

Aboriginal Homelessness in Flin Flon, Manitoba

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Table of Contents

1.0 Introduction	3
2.0 Literature Review	3
<i>2.1 Urban Aboriginal homelessness: over-representation and the need for culturally appropriate services</i>	4
<i>2.2 Models of housing homeless individuals and the challenges facing small urban centres</i>	5
3.0 Method	7
4.0. The Flin Flon Context	8
5.0 Characteristics of Participants	14
<i>5.1 Socio-economic characteristics</i>	14
<i>5.2 Housing situation</i>	15
<i>5.3 Health, Addictions and Trauma</i>	19
6.0 Use and Knowledge of Services	21
7.0 Conclusions	23
8.0 Acknowledgements	25
9.0 Bibliography	26
Appendix A: Detailed Summary of Services Used and Known About	30
Appendix B: Questionnaire for Interviewing Aboriginal Homeless Individuals in Flin Flon	31
Appendix C: Questionnaire for Interviewing Agencies in Flin Flon	39
Appendix D: Hostel Manager's Report	41
Appendix E: List of Recommendations from the Study	43

List of Tables

Table 1	Population and Housing Characteristics, Flin Flon and Manitoba	8
Table 2	Agency Perspectives on the Number of Aboriginal Homeless People in Flin Flon	12
Table 3	Participant socio-economic Characteristics	15
Table 4	Reserve Housing Situation	16
Table 5	Health Statistics, Flin Flon Homeless Participants and all Canadians	20
Table 6	Participant Trauma and Addictions	20
Table 7	Services Used in the Last Six Months	21
Table 8	Detailed Summary of Services Used and Known About	30

1.0 Introduction

A number of studies have emphasized the over-representation of Aboriginal people in the urban homeless population (Belanger et al. 2012, Leach 2010). Nevertheless there are few studies focussing on Aboriginal homeless people, and most of those have addressed large southern cities. The characteristics of Aboriginal homeless individuals in small northern communities and the network of services and policy responses that these communities can offer may be quite different from those in larger cities. This report is a collaborative research project between the Flin Flon Aboriginal Friendship Centre and the University of Winnipeg, and was funded by the Social Sciences and Humanities Research Council of Canada through the National Association of Friendship Centre's Urban Aboriginal Knowledge Network. It attempts to obtain information about the characteristics and experiences of the homeless population in Flin Flon with the goal of identifying possible policy responses to their needs.

Flin Flon is a community in northern Manitoba that straddles the border of Manitoba and Saskatchewan. According to the 2011 census, the population of Flin Flon was 5,592, with 229 people living in Saskatchewan. Aboriginal people comprise at least 16.5% of the population of Flin Flon. The Flin Flon Aboriginal Friendship Centre provides services and a meeting place for Aboriginal people in Flin Flon. The Centre has a hostel and is exploring ways to meet the needs of an increasing homeless and at-risk-of homelessness population. In this context, the objectives of this research were:

- 1) to help the Flin Flon Friendship Centre document the characteristics of and needs of the homeless Aboriginal population in Flin Flon;
- 2) to contribute to the literature on homeless Aboriginal people in small northern cities;
- 3) to develop recommendations for policy responses, and
- 4) to communicate results to a variety of relevant audiences.

2.0 Literature Review

Since the early 1950s, increasing numbers of Aboriginal people have migrated to cities in Canada (Kalbach 1987, 102). According to the 2006 Census, about 53 per cent of Aboriginal¹ people lived in cities (Statistics Canada 2008). Their movement to cities coincided with government cutbacks to social housing and related programs in Canada beginning in the 1980s. Hulchanski (2009) has associated these cutbacks with the emergence of the 'homelessness problem' in Canadian public policy. Aboriginal people disproportionately experience homelessness in Canadian cities.

This section attempts to provide some background information about urban Aboriginal homelessness and approaches to housing homeless people. It begins with an overview of the characteristics and disproportionate representation of Aboriginal people in the urban homeless population. Then it reviews two major models of housing homeless people, the "continuum of care" model and the "Housing First" model, identifying some challenges smaller centres face in providing homeless services. The last section describes the available literature on Aboriginal organizations involved in providing in housing to homeless Aboriginal people.

¹ The available data from the 2011 census do not include this information.

2.1. Urban Aboriginal homelessness: over-representation and the need for culturally appropriate services

Aboriginal people in Canada share some of the personal characteristics that put them at risk of being homeless with other marginalized groups in Canadian society (Leach 2010). These include low levels of human capital (education, training, unemployment) and personal disabilities (physical and mental health status, substance abuse). Some of these elements are also identified in literature on Aboriginal homelessness (Beavis et al. 1997). However, additional factors identified in work in the situation of homeless Aboriginal people include the intergenerational effects of family violence, the legacy of the child welfare system, and racism (Belanger et al. 2012, Brant Castellano and Archibald 2007, McCallum and Isaac 2011, Schiff et al. 2014). The serious inadequacy of housing on First Nations reserves contributes to First Nations homelessness. Many First Nations individuals and families do not have their own housing on reserves, and most families are already overcrowded (Peters 2009, Peters and Robillard 2007, Schiff et al. 2014). Several studies also argued that Aboriginal migrants to the city did not have the life skills like navigating the rental market, filling out and submitting rental applications, and securing a lease (McCallum and Isaac 2011, Ward 2008, 6-7). Schiff et al. (2014, 26) also identify landlord discrimination as an important contributor to urban Aboriginal homelessness.

Researchers emphasize that the challenges facing urban Aboriginal people need to be situated within the larger context of colonization, including the effects of residential schools (Cedar Project Partnership et al. 2008, Silver 2006). As Wenthe (2000,2) argued, “there are factors unique to First Nations’ experiences all of which spring from the dispossession of land and culture and the consistent and ongoing systemic oppression.” As a result of these factors, Aboriginal homeless people are probably over-represented in all of Canada’s major cities (Humphreys 2006, Leach 2010).

While there has been no comprehensive official national enumeration of the urban Aboriginal homeless population, homeless counts in different cities indicate that Aboriginal peoples are highly overrepresented in the absolutely homeless population (the population living on the streets or in shelters) (Belanger et al. 2012, Falvo 2011, Greater Vancouver Committee 2011, Hamilton 2006, Homeward Trust Edmonton 2012, Saskatoon 2008, Schiff et al. 2014, University of Winnipeg n.d.). Hidden homelessness (when individuals stay with family and friends to avoid being on the streets or in shelter) is also high among urban Aboriginal residents (Distasio 2004, Peters 2012, SIIT 2000). Sharing accommodations may be a strategy for coping with the high costs of housing for both hidden homeless individuals and the households in which they live (Distasio 2004). However this arrangement can be stressful for both the host household and the guest (Peters 2012).

While there is relatively little research on Aboriginal homelessness, there is even less work on Aboriginal homeless in small town and rural areas. Most of the work on Aboriginal homelessness has focussed on large cities (Schiff et al. 2014). Schiff et al. (2014, 26) note that: “Often, smaller centres, regardless of their local economic growth, remain magnets for Aboriginal populations who lack access to such services in their own communities. Others choose to leave their home community due to domestic violence and disputes.” They identify

several key factors driving rural homelessness including the lack of affordable or subsidized housing in small communities, the lack of support services, higher food and utility costs, and housing in need of substantial and costly repairs (Schiff et al. 2014, 9). A 2011 study of number of small communities in northern Ontario similarly found that a majority of homeless individuals were Aboriginal migrants from nearby reserves and that neither the reserves nor the federal government had provided funding to assist these individuals (Stewart and Ramage 2011, 8).

The over-representation of Aboriginal people in the urban homeless population has implications for service provision. Webster (2007) suggests that Aboriginal homeless people are more under-served than other homeless populations in terms of having Aboriginal shelters. Based on their interviews, McCallum and Isaac (2011, 21) found that many Aboriginal people felt uncomfortable in existing shelters, especially those operated by faith-based agencies.

The few studies that have addressed issues of culturally responsive services for homeless urban Aboriginal people emphasize a number of common themes. One theme was the importance of providing services within traditional Aboriginal environments (Ward 2008, Webster 2007). According to McCallum and Isaac (2011, 61):

Aboriginal-led organizations employing Aboriginal staff members are capable of sharing lived experience and understanding cultural nuances. Aboriginal-led organizations embody indigenous approaches to healing and recovery by being indigenous and they achieve integrity in how Aboriginal and indigenous culture is animated in service design and delivery (McCallum and Isaac 2011, 61).

Thurston et al.'s (2011) study of organizations that offered services and programs to homeless people in the Western provinces recommended that cultural safety should be a foundation for providing services to Aboriginal people, that Aboriginal governance be supported and the cultural reconnection was important in addressing the needs of Aboriginal people who were homeless.

