

# ARE THERE DIFFERENCES BETWEEN THE ABORIGINAL HOMELESS POPULATION AND THE NON-ABORIGINAL HOMELESS POPULATION IN CALGARY?

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## ABSTRACT

A ten year plan to end homelessness was established in Calgary, a major city in Canada. When representatives of service agencies were asked if they had special programs for Aboriginal people, they questioned why this would be necessary. To answer this, data collected from members of the city's homeless population by the Calgary Homeless Foundation were examined to compare those who self-reported as being Aboriginal to those who did not. In this sample of the homeless population, Aboriginal participants were found to be younger, less educated, more likely to be unemployed, to have experienced foster care, and to have been the victim of an attack. They tended to use health services more. These results are discussed in light of the social and political challenges facing Aboriginal people. They point to the need for attention to the special needs of Aboriginal people in plans to end homelessness.

**Keywords:** homelessness, addiction, injury, foster care, education, employment, sex trade, women, men, violence, racism, health, health care

## BACKGROUND

In 2008, a ten year plan to end homelessness in the city was developed for Calgary, a major city in Canada (Calgary Committee to End Homelessness, 2008). One of the first Canadian cities to establish such a goal, the accomplishment was widely lauded by media and clearly supported by the philanthropic community. Although the plan was developed with extensive consultation and involvement of community stakeholders, there was no mention that there might be particular issues for the Aboriginal people who were homeless. The Aboriginal Friendship Centre of Calgary (AFCC), however, recognized that a large proportion of the homeless population in the city had an Aboriginal background.

Research on Aboriginal homelessness in Alberta is sparse relative to the percentage of the homeless population represented in local statistics. In Calgary it has been estimated that Aboriginal peoples comprise up to 36% of the homeless (Turner et al., 2010). Gaetz (2004) discovered the same about research in Toronto and Tutty and colleagues (2009, p. 36) reflected in a literature review for the Calgary Homeless Foundation that "most of the literature on Aboriginal homelessness in Canada is embedded in the more general literature on the issue." We will review the literature that specifically referenced Aboriginal homelessness in Alberta.

Research on where Aboriginal homelessness sits in terms of public acknowledgement of the problem in Alberta cities reveals a complex interplay of

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denial and racism. Remillard (2012) discovered in her research on media and other representations of homelessness in three cities, including Calgary, that Aboriginal people are underrepresented in the mainstream media photographs. Paradoxically, Kingfisher (2007) studied how the general population of the housed in Lethbridge viewed the homeless and uncovered stereotypes of the addicted Aboriginal male.

Lenon (2000) notes that public discussions of homelessness also ignore the issues of gender and the particular vulnerability of Aboriginal women. A study of 2 short-term shelters for women in Edmonton found that Aboriginal women made up nearly half of the users over a 20 year period (Richter and Chaw-Kant, 2008). The shelters did not require that women were fleeing domestic violence so we can assume that they housed other women simultaneously, although the overlap in populations is unclear. A study of a Calgary second stage shelter for women who left abusive relationships showed that 29% of the clientele from 1996–2005 self-identified as Aboriginal; in fact, the proportion ranged from 14–43 over the 10 years (Thurston, 2006). Walsh and colleagues (2011) reviewed the literature and found a link between incarceration and homelessness among Aboriginal women, although statistics specific to Alberta were not mentioned. Ruttan et al. (2010) explored the experiences of homeless female Aboriginal youth in Edmonton and found important differences from their non-Aboriginal peers, including longer histories of homelessness in which housing insecurity played a key role. Another key difference was the pattern of loss and grieving from multiple deaths in the families and communities of origin. They found that residential school histories played a role in the girls' homelessness and that they saw value in learning more about their Aboriginal culture and integrating spirituality to help them heal (Ruttan et al., 2008). Another study of youth included Aboriginal people in the sample but did not provide comparative analysis so we do not know if there were differences (Miller et al., 2004).

We found two studies that examined illness among the homeless. *Streptococcus pneumoniae* can lead to serious illness, invasive pneumococcal diseases (IPD), such as pneumonia and meningitis. A

study of an IPD outbreak in Calgary found the homeless were at particular risk and Aboriginal people were more at risk of contracting one particular strain of the infection (Vanderkoo et al., 2011). A report from a large emergency shelter surveyed 15% of their clients about their health and found most suffered from one or more chronic illnesses although they still tended to rate their health as average (Ferrari et al., 2006).

