*A PRELIMINARY ASSESSMENT OF THE EMERGENCY WARMING CENTRE IN INUVIK, CANADA: QUALIFIED SUPPORT FOR HARM REDUCTION THROUGH HOUSING FIRST FROM AN INTERNATIONAL PERSPECTIVE

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INTRODUCTION

While homelessness in developed nations is documented historically, its significance as a social problem gained significant attention in the 1980s[1]. Since then, homelessness has grown to be a perplexing and vexatious problem for policy makers, and an embarrassment to nations and communities. Within the Canadian context homelessness is at crisis levels[2]. While urban homelessness may have been the impetus for attention, one that initially occupied the foreground of research and policy development, attention to rural homelessness emerged as its own significant problem in the 1990s[3]. Rural homelessness may share key elements with its urban counterpart, but it remains on the periphery of attention as it contradicts common conceptions of health and social well-being often associated with life in rural communities. Significantly, rurality may actually add to and exacerbate the problem of homelessness in terms of health and well-being. This is particularly true in the Canadian Arctic where life is either viewed as uninhabitable or viewed as communal, mutually supportive and in harmony with nature[4]. Arguably, neither image is accurate, but the rurality and remoteness of the area coupled with the extreme weather means that there are fewer services to draw on, more acute housing needs and increased difficulty of bringing in supplies including food and building materials. This exacerbates issues of homelessness as availability of affordable and adequate housing generally cannot keep pace with demand.

To be sure, the causes of homelessness are numerous, complex and not easily solved. Substance abuse, mental illness, physical and emotional abuse, marital breakdown, loss of employment, transition from institutionalized care, and economic factors such as loss of employment, lack of affordable and/or available housing, and economic restructuring figure prominently in research[5]. Regarding socio-structural explanations, in Canada the demise of social housing programs in the 1990s is clearly linked to a surge in homeless populations, both urban and rural[6]. Similarly, in the United Kingdom, May, Cloke and Johnson[7] trace the growth in numbers of the single persons experiencing homelessness through the 1980s and 1990s with the dismantling of the welfare state and then with the increasing governmentality of neo-liberal and social interventionist policies to tackle chronic street homeless in the 1990s and early 2000s. Milbourne & Cloke[8] later suggest that the last few decades have seen increasing complexity emerge in homelessness in Australia as the demographics of persons experiencing homeless shift to encompass a wider variety of people impacted by personal and socio-economic changes in health, housing and poverty. In New Zealand issues of street homelessness have been relatively hidden. In comparing Auckland in New Zealand to Vancouver and Edmonton in Canada, Collins[9] highlights the significant difference in welfare and housing policies of the two countries. Where Canada experienced a significant increase in homelessness in the wake of cutbacks to social housing in the early 1990s and late 2000s, Collins' research suggests that New Zealand has been somewhat sheltered from homelessness because of social housing combined with cultural practices

protect socially excluded family members. However, more recent neo-liberal policies and increasing housing costs may render a different picture in the near future, as intimated by Anderson & Collins[10] in a comparative study exploring indigenous homelessness between Canada, New Zealand and Australia.

Addressing large scale socio-structural challenges in a global economic context could possibly be one of the most difficult challenges for developed nations in recent history. Neoliberal policies related to housing crises and the demise of social welfare policies have clearly taxed communities and individuals[11] leading to an expanding population of hard to house (HtH) people, those who are chronically, cyclically, temporarily or transitionally homeless[12]. The global economic collapse in 2008 propelled homelessness to new levels as nations scrambled to balance budgets through austerity measures which negatively affected social welfare policies[13].

Given the range of causal factors, it is not surprising that effective solutions to homelessness are few, and when developed, difficult to implement. Addressing large scale socio-structural challenges and simultaneously dealing with individual problems like addiction, mental health and other personal problems is clearly daunting. Yet, one possible approach that has witnessed some success is called 'housing first'. In essence,

> Housing First involves providing clients with assistance in finding and obtaining safe, secure and permanent housing as quickly as possible. Key to the Housing First philosophy is that individuals and families are not required to first demonstrate that they are 'ready' for housing. Housing is not conditional on sobriety or abstinence[14].

Housing first is grounded in harm reduction philosophy: the approach that helping people from where they currently live rather than from artificial, unrealizable and agency derived goals of abstinence and sobriety results in better long term results[15].

Research supports the application of housing first models in urban and rural Canadian contexts[16], and in Australia, Great Britain, New Zealand and USA[17], particularly for homeless persons dealing with substance abuse issues. While context may dictate subtle variations, harm reduction principles stipulate that safe, stable housing, client centred care, highly integrated care teams, such as assertive case management, and transitional/supportive housing options lead to lower levels of consumption, higher levels of treatment seeking behaviour, lower levels of substance abuse and stable housing over the long term[18].

