“we’re alone in the struggle, we really are”

A Report on Accessibility, Disability, and Housing for Métis Women and 2SLGBTQQIA+ People

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For Les Femmes Michif Otipemisiwak – Women of the Métis Nation

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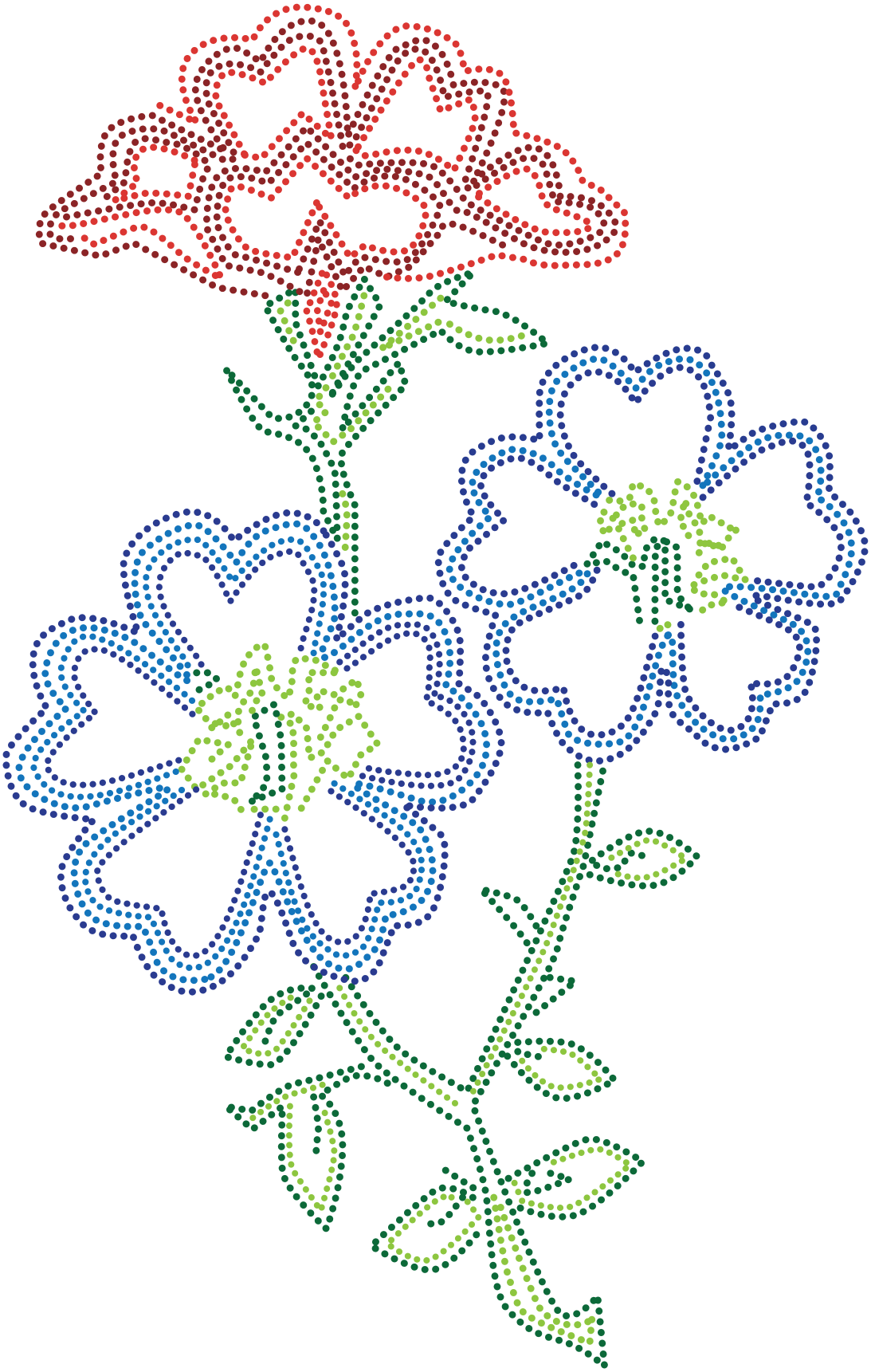

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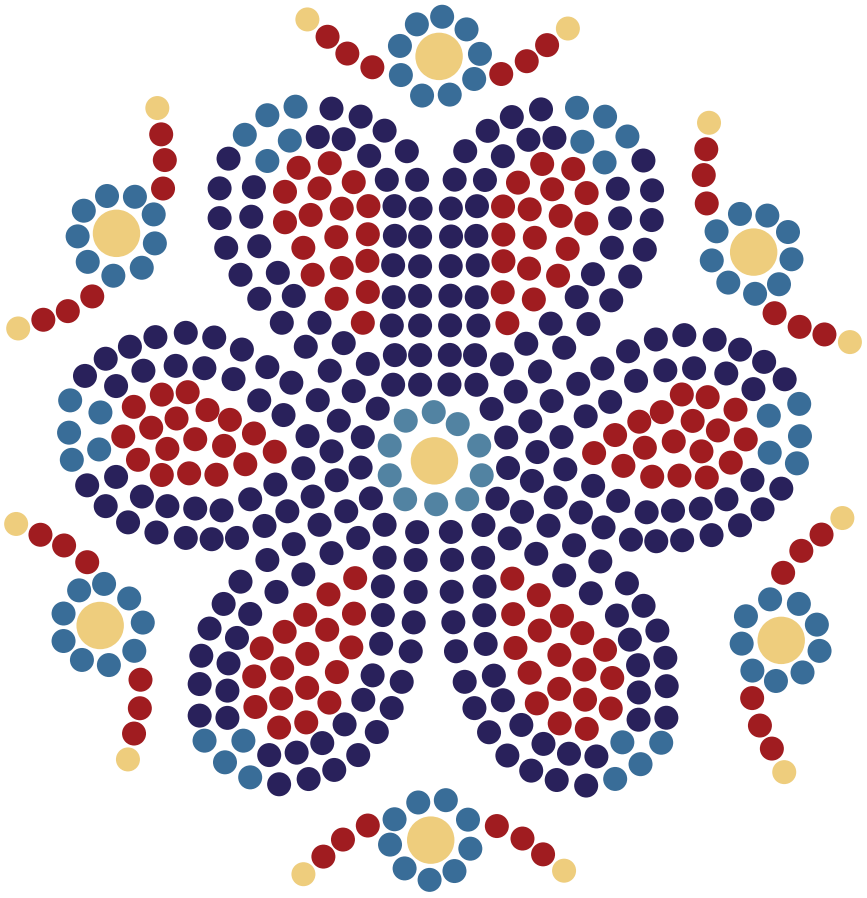


1. Executive Summary

This report builds from work we undertook to produce Les Femmes Michif Otipemisiwak's (LFMO) 2022 report "'My ancestors would be proud of us': Métis Women and 2SLGBTQQIA + People's Housing Histories, Experiences, Struggles, and Perspectives." In the report we addressed the housing situation of Métis people who self-identify as women and/or as 2SLGBTQQIA+, living today within Canada. In our report, one of the primary concerns we flagged, was that Métis women and 2SLGBTQQIA+ people often lived with diagnosed and/or undiagnosed disabilities that compounded the housing struggles and financial challenges facing them. As Doreen Demas (2018) notes, Indigenous people are "susceptible to certain kinds of diseases and medical conditions, such as diabetes, which can cause loss of limbs, blindness, and other serious issues. These medical conditions are worsened and triggered by poor living conditions on reserves, including malnutrition and poor housing."[1] While Demas identifies reserves as primary sites of residence, those who do not live on reserves, Métis people in particular, also face significant challenges related to housing and well-being. We know from available statistics that Métis who self-identify as women are more likely to live in overcrowded housing, housing in need of repair, and to experiences incidences of homelessness are rates higher than the general, non-Indigenous population within Canada. There is no available statistical data as to the housing situation of those Métis who expressly identify as Two-Spirit and/or as LGBTQQIA+ people. Given that organizations geared towards addressing homelessness and/or housing precarity do not compile information about Métis-specific experiences, there has as well been a gap in qualitative information regarding Métis women and 2SLGBTQQIA+ people's realities. Yet with what we do know, it is at once clear that the challenging picture is widened further by the lack of consideration given to ensure that those Métis living with disabilities are sufficiently cared for and supported. Métis women and 2SLGBTQQIA+ people responsible for child-rearing are, like other Indigenous women and 2SLGBTQQIA+ people, are particularly challenged when raising families. As Demas writes, "imagine how difficult it is for a Native woman who is a wheelchair user to raise her children a house that does not have indoor plumbing."[2]

We know from existing research on the wider matter of Métis housing, that Métis have experienced negative impacts with respect to housing stability and security arising from colonization directly and manifested in the form of impoverishment, houselessness, and unsafe/insecure housing. The experiences of the Métis Nation with respect to land dispossession and displacement from our homes because of Canada's development as a nation cannot be decoupled from the lived experiences of Métis today (LFMO 2022). In the context of this report, it cannot be decoupled from the introduction of racism and of sexism, homophobia, transphobia, ableism, and classism into the lives of Métis Nation people. For Métis women and 2SLGBTQQIA+ people, as this report discusses, these experiences have been particularly harmful. As LFMO has written elsewhere, Métis women and 2SLGBTQQIA+ face "a unique form of marginalization and discrimination; first, as Indigenous peoples; second, as Métis—the 'invisible' among Aboriginal people; and third, as women." Métis women and 2SLGBTQQIA+ people living with disabilities might then be considered as, to build on Demas wording, a "quadruple jeopardy." This report therefore critically analyzes Métis women and 2SLGBTQQIA+ people's experiences with respect to housing at the meeting point of disability and accessibility and includes a series of recommendations based on extensive review of historical, archival, survey, and interview-based data.

[1] Demas, Doreen. "Triple Jeopardy: Native Women with Disabilities." Hansen, Nancy, Roy Hanes, and Diane Driedger, eds. *Untold stories: A Canadian disability history reader*. Toronto: Canadian Scholars, 2018, 343.

[2] Ibid.

2. Introduction

There is growing awareness as to Métis peoples' experience and struggles with respect to securing safe and affordable housing. In part the growing awareness comes from the work undertaken by Statistics Canada to gauge the housing situation of First Nations, Métis, and Inuit more broadly, in particularly via the Aboriginal Peoples Survey. However, the growing awareness is also linked to the direct advocacy work of Métis people ourselves. Métis have taken great strides to shed light on the history of displacement and dispossession as our nation has experienced. Across Canada there is increased understanding and recognition of the impacts of systems of land dispossession such as the Scrip system, and the federal government's failure to honour the terms of the Manitoba Treaty (also known as the Manitoba Act of 1870), leading to the later development of Métis shanties and Métis road allowance communities. The housing and living conditions for Métis in shanty towns, road allowance communities, and other urban and rural impoverished communities was stark. Over the past 70 years, Métis people have become increasingly urbanized, driven into urban centres after waves of processes of displacement that left Métis as an Indigenous people without a land base.[3] As such the Métis National Council (MNC) in its 2015 report titled "Benchmarking Métis Economic and Social Development" identified housing as one of the key indicators of Métis well-being.[4]

While the greater awareness of the struggles Métis people have faced with respect to home and housing security is notable, there is often the tendency to speak of Métis people as a collective, eschewing a more focused discussion of the Métis women, girls, and 2SLGBTQQIA+ peoples experiences with respect to housing. This is crucial given that LFMO's Métis-specific gender-based analysis of the situation reveals that Métis women, girls, and 2SLGBTQQIA+ peoples face significant challenges with respect to securing safe and affordable housing, a direct result of the intersecting layers of oppression Métis women, girls, and 2SLGBTQQIA+ peoples experience on the basis of colonialism, racism, sexism, gendered discrimination, homophobia, and transphobia. For Métis women, girls, and 2SLGBTQQIA+ people, the intergenerational impacts of forced relocations, displacement, dispossession, institutional, and settler colonial violence cannot be understated. As we discussed in our prior report (LFMO 2022) and reflected in interviewees responses to our broader study of Métis women and 2SLGBTQQIA+ people's housing realities, many reflected on struggling at the nexus of employment, housing, and disability/accessibility, health-related challenges. This had a significant impact on their ability to live in safe, affordable, and accessible housing. As has already been discussed, one of the primary challenges in understanding the situation for Métis women, girls, and 2SLGBTQQIA+ people is the general lack of data related to Métis health and wellness.[5] For instance, between 1980 and 2009, only 80 "peer-reviewed articles related to Métis health were published" and very few of these have firm statistical data related to Métis (versus pan-Aboriginal or pan-Indigenous data).[6] The fact that between 1992 and 2001, only two studies focused on Aboriginal health had direct data on/for Métis makes it even more challenging. The violent dispossession and displacement of Métis families and communities is a self-'

[3] Thomas, Jasmin. *Benchmarking métis economic and social development*. No. 2015-07. Centre for the Study of Living Standards, 2015. 11.

[4] Ibid.

[5] Métis Centre of the National Aboriginal Heath Organization. "Paucity of Métis-Specific Health and Well-Being Data and Information: Underlying Factors." *NCCAH*. https://www.nccih.ca/docs/context/FS-PaucityMetisHealth-MetisCentre-EN.pdf.

[6] Ibid.

perpetuating cycle whereby it has created conditions that compromise Métis women's, girl's, and 2SLGBTQQIA+ people's health while also rendering it difficult to *assess* health disparities among these populations.[7] Again, as we have already identified, there are as well problems with framing issues of accessibility explicitly (or solely) through the lens of health, and in a manner that pathologizes Métis women and gender diverse people.

It also bears reiterating what we did in our prior report (LFMO 2022), that Métis people report living with a disability at rates statistically comparable to First Nations people living off-reserve, and substantially higher than non-Indigenous people.[8] Off-reserve First Nations report living with a disability at a rate of 32%, while Métis report at 30%. By contrast, non-Indigenous people report living with a disability at a rate of 19%.[9] Métis women report living with a disability at rates higher in older age. For those 55 years old and older, 43% report living with a disability while those 15 to 24 reported at 31%.[10] This is still statistically significant for both populations. In fact, Métis aged 25 to 39 reported living with a severe disability at rates higher than off-reserve First Nations, Inuit, and non-Indigenous people.[11] According to the 2017 Aboriginal Peoples Survey and the Canadian Survey on Disability (2017), Métis women reported living with various kinds of disabilities at rates consistently higher than Métis men, including pain-related (24% versus 17.2%), mobility-related (11.7% versus 8.3%), and (among others), dexterity-based (6.4% versus 3.2%).[12] As some of our interview participants outlined, living with one or more disabilities undoubtedly impacts Métis access to employment and in turn has a direct impact on Métis people's living conditions. As more Métis in urban areas reported a disability than in rural areas, this may lead to the invisibilization of the housing struggle nexus for Métis living in rural areas – areas with far less access to supportive infrastructure.[13] More distinctions-based research, GBA+ research, and research that bridge these with methodological approaches attuned to the existing literature on Indigenous disability research, is needed.

