



First Nations and Inuit Information Sheet

Guide to Good Practices in Homelessness

ACCOMPANYING FIRST NATIONS AND INUIT EXPERIENCING HOMELESSNESS

This information sheet explores one of 10 specific situations addressed in the Guide that have prompted questions among service providers. Identifying these situations and establishing response guidelines is the result of a close [collaboration](#) between research and various practice settings.

The [Principes clés de l'intervention en itinérance](#) and the practices outlined in the other Guide to Good Practices in Homelessness information sheets should be employed when responding to any person experiencing homelessness, including First Nations and Inuit. However, particular sensitivity is required when working to support these populations since

the forms of homelessness they experience may vary and are constructed via unique pathways.

HOW CAN WE RESPECT THE CULTURE OF FIRST NATIONS AND INUIT EXPERIENCING HOMELESSNESS?

Working with individuals experiencing or at risk of homelessness poses unique challenges. Many non-Indigenous practitioners experience additional challenges when working with First Nations or Inuit. They may feel they lack understanding, do not have sufficient knowledge to intervene or cannot rely on their usual points of reference.

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les discriminations et
les pratiques alternatives
de citoyenneté

How can we be sure to respect the culture of First Nations and Inuit experiencing homelessness, including the ways they make sense of the world, build relationships, communicate, set priorities and make choices? How can we acknowledge their different conceptions of home and their relationship to the body, identity, family, community and land while still recognizing each individual as unique?

I HAVE QUESTIONS...

WHO ARE WE REFERRING TO WHEN WE TALK ABOUT INDIGENOUS PEOPLES, FIRST NATIONS AND INUIT? ARE THEY A HOMOGENOUS GROUP?

There is no single “Indigenous culture.” In Quebec, the 11 Indigenous peoples (the Inuit and the 10 First Nations) have distinct land, cultures and histories. Many urban Indigenous peoples were born in the city and have mastered its codes and language. Others were born in northern communities and may feel unsettled by an urban lifestyle. These individuals may not be familiar with administrative rules and methods of accessing income, services, housing, ways of living and culture. They may struggle in both French and English (see [Ensure Good Communication](#) below).

Some Indigenous people wish to see their connection to their culture, nation and land recognized and valued, while others prefer to distance themselves from their origins and live in an environment different from the one they grew up in. Attachment to Indigenous identity and community is not immutable and can change over time and with lived experiences.

It would be wrong to reduce the Indigenous experiences to “cultural difference” or to collective trauma resulting from policies of assimilation. While certain dynamics and historical events are central to understanding their collective distinctive circumstances, each individual must be viewed through the lens of their personal journey, history, experiences and uniqueness.



For more information on First Nations and Inuit experiencing homelessness, their personal journeys, experiences, needs and barriers to services, see the [Supplement on First Nations and Inuit](#).

HOW IS THE HEALTH AND SOCIAL SERVICES NETWORK RESPONSIBLE FOR MEETING THE NEEDS OF FIRST NATIONS AND INUIT IN QUEBEC?

In Quebec, First Nations and Inuit have access to all services offered by the province's health and social services network and can obtain a Quebec health insurance card.



For more information on the simplified process for obtaining a health insurance card for individuals experiencing homelessness, see the [Accompanying People Experiencing Homelessness](#) information sheet.

In Indigenous communities, the availability and delivery of services vary according to agreements reached with the provincial and federal governments.

Under the James Bay and Northern Quebec Agreement and the Northeastern Quebec Agreement, the Cree, Inuit and Naskapi agreement communities hold special status and are responsible for the delivery and management of health and social services in their respective territories. Health and social services offered in the 15 Inuit villages, 9 Cree communities and the Naskapi community are administered, delivered and coordinated by the [Nunavik Regional Board of Health and Social Services](#), the [Cree Board of Health and Social Services of James Bay](#) and the [Naskapi CLSC](#). These organizations are part of the Quebec health and social services network.

Services for non-agreement communities are funded by the federal government in different ways. The communities have nonetheless a certain level of autonomy and are responsible for implementing their own health and social services. Facilities in these communities offer some community-based care and emergency services. There is usually at least one community health nurse on staff, in addition to individuals working in healthcare prevention and promotion. The Quebec health and social services network does not offer services in communities recognized as “non-agreement,” with the exception of physician services which are paid for by RAMQ. Medical consultations can be offered on call or during scheduled visits to the communities.



For more information on the delivery of healthcare and social services in agreement and non-agreement communities in Quebec, visit the [Particularités des services aux Premières Nations et aux Inuit](#) on the Ministry of Health and Social Services website.

