



Therapeutic landscapes of home: Exploring Indigenous peoples' experiences of a Housing First intervention in Winnipeg



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ABSTRACT

In this paper, we explore Indigenous perspectives of culture, place, and health among participants in a landmark Canadian Housing First initiative: *At Home/Chez Soi* (AHCS) project. Implemented from 2009 to 2013 in Winnipeg and four other Canadian cities, AHCS was a multi-city randomized control trial that sought to test the effectiveness of Housing First as a model for addressing chronic homelessness among people living with mental illnesses. As Winnipeg's homeless population is over 70% Indigenous, significant efforts were made to accommodate the culturally specific health, spiritual, and lifestyle preferences of the project's Indigenous participants. While a daunting challenge from an intervention perspective, Winnipeg's experience also provides a unique opportunity to examine how Indigenous participants' experiences can inform improved housing and mental health policy in Canada. In our study, conducted independently from, but with endorsement of the AHCS project, we utilized a case study approach to explore the experiences of the project's Indigenous participants. Data were collected by means of in-depth qualitative interviews with Indigenous participants (N = 14) and key informant project staff and investigators (N = 6). Our exploratory work demonstrates that despite relative satisfaction with the AHCS intervention, Indigenous peoples' sense of place in the city remains largely disconnected from their housing experiences. We found that structural factors, particularly the shortage of affordable housing and systemic erasure of Indigeneity from the urban sociocultural and political landscape, have adversely impacted Indigenous peoples' sense of place and home.

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1. Introduction

The intersection of culture, place, and health remains a vibrant area of inquiry in post-medical geography (Wendt and Gone, 2012; DeVerteuil and Wilson, 2010). In recent years, therapeutic landscapes theory has been applied more critically to study the dialectic between health and place, focussing on the role of nature (Conradson, 2005), urban disinvestment (Masuda and Crabtree, 2010; Wakefield and McMullan, 2005), social networks/capital (Cattell, 2001), and spiritualism (Gesler, 1993; Williams, 2010). As this literature matures, it has undergone a notable relational turn that has shifted the emphasis on intrinsic qualities of places to a

recognition of the role of power in mediating the interactions between individual bodies and their surroundings. Most recently, this relational approach has been applied in attempts to understand the 'sense of place' attached to 'home' spaces (Ahmet, 2013; Kidd and Evans, 2010). This body of work in particular cautions researchers and policymakers to avoid Eurocentric assumptions about home and to embrace multicultural perspectives and subjectivities in constructing relationships between housing and home (Habibis, 2011). Thus, 'sense of home' is conceptualized in this paper as a relational, social, and cultural construct that transcends the instrumental experience of being housed.

Despite a growing appreciation for relational approaches, our understanding of the function of "culture" in the production of therapeutic landscapes remains undertheorized, particularly as the literature remains closely tied to Western settings and experiences. In Canada and elsewhere, Indigenous notions of home, health, and

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even place have been found to be qualitatively distinct from those of non-Indigenous people in many respects. For example, studies of Indigenous people worldwide have continued to emphasize the therapeutic importance of connection to land, community, and family (King et al., 2009; Moreton-Robinson, 2003). Others have also emphasized the therapeutic relationship between traditional healing practices and Indigenous peoples' experience of health and wellbeing (Iwasaki et al., 2005; Brady, 1995).

Despite these insights, in practice, the recognition of Indigeneity in urban housing policy and practice is often lacking. Social housing provision in Canada, New Zealand, and Australia have been found to be largely tied to Eurocentric notions of "universal citizenship" that often tend to neglect the uniqueness of Indigenous housing needs (Walker and Barcham, 2010). In Canada, this neglect undermines constitutionally enshrined Indigenous rights, often due to the legal ambiguity surrounding notions of status among people who are dislocated from the reserve (Peters, 2001). However, we follow scholars such as James Holston (2001) to conceptualize as a fundamental part of Indigenous rights, the right to participate in determining the basic "conditions of urban life" (p. 326) that are required for health and wellbeing. We note that the limited expression or outright abrogation of this right has contributed to a disproportionate representation of Indigenous peoples in recent counts of poverty, homelessness, and welfare dependence (Belanger et al., 2013). Worse still, Indigenous women are now a growing segment of Canada's homeless population, whose experience of homelessness is worsened by physical and sexual violence (Adelson, 2005). The rise in Indigenous poverty and homelessness in Canada is also inextricably linked to the legacies of many colonialisms, including coerced rural-urban migration of Indigenous people through amenity deprivation and systemic discrimination in Canadian employment and housing markets (Peters and Robillard, 2009). Despite the impacts of these structural factors on Indigenous poverty and homelessness in Canadian cities, supports for homeless people in the post-welfare paradigm are framed within the limited confines of neoliberal notions of fiscal austerity, decentralization of responsibility, and individual opportunism.