As with our prior report (LFMO 2022), readers will note that at times the Report suffers from notable gaps in the discussion of 2SLGBTQIA+ people's experiences. Wherein Métis-specific data and reports have been available, they have been included, however it bears mentioning that the situation for 2SLGBTQQIA+ Métis people remains woefully underexamined. As is consistent in other studies on Indigenous experiences, research focused on 2SLGBTQQIA+ experiences lack a distinctions-based approach with notable gaps in focus on Métis experiences and lived reality. There are few statistics, if any, that speak directly to Métis 2SLGBTQQIA+ people's experiences with respect to housing, disability, and accessibility. As mentioned in our earlier report (LFMO 2022) at least some of this is attributable to the fact that pre-existing research has taken a pan-Indigenous (or pan-Aboriginal) approach. To that, Indigenous-focused data collection methods have not historically used a distinct category of self-identification for 2SLGBTQQIA+ people. With respect to the 2011 National Household Survey, wherein respondents could identify in accordance with their claimed Indigenous affiliations (i.e. First

7 Ibid.

8 Hahmann, Sara, Badets, Nadine, and Hughes, Jeffrey. "Indigenous people with disabilities in Canada: First Nations people living off reserve, Métis and Inuit aged 15 years and older." *Statistics Canada*. 12 December 2019. https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2019005-eng.htm.

9 Ibid.

10 Ibid.

11 Ibid.

12 Hahmann, Sara, Badets, Nadine, and Hughes, Jeffrey. "Indigenous people with disabilities in Canada: First Nations people living off reserve, Métis and Inuit aged 15 years and older." *Statistics Canada*. 12 December 2019. https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2019005-eng.htm.

13 Ibid.

Nations, Métis, Inuit, etc.), they were only presented with "male" or "female" with no option akin to 2SLGBTQQIA+ who for those who may not exist within the sexed binary presented to them.[14] The discrimination here is immediately apparent, as respondents were given multiple options for self-identification within the category of Aboriginal. It bears mentioning that the forthcoming release of Indigenous-focused and housing-related data in September 2022, may have more to add to this analysis, as the Canadian Census for 2021 worked to address the past anti-2SLGBTQQIA+ approach of census-taking.[15]

Further to this, one of the greatest limitations in understanding the experiences of Métis women, girls, and 2SLGBTQQIA+ peoples with respect to housing and homelessness, is the relative lack of focused data. While some statistical information is available arising from recent census reporting (the 2011 Aboriginal Peoples Survey, the 2017 Aboriginal Peoples Survey, and the 2016 Canadian Census) there is a greater deal of work to be done. Further, wherein data can be extracted based on Métis self-identification within the aforementioned survey data sets, categories based on self-identification as Métis may not be accurately reflective of the Métis experience itself.[16] In addition to this other studies data generalizes and combines the experiences of First Nations, Métis, and Inuit into categories of either "Aboriginal" or "Indigenous." This leads to the erasure of the distinct experiences of Métis.[17] Further to this end, few focused studies exist as to the situation of Métis women, girls, and 2SLGBTQQIA+. In fact currently available statistics, while they can be extracted and evaluated on the basis of self-identification as Métis and through a binary gender lens, there continue to be constraints, as mentioned, on 2SLGBTQQIA+ data.

What we can glean from available research makes it clear that there are distinct differences informed by both the Métis experience with colonization and with, for Métis women, girls, and 2SLGBTQIA+ people, intersecting experiences with racism, sexism, homophobia, and transphobia (among other things). This has led to disparities in employment rates; health and wellness and access to healthcare; interpersonal, familial, and domestic violence; and education. Critically and taken together these have come to have profound impacts on Métis women, girls, and 2SLGBTQIA+ people's ability to access and keep safe, secure, and affordable housing. The Report begins by outlining the methodological approach to data collection. Next, we offer a focused discussion on the links between Métis people's experiences with

[14] See Statistics Canada, 2011 National Household Survey, Statistics Canada Catalogue no. 99-011-X2011028.

[15] Gemmill, Angela. "New gender questions in 2021 census 'a good start,' transgender, non-binary advocates say." *CBC News*. 7 May 2021. https://www.cbc.ca/news/canada/sudbury/gender-questions-2021-census-sudbury-1.6017153

[16] See Chris Andersen's discussion on the problems created by the racialization of Métis in the Canadian -Census and issues around the problems of self-identification in Andersen, Chris. "From nation to opulation: the racialization of 'Métis' in the Canadian census." Nations and Nationalism 14, no. 2 (2008): 347-368; see also Andersen, Chris. "The colonialism of Canada's Métis health population dynamics: caught between bad data and no data at all." Journal of Population Research 33, no. 1 (2016): 67-82; Andersen, Chris. Métis: Race, recognition, and the struggle for Indigenous people-hood. Vancouver: UBC Press, 2014; Gaudry, Adam, and Darryl Leroux. "White settler revisionism and making Métis everywhere: The evocation of Métissage in Quebec and Nova Scotia." Critical Ethnic Studies 3, no. 1 (2017): 116-142; Leroux, Darryl. "'We've been here for 2,000 years': White settlers, Native American DNA and the phenomenon of indigenization." Social studies of science 48, no. 1 (2018): 80-100; Leroux, Darryl. Distorted descent: White claims to Indigenous identity. Winnipeg: University of Manitoba Press, 2019.

[17] See Andersen 2008, 2014. See also Patrick, Caryl. (2014). Aboriginal Homelessness in Canada: A Literature Review. Toronto: Canadian Homelessness Research Network Press; Thistle 2017; Native Women's Association of Canada 2019.

colonialism and take a GBA+ analytical approach to the question of disability and accessibility as it pertains to Métis people. We then move into a review of existing quantitative data before discussing the qualitative research undertaken, evaluating the results of interviews with Métis women and 2SLGBTQQIA+ participants in light of pre-existing data and against the backdrop of Métis history. Lastly, we offer recommendations to address issues raised within this Report .

3. Methodology

1.1 A Métis Approach to Gender-Based Analysis

This report takes a distinctions-based approach that also prioritizes a gender-based analysis framework. A Métis-specific GBA+ analysis centers Métis women, girls, and 2SLGBTQIA+ people in the research while also being attentive to affects on/for those identifying as Métis men. It also addresses the multiple layers of oppression and positionality of people in considering the impacts of policies and initiatives that affect them.[18]

1.2 Data Collection Procedure

For this study the researchers utilized a gender-based analytical lens centering the experiences of Métis women, girls, and 2SLGBTQIA+. We used a mixed method approach that involved the use of a survey, conversational interviews, consultation sessions, document analysis, and literature reviews. Over the course of seven months, we conducted semi-structured in-depth interviews with Métis women and members
of the 2SLGBTQQIA+ community. Both authors recruited Métis women and gender diverse people via social media and through connecting with our pre-existing networks. We also used snowballing methods which included asking people we interviewed to share our information with other Métis women and 2SLGBTQIA+ people willing to speak to us. Using this approach, we interviewed a total of 5 participants from British Columbia, Alberta, and Saskatchewan. One individual identified as Two-Spirit or transgender and the others identified as cisgender Métis women. Each interview lasted between 1-2 hours and were completed via telephone or Zoom video call. We also traveled to four cities and conducted consultation sessions with approximately 28 participants across 4 provinces (Ontario, Saskatchewan, Alberta, and British Columbia). We went to two smaller cities (under 100,000) and two large cities (over 1,000,000). Consultation sessions lasted approximately 6 hours and involved in-depth open-ended conversation and engagement with participants. We added substantial historical information to help frame our data and to help readers understand how historical oppression and structural violence continues to negatively affect Métis women and 2SLGBTQIA+ people, contributing to the issues raised in this report with respect to the housing issues faced by those living with disabilities. Our interviews and consultation sessions were transcribed verbatim and through NVivo Transcription. We then used Dedoose and NVivo, qualitative data analysis software packages, to organize interviews and create "themes" or patterns separately across the respective interviews and consultations we conducted. Using this approach, we compiled a series of key findings which we describe in detail in our findings section. This method of analyzing ethnographic data follows the process described in Emerson, Fretz, & Shaw.[19]

[18] Les Femmes Michif Otipemisiwak. « Métis Specific Gender Based Analysis Plus (GBA+) Tool. 2019. https://metiswomen.org/wp-content/uploads/2021/06/Metis-Specific-GBA-Tool.pdf.

[19] Emerson, Robert M., Fretz, Rachel I., & Shaw, Linda L. (2011). Writing ethnographic fieldnotes. Chicago: University of Chicago Press.

1.3 Quantitative Data

This section describes findings based on a large-scale survey we conducted. We distributed this survey via multiple social media platforms like Facebook, Twitter, Instagram, and Reddit and through our independent networks. This survey included 26 closed open and close ended questions. We collected 211 responses using various social media platforms. The information collected via the survey gives us a broader picture an understanding of where individuals are coming from and where the Métis community is currently residing. This survey also gives us a broader understanding of how issues of ability and disability are affecting Métis women's access to housing. Additionally, the survey provides other key portions of demographic information. We include small charts in this section to describe key information collected during this survey.

4. Backgrounder

In our 2022 report for LFMO, "'My ancestors would be proud of us': Métis Women and 2SLGBTQQIA+ People's Housing Histories, Experiences, Struggles, and Perspectives," we offered a detailed backgrounder to the gendered impacts of Métis dispossession, that have led to well over a century-and-a-half's consequences for Métis women and 2SLGBTQQIA+ people. Targeted attempts to dispossess Métis people of land rights and to assimilate Métis people into Canadian society, have led to deeply unequal consequences striated along gendered distinctions. Just as settlers positioned Métis people as inferior to Canadians, and Métis women as inferior to Euro-Canadian women, the importation of Canadian approaches to disability were as well extended to Métis communities. From its origins, all levels of government within Canada ascribed to eugenicist thinking that demarcated those with disabilities as prime for segregation from the wider Canadian population.[20] In the context of immigration, for example, the federal government's hostility towards people with disabilities is clear in coordinated legislative efforts to refuse immigration to those with disabilities, a practice that continues in some form through to today.[21] Yet all Indigenous people, including Métis people, have a distinct relationship with the concept of disability, one that is mediated both by Indigenous community understandings of human existence and by Canadian articulations of human difference.

Research related to the historical context of Indigenous people's experiences with respect to disability is limited. The overarching focus of existing literature is on mental health, or with a focus on chronic illness, both of which are framed outside of a lens of disability and accessibility. While the former is focused on documenting experiences with illness, the latter is often oriented towards a social justice-oriented approach to advocating for greater commitment to cutting barriers to accessibility across wide-ranging experiences of inaccessibility. Oji-Cree scholar Nicole Ineese-Nash writes that Indigenous people "with disabilities are often conceived as 'doubly disadvantaged,' as their ability to participate in society is significantly marginalized both as a result of disability and race-related discrimination."[22] However within Indigenous communities, the concept of human existence is not a deficit-based one. Children are seen as holding unique gifts and responsibilities given to them by their Creators, in contrast to a Eurocentric model of "child development" that sees children as inherent lacking.[23] The responsibilities of adults

[20] Hansen, Nancy, Roy Hanes, and Diane Driedger, eds. Untold stories: A Canadian disability history reader. Canadian Scholars, 2018.

[21] Chadha, Ena. "'Mentally Defectives' Not Welcome: Mental Disability in Canadian Immigration Law, 1859-1927." *Disability Studies Quarterly 28*, no. 1 (2008).

[22] Ineese-Nash Pg. 28; see also Durst et al., 2006.

[23] Ineese-Nash, pg. 30; see also Greenwood 2006.

in their lives is to help them learn and grow into those gifts.[24] By contrast disability in wider society, and by non-Indigenous people, is generally understood as "a social phenomenon experienced by individuals with impairments which hinder their full participation in society."[25] Disability scholars also flag the fact that there is inherent bias in framing disability as a problem "residing in the individual," asserting instead that the "problem" (given that historical disabilities have been framed through negative language as such), rather lie "within the culture of our society."[26] At the same time, Ineese-Nash writes, disability "is therefore heightened through other forms of discrimination, such as racism, classism, and sexism."[27]

Disability, as Ineese-Nash argues, is "a construct that exists as a mechanism of colonialism which does not align with Indigenous perspectives of difference."[28] According to Ineese-Nash, "[d]ominant perspectives in health research equate racial discrimination with societal disablement, perpetuating a discourse of 'Indigeneity as disability' wherein Indigenous peoples are disabled regardless of individual capacity."[29] Models of care often ignore the context within which Indigenous people living with disabilities exist, relying on isolated and isolating approaches to support that further contribute to the assimilation of Indigenous peoples.[30] As will be discussed later on in this report, the individualized approach of current thinking on disability is directly harmful to Métis women, 2SLGBTQIA+ people, and their families, whose housing situation is often mediated by a need to access supportive care that effectively removes them from their communities, thereby further perpetuating assimilationist cycles.

Dakota disability activist Doreen Demas writes that Indigenous women are in "triple jeopardy" when it comes to living marked as disabled. Demas writes that, "many of the concerns that Aboriginal people in Canada have - poor housing conditions, lack of adequate medical care, and substance abuse. When you add disability and being female to this, you have a situation of extreme disadvantage."[31] In order to attend a specially designated school for visually impaired children, Demas recounts, she had to move from her home in Manitoba, to Ontario. This carried compounded forms of trauma - leaving her family, but also living "in a different culture with its own language and norms."[32] Demas' experience echoes that of Inuit children who were, for example, removed from their communities in the North to southern tuberculosis sanitoriums, some who were never returned home.[33] Demas not only had to navigate the painful challenges of having to leave her family and home from a young age, she also had to do so in the context of extreme cultural difference - and against a backdrop of rampant anti-Indigenous racism.

This is an urgent area for future research, especially given that there are few focused studies that explicitly discuss Métis people and disability, and in those terms, let alone in relation to Métis women and gender diverse people. Valdine Alycia Flaming writes, "Metis people live with disability and chronic illness which is largely under reported and undocumented in Canada."[34]

[24] Ibid.
[25] Ibid, see also Oliver 2017.
[26] Ibid, see also Goodley 2016; Oliver 2017.
[27] Ibid, see also Goodley, 2017; Annamma, Ferri, & Connor, 2018.
[28] Ibid.
[29] Ibid.
[30] Ibid.
[31] Demas pg. 339.
[32] Ibid, see also Ineese-Nash 2020; Roberts, O'Sullivan, & Howard, 2005.
[33] Olofsson, Ebba, Tara L. Holton, and Imaapik "Jacob Partridge. "Negotiating identities: Inuit tuberculosis evacuees in the 1940s-1950s." *Études/Inuit/Studies* 32, no. 2 (2008): 127-149.
[34] Flaming 2021, ii.