PREFERRED INTERVENTION STRATEGIES

1. PROVIDE A CULTURALLY SAFE ENVIRONMENT

There is no standardized intervention strategy designated for First Nations and Inuit. Nevertheless, many individuals from these communities fear they will be judged or misunderstood if they are received by non-Indigenous organizations. In order to access services, Indigenous people must feel they will be welcomed into an environment free of racism, discrimination and stereotyping where practitioners recognize their cultural diversity, knowledge and unique journeys. Individuals who are experiencing homelessness, particularly First Nations and Inuit, are often unaware of existing services or do not understand which services they are entitled to. It is important to provide clear information regarding the available services, taking into account possible language barriers.



Note: The incidence and visibility of First Nations and Inuit experiencing homelessness varies between cities and regions. Indigenous people may be more easily recognizable in cities located near Indigenous communities where contact is frequent and cultural diversity is lacking. In contrast, they may be more easily overlooked or confused with people of other backgrounds in urban centres that are culturally diverse and geographically remote or lacking regular contact with Indigenous communities.

Two notions, one goal: to offer culturally safe spaces

THE NOTION OF CULTURALLY SAFE CARE (HEALTH COUNCIL OF CANADA, 2012)

In the healthcare and social services sector, this refers to the importance of building trust among individuals and communities in spaces that may appear threatening due to power imbalances, associations with a history of colonization or the use of confusing cultural codes and administrative rules.

It is possible to offer a culturally safe space to First Nations and Inuit experiencing homelessness as long as the practitioner:

- examines their own beliefs and biases surrounding First Nations and Inuit, including those experiencing homelessness

- understands that the individual belongs to a community marked by historical trauma:
 - › a history of colonization, including residential schools and the Sixties Scoop
 - › persistent inequality between Indigenous and non-Indigenous people, as well as a relationship to institutions marked by violence, abuse, discrimination, a lack of consent, fear and misunderstanding
- acknowledges and is sensitive to the fact that the individual may have a different worldview from their own, including:
 - › culture, values, language, education, etc.

AN APPROACH TO CULTURAL SAFETY (ODENA, TABLES LOCALES ET CENTRALE, 2017)

Cultural safety is the final step in a four-step approach to health service delivery:

1. Cultural awareness enables the practitioner to recognize and accept that cultural differences exist among people.
2. Cultural sensitivity takes into account the cultural backgrounds and experiences of Indigenous populations. Practitioners must respect cultural knowledge and differences and be mindful that each person has a unique way of interacting with the world.
3. Cultural competence occurs when a practitioner's knowledge, skills and attitudes empower the individual and when services are tailored to meet this person's needs.
4. Cultural safety is defined as a systemic/holistic approach that requires an understanding of the power dynamics inherent in health service delivery. Practitioners must reflect on their own actions. Cultural safety addresses barriers to service delivery (political, procedural or standard practice) and includes the individual in service delivery and evaluation.



For more resources on cultural competence and cultural safety, see the [Further Reading](#) section below.

1.1 ESTABLISH AN OPEN RAPPORT AT INTAKE

There is a high rate of under-utilization of health and social services among First Nations and Inuit experiencing homelessness. Many are likely to delay accessing service until there is an emergency. It is important to foster a warm and welcoming environment at intake in order to understand the issues at play and provide appropriate support.



Note: First Nations and Inuit may require reassurance that their confidentiality will be respected. Some leave their community out of fear their personal information will be circulated or because they have already experienced a similar situation. Many refuse to share information out of privacy concerns. The practitioner must pay particular attention to this aspect during intake. When an individual's information must be shared with a partner organization within or outside of the community of origin to maintain access to service, consent is needed. It may be helpful to clarify which information will be shared and for what purposes.



For information on how to receive individuals experiencing or at risk of homelessness, see the [Accueillir des personnes en situation d'itinérance dans les services information sheet](#).

- Be aware that some First Nations or Inuit may feel stigmatized by a non-Native worker—not only because they are experiencing homelessness, but also because they are Indigenous. Fear of stigma can lead them to withdraw or refuse help entirely.
- A relationship based on trust is essential to many First Nations and Inuit; take the time needed to build this trust together.
- If the situation allows, use humour in your interactions. This informal communication strategy is often appreciated and may help build trust.
- Take an interest in a person's background: asking about their origins and relationship to a particular Indigenous community or village will show you care.