Set within the general context of efforts by Winnipeg's *At Home/ Chez Soi* (AHCS) project to implement the Housing First model within this neoliberal climate, this paper assesses the housing experiences of homeless Indigenous participants. The paper explores participants' sense of inclusion, belonging, and social citizenship afforded through this unique mental health and homelessness intervention; not just in regard to their sense of satisfaction with the program, but with attention to their "sense of place" in the city relating to home. Hence, our goal in this study was not to evaluate the effectiveness of the intervention, but to explore perspectives about homelessness, housing, and sense of place among Indigenous people recruited from among participants of AHCS. Accordingly, our research benefited from significant collaboration with Winnipeg site investigators, service providers, and community workers whose insights and expertise have helped in answering the following questions:

1. What does the concept of home mean to Indigenous people who have experienced mental illness(es) and chronic homelessness?
2. What have been the challenges of the AHCS project in accommodating the cultural preferences and needs of Indigenous urban dwellers in a neoliberal urban context?
3. To what extent can urban social housing interventions respond to these challenges?

Our research confirms that Indigenous urban dwellers report a sense of place relating to housing and home that is qualitatively different from non-Indigenous people in similar circumstances. Our

research also reveals that typical features of Canada's housing crisis (Bunting et al., 2004), including exorbitant rents, shortages of affordable housing, and systemic erasure of Indigeneity from the urban sociocultural and political landscape placed significant constraints on the AHCS project's efforts to support culturally appropriate housing, which we argue is a central determinant of long-term success for Indigenous peoples' right to experience home, health, and urban citizenship. Finally, our analysis suggests that interventions like AHCS can benefit from broader social policies that integrate Indigenous peoples' notions of land, family, and community (King et al., 2009; Wilson, 2003) as a fundamental part of the urban built and social environment. This, we also argue is central to Indigenous peoples' therapeutic experiences of home, wellbeing, and health in the city.

2. Literature review

2.1. Indigenous urban services

An estimated 54% of Canada's Indigenous population now resides in urban centres (Statistics Canada, 2008). Despite their teeming numbers in urban centres, Canadian policymakers have continued to neglect Indigenous people's need for culturally appropriate services and supports in such areas as education, employment, housing, and healthcare (DeVerteuil and Wilson, 2010). The gaps in services to urban Indigenous people have noticeably widened with the maturation of neoliberalism within the Canadian policy landscape. Among many examples, the Urban Native Housing Program (UNHP) stands out, which until the early 1990s provided culturally appropriate housing to the urban Indigenous population. This program has largely stalled since the federal government's withdrawal from social housing provision (Walker, 2008).

Meanwhile, the responsibility for service provision to urban Indigenous populations has remained a contentious issue between federal and provincial authorities. Peters (2001) pointed out that "[d]ecades of federal and provincial arguments about responsibility for urban Aboriginal peoples have presented major impediments to cohesive, long-term policymaking for these populations" (p. 141). This lack of consensus has contributed to the current gaps in services to urban Indigenous populations. Indigenous urban organizations, such as the Aboriginal Friendship Centres and Urban Aboriginal Health Centres, have taken up the challenge of addressing some of these gaps. But again, these Indigenous organizations are severely under-funded (Sookraj et al., 2010), in spite of the crucial roles they play in this rather hostile policy environment.

2.2. Housing First

Housing First was first developed in the United States as a response to the shortcomings of the prevailing treatment regimes, which seek to apply sobriety principles to make mentally ill homeless individuals 'housing ready' (Padgett, 2007). Realizing the ineffectiveness of the sobriety principles, Housing First downplays the logic of housing readiness, offering immediate access to independent permanent housing and optional support services that do not require sobriety or treatment compliance (Falvo, 2008). Proponents of the Housing First model believe that once permanent housing is unconditionally provided, individuals are better able to overcome personal challenges (including substance addictions) that underlie their previous experiences of homelessness.

In the United States, where Housing First was first piloted, a significant degree of improvement in housing retention and health outcomes has been reported (Hwang et al., 2012). In the last decade, Housing First has grown increasingly popular and has now attained

the status of an international experiment, as many cities outside of the United States are beginning to adopt this model of service provision. The model has recently been employed in delivering services to homeless people enrolled in Canada's AHCS project, an experimental intervention designed to test its effectiveness in five Canadian cities.

As a key measure of fidelity that guards against their spatial concentration, Housing First clients are placed in scattered sites apartments. In keeping with the principle of social integration, "no more than 15 per cent of housing units in any single building" (Johnsen and Teixeira, 2010, p. 7) are allocated to Housing First clients. Besides the underlying ideology of social mix within this approach, the scattered site requirement suggests a universalist and individualist notion of the overall urban experience. However, this approach may violate the housing needs and preferences of Indigenous and non-Indigenous urban dwellers alike by stripping away contextual and collective dimensions of their sense of place within the city. To help provide a theoretical basis for this critique, we turn to the post-medical concept of therapeutic landscapes for guidance.

2.3. Indigenous therapeutic landscapes

Over the last two decades, the concept of therapeutic landscapes has proven consistently valuable in efforts to assessing the relationship between health and place, and may therefore have utility in assessing the therapeutic dimensions of home beyond the instrumental value of being housed. Gesler's (1992) original work described therapeutic landscapes as places that are perceived as having the power to heal illnesses and restore health. Initial application of the concept tended to frame therapeutic landscapes as sites 'away from home' that were visited due to their reputed spiritual/healing qualities, as evidenced in pilgrimages to such sacred places as Epidauros, Greece and Sanctuary of Lourdes, France (Gesler, 1996, 1993). Since the late 1990s, the concept has been applied in studying the healing properties of less distant but still 'away' places such as healthcare settings (Evans et al., 2009) and yoga studios (Hoyez, 2007). More recently, urban and health geographers have linked the concept to their longstanding interest in sense of place within more vernacular contexts, including neighbourhood and home settings (Masuda and Crabtree, 2010; Dyck, 2007).