A second theme addressed the need for multiple-service delivery models (Hill 2004, Ward 2008). According to McCallum and Isaac (2011, 64): "People who may have experienced trauma, major life change, discrimination, addiction, disability and other challenges need multiple types of support." Recognizing that Aboriginal organizations may not be able to meet all of the needs of Aboriginal clients, a third theme emphasized partnerships between organizations, with cultural training provided of non-Aboriginal organization staff (McCallum and Isaac 2011, Ward 2008, Webster 2007).

2.2. Models of housing homeless individuals and the challenges facing small urban centres

Two main general approaches to housing homeless people have emerged. The main approach evident in Canada today has been called the "treatment first" or "continuum of care" model. This approach relies on emergency shelters and transitional housing with appropriate supportive services to help people develop the skills necessary for permanent housing and

independent or supported living (CMHC 2003, 1). Critiques of this approach are both that it is extremely expensive, and that requirements that participants must generally abstain from drugs and alcohol may not be realistic for some homeless people (Falvo 2009, Gaetz 2012).

A more recent approach is “Housing First” which appears to have been developed in New York City around 1992 (Padgett 2007). This approach centers on quickly providing homeless people with housing as well as additional services as needed. This model has no “housing readiness” requirements. It focusses on harm reduction without requiring abstinence, and attempts to help people become socially integrated into their community (Gaetz 2012).

There is a growing body of research that suggests a housing first approach is more generally effective than a “treatment first” approach, especially for high need individuals who frequently access public services. Researchers found that participants were more stable, they spent fewer days in hospital, were less likely to use emergency services, were more likely to utilize substance abuse treatment, and that overall it is cost less to support them (Falvo 2009, Gaetz 2012, Tsemberis et al. 2004). According to Ward (2008) Aboriginal service providers in Toronto thought there was evidence that a housing first approach had been effective in getting Aboriginal people off the streets and on a trajectory toward successful urban living.² As a result of the research on the benefits of a housing first approach, the Canadian government, through the Homelessness Partnering Strategy, has adopted a housing first approach to homelessness policy development and delivery (Employment and social Development Canada 2013).

Small urban centres face some unique challenges in implementing a housing first approach to homelessness. Most of the research on homelessness focuses on services and populations in large urban centres. A recent study of northern Ontario communities identifies some of the challenges they faced (Stewart and Ramage 2011). Issues identified included the shortage of affordable housing, lack of emergency shelters, a limited volunteer and corporate donor base to draw on, lack of addictions and mental health services, and lack of public transportation. Schiff et al. (2014, 30) suggest that adopting a housing first approach in rural communities

is likely to be either extremely challenging or completely unfeasible. This is due to a number of barriers for rural communities in general: lack of funding for a relatively costly program, lack of access to market housing units, challenges hiring trained mental health and addictions program staff, and lack of psychiatrist availability for treatment and support. For Aboriginal people in these communities, issues of racism complicate these challenges.

They also note that the size of the homeless population in these areas is small and exhibit a range of acuities, so it is not feasible to develop specialized programs and services. As a result, they write, “Housing First programs would need to have the capacity to manage diverse client needs at once or use a regional approach to providing targeted services simply to achieve efficiencies of scale” (Schiff et al. 2014, 31).

² Falvo’s (2009) study found that, although Aboriginal people benefitted from this program, they reported fewer benefits than non-Aboriginal people. This research is based on a small population, and there is no research that explains this finding, and no other comparisons between these population groups.

However Greenberg's (2007) evaluation of a one-year pilot project to house homeless individuals in eight smaller communities throughout BC identified an approach where homeless individuals were housed in private market housing, with the support of outreach workers who worked to secure landlords and property managers willing to rent low-income clients. The outreach workers were non-clinical housing support workers who helped tenants access housing, conducted home visits to help with budgeting and basic life-skills, and provided mediation and liaison supports for landlords and property managers. Two factors were critical to the success of the program. The first was the presence of a housing support worker - an accessible staff person who could talk to tenants, provide basic life-skills support, and mediate conflicts that arose. The second was measures to ensure that landlords received rent and did not suffer undue financial losses from housing individuals with histories of homelessness. The study (Greenberg 2007, 11) concluded that "Addressing issues of homelessness has clear benefits for the health and well-being of individuals, as well as for reducing system costs."³

3.0 Method

The study was initiated with a request from the Flin Flon Aboriginal Friendship Centre to explore Aboriginal homelessness in Flin Flon, with special emphasis on the characteristics of homeless individuals and changes in numbers during the last five years. Evelyn Peters visited Flin Flon in the spring of 2013 to meet with Shelly Craig, Executive Director of the Flin Flon Aboriginal Friendship Centre. They toured the area to give Evelyn a sense of some of the context, and together they worked out a research plan. The Friendship Centre hired community researchers to conduct the interviews and administered the research process. The questionnaire guides are found in Appendix B and C of this document.

The purpose of the study was not to obtain a representative sample of Aboriginal homeless individuals in Flin Flon but to gain some understanding of their situation. The interviews took place between the beginning of August and the end of October, 2013. In total, 32 homeless individuals were interviewed. Participants for this study were reached through various avenues including interviewing some individuals staying in the Friendship Centre hostel, and through referrals through individual homeless networks. The goal of the interviews was to obtain information about a variety of situations in which Aboriginal homeless people in Flin Flon lived.

The majority of participants met the interviewer at the Friendship Centre. The first step of the interview involved explaining and signing a consent form. Each interview took approximately one hour. Participants received a meal voucher for the time they spent on the project. Researchers also interviewed social agencies involved with homeless people in Flin Flon in order to gauge their familiarity with different homeless populations, the services they

³ This study was based on a relatively short time period and there is no easily accessible information about whether or not the program was seen as sustainable. It may be useful to follow up on this initiative and obtain more information. From the Canadian Mental Health Association, BC Division website, it seems that more information about this evaluation may be available.

provided, and their sense of changes in the last five years. These interviews took place in agency offices, with key people who were knowledgeable about the situation.

The transcripts and interview results were sent to Evelyn Peters so that she could write up a report. Shelly provided feedback on the report and Evelyn returned to Flin Flon in May to present the findings to interested participants and stakeholders. The final report was sent to the Flin Flon Aboriginal Friendship Centre and a presentation on this project will be made at a Saskatoon workshop in May. The results will also be submitted for publication in the *Canadian Journal of Urban Research* and posted on the UAKN and Evelyn’s website.

4.0 The Flin Flon Context

Flin Flon is a northern mining city located on the border of Manitoba and Saskatchewan about 850 kilometres north west of Winnipeg. The nearest town is the Pas, a town of about the same size as Flin Flon, about 150 kilometres south east. Flin Flon was founded in 1927 by Hudson Bay Mining and Smelting (HBM&S) to exploit the large copper and zinc ore resources in the region. The company, now known as HudBay Minerals Inc., is still the major employer in the area and mining is at the heart of the economy. According to the Flin Flon Neighbourhood Revitalization Corporation Housing Study (2011), Flin Flon’s population peaked at 11,104 in the early 1960s. With the development of labour-saving technology, the population has steadily declined since then. Between 2006 and 2011, Flin Flon’s population declined by 4.1%, compared to a Manitoba population growth of 5.2% (Table 1). The major public sector employers in Flin Flon include the Flin Flon Hospital, the Northern Health Region, and the Flin Flon School Division (Flin Flon Neighbourhood Revitalization Corporation 2011, 8). Flin Flon’s mining history and its current status as a service centre is reflected in the town’s occupational structure. Sales and services account for the largest occupation, representing 29% of the labour force. Trades come in at 20%, and manufacturing and trades unique to primary industries represent 17% (City-data.com, no date)

Table 1: Population and Housing Characteristics, Flin Flon and Manitoba		
	Flin Flon	Manitoba
Population	5,363	
Population Change, 2006-2011	-4.1%	5.2%
Family and Household Characteristics		
Married or Common-law Family	82.2%	82.9%
Lone Parent Family	17.9%	17.1%
One Family Household	53.0%	55.7%
Lone Parent Household	10.9%	10.4%
One Person Household	33.1%	28.2%
Other Households	3.0%	5.8%
Income and Employment		
Unemployment Rates	4.6%	5.5%
Median Income, 2005	\$26,245	\$24,194
Low Income Individuals	13.6%	16.7%
Other Population Characteristics		
Aboriginal Identity Population	16.5%	15.5%

Median age	41.9	38.4
Ages 0-14	17.8%	19.1%
Ages 15-64	69.1%	66.6%
Ages 65 +	13.1%	14.3%
Housing		
Private Dwelling Units	2,629	466,138
Single, Semi-detached, Row House or Duplex	83.5%	76.9%
Apartments	13.9%	13.2%
Moveable Dwellings	2.6%	
Owned	71.0%	71.0%
Constructed After 1986	7.0%	1.8%
Requiring Major Repairs	15.0%	10.3%
Source: Statistics Canada. 2012. Focus on Geography Series, 2011 Census. Statistics Canada Catalogue no. 98-310-XWE2011004. Ottawa.		