This paper seeks to detail the findings from an evaluation of the effectiveness of the Emergency Warming Centre (EWC) in Inuvik during the winter months on 2014-2015. This harm reduction project, loosely based on a housing first model provides the context for exploring comparative approaches for addressing homelessness and concurrent disorders in remote, rural areas.

Research context

Situated in the Beaufort Delta, the town of Inuvik is the largest community in the Western Canadian Arctic. The population of Inuvik has remained relatively stable, at roughly 3,400 since the early 21st century. Roughly two thirds of the town's population is Aboriginal, largely Gwich'in and Inuvialuit[19]. Inuvik is unique in that it was a planned community developed by the Canadian Federal Government and meant to serve as a beacon for sovereignty, eventually housing the largest military installation in the Canadian north[20]. However, its role as a military outpost lost significance with the discovery of rich oil and natural gas deposits in the 1970s[21]. The advent of oil and gas exploration brought with it a cycle of economic booms and busts with resource extraction industries taking a centre stage in economic development with companies vying for market dominance. The proposed construction of the MacKenzie Valley pipeline became a hotly debated project, for two primary reasons. First, acrimonious relationships between original inhabitants of the MacKenzie Valley and southern business interests led to the Berger Report which recommended Aboriginal land claims were to be settled before oil and gas exploration commenced[22]. Second, the

estimated high cost of oil and gas extraction delayed construction of the pipeline, and when combined with market volatility, stymied further extraction research projects by oil and gas companies[23].

The impact of resource extraction is associated with the economic boom and bust cycles and the ongoing problems associated with the experiences of Aboriginal peoples. The frontier character accompanying oil and gas exploration brought with it substantial social impacts, the effects of which are still present. While the causal linkages between homelessness and concurrent disorders are debated at many levels, a substantial body of research in northern Canada identifies the negative impact of colonization, resource extraction and economic development on Aboriginal peoples[24]. Following Bergers's[25] comments, research on communities affected by resource extraction repeatedly shows that boom cycles are associated with: (a) increasing crime and addiction rates; (b) housing shortages and increased housing costs; and (c) strains on public services including health, social work and most levels of government infrastructure[26].

Starting in the early 1990s, community groups in Inuvik recognized the emergence of a growing number of visible homeless persons. A steady increase in visible homeless in Inuvik, has resulted in an overbearing demand for shelter[27]. This population is frequently referred to as chronic or long-term homeless, but this definition belies other elements of true homelessness. Hard-to-House (HtH) populations are also comprised of persons whom may be temporarily homeless, cyclically homeless or simply in transition from being housed to HtH[28]. The transition shelter established the 1990s is unable to accommodate the number of potential clients, and does not accept HtH persons under the influence of drugs or alcohol. Consequently, those HtH persons unable to access the transition shelter are left to their own devices in terms of finding accommodation. Most are unable to stay with family or friends because they have "worn out their welcome" with problem behaviours. In the past, some have stayed in the RCMP cells (Royal Canadian Mounted Police). However, the mandate of the RCMP does not include housing leaving them at risk of being cited for policy violations (e.g. unlawful confinement). Others manage to sleep under buildings or in larger sections of the "Utilidor", an above ground utility carrying service. However, the risk of serious illness, injury or death is concern in colder months of the year for those not able to access adequate accommodation[29].

Purpose

This research examines the effectiveness of the Emergency Warming Centre operating from October 2014 to May 2015 in Inuvik, Canada. This evaluation was situated within a wider research context that asked the question regarding what role substance abuse and mental health issues play in individual's pathways into and out of homelessness. Built on the foundations of previous research looking at rural homelessness in the Beaufort Delta by Young & Moses[30], this research focused more specifically on the effectiveness of the pilot project that emerged to redress issues of homelessness and concurrent disorders in Inuvik through the EWC. With strong initial community support in Inuvik, the Inuvik Interagency Committee initiated the pilot program in the autumn of 2013. Housed within the Anglican Church, the pilot was further expanded and reintroduced in October 2014 running through to May 2015. The Centre opened nightly from 7 pm to 9 am. It provided a safe, warm place to sleep, and dinner and breakfast. Drinking and substance use was prohibited in the Centre. However, unlike the permanent homeless shelter in Inuvik, the EWC is accessible to people who were under the influence of drugs or alcohol.

The primary objective of the Centre was to keep the homeless population from dying from exposure. Secondary objectives of the Centre were to increase the access to supports for users of the Centre and improve their health and social well-being by providing stability in diet and warm sleeping quarters.