While research may be limited on Métis women and 2SLGBTQQIA+ people and their connection to disability, many of the identified issues facing Indigenous women and 2SLGBTQQIA+ people existing in literature are undoubtedly reflective of the experience for Métis. Subsequently, as will be contextualized further in the report. For the purposes of this report, we thus consider disability as defined through the lens of a "social model of disability, which takes into account not just a person's impairments or task difficulties, but also the added impact of environmental barriers to create disability. This approach focuses on barriers to the participation of persons with disabilities in society and the economy."[35]

5. Core Issues Identified in Existing Literature

1.1 The Roots of Housing Dispossession, Displacement, and Disability

In our earlier widescale report on Métis women and 2SLGBTQQIA+ people's experiences with housing and houselessness, we identified some of the core elements of Canadian settler violence, dispossession of land rights, and racism that the Métis Nation has dealt with since Canada's creation. We contend that what we outlined finds the roots causes of housing precarity for Métis families. These inequalities that come into sharper focus when we consider the direct experiences of those Métis women and 2SLGBTQQIA+ people, and their children, who live with disabilities. While there are no direct studies of Métis people's experiences living with disabilities, we do know that those with disabilities continue to live with, and are supported by their primary family units. In our prior report we specifically note that one aggressive gang of settlers known as the Portage Gang began to openly beat and harass Métis people in Red River in 1870 - doing so largely with impunity - they targeted one Métis man, Norbert Parisien. Parisien was reported to have been living with cognitive disabilities. The Portage Gang savagely beat him and nearly lynched him.[36] This reflects a variation on Demas' discussion of triple jeopardy - double jeopardy based on Parisien's existence as a Métis person but also his living experience as a man with a disability. It bears reiterating in this report that the Portage Gang was made up of notable Canadian settlers from Portage la Prairie - those who are still valorized today - Charles Mair, Charles Arkoll Boulton, Thomas Scott, and John Christian Schultz.

Such violence would only be extended with the arrival of the Canadian government's Red River Expeditionary Force (RREF), a punitive military expedition dispatched to Red River. A few short months after the Manitoba Act received royal assent (May 12, 1870), bringing the Red River area into Confederation as the Province of Manitoba, as the late historian Lawrence Barkwell writes, the Red River Expeditionary Force (RREF) of 1,200 men entered Fort Garry on August 24, 1870.[37] Barkwell notes that the conduct of the soldiers stationed at Fort Garry would be reported in newspapers both near and far – in Red River, in Ontario and Quebec, and as far away as New York – as a "reign of terror."[38] In

[35] Hahmann, Sara, Badets, Nadine, and Hughes, Jeffrey. "Indigenous people with disabilities in Canada: First Nations people living off reserve, Métis and Inuit aged 15 years and older." Statistics Canada. 12 December 2019. https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2019005-eng.htm.

[36] Ibid, 3.

[37] Barkwell, Lawrence. "The Reign of Terror Against the Métis of Red River." Winnipeg: Louis Riel Institute, 2017. https://www.metismuseum.ca/resource.php/149078. 2.

[38] Ibid.

providing a notable list of RREF assaults and attacks against Métis people, Barkwell notes that the RREF openly assaulted Métis throughout Red River.

As a result of these attacks and the hostile push for Anglo-Canadian settlement in the area, Métis became, in essence, refugees in their own homelands as "many Métis began to migrate further west to Willow Bunch, Batoche, Lac Ste. Anne and St. Albert, in what is now Saskatchewan and Alberta."[39] Barkwell cites the St. Paul Daily Pioneer that in covering the attacks in Red River stated that the purpose of the reign of terror was, among other things, "to drive out by threats or actual violence all the French Half-Breed population."[40] As a result of this constant aggression, many Métis did flee. Historians estimate that as a result of these attacks against Métis, the number of Métis living in Red River dropped from 83% in 1870 to just 7% in 1886.[41] From here on in it is important to distinguish that while many fled to other Métis communities across the Métis motherland, and quite simply out of the Red River area, families remained in Red River, enduring violence and aggressive forced change to their worlds.

While waves of settlement and fur trade expansionism undoubtedly led to disruptions to Métis ways of living, it is, the Wolseley Expedition that marks a turning point with respect to the destabilizing Métis Nation people's ability to live in their homelands with safety, stability, and security. The waves of dispossession and displacement that flow from the events of 1870 and the ongoing denial of Métis land rights, leads us to the situation facing us today, whereby Métis women, girls and 2SLGBTQQIA+ people, over 150 years later, continue to struggle for unilateral access to safe, secure, and affordable housing. For those living with one or more disabilities and with struggles with accessibility needs, the disruptions to kinship networks and to close-knit communities with an ethic of care to/for all community members, has had a profound and longstanding negative impact.

1.2 Jurisdictional Issues, Isolation, and Regional Challenges

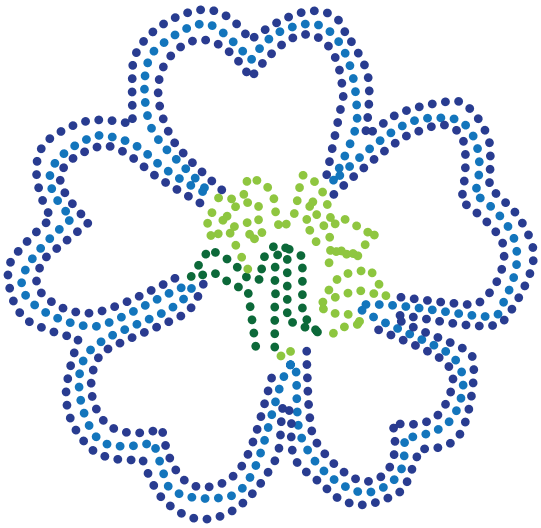
Demas writes that one of the primary issues for disabled Indigenous women is jurisdictional in nature.[42] Ongoing power struggles between service organizations, municipalities, provinces, and the federal government with respect to who bears responsibility for providing access to necessary support structures continue to harm Indigenous women living with disabilities across all areas - education, employment, and health care.[43] This has often led to women being bounced around through different organizations and entities in effort to secure assistance. In the case of women from Northern communities, as in Demas' own experience, the struggles are often even more acute when children have particular medical needs, such as special diets, that can rarely be affordably accommodated given the high cost of living in Northern communities.[44] Costs to parents are compounded for those who have children whose only option is to live further south in areas that have institutional spaces and supports for their children. In some case this involves excessive travel costs to see their own children, compounding financial struggles that affect familial housing overall.[45]

Disabilities may be ones that people are born with, may be ones that develop later in life, or in some cases they may be the result of medical injury or neglect. In any case, for those

[39] Ibid.
[40] Ibid, 5.
[41] Learn Michif. (2022). "The Manitoba Act." *Learn Michif*. https://www.learnmichif.com/heritage/the-manitoba-act
[43] Ibid.
[44] Demas, pg. 341.
[45] Ibid.

with severe disabilities that are forced to separate from their families and communities because of failed service systems, face a great deal of isolation. Demas recalls, of the time they spent separated from their family and community, "I lost most of my language, a lot of my cultural roots, and, perhaps most devasting to me, I lost family contacts and bonds. While language and culture are important, these are something I think one can relearn. But not growing up in a family atmosphere is not something that you can make up for in later years."[46] The lack of culturally appropriate programming means that those with disabilities are "simultaneously adjusting to white culture in order to receive services."[47] There continue to be challenges when non-Indigenous led disability organizations fail to consider Indigenous people with disabilities, or when Indigenous organizations "do not have the understanding of disability issues."[48] For those who are unable to live in their homes without supports or modifications to existing homes, costs may be prohibitive and only compound legacies of dispossession that have financially disadvantaged Indigenous people and families.

As already discussed, challenges may be more acute for some Indigenous people living with disabilities who are in Northern areas. As previously discussed in LFMO's 2021 report, interview participants who lived in the North with disabilities often faced financial struggles that made it difficult to ensure their homes were safe and free of a need for major repairs. Shortages in qualified and affordable people in trades meant that homes often went lacking maintenance, compounding existing health issues and disabilities. In the Northern and rural areas that Métis families reside in, as with reserves, there may be no accommodations for those living with disabilities, such as "ramps into buildings, modified living units that are accessible, accessible transportation, and so on."[49] For those who live in communities only accessible by ice roads or by air, it creates an additional layer of struggle in terms of securing materials to modify homes and/or access points to move in and out of communities for necessary care and treatment. This leads people living with disabilities to seek housing in areas away from their communities that may give them greater access to necessary treatment and support.[50]



[46] Demas, pg. 342.
[47] Ibid.
[48] Ibid.
[49] Demas, pg. 342.
[50] Ibid.

6. Review of Existing Gender-Based Data on Housing, Disability, and Accessibility

Existing data is limited with respect to Métis women and 2SLGBTQQIA+ people living with disabilities, and as previously discussed much of the existing data is framed through the lens of a focus on chronic health issues, rather than disability.[51] The data that does it exist, however gives insight into the overall picture facing Métis people that then help us to understand the distinct positionality of Métis women and 2SLGBTQQIA+ people living with disabilities with respect to housing. Tara Hahmann, Nadine Badets, and Jeffrey Hughes note in their analysis of data from the 2017 Aboriginal Peoples Survey (APS) that even when accounting for demographic differences, Métis people "remained more likely than non-Indigenous people to have a disability, indicating that the differences in disability rates between these groups are not primarily due to differences in these demographic characteristics."[52] We contend that causal factors for higher disability rates are identified in our 2022 LFMO housing report. The intergenerational impacts of colonialism and dispossession of land have had wide-ranging impacts on the mental, physical, emotional, and cognitive health of Métis people - safe and secure housing that is culturally connected is at the core of this. As of the 2017 Aboriginal Peoples Survey (APS), 30% of Métis reported living with "one or more disabilities that limited them in their daily activities" a rate only slightly lower than that of off reserve First Nations people (32%) and higher than that of Inuit (19%).[53] Métis people reported higher rates of disability than did non-Indigenous people (22%). Métis also reported higher rates of disability at younger ages than the general Canadian population (34.7 years old vs. 41 years of age).[54] Among the Métis community, reported rates of disability were higher among Métis women than Métis men, with rates of disability increasing "with age for both men and women."[55] Additionally, Indigenous women broadly were "also more likely to experience severe or very severe disabilities than non-Indigenous women."[56] Meanwhile, when considering the "differences in disability prevalence" statistics reveal that the gap for Indigenous women relative to Indigenous men was "larger than between their non-Indigenous counterparts."[57]

For Métis women, reported rates of disability were higher for those of older age. Those Métis women 55 years and older reported higher rates of disability than those aged 15 to 24 years of age (43% vs. 31%). Still, younger Métis reported higher rates of disability than their non-Indigenous counterparts. For example, in the age category of 15 to 24 years, 31.3% of Métis women reported a disability compared with only 14.8% of non-Indigenous youth of the same age range.[58] For Métis women, as with other Indigenous women, "younger women had higher predicted disability rates than men, and these differences were larger than the difference between non-Indigenous men and women."[59]

[51] Hahmann, Tara, Badets Nadine and Hughes, Jeffrey. "Indigenous people with disabilities in Canada: First Nations people living off reserve, Métis and Inuit aged 15 years and older." Statistics Canada. 12 December 2019. https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2019005-eng.htm

[52] Ibid.

[53] Ibid.

[54] Ibid.

[55] Ibid.

[56] Ibid.

[57] Ibid.

[58] Ibid.

[59] Ibid.

Building on data from the APS and the 2017 Canadian Survey on Disability, Hahmann et al's analysis reflects that Métis people, aged 15 and older, report having higher rates of mild, moderate, and severe disability than First Nations people living off reserve (38.9% vs 37.1%; 21.2% vs 20.5%; and 21.6 vs. 21.1 respectively).[60] These three reported categories were also higher than that of non-Indigenous people. While statistics are limited with respect to the nature of disabilities experienced, in the 2017 APS, mild disabilities were most common, as were pain-related disabilities.[61] Approximately one in five Métis people reported a pain-related disability.[62] After pain-related disabilities, respondents to the 2017 APS reported mental health-related disabilities as the most commonly experienced disability. 13% of Métis reported living with one or more mental health-related disabilities, a rate nearly double that of the non-Indigenous population (6.9%).[63] Rates of reported learning disabilities were as well nearly double (6.6% vs. 3.8%).[64] Across a number of categories analyzed by Hahmann et al (2019) - pain-related, flexibility, mobility, mental health-related, seeing, hearing, dexterity, learning, memory, and developmental - Métis women reported experiencing disabilities at a higher rate than Métis men, with pain-related (24% vs. 17.2%), mental health-related (16.6% vs. 8.2%), and seeing (6.4% vs. 3.2%) representing the widest gap, with the latter two at roughly twice the reported rate.

It also bears mentioning that there are notable distinctions in statistics for those living in rural versus urban settings. Métis aged 25 to 39 with disabilities were less likely to live in rural areas (nearly double 11.9% vs. 21.7%). Wheras, older generation, aged 55 years and older, are less likely to live in urban settings (44.8% rural vs. 32.1% urban). Young Métis living with disabilities are either born in urban areas or move to them to find housing and support unavailable in rural areas. Older Métis with less ability to move and/or who want to "age in place," continue to live in rural areas at higher rates.

The significance of these statistics cannot be overstated. The core causal factors for mental health-related disabilities and pain-related disabilities are related to "social inequalities associated with the social determinants of health stemming from colonialism (King et al., 2009)."[65] Métis people reported living with disabilities at a rate higher than non-Indigenous people, across all provinces included within LFMO's mandate. Living with complex pain-related disabilities, mental health-related disabilities, with learning disabilities, and with a host of other health-related challenges, is related to Métis women and 2SLGBTQQIA+ people's ability to maintain stable employment and ensure that they have access to safe and secure housing. The impacts of colonialism and socio-economic marginalization directly contributes to the development of mental health-related and pain-related disabilities. It is a vicious cycle of precarity.

[60] Ibid.
[61] Ibid.
[62] Ibid.
[63] Ibid.
[64] Ibid.
[65] Ibid.

7. Survey Data

1.1 Respondent Biodata

Out of the 211 survey respondents we narrowed down to, the vast majority of people (66.35%) surveyed identify as cisgender [Table 1]. 11.85% however, did identify as 2Spirit and another 9.95% identified as transgender. 5.21% identified as non-binary or gender non-conforming. Finally, 2.87% identified as Indigiqueer and 1.90% as genderqueer. The majority of respondents identified were born and lived in British Columbia, Saskatchewan, Alberta, with fewer born in Ontario and Manitoba [Table 2]. People surveyed fell between a broad range of ages. 11.85% were between the ages of 45-54 and 7.11% were between the ages of 55-64. 11.85% were between the ages of 18-24 and 37.44% were between 25-34. 25.12% were between the ages of 34-44. Approximately 4.74% of respondents were between the ages of 65-74 and less than 2% were over 75. The vast majority of respondents were married (46.45%). 30.81% were single and 7.58% were widowed. Another 7.11% had common law partners and 2.3% were divorced [Table 3].

