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Minosin Kikiwa

**“A Good Home”: Indigenous
older adults in Winnipeg**

By the Indigenous Seniors Research Committee

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Indigenous Seniors Research Committee

The Indigenous Senior Research Committee was formed by co-chairpersons Lucille Bruce and Joanne Mason, and also includes: Rachel Sansregret and Ursula Summer of the Winnipeg Friendship Centre; Gisele Simmons, Carolyn Brock, Lorraine Cameron-Munroe, David Morrison; Kathy Mallett, and two non-voting members from the University of Manitoba: Laura Funk (Sociology) and Hai Luo (Social Work).

Rachel Dunsmore is a PhD student in the Department of Sociology and Criminology at the University of Manitoba.

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Acknowledgement

Manitobans reside on the original lands of the Anishinaabe, Cree, Anishinewuk, Dakota, and Dene peoples, and the homeland of the Red River Métis Nation on Treaty 1 Territory. We hope to contribute to solutions to the problems caused by past and present colonial policies in Canada. We are committed to contributing Indigenous, community-led research with First Nation, Métis and Inuk people and organizations that build on the strengths of Indigenous people and respect the spirit and intent of Treaties.

We appreciate everything shared with us by participants; the assistance of students Sara Fehr, Cornelia Kauenhowen and Andrea McDougall with the large group focus circle; Sergeant Tommy Prince Place, Thunderbird House and Vanessa Gamblin (Main Street Project) for facilitating data collection; Ma Mawi Wi Chi Itata Centre for meeting space; and the Indigenous Seniors Resource Centre as a partner on this project. We are grateful to Ernest Merasty who gave us the name for this report.

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Thank you Renata Meconse for the beautiful cover art for this report.



Winnipeg Indigenous Friendship Centre



Social Sciences and Humanities
Research Council of Canada

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Executive Summary

A GROWING SEGMENT of Indigenous populations in Canada are over 55. In urban areas like Winnipeg, this includes many long-time city residents. The later life situations of Indigenous older adults, though by no means identical, can differ in important ways from non-Indigenous older adults.

In the fall of 2022, two local Indigenous community leaders, Lucille Bruce and Joanne Mason, formed our Indigenous Seniors Research Committee. We wanted to learn from Indigenous seniors in Winnipeg to understand their housing and care experiences, needs, and preferences. We also wanted to bring people together to think about different models of housing and support and use this research to advocate for better living conditions and quality of life, from a holistic, culturally-informed perspective. Our Indigenous-led project also recognizes the inappropriateness of common models of housing and support based on Western worldviews that view and respond to aging like a disease or problem, which tends to reduce one's quality of life and wellbeing in old age.

In 2023, we spoke with 48 Indigenous older adults (aged 55+) living in Winnipeg, through individual interviews or discussion-based focus circles. As part of this first step of the research, we also spoke with nine community knowledge-keepers. Fifty percent of the older adults in this part of the project self-identified (in response to an open question) as First Nations, 17 percent as Cree, 29 percent as Métis, 4 percent as Inuk. The majority rented their housing, and 18 were either currently or had previously been homeless. In the second step of the project, findings were used to prompt further

reflection and discussion at a larger focus circle held with 29 participants (either new or returning) in January 2024. Demographic information was not collected for that group.

These older adults have made tremendous contributions to their families and society. Yet simultaneously, many faced significant challenges in accessing safe and affordable housing that would support their well-being in their later years, including their cultural and community connection. Housing-related and other challenges to aging well from an Indigenous perspective (a balance of physical, spiritual, mental and emotional aspects) are rooted in racism, generational poverty, and settler-colonialism.

Most participants highly valued connections to family and community, though many experienced significant disruptions in this regard over their lives. Mobility and transportation challenges combined with poverty in their later years (and housing restrictions, such as no overnight guests) further affected these connections. The circumstances and needs of older adults cannot be understood apart from their kin and communities. Strong interdependence, coupled with the psycho-social effects of colonialism in families and communities, generated sometimes significant worry and concern for helping others.

Overall, participants identified the following as particularly harmful for Indigenous older adults living in the city:

- The task-based nature of formal support services focused narrowly on minimal, physical needs
- Inadequate financial support,
- Past traumatic experiences within institutional systems such as residential schools, Child and Family Services, or prison were reported barriers to accessing needed resources.

Recommendations

Further action is urgently needed to support the housing and aging-related needs of Indigenous persons in Winnipeg. We encourage all readers to review our in-depth recommendations at the end of the report. In brief, these recommendations are to:

1. Promote leadership by Indigenous people, especially older adults, as well as collective ownership, operation and service provision;

2. Centre Indigenous values in the development and operation of appropriately resourced housing projects for Indigenous people and seniors;
3. Expand family and community centred options through policy and design while supporting families and mitigating risks of elder abuse;
4. Limit restrictive policies and support positive relations in housing and support while respecting culturally-informed group process and decision making;
5. Recognize the diversity of Indigenous older adults;
6. Facilitate access to suitable transportation for inclusion;
7. Ensure housing affordability;
8. Empower and engage an independent Seniors Advocate office in Manitoba.

More broadly, our findings suggest that approaches extend beyond building more housing to preventing or addressing the colonial displacement of Indigenous older adults from their families/culture/kin, and reducing the harms of a medical or problem-based approach to aging. Housing should be considered within a holistic approach to addressing poverty and wellbeing, including subsidizing family and non-kin care as well as ensuring access to care and treatment in home communities or reserves. Supporting the quality of life of older persons from a relational or reciprocal perspective could also serve as a model and inspiration for non-Indigenous persons and groups exploring alternatives to dominant (harmful) responses to aging.

Introduction and Background

WINNIPEG HAS ONE of the largest Indigenous populations in Canada (Statistics Canada, 2022), with 12 percent identifying as such in 2021 (Statistics Canada: no date).

In Canada, a growing segment of Indigenous populations are also seniors or older adults. The proportion of Indigenous persons aged 65+ grew from 4.8 percent in 2006 to 7.3 percent in 2016 and could double by 2036 (Statistics Canada, 2017a). In Manitoba, 10 percent of Manitobans over age 55 identify as Indigenous, of which 52 percent identify as Métis, 46 percent as First Nations, and 2 percent other Indigenous identities including Inuk (Government of Manitoba, 2023).

Because of lower average life expectancies, Indigenous persons are often considered ‘senior’ around 45–55 (Dumont-Smith, 2002; Reading, 1999). 2016 Statistics Canada Census data reported by the City of Winnipeg indicated that 15 percent of Indigenous persons in Winnipeg were aged 55 and older, and 27 percent are aged 45 and over (City of Winnipeg, 2018). The life experiences of Indigenous older adults, though by no means identical, differ in important ways from non-Indigenous seniors and lead to different later-life circumstances.

Our project looks at the experiences and needs for housing and support among Indigenous older adults living in Winnipeg. By housing and support we mean not only physical structures and services, but also broader

“Reflections of a Life” by community member Vincent Lang, 2023

(shared with permission)

I stare deep into his eyes. Memories are etched on his face.

I see the man he used to be. I see the man he is. I see the man he wants to be.

I stare deep into his eyes. My reflection stares back at me.

relationships, accompaniment, companionship, transportation, access to ceremony, translation, healthy foods, and so on. In the fall of 2022, two Indigenous community leaders, Lucille Bruce and Joanne Mason, formed our Indigenous Seniors Research Committee, a subcommittee of the Indigenous Seniors Resource Centre. We wanted to learn from Indigenous seniors in Winnipeg to understand their housing and care experiences, needs and preferences. We also wanted to bring people together to think about housing and support, and to use this research to advocate for better living conditions and quality of life.

Literature Review

EXISTING RESEARCH SPEAKS of housing and other challenges for Indigenous people in urban areas, rooted in racism, poverty, social exclusion,¹ and settler-colonialism.² Experiences of poverty, alongside discrimination in private housing markets and public housing systems, have roots in a long history of having lands and rights taken away and denied (Andersen et al., 2018; Walker and Barcham, 2010; Prout Quike and Green, 2017) which continue to make it difficult for Indigenous families to accumulate generational wealth. Residential schools further harmed people's lifetime economic and employment prospects (Reading, 1999). Many Indigenous older adults or their family members were institutionalized as youth in residential schools, including in Winnipeg at the urban Assiniboia Indian Residential School (Woolford and Survivors of the Assiniboia Indian Residential School, 2021). This was part of an overall government strategy begun in 1831 and formally mandated in 1920, to forcibly remove children from their families and keep them in total institutions, to isolate and disperse them from their communities, culture and language using a fear-based system which denigrated their families and traditions as morally evil in contrast to white settler society (Woolford and Survivors of the Assiniboia Indian Residential School, 2021).