Weasel Head's (2011) study of the causes of Blackfoot homelessness in Lethbridge revealed, among other things, patterns of trauma and loss associated with histories of losing family through death or alienation, not developing a cultural identity, failure of social supports, and not feeling connected to community. Bodor and colleagues (2011), in studying the housing first model from an Aboriginal perspective in Edmonton, also discovered stories of colonization and decolonization that explained homelessness and informed efforts to rectify it. The need for cultural safety in services was highlighted. Turner and colleagues (2010) also identified the need for culturally based and holistic services delivered by culturally competent staff, and the need to look at underlying causes of marginalization and homelessness in policy. Adoption of a culturally safe service in a mainstream organization in Calgary was described in the report by Bird and colleagues (2013). A review of services provided in larger cities in the western provinces found that most services in Edmonton and Calgary did not provide specific services to Aboriginal peoples (Thurston et al., 2011).

The study reported on here was undertaken when staff of the AFCC approached university researchers and formed a partnership to examine the issue of Aboriginal homelessness in Calgary. Discussions with staff from other community agencies serving the city's homeless population revealed they perceived the representation of Aboriginal people among their clientele to be from 30–50% (Turner et al., 2010). Yet when AFCC staff asked agency representatives if they had programs specifically for Aboriginal people the response often fell under the theme of: Why would we? What is the difference between an Aboriginal homeless person and a non-Aboriginal homeless person?

## PURPOSE OF STUDY

The purpose of this study was to address the question of whether data on the homeless population revealed any differences between an Aboriginal person who is homeless and a non-Aboriginal person who is homeless.

## METHODS

The Re-Housing Triage and Assessment Survey (RTAS) is a tool for identifying and prioritizing the street homeless population for housing according to the fragility of their health. The RTAS identifies the most vulnerable through a ranking system which takes into account risk factors and the duration of homelessness. This ranking allows those with the most severe health risks to be identified and prioritized using a Re-Housing Registry for housing and support. A list is created of individuals who want to begin the rehousing process to help housing and outreach agencies find and house these individuals. Participation is completely voluntary and confidential and participants consent to use of anonymous data for research. The primary purpose, therefore, is clinical, that is to make service recommendations.

In 2008–2009, the RTAS was administered to members of the homeless population in Calgary in four different settings: in the East Village, an area of Calgary recently under development where two major shelters exist and many homeless people circulate ( $n=57$ ); in all of downtown and some outlying areas ( $n=82$ ); at the Project Homeless Connect (PHC4), which was a resource fair for homeless individuals ( $n=144$ ); and in the Calgary Remand Centre, where people are held awaiting court or other hearings ( $n=42$ ). Combined, the sample totalled 325 individuals. The owners of the data, the Calgary Homeless Foundation, provided information from this sample for the purposes of this study. This is not publicly available data. Dutton and Emery (n.d.) looked at similar data for another purpose, but only a PowerPoint presentation is available. The study was approved by the Conjoint Health Research Ethics Board of the University of Calgary.

The data were cleaned and Aboriginal participants in the sample were identified from the ques-

tions: Aboriginal yes/no; First Nation, Inuit, or Metis; First Nation or Band Member; and Treaty Status. Data were analyzed using Stata 11.0. As some sample participants were missing responses for some variables, we indicate the number of participants with data for each variable. A significance level of  $\alpha = 0.05$  was used. Pearson's chi-square test was used to test for differences between Aboriginal and non-Aboriginal participants.

## RESULTS

### IDENTIFICATION OF ABORIGINAL PARTICIPANTS

Of the 325 participants, 77 self-identified as Aboriginal, for an overall percentage of 23.69. Aboriginal participants were more commonly recruited by the Other setting group (i.e., East Village all of downtown, and some outlying areas) and non-Aboriginal participants were more commonly recruited through the PHC4 setting group (Table 1).

**Table 1: Proportion of Aboriginal and Non-Aboriginal Participants per Recruitment Setting**

<i>Recruitment Setting</i>	<i>% Aboriginal (n=77)</i>	<i>% Non-Aboriginal (n=248)</i>
Remand Centre	16.88	11.69
PHC4	32.47	47.98
Other	50.65	40.32

$p=.053$

### DEMOGRAPHICS

The mean age of Aboriginal participants ( $n=77$ ) was 37.75 years compared to 42.17 years ( $n=245$ ) for non-Aboriginal participants; thus, the Aboriginal homeless population was younger on average. There were more females among the Aboriginal participants than the non-Aboriginal participants — 25.69% ( $n=77$ ) compared to 16.80% ( $n=244$ ) — although this did not reach statistical significance ( $p=.074$ ).