- “Where are you from?” is a universal greeting and the simplest and most effective way to make the individual feel acknowledged and welcomed. Nonetheless, this question may be a sensitive subject for some who feel little connection to their community of origin (e.g., youth who have a history of living far from home).
- If the situation requires more than one session, ask the individual to teach you a few words in their language. Note them for future use.

1.2 ENSURE GOOD COMMUNICATION

Language barriers can make an individual feel vulnerable or uncomfortable during an interaction. Furthermore, communication difficulties may result in a misdiagnosis, an incomplete analysis in the event the individual was not able to explain their situation properly, or a misunderstood diagnosis. If the individual does not understand what is being offered, they may not avail themselves of the services provided. When faced with unfamiliar codes and points of reference (e.g., with nonverbal communication), the practitioner may question how to provide appropriate support to the individual.



Intervention tip: Some First Nations people and Inuit have limited knowledge of both English and French. Inuit are generally more comfortable in English, as are many Cree, Naskapi, Mohawk, Mi'kmaq and the members of some Algonquin communities.



Intervention tip: It may be helpful to contact a health or care centre in a non-agreement community of the same nation as the individual seeking care to request language support. Practitioners are encouraged to inquire about the availability of these types of services in their area. Interpreters are offered by some community organizations working with Indigenous populations, such as the [Native Friendship Centres](#). Note: using an interpreter from the same community may raise confidentiality issues as the individuals may know one another. It is important to seek consent as a precaution.

- Minimize questions, especially during the first few sessions.

- Keep the questions short, open-ended and positive.
- Embrace silences during your intervention.
- Explicitly state your wish to respect the individual's worldview and your interest in better understanding their needs and expectations. Emphasize that they know their situation best. Adopt a learning posture, anchored in reciprocity.
- Use clear, simple language.
- Pay attention to nonverbal communication. For example, in the Inuit community, eyebrows are often used to indicate approval (raised) or disapproval (furrowed). Check that you have understood.
- For anything related to the human body, use a visual aid.
- Take time to confirm the information was understood.
- Do not assume the individual can read and write.
- If language is a barrier, suggest that a friend or family member translate or accompany the individual for support.
- Provide certain information in writing so that individuals who have language or other communication difficulties can show it to another provider, if needed. Explain the rationale behind the note and make sure you authorize the information to be shared according to your organization's regulations.



Note: Some First Nations and Inuit may agree out of politeness, avoid eye contact or speak little. This does not necessarily indicate a lack of interest, a desire to end communication or a cognitive issue. It may be culturally specific or a sign of limitation with the language of care.



Intervention tip: If a First Nations member or Inuk, especially a woman, has experienced violence and is considering reporting the situation, the practitioner must ensure the related information (procedures for filing a complaint, etc.) is accessible in their own language. Confidentiality must be taken into account, particularly if the person does not speak French or English and must rely on a community interpreter for help. This can be a barrier if the individual is worried for their safety.



To find terms and definitions in various First Nations and Inuit languages to facilitate reception and delivery of care, visit the [Language Portal of Canada](#).

1.3 ACKNOWLEDGE HISTORICAL AND CULTURAL BACKGROUND

Just like any other person, a First Nations or Inuit experiencing homelessness needs to feel recognized and worthy of interest, especially in a context where they have often experienced rejection, exclusion or marginalization. Providing a culturally safe space requires the practitioner to display humility, openness and curiosity for any intercultural encounter.

- Listen attentively as you explore the individual's history and background.
- Without generalizing, remember that collective and intergenerational trauma and the living conditions in certain communities may have had an impact on some people's lives. Keep this in mind throughout your intervention.
- Familiarize yourself with the values associated with the individual's specific culture, their relationship to their community, their cultural references and the way these impact their daily life and inform their priorities.

2. ADAPT INTERVENTIONS TO THE NEEDS AND REALITIES OF FIRST NATIONS AND INUIT EXPERIENCING OR AT RISK OF HOMELESSNESS

As mentioned in the [*Répondre aux besoins et orienter dans les services*](#) information sheet, building trust involves working on the priorities expressed by the individual experiencing homelessness and creating a positive interaction around the services offered. To achieve this, practitioners must take into account certain realities specific to First Nations and Inuit.

2.1 TAKE A NON-DIRECTIVE, COLLABORATIVE APPROACH

To ensure the individual remains at the centre of the intervention and to respect their choices and priorities, the practitioner may need to adopt certain attitudes and shift their gaze in order to recognize the skills and strengths of an individual from a less familiar culture.