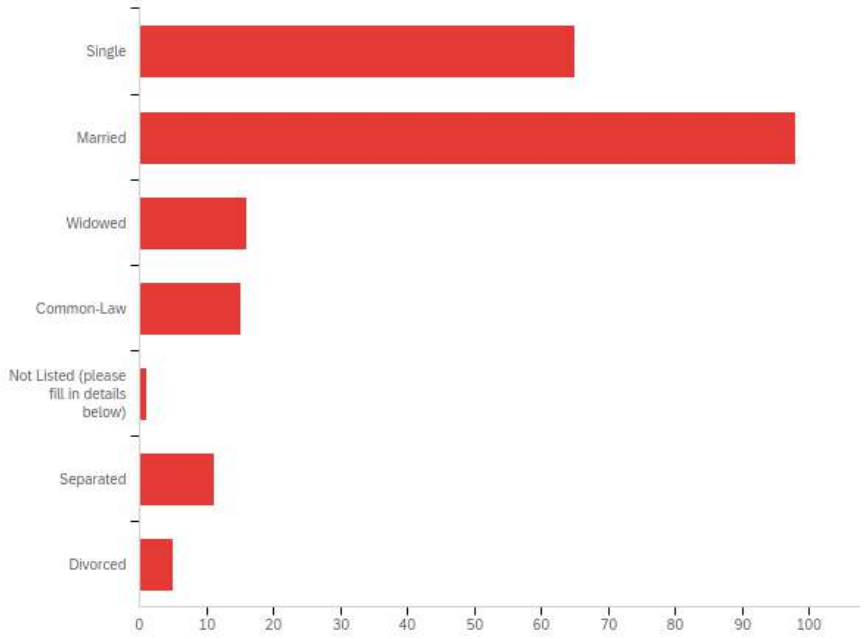
Table 1: What is your gender identity?

#	Answer	%	Count
1	Woman	66.35%	140
2	Two Spirit	11.85%	25
3	Transgender	9.95%	21
4	Gender Identity Not Listed	1.90%	4
5	Non-Binary or Non-Conforming	5.21%	11
6	Indigiqueer	2.87%	6
7	Genderqueer	1.90%	4
	Total	**100%**	**211**

Table 2: Where in the Métis Nation Homeland where you born?

#	Answer	%	Count
1	Alberta	23.70%	50
2	Saskatchewan	27.01%	57
3	British Columbia	30.81%	65
4	Ontario	14.22%	30
5	Manitoba	3.32%	7
6	Born outside homeland	0.95%	2
	Total	**100%**	**211**

Table 3: What is your marital status?



1.2 Current living situations

Most of the people surveyed reported living in a mid-sized city (30.81%). This was followed by respondents who lived in major cities (24.64%) and in small cities (23.70%). 12.32% reported living in suburban areas across the country. 4.27% reported living in a rural area or small town while 2.84% lived on reserve. Finally, 1.42% reported living on Métis settlements (Table 4). Of the 211 respondents 47.62% reported having permanent housing. 45.24% were living in temporary housing like staying with others or living in in a hotel or shelter. Another 5.24 % did not have housing at all. This meant they were living on the street, on a beach, in a car, or in a park. Approximately 1.90% of respondent chose not to answer this question [Table 5].

Table 4: Where do you live in your province?

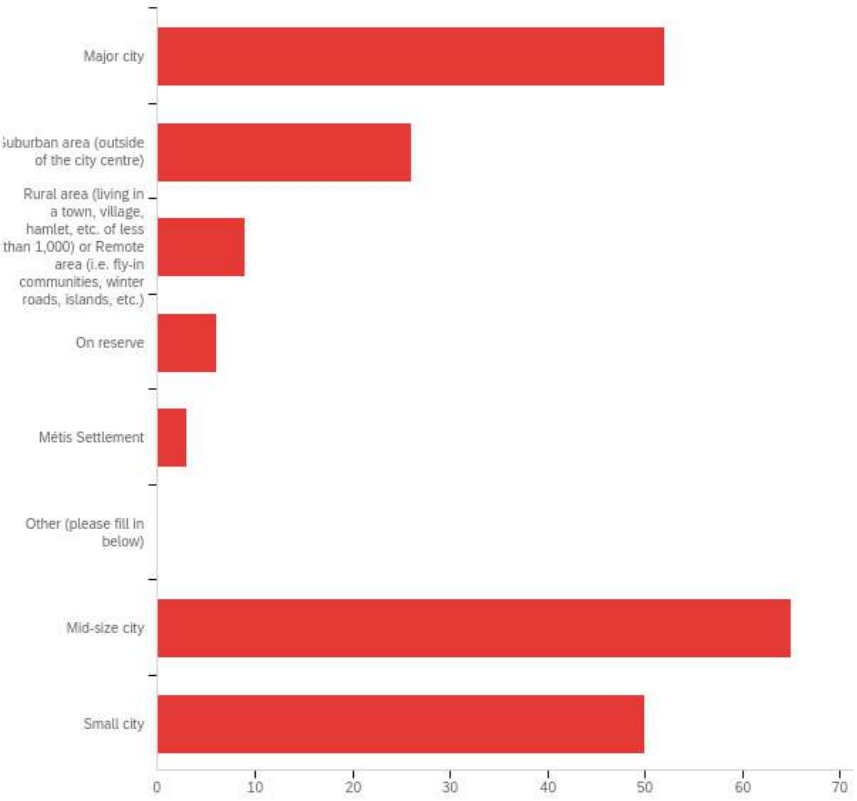
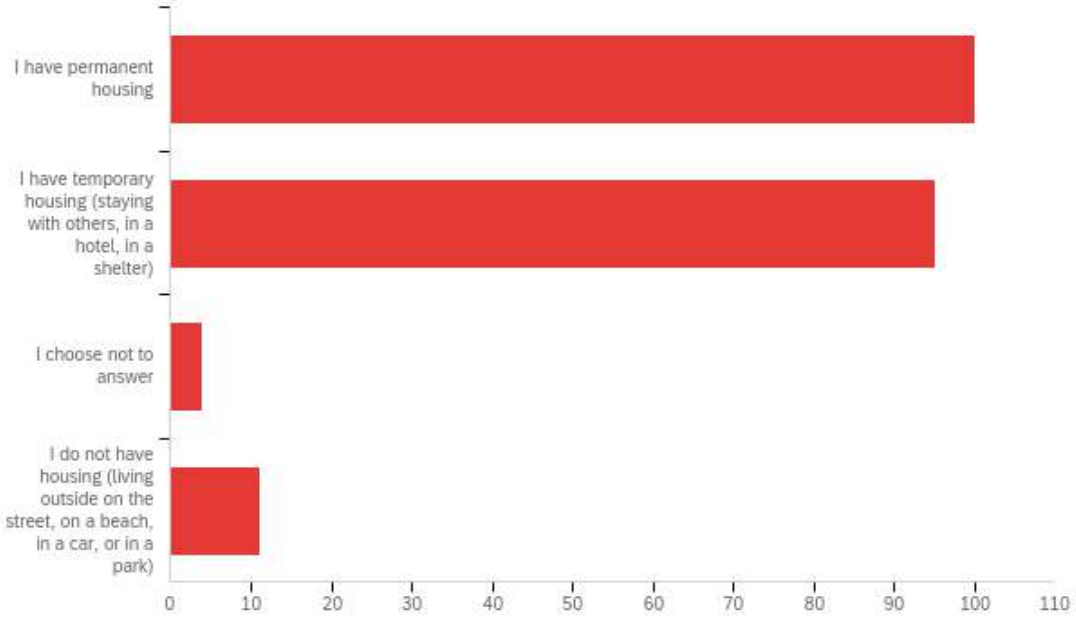
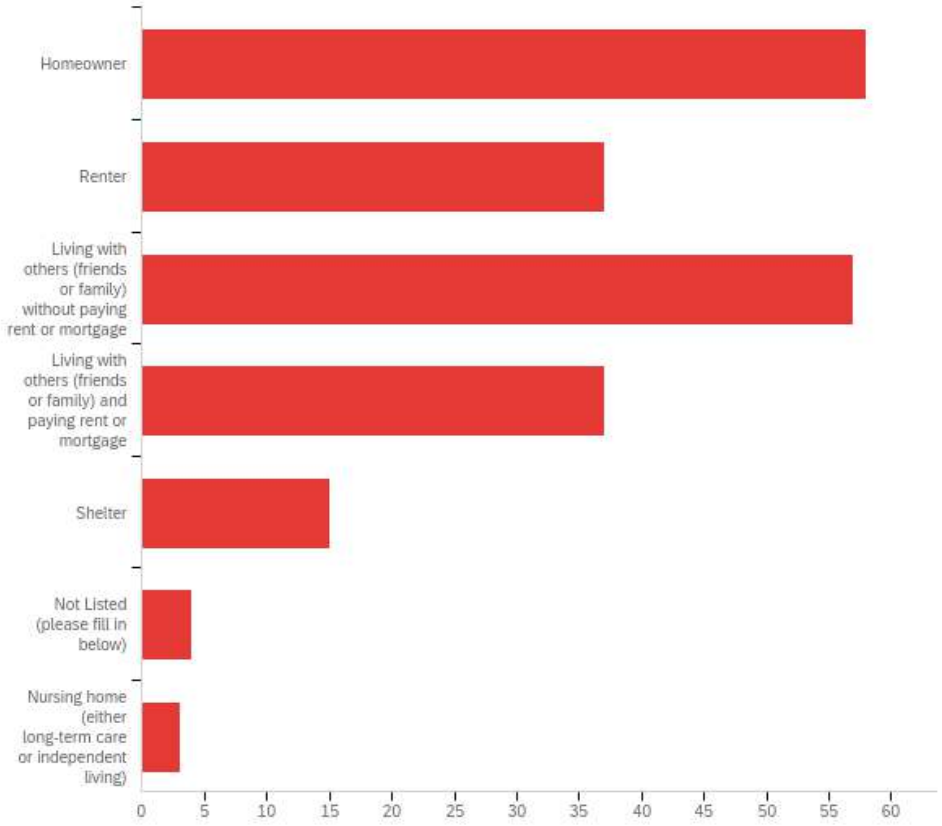


Table 5: What is your housing situation today?



We asked respondents "If you are currently housed, what is your situation right now?" We received a various array of responses. 17.54% were renting a space. About 17.54% were living friends or family members while paying rent or contributing to a mortgage. 27.01% were living with friends or family but not contributing to rent or a mortgage payment. 27.49% were homeowners and 7.11% are living in shelters. Finally, about 1.42% of respondents were living in a nursing home, long term care facility or independent living centre (Table 6).

Table 6: If you are currently housed, what is your situation right now?



This survey also gave us insights into the type of housing Métis women were able to access. For example, 26.09% live in an apartment and 16.91% live in a detached home. 20.29% live in a townhouse or rowhouse. 20.77% live in a duplex or some type of semi-detached home. 11.59% of people surveyed live in a condominium. 1.93% of people live in a trailer (Table 7).

Table 7: What kind of housing do you live in, if applicable?

#	Answer	%	Count
1	Detached Home	16.91%	35
2	Semi-Detached/Duplex	20.77%	43
3	Townhouse/Rowhouse	20.29%	42
4	Apartment	26.09%	54
5	Condominium	11.59%	24
6	Trailer	1.93%	4
7	Not Listed	2.42%	5
	Total	**100%**	**207**

1.3 Housing challenges and housing insights

When we asked the question "Have you had challenges securing housing because of your disability?" 63.87% responded "yes" and 41.38% felt they had been negatively impacted by lack of accommodation for their disability with respect to housing [Table 8]. 26.79% reported not feeling safe in their existing living situation [Table 8]. Many respondents also shared additional challenges and concerns of accessing housing and dealing with issues of disability and housing. The following three excerpts summarize the sentiments of most people who provided additional comments.

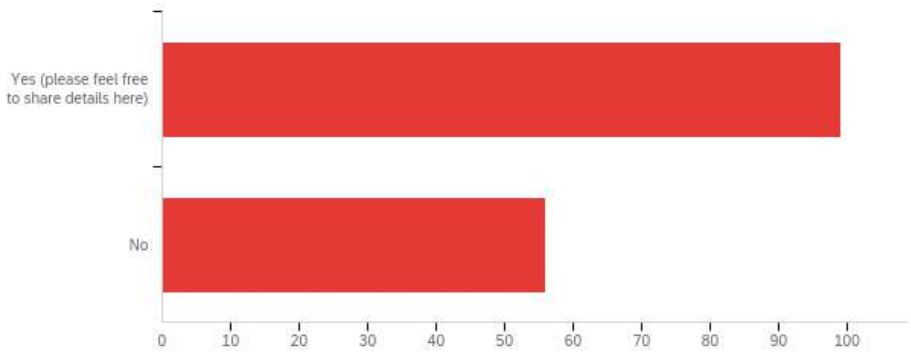
> ***"There is no barrier-free access when entering the door, and it is not convenient to go upstairs to the basement, and a simple elevator needs to be installed!" (Anonymous)***

> ***"Lack of support services: Some individuals with disabilities require additional support services, such as personal care attendants or accessible transportation, which may not be readily available in all housing options." (Anonymous)***

> ***"Yes, I cannot earn enough for even rent Disability isn't enough to cover rent. Had to move out of big city to smaller city rely 100% on my family. Couldn't find place on my own. Dream of ever owning property/land to be away from triggers won't ever happen." (Anonymous)***

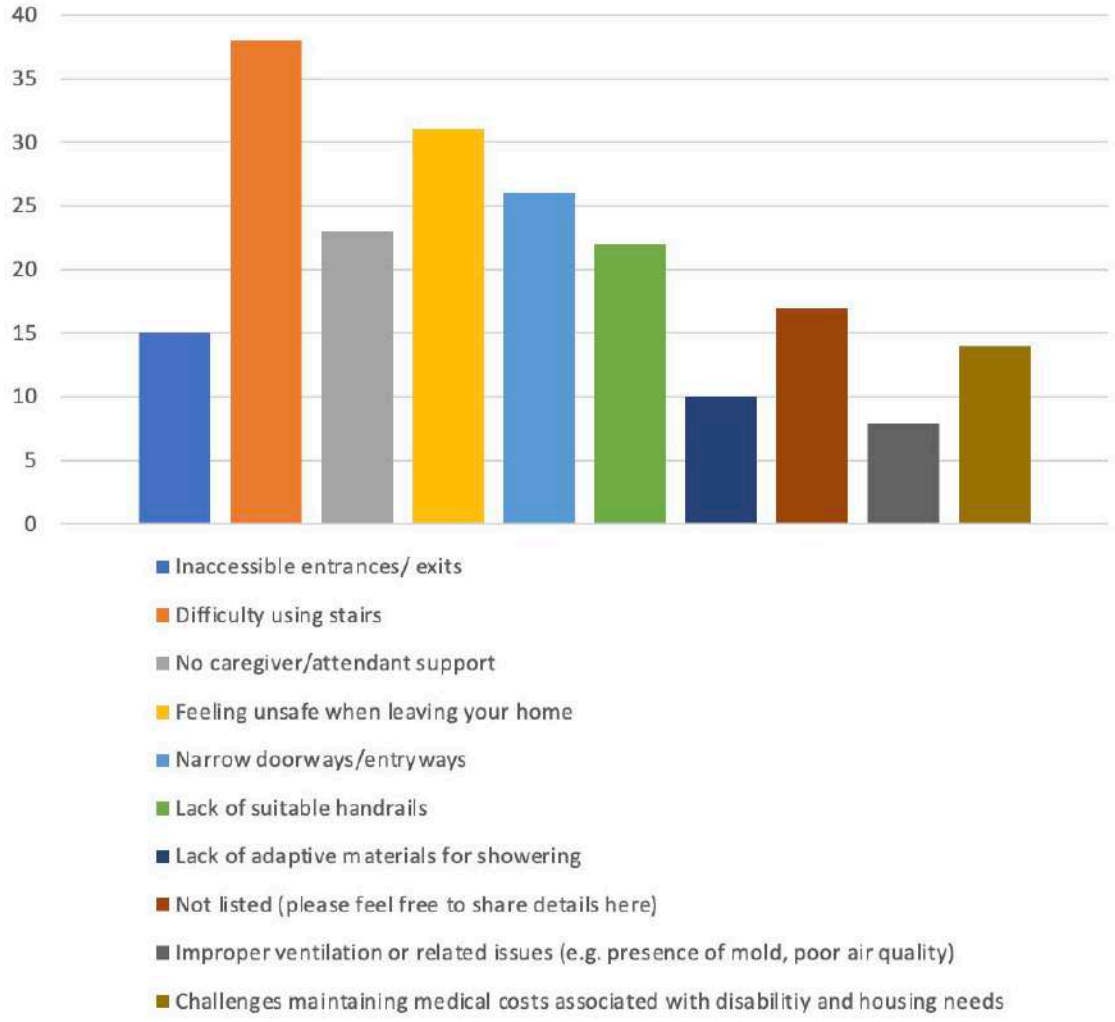
The first respondent discusses the challenges with accessibility and need for an elevator given their basement apartment. This issue has become increasingly common with the rise of housing units in basements and other non-traditional spaces like attics. The second respondents notes a general inability to access transportation and caretaker supports. Finally, the last respondents discussed the economic hardships related to a lack of affordable housing. Given this they could not afford their own space and were forced to live with family. Other noted how they could only afford units that were in run down and high crime neighborhoods.