As shown in Table 2, Aboriginal participants overall had less education than non-Aboriginal participants. It is notable, however, that a larger percentage of Aboriginal participants had a postgraduate degree. Aboriginal participants were significantly more likely to report unemployment than non-Aboriginal participants (71.43% versus 56.05% respectively,  $p=.016$ ). The larger percentage of non-Aboriginal participants who reported “Work on the books” approached statistical significance, whereas,

“Work off the books” did not, supporting the idea that the non-Aboriginal homeless population is more likely to be employed full or part-time (Table 3). Aboriginal participants were significantly more likely to report panhandling and sex trade as sources of income, and binning/recycling approached statistical significance (Table 3). We cannot determine if this accounts for Aboriginal participant overrepresentation in the sample from the Remand Centre or if their employment income sources result in more involvement with the justice system.

**Table 2: Education Level for Aboriginal and Non-Aboriginal Participants**

Education Level	% Aboriginal (n=76)	% Non-Aboriginal (n=245)
K to 8	15.79	11.02
High school	18.42	28.16
Some high school	48.68	27.76
GED	5.26	4.90
College	2.63	11.02
Some college	5.26	10.20
Postgraduate	3.95	1.63
Trade school	0.00	5.31

p=.002

**Table 3: Source of Income from Employment for Aboriginal and Non-Aboriginal Participants**

Income Source	% Aboriginal (n=77)	% Non-Aboriginal (n=248)	P value
Binning/recycling	25.97	16.13	.052
Dealing	10.39	6.05	.194
Panhandler	15.58	4.84	.002
Sex trade	7.79	2.42	.029
Work off the books	23.38	17.74	.272
Work on the books	15.58	25.40	.074

Aboriginal and non-Aboriginal participants did not significantly differ on the percentage who reported having been in the armed forces (7.79% versus 5.24% respectively), in jail or the remand centre (77.92% versus 79.84%), or in federal prison (20.78% versus 19.76%). The proportion of Aboriginal participants who had been in foster care (57.14%) was more than twice that of non-Aboriginal participants (25.40%), which was statistically significant ( $p<.001$ ).

## HEALTH

On average, Aboriginal participants had twice as many hospitalizations “in the past year” than non-Aboriginal participants — 1.82 (n=76) compared to .88 (n=241) — however, the standard deviation for

the mean was much larger in the Aboriginal participants (4.31 compared to 2.85), suggesting greater variability in the experience within this subpopulation. On average, Aboriginal participants also had more visits to the Emergency Department “in the past three months” — 1.34 (n=76) compared to .75 (n=241). This suggests that the Aboriginal homeless population may be experiencing more chronic illness and acute episodes than the non-Aboriginal homeless population. As Table 4 shows, Aboriginal participants were more likely to report 7 of 13 diseases or illnesses: HIV/AIDS, diabetes, asthma, cancer, tuberculosis, substance abuse, and mental health; however, the difference in reporting was statistically significant only for substance abuse. In addition, Aboriginal participants were not significantly more likely to report three diseases or illnesses — 27.27% (n=77) compared to 18.95% (n=248,  $p=.117$ ). Aboriginal participants were more likely to report having been the victim of an attack and also to have a brain injury, although not statistically significant at .05, and we do not know if these were related.

Table 5 indicates that non-Aboriginal participants appear more likely to use one downtown