The purpose of the evaluation was to assess the effectiveness of the EWC in terms of the improvements in the lives of homeless persons with concurrent disorders in Inuvik. This included tracking the rate of mortality and morbidity. Specifically the evaluation posed the question does the EWC improve the health and social functioning of its users by providing stable dietary intake and safe warm sleeping arrangements.

Methods

The research took a fundamentally community-based research approach working with the local community[31]. Using mixed methodology, the study undertook a pre and post-test of health and social functioning of a cohort of service users, or "guests" as they were referred to at the EWC. The research included interviews, focus groups and guided surveys[32]. The researchers obtained ethical review from the Royal Roads Research Ethics Board, and approval for the research in the Northwest Territories was granted by the Aurora Research Institute. Given the relatively small number of guests, the final sample was small. Nine guests were interviewed pre and post-test, in October 2014 and April 2015. Although more interviews were held, several were incomplete or withdrew their consent and thus were removed from the sample. Each guest was given a $25 gift card for completing the pre-test component and another $25 gift card for the post-test aspect of the research. The cards were redeemable at a local store.

Quantitative data was collected using a number of rigorous evaluation tools including the SF-12 Health Survey (Short Form Health Survey)[33] and the Readiness to Change Questionnaire (RCQ)[34], both of which have been subject to evaluation in terms of reliability and validity. Additional secondary administrative data was collected from the Centre itself and the RCMP. Originally the Alcohol Severity Index was included, but it was found to be inappropriate for the cultural context and nature of the research so it was dropped in the post-test. Qualitative interviews and focus groups were held with key stakeholders, including guests, staff, and board members and founding members in October 2015 and again in April, 2015. Guests of the Centre were asked about their health, well-being, lifestyle and support systems, their thoughts on the impact of the Centre, and their perspective on the community and community-based supports. Interviews and a focus group were also held with Board members and founding members, and key staff and volunteers regarding the management and functioning of the Centre. The qualitative data were analyzed for emergent themes through content analysis.

Results

This evaluation provided some specific information regarding the effectiveness of the Emergency Warming Shelter in Inuvik, including suggestions for future endeavours, but beyond this it provides some insights into the effectiveness of housing first models in rural and or northern contexts.

For Inuvik, this research and the research it is built upon indicate there is a clear migration of homeless men and women into Inuvik from surrounding areas. This and the preceding research by Young and Moses[35] support the claim that services for this population are fragmented, inadequate, or ill prepared to cope with the special needs of this population. It supports the idea that mental health and addiction issues are common within the population experiencing homelessness and mental health issues are often undiagnosed and/or untreated. This is partially due to a lack of service. Similarly, there is a severe lack of supportive housing designed to support a population with specific and often numerous issues. For example, there is evidence of multiple intersections of violence and trauma, including post-traumatic stress disorder, intergenerational trauma and harmful experiences of residential schools. These exacerbate the potential for mental health and addiction issues.

Overall, the Emergency Warming Shelter had positive effects on the population it was targeting. It provided a safe place to stay and had a short term impact on improving health through providing food and warmth. There were suggestions that during the period it was opened it provided opportunities for more and improved positive social interactions. There were some indications that the Centre may lead to health seeking behaviour, including seeking other services, and may lead to a reduction in substance use or a more controlled use of substances. Indications from the research suggest that without the Emergency Warming Shelter guests would have negative expectation of their future in terms of health and well-being, less access to positive social interactions, potential increase in substance use and increased risk of health problems, criminality and death. Looking at the findings in more detail the quantitative data provided a snapshot of two points in time. The results were inconclusive, but worth further exploration.

Quantitative data results

The results from the Readiness to Change Questionnaire (RCQ) suggest that attendance at the EWC had a positive effect on guests' intentions to reduce alcohol consumption. Figure 1 illustrates the change in intentions using the concepts developed for the RCQ. Pre-contemplative indicates no intention to change; contemplative indicates intention to change; and action indicates that the guest is taking steps to reduce alcohol consumption. The change is measured by comparing guests' scores on the RCQ scale in October, 2014 and again in May, 2015. Further analysis of these results appears in the discussion section.

Figure 1
Readiness to Change Questionnaire results

October	May	#of guests
Precontemplative/Contemplative	Action	1
Precontemplative/action	Action	2
Action	Action	1
Cont	Action	2
Action	Precontemplative	1*
Missing		2

*suggests relapse

Regarding social functioning, the SF 12 contains 7 domains comprised of 12 items. These domains are listed below in Figure 2 along with the number of items associated with each domain.

Figure 2
SF 12 Domains

Domain	Number of items
General health	1
Physical health limits activities	2
Physical health limits accomplishments	2
Emotional health limits work	2
Pain limits activities	1
Feelings	3
Physical and emotional health limit social activities	1

The data in Table 1 provide raw scores on the 12 items in the Sf 12. Typically, a higher score indicates a more positive outcome. In terms of social functioning, health and activities for guests of the EWC are about average, as are their spirits or happiness; however, their sense of accomplishments is low. Overall, for many items in the SF 12 the results indicate a downward trend between pre and post-test scores, from October, 2014 to May, 2015. Further analysis of the SF 12 results also appears in the discussion section.

