you expect to be living or staying 5 years from now. How does that compare to the place where you currently live or stay?

MDT Health

1. On the whole, how do you feel about your current health?
2. On the whole, how would you describe your current health?
3. How does your current health compare to the average person's health?
4. How does your current health compare to the best you've experienced in the past?
5. How does your current health compare to what you expected to have at this point in your life?
6. How does your current health compare to what you think you deserve?
7. How does your current health compare to what you think you need?
8. How does your current health compare to what you think would be ideal?
9. How does your current health compare to what you want?
10. Think about how you expect your health to be 5 years from now. How does that compare to your current health?

MDT Social Support

1. On the whole, how do you feel about the practical and emotional support you currently get from others?
2. On the whole, how would you describe the practical and emotional support you currently get from others?
3. How does the practical and emotional support you currently get from others compare to the average for most people?
4. How does the practical and emotional support you currently get from others compare to the best you've experienced in the past?
5. How does the practical and emotional support you currently get from others compare to what you expected to have at this point in your life?
6. How does the practical and emotional support you currently get from others compare to what you think you deserve?
7. How does the practical and emotional support you currently get from others compare to what you think you need?
8. How does the practical and emotional support you currently get from others compare to what you think would be ideal?
9. How does the practical and emotional support you currently get from others compare to what you want?
10. Think about the practical and emotional support you expect to be getting 5 years from now. How does that compare to the practical and emotional support you currently get?

*Whereas items 1 – 7 and 10 use a 7 point scale, items 8 and 9 in all domains use a 4 point scale.

table 1: QoLHHI survey results

		Number	Missing	Mean	Mode	SD
MDT HOUSING	1	15	2	4.0667	3.00	1.90738
	2	15	2	4.4000	5.00	1.40408
	3	15	2	3.4000	4.00	0.98561
	4	15	2	3.6000	4.00	1.88225
	5	16	1	4.1875	3.00	2.07264
	6	16	1	4.1250	4.00	1.70783
	7	16	1	3.9375	4.00	1.28938
	8	16	1	3.5625	4.00	1.78769
	9	15	2	2.9333	4.00	1.33452
	10	15	2	5.6667	6.00	1.11270

		Number	Missing	Mean	Mode	SD
MDT HEALTH	1	15	2	5.0000	5.00	1.63881
	2	16	1	4.0000	4.00	1.36015
	3	15	2	4.0000	4.00	1.45733
	4	16	1	3.5000	1.00	1.58640
	5	16	1	4.0000	4.00	1.78419
	6	15	2	4.0000	4.00	1.43759
	7	15	2	4.0000	4.00	1.48645
	8	15	2	3.0000	3.00	0.99043
	9	14	3	3.5000	4.00	1.20667
	10	15	2	4.000	4.00	1.24212

		Number	Missing	Mean	Mode	SD
MDT SOCIAL SUPPORT	1	15	2	5.0000	6.00	1.29099
	2	15	2	4.0000	4.00	0.91548
	3	15	2	4.0000	4.00	1.48645
	4	15	2	4.0000	5.00	1.70992
	5	15	2	4.0000	4.00	1.66762
	6	15	2	4.0000	4.00	1.42428
	7	15	2	4.0000	4.00	1.62422
	8	14	3	4.0000	4.00	1.00821
	9	15	2	3.0000	3.00	0.70373
	10	15	2	4.0000	4.00	1.45406

D. FOCUS GROUPS WITH HARD-TO-HOUSE MEN + WOMEN

Throughout the focus groups it became apparent that many of the participants shared similar histories or pathways to being homeless. Several have been in and out of subsidized housing in Inuvik for several years and most use the homeless shelter on a frequent basis. As suggested in the demographic characteristics, several of the participants identified a physical disability and four identified mental disabilities. Some participants have work histories, but no consistent employment record. Consequently, all participants have relied on the Inuvik Housing Authority at one time or another. All have been evicted from their homes and are at various stages of trying to get back into housing. The reasons for eviction are primarily tied to two factors, being arrears in rent and what is called here, unacceptable conduct. For most participants unacceptable conduct and substance abuse are intertwined. Alcohol is the choice of substance for participants, and most were evicted for alcohol-related incidents. It is reemphasized here that participants' perception of the reasons for eviction may not align with their actual experiences.