**Table 4: Disease or Illness and Injury Reporting for Aboriginal and Non-Aboriginal Participants**

Disease or Illness	Aboriginal (n=77)	Non-Aboriginal (n=245)	P value
Kidney disease	3.90% (n=77)	6.12% (n=245)	.458
Liver disease, cirrhosis, end-stage liver disease	7.79% (n=77)	11.38% (n=246)	.370
Heart disease, arrhythmia, irregular heartbeat	14.29% (n=77)	15.04% (n=246)	.871
HIV/AIDS	3.90% (n=77)	1.22% (n=246)	.129
Emphysema	1.30% (n=77)	4.07% (n=246)	.243
Diabetes	3.90% (n=77)	3.28% (n=244)	.795
Asthma	20.78% (n=77)	18.29% (n=246)	.627
Cancer	9.09% (n=77)	7.32% (n=246)	.611
Hepatitis C	18.18% (n=77)	20.90% (n=244)	.605
Tuberculosis	5.19% (n=77)	2.02% (n=247)	.139
Substance abuse	94.81% (n=77)	83.33% (n=246)	.011
Mental health	35.06% (n=77)	29.67% (n=246)	.372
Mobility limitations	31.17% (n=77)	22.58% (n=248)	.126
Injury			
Frostbite, hypothermia, foot rot, immersion foot	16.88% (n=77)	23.58% (n=246)	.216
Been a victim of attack	63.64% (n=77)	51.21% (n=248)	.056
Brain injury	29.87% (n=77)	20.16% (n=248)	.075

clinic as a source of health care than Aboriginal participants, as the difference approached statistical significance. There were no other differences in access to health care with few participants reporting using any.

**Table 5: Health Care Source for Aboriginal and Non-Aboriginal Participants**

<i>Health Care Source</i>	<i>Aboriginal (n=77)</i>	<i>Non-Aboriginal (n=248)</i>	<i>P-Value</i>
Downtown clinic 1	2.60%	8.06%	.095
Downtown clinic 2	7.79 %	7.66%	.970
Downtown clinic 3	6.79%	4.03%	.183
Family doctor	6.49%	3.63%	.279
Walk-in clinic	5.19%	6.45%	.689
Hospitals	9.09%	6.85%	.512

## HOMELESSNESS

Aboriginal and non-Aboriginal participants reported about the same average number of years of being homeless — 5.25 years (n=77) and 6.01 years (n=248) respectively. Aboriginal participants were less likely to report having been homeless once and more likely to report having been homeless more than 10 times; however, the difference in distributions in responses overall was not statistically significant (Table 6). While the distribution of where participants sleep most frequently also did not differ significantly between Aboriginal and non-Aboriginal participants (Table 7), there was a trend for Aboriginal participants to be less likely to use shelters and more likely to sleep outside.

**Table 6: Number of Times Homeless in Lifetime for Aboriginal and Non-Aboriginal Participants**

<i>Lifetime Count</i>	<i>% Aboriginal (n=77)</i>	<i>% Non-Aboriginal (n=248)</i>
Once	15.58	27.82
Between 2 and 5	24.68	25.40
Between 5 and 10	7.79	6.85
More than 10	40.26	27.82
Never	3.90	6.45
Missing	7.79	5.65

p=.176

The majority of participants who reported never being homeless were from the Other setting group. Participants who reported never being homeless were no more likely to be from the Remand Centre setting group than the PHC4 setting group.

## FAMILY CIRCUMSTANCES

As indicated in Table 8, Aboriginal participants tended to be more likely than non-Aboriginal par-

**Table 7: Place Most Frequently Sleep for Aboriginal and Non-Aboriginal Participants**

<i>Where Sleep Most Frequently</i>	<i>% Aboriginal (n=77)</i>	<i>% Non-Aboriginal (n=246)</i>
Shelter	41.56	54.88
Outside	12.99	7.72
Streets	5.19	6.50
Both shelter and outside	20.78	15.85
Own place	6.49	3.25
Someone else's place	7.79	4.88
Other	5.19	6.91

p=.276

ticipants to have children whether they were in a couple or single, although the gaps in percentages are not large and not statistically significant. When asked if they had children and if so, how many were living with them, 54 participants indicated they had children, although only 5 participants, 2 Aboriginal and 3 non-Aboriginal, reported that they had children with them.

**Table 8: Marital and Parental Status for Aboriginal and Non-Aboriginal Participants**

<i>Marital Status</i>	<i>% Aboriginal (n=69)</i>	<i>% Non-Aboriginal (n=186)</i>
Couple	14.49	10.75
Couple with children	10.14	6.45
Single	59.42	69.89
Single with children	15.94	12.90

p=.443

Aboriginal participants tended to be less likely to be single; this result did not reach statistical significance. Table 9 shows that among those who were in a couple relationship, the housing status of the partner did not vary by whether the participant was Aboriginal or not.