- Take time to talk about a range of topics other than the situation at hand. This builds the relationship, establishes a meaningful and authentic bond and sheds light on the individual's interests, skills and strengths in various fields.
- Many people come from communities with a strong oral tradition. If the individual is comfortable in the language you are using, offer them the opportunity to tell their story and explain the steps they have already taken, both within and beyond their community.
- Stay open-minded and curious regarding behaviours or attitudes that may be difficult to decode initially. Ask the individual to help you understand in order to better meet their needs.
- Situate the individual as the expert as you accompany them throughout the intervention. "Interfering in another person's life or choices, giving orders or suggesting is seen [among Indigenous people] as inappropriate and disrespectful" (Guay, 2013, p. 34).
- Let the individual set their own priorities. Some women will be more interested in finding ways to be safe rather than taking steps to exit homelessness. This may be

true for individuals who have experienced abuse and who see housing stability as a greater risk of isolation and abuse in the absence of a support network.

- Let the person know that other safe options exist.

2.2 TAKE MOBILITY CONSIDERATIONS INTO ACCOUNT

The issue of mobility must be considered when working with First Nations and Inuit experiencing or at risk of homelessness. Although the traditional lifestyles of some First Nations have been associated with seasonal nomadism, that is a different matter entirely. Mobility among Indigenous people experiencing homelessness refers to movement between the community of origin and other places (other Indigenous communities or villages or cities outside the community). It can take different forms and vary in frequency depending on the distance between origin and destination. Mobility occurs for many different reasons. It can be voluntary (to get a job, pursue education or move closer to family) or involuntary (to receive medical care, flee an abusive situation, find housing, etc.). If the individual has chosen to move to a different environment because their safety, health or integrity were threatened, mobility can be seen as a form of resilience. However, if successive moves are a result of hardship or if negative experiences accumulate, this may result in a form of “circular mobility,” a process that weakens ties between the individual and their support network. Circular mobility increases a person’s vulnerability.

Mobility, and especially circular mobility, can challenge a practitioner’s ability to ensure continuity of services. In some cases, it can appear that the individual is not invested in benefiting from the support and services offered



Some First Nations and Inuit may experience moving to a different community for a hospital stay, to receive care from a related organization or to serve time in a detention centre as a dislocation. For information on how to handle these situations, see the [Assurer le relais avant, pendant et après un passage en hébergement dans un établissement ou dans un organisme](#) and the [Intervenir auprès des personnes lors d'un passage en centre hospitalier](#) information sheets.



Intervention tip: Various funding programs exist to support people who wish to return to their community. For Inuit, the [Makivik Corporation](#) provides transportation back to the North under certain conditions. For members of First Nations, practitioners can contact the local [Native Friendship Centre](#) to find out what services are available.

- Take an interest in the individual's movement patterns, including trips between the city and their community or the northern village they come from.
- Take time to understand the cause of these movements and how the individual eventually found you. Do not pry. Search for points of reference
 - › Are these trips frequent, or is this their first time outside of their community?
 - › Have they come to the city to improve their circumstances? To flee a situation back home? To receive particular care or services?
 - › Have they just been released from a residential facility (detention centre, hospital, women's shelter, addiction treatment centre, placement centre)?
 - › Do they wish to stay or return to their community? Do not assume they want to return; people wish to leave for many reasons (lack of housing, difficulty finding work, violent or abusive relationships, etc.).
 - › Do they regularly visit other cities or communities that might be of particular importance?
 - › Do they have a place they can define as home? How do they view the notion of "home" as beyond a place of residence? Is there a space in where social bonds hold particular meaning?
- Be aware that some women experience the fear or impacts of losing their children (or future children, in the case of a pregnancy) to the Director of Youth Protection. These concerns may cause further displacement, whether it is to move closer to their children or flee a living situation to avoid their removal.

Note: Following a stay in a detention centre, some First Nations and Inuit will experience homelessness in the community where they served their sentence because it may be logistically difficult to return to their own community or because they have been excluded from it.



Intervention tip: For First Nations and Inuit within the justice system, there are services that focus on diversion, harm reduction and community, offender and victim wellness. These services are based on restorative justice with a focus on conflict resolution. For more information, contact the [Services parajudiciaires autochtones \(SPAQ\)](#) or the local [Native Friendship Centre](#), or consult the [Accompagner des personnes en contact avec la justice](#) information sheet.

2.3 ADOPT CULTURALLY APPROPRIATE MEDICAL ASSESSMENT PRACTICES

Like all Quebec residents, First Nations and Inuit experiencing homelessness have access to all health and social services when they approach an institution in the provincial network. Practitioners must respond to the individual's vision of health and illness to encourage receptivity to care and treatment. Moreover, their particular—and often difficult—histories, including periods of homelessness, are linked to physical and mental health problems (e.g., lack of access to traditional foods increases the risk of diabetes and anemia). The practitioner must consider these dynamics throughout any intervention.