The direct and indirect impacts of residential schools, as well as ongoing colonialism and racism, continue to have effects on Indigenous older adults. Poverty and discrimination also make it harder to get a secure rental tenancy in the private housing market. The public housing system also involves confusing processes and poor housing quality, among other challenges

(Prout Quicke and Green, 2017). Other research has found that Indigenous persons are consistently over-represented among the homeless in cities in Canada, Australia and New Zealand (Anderson and Collins, 2014). In a recent Winnipeg street census, 75 percent of homeless participants identified as Indigenous (Brandon, 2022).

There is far less research into housing experiences of Indigenous older adults in cities. Yet increasing proportions of Indigenous older adults live in urban areas, including both long-time residents and those who migrate later in life to receive medical services (Statistics Canada, 2017b). Among Indigenous older adults living off-reserve who own their houses, their houses are more likely to be inadequate, crowded, or need significant repair (New Brunswick Aboriginal Peoples' Council, 2017). For Indigenous older adults who involuntarily move from reserves to cities, discrimination, language and literacy barriers, and few affordable options mean they find themselves in unaffordable, substandard housing that needs major repairs, located in neighborhoods they would not choose and that lacks cultural representation (Lange et al., 2010; Starr, McKinnon & Cooper, 2022).

Indigenous older adults in one study expressed housing preferences that allow communal interaction and co-residence in a culturally supportive space where they can share traditions and meals of traditional foods (Brooks-Cleator et al., 2019).

Community involvement in project designs and intergenerational exchanges, such as teaching skills and language, has been identified as important for Indigenous older adults in urban areas (Kruz et al, 2019; Weeks and LeBlanc, 2010), as well as positive effects throughout the community (e.g., Hadjipavlou et al, 2018).

While our project documents the circumstances and sometimes problems faced by Indigenous older adults in Winnipeg, it also seeks to document and build on their strengths or assets, including cultural perspectives on aging and the life cycle (e.g. Steigelbauer, 1996), which will be further discussed in the findings. Our project also aims to shift or decolonize common responses and practices toward Indigenous older adults. Common models of housing and care for older adults, especially facility-based institutional care, can clash starkly with Indigenous cultural values because they are grounded in age-based separation from kin and community or medical views of aging that view and respond to it like a disease or problem.

Research has also perpetuated an unnecessary separation in common ways of thinking about and responses to housing needs and other daily or social supports for Indigenous persons in urban environments (Greyeyes and

Vipond, 2022). Even research on aging is itself largely siloed, for example examining elder abuse, health care, transportation, and housing separately, instead of examining their interrelated effects on quality of life (Kruz et al., 2019).

A medical approach neglects other aspects of well-being (e.g. spiritual, mental, emotional, social), and can contribute to feeling depressed, controlled, or even useless (Milliken, 2017). For example, the medical concept of frailty refers to multiple health problems labelled as deficits. In contrast, the Ontario First Nations Aging Study (2019) conceptualizes aging well within an Anishinaabeg perspective as “keeping the fire going strong” through practices absent or near-absent in most housing or treatment programs and services, including connection to culture, language, land, and medicines; to youth, family, and community; healing from trauma; visiting, dancing, laughing, fresh air, getting a good night’s sleep; maintaining a positive outlook; and asking for help, among others (Walker et al., 2019, p. 6).

Culturally-informed approaches thus address various aspects of quality of life, such as childcare and intergenerational relations (Craig and Hamilton, 2014). One local example of this is Payuk Intertribal Housing Cooperative, created largely in response to the ’60s scoop³ and ongoing apprehensions by Child and Family Services; the project is not simply about housing itself (Deane and Mallett, 2023).

Methods

WE AIMED TO address a significant gap in research knowledge about Indigenous older adults' experiences, needs, and preferences for housing and support in urban areas. Our goal was to deepen our understanding in order to reflect on existing models and policies for housing and support and to recommend changes for policy and planning, collective action, and advocacy.

The Indigenous Seniors Research Committee is Indigenous and community-driven, as reflected in how our project was set up and unfolded. Committee members and partners provide relevant expertise, time and resources to accomplish our objective. Our group consists of Indigenous persons who have worked, lived, and volunteered in Winnipeg's Indigenous community for over 30 years, and who bring expertise and knowledge to the project. They also act as knowledge keepers and mentors to researchers and students in transferring culturally relevant approaches and doing research with Indigenous persons. We have also sought to ground the project and its goals in several principles in the UN Declaration on the Rights of Indigenous People, the Truth and Reconciliation Commission of Canada's Calls to Action, and the Calls to Justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

A collective Indigenous model of decision-making is reflected in our Terms of Reference. For instance, Indigenous committee members direct the research, and researchers are non-voting committee members. The committee owns the data, reflecting the First Nations Principles of OCAP – ownership, control, access and possession (First Nations Information Governance

Centre, no date). Meetings start with prayer and land acknowledgement. Committee members actively participated in the research process, including assisting with recruitment and chairing focus circles. We prioritized hiring and mentoring Indigenous students where possible.

Our approach also guided how we engaged with participants in this study. Participants were generous and gracious with what they shared with us, and some were so enthusiastic they volunteered poems or informal anecdotes or promoted the study through their networks. Participants shared life stories in interviews, prompted by the sharing of tobacco and open-ended questions in an environment of their choosing. Group dialogue was also shared through four focus circles. These were more conversational than typical focus groups in Western research, but with less intensive personal and emotional engagement than Indigenous sharing circles. There were five to 10 people per group. We shared tobacco at interviews and focus circles. As emphasized by one of our Indigenous committee members, sharing tobacco with participants represents the acceptance of a symbolic and spiritual agreement between researchers and participants, which marks the beginning of a journey and relational obligations, including researcher obligations to protect and use participants' stories well – in efforts to improve quality of life.

Forty eight Indigenous seniors (aged 55 and up) living in Winnipeg participated in an in-person interview or one of four small-group focus circles in the first phase of our project. We recruited participants through the networks of our committee and several local community groups and agencies using emails, posters and social media. We aimed for diverse representation of First Nations, Métis and Inuit persons in various housing situations or environments, including unhoused and precariously housed persons in the downtown core and North End, as well as two-spirit/LGBTQ+, and those of more advanced ages. We also spoke with nine stakeholders - community knowledge keepers or service providers whose experience or professional work meant they had important wisdom about Indigenous aging in Winnipeg (many were also Indigenous older adults).

The project was approved by the University of Manitoba Research Ethics Board before stories were shared with us. Participants had the option to be audio-recorded. At their request, eleven individuals (three from a focus circle and eight interviewees) were not recorded (notes were recorded by hand). The researchers transcribed and safely stored recorded data. Data were not broken up with coding, but were analyzed by team members who reflected on, wrote about and discussed findings, and identified descriptive themes. Honouring reciprocity, the findings (along with models or general principles

relevant to housing with supports and/or care) were then presented back at a larger focus circle in January of 2024. Twenty nine participants attended this event, some who had already been interviewed and some who were new to the project. More than presenting and checking our findings, at this event we encouraged participants to respond to and discuss findings, helping analyze the issues collaboratively as participants further reflected on community housing with support.

Who Participated? A Summary Description

FORTY EIGHT INDIGENOUS older adults (aged 55+) living in Winnipeg participated in the data collection component of the project, along with nine community stakeholders. We do not have full demographic information for 11 of the 48 participants for various reasons (leaving a focus circle early, not wanting to fill out forms or disclose everything that was asked, etc). This includes 10 precariously housed individuals who came to one focus circle at Thunderbird House (whose housing type is noted below). As such, the statistics presented below refer to the older adult participants for whom we had available data for particular questions. The exception is housing type, which reflects the full group of 48.

In terms of housing type, 19 percent of the 48 older adults said they owned their own home, with the majority (58 percent) renting their housing (including 8 percent who reported some form of subsidy). One participant lived in a personal care home. Ten participants or 21 percent of the older adults interviewed were either currently homeless (living on the streets) or in transitional or unstable housing such as rooming houses. Several participants also indicated they had been previously homeless.

Of the 35 older adults who shared their age, over half were aged 55–64, with 26 percent between 65 to 74 and 20 percent between the ages of 75 to 83.