At the time of the focus groups, the cost of housing for unemployed persons on social assistance was nominal ($32 per month). However, this amount skyrockets once the person starts working; participants either quit working because they watch their money go to rent or do not pay. Once the housing authority learns of the person's income, a fee is levied. Most do not have the money to pay the fee thus making them in arrears. Unless the person negotiates payback with the housing authority they are evicted. And, unless the arrears are dealt with, obtaining future housing is difficult. One participant stated, "...if you got arrears with Inuvik Housing right now you're denied...once you get out of housing it's hard to get back into any kind of housing". Another participant went so far to say that "...like I said it is hard to get back into it once you get kicked out. They kind of put you on a blacklist..."

Eviction for unacceptable conduct is linked to damages and housing others who have been evicted and banned from properties managed by the housing authority. Participants noted that eviction for drinking, noise and partying was common. Depending on the level of severity, tenants are granted chances before being finally evicted. However, tolerance for unacceptable conduct is often lacking. In one case a tenant was evicted for failing to maintain the inside of his unit. "Dirty house, messy house, like dishes not done, you know. A little bit of mud on the floor, stuff like that, that's what I got evicted for." In another case a participant was evicted for "… trashing (his) parents' house..." with an actual investigation, which if conducted would have shown that it was actually his brother that did the damage. In another example, a participant was evicted for allowing a banned individual stay at his house during inclement weather. In his words, "...it was -35 and I was in a unit and some people banged on my door and said it's -35 and we have no place to go....what's more important risking a person's life or me getting evicted..."

The prevalence of alcohol abuse also figures into the eviction process. Participants recognized that they needed help, but had nowhere to turn. Detoxification services are not available and other community support structures are lacking (e.g. transitional housing and counseling programs). One participant suggested that having to leave the shelter, which closed during the day from 10:00 - 18:00, might contribute to more alcohol abuse because participants had nowhere to go during the day. For others, alcohol and other substance abuse have become both a cause and effect of being homeless – being evicted from housing or being denied entry into the shelter because they are under the influence leads them to "...go get drunk."

Related to the issue of substance abuse and treatment, one participant reflected on his personal experience.

> **…I have a cousin, a bunch of relatives actually that are alcoholics, but when they go to treatment and when they come back and then there's no help…how can you really make something work when there's no support? You can't expect an alcoholic or an addict to just be able to keep continuing on a path of sobriety without support.**

When discussing the availability of other supports, the same participant said,

> **I just had an issue though with the hospital and the doctor. Because I have ADHD I've been trying to take certain drugs or medications to help with it, but their side effects are depression so I have a history of depression so when you go back and forth, taking those medications, they are kind of productive, so I went to the doctor again about a month ago and talked to the doctor. She didn't know what do prescribe me so she said she would refer me to the psychiatrist, but they failed to actually put my name down and refer me to the psychiatrist. So when I called, like last week to find out when they would be coming, they said well he was just here and has already gone. So now I have to wait again.**

While participants mentioned the lack of housing as a major reason for being homeless, suggestions for relieving the issue were basic and practical. The need for counsellors, who would engage in outreach to help participants find housing, even if for one night, was considered quite important. Providing counselling for those trying to stop drinking was also important as was the development and operation of support groups for those struggling with finding health and social services. Finally, and significantly, having the homeless shelter open during the day was mentioned as a way to reduce the pain of being homeless. One participant went so far to say that sometimes "...I turn to jail as an option to getting out of this homeless thing." However, there was no mention about how to deal with homeless or hard-to-house persons who showed up at the shelter intoxicated or otherwise under the influence of substances.