While therapeutic landscapes are widely acknowledged, they are by no means universal. In particular, Indigenous peoples' understanding of therapeutic landscapes as everyday experience of land, family, and community (King et al., 2009) represents a substantial departure from the home-away binary that predominates in research with non-Indigenous populations. Among Indigenous people in Canada, for example, the connection between health and place is experienced in everyday geographies of living and interacting with the land, known in Indigenous mythologies as "Mother Earth" or "Creator" (Wilson, 2003). Described in such terms as *Hishuk Tsawak* or "everything is one/connected" among the West Coast Island *Huu-ay-aht* First Nations people of Canada (Castleden et al., 2009), this relational ontology is fundamental to Indigenous peoples' sense of place.

The importance of land as a therapeutic setting is not unique to the Canadian Indigenous context. The livelihoods, spirituality, and health of the Indigenous people of New Zealand and Australia are also linked to the integrity of the land (Kearns et al., 2009; Burgess et al., 2005). The entanglement of the material, spiritual, and social elements of the land thus produces uniquely Indigenous therapeutic landscapes that, when applied to urban settings, can challenge conventional (i.e. Western) understandings of home, neighbourhood, and city.

We note in particular that the experiences of home among Indigenous people, in general, transcend the atomized Western norms of a single nuclear family dwelling, which have had an enormous impact on the urban built and social environment. By virtue of Indigenous ontologies as well as practical experience with chronic housing and employment shortages on reserves and concomitant urban homelessness, we recognize that Indigenous notions of home venture into much of the outside world, including connection to land, extended family, and community (Kidd and Evans, 2010; King et al., 2009). Contrastingly, prevailing (i.e. Western) norms tend to equate home to housing of a certain prescribed standards and quality that provides privacy and a sense of self-control (Kaika, 2004). To this end, a more mechanistic account of social housing has been aggressively pursued by policymakers and advocates alike in Western societies, often at the expense of promoting home settings beyond single-family domiciles as sites of cultural identity and social support. Invoking the Indigenous therapeutic landscapes concept as the basis for our qualitative investigation, we probe this potential structural incompatibility and suggest that Indigenous concepts of home could prove instructive, and even invaluable, in supporting more effective and sustainable housing policy for Indigenous people. In our reading of the literature, Indigenous therapeutic landscapes provides the best analytical framework that explicitly ties Indigenous epistemologies of health with the material, relational, and symbolic significance of home as a place of healing and identity construction. Associated with this framework is Indigenous peoples' view of 'good health' as the achievement of balance between the physical, mental, emotional, and spiritual elements of life (Wilson, 2003), a perspective that clearly extends the meaning of health beyond mere absence of injuries and diseases.

3. Methods

3.1. Research settings: Winnipeg's At Home/Chez Soi project

We utilized a case study design to collect and analyse data from the Winnipeg site of the AHCS project. Officially launched in 2009 by the Mental Health Commission of Canada with funding from the Federal Government, AHCS was a four-year demonstration project that sought to provide permanent housing and supports to the 'hard to house' who, through mental illnesses, substance addictions, and behavioural challenges, have been less successful in accessing mainstream existing homeless services. With five demonstration sites in Moncton, Toronto, Montreal, Vancouver, and Winnipeg, AHCS represented one of the most coordinated responses to Canada's checkered history of health and welfare provision to the chronically homeless. The project was a randomized control trial, designed to demonstrate the effectiveness and potential shortcomings of the Housing First model (Hwang et al., 2012). As such, participants of the project were randomly assigned 'Housing First' or 'Treatment as Usual' (TAU) experimental and control groups. Participants of the Housing First group received subsidized rental housing of their choice (although constrained in many circumstances by market factors) along with access to optional support services – medical treatment, counselling, and skills training – through two distinct intervention teams: *Assertive Community Treatment* (serving participants with high needs) and *Intensive Case Management* (serving participants with moderate needs) (Distasio et al., 2014). This design was aimed at determining Housing First's effectiveness vis-à-vis existing set of homeless services and supports.

With extremely limited public housing options, AHCS was obliged to rely heavily on the private rental market to secure housing for its participants. In Winnipeg, of 300 participants who

received permanent housing, 250 were housed in privately-owned apartments. The rest went into public housing at Manitoba Housing, although the numbers oscillated over time between private and public housing.

The Winnipeg site was selected for this experiment because of its unique ethno-racial composition of homeless individuals. Approximately 71% of Winnipeg's participants were Indigenous (Distasio et al., 2014). Given the city's demographic, a key objective of the Winnipeg experiment was to adapt the Housing First model to the best extent possible, as it sought to inform broader policy debates around homelessness in Canadian cities, including issues of Indigeneity. A particular concern of the Winnipeg site was to provide culturally appropriate housing and supports. Housing procurement was coordinated by the Winnipeg Regional Health Authority, while culturally appropriate supports involving traditional and contemporary methods of healing were provided by three Indigenous service agencies – Wi Che Win, Ni Apin, and Wiisocotatiwin. These Indigenous agencies had better familiarity with the city's Indigenous homeless community and were therefore better positioned to deliver culturally appropriate services. Thus, at least at the Winnipeg site, there was a clear distinction between the settings where support services were received and where people were housed.