During recruitment we sought representation from First Nations, Métis and Inuit older adults. Although we asked the older adults about their

FIGURE 1 Current Housing Type

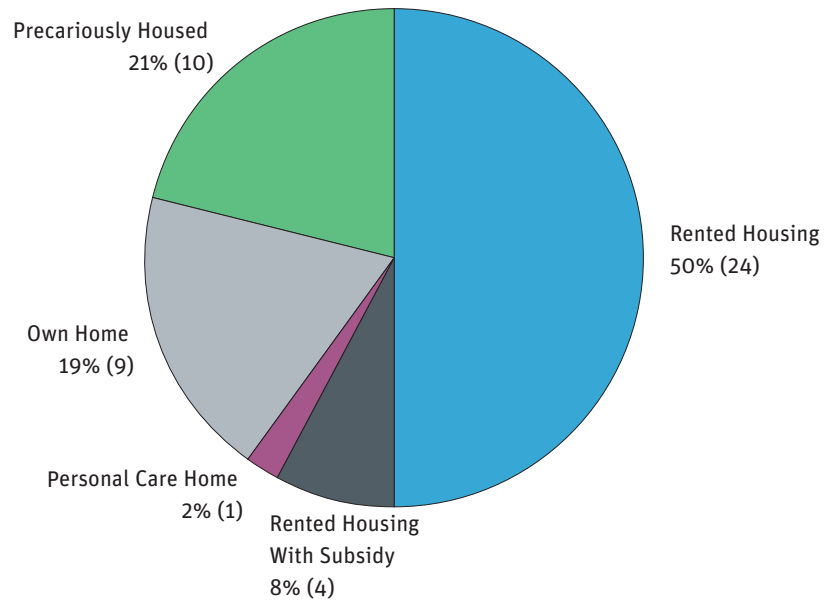


FIGURE 2 Age

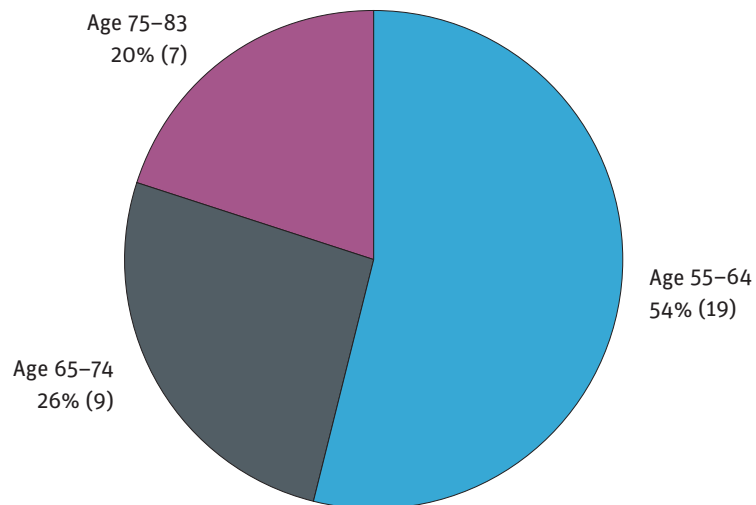


FIGURE 3 Indigenous Identity

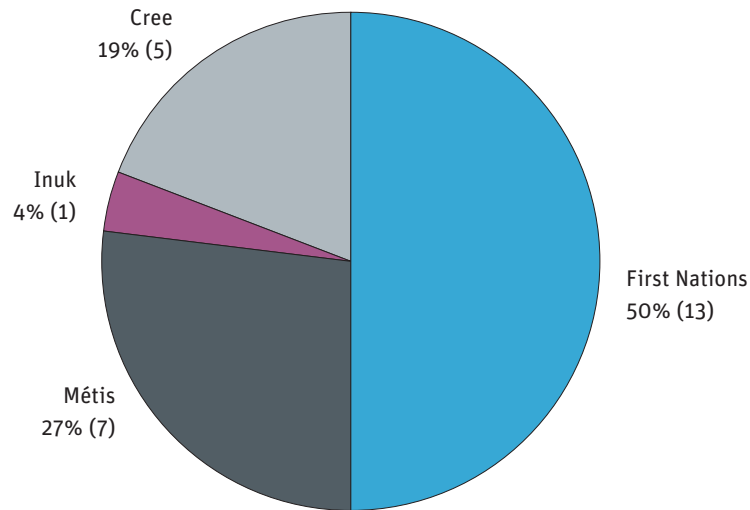
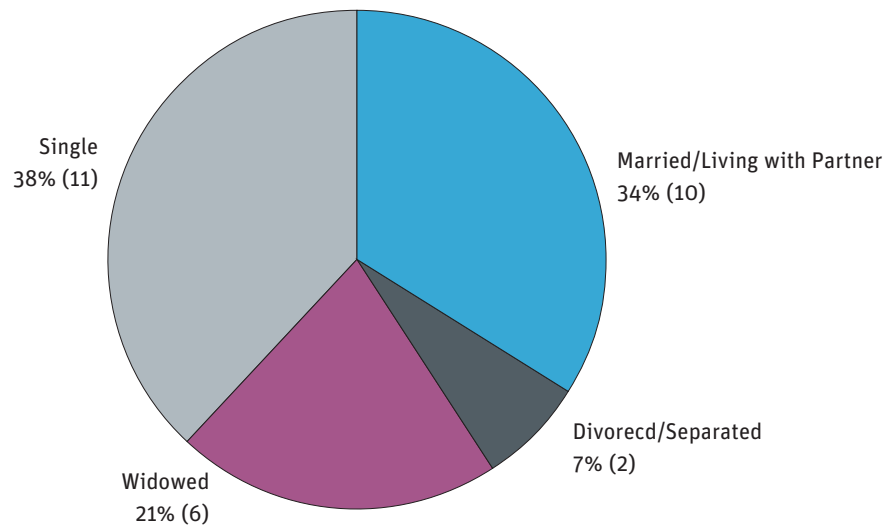
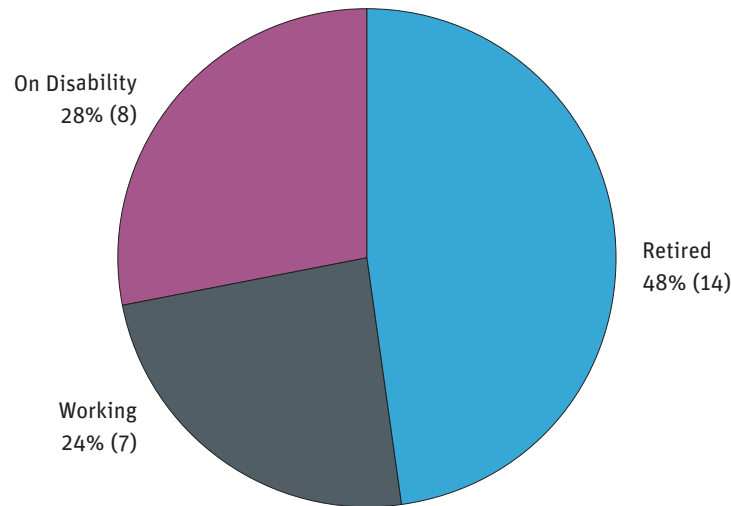


FIGURE 4 Marital Status



Indigenous identities, we asked the question in an open ended way and did not impose categories. Broadly, 50 percent of participants (for whom we recorded this information) identified culturally as First Nations, 19 percent as Cree, 27 percent as Métis, and 4 percent as Inuk. We did not systematically ask about formal status.

FIGURE 5 Employment



Of the 39 older adults who shared their relationship status, 34 percent said they were either married or living with a partner, 7 percent said they were either divorced or separated, 21 percent reported being widowed, and 38 percent reported being single. Those who became widowed after having divorced or separated were categorized as widowed.

For older adults who shared information about their employment status with us, 28 percent reported as unable to work due to a disability, 48 percent reported being retired from paid employment, and 24 percent reported still being in paid employment.

Although we did not document exact details on the length of residence in this study, many said they were long-time residents (whether they lived here their whole lives or have been here 20+ years) of Winnipeg. This finding echoes other research – in 2012, 27 percent of Indigenous older adults in large cities had lived there all their lives, and 52 percent had moved there over 10 years prior (O’Donnell and Wendt, 2017).

Findings

WE BEGIN BY providing some background on our participant group. Many older adults in our study described moving to Winnipeg in their early years to attend residential school (e.g. ‘Assiniboia Indian Residential School’), university, or to find paid employment. As one participant expressed, after relocating to attend residential schools,

The only job on my reserve at the time was Chief and council and maybe a welfare worker. And so we couldn’t go home. So we stayed here (in Winnipeg). There’s a lot of us from my home community here.

One long-term resident of Winnipeg also spoke of their migration for residential day schools (around age 9–12) and later for further education at a provincial school and university. They spoke of the harms involved in leaving their community, and kin, as well as “all my cultural ways” and the safety of the hometown:

... and the way things were cooked, our food, the way people talk to each other, you know, if you want to comfort, you go get a hug from your mom. No and everything was ripped from me just to go get education. But I went through four years. Ended up in (Winnipeg) and ended up getting a university degree, too. That's my parents. They were the proudest. And we all ended up late doing that but still it took, it stole a part of our life. So I couldn't learn to make pies, cakes. All the traditional cooking and so on and so on. Or have

the comfort and care of my grandmothers that I had before I left. So yes, it took a lot from us, even though it was a provincial school.