**Table 9: If in Couple, Housing Status of Partner for Aboriginal and Non-Aboriginal Participants**

<i>Housing Status of Partner</i>	<i>%Aboriginal (n=18)</i>	<i>%Non-Aboriginal (n=32)</i>
Homeless	35.29	28.13
Unknown	29.41	34.38
With you	35.29	37.50

p=.867

Aboriginal and non-Aboriginal participants did not differ statistically on how long they had been in Calgary (Table 10). Nearly 45% of the Aboriginal participants had lived in Calgary more than 5 years. Whether they were estranged from their communities of origin cannot be assessed here, but it is an issue. Aboriginal participants were statistically more likely than non-Aboriginal participants

to have moved to Calgary from British Columbia (31.25% versus 22.40%), Saskatchewan (25.00% versus 8.00%), and Manitoba (18.75% versus 5.60%) ( $p=.022$ ). When grouped into categories of west, Ontario, east, and other locations, this pattern was more clear (Table 11).

**Table 10: Number of Years Lived in Calgary for Aboriginal and Non-Aboriginal Participants**

<i>Time in Calgary</i>	<i>%Aboriginal (n=69)</i>	<i>%Non-Aboriginal (n=196)</i>
Born in Calgary	14.49	12.24
Less than 1 year	14.49	20.41
1 to 5 years	26.09	21.94
5 to 10 years	11.59	16.84
More than 10 years	33.33	28.57

$p=.588$

**Table 11: Where Moved from to Calgary for Aboriginal and Non-Aboriginal Participants**

<i>Where Moved From</i>	<i>%Aboriginal (n=32)</i>	<i>%Non-Aboriginal (n=125)</i>
West	75.00	36.00
Ontario	12.50	35.20
East (not including Ontario)	3.13	15.20
Other	9.38	13.60

$p=.001$

## WEAKNESSES OF THE DATA

The data in this study are self-reported and gathered in a service relationship rather than for research purposes, therefore, the reliability cannot be assessed. In addition, there is no evidence that the RTA was ever tested for reliability and validity. The nature of the relationship within which the data was collected may have improved honesty around potential criminal or embarrassing questions, but we cannot know that for certain. Readers should consider these characteristics when assessing the results. Nevertheless, this is one of few studies with a larger sample that compares an Aboriginal population of homeless peoples to others.

We may have underrepresented the Aboriginal population in the sample as some people with Aboriginal roots may be reluctant or unable to self-identify. Also, the overrepresentation in certain setting groups suggests that Aboriginal people who are homeless may not occupy the same spaces as non-Aboriginal people who are homeless. They have many reasons to avoid some spaces, including racialized violence and abuse. Anecdotally the authors have been told by several service workers over the

previous two years of doing research on homelessness that Aboriginal people were less likely to use shelters in the city and the data support this.

## DISCUSSION

Our analysis of the data indicates there are many differences between homeless Aboriginal people and homeless non-Aboriginal people that should inform policy and practice in the homelessness service sector as well as efforts to prevent homelessness from occurring. Aboriginal participants were more likely to have been recruited through the criminal justice sector than other settings, but not more likely to report ever having been in jail or the remand centre. This suggests that they may be less likely to participate in Project Homeless Connect or “hang-out” at other sites where this data was gathered. Kingfisher (2007) found that Aboriginal men in Lethbridge were more likely to be found in groups and this could affect their decisions to participate in surveys. Rowland and Gallagher (2007, p. 8) reported that “always stay in a group” was mentioned by some of the participants in their survey as one of the best ways to improve their safety on the street. This may be an important issue in design of future research and establishing population rates and may support that we have underrepresentation of the Aboriginal population in this sample, even at 23.69%; however there is no way to ascertain this.

The Aboriginal participants were younger and less well educated and more likely to be unemployed. Aboriginal children are much less likely to finish high school than non-Aboriginal children (University of Alberta, 2000). The reasons for this are as many and as interconnected as those that account for disproportionate representation of Aboriginal people among the homeless. It is disheartening that, as reported in our data, more who attain postsecondary education end up homeless than in the non-Aboriginal population, but it may be understood given the traumas Aboriginal people may have faced in their lives (Ruttan et al., 2008, 2010). In light of this, and also because of racism, it is not surprising that Aboriginal people have more unemployment and therefore reported depending more on pan-handling, binning and recycling, and street work.