Many described the difficulty in finding housing, particularly long waiting lists.

> **I decided to come up to Inuvik a year ago, and pretty much stay at the shelter all the time because I…haven't been able to get housing till recently. But prior to that I've been staying at the shelter. But I still am staying at the shelter until I get into my place. But I stayed at the shelter a little while in Whitehorse and that's about it basically. Getting housing, getting on my feet but you use the shelter when you have to. That's what I've been doing.**

Describing the struggle to find better lives while resisting the stigma of homelessness or being HtH, one male participant poignantly said,

> **I guess I was homeless the first time when I was 13. I didn't leave home, home left me. And I've lived very many places, Seattle, San Francisco, New Orleans, New York, Montreal, Jasper, Bangkok, Hong Kong, London. I never saw myself as being homeless. I'm always at home with myself. And so when we use terms like Hard to House, Yes, I would say I'm hard to house. But I wouldn't put the negative connotations on myself that other people might.**

Being called homeless then is an identity to be resisted. As this participant also suggested, one can be homeless without being *homeless.*

Another male pointed to the complicated and often punitive nature of the shelter system.

> **…there is an interesting thing that would be interesting to bring up for the record. I'm too poor to stay at the homeless shelter. That's right, more than likely I'm going to get kicked out of November first because I don't have the cash to stay there. In order to stay at the homeless shelter you're required to go to housing, if you have any past debt, unless that debt is paid off, then you can't get on the housing list. If you can't get on the housing list, you're kicked out of the homeless shelter. I'm currently in conflict with my employer, so I'm going to get kicked out on the street, simply because I am poor. And I think there is something fundamentally wrong with that, when people are going into first-stage housing. That's because they need a place to sleep, that's because they need food to eat.**

Whether this participant's perceptions are accurate is not certain, however, his comments echo a common sentiment – housing policies are seen as punitive. Whether or not the experiences of participantsare accurate, the portrayal of policy is only part of what is important here. Those in the system have experienced these policies as forcing them into impossible situations. Thus an important area for intervention is developing better relationships between the triad of housing, service agencies and users.

> **…and far too many times I've made the decision that this person actually need some place to stay, and says if they're drunk and they're outside there's a good chance of their going to die. And what's more important risking this person's life or me getting evicted for the 7th or 8th time on my landlord who says I told you not to let anyone in the house. So that's how I got to be homeless.**

A male participant articulated the very basic need for shelter. The statement starkly describes the feeling of relief one can experience simply by having a warm place to sleep.

> **I think when you get into the homeless shelter and you have a place to sleep and a place to wake up in the morning and it's not freezing cold, that's a success story right there. Those are the meat and potatoes, it's not the butter on the bread but….**

Contradicting the stereotype of unmotivated lazy homeless persons, a female participant talked about the struggle to find housing while trying to finish school.

> **For me it was being a student. You can be on the waitlist but sometimes it takes so long…you know I come back every so often, go on the waitlist, get a place and then I'd leave and then I'd have to start over again at the bottom of the list. So I kind of stopped coming home for the summers because I didn't have anywhere to live and I have a son. So it wasn't really practical to do that. So the only reason I'm staying now is because I got into housing. I'd rather finish my school down there than finish it online. So it makes it harder… Yeah, I wanted to**

> **become more educated but I didn't have anywhere to live when I come home. And I'm not the only student. How many other students leave and come back and have nowhere to stay?**

Another female participant concluded that the system will always end up excluding people in need from housing. Even though she is able to benefit from having a child, she is able to see that her fortune rests on others being neglected.

> **…came along and all of a sudden applied and I had a child so got bumped up to the head so those people still on the bottom are still waiting. So you're always going to have people that will have more of a need and you keep bumping them in front of these other people that have been waiting for years.**

Another male participant described the precariousness of housing and how getting evicted can impact family relationships.