Table 1

SF 12 Scores

Pre-Test
Post-test

	1	2	3	4	5	6	7	8	9	10	11	12
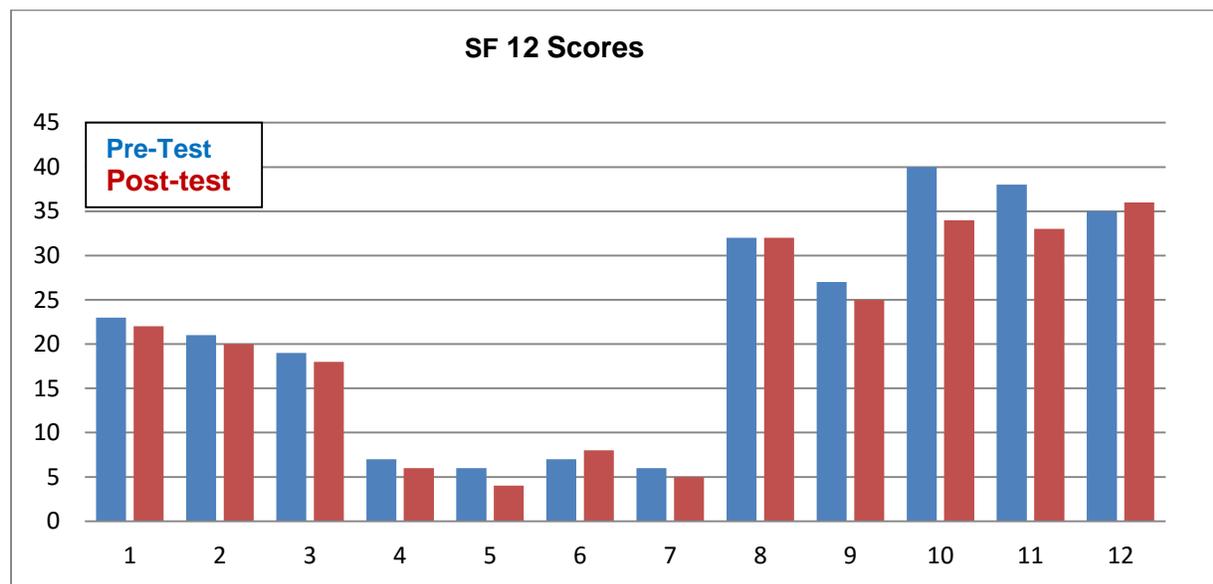
Qualitative data results

Rich information was gathered from the qualitative data. While the findings were not necessarily representative, they painted a picture of life for the respondents and other service users of the EWC. Interviews with staff and residents suggested that overall consumption for most guests declined with their attendance at the Centre. Notably, the Superintendent of the RCMP reported a decrease in the number of admissions to the cells over the period of EWC operation and thus a corresponding decrease in charges against guests of the Centre. Respondents to the interview demonstrated their tenacity, resiliency and survival instincts. Although a few noted a lack of compassion they had experienced in the town, they were grateful for the support they had experienced from the EWC. Respondents articulated the complexity of the homelessness situation in Inuvik. They identified some of the barriers to accessing permanent housing, the issues with battling substance abuse and the elemental challenges posed by living in the Far North. Despite their generally upbeat attitudes, they also painted a picture of boredom and disenfranchisement.

As the shelter is only open overnight, days for guests are long. The majority of respondents said that they spent most of their days walking the streets of Inuvik or shorelines of the Mackenzie River. Some suggested they spent some time with their family or friends, either on the streets or in their homes. Most respondents suggested that they spent time drinking each day. Some respondents had casual work or family obligations in which to attend. Alternatively, a few mentioned that they visited either the library or the soup kitchen during part of the day. One respondent said he used the recreation complex to shower. At night those who did not stay at the Centre slept in tents, cubby holes, under buildings, in Utilidors and sometimes with friends or family members or in bush camps during the warmer months. On rare occasions respondents suggested they stayed at the either the other shelter or the Women's Shelter, the hospital, the police lockup/jail. The pattern did not change significantly between interview periods, although several did suggest in the second period they spent time waiting for the EWC to open. This suggests a level of habituation.

There was a continuum of use of the shelter. Some residents used it nightly, where others used it occasionally when other options ran out (for instance if they were kicked out by family or from the other Shelter). The main reasons respondents gave for appreciating the EWC included: allowing them to stay independent and 'not cause a nuisance' to friends and family; providing them with a warm, safe, dry place to sleep and a place to store their belongings; having people to talk to; and not freezing to death.