There were more females among the Aboriginal homeless and they were more likely to be in the sex trade. Most of the Aboriginal participants involved in the sex trade were women. This supports Richter and Chaw-Kant's (2008) finding that over half the women in two Edmonton shelters were Aboriginal women. Aboriginal women on the street are disproportionately subject to violence, and in the past there was silence among both researchers and activists about this issue (Culhane, 2003). A study at Calgary's largest emergency shelter found that 19% of the women expressed concern for their safety when spending time on the street, but 68% were concerned when spending time at the shelter (Rowland and Gallagher, 2007). There is a high incidence of violence in Aboriginal domestic relationships, and this can result in homelessness for Aboriginal women and children (Dion Stout, 1997). Thurston (2006) found that over a third of women in a second stage shelter for those fleeing domestic violence (where they were referred after spending time in emergency shelters) were Aboriginal. Thus, safety for women in homelessness services is a critical issue.

Only two previous studies on health issues among the homeless in Alberta were located. Ferrari and colleagues (2006) found that 45% of their shelter sample reported more than 3–5 health concerns or conditions whereas our sample reported lower rates for both Aboriginals and non-Aboriginals. It is difficult to draw conclusions as few details are provided in the other study. Substance abuse was clearly a problem for the majority of the homeless in our study, and even more so among the Aboriginal population. Thus, health concerns and addictions treatment are important components in the housing first model, especially for the Aboriginal homeless.

The rate of violence, having been the victim of an attack, reported by the Aboriginal participants in this sample was higher than the non-Aboriginal participants, although not statistically so. This is not unusual; for instance, Aboriginal youth reported being affected by violence in urban schools (Richmond et al., 2012). Self-reported brain injury approached statistical significance with Aboriginal rates being higher which suggests that attacks may have been more severe, but we cannot assess that in this data.

This and other health data point to the need for better research into the health care needs of the Calgary homeless population and attention to diversity within the population.

Statistics are not enough to understand the differences in the experiences of Aboriginal and non-Aboriginal homeless populations. The history of inequity, racism, and government and other policy that either ignores Aboriginal people altogether or seeks to assimilate them into non-Aboriginal society helps explain rates of homelessness and different experiences (Bird et al., 2013; Bodor et al., 2011; Turner et al., 2010; Weasel Head, 2011). As reflected in our data, more than half of the Aboriginal participants had been in foster care. Aboriginal children are far more likely to be apprehended by the state than non-Aboriginal children, resulting in many who grow up not knowing their community's cultural beliefs and practices. Identity is a key aspect of resilience and is built up by connection to one's ethnic group. Familial and community members can provide support and help resist stress, particularly that associated with racism (Clauss-Ehlers et al., 2012). Many Aboriginal children have been placed with non-Aboriginal families — a practice that has gone on for decades (Trocmé et al., 2004). The worst incarnation was the "60's scoop" with mass removal of Aboriginal children from their families (Cowie, 2010). Children aged 1–5 in 1960–1969 would be in their late 40s and 50s in 2008. Their children often also struggle with identity issues and building resilience needed for positive well-being. A young man in downtown Calgary reported to one of the authors in a casual conversation on the street the struggle that this can create: "Other Aboriginal people call me an apple because I don't know my ways, and white people call me an Indian." He explained that he had been raised in a white foster home that was not a "bad" home even though the experience had left him in the identity dilemma he faced at the time. These sociopolitical factors underscore the need for effective preventative interventions for Aboriginal youth.

The issue of intergenerational trauma is a major concern in the Aboriginal population and suspected of causing much of the family turmoil, addictions,

and weak parenting skills that lead to homelessness (Smith et al., 2005). Intergenerational trauma has been associated with residential schools and linked to rates of domestic violence, addictions, and child neglect and abuse. Alberta had the most residential schools in Canada — approximately 19% of the schools identified by the Truth and Reconciliation Commission (TRC) in 10 provinces and territories (TRC, 2012) — so the problem may be greater in this province where the data was collected. The national Aboriginal Healing Foundation has begun to bring the long-term and intergenerational traumas resulting from the residential school policies to the attention of the non-Aboriginal population. The Foundation is also encouraging healing in Aboriginal communities across Canada, but healing for both Aboriginal and non-Aboriginal peoples will take time (Roger et al., 2012). Healing from intergenerational trauma may be a necessary component of housing support programs for Aboriginal people.