For best practices in providing healthcare to people experiencing or at risk of homelessness, see the [Donner des soins de santé à des personnes en situation d'itinérance](#) information sheet.

Some ways to promote culturally appropriate medical assessment practices

- Be sensitive to their vision and understanding of health and illness. Some First Nations and Inuit may have a more traditional conception of medicine, others may not. There is no one size fits all model, but displaying openness and interest will encourage knowledge sharing and an awareness of cultural differences.
- Use language that reflects this vision (e.g., spiritual aspects of healing) when sharing information.

- Do not assume you share a basic understanding of health principles (e.g., some older members of remote communities may lack knowledge about sexual health and STIs).
- Be aware that conceptions of time may differ between Indigenous and non-Indigenous populations. This may be reflected in a person's difficulty to situate themselves in the past or in a tendency not to show any concern for the future. Do not immediately assume this represents a cognitive issue or a problem relative to time and space.
- When reviewing medical history, remember that within Inuit families and in some First Nations communities, customary adoption is common. This refers to the practice of placing a child in the care of another family for the purposes of mutual aid and protection. Be specific with your questions to make sure you have the information you are looking for. In some cases, access to medical history may be difficult or impossible to obtain.
- Always respect the care being provided in the community of origin, when applicable. Work to maintain service continuity with the community or treatment centre when possible and requested.
- Ensure the individual is treated as the expert of their own health status.
- If they wish to receive an Indigenous healing service, contact the local [Native Friendship Centre](#) to see if they can offer support.
- Like many non-Indigenous women experiencing or at risk of homelessness, it is quite possible the woman in front of you has been a victim of physical or sexual abuse. If so, this will affect her relationship to her body, her sexuality, gynecological exams and pregnancy.



Note: If a First Nations person or Inuk appears disorganized, some practitioners may associate their behaviour with intoxication and overlook their mental state. When examining their mental state, it is important to ensure all observations are made with cultural sensitivity, especially when it relates to depression, anxiety or trauma.



For best practices when working with people experiencing homelessness whose mental state is of concern, see the [Protéger des personnes lorsque leur état ou la situation requiert](#) information sheet.



For best practices when working with people experiencing homelessness with a substance use or mental disorder, see the [Soutenir les personnes présentant un trouble lié à l'utilisation d'une substance et un trouble mental](#) information sheet.

2.4 TAKE FAMILY AND COMMUNITY DYNAMICS INTO ACCOUNT

The notion of what is considered family may differ between Indigenous and non-Indigenous people. For example, Inuit experiencing urban homelessness are more likely to live alongside family members. Community-based aid is frequently offered between First Nations or Inuit living in housing (in the city or municipality of destination) and those arriving from northern communities or villages.



Note: Some informal networks target individuals upon arrival and lure them into participating in illicit activities such as prostitution and human trafficking. Practitioners must be aware of this risk when asking about a newcomer's social network.

- Explore all contacts maintained with family and community.
- Depending on the wishes of the individual and how far they are from their community, work to identify different ways to maintain these relationships (e.g., via social media, getting or having access to a phone, preserving a link with the community via radio, music, food or individual and group activities offered through local organizations).
- Support the family when they are present. Families often want to be involved and feel part of the solution. Include the family in your sessions as long as the individual agrees. Some family members could act as both linguistic and cultural translators.

- Be aware that belonging to a social network composed mainly of people experiencing homelessness is a survival mechanism that can provide a pathway out and also justification for maintaining the status quo. If an individual is experiencing abuse, fear of reprisal and threats to their personal safety may prevent them from reporting the situation.
- Ask about the people (both Indigenous and non-Indigenous) and community organizations important to them.
- Remember that ties to family and community can be so robust that services offered to one individual may be helpful to many—from young children to extended family. If you build a trusting relationship, word will spread and others may feel comfortable coming to you for help.

The notion of home and the relationship to place and housing

It is important to explore notions of home, the relationship to place and the reality of urban housing and how they may differ from current norms in Indigenous communities.

- Being housed may increase the risk of isolation and conflict with the need to belong to a group. Addressing this isolation and finding solutions is crucial to transitioning a First Nations or Inuit into housing.
- When a person has a place to live, it may seem natural to their social circle (and to them) that in the name of solidarity the unhoused individuals in their network also frequent the premises.
- Such hospitality may result in exploitation; in some cases, the individual in question may prefer to leave their accommodation, either as an avoidance tactic or because they lack the resources to deal with the situation. They may find themselves back on the streets following an eviction if a landlord refuses to accept a shared living situation.