Opinions were split on whether they believed the EWC could or would impact their drinking. Some said it would reduce or regularize their drinking and make it safer, but others felt it would not make a difference. Most respondents had optimistic, but realistic perspectives on their ability to stop drinking.

According to respondents, two main themes emerged when looking at obstacles to housing and general recovery. One was the lack of accessible or permanent housing and the other was alcohol addiction. The housing insecurity that respondents felt included not only a lack of access to basic shelter, but also to warmth, food and storage. It also involved a lack of respite from boredom, disrupted sleep, a lack of access to facilities to maintain basic hygiene, and insecurity of belongings. The EWC offered some respite to these areas, but not to all of them. For instance, respondents suggested that even with the support of the EWC they had nowhere to store their personal belongings during the day, nowhere to go in the day and no access to wash themselves or their clothes.

Overall, respondents demonstrated a high degree of resiliency. They reported significant levels of physical health issues, ranging from chronic to acute illness and injuries, but these issues were minimized by the guests themselves. Similarly, although most reported having no mental health issues or current problems, a number of respondents disclosed multiple traumatic experiences and significant losses. A number of experiences of psychological and physical violence were shared. There were high levels of reported alcohol use. One respondent suggested:

> I am an alcoholic, it's an addiction. Right, and like I said it's my choice whether I want to or not and if you had other support though, maybe you wouldn't so much that's oh that's a factor of boredom also, there's nothing to do.

Despite this observation, most described their mental health as good. However, this may relate more to their fear of stigma or to a lack of knowledge, than to their mental health.

There was scant evidence that respondents were drawing on many services. Most suggested that they had applied for housing and were on a waiting list. Some noted that they used the Soup Kitchen, and occasionally the hospital. A few mentioned that they had gone to counselling in the past but were not currently doing so. Some noted they had previously gone to detox or substance abuse counselling, but were not currently accessing these. A few noted they occasionally accessed Alcoholics Anonymous meetings or church support. Only one respondent noted the need to seek legal help. A few respondents occasionally worked casually, although one respondent appeared to work more regularly.

Respondents noted that they needed more access to appropriate counselling, housing support, detox, a program on the land and support for obtaining identification (which is difficult to do with no fixed abode). A few noted that they had been encouraged to go back to school, but none suggested that they were currently attending classes. One respondent said:

> They say oh you should go back to school but it is not easy being homeless and try to go back to school. It's not easy trying to get a job and not have anything to eat or anywhere to wash your clothes or have a shower or you know. That's tough.

In terms of social support, respondents were mixed. For the most part female respondents were more likely to suggest they had good social support networks with family and/or friends and that they both gave and received support from others.

Analysis of guest's statements illustrates that a sense of connection to family, friends and band was mixed. Most suggested they felt reasonably connected to the Centre, but noted that they had experienced prejudice within the wider community. One respondent suggested:

> it's frustrating like to live in you know you set up a tent and make your little spot somewhere and someone comes along and destroys it, ignorant kids or ignorant

> people doing that. I don't know. I never caught anyone destroying my stuff before. Pretty sneaky.

Another stated "they see you as a lowlife alcoholic... you are still a human being...you still have feelings". Despite this, respondents generally felt a connection to Inuvik.

Respondents reported that little had changed in Inuvik in terms of services, other than the introduction of the EWC. They offered a number of ideas for services or supports that could help the community experiencing homelessness to move to independence. These included: "someone to talk to", "a place to live", help in accessing housing, support with obtaining identification, "warmth", "a laundromat", work, detox, and a graduated wet-dry shelter that moved people to independence.

Discussion

The evaluation of the EWC in Inuvik provides evidence of the potential efficacy of a housing first wet shelter model for homeless persons with concurrent disorders. As a logical extension of harm reduction approaches to addiction, the RCQ data suggest that many guests of the Centre intended to reduce alcohol consumption or had already started taking steps to reduce alcohol intake. Arguably, the EWC had an overall positive effect on many guests in terms of changing alcohol consumption behaviour. However, the data from the SF 12 provides a less clear picture in terms of social functioning. With the exception of items 6, 8 and 12, the overall downward trend in the SF 12 data suggest that guests' levels of social functioning declined over the pre and post-test period. While the sample size limits the confidence placed on the results, it is possible that the impending closure of the EWC affected the results, despite the positive the change in item 6 (emotional problems interfering with work or daily activities) and item 12 (limitations on social activities due to physical or emotional troubles).