> **Once you get kicked out of housing around the Delta it's pretty hard to try to stay at a family's place if they're in housing. I don't really like that but I guess the majority of the good people have to live by it …if you stay at somebody's place and they stay in housing they can get kicked out and I don't want to bring that on any of my family. I come from brothers and sisters, I have four brothers and four sisters and I try not to bother them because the majority of them do have housing. Inuvik housing. This last four months, five months now I've been staying up at my dads at housing and paying rent.**

A female participant agreed and described her experience of being unable to stay with family because of her housing status.

> **I grew up here too in Inuvik like he said I'm happy to be staying at our father in-laws, our relatives anyways because most of our family stays in housing and it is hard for people like us. We owe arrears. Hard for us to stay around in housing, family anyways. It is harder when you get kicked out. Most of your family stay in housing and housing find out you're there they tell them you can't stay there. So. Like B. said [above] we're just happy we got**

a roof over our head and not staying out in the cold.

The housing policies work against the very family networks that many rely on in times of need. This male participant describes a life of loss and struggle and reiterated the punitive nature of the system:

once you are asked to leave it is very difficult to get back into housing. Even though I'm from the town of Inuvik like I said before I did sleep under houses, warehouses, stuff like that to stay warm and stay dry. I find it difficult for me anyways to ask for a hand you know. I lost my two mothers I guess quite a few years ago and I really depended on them. I never really had to ask for nothing, they always gave it to me sort of thing. But now they're long gone and you know I never did ask, I have a hard time asking for a hand. I don't know why that. But is hard to be homeless in the town like this especially if you have family and friends you know all they talk behind your back and they say oh this guy is from here and he's homeless…Once you get kicked out of housing it's hard to get into a house unless you're rich enough to have a steady job because first of all the rent up here is so ridiculous because some places are 1750 a month and that's not even with the power and the heat you know.

Again, this female participant emphasized the punitive nature of the housing and shelter system.

Housing like I said it is hard to get back into it once you get kicked out. They kind of put you on a blacklist I guess like for me anyways you know um, that's why I have hard time asking some of my brothers and some of my sisters you know to stay there overnight or something you know. I wouldn't ask them to stay there anything over a night anyways if I did come down to it. But I think it's wrong. You know, I think housing the way over, you know like and then the community like. It is a hard, hard situation that you're in, that I'm in anyway so I'm to get back into housing and the things I got kicked out, my common-law I don't think it is worth getting kicked out, you know. Maybe they should have like an investigator or something you know to go and stuff like that. For me I found it ridiculous to get kicked out over a dirty floor and dirty dishes and dirty table you know. No holes, no broken windows, maybe a busted screen that's about it. But I find stuff

> **like that very ridiculous to get kicked out of housing. And we got kicked out in the wintertime.**

Another male participant described the need for services and safety nets for young people. He suggests that homeless shelters have substituted for informal family networks that were once in place. Further, these shelters have bureaucratic restrictions and insufficient number of beds

> **You know like I said once you get out of housing, it's hard to get back into any kind of housing. They should have some kind of support group for young people like when you're kicked out of your parents, you know I stayed with my parents to until I was at least 24. Maybe 23 whatever. You know back then I didn't get kicked out I'm happy for that, you know from my parents even though I did get in trouble with the law and stuff like that. But nowadays they do need somewhere to turn to, people like that's just got a place to stay, they just kicked out you know, it is hard on a person.**

He also pointed to an important gap in services—temporary housing for families with young kids.

> **Young parents especially if they got young kids involved. They can just go and say you know go drop the kid off at wherever the in-laws can you watch them you know I got kicked out. You don't have that around here, they got the homeless shelter that only shelters so many people you know. They only have so many beds for so many people. I don't know if they allow couples there or family you know.**

This participant articulates a frequently cited challenge—the fraying of family ties once responsibility for care is replaced by impersonal and bureaucratic structures that are often perceived as punitive. While families are not always a safe or secure haven, the need for flexible caring support is given voice here. Paying attention to this call by creating support groups and facilities that are responsive to individuals, while building on natural local supports is the challenge and necessity.