- Although the reality specific to First Nations and Inuit must be taken into account when trying to secure housing, the practices highlighted in the [*Agir sur l'instabilité résidentielle pour prévenir le passage à la rue*](#) information sheet may be useful throughout the intervention.

2.5 ADVISE AND REFER INDIVIDUALS TO CULTURALLY RELEVANT SERVICES AND ORGANIZATIONS

Acting quickly to offer information and resources when First Nations and Inuit arrive in an urban environment or remote city can prevent them from turning to the streets or engaging in survival strategies that can affect their physical and mental health. It is the practitioner's responsibility to demystify codes and explain how the health and social services network operates, as well as to describe the support available. Whether or not a person demonstrates a visible attachment to their culture of origin, practitioners should present the resources available to First Nations and Inuit and act as a liaison, when desired.



Intervention tip: Among the resources established by and for Indigenous people, the Native Friendship Centres aim to meet the cultural and social needs of First Nations and Inuit and offer culturally relevant services (employment, education, psychosocial intervention, etc.) and a safe space to participate in community activities. For more information, visit the [*Regroupement des centres d'amitié autochtones du Québec website*](#).

- Find out which local resources (support with housing, employment, health, addiction, etc.) the individual is already familiar with.
- Help the individual find their way around the city, including information on which services are available, where they are located and how to access them.
- Inform them of the procedures and (possibly implicit) rules that may affect them (municipal bylaws, methods of paying rent, how to use transportation, police practices, etc.).

- Although a non-Indigenous practitioner can be of great help, some First Nations or Inuit may benefit from meeting with an Elder, a care provider from within their community or another member of their nation. Having a positive role model is part of an indirect, non-intrusive and non-coercive intervention approach.
- Find out about local resources, activities and services available to First Nations and Inuit and pass the information on. If necessary, contact the nearest [Native Friendship Centre](#) for help.
- Build bridges and collaborate with local Indigenous resources, along with any resources used by individuals in their community of origin, where applicable.
- Encourage continuity between services offered in the community of origin and those offered in your area.



Intervention tip: First Nations and Inuit have access to addiction treatment services for the general population. Addiction rehabilitation services provided by the CISSS and CIUSSS are free of charge and are offered across Quebec. In addition to public services, community-based or private resources offering live-in addiction programs can treat First Nations and Inuit. Some of these offer culturally adapted services. In addition, First Nations in non-agreement communities have access [to six treatment centres](#) in collaboration with the [National Native Alcohol and Drug Abuse Program \(NNADAP\)](#), which provides services in three languages (French, English, Innu) and incorporates culturally adapted approaches to care. For more information on how to access these services, individuals can contact the community nursing station, health centre, band council or [Quebec Region's NNADAP Program Manager](#).

3. INITIATE THE ADMINISTRATIVE PROCESSES REQUIRED TO OBTAIN CARE AND SERVICES

Beginning the process to obtain documentation to access care and services is a challenge for many people experiencing homelessness. For First Nations and Inuit, this is further complicated by the fact that procedures vary depending on whether you are an Inuk living in a northern village or southern city, a member of an agreement or non-agreement community, living in an Indigenous community or have an address in the city. Many First Nations and Inuit will require guidance and support throughout this process. In addition, operating standards of institutions that provide healthcare and social services both within and outside of communities can vary greatly.

- Ask the individual whether someone might have access to photocopies of identification or administrative documents (a community organization, health centre in their home community, other organization operating either locally or elsewhere where they have previously received health or psychosocial services).
- If the individual cannot recall, ask them if they can recite any identification number that would help initiate the process (N number, status card, etc.). Many First Nations and Inuit know this information by heart.
- The N number (for Inuit) or band number (First Nations status card) allows an individual to obtain uninsured health care services in addition to services covered by RAMQ (either by the federal or provincial government).
- The steps to obtain a health insurance card (RAMQ) are the same as for non-Indigenous people. For more information, see the [*Accompagner des personnes en situation d'itinérance*](#) information sheet.
- For support with administrative processes related to care and services, many resources are available:
 - › For members of First Nations, the [*Native Friendship Centres*](#) can answer questions and offer guidance.