The family and household characteristics of Flin Flon’s population are very similar to that of Manitoba in general, with slight more one person households, and slightly fewer other (mostly multiple family) households. Unemployment rates are slightly lower than the Manitoba average, median incomes are slightly higher, and there slightly fewer low income individuals. Flin Flon’s Aboriginal identity population (the population identifying with an Aboriginal group) was slightly higher than that of Manitoba. Flin Flon age groups are very similar to those of Manitoba, with slightly fewer individuals under fifteen and over 65.

Housing statistics in Flin Flon are quite similar to those of Manitoba. Most dwelling units are single family homes, with apartments representing only about 14% of the housing stock. However, the housing stock is older than that of Manitoba in general. According to the Flin Flon Neighbourhood Revitalization Corporation (2011, 15) about 75% of units were built before 1946, compared to 50.8% for Manitoba as a whole. The main period of construction for Flin Flon housing was between 1946 and 1960, and 40% of the housing stock was constructed then. Age of construction is reflected in the proportion of households which said their unit required major repairs. In Flin Flon the rate was 15%, compared to about 10% for Manitoba as a whole.

While Flin Flon’s demographics and housing characteristics are quite similar to those across Manitoba (except for the larger number of units requiring major repairs), there is also evidence that low income household experience particular challenges. The Flin Flon Neighbourhood Revitalization Corporation Housing Study (2011, 1) pointed out that low income households, especially single people, likely needed rent supplements or other forms of rental supplements because the private rental market would not be able to meet their housing needs, and there is very little assisted housing available in Flin Flon. Comments by the participants in this study (summarized by the interviewer) affirmed that many of them found it extremely difficult to affordable housing in good condition.

- Everything is old and needs renovating like leaky faucets, leaky ceilings. Her mother moved in in spite of poor conditions because she really needed somewhere to live. When she first moved in the place was very cold and needed a lot of cleaning.

- He has a job right now so he can afford a place, but he can't find a suitable apartment. He's seen a lot of apartments but there is a lot of drinking, drug use, and violence in the areas where there are available apartments. There are a lot of slum landlords. Apartments are in awful conditions, with stained carpets, mold. He had an apartment for two to three months but the apartment and neighborhood were so bad he had to move.
- In the last ten years he had about five apartments. The houses he stayed in needed fixing up, water services were poor, and landlord did not fix up apartments. He always lived in unsafe neighborhoods.
- She's living in a condemned house with about fifteen others (including common-law, in-laws, friends, acquaintances, and strangers).
- The place stinks and has water in the basement.
- Low income housing opportunities are usually available for families with children but not as available for single adults with low income or those who are unemployed.
- Any house or apartment that he has rented for him and his children has been severely inadequate. Houses or apartments that he has tried to rent are in very poor condition. There is a lack of affordable housing for young Aboriginal families with a lot of children. He has been in many situations when he would have to move in with his mom for a while.
- It's very difficult to find even a one bedroom apartment.
- My kids are my priority; I just want to find a place.

These perspectives were reinforced by interviews with service providers who identified the lack of suitable housing, the lack of sustainable housing options, and the lack of support in transitioning into the community and finding housing as factors contributing to Aboriginal homelessness in Flin Flon:

Some participants also commented on landlord discrimination.

- Some landlords won't rent to certain people.
- It's hard to contact landlords. [It's likely this meant that landlords would detect his accent and refuse to set up an appointment].
- They always saying nothing is available. This has been ongoing for five years. He hasn't been able to find suitable, affordable housing. There is also prejudice towards "being Native drunkards."
- There is no good housing for Native people. There are a lot of slum landlords. People who live with drinking and violence destroy what little housing that is available. Landlords don't trust Aboriginal tenants or Aboriginals with certain family names. Families are known as tenants who drink and destroy apartments.

Service providers also mentioned tenant reputations and community attitudes affecting Aboriginal homelessness in Flin Flon.

According to the Flin Flon Neighbourhood Revitalization Corporation (2011, 3) "[V]ery little data has been gathered on homelessness. Further research needs to be done in this area as no data is currently available to the FFNRC". The aim of this study was not to provide a count of homeless individuals in Flin Flon, but participants suggested that they knew quite a few

homeless people. Notes taken by the interviewer summarizing participants' comments follow.

- He has seen a lot of homelessness, people sleeping at the duck pond, sleeping in people's garages to try and keep warm, sleep in the hallways of apartment buildings, sleeping by the hospital to keep warm from the vents that throw heat.
- He knows a lot of homeless people.
- There's a lot of homelessness in Flin Flon. He has lived on the streets of Brandon since age of 22, and then lived homeless in Flin Flon for last 10 years.
- She has been living homeless for 2 years and is desperate to find place of her own.
- In his travels he has met a lot of other homeless people. There needs to be more employment opportunities in Flin Flon.
- There are lots of homeless people in Flin Flon. He has seen people digging in garbage.
- She lives outdoors in Flin Flon area with other homeless people.

Agencies involved with homeless individuals in Flin Flon provided varying perspectives on the number of homeless individuals, whether these numbers changed seasonally, and whether there had been an increase in numbers over the last five years. The agencies interviewed varied in their estimates, ranging from 15 to 100 homeless Aboriginal people living in Flin Flon. Estimates were probably influenced by the population they were in contact with, so for example the Hapnot Collegiate mentioned transient families with children as well as youth couch surfing after families had left, and the RCMP focussed on the population they had contact with when a complaint was received (Table 2).

Most agencies thought that the Aboriginal homeless population in Flin Flon increased in the summer and decreased in the winter. Six of the thirteen organizations thought the Aboriginal homelessness had increased in the last five years. Most of these organizations had a substantial amount of contact with Aboriginal homeless people. One organization thought there had been no change, and one organization thought there was a slight decrease in Aboriginal homelessness in the last five years. Five organizations did not know if there had been a change. In her report (Appendix D) the hostel manager addressed her perceptions of changes in the Aboriginal homeless population in Flin Flon. She noted that:

Around the late 90's ...an influx of aboriginal people to Flin Flon started out as a small trickle and since then has been increasing. Some were searching for a better way of live for their children; some were seeking an education or a trade; some were desperately looking for a job; and on a sadder note, young men were being banned from their communities with nowhere to go except to urban areas such as Flin Flon, The Pas, Thompson and Winnipeg. When a young man is banned from a reserve sometimes his whole family will follow, with very little.

She indicated that in 2008 the hostel started taking homeless people and that since then the numbers applying have steadily increased.

Each month, there are many homeless people requesting to stay here. Some homeless clients are turned away because the hostel is obligated to accommodate medical patients

from surrounding reserves and communities. We provide room and meals for children needing dental surgery, patients who are brought in for emergency medical attention and in need of room and meals overnight until they get home, and also prenatals who are required to stay here for two weeks to a month.

She noted that “If we were to take strictly homeless clients, the hostel would be definitely filled to capacity.” The manager’s description of the homeless people staying in the hostel appears in Appendix E. Eight of these individuals were interviewed for this project, and the situation of homeless residents in the hostel generally echoed those found in the interviews.