Participants who made more recent moves to Winnipeg later in their lives spoke of doing so to escape trauma, to help family, or for medical needs. For instance, one older adult shared her reasons for moving to Winnipeg:

I came here with my kids when they were small. I used to work back home, I would clean up for the old people. And my husband came home drunk. He beat me up. So I went to my mother-in-law and stayed there and she said, 'You should go to Winnipeg. Take the kids with you.' So we came.

Other participants explained that significant numbers of older adults are staying in the city for medical reasons (e.g., dialysis), and cannot return to their home community (e.g., lack of dialysis machines outside of Winnipeg).

Throughout their interviews, participants provided insights into the consequences of settler-colonialism and racism, Indigenous understandings of aging and quality of life, and their vision for housing and support in their later years in Winnipeg. Older adults and Elders,⁴ including some who shared that they personally experienced the trauma of residential schools, told stories that demonstrated their tremendous contributions to their families and society at large. For example, those interviewed identified as educators, spiritual leaders, athletes, nurses, food producers, language teachers and preservers, artists, counsellors, and overall helpers, and yet their contributions to society have not been reciprocated now that they are in old age (or 'northern direction' as some participants said). Indeed some of the participants are internationally known or distinguished for various reasons, yet do not have safe and affordable housing that meets their needs and that of their families.

Many participants emphasized that they are *waiting, waiting, waiting* for housing where they can settle and live out their remaining years, and support family and grandchildren and community members/friends/kin. As one Elder expressed:

Every year, the rent goes sky high, and it's very difficult to be homeless. By that, I mean, I don't think I'll ever own my own home. I would love to own my own home. After all these years. Because of the fact that I'm doing a lot of work for Treaty One and I love my Winnipeg. I think I want to stay here a little bit longer.

In the following sections, we present participants' stories in broad areas that are key to their experiences of and goals for their housing and support:

- poverty and limited options;
- wellness and quality of life as multidimensional;
- aging in family and communities (connectedness and interdependence);
- accessing and navigating formal systems (experiences of trauma); and
- the importance of safe and accessible spaces for aging.

Aging in Poverty with Limited Options

For the 30 older adults who answered a question about their financial situation, only 27 percent reported being able to make their financial 'ends meet' easily. Thirty six percent said they could do so with some difficulty, and 37 percent said it involved great difficulty.

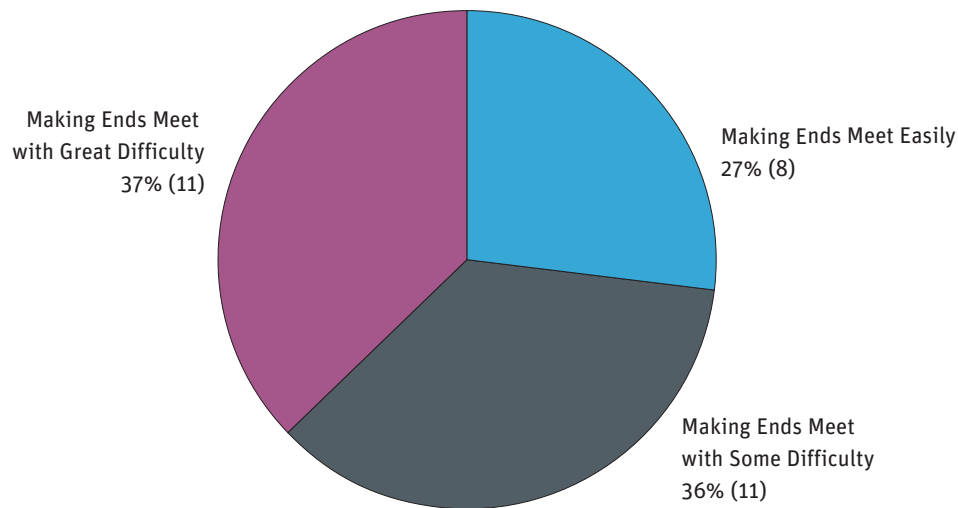
At the large group focus circle, participants further emphasized that public financial support was often inadequate. Older adults we interviewed who relied on either employment income assistance or federal income support (e.g., Canada Pension Plan, Old Age Security, and Guaranteed Income Supplement) often struggled with insufficient income that was not adequately adjusted for inflation. One older Indigenous woman explained how she needs to keep working to afford rent in her two-bedroom suite (which she highly values so that her granddaughter can stay with her), despite feeling more tired, in pain, and needing to use a walker. She expressed:

(A) one bedroom (suite) is \$1050 a month. This is a two-bedroom. And it's a lucky thing I'm working because I couldn't afford it. That's why I'm working. Because I didn't put any money away for retirement.

Another older woman commented that because of years of unpaid work supporting multiple generations in their families, they are not financially secure in their later years:

I do live alone. My family comes around very often. So you would never swear that I live alone {laughs}. But I do own my own house. Still paying a mortgage because you don't raise four children and be wealthy when you retire, that's for sure. I am still paying a mortgage because I spent my money earlier on them just spending it on them. A few generations now.

FIGURE 6 Able to Make Ends Meet?



Financial strain and poverty among Indigenous older adults in Winnipeg stem from settler colonialism, the direct and indirect impacts of residential schools, and racism. Indigenous older adults are more likely than non-Indigenous older adults to have low income (Employment and Social Development Canada, 2018) and to need to work longer in the paid labour force (O'Donnell and Wendt, 2017). The lower average income of Indigenous older adults reflects lifetime inequalities. A CCPA analysis of 2016 data, for instance, indicated that the average incomes of older Indigenous women ranged between 50 and 61 percent less than that of older White men (Robinson, 2021).

Affordable and available housing options in Winnipeg are becoming more and more limited for people on low incomes. Some older adults had no choice but to pay a lot of their income towards market rental apartments that were unsafe and poor quality, often with negligent landlords. Moving tends to become more difficult as one ages. As such, many end up putting up with substandard housing since moving does not guarantee an improvement. As one participant who wanted to move noted:

Maybe they [staff] can help me find someplace different. But then, it's only going to be an apartment and I'm only going to be stuck with who knows, maybe the next one is going to be worse than this one.

Another participant shared their previous experience of living in rooming houses: "My ex-landlady didn't care about who was in there, it was all about

the money. So, you do the math, 14 rooms, 600 bucks a room. You're not maintaining the place..."

Particularly for those on a low fixed income, the current cost and quality of housing is dire and these homes and buildings tend to be in unsafe areas with risk of collateral damage (e.g. living next to or within a known drug house and associated police raids). Participants described various examples, including recent problems with the ManWin hotel. The ManWin hotel houses individuals on low-income and Employment Income Assistance. Tenants rent rooms for \$650 a month in a dilapidated building. Advocates have called for higher living standards and more reasonable enforcement of building codes by the city, especially since financial aid comes from the government to pay market-based rent to owners of such buildings (CBC News, 2023).

(You) can't move because he can't afford it. You can't afford it. You can't even get a stinking room at the hotel. They're charging over \$650 for a bed-bug-infested party room and people breaking in. It's just like they're talking about the ManWin on the news. And they want to condemn it. And it was on there yesterday. You didn't see it eh? He says, 'They're gonna condemn it', he says, 'I got no place to go. I got no place to go.' And that's true. It's true. You can't afford anything. Unless you got two people, a roommate. It's terrible...

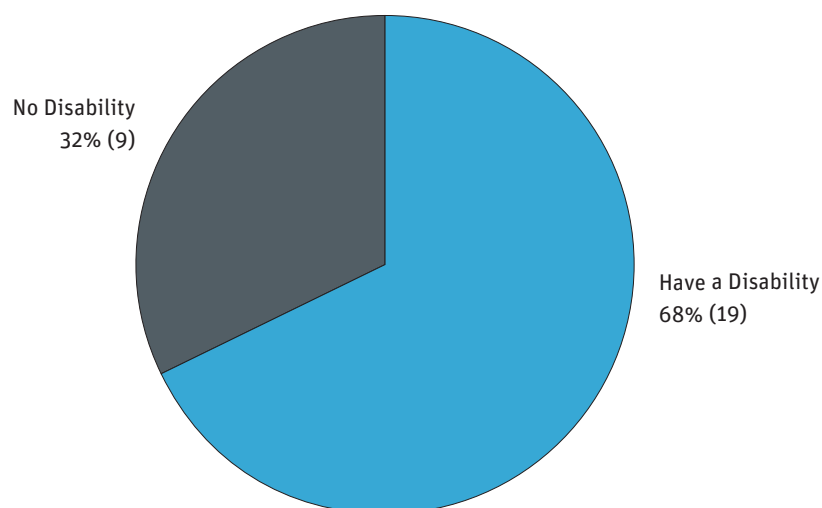
Limited incomes and housing precarity impacted older adults' aging experiences in various ways. For instance, participants spoke of the health consequences of poverty and reduced access to traditional and healthy, whole foods. Spending large portions of one's fixed income on rent contributes to malnutrition and health problems. Other aspects of wellbeing will be discussed below.