- › For Inuit, the [Makivik Corporation](#) offers support services.
- › For Inuit in Montreal, the Southern Quebec Inuit Association (514-545-1885) can provide the same services as the Native Friendship Centres.
- › For Cree, contact the [Cree Board of Health and Social Services of James Bay](#).
- › For someone coming from a non-agreement community, their community of origin can likely support them throughout the process.
- › For general support, contact a community relations officer or the [First Nations of Quebec and Labrador Health and Social Services Commission](#).



Intervention tip: When drugs and medical services are not covered by a private insurance plan or by the Régie de l'assurance maladie du Québec (RAMQ), the [Non-insured Health Benefits \(NIHB\) program](#) can reimburse certain expenses and services (e.g., vision care, dental care, medical transportation, mental health counselling and cultural and emotional support services). The NIHB program is administered by Indigenous Services Canada for all non-agreement communities¹. The practitioner can support the individual in their efforts to access the program. For agreement communities (Inuit, Cree and Naskapi), the NIHB program is administered by the [Nunavik Regional Board of Health and Social Services](#), the [Cree Board of Health and Social Services of James Bay](#) and the [Naskapi CLSC](#).

¹ See the *Guide des procédures pour accéder aux services de santé* produced by the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC)

FOR MORE INFORMATION

FURTHER READING ON INDIGENOUS POPULATIONS

A summary of the proceedings and conclusions of the Truth and Reconciliation Commission, including a section on calls to action in the field of health and social services:

- [Truth and Reconciliation Commission of Canada. \(2015\). Honouring the Truth, Reconciling for the Future. Summary of the Final Report of the Truth and Reconciliation Commission of Canada \(535 p.\)](#)

A portrait of Inuit communities, their land and vision for the future, including health and social services:

- [Nunavik Regional Board of Health and Social Services. \(2014\). Parnasimautik Consultation Report.](#)

A research paper on indigenous definition of homelessness in Canada:

- [Thistle, J. \(2017.\) Indigenous Definition of Homelessness in Canada. Toronto: Canadian Observatory on Homelessness Press.](#)

A portrait of First Nations and Inuit communities:

- [Gaudreault, D. \(2011\). Amérindiens et Inuit. Portrait des nations autochtones du Québec \(2e éd.\). Secrétariat aux affaires autochtones.](#)

A report addressing various aspects of the lives of Indigenous women across Quebec:

- [Larivière, W., Boulanger, S., Champagne, J., Dubois, C., and Bouchard, S. \(2016\). Let's Meet Québec's Aboriginal Women. Conseil du statut de la femme.](#)

Brief presented as part of the process of revising the Aboriginal Early Learning and Child Care Framework mobilization plan.

- [Regroupement des centres d'amitié autochtones du Québec \(RCAAQ\). \(2017\). Soutenir les familles autochtones vivant en milieu urbain Positioning of the RCAAQ submitted to the Ministère de l'Emploi et Développement social Canada \(EDSC\) \(36 p.\).](#)

LITERATURE, TOOLS AND INFORMATION REGARDING ACCESS TO HEALTHCARE AND SOCIAL SERVICES AND OTHER PROGRAMS FOR FIRST NATIONS AND INUIT

A report on healthcare and social services available to First Nations and Inuit:

- Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec. (2019). [Final Report — Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec: listening, reconciliation and progress](#) (488 p.) Government of Quebec.

Information on health and social services provided Quebec First Nations and Inuit by the provincial and federal governments:

- Bergeron, O. (2015). First Nations in Quebec Health and Social Services Governance Project — review of health and social services provided to Quebec First Nations and Inuit. [Report produced by the First Nations of Quebec and Labrador Health and Social Services Commission.](#)
- [Description of the Non-Insured Health Benefits \(NIHB\) program for First Nations and Inuit on the Health Canada website.](#)

Information kit and practical guide to accessing Health Canada's Non-Insured Health Benefits (NIHB) program and other provincial health services:

- First Nations of Quebec and Labrador Health and Social Services Commission. (2013). [Guide on the Procedures for Accessing Services in the area of health intended for First Nations living on and off reserve.](#)

Organizations to contact for more information on accessing the Non-Insured Health Benefits (NIHB) program:

- [Indigenous Services Canada – Non-conventioned Communities](#)
- [Nunavik Regional Board of Health and Social Services — Inuit](#)
- [Cree Board of Health and Social Services of James Bay — Cree](#)
- [CLSC Naskapi — Naskapi](#)

Other programs for First Nations and Inuit:

- [List of treatment centres in Quebec for the National Native Alcohol and Drug Abuse Program \(NNADAP\)](#)
- [First Nations and Inuit Employment Integration Program \(PAIPNI\)](#)

NATIONAL ORGANIZATIONS WORKING DIRECTLY WITH FIRST NATIONS AND INUIT IN QUEBEC OR ACTIVELY PROMOTING THEIR RIGHTS, INTERESTS AND CULTURE

[Regroupement des centres d'amitié autochtones du Québec](#)

Provincial association that has spent 45 years advocating for the rights and interests of Indigenous citizens in cities across Quebec and actively supports the development of Native Friendship Centres.