6. Discussion

It is clear that not all hard-to-house persons in Inuvik originate from the town itself. It is also clear that rural migration is only a partial contributor to homelessness as the community generates its own hard-to-house population. Yet, many HtH persons originate from other parts of the territory, and other areas of the country including the Yukon, Saskatchewan and Ontario. None of the participants in this project indicated a desire to leave Inuvik; indeed, some expressed desire to be involved in the community as active citizens, potentially contributing to the solutions for homelessness.

It is clear that HtH participants in the study rate their current situation as less favourable than the past, and have hopes for a better future in terms of housing, health and social support. While the instrument used to determine the quality of life for participants (QoLHHI) did not yield extreme measures in terms of hardship, the negative effects of being HtH in Inuvik were born out in the focus groups. Problems with obtaining and maintaining housing were dominant themes, particularly regarding being in arrears in rent and problems associated with substance abuse. Accessing services and meeting the basic necessities of living where also apparent in the focus group discussions. The last point speaks to a potential explanation for the discrepancy between measures of QoLHHI and the lived experiences of HtH persons. Participants frequently referred to other HtH persons experiencing worse circumstances and enduring conditions less favourable than to themselves. In effect, focus group participants appeared to measure their quality of life in comparison to persons in worse situations. Thus, the QoLHHI may not be an appropriate instrument to use in northern research contexts.

Debates in the Territorial Legislature surrounding homelessness and its link to addictions and mental health problems underscore the prevalence and seriousness of the issue (NWT Hansard, 2012). Despite the best efforts of the IIC to serve a coordinating function for its members, and perhaps other non-member agencies as well, integration of available services has not occurred in a demonstrably effective manner. This progress report has confirmed the difficulty of providing services to northern homeless people that others have also emphasized (Bopp, 2007; Christensen, 2011; Falvo, 2011; Webster, 2006). Challenges, notwithstanding, there is a clear need to address these issues. Given the relatively small population in the Northwest Territories and the great deal of natural resources – including diamonds, gas, oil and minerals – the neglect of homeless men and women is inexcusable. While we do not have supportive housing models that have been proven to work specifically in the north, there is ample evidence from other regions, such as Yellowknife and Whitehorse, of effective programs.

Other regions grappling with the issue are exploring strategies that have proven effective at reducing homelessness and caring for HtH persons with addictions and mental health problems. For example, recommendations emerging from a study on homelessness in

Wellington County, ON, include a *housing first* (HF) approach. In essence, HF initiatives require the coordinated support of all involved service providers in an effort to keep people housed. HF projects involve prioritizing the need to keep people housed, which also means tolerating a certain degree of what is usually referred to as unacceptable behaviour. The HF approach also recognizes that some people may need ongoing support as their addiction and/or mental health issues are chronic and prevent them from realizing a fully independent life (Atherton & McNaughton Nicholls 2008).

It is essential that all service providers understand and subscribe to this kind of a approach, especially in the context of interview and focus group data that illustrate the diversity of views regarding causes of and solutions to the HtH phenomena and attitudes toward the HtH themselves. The view that the inability to maintain housing reflected "personal choice" stands in contrast to awareness of the complex ways in which structural factors play a determining role in addictions/mental health issues. That is, to focus exclusively on personal choice is to obfuscate many of the key factors in homelessness, yet again shuffling responsibility and avoiding taking needed action.

Given the context of this research, HF is the minimum requirement for a response to homelessness in Inuvik and the Beaufort Delta and HtH populations. We are, therefore, faced with a political and moral challenge, rather than solely one that will be solved with more research, data and reports. The fundamental issue at stake is to what extent we are able to harness the resources available to care for vulnerable populations, for those who temporarily, as is frequently the case, cannot care for themselves. Our research has shown that on the local level there is a great deal of concern and energy being devoted to housing homeless persons with substance abuse and mental health problems, and that these people have difficulty accessing services when needed. Frontline workers must be supported through increased funding on behalf of the business community, local, territorial and federal governments. However, funding must be accompanied by creative and effective coordination efforts, within a social context that recognizes the dignity of HtH persons, despite their lot in life and (in)ability to participate as functioning members of society.