Table 8: Have you had challenges securing housing because of your disability?



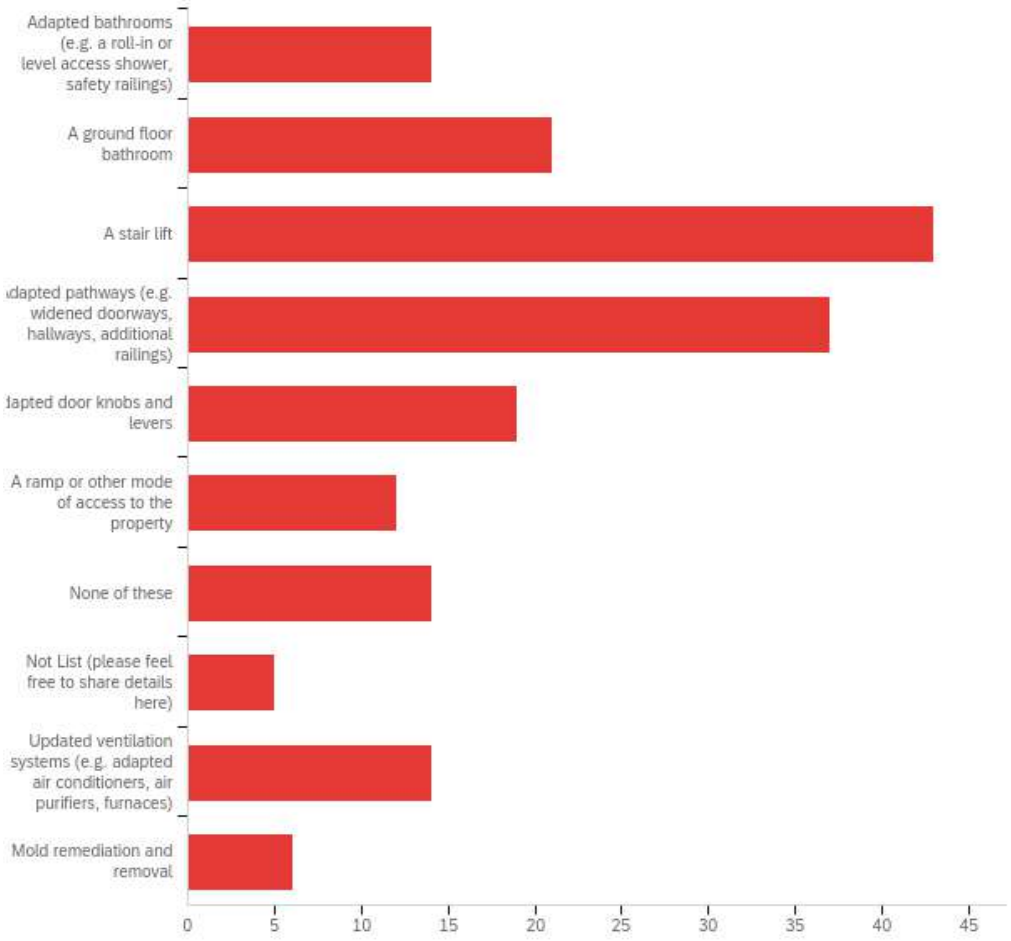
A considerable number of people included in this survey reported having issues with accessibility in their current location. 63.13% reported having multiple issues related to accessibility in their home. The survey we conducted also provided detailed information on the specific accessibility related challenges being experienced by Métis peoples included in this survey [Table 9]. Respondents reported experiences difficulties with stairs (18.63%) as one of the biggest accessibility challenges in their home. 11.27% described on going issues securing help from a caregiver. A sizable portion of individuals included in this survey (15.20%) reported feeling unsafe when leaving their home and venturing into their neighborhood. 12.75% reported issues with narrow doorways and entryways and another 10.29% described having a lack of suitable handrails. 7.35% noted their entrances and exits were inaccessible and 3.92% described their living conditions as having issues that related to improper ventilation, poor air quality and the presence of mold. Finally, 7.35% reported experiencing challenges with maintaining medical costs connected to disability and housing [Table 9].

Table 9: What are the accessibility challenges you deal with in your current place of residence?



During the data gathering process we were able to gauge what housing features Métis women, girls, and 2SLGBTQQIA+ people with disabilities need to make their home accessible. The need for stair lifts was the biggest necessity for people included in this research (23.24%) [Table 10]. 20% believed that widened doors, hallways, and additional railings were also an important accessibility related need. Respondents also reported needing a ground floor bathroom (11.35%) or adapted bathroom in their home (7.57%). 10.27% felt they needed adapted doorknobs and 6.49% noted needing a ramp or other form of accessing their living space. Finally, 7.57% reported needing updated ventilation systems and 3.24% reported needing mold remediation and removal. Additionally, 46.50% respondents also said they needed adaptions because they were raising children with disabilities.

Table 10: What housing features do you need to make your home more accessible?



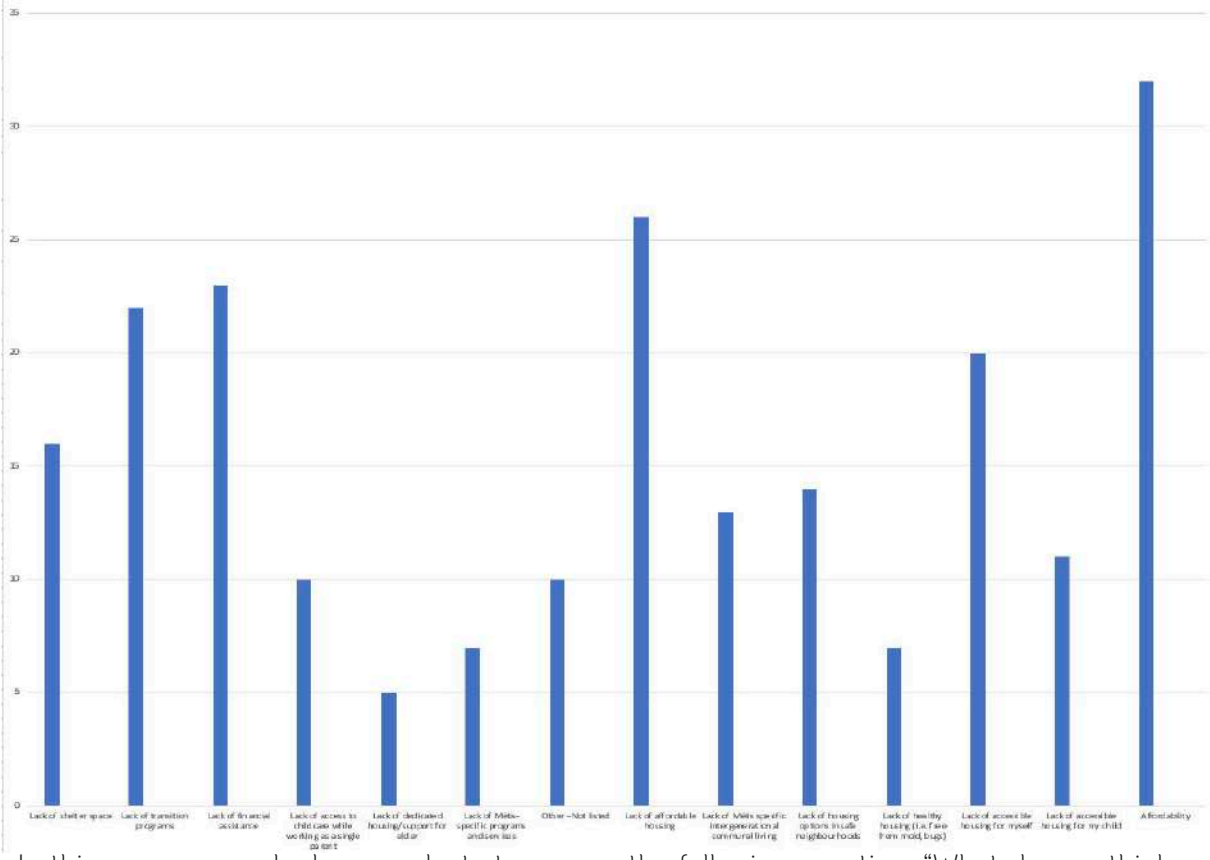
1.4 Accessing Programs and Supports

i. In this survey we asked Métis women, girls, and 2SLGBTQIA+ people with disabilities to share insights into what resources and supports they have accessed. The majority of the respondents (60.69%) are aware of programs/ supports for people living with disabilities to help with housing [Table 11]. 68.50% of people who took this survey have never used a Métis or Indige-nous based supports provided by any organization of level of government. 58.21% of people were concerned they could not access long term safe and secure housing while 19.90% choose not to answer [Table 11].

ii. This survey also provided robust insights into the most urgent concerns for Métis women, girls, and 2SLGBTQIA+ people with disabilities in relation to housing. For example, 10.14% of people felt there was a lack of financial help to support this population and 12.56% believed issues related to housing affordability were their biggest concerns. 9.66 % believed lack of accessi-ble housing for themselves was the biggest concern while 5.31% felt lack of accessible housing for their child was a paramount issue. As a whole 14.98%

of respondents noted that affordability was their biggest concern and 7.73% believed there was a large lack of shelter spaces for people with disabilities. 9.66% of people stated there was a lack of transition programs for people with disabilities and 6.28% of respondents believed there was a lack of housing in safe neighborhoods. 4.83% named lack of childcare for working single parents with a disability as a major concern. 3.38% believed that a lack of Métis specific supports, programing, and 1.93% believe there is a lack of access to elders was a pressing issue. Finally, 5.31% felt strongly that there was a lack of Métis specific intergenerational housing and 3.38% believed there was a lack of healthy and safe housing.

Table 11: What is the most urgent concern for Métis women and 2SLGBTQIA+ in relation to housing disability?



In this survey we asked respondents to answer the following question: "What do you think needs to change with respect to Métis women and 2SLGBTQQIA+ people and housing and disability right now?" Respondents replied with a variety of suggestions:

There is a need to establish disability insurance programs and social security funds for persons with disabilities, which can provide direct and stable cash benefits and other prescribed medical benefits to participants who lose all or part of their working capacity due to disability. (Anonymous)

Affordable housing: Ensuring access to safe, affordable, and stable housing is crucial for everyone, including Métis women and 2SLGBTQQIA+ individuals. Governments and organizations should work towards increasing the availability of affordable housing options and implementing rent control measures to prevent homelessness and displacement. (Anonymous)

Protection from discrimination: Laws and policies should explicitly protect 2SLGBTQQIA+ individuals from discrimination in housing and disability rights. This includes ensuring equal access to housing and protection from eviction based on sexual orientation, gender identity, or expression. (Anonymous)

Safe and inclusive housing: There is a need for safe and inclusive housing options for 2SLGBTQQIA+ individuals, considering their unique needs and experiences. This can involve creating housing programs or initiatives specifically designed for this community, providing access to gender-neutral washroom facilities, and training housing providers on 2SLGBTQQIA+ cultural competency. (Anonymous)

Culturally appropriate support: It's important to provide culturally appropriate support services that consider the specific challenges faced by Métis women. This can include initiatives such as community-led housing programs, access to culturally sensitive healthcare, and mental health support. (Anonymous)

More comprehensive laws and policies need to be developed and enforced to ensure that Metis women and 2SLGBTQQIA+ people are treated equally in law, rights and opportunities, and support institutions and community organizations should be established to provide necessary support and resources to Metis women and 2SLGBTQQIA+ people, There is also a need to strengthen protection and support for people with disabilities, including counselling, mental health services, sex education, safety and shelter, and ensure that they have equal access to education, employment and social opportunities. (Anonymous)

The six narratives provided here gave us valuable insights into the needs of this population. Respondents noted that there needs to be more funding for Métis women, girls, and 2SLGBTQQIA+ people with disabilities. Respondents also noted that there needs to be additional legal protections and supports for members of the 2SLGBTQQIA+ community. They also stated that they need culturally specific forms of supports care and access to housing. Ones where they can access Métis teachings and speak to elders on a regular basis. It was clear from these respondents that there is a high need for economic support, accessible housing, access to Métis culture and the need for legal protections.

1.5 Ideal way of living

Respondents were able to share how their ideal way of living. The insights provided give us an understanding of how Métis women would live if they were not constrained by economics and issues of ability. Most individuals noted that they would like to be homeowners and live near places where they could access green spaces and bodies of water. Respondents shared the following:

Establish a comfortable community environment. Create harmonious family environment and comfortable use of personal living environment.