3.1.1. Data collection and analysis

Following ethics approval from the University of Manitoba Research Ethics Board, 14 in-depth qualitative interviews were completed with Indigenous AHCS housed participants between January and April, 2013. Identification and recruitment of participants were done with assistance from the three Indigenous service agencies. The selected participants (hereafter referred to as in-

terviewees) were Indigenous people of First Nations, Metis, or Inuit background who recently transitioned from homelessness to housing through the AHCS project. The interviews lasted an average of 55 min in duration, and all were held at the office premises of the service agencies where project participants met regularly to socialize.

Following completion of the interviews with the project's Indigenous participants, another set of in-depth qualitative interviews were undertaken with six key informants, consisting of four service providers and two site investigators. These key informant interviews were undertaken to obtain further insights into the experiences of the project's Indigenous participants and the challenges they faced in supporting their housing. The key informants were knowledgeable about the general experience of the entire Indigenous population in the project and were therefore able

to offer additional useful insights into the broader issues surrounding participants' reported experiences. All key informant interviews took place in the offices of the informants, and lasted an average of one hour in duration.

All interviews were audio-taped, transcribed verbatim, and imported into NVivo 9™, a qualitative data management software designed to aid textual analysis of data. Our use of participant and key informant interviews provided opportunities for data triangulation, ensuring that we were able to reduce potential threats to data credibility and dependability (Baxter and Eyles, 1997). In our analysis of the data, we followed an inductive process of coding where raw transcripts were free-coded to distill and coalesce emergent concepts that related to our research questions. Emerging themes were built up from the data and interpreted in light of our chosen theoretical framework. Finally, the immersion of the first author in the project's settings helped to build familiarity with the Indigenous homeless participants, allowing us to ensure the credibility of our interpretation of the results.

4. Results

4.1. Sample characteristics

Interviewees' ages ranged from 30 to 60 years. Time spent homeless prior to participating in the AHCS project ranged from six months to 22 years, and time spent in housing prior to the interviews ranged from 21 months to four years. Four of the interviewees self-identified as Metis, two as Cree, three as Ojibwe, two as Saulteaux, one as Dene, and two had mixed-First Nations heritage of Ojibwe and Cree. Eight of the 14 interviewees were born on rural reserves, and the rest in Winnipeg.

Interviewee	Age	Ancestry	Place of birth	Time homeless before AHCS	Time in AHCS before interview
Cheryl	33	Ojibwe & Cree	Winnipeg	10 years	2 years
Steve	36	Ojibwe	Reserve	6 months	21 months
James	40	Metis	Winnipeg	18 months	2 years
Ken	51	Ojibwe	Reserve	unknown	3 years
Jenna	39	Cree	Reserve	unknown	3 years
John	51	Metis	Winnipeg	2 years	2 years
Mercy	30	Ojibwe	Reserve	6 months	1 year
Jina	55	Saulteaux	Reserve	unknown	3 years
Jim	47	Cree	Reserve	5 years	3 years
Simon	60	Metis	Winnipeg	6 months	2.5 years
Raymond	34	Metis	Winnipeg	9 years	2 years
Karina	35	Ojibwe & Cree	Winnipeg	6 months	3 years
Anna	40	Saulteaux	Reserve	22 years	4 years
Joe	51	Dene	Reserve	7 years	2 years

4.2. Themes

We distilled from our data several themes that speak to participants' experiences of supportive urban housing. The themes demonstrate how, despite relative satisfaction with the Housing First approach as an invaluable intervention, Indigenous peoples' more deeply rooted sense of home remained largely disconnected from their housing experiences in the city. Whereas apartments met practical needs, several interviewees never felt "at home" in the sense of feeling connected to land, community, and family. Supported by quotations from our interviewees, whose real names have been pseudonymized, we summarize these themes here.

4.2.1. Sense of ontological security

The stability created by permanent housing conferred on some

of our interviewees a renewed sense of ontological security, defined by Dupuis and Thorns (1998) as “a sense of confidence and trust” (p. 27) in being in the world. The shift from a disempowered status as homeless people to having an apartment represented a significant positive change in the lives of these interviewees. They felt their apartments enabled them to exercise the self-control and discretion they once lacked. John, who had been homeless for two years prior to participating in the AHCS project, commented on how moving into his own apartment felt like a return to a previously stable phase of his life:

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

For interviewees like John, the opportunity to own and control an apartment was therapeutic. The privacy, ownership, and stability created by permanent housing were therefore important in helping participants to restore a sense of self-worth and to feel part of a society they once felt alienated.