7. Recommendations

This research has demonstrated that the factors leading to homelessness, particularly amongst HtH persons living at the Inuvik homeless shelter – poverty, lack of education/training, substance abuse, mental health problems and lack of affordable housing – are entrenched and persistent. The following recommendations are intended to encourage debate, coordinate services and engender the development of sustainable responses for people who find themselves in HtH situations.

1. Create a central co-ordinating body to work with members of the IIC, Aboriginal groups, the broader community and all levels of government. This body would take a leadership role in responding to HtH persons with co-morbid disorders.

While the IIC does take on a coordinating role, a more permanent body is needed to provide stability of leadership and to facilitate the development of strategies that will promote change in the lives of HtH persons.

2. Develop a strategy to bring all service providers together to share operational mandates, polices and services. The reduction of cross-institutional confusion, misinterpretation of policies, duplication of services and an increase in community services is crucial to service provision.

Throughout this research it has been apparent that, despite the coordinating role of the IIC, many agencies and service providers are not aware of their counterparts' roles and responsibilities in serving HtH persons.

3. Work with members of the IIC, Aboriginal organizations, community groups and government to develop and propose a housing first model appropriate for Inuvik and other communities in the Beaufort Delta. A housing first approach can be developed to be sensitive to the different cultures requiring assistance, while at the same time provide core elements required for daily living in the Beaufort Delta.

Research demonstrates that HtH persons experience positive physical and mental health outcomes, are more likely to engage in treatment, and more likely to find and maintain employment when housed (see: Atherton & McNaughton Nicholls, 2008; McGraw et al., 2010; SIngleton et al., 2002; TSSHA, 2007 & Trewin & Madden 2005).

4. Work with housing authorities in the Beaufort Delta to promote practices that are effective in reducing eviction rates among HtH persons.

Discussions with representatives of housing authorities and HtH persons illustrate a lack of understanding between the two groups. HtH persons see housing policies as punitive while housing authority staff view their managerial role and the enforcement of policies as essential to the well-being of all tenants. Clearly, third party intervention is needed to assist those who cannot abide by policies to change behaviours and avoid eviction, while at the same time reducing the strain on other tenants and housing authority staff. Several recommendations in this study speak to ways in which this can be accomplished. At minimum, stabilization of HtH persons is necessary before accessing public housing. This can be accomplished through services provided in transitional housing (recommendation 3) and changes to service provision (recommendations 6 and 7).

5. Strategize with members of the IIC, Aboriginal organizations, community groups and government to expand the operation of the shelter from 14 to 24 hours.

Particularly in colder months (.e.g. September – April) many HtH persons find themselves in need of a warm and safe place to stay until the shelter opens. The public library and local market are not acceptable solutions. Instead, having a place to go where they could access service providers or be offered suggestions for personal change while staying safe and warm, may be attractive, even to the most chronic HtH persons.

6. Work with members of the IIC, Aboriginal organizations, community groups and government to explore transitional housing options for chronically HtH persons.

Options should include the development of a temporary “wet shelter” serviced by staff trained in dealing with addicted persons with mental health problems.

Similar to the preceding point, this recommendation includes transitional housing as a means of dealing with homelessness while at the same time providing services that may work towards the improvement in the lives of the HtH. This could involve a more therapeutic environment serving Aboriginal and non-Aboriginal peoples using approaches appropriate to their respective cultures. Indeed, these services could be coordinated with “on the land” approaches and have the benefit of providing HtH persons with the skills and resources to cope in a more urban setting thereby reducing the likelihood of a return to substance abuse and ensuing housing related problems.