The differences in the Aboriginal and non-Aboriginal homeless populations found in the study reported here point to the need for policies that address the needs of homeless Aboriginal people in urban settings, and for work to prevent homelessness to include consideration of this population. One of the cautions for decision and policy makers is the tendency to homogenize Aboriginal people. The diversity within this population is as great as that within the non-Aboriginal population. Even though Aboriginal people are living in the city, many hold connections to families and communities on reserve, and only they can assess the strengths of these connections. Some of the Aboriginal people in our sample came from different provinces.

There is much to be done, but to end on a positive note, the revised plan to end homelessness by the Calgary Homeless Foundation (2011) identified Aboriginal people's needs as a priority. Historically, Aboriginal people have demonstrated a capacity to thrive in a sociopolitical environment that has included many efforts to make them disappear. Researchers and decision and policy makers can partner with Aboriginal people and call upon this capacity when working to end homelessness.

## REFERENCES

- Bird, C., Thurston, W.E., Oelke, N., Turner, D., and Christiansen, K. (2013) *Understanding Cultural Safety: Traditional and Client Perspectives, Final report for Funder*. Calgary, AB: University of Calgary, Department of Community Health Sciences.
- Bodor, R., Chewka, D., Smith-Windsor, M., Conley, S., and Pereira, N. (2011). *Perspectives on the Housing First Program with Indigenous Participants*. Available from Homeward Trust Edmonton, [www.homewardtrust.ca](http://www.homewardtrust.ca).
- Calgary Committee to End Homelessness. (2008). *Calgary's 10 Year Plan to End Homelessness*. Retrieved 22 March 2012, from <http://calgaryhomeless.com/assets/10-Year-Plan/Calgarys10YearPlan2008web.pdf>.
- Calgary Homeless Foundation (CHF). (2011). *Calgary's 10 Year Plan to End Homelessness 2008–2018. January 2011 Update*. Retrieved 22 March 2012, from <http://calgaryhomeless.com/assets/10-Year-Plan/10-year-plan-FINALweb.pdf>.
- Clauss-Ehlers, C.S., Yang, Y-T.T., and Chen, W-C.J. (2012). Resilience from childhood stressors: The role of cultural resilience, ethnic identity, and gender identity. *Journal of Infant, Child, and Adolescent Psychotherapy*, 5(1), 124–138.
- Cowie, A. (2010). Anti-oppressive social work practice in child welfare: Journeys of reconciliation. *Critical Social Work*, 11(1), 46–51.
- Culhane, D. (2003). Their spirits live among us: Aboriginal women in downtown eastside Vancouver emerging into visibility. *The American Indian Quarterly*, 27(3&4), 593–606.
- Dion Stout, M. (1997). Stopping family violence: Aboriginal communities enspirited. In J.R. Ponting, ed., *First Nations in Canada: Perspectives on Opportunity, Empowerment, and Self-Determination*. Toronto, ON: McGraw-Hill Ryerson Ltd.
- Dutton, D. and Emery, H. (n.d.). Sinking from the surface, or bouncing off the bottom? Trajectories in homelessness. PowerPoint presentation available from the Calgary Homeless Foundation. Retrieved 18 April 2013, from <http://calgaryhomeless.com/assets/research/Patterns-of-HomelessnessDDutton.pdf>.