4.2.2. Mobility

Our interviewees also reported the manner in which histories of coerced mobility, often defined as “churn” in the literature (Clatworthy and Norris, 2007) has affected their housing experiences. This lack of rootedness emanated not from their pre-colonial past as nomadic hunters and gatherers, but from a state of perpetual churn between reserve and city resulting from an uneven distribution of social infrastructure and supports (Peters and Robillard, 2009). Joe was born on a reserve in Manitoba but was raised by non-Indigenous foster parents in Winnipeg. Since age 16, he has moved repeatedly between his home community and the city as he attempts to stay connected to his Indigenous family and at the same time access important services related to health, education, and employment. He explained how family connections and social services simultaneously influence his mobility:

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

The back and forth movement between city and reserve has an impact on the housing carriers of Indigenous people like Joe, who are unable to establish roots in particular places. One of our key informants explained the incompatibility between Joe's mobility and current models of social housing provision:

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

Having been accustomed to this kind of movement earlier in life, AHCS participants like Joe were not particularly looking to establish permanent roots. Rather, they seek places of temporary respite whenever they arrive in the city. This phenomenon, as emphasized by the key informant, raises an important cautionary: should it be seen as a natural, pre-evident cultural nomadism to be accommodated in the provision of housing supports to this population, or

should it be confronted as a negative consequence of colonialism that has exacerbated the instability of Indigenous people's lives? The perspectives of Indigenous participants suggest the latter, as elaborated in subsequent themes.

4.2.3. Socio-cultural notions of home

Contrary to popular misconceptions of homeless people as disaffiliated transients, our interviewees demonstrated numerous coping strategies that relied upon the formation and maintenance of street alliances, cliques, and networks of support that were thoroughly place based. Some of our interviewees felt obliged under what they described as an ‘unwritten code of conduct’ to reciprocate favours they received from family and friends while they were homeless. Attempts by some of our interviewees to honour this unwritten code of conduct by hosting family and friends in their apartments were strongly resisted by landlords. Karina complained about how principles of independent scattered living she felt were dictated by the intervention, and enforced by landlords, came to disconnect her from the social networks from which she once obtained emotional support and resources:

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

Restrictions on guest activities also resulted in loneliness among some participants. Karina further explained how her housing situation isolated her from her community of friends and family, despite being surrounded by neighbours:

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

For Karina, returning to the streets, where she felt more welcomed, appeared to be a rational tradeoff, despite knowing the loss of supports and benefits that may occur. For her, to be at home is to be with people, not in the lonely confines of a single room apartment.

In addition, home was seen by most of the interviewees as a family space, with family itself seen with a much wider brush that extends beyond the nuclear family to include friends and peers. A key informant explained how project staff members were stunned by the extent of family activities of Indigenous participants, in particular. He noted how the communal activities of the participants exposed the subtle tensions between Indigenous conception of home and Western normative understandings:

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

Western normative standards and tenancy agreements

restricting guest activities are thus antithetical to efforts at reintegrating the participants. Many of the participants have accordingly expressed dissatisfaction with the isolation created by independent scattered living, some of them admitting to going back to the streets and night shelters to reconnect with friends and family. However, to the extent possible, project staff attempted to ameliorate this disconnection by affording participants the opportunity to move into housing that may better accommodate such preferences, and thus offer some reprieve from this sense of isolation. The project, however, lacked adequate resources to accommodate all participants needing family-type housing arrangements.

4.2.4. Separation of inhabitation and ceremony

Smudging and sweat ceremonies were two cultural practices that many of our interviewees considered important for their health and general wellbeing. Smudging is a process of spiritual cleansing that involves the burning of sweetgrass or sage, while a sweat ceremony is a healing activity that utilizes steam created by sprinkling herbally-medicated water on hot stones (Morse et al., 1991). In many Indigenous cultures, spaces for smudging and sweat ceremonies are often indistinguishable from spaces of inhabitation, and these spatial settings blend in complex ways to produce Indigenous therapeutic spaces, intimately connected to the land. While it is noteworthy that the City of Winnipeg is located on the traditional territory of the Anishinaabe people, the built environment itself has, in large part, extinguished Indigenous practices from urban space, in part by alienating its inhabitants from the land. Adherence to Indigenous cultural practices within assigned housing was not surprisingly reported to be hindered, and therefore detrimental to the therapeutic experiences of several of our interviewees, many of whom may have been accustomed to more traditional practices. Although more an issue of building codes and fire regulations than a conscious limitation of cultural expression, it was typical for smudging to be prohibited in some apartments due to the installation of smoke detectors. Mercy explained how this affected her cultural and spiritual practices:

You can't even do anything (smudging) in there (apartment) without the fire alarm making noise.....My landlord is a racist. He comes and goes out of my apartment whenever he wants. And he tries to tell me what I can and cannot do.

Sweat ceremonies are equally a foreign activity in much of urban Canada, as evidenced in the conspicuous absence of sweat lodges in Winnipeg's housing settings. In Winnipeg, a limited number of sweats are accommodated at sites like the Circle of Life Thunderbird House, which has been purposely located in the core area in proximity to communities for both housed and underhoused (e.g. shelter dwelling) Indigenous inhabitants. Realizing this important limitation and its potential impact on the therapeutic experiences of the participants, the AHCS project made arrangements for its Indigenous participants to participate in sweat ceremonies located at the outskirts of Winnipeg (in Selkirk, Manitoba). But such arrangements were an extraordinary accommodation rather than purpose-built feature of the urban landscape, and in the context of limited local sweat lodges, were at variance with the ethos of scattered housing. Interviewees reported that visiting sweat lodges located away from their homes undermined their therapeutic significance by ensuring that such practices were anything but a part of daily routine. According to several of the interviewees, the full benefits of sweat lodges are realized only when they are blended with other spaces within a proximal home or community environment. Jenna explained how planning a trip to a sweat lodge limited her therapeutic experience as it shifted her healing practice

from the routine to the exceptional:

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

The practices of smudges and sweats were also connected to a broader, less individualistic sense of home and healing. For some of our interviewees, home was about living in a community where traditional teachings form an essential part of community sociality. Ken explained the settings needed to create his ideal home:

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

Ken's view of home suggests that intimate engagement with community is an integral part of the homemaking process of Indigenous people. This notion problematizes the predominant narrow understanding of home as private space, and instead emphasizes its importance as a setting in which community members seamlessly socialize, relate to the land, learn from elders, and participate in community. By extension, the transition from homelessness to home is considered complete only when one, through housing, is successful in reconnecting with community and its network of relationships.