	Estimated Numbers	Seasonality	Change	Characteristics
Women’s Resource Centre	Not sure	Increase in summer, decrease in winter	Not sure	Living at hostel, not aware of them living outside
Best Beginnings	About 20	People return to their reserves in the winter	An increase in young people moving to Flin Flon	Couch surfing
RCMP	Know about 10, estimate 15	Increase in summer, decrease in winter	Not aware	Primarily First Nations people who are couch surfing
FFSD-Hapnot	Approximately 50 individuals in families, with approximately 5 youth in high school	Increase in summer, decrease in winter	With the decrease in available housing the transiency increases markedly	Families with children who are transient, and children couch surfing after families leave
Flin Flon School Division	Approximately 60 families and individuals	No change in the winter	Aboriginal population in schools has increased	Families and individuals, First Nation and Métis, in shelter, couch surfing, and “other”
City of Flin Flon	Familiar with about 25 people they receive complaints about as being “street people”, being intoxicated on main street, or illegally using public lands and	Not sure	No answer	Aboriginal and some non-Aboriginal people

	abandoned buildings			
Flin Flon chamber of Commerce	20-25	Not seen as often in winter	Unknown	Sleeping outside
MB Employment and Income Assistance	A couple of dozen	It may lessen in winter, but not sure	Doesn't think there has been a change in numbers	People couch surfing and in the hostel
NRHA - Housing	Estimates 25-30	Not sure	More Aboriginal transiency is apparent	Primarily couch surfing and squatting in abandoned houses
Friendship Centre Hostel	Approximately 100	Increase in summer, decrease in winter. In the summer people stay in vehicles	Definite increase due to lack of housing in nearby First Nation reserves	Characteristically families. Some people move back and forth between their reserves and Flin Flon
Friendship Centre Liaison	Approximately 100	Increase in summer, decrease in winter. In summer people live in vehicles or tent	Increase due to lack of housing on nearby reserves	Characteristically families, especially younger families.
Salvation Army	Unknown	Unknown	Unknown	Unknown
Food Bank	Eleven families in winter, increasing 3-4 times in summer	Increase in summer	Numbers may be going down	Individuals and families at the hostel and couch surfing

When agency estimates and comments by homeless participants are taken together, they lend support for the Friendship Centre's estimates. One homeless participant said she was staying with about fifteen others in a condemned house, and participants who were camping stated that they were staying with others (estimated ten individuals). The Collegiate estimated fifty individuals in families who were couch surfing, and the School Division estimated sixty individuals and families. The Friendship Centre hostel has eleven rooms with capacity for up to 26 individuals and the manager indicated that it would be filled with homeless people if there were spaces for them. In addition, the Food Bank estimated eleven families in Winter, increasing 3-4 times in summer. At an average family size of three (estimate) that means at least 99 Aboriginal homeless individuals in summer.

At an estimate of 100 homeless individuals, Flin Flon's Aboriginal homeless population represent 1.7% of Flin Flon's total population (including the Saskatchewan portion of Flin Flon). Gaetz et al. (2013) estimate that approximately 200,000 Canadians are homeless in any given year, representing 0.5% of Canada's population. Their count does not include people couch surfing. If we remove individuals the Collegiate estimate are couch surfing, Flin Flon's homeless population still represents .9% of Flin Flon's total population, about double the national rate.

Recommendation: Organizations working with homeless Aboriginal people in Flin Flon should attempt to pool their knowledge to derive a reliable estimate of the size and characteristics of the population.

Recommendation: The size of the homeless population in Flin Flon appears to be a serious issue that requires the attention of service providers and the City government.

Recommendation: The service providers' interviews suggest that there are quite a few organizations in Flin Flon who are concerned about homeless individuals and who provide a variety of services. These organizations should meet to work out a strategy.

Recommendation: Given the large number of Aboriginal homeless individuals in Flin Flon, the literature that indicates that a strong Aboriginal cultural presence is important in providing homeless services, and their current experience with homeless individuals, the Friendship Centre should take a leading role in homelessness strategies for Flin Flon.

5.0 Characteristics of Participants

The thirty-two interviews completed for this study focused mainly on adults and did not capture the situation of youth homelessness.

Recommendation: Possibly working together with Flin Flon schools the Friendship Centre should extend its survey to explore the situation of youth homelessness in Flin Flon

The interviews that were conducted provided a picture of the challenges facing these individuals. The next section describes some aspects of participants' social and economic characteristics. Then there is a discussion of their housing situation. Finally we summarize data about health, addictions and trauma.

5.1 Socio-economic characteristics

Table 3 summarizes some of the socio-economic characteristics of participants. Slightly more men (56.3%) were interviewed than women (43.8%). Most of the participants were First Nations (75.0%). Over half of First Nations band members were from Saskatchewan and only about one third were from Manitoba. This creates challenges in eligibility for receiving support and also presents barriers for agencies providing services. All of the participants were adults, with an average age of 39.4 years, and a range of 22-60 years of age.

More than half (53.1%) of the participants were single, although most either had adult children or had children living with other adults, mostly grandparents. About one third (34.4%) were couples, mostly in common-law situations. There were four (12.5%) families

with children. Two parents with five children were staying in the Friendship Centre hostel, looking for work and housing. Previously they had been living with her family in a band house at Pelican Narrows but they had moved because of over-crowding. A grandmother taking care of her two grandchildren, ages eight and fifteen, had stayed in the Friendship Centre hostel for the past two years because of inadequate housing, had just recently found a place, although she said it stank and it had water in the basement. Another man, his common-law wife (she was not interviewed), and their five children had recently found a small, cold, dirty house in poor condition which they shared with his brother, sister and sister's boyfriend.

The main source of income was provincial social assistance, mostly from Manitoba although four participants were receiving Saskatchewan social assistance. Individuals depending on band social assistance suffered the highest poverty rates because they received no shelter component on the assumption that housing was provided for them on the reserve. More than one fifth of the participants had no income. Three of these individuals were common-law partners who relied on their male partner for income. Families with children had the highest incomes because they were eligible for social assistance for themselves and their children. On average, single women had lower incomes (\$434.00) than single men (\$530.00).

Characteristic	n	Percentage	Percentage	Percentage
Gender	(n=32)	56.3% Male	43.8% Female	
Age	(n=30)	39.4 Average Age	22-60 Years Age Range	
Aboriginal Identity	(n=32)	75.0% First Nations	25.0% Métis or non-Status	
Location of First Nation	(n=32)	58.3% Saskatchewan	37.5% Manitoba	4.2% BC
Family Status	(n=32)	53.1% Single	34.4% Couples	12.5% With Children
Income Source	(n=31)	61.3% EIA	15.6% Band Welfare	22.6% No Income
Average Income	(n=31)	\$748.80		
Education	(n=31)	9.6 Average Grade	18.8% With High School	
Employment	(n=28)	96.4% Unemployed	57.1% Looking for Work	

Education rates were low and unemployment rates were extremely high. Average number of grade completed was 9.6 and less than one fifth had high school. None had post-secondary education. Only one man was employed, doing construction piece work. Low levels of employment and income help to explain why this population is unable to afford housing. Men reported that when they did or had worked, they were mostly general labourers, engaging in demanding work such as construction, line cutting, wood hauling, firefighting, janitorial work, and commercial fishing. Women were similarly engaged in physically taxing work such as housekeeping and waitressing. One man had been a heavy equipment operator earning good wage before he was injured, underlining the challenges of such employment opportunities.

Recommendation: *It may be useful to involve the Manitoba and Saskatchewan provincial governments to explore possibilities for cost sharing of services. The model used to reimburse the Flin Flon hospital for services to Saskatchewan residents may be a way forward.*

Recommendation: *The very low employment and education rates of this population suggest that they will need supportive services even after they have been housed.*

5.2 Housing Situation

Of the twenty-four First Nations band members, none of them had their own housing on the reserve and only three had applied to obtain housing. Information was missing for three participants (Table 4). Thirteen (61.9%) said that the reason they hadn't applied because there was no housing available on their reserves. Some indicated that it was particularly difficult for younger band members, especially young men to obtain housing, that no housing was available on Denare Beach, and that there were long waiting lists. One stated that: "the Chief and council and their relatives get the housing." Another explained that his house burned down twenty years ago and he had been homeless ever since. Five (23.8%) said they hadn't applied for housing because they didn't want to live on the reserve.

Of the twenty-four First Nations people, most who answered this question, most (90.5%) said that they could stay on their reserve, but all said it would be with relatives and family and only short-term because the houses were already crowded. One indicated she could stay with her sister, but there would be conflict. Another talked about the marginal nature of his ability to stay on reserve indicating that he slept on the floor with blankets when couch surfing at sister's home in Amisk Lake. Another admitted that his ability to stay on the reserve was affected by his alcoholism, saying that he could sometimes stay at his sister's place, cousin's place, or sometimes at his grand children's if he was sober. Three interviews had no information, three indicated that they would not stay on the reserve because of drinking and violence, and two said they did not have a place to stay on the reserve.

Almost two thirds (62.5%) of First Nations participants said they would stay on the reserve if there was housing there. Of the fifteen individuals who said that they would stay on the reserve if there was housing for them, four (26.7%) indicated that they wanted to be near their extended family. Two (13.3%) said that it depended on which reserve because some reserves were too violent. Four (26.7%) indicated that their need for housing meant that they would stay on the reserve if housing was available because they needed housing for their families. Five First Nations participants described their reasons for not living on their reserve even if they were able to obtain housing. Two mentioned the drinking and the violence. One said: "There is too much violence on the reserves, especially from the young people drinking, using drugs, sniffing solvents, etc." Another indicated that: "I do not want to settle on reserve with my grandchildren. A lot of things would have to change before living on the reserve - less drinking and violence and more programs for women and children on the reserve." Three others said they wanted to live in Flin Flon rather than the reserve.