From guests' perspectives, the qualitative data provide a different and more encompassing interpretation of the EWC. The importance of the Centre for health and overall well-being was a constant theme. A safe and warm place to stay that provided some meals, a place to store one's personal belongings, shower and laundry facilities provided respite from the life of being homeless and addicted. Connecting guests with health and social services available in the community was not in the Centre's mandate, and few guests accessed resources. Clearly, the results demonstrate a need for more comprehensive, coordinated and inclusive services. This was reiterated by data collected from Centre staff. Respondents relayed that some basic structures were in place to support the guests and staff, but these were relatively rudimentary. With time these policies and processes could be further developed, including staff training. Research from several jurisdictions underscores these observations. Regarding harm reduction strategies in Canada[36], observe that housing first approaches are correlated with improved health outcomes, reductions in substance use, increased health seeking behaviours and more prosocial activities. Other research on rural homelessness in Canada echoes these findings[37]. Research on the effectiveness of 11 wet shelters, those not requiring sobriety, in Canada, England, Ireland, New Zealand and the United States, identifies the positive effects of housing first approaches on clients' well-being[38]. In all cases, however, housing first can be considered a necessary but insufficient response to the problems experienced by homeless persons with concurrent disorders. Other necessary ingredients for serving this population include programming that addresses the myriad issues associated with homelessness and concurrent disorders. Housing first programs based on harm reduction require: a client centred approach; intensive case management that is responsive to individual clients' needs; continuous support for clients; respectful and trained staff; interagency collaboration between service providers; and access to community programming and social activities[39]. MacIntyre summarizes this approach succinctly when she states that wet shelters work because "...leaders of organizations providing these services and the staff who, on a daily basis, offer a mix of compassion, realism and professional support to people who desperately in need."[40]

Conclusion and recommendations

This research provided an evaluation of the Inuvik EWC operating between October, 2014 and May, 2015. The EWC was loosely based on a harm reduction approach as it offered meals and a safe, warm place to sleep for homeless or HtH persons with concurrent disorders who could not access other sleeping accommodations because they were under the influence of alcohol or drugs, or because of their behaviour. The research does have shortcomings -- it is based on a small sample of homeless persons. As well, the Centre was not designed to provide any services other than food and nighttime winter shelter, and as such, does not fit a true housing first model of intervention. Similarly, although guests can be inebriated when they enter the Centre, they cannot drink on the premises or after they have checked in for the night and therefore the EWC is not designed to be a wet shelter. These aspects alone should prove fatal to the Centre's operation, yet without the centre there is a possibility that guests of the Centre would have been at serious risk of illness, injury and death. Although the data provide qualified support for the EWC, it is clear that it served its function of keeping guests safe and alive. That the RCMP reported fewer admissions to their cells is evidence of a positive effect on the EWC in terms of the appropriate use of police services.

Overall, the results from this research corroborate much of the extant literature on housing first in term of the elements necessary for successful housing first approaches to homelessness based on harm reduction. This research established a starting point in rural, northern contexts by identifying the complex interplay of complications between homelessness, mental illness and addiction in harsh and remote environments, particularly in the wake of massive global economic changes affecting resource extraction in northern Canada. This also provides reason to challenge the status quo notion of rural homelessness articulated by Cloke and Milbourne who suggested that "...it remains the case that rurality can also be intertwined with political conservatism, moral individualism and cultural tendencies to blame the victim".[41] A holistic systems approach that recognize and address multiple and intersecting issues that lead to, and keep people within, homelessness are much more effective in terms of long term strategies. Harm reduction strategies such as wet shelters and the housing first model offer a more holistic approach, but they come with public criticism. They require clear vision, community consultation, support & education & strong allied support systems of transition. In addition to continued and larger research projects on homelessness and concurrent disorders in rural locales, future research should examine the most effective strategies used to promote and develop housing first strategies in communities lacking the infrastructure and expertise to implement harm reduction approaches to homelessness and concurrent disorders.