5. Discussion

It is important to note at the outset that the immediate therapeutic benefit of the AHCS Housing First project was one of improved survival from the many deleterious consequences of mental illness and homelessness. But in providing such supports within an urban geography marked by colonial histories, neoliberal revanchism, a highly individualized mode of life, and a growing housing affordability crisis, AHCS was up against a daunting challenge. As a lens for analysis into this challenge, we have shown how the Indigenous therapeutic landscapes concept can provide a useful framework for understanding Indigenous geographies of home and inhabitation. While most of the work to date has conceptualized home not just as a physical dwelling but a site of multiple meanings (Padgett, 2007; Kidd and Evans, 2010), we carry this focus one step further by exploring the sociocultural meaning of home among a population who are conventionally seen to be homeless. In this regard, our study complements and builds on Wilson's (2003) theorization of the relationship between land (as place) and health among Indigenous peoples. While noting that Wilson's work was based on research undertaken in a rural reserve setting in Ontario, our analysis of the provision of conventional housing for homeless Indigenous people extends the utility of Indigenous therapeutic landscapes to the urban context. Although physically separated from land in its traditional sense, the community connectedness, family orientations, spiritual practices, and ceremonial activities of our interviewees are Indigenous land-related practices that are still important for their therapeutic home experiences in the city. Given these broad contours of Indigenous therapeutic landscapes, our study offers three new insights into its relevance in therapeutic housing interventions in the urban context.

First is the importance of separating "housing" and "home" as distinct determinants of health and wellbeing. Taking into account an Indigenous therapeutic landscapes perspective, the implementation of Winnipeg's AHCS project could be argued to have had mixed impact on the experiences of its Indigenous participants and

their success in creating a sense of home in the city. An important positive outcome of permanent housing was the creation of an environment of safety, ownership, self-control, and privacy among the project's participants. These markers of ontological security contributed to the therapeutic experiences and indeed health outcomes of many participants of the project. We observed that the feeling of ontological security was particularly greater among interviewees with past housing experiences. Of course, the markers of ontological security found among our interviewees are not uniquely Indigenous, as they are also common among non-Indigenous people who have transitioned from homelessness to housing (see Padgett, 2007). But while permanent housing provided by the project served important basic needs, our interviewees' sense of home remained disconnected from their housing experiences, in the sense of being connected to land, family, and community (King et al., 2009), as explained further below. We noted that attempts by the project to restore these relationships encountered insurmountable structural barriers that tend to alienate Indigenous home-based practices and lifestyles.

Second is the importance of a collective epistemology of health, healing, and wellbeing. The Housing First model is informed largely by Western normative understandings of privacy and personal responsibility, tied to an individualist ethos of Western lifestyles and manifested in much of the urban built environment of Canadian cities (see Masuda et al., 2012). The resulting fidelity of independent scattered living is a point of disjuncture between these normative standards and our interviewees' preference for community and family living situations. Independent scattered housing for homeless people with mental illness is a key measure of fidelity of the Housing First model (Johnsen and Teixeira, 2010), driven largely by a perceived need for social mixing. We noted that the community and family orientation of our interviewees did not quite fit existing housing standards and expectations of landlords, leading to tensions and, in some instances, evictions. As several of the project participants were already estranged from any sense of family and community, strict adherence to normative standards of independent, scattered living principles undermined efforts at reintegration. An equally important Indigenous epistemology of health and healing is the spiritual functions of the home as it relates to land. As our interviewees revealed, home is a blend of domestic, ceremonial, and spiritual spaces that allow for construction of sense of belonging and health. This way, an Indigenous therapeutic experience of home is achieved by a setting that re-establishes strong ties with community, family, and land in a culturally appropriate manner. Nonetheless, the AHCS project, even in the face of severe structural constraints, provided an important first step towards the realization of sense of home.

Third is the idea that therapeutic landscapes may, in some instances, not be landscapes at all but "on the move" networks of mobility and connection. Our results support earlier work that suggests 'lack of place attachment' as a factor in homeless mobilities of Indigenous people (Peters and Robillard, 2009). Through the skewed distribution of social infrastructure/services and their need to stay connected to family and home communities, some homeless Indigenous people have emerged as urban transients, who are unable to establish permanent roots in particular places. The Indigenous urban transients encountered in this research often travelled into and out of the city, looking to find a 'sense of place' but with very little success largely due to their lack of rootedness created by the skewed distribution of social infrastructure and services favouring Winnipeg at the expense of surrounding Indigenous rural communities. As a result, many Indigenous people, including our interviewees, have been compelled to structure their lives in a relational social space that encompasses both the city and their reserves. In this regard, mobility is both coerced, in the sense

of ill-suited social support infrastructures and encounters with urban revanchism, and therapeutic, in the sense that it demonstrates a remarkable level of resilience among this highly versatile population. This cyclical movement, however, stands in stark contrast with Housing First objectives which are mainly centred on achieving housing stability and establishing permanent roots in particular places.