Own Housing on Reserve	(n=21)	0.0 % Have own Housing	14.3% Applied for Housing
Attitudes Toward Living on Reserve	(n=21)	90.5% Can Stay with Relatives	62.5% Would Stay if had Housing

In contrast to dominant narratives that view First Nations migration to cities as a way of escaping rural and reserve life and moving to opportunities, these responses demonstrate that the condition of housing on reserves is a major factor that pushes First Nations people on

reserves into homeless situations in the city. A similar study of homeless First Nations people in Prince Albert found that almost half (48.9%) of participants would stay on their reserve if they could access housing (Peters and Robillard 2007) This raises major and contentious jurisdictional issues that have existed since the 1950s when the federal government decided that its responsibilities for Aboriginal people were only to First Nations people living on reserves. The lack of adequate housing on reserves, a federal government responsibility, forces some individuals to move to the city where they draw on provincial and city services.

Recommendation: *The shift in costs to provincial and municipal governments resulting from a lack of housing on reserves should be brought to the attention of federal representatives with the goal of negotiating cost sharing.*

At the time of the interview, eight (25.0%) participants were staying in the Friendship Centre hostel. Thirteen (43.8%) were couch surfing. Another eight (25.0%) were staying outside. Two (6.3%) were staying in other situations. All of the participants had experiences with other types of homelessness in the previous two years, for example moving between outside and couch surfing or staying at the hostel, or moving from one couch surfing situation to another, or moving from inadequate housing to the hostel. A comparison of demographic, socio-economic, and health and trauma characteristics of participants showed that there was little to differentiate people in these different housing situations.

Of the eight participants living in the Friendship Centre hostel, two did not describe their housing history. Three were in the hostel because they had been living with relatives and family and the crowding had forced the move. Three were in the hostel because they could not find housing in Flin Flon. Two described their situation.

- In the last ten years he had about five apartments. The houses he stayed in needed fixing up, water services were poor, and landlord did not fix up apartments.
- He has a job right now so he [and common-law wife] can afford a place instead of living in his van, but he can't find a suitable apartment. He's seen a lot of apartments but there is a lot of drinking, drug use, and violence in the areas where there is available apartments.

Fourteen participants were staying with friends or family. Only two had their own bedroom; others slept on the couch or even with blankets on the floor. Three were extremely mobile, basically moving from house to house. Most housing situations were extremely overcrowded, contributing to the instability of these shelter arrangements. Although none of the participants mentioned this aspect, it is clear from other accounts that these arrangements created the danger of sexual assault for women. Some of their comments describe this type of living situation.

- He's living in a small house which is cold in the winter. He's living with his brother, sister and her boyfriend, common-law spouse and their two children. Previously had moved to Moose Lake reserve with family and had so stay with Aunt, which was very crowded.
- She's living at brother's with brother, sister-in-law and 2 kids, and sister and sister's boyfriend.

- She's couch surfing with friends, two males, three females in a one bedroom rented apartment.
- He's just staying with relatives, trying to find a place in Flin Flon or Creighton.

Eight of the participants lived outside at the time of the interviews. Most had been homeless for a considerable period of time, and most were able to stay with a friend or family member when it was very cold outside. Seven of the eight indicated that they or someone else felt that they had a problem with alcohol, and some explicitly stated that their alcohol consumption meant that they were kicked out of places when they were couch surfing. The following quotes describe their current living conditions.

- Lives outdoors in Flin Flon area with other homeless people, sometimes one of his sisters will take him in when he's sober or when it's really cold.
- On the street, sometimes someone will feed him and give me a place to sleep, but that is not too often. Lives outside in a make shift house, tarp. When he did get a place it didn't last long because of his drinking.
- Has been charged for falling asleep in public places. In the summer, lives all over the place (between Flin Flon, Denare Beach, and Creighton). He will stay wherever he can or make a temporary shelter to keep warm. He goes commercial fishing when sober (winter months). •He sleeps in abandoned vehicles or garages and sometimes stays with relatives (usually sister on reserve) when sober and has money. When he drinks he gets kicked out then has nowhere to go.
- In Flin Flon, she usually sleeps outside in an old garage, tries to find a blanket to use. Sometimes she joins a place with about sixteen others who live in an old shack – share two blankets. Some of these people are relatives, some are friends.
- Living on the streets right now. Will stay at friends or anywhere someone will put her up. She usually gets thrown out because of her drinking. She had a place to stay a few years ago when she got her residential money, she was welcomed into a home of a so-called friend, but when the money was gone she was kicked out.

Two others had a roof over their heads, but the condition of the housing was very poor. One was living in a condemned house with 15 other people, and one was living in a house in poor condition with her grandchildren.

- Living in a condemned house with about 15 others, including common-law, in-laws, friends, acquaintances, and strangers, male and female. When things don't work out she ends up on the street. It's a house where homeless people stay, usually at the approval of the main homeless people staying there. Sometimes there are children and teens staying there. One person collects money from everyone to give the landlord.
- She just recently found a place and moved from the hostel. It's not that great but at least she has somewhere to stay with her two grandsons (stinks, water in basement).

The housing conditions described by participants are shocking in the context of statistics that generally describe the overall Flin Flon housing situation as similar to that in Manitoba. They show the very serious challenges facing low income Aboriginal people in small northern communities where there is little affordable and social housing available.

Recommendation: *The situation of Aboriginal homelessness in Flin Flon is serious enough that there should be some joint attention and initiatives by the city in co-operation with other stakeholders including a variety of social services agencies and the RCMP.*

5.3 Health, Addictions and Trauma

Almost one third of the participants rated their health as good or excellent (Table 5). In comparison, over half of Canadians (59.9%) rated their health as good or excellent. Over half (52.7%) were sometime or often limited in their daily activities, compared to slightly more than one quarter (26.3%) of Canadians. Almost all (91%) had one or more chronic conditions, compared to less than two thirds (62.2%) of Canadians. The difference between these populations is probably greater because the average age of the participants is lower than the average age of the Canadian population, and health problems usually increase with age.

Participants show chronic conditions associated with homeless people in other studies – conditions associated with poverty, addictions and violence - such as high rates of respiratory illnesses, arthritis, and musculoskeletal disorders, and liver failure probably related to addictions, and high rates of depression. Adult men and women including those living with dependent children were particularly likely to have chronic conditions.

Two thirds (67.7%) of the participants indicated that they had been physically or sexually abused (Table 6). Over half (53.3%) had been physically abused, almost half (48.2%) had been sexually abused, and almost half (48.2%) experienced both. Both men and women had been sexually abused. The rates of abuse are similar to those found in other studies for homeless women, but they are higher for men in this study than other studies have found. One third of participants had experienced other traumas including the death of family members and frequent exposure to violence. These characteristics suggest that this population requires a variety of services in addition to housing.

More than half of the participants indicated that they felt they had a drinking problem or that someone else felt that they had a drinking problem (Table 6). A comparative statistics is that 18.2% of Canadian were classified as heavy drinkers in 2013 (Statistics Canada 2013a). One person (3.7%) said that they or someone else thought they had a drug problem, either using street drugs or misusing prescription drugs. None admitted to using solvents.

Several participants commented on the effects of alcohol abuse and addictions:

- Lives outdoors in Flin Flon area with other homeless people. Says he drinks every day, would be able to stay with sisters in Flin Flon but because of his drinking he ends up homeless.
- Has been living on the streets for the last two years. When he did get a place it didn't last long because of his drinking. Because of physical abuse he was never able to settle down and have a stable home and family, usually because of drinking.
- She was physically and sexually abused. It affected her housing situation because she was angry, didn't want help from anyone. She looked after herself.
- Wherever she is there is a lot of drinking and violence so she would always have to find somewhere else to go.