Wellness and Quality of Life as Multidimensional

Sixty eight percent of the older adults self-identified as living with a disability (including both those working in paid labour and those on leave or retired). This could be an underestimate since admitting to having an impairment can be difficult. Some participants said they did not have a disability but later expressed physical limitations due to chronic pain, for example.

Expressing knowledge of the impacts of housing, water, and other social conditions on physical well-being, one older adult even felt lucky to live to an older age:

FIGURE 7 Living With a Disability



A lot of our people don't live to my age due to diabetes and health and having to drink the water they had to drink, have to live in the moldy homes, all the homes and all that and [seniors and Elders] end up in Winnipeg for medical reasons.

Indeed, research between 1994 to 2017 documented a growing gap between the average life expectancy for Indigenous and non-Indigenous Manitobans. In 2021, the life expectancy gap was about 11 years (Roussin, 2022).

Colonial practices, including separation from kin and community, contribute not only to poverty but to trauma, grief, chronic illness, and mobility challenges, in direct and indirect ways (Reading, 1999). Two older adults told us they had problems with hearing or vision as a direct result of physical abuse while in residential schools. As one participant pointed out those attending public instead of residential school were not necessarily immune from trauma and mistreatment, due to racism: “I was in public school, but I might as well have been in residential school because there was a lot of physical, verbal abuse.”

Those who experienced violence or racism in their lives expressed dealing with emotional, psychological and physical after-effects years later. As one participant described:

When we go back to my school years, we were called half breeds, so we didn't want to be called that...So we learned to, for self-preservation, it's so much easier to say I'm French and totally exclude the other piece, the

other part of us. And it affected us as we grew up and left home because it, it created lack of self-confidence, lack of self-worth, lack of self-esteem. So we had to learn that it was okay to be Métis and to acknowledge it. We felt like we didn't belong.

As a result of such experiences, Indigenous older adults tend to have increased rates of diabetes, reduced physical function, and other chronic health issues (Employment and Social Development Canada, 2018). These also tend to occur at earlier ages. In this regard, participants emphasized access to non-medical, non-pharmaceutical therapies such as water therapy, physiotherapy, podiatrists, and chiropractors to help deal with chronic pain and increase mobility. Practical supports like housework, amenities, and accompaniment were also noted. For instance, one older adult living in Winnipeg Housing emphasized the importance of housekeeping help:

I'm having a hard time right now ... what I've noticed is there's not enough support...Winnipeg Regional Health Authority has cut off the housekeeping for for people that need housekeeping. And as a result, this is personally, people are paying out of their budget their EI or EIA budget or persons with a disability budget which is really sad because it's low enough already. So they should have some sources where they have housekeeping once a week for the Elders.

Importantly, participants described their well-being as something that includes but is broader than physical or medical health. Drawing on the Indigenous concept of the four directions they spoke of balance between physical, spiritual, mental, and emotional energies or aspects of wellbeing. From this perspective, one participant critiqued the task-oriented nature of most services for older persons: “It’s quite task-oriented. And it, there’s so much more; the needs are not only physical, they’re emotional needs, spiritual needs, mental needs.”

Reflecting this model, and given the particular impacts of loss and trauma throughout their lives, participants emphasized access to varied cultural and spiritual activities and supports for older adults in a variety of settings (e.g., Elders or ministers, traditional medicines, ceremonies, including in nursing homes). For example, a service provider described her observation of someone living in a personal care home who can no longer speak yet his face ‘lights up’ during cultural activities and ceremonies. Another example of the need for cultural practices was explained as follows:

. . . when [older adults] have a loss [of someone in their lives], there has to be someone to be able to empathize and to be able to support that kind of emotional well-being. And spiritual well-being. And when that begins to happen, then you look after your physical well-being. So, they're all interconnected. It's not separate. It's mind, body and spirit. And emotions, they're all together.

A 62-year-old woman living with her adult son commented:

There should be more sharing circles. We don't even have a traditional healer in Winnipeg anymore. We do, but they're very hard to get a hold of. There should be again, [people] should be notified of who they can consult for traditional healing. I don't know where. I guess I know personally, I've been trying to find a traditional healer for myself, for anger and my son for his grief and whatever else that's bothering him...

Lastly, participants also emphasized the need for a suitable transportation system that would support multi-dimensional wellbeing. In other words, transportation is essential not only for medical and therapeutic appointments but cultural activities and ceremonies, as well as family visits and other social activities.

Aging in Family and Community: Connectedness and Interdependence

Many participants shared Indigenous perceptions of aging and of the role of older adults and Elders that were grounded in the four directions and the medicine wheel. From this perspective, older adults, and especially Elders, provide valuable knowledge, guidance, and teaching to younger generations and wider society. For example, one Elder commented on how the seven sacred teachings she received from her father in her early years manifested when she personally reached the northern direction on the medicine wheel, characterized by the white buffalo whose task is to take care of Mother Earth. She explained:

I'm just so honoured that I was able to learn and to understand the meaning of life. This is the meaning of life. We all need to understand the meaning of life, and that life is very, very sacred, but also very short. And we need to have that voice as Elders to teach our children for them to know where did they come from. And I'm not talking about 'ancestry.ca,' it's bigger than

life. These teachings are not of this world. They are true. They are pure and they are very powerful. And those are the teachings my father taught me. And of course, I couldn't understand anything when I was only five years old. But now I do. And then he says, 'Once you sit in a north direction, meaning, everything else will come together. Creator will bless you with so many beautiful teachings that you can't keep them, you have to share them to the world through your generations.' And that's what's happening today. Wow, what a powerful journey.

Older adults' role in ceremonies nurtures their well-being; they are in a position to teach and extend culture and tradition. Another older adult explained in relation to her involvement in sundance ceremonies:

We're there as grandmothers who look after the dancers, who will guide them in their spiritual time. And it's really, really good. . . . We also have a responsibility for the young women to make sure that they're looked after.

Another participant further expressed how it feels to have the responsibility of being an older adult in their community:

I like helping people and seeing them excel in life. And I always try and look at the good in people too even though they're angry. And, you know, once in a while my anger pops out and so I think that as an Elder, I'll be 64 on my birthday. I need to be a good role model.

The circumstances and needs of older adults cannot be understood apart from those of their kin and communities, and participants conveyed that developing housing should integrate, rather than isolate, Indigenous older adults from families and communities. From this perspective, the concept of "Indigenous seniors housing" may be inappropriate as older adults are always part of families/kinship systems, traditions, and communities.

Most participants expressed strong feelings of family connection, defined broadly to extend beyond nuclear or biological kin to extended family and community. One participant further indicated why a larger suite and more bedrooms are important for her in this regard:

Some of it is our traditional ways. My grandchildren want to come and stay with me. They want to be close to grandma because they love grandma, or they need to be looked after while mom or dad goes and does some things. And five or ten of them want to come and visit me all at the same time.

Many participants also spoke of family, community, and cultural disruption and isolation across their lives. For older adults, mobility challenges combined with poverty made it harder to get around and connect with others. For instance, one participant told us she has arthritis in her hands and a pinched nerve which causes her foot to become paralyzed. Because of this she sometimes cannot make the long bus ride across the city to see her grandchildren.

Several participants also mentioned that due to the size, layout, quality, management or safety of their rental housing, they cannot have their grandchildren, nieces, and nephews over even for visits or extended visits. One older adult explained that in her building:

We're not allowed to have overnight visitors. Like, that's another reason why I wanna get outta there. You can't have overnight visitors. Visitors have to be out of the building by 10:30. 10:30 they have to start leaving and 11:00 they have to be out of the building. Like, that's not a home. I don't feel like it's my home.

Further reflecting interdependence, Child and Family Services (CFS) was also described by older adults as harming their quality of life through effects on their familial relations. When children are taken, it affects entire families, yet this often goes unacknowledged, especially as the familial role of older persons is often overlooked or ignored within government systems. One participant shared her experience of using drugs to mask the pain of the death of many members of her family in a short period. Then, as her friend's children became her god-children and her bona fide grandchildren, her life changed and she felt stronger. Yet recently when these children were apprehended by Child and Family Services (related to the actions of the children's biological father), the participant was traumatized and distressed:

I'm dedicating my whole life to those kids. . . . I was always there for them. I always had time for them, all the time. It's really hard to not be with them now. I didn't want to live, [godson] made my life better. Just having to take care of the little guy. Since he was a newborn, he was taken care of. It's like I lost my kid. So, yeah, I wish I had my own space to take care of those kids. Maybe if I did have my own place, they would have been with me instead of strangers.