To conclude, AHCS achieved remarkable success in placing the participants on a path towards recovery from homelessness and mental illness. But we note significant structural constraints, particularly the lack of culturally appropriate affordable housing in the city and the more general systemic erasure of Indigeneity from the urban sociocultural and political landscape. Winnipeg's lack of culturally appropriate housing is a legacy of the city's colonialist development and therefore an affront to Indigenous peoples' right to urban citizenship and self-determination. Indigenous scholars have pointed out that Indigenous rights to urban citizenship and self-determination in the urban context are bundled up in a rhetoric of universal citizenship, of which the emphasis is placed on protection of individual rights (as citizens) rather than a more collective "right to the city" (Harvey, 2003). While extraordinary measures like the AHCS community-driven support model can, to some extent, offset the structural erasure of urban Indigeneity, much more than a one-off intervention is required to address the legacy of colonialism and the long-term impacts of systemic deprivation. We suggest at least three interventions: (1) sustained collaboration between governments (both federal and provincial) and national Indigenous organizations to address the shortage of affordable housing for urban Indigenous populations, particularly within an as-yet unachieved re-introduction of a credible national housing plan; (2) sustained financial support for urban Indigenous organizations working at the grassroots to enable them improve and extend their services to the growing number of urban Indigenous people; and (3) sustained investment in reserve-based social infrastructure and services, including housing, to address the coerced rural-urban migration of Indigenous populations.

We acknowledge two important limitations of our research. First, due to time constraints and requirements related to the safety of the interviewer, interviews could not be conducted in the home settings of the interviewees. Yet, such an immersion would have afforded us the opportunity of obtaining valuable information about the relationship interviewees had with their home environment. However, three of our key informants who had better familiarity with the participants and their housing experiences provided additional insightful information that served to mitigate this limitation in our data collection. Second, time constraints did not permit the collection and analysis of data on the experiences of the non-Indigenous participants of the project. As such, we were unable to directly compare the experiences of our interviewees with those of their non-Indigenous counterparts in the project. However, our data and extensive review of the available literature allowed us to reach robust conclusions about Indigenous and non-Indigenous sense of place as it relates to therapeutic experiences of housing and home in a neoliberal urban context.