	Flin Flon Homeless Participants	Canadians
Perceived Health Very Good or Excellent	31%	59.9%
Sometime or Often Limited in Daily Activities	52%	26.3%
One or More Chronic Conditions	91%	62.2%
Asthma, Chronic Bronchitis, Emphysema	11%	8.3%
Arthritis, Rheumatism	11%	16.2%
Back Problems (excluding Arthritis)	14%	n/a
High Blood Pressure	9%	17.5%
Migraine Headaches	8%	n/a
Skin Infections	0%	n/a
Diabetes	4%	6.3%
Epilepsy	1%	n/a
Heart Disease	2%	4.1%
Cancer	2%	.4%
Stomach or Intestinal Ulcers	8%	n/a
Pneumonia	7%	n/a
HIV	0	n/a
AIDS	0	n/a
Hepatitis	0	n/a
Liver Failure	3.1%	n/a
Tuberculosis	0	n/a
Bi-Polar Disorder	3.1%	n/a
Schizophrenia	6.3%	n/a
Depression	18.8%	n/a
Source: Statistics Canada 2013a, 2013b		

Had experienced abuse	(n=30)	67.7%
Had experienced physical abuse	(n=30)	53.3%
Had experienced sexual abuse	(n=27)	48.2%
Had experienced both physical and sexual abuse	(n=27)	48.2%
Had experienced other trauma	(n=27)	33.3%
Abused alcohol	(n=32)	53.1%
Abused drugs	(n=30)	3.7%
Used solvents	(n=30)	0.0%

Recommendation: *The high incidence of chronic conditions, addictions, trauma and abuse in the hidden homeless population suggests that simply providing housing will not be enough to meet their needs. A variety of services also need to be provided.*

6.0 Use and Knowledge of Services

There are a considerable number of organizations in Flin Flon that provide services for homeless Aboriginal people, and the Friendship Centre hostel manager noted that:

Flin Flon has always been a generous community towards the less fortunate, i.e. food bank, churches, Salvation Army, Women’s Resource Centre, Public Health, Mental Health, Schools, RCMP, and others too numerous to mention. We even have individual citizens who anonymously drop off food and clothing to the Friendship Centre. Without community support the Friendship Centre would not function well (Appendix D).

Table 7 describes the general features of participant service use within the last six months. Unfortunately fewer than half of the questionnaires capture this detail, but the available interviews do suggest some patterns.⁴

Medical Services	93.9%
Addictions Services	46.7%
Employment Services	53.3%
Income Security Services	73.3%
Friendship Centre Hostel	66.7%
Other Friendship Centre Programs	86.7%
Food Bank	72.7%
Schools	33.3%
Others	53.3%

All the participants except one (93.9%) had used medical facilities Flin Flon (General Hospital, Public Health or Mental Health Services) in the past six months, including several who had used them more than once, or several who had used more than one. Most of these visits were to the Flin Flon General Hospital. The high rate of medical services use is not surprising given the health conditions of this population, but it is expensive. Only two individuals (13.6%) had accessed mental health services in the past six months. In the context of high levels of trauma and abuse, this rate seems low. Perhaps other needs related to basic survival take precedence over obtaining mental health services.

Almost half had used addictions services including the Addictions Foundation of Manitoba in Flin Flon and CADAC in Creighton. Given the high level of addictions in this population, this level use is not surprising, and may even be low, given participants’ needs. Although almost all participants were unemployed, over half (53.3%) had used a variety of employment services. Two thirds had used the Friendship Centre Hostel in the past six

⁴ A detailed table of specific service use and knowledge about services is found in Appendix A.

months, and almost all had used one or another Friendship Centre program. Almost three quarters (72.7%) had used the food bank which is not surprising given low income levels. About one third (33.3%) had contact with school, all for their children. About half (53.3%) had used other services. Comparable data for the non-Aboriginal and not homeless population are not available, but this level of service use appears to be high. Two participants described how they attempted to use all available services in order to get their children back from CFS.

- In January 2012, his life seemed to fall apart. His children were taken by CFS. He worked and tried to keep his family together but alcohol and family dysfunction was a problem. Since the fall apart of his family he has been in many serious situations of homelessness. Tries to use services available ie: education and employment services. Wants to go to Flin Flon's alternative high school to complete grade 12. He is presently applying to MB income security for financial assistance and means to get his own apartment. Also, is working with authorities (court system, CFS) to get his children back.
- Tries to use all services available to her in attempts to get her children back from CFS, is desperate to find suitable place so she will have a place for her children when she gets them back.

High levels of service use are expensive, and Housing First studies have suggested that for some segments of the homeless population, providing subsidized, supportive housing reduces service use and results in costs savings.

Recommendation: *It may be useful for service providers in Flin Flon to explore the costs of providing services to homeless individuals who are high services users and to compare these costs to the expenses involved in providing supportive housing.*

The high levels of use of Friendship Centre programs were probably related to the fact that the Friendship Centre organized this study. However other researchers have found that Aboriginal cultural safety is an important prerequisite for Aboriginal use of services, and that was likely also an important factor.

Service organizations in Flin Flon identified a number of services needed by Aboriginal homeless people in the city. Most of the organizations (9 of 13 organization interviewed) made recommendations that could be broadly categorized as assisting in transitioning to the city. Seven indicated that there was the need for a shelter or transitional housing. While the hostel met an important need in the community, it was clear that participants also thought an emergency facility was important. Other recommendations included financial assistance, housing referrals, the need for job skills preparation, Addictions counselling, health care, educational upgrading, food and clothing, and the need for assistance in obtaining identification.

Homeless interview participants commented on the need for an emergency housing shelter.

- Flin Flon needs a homeless shelter.

- Not interested in using services to help with my housing situation. Just likes to drink and go commercial fishing when I can. Just needs somewhere to warm up and get some food when I'm homeless.
- Flin Flon needs a homeless shelter for someone to use even temporarily. A soup kitchen is needed, similar to the ones in big cities ie. Salvation Army.
- Shelter would be great.
- Salvation Army in Flin Flon needs a shelter and soup kitchen.
- Flin Flon should have a homeless shelter like they have in The Pas. He has stayed in the homeless shelter in The Pas, but you have to pay to stay there. There should be a place in Flin Flon similar to the Salvation Army.
- Needs a place to stay like Salvation Army (temporary shelter). Somewhere to stay if a person is homeless, warm up and get something to eat.
- Shelter would be great. [He] knows a lot of homeless people.
- Just needs to get a roof over her head when she has nowhere to go.

Based on her experiences the manager of the Friendship Centre hostel stated that: “The community of Flin Flon really needs a homeless shelter, because the demand to house the homeless is increasing and continues to increase” (Appendix D).

7.0 Conclusions

While Aboriginal people share some of the determinants of homelessness with other homeless populations, they experience additional unique factors stemming from colonial histories. Aboriginal people are over-represented among urban homeless populations across the country. Hidden homelessness, which is not counted in official “homeless counts” appears to represent an important strategy for urban Aboriginal people. This suggests that the issue of Aboriginal homelessness may be more serious than existing counts suggest.

The general literature suggests that Aboriginal organizations have an important role to play in providing services to Aboriginal people including urban Aboriginal homeless individuals. While there is limited research on culturally responsive services for urban Aboriginal homeless people, the existing research suggests that Aboriginal organizations involved provide a number of unique services. The existing research also suggests that multiple-service delivery and partnerships between organizations are important in order to increase capacity.

There have been two main models of providing housing for homeless individuals. The “continuum of care” model attempts to make participants “housing ready” by providing services while they live in emergency housing or transitional shelters. The “Housing First” model attempts to put individuals in housing immediately and provides services while they are in that housing. Recent research suggests that the Housing First is less expensive taking into account all the costs of homelessness, and also more effective. Smaller centres face unique challenges in providing homeless services, including “Housing First” approaches.

Available census data suggest that Flin Flon housing and population characteristics do not differ from those of the province generally, except that Flin Flon has more housing in need of

major repairs. These data do not address the situation of homeless individuals. Interviews with Aboriginal homeless people in Flin Flon suggest that they experience very poor housing situations, difficulty finding housing to rent, and considerable hardship.

Credible estimates place the size of the Flin Flon homeless population at about 100 people, including families, youth going to school, people camping and living in vans, individuals couch surfing in marginal situations, and people using the Friendship Centre hostel. Flin Flon's Aboriginal homeless population represent 1.7% of Flin Flon's total population (including the Saskatchewan portion of Flin Flon). In contrast, homelessness advocates estimate that approximately 0.5% of Canada's population is homeless. If we remove the number of individual estimated to be couch surfing, Flin Flon's homeless population still represents .9% of Flin Flon's total population, about double the national rate.

This study interviewed thirty-two homeless Aboriginal adults living in Flin Flon. Participants were characterized by low income and education rates, high welfare dependence, and low levels of employment. Three quarters (75.0%) were First Nations and one quarter (25% were Métis or non-Status. None had housing on their reserves and none could live with relatives on the reserve because of over-crowding. Two thirds of First Nations participants indicated that they would stay on reserve if they had their own housing there. The condition of housing on the reserves near to Flin Flon, including reserves in Saskatchewan, creates some serious jurisdictional issues in terms of responsibility for providing housing.