Strong bonds, alongside ongoing psycho-social effects of colonialism (e.g., addictions, mental health), meant that participants often expressed feeling concerned for others, and felt strong obligations to help others. These older

adults often contributed extensive time, resources, and energy, whether through sharing a household, cooking, cleaning, caring for young children, financial help, or helping children with system navigation or overcoming addictions. One older woman was prepared to forgo necessary medical appointments to take care of grandchildren. Another older woman slept on a mattress in the living room so that her son could have the bedroom in their one-bedroom apartment: “It’s a one-bedroom. I sleep in the living room and my mattress in the living room. My son gets the bedroom.”

Another participant stated:

Well, with us, there's three of us living in our home. My husband and myself and our son. And our son is not well. He's on dialysis. He's 54. He's not that old. But, yeah, he's not well. And so we help him with whatever he needs help with.

Another older adult explained that although she lives alone, “you’d never know it, because my family is always over.” Her family and volunteer obligations in the city, alongside mobility challenges, mean she feels she cannot return to her home community or favourite places like the one she describes here:

Beautiful waterfalls are just, like my favourite place in the world is to just to go sit there. I can't get to it now because of my limitations, but to go sit there and listen to the roar and just meditate and it's loud like you can't hear when people are talking to you; just beautiful.

Such stories reveal the constant, unseen work and dedication of older Indigenous persons trying to address problems that arise for people in their lives and community stemming from colonialism, poverty, and racism. They further show us how interdependent connections can affect decisions about staying in Winnipeg, or one’s living arrangements.

Although these older adults also spoke of receiving help from children (e.g., with cooking, cleaning, and yard work), for some there was a sense that help was more one-directional. For instance, one woman in her 50s described being homeless for a time and then staying with her son but was ultimately uncomfortable with this; she started to feel that her contributions were not appreciated:

I was staying with my son and I really need to get out of there because I don't, like I love my son and that and I love being there. But I started to feel like, I wasn't appreciated there. I was more or less just a live-in maid. I'm in my fifties I need my own space!

For some older adults, their immediate family connections had been disrupted due to experiences of violence, abuse or traumatic bereavement. These experiences shaped their housing decisions and experiences, including feeling unsafe at home or moving out or away. One participant had been experiencing Elder abuse⁵ and had put a restraining order in place:

Among Indigenous people there's a lot of abuse by the adult children that are demanding money now for drugs and alcohol. I know. I don't give money for drugs or alcohol because I don't have it, but I have a daughter that abuses me. I've had to get a restraining order and a 'Form 2'...I'm talking for all of us, not just me, but I'm giving you an example right now. I've slept - I had my son put my dresser against the door. Even though I had my window, I have the deadbolt on because that's how afraid I am.

Some participants also shared with us that sometimes an older person may lose their housing due to abusive behaviour of family such as stealing their money or causing disturbances leading to eviction.

Accessing and Navigating Formal Systems: Experiences of Trauma

Advocacy and support to navigate formal health, social, and housing systems take on particular importance for older Indigenous persons who, because of social and colonial legacies, tend to have higher rates of chronic physical or emotional health challenges. Participants called for more of these resources and supports, including those to help older adults identify resources (like food assistance programs) or use computers and technology to access resources. One participant referred to everyday challenges like coordinating grocery delivery, or food assistance:

So there's a lot of things out there that they also don't know about and I think that's one of them. Because I had to tell my sister - my brother who's blind, you know, they're able to get it. It's so hard to do because they don't have phones all of them, they need a phone to let that person up. See there's so much barriers like they need a phone to let somebody up to deliver their food.

In one of the focus circles, it was noted that provincial privacy legislation prohibited outreach by navigation/translation workers to hospital patients. Patients had to “request” their services, yet may not even know such a service exists, as this participant expressed:

When [the Public Health Information Act] came into the picture, that kind of kiboshed us going and finding our patients. We couldn't go into a room and if we saw a native person in the room, we couldn't go in there unless we had been asked to go in to see that patient.

There is the risk that those transferred to Winnipeg for medical reasons can get lost in the shuffle and be placed in institutions without family visits, meaningful relationships or access to cultures and traditions. Another older adult (who had professional work experience in health care) further emphasized the need for more cultural and translation support for older adults who migrate to Winnipeg for hospital treatment or dialysis:

A lot of the people who come from up north don't speak English. And then some of them end up staying here [in Winnipeg] because of their illness. They can't go back home. . . . That's so sad. And they don't speak English. If they don't have someone in their family that speaks English, you know? Who interprets for them out in the community? We have interpreters in the hospitals but not in the community that I know of. And some of them, I'm sure, are doing without some things because of language problems.

Participants' referred to abuse and neglect within hospitals and long-term care, with one saying: "There's a lot of social issues involved with [hospital] patients that people don't know about. And it's scary, scary if you don't have that help there."

Participants also emphasized that Indigenous housing for older adults should be adequately staffed with people who could assist with tenant support and system/resource navigation. At the same time, however, several cautioned that existing models of formal services and supports can perpetuate existing problems, especially for Indigenous persons who have been transferred from one system to another throughout their lives including residential schools, foster and group home placements, transitional housing, and now institutions for older persons.

Especially among precariously or unhoused older Indigenous adults, there is a strong mistrust of colonial systems based on histories of difficult experiences with systems and sectors (e.g. social housing, homelessness serving sector, Child and Family Services (CFS), Employment and Income Assistance (EIA or welfare), police, prisons, university research, health care). Stresses related to those systems were pronounced for some participants at the time of their interview, including the woman noted in the previous section whose grandchildren had recently been taken by CFS. These stories

also show how bureaucratic or administrative processes associated with these kinds of colonial systems (such as filling out forms) can be triggering and inappropriate.

It is important to note the significant number of Indigenous older adults who currently are or have been homeless. Homeless shelters and transitional housing were identified by some participants as de facto nursing homes whereby “our people come to die” (in the words of one stakeholder) and where their relational and cultural needs are neglected despite large amounts of public funding being transferred to homelessness-serving organizations for their care. They identified that for these older adults, who are the most invisible to and neglected by others (especially when they have disabilities or impairments), advocacy and support grounded in Indigenous principles are imperative. As one expressed:

Assume that that person has had systemic trauma, and that's part of why the person is on the street. Everyone—I'm not even on the street, I don't even look very brown, and every day, I'm fighting everywhere I go. So, you know, if you're thinking of someone who has intergenerational trauma, whether that's residential school, whether that's CFS, justice system, domestic violence, sexual abuse, whatever, that is, that's all going to, so it's not as easy as going 'here fill out this form and then you're housed'. It's not, that's not.... Being scared of systems, it's hard to explain it unless you've experienced it. It's hard, but just assume that every one of them has not just one, not just two or three but compounded challenges with every system.

Broadly, participants emphasized a need for support and services for older Indigenous persons to be more appropriate, trauma-informed, and based on relational principles and holistic approaches. This need extends to housing policies and systems, where participants not only described past experiences of landlord racism but overly rigid and controlling rules and hierarchical structures. For instance, one older woman who lived in a subsidized unit with Manitoba Housing explained getting her own space after being homeless was key for her autonomy. However, her 55+ building has rules prohibiting overnight guests (for her this means her grandchildren cannot sleep over) and limiting how long guests can visit. In her words, “it doesn't feel like a home”; her family refers to it as a ‘jail.’

For similar reasons, one participant in a focus circle identified as being more comfortable living on the streets than being controlled by any agency or person. A survival strategy of self-reliance can be interpreted as a trauma response to experiences such as family separation/disruption, and coping

with living for long periods in facility-based housing. One participant who identified as previously being in federal prison and who is now living on the streets noted: “I rely on myself . . . and I got my lighter and I got my smokes and I got my bag and I got my coffee.”

Another commented,

I’m a street person—I live on the streets. If Main Street Project’s full, I sleep outside. And if the shelter’s full, I don’t cry to get in. I go sleep outside. If I see people cry to get in, someone wants to sleep inside, and I have a bed, I give my bed and I go sleep outside. So that’s what I do, I sleep outside.

Another participant in her 80s spoke of visiting an assisted living building for older adults with many amenities and services after she became widowed. She saw that everything was highly scheduled, without freedom of choice or autonomy. She described her perception:

[My son] said what do you think? I said, ‘I don’t know.’ He said ‘Why.’ I said ‘It reminds me of residential school. This is not for me. I don’t want to live there.’ The only thing that was missing, I think, was bells. It’s just how everything had bells.