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References

- Adelson, N., 2005. The embodiment of inequity: health disparities in Aboriginal Canada. *Can. J. Public Health* 96 (Suppl. 2), 45–61.
- Ahmet, A., 2013. Home sites: the location(s) of 'home' for young men. *Urban Stud.* 50 (3), 621–634.
- Baxter, J., Eyles, J., 1997. Evaluating qualitative research in social geography: establishing 'rigour' in interview analysis. *Trans. Inst. Br. Geogr.* 22 (4), 505–525.
- Belanger, Y.D., Awosoga, O., Weasel Head, G., 2013. Homelessness, urban Aboriginal people, and the need for a national enumeration. *Aborig. Policy Stud.* 2 (2), 4–33.
- Brady, M., 1995. Culture in treatment, culture as treatment. A critical appraisal of developments in addictions programs for indigenous North Americans and Australians. *Soc. Sci. Med.* 41 (11), 1487–1498.
- Bunting, T., Walks, A.R., Filion, P., 2004. The uneven geography of housing affordability stress in Canadian metropolitan areas. *Hous. Stud.* 19 (3), 361–393.
- Burgess, C.P., Johnston, F.H., Bowman, D.M.J.S., Whitehead, P.J., 2005. Healthy country: healthy people? Exploring the health benefits of Indigenous natural resource management. *Aust. N. Z. J. Public Health* 29 (2), 117–122.
- Castleden, H., Garvin, T., Nation, H.A.A.F., 2009. "Hishuk Tsawak" (everything is one/connected): a Huu-ay-aht worldview for seeing forestry in British Columbia, Canada. *Soc. Nat. Resour.* 22 (9), 789–804.
- Cattell, V., 2001. Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Soc. Sci. Med.* 52 (10), 1501–1516.
- Clatworthy, S., Norris, M.J., 2007. Aboriginal Mobility and Migration: Trends, Recent Patterns, and Implications: 1971–2001. *Aboriginal Policy Research: Moving Forward, Making a Difference*, 4.
- Conradson, D., 2005. Landscape, care and the relational self: therapeutic encounters in rural England. *Health Place* 11 (4), 337–348.
- DeVerteuil, G., Wilson, K., 2010. Reconciling indigenous need with the urban welfare state? Evidence of culturally-appropriate services and spaces for Aboriginals in Winnipeg, Canada. *Geoforum* 41 (3), 498–507.
- Distasio, J., Sareen, J., Isaak, C., 2014. At Home/Chez Soi Project: Winnipeg Site Final Report (Calgary, Alberta).
- Dupuis, A., Thorns, D.C., 1998. Home, home ownership and the search for ontological security. *Sociol. Rev.* 46 (1), 24–47.
- Dyck, I., 2007. Place, health and home: gender and migration in the constitution of healthy space. *Health & Place* 13 (3), 691–701.
- Evans, J.D., Crooks, V.A., Kingsbury, P.T., 2009. Theoretical injections: on the therapeutic aesthetics of medical spaces. *Soc. Sci. Med.* 69 (5), 716–721.
- Falvo, N., 2008. The 'Housing First' Model: Immediate Access to Permanent Housing. *Canadian Housing*, pp. 32–35.
- Gesler, W., 1996. Lourdes: healing in a place of pilgrimage. *Health & Place* 2 (2), 95–105.
- Gesler, W.M., 1993. Therapeutic landscapes: theory and a case study of Epidaurous, Greece. *Environ. Plan. D Soc. Space* 11 (2), 171–189.
- Gesler, W.M., 1992. *The Cultural Geography of Health Care*. University of Pittsburgh Press, United States.
- Habibis, D., 2011. A framework for reimagining Indigenous mobility and homelessness. *Urban Policy Res.* 29 (4), 401–414.
- Harvey, D., 2003. The right to the city. *Int. J. Urban Reg. Res.* 27 (4), 939–941.
- Holston, J., 2001. Urban citizenship and Globalization. In: Scott, A.J. (Ed.), *Global City Regions: Trends, Theory, Policy*. Oxford University Press.
- Hoyez, A.C., 2007. The 'world of yoga': the production and reproduction of therapeutic landscapes. *Soc. Sci. Med.* 65 (1), 112–124.
- Hwang, S.W., Stergiopoulos, V., O'Campo, P., Gozdzik, A., 2012. Ending homelessness among people with mental illness: the at Home/Chez Soi randomized trial of a Housing First intervention in Toronto. *BMC Public Health* 12 (1), 1–16.
- Iwasaki, Y., Bartlett, J., O'Neil, J., 2005. Coping with stress among Aboriginal women and men with diabetes in Winnipeg, Canada. *Soc. Sci. Med.* 60 (5), 977–988.
- Johnsen, S., Teixeira, L., 2010. Staircases, Elevators and Cycles of Change 'housing First' and Other Housing Models for Homeless People with Complex Support Needs (A report for Crisis UK).
- Kaika, M., 2004. Interrogating the geographies of the familiar: domesticating nature and constructing the autonomy of the modern home. *Int. J. Urban Reg. Res.* 28 (2), 265–286.
- Kearns, R., Moewaka-Barnes, H., McCreanor, T., 2009. Placing racism in public health: a perspective from Aotearoa/New Zealand. *Geojournal* 74 (2), 123–129.
- Kidd, S.A., Evans, J.D., 2010. Home is where you draw strength and rest: the meanings of home for houseless young people. *Youth Soc.* 43 (2), 752–773.
- King, M., Smith, A., Gracey, M., 2009. Indigenous health part 2: the underlying causes of the health gap. *Lancet* 374 (9683), 76–85.
- Masuda, J.R., Crabtree, A., 2010. Environmental justice in the therapeutic inner city. *Health Place* 16 (4), 656–665.
- Masuda, J.R., Teelucksingh, C., Zupancic, Fridell, M., 2012. Out of our inner city backyards: re-scaling urban environmental health inequity assessment. *Soc. Sci. Med.* 75 (7), 1244–1253.
- Moreton-Robinson, A., 2003. I Still Call Australia Home: Indigenous Belonging and Place in a White Postcolonizing Society.
- Morse, J.M., Young, D.E., Swartz, L., 1991. Cree Indian healing practices and western health care: a comparative analysis. *Soc. Sci. Med.* 32 (12), 1361–1366.
- Padgett, D.K., 2007. There is no place like (a) home: ontological security among persons with serious mental illness in the United States. *Soc. Sci. Med.* 64 (9), 1925–1936.
- Peters, E., 2001. Geographies of Aboriginal people in Canada. *Can. Geogr.* 45 (1), 138–144.
- Peters, E.J., Robillard, V., 2009. "Everything you want is there: the place of the reserve in First Nations' homeless mobility. *Urban Geogr.* 30 (6), 652–680.
- Sookraj, D., Hutchinson, P., Evans, M., Murphy, M.A., 2010. Aboriginal organizational response to the need for culturally appropriate services in three small Canadian cities. *J. Soc. Work* 12 (2), 136–157.
- Statistics Canada, 2008. *Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census*. Statistics Canada, Ottawa.
- Walker, R., 2008. Aboriginal self-determination and social housing in urban Canada: a story of convergence and divergence. *Urban Stud.* 45 (1), 185–205.
- Walker, R., Barcham, M., 2010. Indigenous-inclusive citizenship: the city and social housing in Canada, New Zealand, and Australia. *Environ. Plan. A* 42 (2), 314–331.
- Wakefield, S., McMullan, C., 2005. Healing in places of decline: (re)imagining everyday landscapes in Hamilton, Ontario. *Health Place* 11 (4), 299–312.
- Wendt, D.C., Gone, J.P., 2012. Urban-indigenous therapeutic landscapes: a case study of an urban American Indian health organization. *Health Place* 18 (5), 1025–1033.
- Williams, A., 2010. Spiritual therapeutic landscapes and healing: a case study of St. Anne de Beaupre, Quebec, Canada. *Soc. Sci. Med.* 70 (10), 1633–1640.
- Wilson, K., 2003. Therapeutic landscapes and First Nations peoples: an exploration of culture, health and place. *Health & Place* 9 (2), 83–93.