7. Develop outreach services so that HtH persons are aware of available services and can access services when needed.

Presently, accessing services requires HtH persons to make and keep appointments, which is generally during the standard work day While this may be considered an important step in developing personal responsibility for one’s own care, it is a lofty goal for someone living day-to-day or indeed hour-to-hour as is the case for some. Even to the initiated, bureaucracies are intimidating and difficult to navigate, but those living on the margins of society are at a further, structural disadvantage. Outreach in this regard could be coordinated with transitional housing to be more expedient and effective.

8. Work with members of the IIC, particularly BDHSSA, to establish a permanent detoxification centre.

As noted in this research, persons seeking detoxification must leave their communities for treatment. Most return to the conditions associated with their addictions and failure follows. A local detoxification centre, particularly paired with transitional housing staffed with capable personnel, offers a chance for these people to break the cycle of program failure.

8. Conclusion

Using mixed methods – review of literature, focus group interviews, statistical data and the administration of the QoLHHI – this research has identified significant gaps in existing services to HtH persons, many suffering from co-morbid disorders. The emerging images of homelessness and the lives of HtH persons could be construed as bleak. Even without eviction, there is not sufficient housing to meet demand. This issue will require significant and immediate attention to avoid further strain on existing services and personnel. In addition, the causes of homelessness, deeply rooted in the marginalization of people, are multiple and complex, and thus require a comprehensive response on behalf of governments and the communities involved. Still, there are high degrees of community commitment and energy dedicated to ameliorating the conditions leading to homelessness, and the development of strategies to reduce the plight of HtH persons. The recommendations in this report represent first steps in processes of change that will, hopefully, bring about betterment in the lives of HtH persons, and the communities in which they live.

"The recommendations in this report represent first steps in processes of change that will, hopefully, bring about betterment in the lives of HtH persons, and the communities in which they live."

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Michael Young
July, 2013

Appendix B: Ethos Definitions of Homelessness

Conceptual Category		Operational Category		Living Situation		Generic Definition
ROOFLESS	1	People Living Rough	1.1	Public space or external space		Living in the streets or public spaces, without a shelter that can be defined as living quarters
ROOFLESS	2	People in emergency accommodation	2.1	Night shelter		People with no usual place of residence who make use of overnight shelter, low threshold shelter
HOUSELESS	3	People in accommodation for the homeless	3.1	Homeless hostel		Where the period of stay is intended to be short term
			3.2	Temporary Accommodation		
			3.3	Transitional supported accommodation		
	4	People in Women's Shelter	4.1	Women's shelter accommodation		Women accommodated due to experience of domestic violence and where the period of stay is intended to be short term
	5	People in accommodation for immigrants	5.1	Temporary accommodation / reception centres		Immigrants in reception or short term accommodation due to their immigrant status
			5.2	Migrant workers accommodation		
	6	People due to be released from institutions	6.1	Penal institutions		No housing available prior to release
			6.2	Medical institutions (*)		Stay longer than needed due to lack of housing
			6.3	Children's institutions / homes		No housing identified (e.g by 18th birthday)
	7	People receiving longer-term support (due to homelessness)	7.1	Residential care for older homeless people		Long stay accommodation with care for formerly homeless people (normally more than one year)
			7.2	Supported accommodation for formerly homeless people		
INSECURE	8	People living in insecure accommodation	8.1	Temporarily with family/friends		Living in conventional housing but not the usual or place of residence due to lack of housing
			8.2	No legal (sub)tenancy		Occupation of dwelling with no legal tenancy illegal occupation of a dwelling
			8.3	Illegal occupation of land		Occupation of land with no legal rights
	9	People living under threat of eviction	9.1	Legal orders enforced (rented)		Where orders for eviction are operative
			9.2	Re-possession orders (owned)		Where mortgagor has legal order to re-possess
	10	People living under threat of violence	10.1	Police recorded incidents		Where police action is taken to ensure place of safety for victims of domestic violence
INADEQUATE	11	People living in temporary / non-conventional structures	11.1	Mobile homes		Not intended as place of usual residence
			11.2	Non-conventional building		Makeshift shelter, shack or shanty
			11.3	Temporary structure		Semi-permanent structure hut or cabin
	12	People living in unfit housing	12.1	Occupied dwellings unfit for habitation		Defined as unfit for habitation by national legislation or building regulations
	13	People living in extreme overcrowding	13.1	Highest national norm of overcrowding		Defined as exceeding national density standard for floor-space or useable rooms