At the time of the interview, eight (25.0%) participants were staying in the Friendship Centre hostel, thirteen (43.8%) were couch surfing, eight (25.0%) were staying outside, and two (6.3%) were staying in other situations. All of the participants had experiences with homelessness in the previous two years. The conditions some of the participants described were quite simply shocking.

Participants' self-perceived health conditions were worse than those experienced by Canadians generally, and the majority of them had one or more chronic conditions, often associated with poverty, addictions, and violence. Two thirds had been physically or sexually abused, and many experienced other traumas. Over half said that they or someone else thought they had a drinking problem. These statistics point to a very high needs population.

There are a considerable number of organizations in Flin Flon that provide services to homeless individuals. Service use, especially for medical services, appears relatively high, and it may be that the provision of supportive housing would reduce these costs.

Given the situation of homeless Aboriginal individuals in Flin Flon and the apparent increase in their numbers, this appears to be an important issue for the City and various service organizations to begin to address.

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Appendix A: Use and Knowledge of Services

Table 8: Services Used in the Last Six Months or Known by Participants			
	Used in Last Six Months	Know About	Don't Know About
Flin Flon General Hospital	81.8	18.2	0
Public Health	27.3	68.2	4.5
Mental Health	13.6	72.7	13.6
Families First	9.1	13.6	81.8
Housing Resource Advocate	9.1	36.4	54.5
AFM	50.0	86.4	9.1
CADAC	81.8	63.6	22.7
Women's Resource Centre	27.3	50.0	22.7
Employment Links Development Centre Project	13.6	40.9	18.2
Partners For Careers	9.1	36.4	22.7
Employment Manitoba	36.4	50.0	13.6
PBCN Employment and Training Services	13.6	18.2	68.2
Churches	31.8	45.5	22.7
Sweetgrass Aboriginal Head Start	27.3	54.5	18.2
Friendship Centre Hostel	59.1	31.8	9.1
Community Youth Resource Project	40.9	36.4	22.7
Friendship Centre Liaison Services	81.8	13.6	4.5
Other Friendship Centre Programs or Services	90.9	9.1	0
Income Security Manitoba	50.0	40.9	9.1
Income Security Saskatchewan	18.2	63.6	18.2
Flin Flon Schools	18.2	68.2	13.6
Creighton School	9.1	63.6	27.3
Flin Flon College – UCN / Mining Academy	0.0	31.8	68.2
Food Bank	72.7	9.1	18.2

**Appendix B: Questionnaire for Interviewing Aboriginal Homeless
Individuals in Flin Flon**

Flin Flon Homelessness Study

A. INTRODUCTION

Thank you so much for agreeing to participate in this study.

1. Before we start the questions, I want to give you the chance to tell us your ideas about your housing situation and what could help people who are in a similar situation. Your ideas can help us understand homelessness in Flin Flon. Is there one thing that you want to tell us? Don't worry if you can't think of something right now. I will ask this question again at the end of the interview.

B. CURRENT HOUSING CHARACTERISTICS

I'd like to learn a bit more about your housing situation right now, and how you fit in where you are living. Please remember that if you don't want to answer a question that's fine.

2. First, I would like to talk a bit about housing on reserve.

a) Are you a band member? _____ Yes _____ No

IF YES, which band are you registered with? _____

b) Do you have a house on **your** reserve? _____ Yes _____ No

IF YES, is there a reason why you aren't staying there now?

IF NO, have you applied for a house on your reserve? _____ Yes _____ No

Why or why not?

b) Do you have any other place on **your** reserve where you can stay? ___ Yes ___ No

Why or why not? _____

c) Do you have a place you can stay at another reserve (i.e. other than yours)?

_____ Yes _____ No

d) If you did have a place where you could stay on the reserve, would you stay there?

_____ Yes _____ No. Why or why not?

3. Now I would like you to tell me something about the place you are staying in right now.

a) Where are you living right now? (*find out if camping, living in a shelter, living with other people, other situation*)

b) If they live with other people (e.g. couch surfing):

Who else lives here (*list male or female, and relationship to interviewee*)?

i) Sex: _____ Relationship _____

ii) Sex: _____ Relationship _____

iii) Sex: _____ Relationship _____

iv) Sex: _____ Relationship _____

v) Sex: _____ Relationship _____

vi) Sex: _____ Relationship _____

vii) Sex: _____ Relationship _____

viii) Sex: _____ Relationship _____

ix) Sex: _____ Relationship _____

xv) Sex: _____ Relationship _____

c). What type of a house is it? (*apartment, single detached house, duplex, row/townhouse, rooming house, other structure in yard, condominium, other*) _____

If other structure, describe.

d) Is this place rented or owned by someone who lives here? _____ Rented _____ Owned

Who is the owner or renter _____

e) Do you have your own bedroom? _____ Yes _____ No

C. HOUSING HISTORY

4. Now, I'm going to ask you about other places you've lived in the past year. I will ask who else lived with you, and how you got money to live.

Dates	Location	Living with? (list male or female, and relationships to participant and each other)	Type of Housing	Reason for Leaving	Income at this time (source and amount)
Oct '13					
Sept '13					
Aug '13					
July '13					
June '13					
May '13					
April '13					
March					
Feb. '13					
Jan. '13					
Dec. '13					
Nov. '13					

D. Health

Now we would like to ask a few questions about your physical health and your mental health. Please remember that if you don't want to answer a question, you don't have to.

5. In general, compared to someone else your age, would you say your health is:
 _____excellent _____very good _____good _____fair
 _____poor

6. Do you have any difficulty hearing, seeing, talking, walking, climbing stairs, bending, or doing any similar activities?

Yes, limited a lot _____ List _____

Yes, limited a little _____ List _____

No, not limited at all _____

7. Do you have any of the following chronic conditions that have been diagnosed by a health professional? (*read list or respondent can circle answers if they are comfortable doing so*)

a. Asthma, Chronic Bronchitis or Emphysema	Yes	No	k. Stomach or intestinal ulcers	Yes	No
b. Arthritis or Rheumatism	Yes	No	l. Pneumonia	Yes	No
c. Back Problems, excluding Arthritis	Yes	No	m. HIV	Yes	No
d. High Blood Pressure	Yes	No	n. AIDS	Yes	No
e. Migraine Headaches	Yes	No	o. Hepatitis: specify _____	Yes	No
f. Skin infections e.g. boils, abscesses	Yes	No	p. Liver failure	Yes	No
g. Diabetes	Yes	No	q. Tuberculosis	Yes	No
h. Epilepsy	Yes	No	r. Bi-polar Disorder	Yes	No
i. Heart Disease	Yes	No	s. Schizophrenia	Yes	No
j. Cancer	Yes	No	t. Depression	Yes	No
			u. Any other long-term condition. Specify: _____	Yes	No

8. Have you ever been told by a health care professional that you had mental health problems? Yes No (If NO, skip to 9)

If YES, did you agree with the explanation? Yes No

Why or why not?

E. CHILDHOOD STRESSORS

The next few questions ask about some things that may have happened to you while you were a child or a teenager.

9. Please tell me if any of these things have happened to you. (List to be read to respondent)

a. Did you spend any time growing up in a residential school? Yes No.

b) Did you spend any time in a foster home? Yes No.

c) Did you spend any time in a prison, detention or correction centre? Yes No.

d) Were you ever physically abused? Yes No

e) Were you ever sexually abused? Yes No

10. Are there other traumatic events that you have experienced? Yes No

If YES, can you describe these? _____

F. SUBSTANCE USE AND ABUSE

In this section I would like to ask you some questions about drinking alcohol, taking drugs, and solvent use.

11. Do you drink? Yes No (If NO, go to Q12)

Do you think you have a drinking problem? Yes No

Does anyone else think you have a drinking problem? Yes No

Next I am going to ask you some questions about any drugs you may use, not including alcohol. These questions do not include prescription drugs that you take the way a doctor told you to. These questions refer to street drugs, or the misuse of drugs that you buy in a drug store or that have been prescribed to you.

12. Do you use street drugs, or misuse prescription drugs? Yes No (If NO, go to Q13)

Do you think you have a drug use problem? Yes No

Does anyone else think you have a drug use problem? Yes No

13. Do you use solvents? Yes No (If NO, go to Q14)

Do you think you have a solvent abuse problem? Yes No

Does anyone else think you have a solvent abuse problem? Yes No

G. AWARENESS AND USE OF SERVICES

14. Now I would like to ask you about organizations or services. I will list different services available in Flin Flon. Can you tell me which services or organizations you have used in the last six months, ones you know about but haven't used, and ones you haven't heard of?