- Ferrari, I.R., Brown, K., Rowland, J., and Kennedy, L. (2006). A picture of the health of a homeless individual. Downloaded 18 April 2013 from <http://www.thedi.ca/wp-content/uploads/2011/06/picture-of-health.pdf>.
- Gaetz, S. (2004). Understanding research on homelessness in Toronto: A literature review. Available from York University, Faculty of Education.
- Kingfisher, C. (2007). Discursive constructions of homelessness in a small city in the Canadian prairies: Notes on deconstruction, individualization, and the production of (raced and gendered) unmarked categories. *American Ethnologist*, 34(1), 91–107.
- Lenon, S. (2000). Living on the edge: Women, poverty and homelessness in Canada. *Canadian Woman Studies*, 20(3), 123–126.
- Miller, P., Donahue, P., Este, D., and Hofer, M. (2004). Experience of being homeless or at risk of being homeless among Canadian youth. *Adolescence*, 39(156), 735–755.
- Remillard, C.S. (2012). *Visual Representations of Homelessness in the Canadian Public Sphere: An Analysis of Newspaper and Photo Voice Images*. Unpublished doctoral dissertation, University of Calgary.
- Richmond, C.A., Smith, D., and The Wabano Centre for Aboriginal Health (WCAH). (2012). Sense of belonging in the urban school environments of Aboriginal youth. *The International Indigenous Policy Journal*, 3(1). Retrieved 22 March 2012, from: <http://ir.lib.uwo.ca/iipj/vol3/iss1/1>.
- Richter, M.S. and Chaw-Kant, J. (2008). A case study: Retrospective analysis of homeless women in a Canadian city. *Women, Health and Urban Studies*, 1, 7–19.
- Rowland, J. and Gallagher, L. (2007). *Mean Streets. Safe Streets. A Survey of Clients of the Calgary Drop-In & Rehab Centre and their Perceptions and Experiences of Crime*. Downloaded 18 April 2013 from <http://www.thedi.ca/wp-content/uploads/2011/06/Mean-Streets.pdf>.
- Ruttan, L., LaBoucane-Benson, P., and Munro, B. (2008). “A story I never heard before”: Aboriginal young women, homelessness, and restoring connections. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 6(3), 31–54.
- (2010). “Home and Native land”: Aboriginal women and homelessness in the city. *First Peoples Child & Family Review*, 5(1), 67–77.
- Smith, D., Varcoe, C., and Edwards, N. (2005). Turning around the inter-generational impact of residential schools on Aboriginal people: Implications for health policy and practice. *Canadian Journal of Nursing Research*, 37(4): 38–60.
- Thurston, W.E. (2006). *Brenda Strafford Centre: Ten Years of Making a Difference — Report on Goals, 1996–2005*. Calgary, AB: The Brenda Strafford Centre. Retrieved 22 March 2012, from: [http://www.ucalgary.ca/wethurston/files/wethurston/Report\\_BSC10years.pdf](http://www.ucalgary.ca/wethurston/files/wethurston/Report_BSC10years.pdf).
- Thurston, W.E., Turner, D., Oelke, N., and Bird, C. (2011). *Improving Housing Outcomes for Aboriginal People in Western Canada: National, Regional, Community and Individual Perspectives on Changing the Future of Homelessness*. Calgary, AB: Department of Community Health Sciences, University of Calgary.
- Trocmé, N., Knoke, D., and Blackstock, C. (2004). Pathways to the overrepresentation of Aboriginal children in Canada’s child welfare system. *Social Service Review*, 78(4), 577–600.
- Truth and Reconciliation Commission of Canada (TRC). (2012). *Residential School Locations*. Retrieved 22 March 2012, from: <http://www.trc.ca/websites/trcinstitution/index.php?p=12>.
- Turner, D., Goulet, S., Oelke, N.D., Thurston, W.E., Woodland, A., Bird, C., Wilson, J., Deschenes, C., and Boyes, M. (2010). *Aboriginal Homelessness — Looking for a Place to Belong*. Calgary, AB: The Aboriginal Friendship Centre of Calgary. Retrieved 22 March 2012, from: <http://www.ucalgary.ca/wethurston/publications>.
- Tutty, L.M., Bradshaw, C., Schiff, J.W., Worthington, C., MacLaurin, B., Hewson, J., Dooley, D., Kean, S., and McLeod, H. (2009). *Risks and Assets for Homelessness Prevention: A Literature Review for the Calgary Homeless Foundation*. Available from Calgary Homeless Foundation, <http://calgaryhomeless.com>.
- University of Alberta. (2000). *Degrees of Opportunity: Examining Access to Post-secondary Education in Alberta*. Final report of the Senate task force on access to post-secondary education. Retrieved 22 March 2012, from <http://www.ualberta.ca/~senate/DoOpp2000.pdf>.

Vanderkoo, O.G., Church, D.L., MacDonald, J., Zucol, F., and Kellner, J.D. (2011). Community-based outbreaks in vulnerable populations of invasive infections caused by *Streptococcus pneumoniae* Serotypes 5 and 8 in Calgary, Alberta. *PLoS ONE* 6(12): e28547. doi:10.1371/journal.pone.0028547.

Walsh, C.A., MacDonald, P., Rutherford, G.E., Moore, K., and Krieg, B. (2011). Homeless and incarceration among Aboriginal women: An integrative literature review. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 9(2), 363–386.

Weasel Head, G. (2011). *"All We Need is our Land:" An Exploration of Urban Aboriginal Homelessness*. Unpublished masters thesis, Department of Native American Studies, University of Lethbridge.

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