References

1. Hombs, M.E. *Modern homelessness: A reference handbook*. Santa Barbara, 20. Calif: ABC-CLIO.
2. Collins, D. (2010). Homelessness in Canada and New Zealand: A Comparative Perspective on Numbers and Policy Responses, *Urban Geography, 31(7),* 932-952, DOI: 10.2747/0272-3638.31.7.932
3. Milbourne, P. & Cloke, P. J. (Eds.) (2006). *International perspectives on rural homelessness*. Abingdon, Oxon; New York; Routledge.
4. Pfeffer, W. T. (2009). People and Places in the Far North: A Vision of Life, Community and Change. In S. Jakobsson (ed.) *Images of the North: Histories, Identities, Ideas*. Amsterdam: Rodopi.
5. Echenberg, H. & Jensen, H. (2008). *Defining and Enumerating Homelessness in Canada*. Publication No. PRB 08-30E 29 December 2008 Reviewed 17 May 2012, Social Affairs Division Parliamentary Information and Research Service. Retrieved online May 30, 2012 at: http://www.parl.gc.ca/content/lop/
6. McBride, S. & McNutt, K. (2007). Devolution and neoliberalism in the Canadian welfare state: Ideology, national and international conditioning frameworks and policy change in British Columbia. *Global Social Policy, 7,* 177-201.
7. May, J., Cloke, P. & Johnsen, S. (2005). Re-phasing Neoliberalism: New Labour and Britain's Crisis of Street Homelessness. *Antipode, 37(4),* 703-730.
8. Milbourne, P. & Cloke, P. (Eds.) (2013). *International Perspectives on Rural Homelessness.* London: Routledge.
9. Collins, D. (2010). Homelessness in Canada and New Zealand: A Comparative Perspective on Numbers and Policy Responses, *Urban Geography, 31(7)*, 932-952, DOI: 10.2747/0272-3638.31.7.932
10. Ibid.
11. Laird, G. (2007). *Shelter – Homelessness in a Growth Economy: Canada's 21st Century Paradox.* Retrieved 20 July, 2013, from http://www.chumirethicsfoundation.ca/files/pdf/SHELTER.pdf
12. Echenberg, H. & Jensen, H. (2008). *Defining and Enumerating Homelessness in Canada*. Publication No. PRB 08-30E 29 December 2008 Reviewed 17 May 2012, Social Affairs Division Parliamentary Information and Research Service. Retrieved online May 30, 2012 at: http://www.parl.gc.ca/content/lop/
13. FEANTSA (2011). *Impact of anti-crisis austerity measures on homeless services across the EU.* FEANTSA Policy Paper. Retrieved from, http://webcache.googleusercontent.com/search?q=cache:G0Hct14vGjkJ:www.feantsa.org/spip.php%3Faction%3Dacceder_document%26arg%3D841%26cle%3D9e44d965191324e48ae45d43ee9226416f19c416%26file%3Dpdf%252Fimpact_20of_20austerity_20measures_20on_20homeless_20services_policy_20paper_en.pdf+&cd=8&hl=en&ct=clnk&gl=ca
14. Homeless Hub, (2015). What is housing first. Retrieved from, http://www.homelesshub.ca/resource/what-housing-first-0
15. Hwang, S.W., Aubry, T., Palepu, A., Farrell, S., Nisenbaum, R., Hubley, A. M., et al. (2011). The health and housing in transition study: A longitudinal study of the health of homeless and vulnerably housed adults in three Canadian cities. *International Journal of Public Health, 56(6),* 609-623.
16. Waegemakers Schiff, J.W., & Turner, A. (2014). *Housing First in Rural Canada: Rural Homelessness and Housing First Feasibility across 22 Canadian Communities*. Calgary, AB, CAN: Faculty of Social Work, University of Calgary. Retrieved from http://www.ebrary.com.
17. McIntyre, S. (2009). *Wet housing: An accommodation option for people who have experienced chronic homelessness and long-term alcohol dependence.* Retrieved from, http://www.scribd.com/doc/49885009/Wet-House-Stephanie-McIntyre-Churchill-Report-2009#scribd
18. Krause, D., Serge, L. & Goldberg, M. (2005). *Homelessness, housing, and harm reduction: Stable housing for homeless people with substance use Issues.* Retrieved from, http://www.cmhc-schl.gc.ca/odpub/pdf/65088.pdf?fr=1447873995478
19. Inuvik Statistical Profile (n.d.). Retrieved from http://www.statsnwt.ca/community-data/Profile-PDF/Inuvik.pdf
20. Deltor, T. (1989). *Inuvik History.* Retrieved 1 April, 2014, from http://inuvik.ca/living-in-inuvik/community-profile/inuvik-history/

21. Berger, T.R. (1977). *Northern Frontier Northern Homeland: The Report of the Mackenzie Valley Pipeline Inquiry. (V 1. Social, Economic and Environmental Impact)*. Ottawa: Minister of Supply and Services. Retrieved 29 March, 2014, from http://yukondigitallibrary.ca/digitalbook/northernfrontiersocialimpactenvironmentalimpact/

22. Ibid.

23. Ensign, P.C., Giles, A., Oncescu, J., & Ramsey, D. (2014). Natural resource exploration and extraction in Northern Canada: Intersections with community cohesion and social welfare. *Journal of Rural and Community Development, 9(1),* 112–133. http://jrcd.ca/include/getdoc.php?id=1954&article=974&mode=pdf