Note: Short stay is defined as normally less than one year; Long stay is defined as more than one year.
This definition is compatible with Census definitions as recommended by the UNECE/EUROSTAT report (2006)

(*) Includes drug rehabilitation institutions, psychiatric hospitals etc.

Appendix C: Research Consent Form

RURAL MIGRATION AND HOMELESSNESS IN THE NORTH

My name is Michael Young, and this research project is part of a research program looking at homelessness in Inuvik and the surrounding communities in the Beaufort Delta. I am a professor in the B.A. Justice Studies Program at Royal Roads University. My credentials with Royal Roads University can be established through email by contacting Jean Slick, Director, School of Peace and Conflict Management jean.slick@royalroads.ca or by phone at 250-391-2600 ext. 4189.

This document constitutes an agreement to participate in this research project, the objective of which to identify the pathways to homelessness, the problems associated with it and the identification of the needs of homeless persons related to addictions and mental health concerns.

The research will consist of open-ended and close-ended question and focus groups that allow you to tell your story about how you became homeless, the services and supports that you currently use, and the kinds of services and supports that you think would help you in the future. The research is expected to last 90-120 minutes. The results from this research will be contained in a report that will be shared with the Inuvik Interagency Committee and the agencies that work with the committee. Details of the research will also be broadcast on the radio and may appear in newspapers, journals and books.

Information will be recorded in hand-written format or on a digital device and, where appropriate, summarized, in anonymous format, in the body of the final report. At no time will any specific comments be attributed to any individual person unless specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. The digital recordings will be destroyed once the research is transcribed into print.

The print files will be held in locked location and destroyed after 5 years. If you decide not to complete the research or wish to have your information deleted, it will be destroyed without prejudice.

You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. If you withdraw and do not want the information you have provided included in the research, it will be destroyed. If you choose not to participate in this research project, this information will also be maintained in confidence. You can contact me through the Inuvik Interagency Committee if you want to withdraw from the study.

By signing this letter, you give free and informed consent to participate in this project.

NAME (PLEASE PRINT): _____

SIGNED: _____

DATE: _____

Appendix D: Focus Groups + Stakeholder Groups

Aklavik

- Aklavik Community Health Services
- Aklavik Health Centre (BDHSSA)
- Aklavik Housing Association
- Aklavik Indian Band
- Aklavik RCMP

Fort McPherson

- Fort McPherson Community Social Services
- Fort McPherson Health Centre (BDHSSA)
- Fort McPherson Housing Association
- Fort McPherson Income Support
- Fort McPherson RCMP
- Taglik Gwich'in Council
- Tlondeh Healing Society

Inuvik

- BDHSSA
- Inuvik Anglican Church
- Inuvik Community Counselling (BDHSSA)
- Inuvik Community Social Work
- Inuvik Housing Authority
- Inuvik Interagency Committee
- Inuvik Youth and Family Support
- Inuvik Elementary School
- Lady Of Victory Church
- Inuvialuit Regional Corporation
- Western Arctic Business Development

Sachs Harbour

- Sachs Harbour Health Centre (BDHSSA)
- Sachs Harbour RCMP

Tuktoyaktuk

- Tuktoyaktuk Community Corporation
- Tuktoyaktuk Community Counselling
- Tuktoyaktuk Housing Association
- Tuktoyaktuk Health Centre
- Tuktoyaktuk Education Culture and Employment
- Tuktoyaktuk RCMP