[Alliance de recherche ODENA](#)

An organization that supports the social, economic, political and cultural development of Indigenous populations in Quebec cities and promotes the collective action of the Native Friendship Centre network. It brings together Indigenous researchers, collaborators, practitioners, leaders, intellectuals and experts along with several graduate students.

[Makivik Corporation](#)

An organization that fights poverty and promotes wellbeing, progress and education among Inuit.

[Avataq Cultural Institute](#)

An organization dedicated to ensuring that Inuit culture and language continue to thrive into the future through a mix of language, heritage and cultural programming.

[Quebec Native Women](#)

Organisme dont la visée est de représenter et défendre les intérêts des femmes autochtones, de leur famille et de leur communauté à travers le Québec.

Projets autochtones du Québec

An Indigenous organization that supports First Nations, Inuit and Métis peoples facing housing insecurity in Tio'tià: ke/Montreal.

Community Justice Committees

Community-based committees that focus on diversion, harm reduction and community, offender, and victim wellbeing and uses conflict resolution to participate in the restorative justice system.

Native Para-judicial Services of Quebec (SPAQ)

An organization that assists Indigenous peoples in matters relating to the criminal justice system. It offers a hotline for victims of police abuse.

INFORMATION AND RESOURCES ON CULTURAL SAFETY TRAINING

Literature on cultural safety:

- [Ministry of Health and Social Services \(MSSS\). \(2021\). La sécurisation Culturelle en santé et en services sociaux. Vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuit. Government of Quebec.](#)
- [Health Council of Canada. \(2012\). Empathy, dignity, and respect. Creating cultural safety for Aboriginal people in urban health care.](#)
- [Ball, J. \(2008\). Cultural safety in practice with children, families and communities \(speech presented at The Early Years Interprofessional Research and Practice Conference, Vancouver, February 1, 2008\). University of Victoria.](#)

Online training sessions given by the Université du Québec en Abitibi-Témiscamingue:

- [Wedokodadowiin – Travaillons ensemble !](#)
- [Piwaseha – Cultures et réalités autochtones](#)

AUDIOVISUAL RESOURCES PRESENTING THE LIVED EXPERIENCE OF FIRST NATIONS OR INUIT

Video testimonial of the realities of living rough in Montreal as experienced by three members of First Nations:

- [Rivet, P. \(2013\). Je ne veux pas mourir – problèmes de toxicomanie des Amérindiens, 45 minutes 34 secondes.](#)

Video of an Indigenous man's experience with housing insecurity:

- [Nepinak, D. \(2012\). Trois repas et un lit, Office national du film du Canada \(ONF\), en association avec la Commission de la santé mentale du Canada, 2 minutes 26 secondes.](#)

Video exploring the legacy of residential schools:

- [First Nations of Quebec and Labrador Health and Social Services Commission \(2009\). L'héritage des pensionnats indiens au Québec.](#)

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Key principles of Homelessness: A Guide to Good Practice

- Key principles of Homelessness: A Guide to Good Practice

Information Sheets: Baseline Practices

- Welcoming people experiencing homelessness
- Meeting needs and offering service referrals
- Providing healthcare to people experiencing homelessness
- Supporting people experiencing homelessness

Information Sheets: Frequent Challenges

- Protecting individuals when necessary
- Fostering engagement and involvement
- Understanding and working with people who display disturbing behaviour
- Supporting people with substance abuse and mental health problems
- Accompanying people within the justice system
- Ensuring continuity before, during and after a stay in an institution or home
- Accompanying individuals during a hospital stay
- Addressing unstable housing to prevent homelessness
- Supporting people towards housing stability
- Accompanying First Nations and Inuit experiencing homelessness

Supplements on specific populations

- Women
- Men
- Youth
- Senior citizens
- Individuals with intellectual disabilities or autism spectrum disorders
- Individuals with physical disabilities
- Immigrants
- LGBTQ+
- First Nations and Inuit

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Guide des bonnes pratiques en itinérance. Montréal : CREMIS, CIUSSS du Centre-Sud-de-l'Île-de-Montréal*