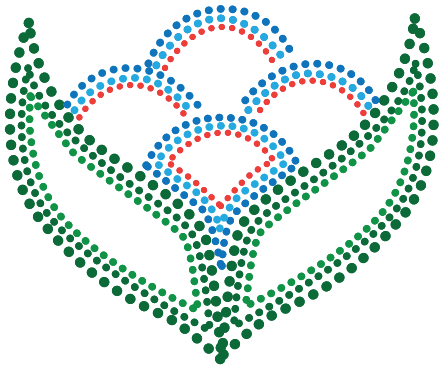
Establish a social environment for persons with disabilities Establish a barrier-free environment. Create an environment for rehabilitation exercise. (Anonymous)

Working with First Nations to continue to fully implement An Act Respecting First Nations, Inuit, and Métis Children, Youth and Families with long-term, predictable, and sufficient funding to support its full implementation. (Anonymous)

My ideal life is to live an ordinary life, have a house that is not too big, have two bedrooms, have a small kitchen, have a good job, and raise a cat or dog; I will Decorate the house in a simple and beautiful way, buy a velvet carpet in the living room, put scented candles on the small table, buy a projector, and put love in the trilogy. (Anonymous)

A safe and quiet community. Someplace I can have peace and privacy as needed to recover but also access to some space where I feel I can be impactful or sharing. There is a great deal of isolation from disability, having more people who understand these limitations and are respectful of each other would be pretty amazing. Ideally access to some nature like a green space or plants and trees around to help with the mood of the neighbourhood, as living in box style buildings on busy roads isn't very calming when you're trying to recover and often these areas are devoid of significant trees and become dangerously overheated during heat waves. The area around it should be both accessible and safe. (Anonymous)

Respondents surveyed discussed wanting a safe and peaceful place where they could live. Respondents also wanted a home where they could share space with their friends and family. The second narrative also discusses the desire to collaborate and build solidarity with other Indigenous peoples in Canada and the desire to support one another. The last respondents also sheds some light on the desire for green space and a living area filled with plants. These narratives embody the sentiments off everyone included in this survey.



8. Interview Data

1.1 Social/Living Conditions

1.1.1 Living with complex health needs and/or disabilities

Interviewees spoke at length about their experiences of living with disabilities and complex health needs - both visible and invisible, diagnosed, and undiagnosed, and some of the challenges associated with them. The impacts on their living situation were widespread, affecting everything from employment, income, familial relationships, housing, and more.

The disability, it came as a workplace injury....it triggers like PTSD symptoms, fight, or flight. Like I can just break down into tears. I can feel disoriented. I can feel dizzy if the noise catches me off guard...And it's just like burning ten out of ten agony. And it can go on for hours... Everyone takes their hearing for granted. (May)

I'm just kind of suffering all the time and just it keeps me from being able to do even like art, which I used to do a lot...But now I can't even concentrate and finish things because I'm just tolerating so much. I have exhaustion all the time. I have stress anxiety from the, you know, the fight or flight... It's like I'm suffering constantly. (May)

from the car accident, like I'm [also] still dealing with these prolonged, like, pains in my shoulder and my hip from where they were stuck against the back of the car from the impact...I struggle with my analytical memories sometimes, like math coding, stuff like that. Like the way that I used to think I can't do it anymore...I couldn't play like games I used to play...I would just struggle so hard, like I was pushing at a wall that would not let me through. (May)

so for me, my they, they originally said when I was 40 that I had M.S. and then my specialist thinks it's actually just brain damage from an accident when I was a child. (Celeste)

as I got older than the issues became more pronounced. And then I also struggle with some mental illness as well. And the medications for the depression are a lot better than they used to be. And they think that the depression is largely because of the brain damage. So basically, if you think of an MS patient that has a very extremely slow progression. That is my life. So where it's manifested beyond the depression is my strength and my endurance. And my intestines don't work properly. They don't have the motility. And so that creates all kinds of problems as well. (Celeste)

I actually have a very large network of friends. My family doesn't know about the depression and the mental health side of things, so I don't have any support from them in that regard. And ironically, they're very supportive originally when they thought it was MS. But once the diagnosis changed,

then they they're like, well, it's not MS Whatever. Get over it....It's just brain damage, but it's still brain damage that causes the same problems I had before the diagnosis of MS and then the diagnosis of MS. So that hasn't changed. But in their mind, because it's not MS and it's not cancer, then then you're fine. And that is not the case. I'm not fine. And so that's frustrating. In the so called invisible, you know, struggles, disabilities, whatever you call them. Health challenges are. Yeah, people have very little understanding, right? Yeah. Yeah. And compassion. Compassion and empathy and understanding. (Celeste)

May and Celeste spoke profoundly about the impact that their experiences with disability had on their lives. Celeste also reflected on the emotional toll of feeling a lack of suppor from within familial networks for what are commonly referred to by wider society as "invisible" disabilities. Each of the interviewees reflected on invisibilized struggles, or those not seen as requiring as much empathy and support, as in the case with those living with terminal illnesses. Yet they nevertheless highlighted the profound impact of their health situation on their lives and the emotional toll that a general lack of compassion takes on them:

Say you're on the bus and you need to sit down because you're in the front. It's like senior or mobility seat and you sit down and someone starts yelling at you because you look fine, right? And the fact that they feel entitled to yell at somebody for sitting down without taking a moment to think "why does that person need to sit down," you know, instead they're thinking, "oh, they're selfish," you know? Yeah. And that's funny...that's the first thing people want to assume instead of maybe they need help, you know, maybe they need some compassion. Like people just want to attack for the very first thing. And then even if you tell them, "oh I'm disabled and they need to sit down," they'll be like, "prove it or you're not disabled enough."

Like, what do you want? Do you want me to be dizzy? You want me to throw up on you? Like, what do I have to do to get you to stop? Do I have to wear a badge? Do I have to have, like, a sticker on my head? Like, what do I need for you to recognize that I just need to sit down for a moment? Luckily, I haven't gone through that as much. I've had looks and, you know, attitude with me just because...I do get that scene, it's a little bit like I don't know if it's since the car accident, but I get that thing where it's like I lose balance always to the left. Like I'll just suddenly kind of fall to the left and then correct myself. But I don't know what that is like. I just know that every now and then I'll just lose my balance to the left for some reason. (May)

You know, you miss out on things, but you don't. You don't say, well, I'm sick. Right. You just miss out on things. And so in many ways I've also hidden how sick I actually am from my family. You know, it's kind of, you know, part of it is because they...the only diagnosis that they care about in my family is cancer. And so if it's not cancer, then you're fine (Celeste)

That's not the only weakness in the world. Yeah, it's an illness that, you know, rocks are family and it's, you know, a terrible diagnosis, but. There are other things that impact our lives. And they don't they don't see it. And part of it is my own fault because I also hide it. (Celeste)

Celeste reflected on the difficult dynamics within families when it comes to matters of health and how living with an "unrecognized" or "unaccepted" or even misunderstood diagnosis, led them to further conceal their health struggles from their own family. Courtney reflected on her relationship with her family as being sibling to a brother with autism and Tourette's syndrome. In a family dynamic with aging parents, Courtney felt a d e e p responsibility, as many Métis women and 2SLGBTQQIA+ people do, to care for family members who are in deep need. Yet at the same time, financial barriers related to housing and wider income proved to be one of the greatest barriers in enabling Métis to take care of their own family members.

I want to be around more just to, like, support him and like, he's currently in a home share where he's the caregiver. And, you know, she [their mother] supports him in day to day. But I know that she's going to be getting older and she's going to retire. And housing has been a struggle for her. I mean, she's up in the boonies because that's what she can afford. And so I'm thinking about like in the next 3 to 5 years, if I move home, like if they're going to live with me, like with my biggest concern is like, where am I going to find a place for us to live? Like, yeah, you know, I'm not going to able to afford a place, you know, for something to support both of us, even if I have his extra income. And then like, that's my biggest concern. (Courtney)

In Courtney's case, as the youngest sibling, her mother would express concern about her taking on the responsibility of caring for her sibling.

I try not to take about it, like, to her, because she's, like, you know, she'd always said..."I don't want [caring for] him to have to be your responsibility. That's not fair on you. And I see where she's coming from but at the same time, he's, my brother. And you know, family is important. I don't really know anybody else in my situation...and like, I think I've had anxiety as long as I can remember. And I didn't even realize there was a word for it until, you know, five years ago. And I was on medication at one point to help manage the anxiety. And but it's just always present, you know. Yeah. Because I just try not to think about it too much and. And just let it come as it comes. What else can we do except for just, you know, deal with that at the moment? (Courtney)

In her reflection, Courtney also revealed her own struggle with her mental health in relation to anxiety, an often undiagnosed or invisible form of disability. Challenges related to mental health were often noted as being experienced within wider family units as well,

but they were often not talked about or treated as constitutive of a disability requiring particularly supports:

> ***Depression was...is very much in my dad's family. My grandpa had it. My aunt has it. I suspect he has it. But he just manifests it in aggression instead of depression. (Celeste)***

Meanwhile Janine reflected on the challenges in navigating a pathway to healing to ensure safety and stability for her own children. She names a particular diploma program as providing and avenue for her to gain an education but also come to understand her own mental health as well. In understanding herself, she was able to identify and access tools to support her, and in turn, her family:

> ***They offered like a mental health and wellness program, and it had to do with addictions and like everything that I was struggling with. So I was like, "Oh my God, I'm quitting." And I'm thinking this. Mm hmm. And like, I think that's when I really started healing because, like, I was able to in that class, that diploma program, I really learned about myself....not being embarrassed to talk about everything that I'm struggling with. You know, like it happens to everybody. And like, I was dealing with court. During that time I was commuting, I was working. I was taking counseling for myself to counseling, to psychiatrists. I was trying to balance my kids. They've kept their mental health stabilized. My own mental health stabilized. And like it was by the time the program was done after two years. Like I was able to really fast forward and what I really needed to do for myself on my own healing. But it also made me be a better person (Janine)***

While Courtney and others who we interviewed did not expressly characterize their experience of anxiety as living with disability, those who live with disabilities within the mental health spectrum often struggle to see their experiences as people living with disabilities as "valid" as those living with what they perceived as more visible forms of struggle.

> ***I was talking to someone who lives with anxiety and depression, and they just said, you know...they're not really thinking about me and what I live with. So even my family, like, if I told them I had cancer, they'd be worried and supportive in there for me and whatever. But if I'm depressed and I can't work and they're not going to support me or help me, then it just compounds the situation. And so I think of the work that we do, like the anxiety, stress, depression, all these things are very invisible to the bigger picture. And I think that's like it's important for people to understand. (Courtney)***

Courtney reflected on how care work is often deeply gendered:

> ***Our oldest brother lives...like he lives closer and...I wish he would support more. Like, even in doing like, respite or like just being more involved. So***

he's, you know, he's doing the best he can...I do feel like it feels more to me because I'm the daughter, so...(Courtney)

As a single mother to a young child with a disability, Cherry reflected on the lack of support she generally has access to:

I have a daughter who has a hearing issue... She can't, she can't handle, um, any loud noise. (Cherry)

We kind of thought that we, you know, we couldn't really, we're still, she's still gotta go through more testing, but now she's older, so now it's definitely like a condition. (Cherry)

Each interviewee reflected on issues related to general lack of support, and this was particularly acute for those such as Cherry, who as a single mother bore sole responsibility for her child's care:

When I say we're alone in the struggle, we really are. (Cherry)

Celeste reflects on the long-term impacts of the lack of support, and expresses gratitude that they were younger when they bought their home, keenly aware that with the changing nature of their health issues they would not have been able to secure stable housing for themselves:

You know, between struggling with my health for all, for my entire. Well, my entire life. But as I get older, the issues become greater. And so that has created a lot of challenges in in advancing anything really in my life. And so I'm fortunate to own a home. Because had I not bought when I was really young, I probably wouldn't have been able to get into a home. (Celeste)

Then I got sick and then I've never had a reliable good job. (Celeste)

1.1.2. Domestic Violence, Disability, Housing

As the DisAbled Women's Network (DAWN) has discussed, domestic violence can also *lead* to disability.[66] A number of the people we interviewed through one-on-one discussions and focus groups reflected on the impact of domestic violence on their health and well-being. While domestic violence is most commonly recognized as having immediate *physical* impacts - many of which can lead to chronic health issues and disabilities in both the short and longer term - some of our participants also reflected on the distinctive impacts on *mental* health, leading to the formation of invisible disabilities. Janine discusses how having to move from place to place and in navigating many different structures, only to be met with an overall lack of support, had a significant impact on her mental health. When she found herself and her children in a transitional shelter space, it ended up only being short-term for herself and her child, and sought help through every avenue possible, the emotional toll of her situation was compounded.

So I go to the Friendship Center and when I went to the Friendship Center, they couldn't assist me with anything. So I felt disappointed. And then I

[66] Demas, pg. 343.

went to, I think it was called...Parent Links or something, and then they couldn't help me. And then I was like getting really frustrated because I basically thought they were going to kick me out because I had overstayed [at the domestic violence shelter they fled to with their children]. I think it was like 21 days I was there...So then I was walking around and I got lost. And then one of the executive directors [of Métis Child and Family Services]...I didn't know she is the executive director at the time, but like I was walking by...and I just broke down crying...and I said to hereverything....everything was coming out. And then she was like, "Have you heard of the [inaudible]?"...and then she told me it was about Métis people who were...homeless or something. And I did apply because they had a three-bedroom coming available and I was just like, "Oh my God." They're like, "Yeah. One of our staff was leaving, so we have that one... if you want it, it's yours," basically...And she gave me a pamphlet and then I called and I applied. (Janine)

The mental and emotional toll on Janine, as a domestic violence survivor and single mother struggle to navigate different services options - municipal, provincial, pan-Indigenous (through the Friendship Centre) and Métis-specific, is significant but an often-invisible impact of domestic violence. In Janine's case, she had to pack up her children and flee the province she was living in, for her own safety. But she reflected on how her co-workers did not realize what she was privately living through in trying to stay safe from her ex-partner and were surprised when she told them on short notice, she was leaving her job, her home, and her life there. This also points to the cognitive impacts of domestic violence, wherein Janine worked hard to "hide" the impacts of the violence she was living through.

Janine also reflected on the trauma of the shelter experience, that further affected her mental health:

It felt like being in it...kind of going to [a] prison environment. And like, I felt that that...and I was like, "You know what you guys did? Like you guys came into my room. And you guys move things out of place." And they're like, "Well, we told you that this is part of our policy, right?" I get that. But if you saw my daughter's Bible on the ground...she is crying because that was something that was gifted to her, right? Yeah. And I was like, if you're going to if you're going to go into our room, respect us....Forgive me but that's what they were doing. But they made us get up at 8:00 every day and we had to be dressed and downstairs for breakfast. And it was just like it just seemed a residential school. But like, I never went to residential school. But because of that, it's a trauma like that. Yeah, like my dad, I'm going to residential school. It was just kind of like it. It was just not an overall good feeling at all. Yeah. And then we got into the second stage out of the thing that was available there. And so we went, oh, like they asked us to fill out a questionnaire. And I basically buried everything that I was struggling with there they went grocery shopping and they did donations and stuff, but, um, everything

was locked up. You know...everything was locked up and we couldn't really access anything. (Janine)

Janine's compares her experience in a shelter environment with her father's experience of residential schooling. Both her and her daughter were deeply traumatized by the lack of privacy they lived with, the highly regimented manner of living, and the lack of access to food and other necessities in the space. Janine offered painful reflection into how trauma, when further compounded by so-called "positive" housing interventions that are not rooted in an understanding of Métis women and 2SLGBTQQIA+ people's experiences under colonialism, for those fleeing domestic violence situations, they only contribute to the deepening of chronic mental health struggles.