Those in the third focus circle rejected the very idea of ‘Indigenous seniors housing’ as a colonial structure or system with the potential to be as harmful and inappropriate as child apprehensions or some aspects of the homeless sector. Participants indicated, for instance, that transitional housing and/or homeless shelters contribute to food insecurity/malnutrition (when donated food is bad, stale or mouldy) and some staff can perpetuate ill-treatment for instance through wrongful evictions. Such issues may be even worse if models were implemented with controlling funding arrangements, bylaws, and policies which curtail self-determined cultural practices such as access to ceremony, family, and community.

Safe and Accessible Spaces in One’s Neighbourhood

Experiences of trauma, violence, discrimination, and racism meant that feeling safe⁶ and comfortable within spaces in their later years was paramount for older adults who participated in our study. Unfortunately, this was not the experience for many. Indeed, as one participant indicated, having low income, alongside racism among landlords, means that when Indigenous persons can get housing in the city, it tends to be low quality (e.g., mould,

asbestos, bedbugs). She spoke of repeated refusals for rental housing due to racism, adding: “and then when you did get a place, it wasn't the best place because that's all you had, or not have a place.”

A participant emphasized how she and her family are offered poor quality and unsuitable housing: “Because I'm native they assume I'm desperate or will take anything.” Several participants likewise connected the problem of eroding low-income housing stock in the city to negligent landlords.

Many participants spoke of the hidden costs of low-income housing, including the impacts of bedbugs and feeling unsafe in and around their building. For instance, one older adult refers to having to stay “on guard” in their neighbourhood. He cannot have his younger family members over to visit due to the lack of safety where he lives. Others expressed similar fears about going out at night, or fear of break-ins and trouble sleeping in their buildings, especially in the context of increasing drug addictions in the city.

Another participant explained that her suite is becoming overrun with bed bugs and mice, and her landlord will not take action. She sleeps on the kitchen floor and cleans her blankets daily. She is worried that if she complains too much they will find a way to get rid of her or close down the house.

A participant explained that her current residence does not have an outdoor light. This is a safety concern because she is required to go outside to smoke. Additionally, she uses Handi-Transit, which has a policy they will not pick someone up where there is no outside light and yet, her landlord is not obliged legally to provide outdoor lighting. She thought about putting up a button light but didn't because “anything that's not nailed down in the yard is stolen.”

Those in the first focus circle emphasized that measures to promote safety in seniors' housing should not impede access for community events and family visits. Furthermore, the presence of others such as skabes (helpers), Elders, intergenerational programming, cooking classes, or visiting physiotherapists and podiatrists increases one's sense of safety. Participants also preferred smaller sized housing options that are distributed across various city neighbourhoods rather than high density ‘towers’ which can enhance safety concerns.

Participants also emphasized the importance of suites that have physical accessibility. One older woman was using a wheelchair while recovering from surgery with a heavy cast, yet their home was not wheelchair accessible:

The wheelchair never fits through the bathroom door; it doesn't fit through the bedroom doors. Because so many of us have a walker... it's easier when you design and build buildings with... accessibility in [mind]. [Rather] than trying to convert it after.

This woman also had to move her bedroom into the living room because of the accessibility issues. Trying to move around without the chair meant that she was experiencing new problems with the knee on her non-injured leg, which now requires replacement surgery.

Lastly, participants indicated that inaccessible physical spaces can also mean that family members cannot care for older persons in their own homes (e.g., the home is not set up for care provision, to accommodate wheelchairs, and so on).

Discussion

THIS STUDY CONTRIBUTES to much-needed research on the experiences and situations of Indigenous older adults in urban areas, and generates knowledge that can and should be actively used to address the ongoing harms and inequities generated by colonial, racist structures, alongside dominant approaches to aging grounded in a Western perspective.

Participants taught us how housing-related and other challenges to aging well from an Indigenous perspective (a balance of physical, spiritual, mental, and emotional aspects) are rooted in racism, generational poverty, and settler-colonialism. They taught us about the strengths of Indigenous older adults and their considerable contributions to addressing the impacts of these forces on their families and communities, while often struggling to find safe and affordable housing to support them in appropriate ways as they age.

The task-based nature of formal support services that are focused primarily on physical needs, the inadequacy of existing financial supports, and the traumatic experiences within institutional systems were identified by participants as particularly harmful. Participants also emphasized that the circumstances and needs of older adults cannot be understood apart from that of their kin and communities.

Our findings provide further support for existing calls for Indigenous-designed and led housing and community development in urban areas (Canadian Mortgage and Housing Corporation, 2022a, 2022b; Lange et al., 2010). To be relevant and successful, these efforts need to be based on local

Indigenous knowledge, practices, relationships and self-determination (Anderson and Collins, 2014; Prout Quicke and Green, 2017; Walker, 2006).

The stories shared with us provide strong evidence of the need for approaches that not only include, but extend beyond, building more housing to address the displacement of Indigenous older adults and reducing the harms of a medicalized, siloed, and institutional approach to aging. Indigenous approaches promote respect and inclusion which supports multiple dimensions of older persons' quality of life and their full participation in families, communities and society. Supporting older persons from a relational or reciprocal perspective could also serve as a model and inspiration for non-Indigenous persons and groups who are exploring alternatives to dominant (harmful) responses to aging. Structural, systemic change is urgently needed, and requires support from and collective action of settler-allies, policy-makers, and Indigenous communities (including older adults themselves), with Indigenous leadership.

Recommendations

There's no such thing that should be representing Indigenous people, Indigenous people should just be doing it themselves. There shouldn't be agencies other than Indigenous people running their own housing—whatever that's gonna look like. (Focus circle participant – stakeholder).

Our committee's recommendations for action are based on what we have learned from the research as a whole. In addition, participants at the large group focus circle generated several core principles to guide future work to support the quality of life and housing of older Indigenous persons in urban areas, and particularly Winnipeg. We acknowledge that our focus on urban areas as opposed to on-reserve older adults has implications for which groups or levels of government might be viewed as having responsibility in each area.

Most broadly, these recommendations are directed toward any level of government and nonprofit providers and developers, and public agencies interested in or mandated to address the needs of Indigenous older adults in urban areas. Importantly however, responsibility extends beyond those typically involved in housing provision. Future advocacy work is also required that involves engaging Winnipeg's Indigenous older adults; this is being planned through the Indigenous Seniors Research Committee, in partnership with the newly established Manitoba Seniors Equity Action Coalition. Such activities should be considered a next step in our efforts, with the goal of planning and strategizing around implementation of these recommendations.

Our recommendations are as follows:

1) In line with the proposal from the Indigenous Caucus of the Canadian Housing and Renewal Association (2023) to support tenants' well-being with Indigenous services, **promote leadership by Indigenous people, especially older adults, in all levels of housing design and development, promoting collective decision-making and control in ownership, operation and service provision.** Planning processes for new housing and projects or programs should include decisions made through ceremony, and feature community members and older adults as decision-making leaders. Indigenous communities should develop, design, own and operate housing in urban areas. A service provider participant, for example, emphasized the following:

(The) meaning of housing for Indigenous seniors to me is like, it should be the most kindest, loving, space if there ever is that....it should not be defined by a colonial world. It should not be defined by colonial settings. It should be defined in the sweat lodge or ceremony that states: 'This is what the answer is.'

Others emphasized using the skills and talents of older adults in the community, in both the design and implementation of housing projects or programs. Self-determination at the bylaw and policy level may be facilitated by locating such programs on urban reserves (Greyeyes and Vipond, 2022). Within 55+ housing, older adults need to be involved in relational or collective processes of decision-making where people work together, rather than in a system manner that reinforces power relations such as between client and worker. In this regard, some emphasized how a broader sense of security can be provided through the presence of others in traditional roles such as skabes. This was identified as not only culturally appropriate but respectful and better able to meet people's needs for support.

(2) Centre Indigenous values in the development and operation of appropriately resourced housing projects for Indigenous people and seniors. Participants expressed a desire to see Indigenous values and worldviews (of kindness, truth, generosity, respect, love, self-determination, humility, sharing, safety, two-spirit, Creator, and the Seven Teachings) guide the development and operation of housing projects and programs for Indigenous people and seniors. Projects and supports also need to be properly resourced to address all aspects of well-being, including connection to tradition and culture through ceremonies and knowledge keepers/Elders, social interactions with others (e.g. games, pool/water-therapy,

crafts, exercises, organized outings, ongoing educational opportunities, music, entertainment), medical, translation and navigational support and accompaniment, and support for accessing and preparing healthy, traditional foods. As an example, Saskatoon's Round Prairie Elders Lodge supports emotional health (social inclusion, counselling), physical health (nutrition, exercise, medical support) and spiritual health (on-site spiritual/ceremony room). More broadly, however, participants in the present study emphasized the importance of integrating older Indigenous persons into communities instead of their segregation into 'age-based housing.'

(3) Expand family and community centred options through policy and design while supporting families and mitigating risks of elder abuse.