24. Asselin, J., & Parkins, J.R. (2009). Comparative Case Study as Social Impact Assessment: Possibilities and Limitations for Anticipating Social Change in the Far North. *Social Indicators Research*, *94(3),* 483–497. doi: 10.1007/s11205-009-9444-7.
https://ezproxy.royalroads.ca/login?url=http://search.ebscohost.com.ezproxy.royalroads.ca/login.aspx?direct=true&db=sih&AN=45127778

25. Berger, T.R. (1977). *Northern Frontier Northern Homeland: The Report of the Mackenzie Valley Pipeline Inquiry. (V 1. Social, Economic and Environmental Impact)*. Ottawa: Minister of Supply and Services. Retrieved 29 March, 2014, from http://yukondigitallibrary.ca/digitalbook/northernfrontiersocialimpactenvironmentalimpact/

26. Shandro, J.A., Veiga, M.M., Shoveller, J., Scoble, M., & Koehoorn, M. (2011). Perspectives on community health issues and the mining boom–bust cycle. *Resources Policy*, *36(2),* 178–186. doi: 10.1016/j.resourpol.2011.01.004.
https://ezproxy.royalroads.ca/login?url=http://dx.doi.org/10.1016/j.resourpol.2011.01.004

27. IIC (Inuvik Interagency Committee) (2003). Inuvik: Homelessness Report. Inuvik, NWT.

28. Echenberg, H. & Jensen, H. (2008). *Defining and Enumerating Homelessness in Canada*. Publication No. PRB 08-30E 29 December 2008 Reviewed 17 May 2012, Social Affairs Division Parliamentary Information and Research Service. Retrieved online May 30, 2012 at: http://www.parl.gc.ca/content/lop/

29. Young, M. & Moses, J. (2013b). Neoliberalism and Homelessness in the Western Canadian Arctic. *Canadian Journal of Nonprofit and Social Economy Research. 4(2),* 7-22. Retrieved from http://anserj.ca/index.php/cjnser/article/view/147

30. Young, M. & Moses, J. (2013a). *Rural Migration and Homelessness in the North.* Research funded by HRSDC. Retrieved from, http://books1.scholarsportal.info/viewdoc.html?id=683323

31. Minkler, M. & Wallerstein, N. (eds). (2003). *Community Based Participatory Research*. San Francisco, Ca: Jossey-Bass.

32. Creswell, M. (2006). *Designing and conducting mixed methods research.* Thousand Oaks: Sage.

33. Salyers, M.P., Bosworth, H.B., Swanson, J.W., Lamb-Pagone, J., & Osher, F.C. (2000). Reliability and validity of the SF-12 health survey among people with severe mental illness. *Medical Care, 38(11),* 1141-1150. SF-12 http://www.sf-36.org/demos/SF-12.html

34. Rollnick, S., Heather, N., Gold, R., & Hall, W. (1992). Development of a short 'readiness to change' questionnaire for use in brief, opportunistic interventions among excessive drinkers. *British Journal of Addiction, 87(5),* 743.

35. Young, M. & Moses, J. (2013b). Neoliberalism and Homelessness in the Western Canadian Arctic. *Canadian Journal of Nonprofit and Social Economy Research. 4(2)*, 7-22. Retrieved from http://anserj.ca/index.php/cjnser/article/view/147

36. Krause, D., Serge, L. & Goldberg, M. (2005). *Homelessness, housing, and harm reduction: Stable housing for homeless people with substance use Issues*. Retrieved from, http://www.cmhc-schl.gc.ca/odpub/pdf/65088.pdf?fr=1447873995478

37. Waegemakers Schiff, J.W., & Turner, A. (2014). *Housing First in Rural Canada: Rural Homelessness and Housing First Feasibility across 22 Canadian Communities.* Calgary, AB, CAN: Faculty of Social Work, University of Calgary. Retrieved from http://www.ebrary.com.

38. McIntyre, S. (2009). *Wet housing: An accommodation option for people who have experienced chronic homelessness and long-term alcohol dependence.* Retrieved from, http://www.scribd.com/doc/49885009/Wet-House-Stephanie-McIntyre-Churchill-Report-2009#scribd

39.   Waegmakers Schiff, J. & Rook, J. (2012). Housing First: Where's the Evidence? *The Homeless Hub Paper Series #1.* Retrieved 21 July, 2013, from http://www.homelesshub.ca/library/housing-first---where-is-the-evidence-54120.aspx

40.   McIntyre, S. (2009). Wet housing: An accommodation option for people who have experienced chronic homelessness and long-term alcohol dependence. Retrieved from, http://www.scribd.com/doc/49885009/Wet-House-Stephanie-McIntyre-Churchill-Report-2009#scribd, 3.

41.   Cloke, P. & Milbourne, P. (2013). Writing/Righting Rural Homelessness. In P. Milbourne & P. Cloke (Eds.) (2013). *International Perspectives on Rural Homelessness.* London: Routledge, 273.