1.1.3 Navigating medical care

For those interviewees who needed regular and consistent access to medical care, navigating the medical system would have a troubling impact on their overall health but also on their ability to work, to maintain secure housing, and to feel safe and secure in their living situations.

Yeah. It's just demeaning. And like, part of the problem is like dealing with pain. I kind of grind and clench my teeth. And so over the years, I've basically broken a lot of my teeth because they had like some filling or dental work or whatever done. So like, I'm wearing away, I'm grinding them at angles to the point where fillings are falling out. Yeah. And I'm at the point where some are just mostly gone or they crack and I've had an infection. And so I had to go to a hospital several times for injuries like inflammation, like to the point of my face inflaming and then going to get a root canal is basically this horrible torture because they're using a drill (May)

For May, living with chronic pain associated with her rare condition led to the development of further ongoing health issues. In particular, her teeth sustained significant damage, but in the absence of funded dental care, few options other than wholesale tooth extraction were offered. May was pained by this shocking reality, as it further affected her mental health and she was worried it would keep her further ostracized:

This demoralizing like you want to keep your teeth, you know, you don't want to pull them out...You want to save them. (May)

May often hit roadblocks in accessing medical, securing financial support when unable to work, and thus in being able to provide herself with the kind of living situation that would be most adapted to her specific medical needs:

I don't know...this whole experience has been awful. Like going from doctor to doctor to doctor to doctor. Our system is designed where even if you have, like, a family doctor (I'm lucky to have one)...like, if they aren't invested in your health, you know, like they're not following up with you. They're not holding your hand and going on this journey to help you figure it out, you need your own scheme to push through...it's this constant sense of failure in going back and forth...there's no interconnectedness...everyone just seems to keep in their own very distinct little bubble, you know?

And then going through these insurance companies and having them tear you apart to not help you is again, like, I don't know what's left of me at this point. Like I've been torn apart and basically told I have no value, you know, because no one wants to help me. No one wants to put money into it, like I'm not worth it is the basic message that I'm getting. And so you kind of get to the point where you're just like, I don't want to bother anymore. I'm really tired of everything. And I'm just at the point where if I didn't have family, like it's almost worth it to just move on to the next life or whatever because that might be better than this, you know? And it just feels that way. And I don't even feel like I would regret it, you know? (May)

May's heartbreaking reflection highlights the gut-wrenching impact of policy gaps and failures across multiple systems, as it pertains to Métis women and 2SLGBTQQIA + people living with disabilities. With no dedicated systems in place to support them, for those who are fortunate to have family to live with, as May does, the situation is still dire. The inability to secure fast and effective diagnoses, combined with the tendency of insurance programs to work *against* those they purported to care for (particularly those geared towards workplace injuries, as in the case of May), lead to a downward spiral. Disconnects between provincial and federal programming ensure that people like May are nearly abandoned in their struggle. The resultant impacts are as May discusses:

I'm kind of left with nothing. I have this little disability award, but I have no income once they finally drop me because I disagree and I'm like, I can't do the job that you chose for me. I couldn't even go in for the schooling. I had to do it from home. They're not taking into factor that I couldn't work. I even struggled with tests. Like I told them, the environment was difficult. There are some things that I struggle to learn, but they're like, oh, but you got great grades, which is fine. But it was in that modified environment that I did fine and it was a subject matter that I knew anyway, like all my life, like they wanted me to be like an office assistant. And I've grown up with computers, so like Windows, you know, that's easy. I've done customer service all my life...that's easy, you know? Yeah. So they're just kind of using what I've already known as evidence that I should be fine to do that job without acknowledging, like, I can't just, like, go into a room. (May)

May explained that given the nature of her rare disability, working in brightly lit, noisy office spaces were impossible for her, yet those she was dealing with had no framework to understand that even if she were able to work well in her modified environment, because of work she had already previously done, this did not translate into the realities of a day-to-day working situation. As shared elsewhere, at the heart of May's struggles were constant refusals to acknowledge her medically supported diagnosis. Celeste likewise discussed the challenges she faced in securing proper medical support:

Basically followed me for two years and we did the MRI to see if there was any progression. And at that point I was released from the MS clinic because there's no treatment there. And then I was like, "Well, what about support for the depression side of things?" And he's like, "I can't because officially you don't have a diagnosis of MS, even though it could be MS."

So because there's no reasonable explanation for the brain damage...I don't have an official MS diagnosis. And I'm okay with that because no, that's not a diagnosis that you want. But the reality is I may not have it...it may not be caused from MS, but I still have all of the same symptoms. You know, the symptoms didn't go away. The diagnosis changed, but the symptoms are still a factor and there's no treatment. So I treat it by, really, the only thing that has worked is going down into the US and that is very complicated. It's not easy to live your life into two worlds and there's no chance of me being able to move to the US. (Celeste)

Celeste reflected on how a change in their diagnosis meant a reduction in overall support for their medical care, that even though they shared the same symptoms as a person with an MS diagnosis (and their doctors told them this *could* be again an eventual diagnosis for them), in the meantime there was little that could be done to support them. Celeste noted that treatment in the US was available that could help them, and that living in warmer climates seemed to have a more positive impact on their condition, but finding accommodative work, the cost of living and the lack of access to health in the US made such a permanent transition possible.

1.1.4 Safety Concerns

A number of interviewees also talked about safety concerns related to their disabilities and the impacts on their living situations:

And so one of the things that worries me in the future is what do I do if I get to the point where I can no longer handle stairs? Because that would be likely the issue if I end up staying where I am now until I am older...three flights of stairs, you know, down to the basement and back upstairs for the washroom and bedrooms is going...could potentially be a big problem. So it's definitely a concern of mine for the future. And in the past, there have been times when I have struggled for other reasons with my health, where getting up to the bathroom or to go to the bedroom was a challenge. Or I'd have to like get halfway up the stairs, rest, go to the bathroom. Once I got upstairs, go lie down so that I could actually come back down the stairs and be safe without, you know, potentially getting hypoxic and falling down the stairs. (Celeste)

I have to be able to drive and I don't drive because my reflexes, like if I get scared, there's a chance I would just react so suddenly without thinking I could get into an accident. Right. Right. Like, I've already crashed my bike that way. And I'm like, well, I don't think I'll ride my bike for a while. And I used to bike everywhere. I love riding my bike...I gave it away...there was just no point...And, you know, I used to go hiking. I used to go out a lot. I used to go out with friends, go to movies, like I had this whole life. And all of that ended when I got injured. (May)

For both Celeste and May, safety concerns greatly impacted their life and living situation. For Celeste, in both the immediate and long-term there are concerns about mobility and accessibility of their home space. Meanwhile for May, there is concern about the ability to continue to care for themselves in the manner that they used to. As May reflects, they had to

give up driving, and then biking, a key mode of transportation for themselves. May also discussed the loudness of their home environment as having a significant impact on their overall wellbeing as well. By not being able to afford to live alone and in a situation wherein they can control the noise levels around them, they are subjected to further, unnecessary pain and trauma.

For Courtney, some of the safety concerns they flag in relation to their living situation is as noted in our previous report (LFMO 2022), as related to areas that are unsafe, and how a general lack of income leads them and those around them to look to places that put them in dangerous living situations. For those Métis women and 2SLGBTQQIA+ people who are dependent on disability-related funding, in particular, funding that is often so incredibly subpar to the cost of living, they often find themselves with no other options but to live in such places:

> ***We have like a building downtown of Victoria...And like you'll see it pop up on rental sites. So renting like $800 for a bachelor...It's called crackhead towers...I've known somebody who lived in there...I didn't even want to go visit him there. Like I had a friend who was like dating this person. And she told me stories of like, being in there and how, like, deplorable it was... it's not a safe place. So, yeah. (Courtney)***

1.1.5 Financial challenges

The financial challenges of those living with disabilities are thus stark and indeed horrifying. May detailed the challenges she faced at length, particularly with navigating complex systems for accessing financial support:

> ***The inner workings is still a culture of trying to prevent workers from getting what they're due for their injuries. So I had all this going against me with the people...that would talk to me, interviewing me. And I'm trying to be honest. I'm trying to get help. I think they're going to help me. And then I read these reports that are super negative, and I'm just like in tears because I'm like, I trusted these people. Yeah, but that wasn't their angle. Their angle was, you know, to shame me, essentially make it look like I'm a problem or I had all these problems in my life, and that's why...So then I have to get, like these workers advisors who are kind of like lawyers, but not really either. Like this branch that's created to deal with work cases... which is super weird because you can't afford a lawyer in most cases. So you have these guys who help you and they can be okay, but they're not as thorough with a lawyer would be.***
>
> ***I'm forced to go into provincial disability. I'm forced to use up my credit card to pay for things like rent and bills because I was dropped from WorkSafe's support and I did nothing. And then I transitioned to like the basic like income support, which is like 700 a month, which is like basically my rent at the time. And then I eventually transitioned to, you know, permanent disability with the province. So they're willing to accept that I have something going on, but not, you know, the insurance company, right? And because I can't get lawyers, I can't cite them and I can't just***

say, look, I'm doing, you know, a full coverage for not being able to work whatsoever, even just a partial coverage. And maybe one day I can get to a point where I can work part time...But at this point, it's like I get a partial disability award in the way that our province works...they claw back on anything they consider unearned. So if you didn't go to work and earn it, but even if you're eligible for it as a support like I am, clawback on that. So you're kept at a very low level of poverty. Yeah. You know, with no chance of, you know, anything else unless you earn it in a very specific way.

It actually just went towards my family, partly because, again, we're all struggling. (May)

May reflects on the struggles of dealing with the medical system, insurance companies, and provincial programming. At the same time she discusses how she still carries a sense of monetary responsibility to and for her family. Métis women and 2SLGBTQIA+ people living with disabilities *still* feel a sense of responsibility to and for family and for community, as reflected in Courtney's earlier mentioned statements as well. Yet the financial challenges are large.

May likewise further commented on the financial challenges arising from programmatic issues while Courtney talked about the burden they experience, as well as what they see in their community:

If you start getting CPP, they claw back on that too. Yeah. So like...that's what this whole like disability thing that's coming out like this new bill is worrying because they haven't put in any language that protects us from claw backs, right? Yeah. Yeah. So either insurance companies or provincially, they're going to look to not pay out. You know, it's like they're always looking to cut out from the bottom. They're not looking to cut up from the top. Yeah. Yeah. And that's why we're in so much trouble as a country, you know? (May)

I always felt guilty for taking resources. I felt like I didn't need them enough. And there was a there was always going to be people out there who were greater in need and that I should like step back and allow those people to take them first. So I've never had really any help with housing. I mean, I remember when I moved down to Victoria, I think like it was...probably 2006, to be honest, like my first place. I spoke with...my friend from high school. It was $850 for a two bedroom. And now, like, that's laughable. (Courtney)

My rent takes up 40% of my monthly income. But there's people there like out there who it's even more like they're really just working to survive and it's not sustainable. And I feel I feel deeply for them because like, I work so closely with youth, like we have youth can't afford to move out of their home, even if it's not healthy, If it's an unhealthy situation, they

literally can't afford to leave. And they can't afford to put distance between themselves and the people who are maybe unhealthy or toxic or abusive. And that goes for, you know, people who are in domestic situations where maybe it's abusive or it's unhealthy, like they can't afford to leave...housing prices are keeping people trapped in situations. And that's a huge concern to me, not only as like a community member, but just like as someone in society...that's a huge concern to me. And it's really frustrating because I don't know...I feel like the powers that be, like the government has really, really failed...I don't know what the answer is, but, you know, allowing it to get this bad is just, you know, it's such a failure. (Courtney)

1.2 Housing Conditions, Accessibility Needs, Support, and Ideal Housing Situations

In addition to the significant social conditions discussed above, interview participants spoke more specifically to housing conditions, accessibility needs, and about their ideal housing situations.

1.2.1 Mold, evictions, and homes in need of repairs

As we discussed in our previous report (LFMO 2022), many interview respondents at the time noted that they lived with issues such as mold. In some cases this served to aggravate existing health conditions. Courtney likewise saw that mold was a problem in their housing situation, but with limited options they had little choice but to accept it.

We got very lucky and we managed to get someone who was charging a reasonable price for a townhouse. But, you know, it had its issues, mold and whatever, and the kind of unwritten rule was like, you're just going to rent it and you're not going to say anything about the problems or just like that. (Courtney)

Respondents spoke little about the actual conditions of the homes they had lived in for precisely the reasons discussed above and reflected on by Courtney. Courtney also talked about their time living in another home, and the process of being evicted from the home:

I managed to find like a really tiny bachelor suite, which was affordable. I mean, at the time, for me, it was affordable...she never fixed anything and the place was falling down. Pretty much the cheapest way to sell, which was wild that she got over $1 million for the house because it was absolutely a teardown. Like such a horrendous, you know, horrendous price to pay for homes. That was definitely not worth it. So when the new owners moved in, it was three adults, like a couple and then another person. And they had said that they were going to take two of the suites, but they did eventually evict all of us. And I know that it was not exactly legally... because if they said when they gave me notice that they were intending to move into my suite, well, I knew that was a lie because I lived in the bachelor suite and they weren't going to move from the, you know, the main suite into my suite.

I knew there was tenancy laws, but I didn't really know who to go to, like how to make a record. Um, so, yeah, and I was really lucky that...like, the

stars aligned. And when I got the notice, I was really freaking out because like, rent in Victoria is so high, right? And I was like, how am I going to afford this? I can't afford, you know, my rental double lease because I can't afford a place on my own. And it's not just the price, it's also the competitiveness, right? Like you will send in, like an application for a place and you're competing with 100 other people. And because of that, like, landlords can be as choosy as they want. Yeah. And they can dictate all kinds of, like, ridiculous stipulations which are not even legal. Like, say you can't have people over, you can't do this, you can't do that. And like, I've had friends who've had disputes with very landlords over like running laundry or having a shower at 10 p.m. because they find disturbing or things like this. But landlords really believe...they can do anything they want. And when they're meeting with 99 other people, people are desperate. But I just find a place and I actually I've got a nice place in a desirable neighborhood of Victoria and my landlords, um, they charge a fair price for that...but I consider myself quite lucky...but it's still like 40% of my income...I'm very blessed and I can afford it, but it is, you know, expensive. (Courtney)

Again, for those living on assistance, the competition in the housing rental market is even more intense, for as Courtney points out, landlords feel that they can act with personal discretion and the layers of discrimination area myriad.

Celeste discussed the challenges arising from living within a condo unit, along with issues relating to being self-employed and the constraints in accessing a mortgage that would allow them to move into a freehold home that would put them in charge of their own destiny were there to be any repairs needed to their home:

I'm in a condo unit, a townhouse, and so there there's always the risk of there being a call for money. So let's say there's an issue, a big issue that they discover. That we need to pay for. And so they could as a condo, they could be like, you need to pay us $30,000 this year. That's impossible for me to come up with. And so then I would be forced to move...Our condo is fairly well run and we've had a few financial calls like that. But it worries me that that is something that could happen in the future. And so I do want to get out of a condo situation. And because I've been most of my career self-employed, you basically get a very low chance of getting a decent mortgage rate. (Celeste)

With a limited pool of resources and housing available to them in the general market, Métis women and 2SLGBTQQIA+ people with disabilities quietly accept *anything* that they can reasonably access. They do not have the privilege to be choosy about *where* they live and what those living conditions are. Further, given that some landlords prefer not to rent to those on provincial programs, such as disability or other forms of income support, they face even greater challenges.