Drawing on recommendation 2, ways of facilitating multi-generational living arrangements in housing design and development should be explored in particular. For instance, currently in development, Nuxalk Nation Elders' Village⁷ in Bella Coola and Fishing Lake Métis Triplex⁸ are family-centred housing communities designed to support intergenerational living through multi-unit arrangements combined with shared communal spaces. Indeed, common spaces in design (like communal round rooms at the centre of a building, shared kitchens), larger family homes, physically accessible suites, cooperatives, and other models encouraging mutual aid and interdependence were also valued by participants in our study. To facilitate connections between older persons and their Indigenous communities, the Indigenous Elders' Lodge⁹ in Calgary features indoor and outdoor communal and meeting spaces for spiritual healing and knowledge transfer. In Saskatoon, Round Prairie Elders Lodge¹⁰ includes suites designed with space for coresident children or grandchildren. The main floor has a communal gathering space with a fireplace large enough to gather around, and there is a large, common kitchen area. The garden features fruit trees and berry bushes.

Recommendation 3 extends beyond housing alone, however, since supporting family-based options could include subsidizing and supporting family-based care for those who are willing and able, with a broad conception of family or kin based on the person's support network. This could include paying family members to care for older adults, compensating older adults for childcare, or providing funds for needed home modifications as one service provider in a focus circle expressed:

"If the government were to subsidize Indigenous people, Metis people, Inuit People, to be taking care of their families, that's what I think would be best...I've seen programs after programs of housing and senior stuff that

just meant, you can put in whatever you want, they're band-aids. . . . And I think giving the families the opportunity to do that..."

Intergenerational living options alongside support for family-based care could help integrate older Indigenous persons into communities more broadly. In this regard, there may be alignments with the housing and support needs of Indigenous youth aging out of Child and Family Services (Morten et al., 2021). A recent housing project in Kamloops, BC, Kikékyelc: A Place of Belonging¹¹ unites Indigenous youth who are aging out of Child and Family Services with older adults, with a design that includes shared common areas, laundry and kitchen space to facilitate mutual intergenerational support and mentorship.

To lower the risk of elder abuse, participants emphasized the importance of addressing older adults' social isolation, ensuring they have someone they can confide in and trust (without having it necessarily lead to arrest or punishment). An Indigenous-based elder abuse hotline, as well as increased funding for community groups (like Sabe Clubs) and advocates to do wellness checks could also provide possible support or oversight for those experiencing various forms of abuse (including negligence by landlords).

(4) Limit restrictive policies and promote positive relations in housing and support while respecting culturally-informed group process and decision making. Approaches to various forms of housing and support should be rooted in relational approaches to accompaniment and being with, in contrast to highly controlling, coercive environments. This requires careful attention by housing and other service providers to centering Indigenous values and leadership in planning and decision-making. Demonstrating how using Indigenous language embeds Indigenous values, one community organization, Main Street Project, replaced traditional "worker" (e.g., case worker, social worker, or housing worker) roles, with "Skabes" (an Indigenous term for helpers) who aim to enhance relationships and make people feel comfortable through traditional Indigenous practices. Planning and decision-making around housing should include, for instance, a pet-friendly and family-friendly environment, cultural training for non-Indigenous helpers and landlords, effective dispute resolution, promoting the security and safety of building spaces, and potentially preventing and intervening around elder abuse.

(5) Recognize the diversity of Indigenous older adults. Our findings underscore the critical importance of diverse housing and support options

to accommodate multifaceted needs. Recognizing a wide range of situations requires attention to:

- Indigenous older adults housed in hotels
- Those who experience elder abuse
- Long-term residents of Winnipeg as well as older adults who came to the city more recently
- Those who wish to live with family and those who do not
- Those with varying spiritual and religious beliefs
- Two-spirit and LGBTQ+ Indigenous older adults
- Language and cultural variation between and within Indigenous communities.

(6) Facilitate access to suitable transportation. To support inclusion, connection, purpose, and leadership, older adults in various housing arrangements need a comprehensive, Indigenous-run transportation system not only for medical appointments and formal services but for family and community visits and other social, and cultural activities and ceremonies. Transportation is key to facilitating access to spiritual gatherings, ceremonies, traditional foods and healers, community events, including going to ‘the bush’, the water, traplines, or community gatherings, and Indigenous traditions for older adults who desire it. Transportation is also particularly important given the prevalence of low-income and mobility challenges, and since participants emphasized the need for housing options that are small in size and distributed across various city neighbourhoods.

(7) Ensure affordability. In the context of significant income disparities and poverty that have been further evidenced in this report, a payment plan geared to income, coupled with subsidies, Rent Assist and other funding resources, should be a serious consideration as part of any housing project development, including but not limited to nonprofit or public housing. Broader enhancements and protection of non-market and rent-geared-to-income housing stock in Winnipeg are also essential.

(8) Empower and engage an independent Seniors Advocate office in Manitoba. Although similar offices in Canada were not developed specifically to address Indigenous aging, Manitoba has recently established and is developing an independent Seniors Advocate office (Government of Manitoba,

2024). If the provincial government were to grant this office sufficient investigative powers (similar to that of British Columbia), and if such an office, when established, engaged in close collaboration with Indigenous leaders and communities, it could help further investigate and explore key issues and concerns for Indigenous older adults and prompt policy and legislative response around housing, transportation, elder abuse, institutional racism, and related issues that have been identified in this report. Those developing the framework for the Office should ensure it adopts the action and justice-oriented principles of the Truth and Reconciliation Commission of Canada's calls to action, the United Nations Declaration on the Rights of Indigenous Peoples, and the National Inquiry into Missing and Murdered Indigenous Women and Girls' calls for justice so that Indigenous seniors' issues would be addressed from a culturally-appropriate and decolonizing lens.

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Endnotes

1 How political, social and economic conditions create barriers for the full engagement and integration of people in society, including but not limited to older adults and people living in poverty.

2 Ongoing legacies and practices that not only involve occupation/invasion of land but also imposed displacement, repression and erasure of Indigenous people by permanent settlers.

3 The mass removal, by child welfare authorities, of an estimated 20,000 or more Indigenous children from their families, who were adopted into mostly non-Indigenous households, between 1951 and 1984. For more information see University of British Columbia, Indian Residential School History and Dialogue Centre (no date): <https://irshdc.ubc.ca/learn/the-child-welfare-system-and-the-sixties-scoop/>

4 Not all older adults are considered Elders; for more information see: <https://www.thecanadianencyclopedia.ca/en/article/indigenous-elders-in-canada>. Put most briefly, Elders are understood as cultural leaders and teachers in their willingness and ability to look back on their life (previous directions on the medicine wheel), to reflect on and interpret their experiences in traditional terms, and to communicate these teachings to others, especially younger generations. Elders are seen as having knowledge about tradition including ceremony and language as well as someone who lives said traditions and who is recognized by a community for their wisdom and knowledge. For more information see: Stiegelbauer, 1996

5 <https://www.fnha.ca/about/news-and-events/news/remembering-indigenous-teachings-on-world-elder-abuse-awareness-day>

6 Defined broadly, safety can mean being treated in a trauma-informed, anti-racist, relational way within formal health and social care systems (as above), and having self-determination within these systems. Safety also had more immediate meanings for older adults in terms of both crime and well-being in housing arrangements as well as in their families, neighbourhood and in using transportation.

7 For information on *Nuxalk Nation Elders' Village*, see: <https://impact.canada.ca/en/challenges/indigenous-homes/innovators>, <https://www.todayinbc.com/news/nuxalk-nation-receives-funding-for-elders-housing-project/>

8 For more information on *Fishing Lake Métis Triplex*, see: <https://www.icenet.work/c/bringing-it-home/>, <https://impact.canada.ca/en/challenges/indigenous-homes/innovators>

9 For more information about *Indigenous Elders Lodge*, see: <https://www.cmhc-schl.gc.ca/media-newsroom/news-releases/2022/building-indigenous-housing-calgary>, <https://www.calgary.ca/our-leadership/articles/elders-lodge.html>

10 For more information about *Round Prairie Elders Lodge*, see: <https://www.cumfi.org/elder-housing>, <https://www.newswire.ca/news-releases/new-affordable-homes-for-indigenous-elders-in-saskatoon-834669367.html>, <https://impact.canada.ca/en/challenges/indigenous-homes/innovators>, <https://www.bigblockconstruction.ca/post/how-the-round-prairie-elders-lodge-incorporates-metis-traditions>

11 For more information on *Kikékyelc: A Place of Belonging*, see: <https://makoladevelopment.com/kikekyelc/>, https://centre.support/indigenous-youth-transition-with-help-from-community-elders/?fbclid=IwAR3fWlrZVMKUiPcaLp_fTo_RiAPfnGyCWYAaVqpJjkbSLlqyNL5ZJVnrno



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