	Used in Last Six Months	Know About	Haven't Heard About
Flin Flon General Hospital			
Public Health			
Mental Health			
Families First			
Housing Resource Advocate			
AFM			
CADAC			
Women's Resource Centre			
Employment Links Development Centre Project			
Partners For Careers			
Employment Manitoba			
PBCN Employment and Training Services			
Churches			
Sweetgrass Aboriginal Head Start			
Friendship Centre Hostel			
Community Youth Resource Project			
Friendship Centre Liaison Services			
Other Friendship Centre Programs or Services			
Income Security Manitoba			
Income Security Saskatchewan			
Flin Flon Schools			
Creighton School			
Flin Flon College – UCN / Mining Academy			
Food Bank			

15. Are there services, or things about services in Prince Albert that should be changed to help you with your housing situation?

H. DEMOGRAPHIC INFORMATION

In this section I would like to ask some questions about you so that we can know the range of people that are in our study.

16. Sex: _____ Male _____ Female

17. Year of Birth _____

18. Marital Status:

- a) Single _____
- b) Living with romantic partner _____
- c) Married _____
- d) Common-law _____
- e) Divorced _____
- f) Separated _____
- g) Widowed _____

19. Where did you spend most of your time growing up?

20. a) Are you employed right now? _____ Yes _____ No
- b) IF EMPLOYED: How many hours do you work a week? _____
- If NOT EMPLOYED: Are you looking for a job right now? _____ Yes _____ No
- c) When you are working, what kind of work do you normally do?
- _____

21. Do you have children? _____ Yes _____ No (**If No, skip to Q.22**)

IF YES How many children do you have? _____

What are their ages? _____

How many of your children normally live with you? _____

22. Do you have any other dependents (by that we mean any other people that you are responsible for taking care of)? _____ Yes _____ No (**If No, skip to Q.23**)

IF YES, who are they? _____

23. What is the highest level of schooling that you have ever completed?

I. WRAP-UP

24. At the beginning of the questionnaire, we gave you the opportunity to tell us your ideas about your housing situation and what might help people who are in a similar situation. Now that we have finished the questionnaire, is there anything else you would like to mention?

THANK YOU FOR YOUR TIME AND YOUR PARTICIPATION!

Appendix C: Questionnaire for Interviewing Agencies in Flin Flon

Flin Flon Friendship Centre: Organizations Questionnaire

Organization _____

Date _____

Introduction: I'm working with the Flin Flon Friendship Centre on a project that explores the numbers and characteristics of Aboriginal homeless people in Flin Flon and whether there have been changes in this population in the last five years. The first part of the project involves interviews with a variety of organizations involved with Aboriginal homeless people in Flin Flon. If you don't have exact information, we still want your impressions and estimates.

Your organization will not be linked to specific information in the report produced from this interview, but it will be acknowledged in the final report. You will not be identified individually.

Would you like to receive a copy of the final report? _____ Yes _____ No

1. How does your organization come into contact with Aboriginal homeless people in Flin Flon?

2. What services does your organization provide for Aboriginal homeless people in Flin Flon? (Don't ask if they've answered this above).

3. How many Aboriginal homeless people do you know about in Flin Flon right now? _____

Other than those you know about, how many do you estimate there are?

4. Can you describe their characteristics? Again, if you don't have exact figures, estimates are good.

	Male or Female	Individual or Family	First Nations or Metis
Staying in shelters: # _____	_____	_____	_____
Sleeping outside: # _____	_____	_____	_____
Couch-surfing: # _____	_____	_____	_____

5. Do the numbers and kinds of people change in the winter? _____ Yes _____ No
If yes, do the numbers change? (Describe)

Do the characteristics change? (Describe)

6. Have there been changes in the Aboriginal homeless population of Flin Flon in the last 5 years? _____ Yes _____ No

If yes, have the numbers changed? (Describe)

Have the characteristics changed? (Describe)

7. What would you say are the main causes of homelessness for the Aboriginal people you have come into contact with?

8. From your experience, what are the main services homeless Aboriginal people in Flin Flon need?

9. Does your organization have any records that would help us to estimate changes in numbers, patterns and characteristics of Aboriginal homeless in Flin Flon over the past 5 years? (If they do and are willing to share them, figure out how you can access them).

Appendix D: Hostel Manager's Report



Thoughts and Perceptions of the Hostel Manager for the Flin Flon Aboriginal Friendship Centre

In 1992 I completed a two-year Business Administration Diploma from Keewatin Community College in The Pas, Manitoba. I applied for a position with the Flin Flon School Division as the Aboriginal Liaison Worker.

As Aboriginal Liaison Worker, I was required to identify students of Aboriginal descent who were attending high school in Flin Flon. There were very few students who were treaty or non-status. The majority of students were of Metis descent; passed down from their parents who settled in Flin Flon years ago because of the mining and exploration boom in this area at that time. Even with Flin Flon's growing economy, you didn't see too many homeless people in this area.

Around the late 90's to early 20's an influx of aboriginal people to Flin Flon started out as a small trickle and since then has been increasing. Some were searching for a better way of life for their children; some were seeking an education or a trade; some were desperately looking for a job; and on a sadder note, young men were being banned from their communities with no where to go except to urban areas such as Flin Flon, The Pas, Thompson and Winnipeg. When a young man is banned from a reserve sometimes his whole family will follow, with very little.

I worked in this position for a couple of years and then moved on. Between the year 2002 and 2005, I worked for the Flin Flon Friendship Centre hostel part time. In 2007 I was hired as the Hostel Manager for the Friendship Centre. I began to see that the majority of homeless people in Flin Flon were Native ie; Aboriginal.

At this time, it seemed either I designated myself as the Friendship Centre's watch dog or the needs of the less fortunate designated me. Euclide, my cohort, also became a reliable watch dog.

I have never seen the Friendship Centre not rise up to a challenge when there is a need to help or or when there is work to be done. The Friendship Centre's priority is to provide services and programs for Aboriginal people, but they help every body.

In the year 2008, the hostel started taking homeless people. Since then, the need to assist the Aboriginal homeless has increased significantly.

In the last few years the Friendship Centre hostel made an extra family room to accommodate homeless clients with children; sometimes as many as five children, including both parents.

The Flin Flon Aboriginal Friendship Centre would be the best choice to spearhead a program for the homeless in Flin Flon and surrounding area; whether it be a homeless shelter or programs and services specifically for the homeless.

In the last 25 years, and even prior to that, I have witnessed the many successes and hardships of the Flin Flon Aboriginal Friendship Centre.

Every day I see the operations and activities of the Friendship Centre.

When the Friendship Centre opens, many people come and go throughout the day. I see the Aboriginal Headstart staff bringing the children in to attend daily activities. All focus is on the safety and well being of the children attending Headstart.

Appendix E: List of Recommendations from the Study

Recommendation: *Organizations working with homeless Aboriginal people in Flin Flon should attempt to pool their knowledge to derive a reliable estimate of the size and characteristics of the population.*

Recommendation: *The size of the homeless population in Flin Flon appears to be a serious issue that requires the attention of service providers and the City government.*

Recommendation: *The service providers' interviews suggest that there are quite a few organizations in Flin Flon who are concerned about homeless individuals and who provide a variety of services. These organizations should meet to work out a strategy.*

Recommendation: *Given the large number of Aboriginal homeless individuals in Flin Flon, the literature that indicates that a strong Aboriginal cultural presence is important in providing homeless services, and their current experience with homeless individuals, the Friendship Centre should take a leading role in homelessness strategies for Flin Flon.*

Recommendation: *Possibly working together with Flin Flon schools the Friendship Centre should extend its survey to explore the situation of youth homelessness in Flin Flon.*

Recommendation: *It may be useful to involve the Manitoba and Saskatchewan provincial governments to explore possibilities for cost sharing of services. The model used to reimburse the Flin Flon hospital for services to Saskatchewan residents may be a way forward.*

Recommendation: *The very low employment and education rates of this population suggest that they will need supportive services even after they have been housed.*

Recommendation: *The shift in costs to provincial and municipal governments resulting from a lack of housing on reserves should be brought to the attention of federal government representatives with the goal of negotiating cost sharing.*

Recommendation: *The situation of Aboriginal homelessness in Flin Flon is serious enough that there should be some joint attention and initiatives by the city in co-operation with other stakeholders including a variety of social services agencies and the RCMP.*

Recommendation: *The high incidence of chronic conditions, addictions, trauma and abuse in the hidden homeless population suggests that simply providing housing will not be enough to meet their needs. A variety of services also need to be provided.*

Recommendation: *It may be useful for service providers in Flin Flon to explore the costs of providing services to homeless individuals who are high services users and to compare these costs to the expenses involved in providing supportive housing.*