1.2.2 Challenges accessing programs/services

Janine further elaborated on the challenges arising from navigating complex housing programming. When they were finally able to secure their own space, the only housing they could find was out-of-province. This intensified the impacts on Janine's mental health.

Moving from her existing family, community, and job was deeply painful, but a s a domestic violence survivor fleeing with her family, she felt she had little choice:

> ***When we moved into our own space it was great. But then it was also... depressing...Like I started working and then very couple of weeks we would drive home and I would drink the entire weekend and then we would go back home...I longed to be at home. And this was before my daughter had disclosed that she was sexually abused by my partner.***
>
> ***So I applied for Métis Housing because...I want to go home, but I don't want to go home...And I applied for the housing...and they offered me a unit [on short notice] And I was like, "Oh, well, no, I can't take that because I have no means of income. I don't know what I'm doing...just give me some time, okay?" (Janine)***

Particularly when housing is offered on short noticed with a limited window for Métis women and 2SLGBTQQIA+ people to accept, they often fall through the cracks of existing programs and services.

May talked about how they felt that the system was using them to prop itself up, instead of the system existing to genuinely care for and support people in her situation:

> ***Through this whole thing, I feel like my injury and disability is being used as something to facilitate a system that's been built around, you know, instead of being listened to. And I'm saying, I can't do this and this hurts. They're like, well, go seek someone to tell us the same thing. And if they can't tell us the same thing, then you're lying. Right, Right. So if you have a rare injury, you're not getting the help that you need necessarily because, one, they don't know what to do. And two, their incentive is to work, not to pay you for a permanent injury. And if it comes down to that which it did for me, they were able to just kind of brush it aside... because they were trying to convince my doctor that their ideas were better and she ultimately disagreed with them, they called her unreliable. They won't take her side of it, you know, like they have this whole system where they can use their own in-house doctors to make opinions and then they can make these opinions. And there's no government or other body that is really holding them accountable for what they're doing to people's lives. So basically, if I get a disability award for what they've acknowledged, I had to fight... They're trying to push it as like a mental thing, like, oh, it's depression or anxiety. They won't acknowledge that there's research, that it's a physical damage to the nerves inside the ears that they've discovered. (May)***
>
> ***I don't know. Like, I just this whole experience has been awful. Like going from doctor to doctor to doctor to doctor. Like, our system is designed where even if you have like, a family doctor, I'm lucky to have one who, like, they aren't invested in your health, you know, like they're not following up with you. They're not holding your hand and like, going on this journey to help you figure it out, you need your own scheme to push through and***

you're paying off to one person if they have no answer, you paying back your doctor sends you in another direction, paying off, you paying back. Like it's this constant sense of failure is going back and forth. Like there's no interconnectedness of, you know, especially single. I don't know that maybe this person will know. Like everyone just seems to keep in their own very distinct little bubble, you know? So it's just made this like a stretch to have more takes more and more away from you the more you do it. And then going through these insurance companies and having them tear you apart to not help you is again, like, I don't know what's left of me at this point. Like I've been torn apart and like basically told I have no value, you know, because no one wants to help me. No one wants to put money into it like I'm not worth it is the basic message that I'm getting. And so you kind of get to the point where you're just like, I don't want to bother anymore. I'm really tired of everything. And I'm just at the point where if I didn't have family, like it's almost worth it to just move on to the next life or whatever because that might be better than this, you know? And it's like it's easily just feels that way. And I don't even feel like I would regret it, you know? (May)

In May's case, she does not even have the privilege to *think* about the complexities around her housing situation as she has been constantly mired in trying to navigate systems that, she felt, were made to sustain themselves, not to help care for her in her time of need. Towards the end of the interview she reflected on feelings of loneliness, isolation, and worthlessness, all facilitated by a system that she felt was dehumanizing and largely indifferent to her existence.

1.2.3 Accessibility Needs and Ideal Housing Situation

Interviews also spoke about their housing needs and ideal housing situations. Many of them spoke to issues of affordability and accessibility.

...In my situation, I have no idea how I'm going to get out of it, you know? Yeah, like I need a better home that's quiet that I can actually concentrate and recover. And then maybe I can get to a point where I could do some part time work if I can control, you know, the silence around me to an extent, you know (May)

I definitely think about future. Accessibility. A lot actually, because I'd like to get out of this place at some point because it's a condo and I'm like, wherever I move into, I need to make sure that it doesn't have stairs... there's very few places in Alberta that doesn't have a basement with the laundry and everything that I would need would be on a main floor...Or that maybe it has a walkout or something like that for the basement, I don't know. But it's definitely something I think about for the future. But I think, um, hopefully, hopefully that'll never happen and hopefully, you know, that kind of future. You know, I'm 15, 20 years away from. (Celeste)

Yeah, a lot of uncertainty about my future with regards to housing. (Celeste)

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Mm hmm. Yeah. Yeah. Yeah. So that's like. Like housing is always on my mind. It's like, always thought like. But like, that dark shadow that's like, sitting on my shoulder. And I, like, have to kind of, like, operate, like, not really looking at it. Because when I think about it, it seems like so overwhelming that I feel like. Like there's no there's no escape. There's no hope. Right? So, yeah. Yeah. (Courtney)

Ideally it would be nice to, you know, obviously have a home where I have a decent sized kitchen, good sized bathroom, a spare room for elders or family. 'cause I have an auntie who's an elder who likes to come stay with me when their home gets too crazy. Yeah. Um, you know, some office space in the house. Like just basically something to grow and fold our wings so we can fly (Cherry).

Yeah. Basically pushes me to try to minimize contact with people because they don't understand...even though I'm stuck living with my family and even if they do their best, like they still trigger me all the time...It's like hard for them to change habits. And the best hope that I would have is living on my own within a sphere that they could still help me if I need it... like if I'm not able to go out and get my own groceries, if they could drop them off like that helps, you know, or if I'm low energy and I need help and they can drop off food like, you know, just stuff like that from time to time. (May)

Cherry's words support what May outlines as an urgent need in order for her to maintain her independence within her living situation, stating that in the absence of physical housing, at minimum Métis women and 2SLGBTQQIA+ people with disabilities need to have their living expenses subsidized:

Well, again, if we can't build housing, actual physical housing solutions where they have safe and affordable homes, then I think we need to find a way to start subsidizing their living expenses. (Cherry)

For Celeste, one of the major financial concerns, in addition to being unable to secure stable employment that accommodated their medical needs, was the potential costs related to home ownership. While home ownership was often spoken about by participants as an ideal situation, for those living in condo situations where a portion of the financial picture is out of the hands of those living in the condos, there is the potential for significant financial disruption.

Yeah. And so. So there there's. So I do want to get out from under the condo because of that concern, of long-term concern of, you know, oh, now you've got a $20,000 assessment that has to be paid. But I'm not in a financial position to qualify to move into a more traditional house. And so sometimes I think, well, what? Maybe I should move to a small town because then I could afford the type of house that. That I could. That I need to live in. Which then takes me out of community, too. (Celeste)

Celeste talked about how the solution to the affordability crisis being her needing to move from a bigger city to a smaller town, from urban to rural. But what she felt she would sacrifice is the immediate community that currently sustains her and supports her as she navigates life with her disability. Without family present to support her, her extended network of Métis community and of wider friend networks, provide her with necessary physical, mental, and emotional care that, as we see from May's comments, are vital to one's survival. Courtney also reflected on the struggles of living in a bigger, urban area, but in relation to living away *from* her family.

> ***You know, and I know some people would say like, well, you don't have you don't have to live in [the city]...but I mean...I have tried living elsewhere, and I did not like it at all. Yeah. Like, my mental health was, like, tanked. And I was, like, in a really bad place. (Courtney)***

9. Engagement Sessions

Much of what we heard in our interviews were also echoed back to us by those Métis women and 2SLGBTQQIA+ people who took part in our engagement sessions. As previously outlined, we hosted a series of in-person, day-long engagement sessions with a variety of Métis women and/or 2SLGBTQQIA+ people in Prince George, BC; Ottawa, ON; Edmonton, AB; and Prince Albert, SK. A number of themes emerged from the sessions that correspond with the issues raised by interviewees in this report.

1.1 Living Situations

Participants reflected on their current living situations, noting the impact of their disability on their living circumstances and the kinds of supports they either have access to, or are lacking:

> ***I mean, being a Métis like myself, I'm on a, I'm on disability. Mm-hmm. Well, I hit it lucky with disabilities because it just so happened that they were building, a building with disabilities. I, um, got my name on there right away and it's like, it's a wonderful building...When I first moved in there, like I couldn't do anything. Like I had home care bring me meals, you know, I couldn't do my laundry. There was so much I couldn't do. And it's just because now finally I lost 70 pounds and they've got me on the right drugs now that I, you know, I'm just starting to be able to do a lot. Like if I didn't have this...it was hard for me with the garbage. But you know, somebody come over, I'd give it to them. And then, like I was told also by management. Yeah, that, um, if we got a hold of them, they would have someone come and take out our garbage. (Anonymous)***

> ***But I mean, everything's good. The elevator's there and nice, nice...wide... Nice wide hallways and really built for people with disabilities. (Anonymous)***

The big thing is for me, like, because I get my groceries delivered and I like, 'cause I quit driving over a year ago now just because my mind is foggy and I, if I was driving and I hit somebody or killed somebody, I'd just feel so bad. So I just don't drive. Like I have my license but I just don't drive. (Anonymous)

As reflected above, when living situations take an integrated approach to disability care, and attend to the full-scale needs of residents, their overall health and well-being, in some cases, improve. As our interviewee Cherry pointed out, this kind of comprehensive care is essential to effectively caring for Métis women and 2SLGBTQQIA+ people living with disabilities, and their families. One resident commented that the quality of food in their home was terrible, and this marks a critical area of consideration and future research (i.e. ensure that quality, healthy food will be provided to ensure the robust health of residents).

A number of participants named an urgent need for consistent support in addition to housing - supportive, supplementary assistance *irrespective* of the kinds of housing one would find themselves living in:

So when I come back to the reason that I'm here, I'm talking about senior citizens, senior citizens who, uh, are living in rental accommodation, um, and are looking in the future to being in the, in a position to need some kind of support....some kind of support to, to be able to manage either, you know, where they live, whether it's, whether it's, uh, rental housing or, uh, or own ownership housing. Um, because for a time there was, um, MNO had actually suspended, uh, home visits, well, obviously during Covid home visits were, were all, suspended. (Anonymous)

If, and even if something happened to me, you know, fell, and broke a leg...what, what would happen, what would happen if, if that took place? (Anonymous)

Independent living. Mm-hmm. So she kind of lost her house. So we, us girls, she's got six of us, but the three girls do everything...Yeah. So we made all the decisions and we put her in a, we got her independent living apartment and we got, uh, it was based on her income. Mm-hmm...But she was really mad at us and mad at everybody. Oh yeah. 'cause she had to go there...And so anyway, she went in and within six months she loved it. Yeah. Loved, loved, loved. And she's like, why did I wait so long? Why did I wait so long? 'cause she had her own apartment. She had her own kitchen and everything, but she could go downstairs and visit. And they just had like tea every day and stuff. Little, you know, play bingo and stuff. And then last year she decided she didn't want to cook anymore....Shefell, broke her hip...She, she loved the hospital...She wouldn't move out of there...full service. Really. Food...We're like, we can't stay here. It's a hospital. So three months later, we're finally getting her outta there. (Anonymous)

We got her into a senior apartment, what is it called? Assisted living. But there is no support other than us kids. (Anonymous)

> ***She keeps going, "Remember that place I lived in before? Can I go back?" No, it's a hospital...so her place is completely subsidized. She doesn't pay anything for it, like out of her own income. But just little stuff that she needs, like, um, 'cause they don't give you much extra money at the end of the day. Once they're subsidies, I think she gets less than $300 a month to live off of. (Anonymous)***

So while housing is a significant issue, for Métis women and 2SLGBTQQIA+ people with disabilities, housing is more than the physical structure. In the absence of *supportive* housing that is tailored to the distinctive needs of the person living *with* their disability or chronic illness, only part of the needs of such people are being met.

The other thing that interview participants reflected on, was the value of living in a place that provided transportation to medical appointments:

> ***Appointments. Sometimes I go twice a month. (Anonymous)***

Another participant pointed out that as part of a program that they work with, they would help drive people into bigger cities for medical appointments. Yet as another participant noted, the number of trips a person is allowed under currently available programs is a maximum of six per year:

> ***Not unless you have cancer, but I put in a thing there and tell 'em, oh I have a, a chronic disease also. So why wouldn't I be able to, you know, I have three, four different doctors. So you know, why am I only allowed to have six where they would pay? (Anonymous)***

Participants also identified another particular challenge, in that even when they are able to travel for their medical appointments, they need someone to accompany them as a caretaker. In order to move around within the hospital, they'd require a wheelchair and someone to help push them. If programs are not available to provide such supports, it adds a further financial strain on Métis women like Janine that we spoke with.

1.1.1 Awareness of Existing Programs/Services

Most of the participants were overall fairly engaged with Métis governments, and were aware of the various kinds of programs currently being offered:

> ***So basically the housing that it, that the Metis housing that is here is because of the three locals that are kind of working with each other but separate from everything else. (Anonymous)***

This did not, however, translate to a seamless relationship with organizations, with structural barriers in the manner and mode of applications continuing to pose challenges to women and 2S people's ability to access programming:

> ***When I finally went back and I said, Look, I've been waiting for how many years now? And she said, "Oh, didn't anybody tell you that you have to reapply every year?" (Anonymous)***

1.1.2 Safety, Security, and Rural Experiences

The women we spoke with noted that in smaller communities, such as Prince Albert, rates of homelessness appeared to be increasing:

> ***I find it's gotten worse. Like we never had tent cities until last year. Okay. Now we have two or three...They just keep moving (Anonymous)***

> ***I think there's a lot more homeless. There is, because I always cruise around certain streets when I get into town in the morning just to see how many people's out there. And there's a lot more than there was last year. Yeah. A lot more. And I do find there's a lot more gang activity in our community than there was years ago that they've come in. (Anonymous)***

> ***Everybody wants to belong to something good or bad, and they're sucking them right in. And our young kids, they're taking Yeah. 'cause parents are busy working or they're addicted or whatever. (Anonymous)***

Some participants felt that the housing crisis was at the root of high crime rates and rising violence in their communities. One participant also voiced concern that disabled people suffer significantly first:

> ***Why do you think we have high rates of crime and violence? Lack of housing. We don't even have buses to send people home. They can't even go home to visit in their communities anymore because our government took away our bus line. Our most vulnerable, vulnerable people are always the first on the chopping block. Mm-hmm. And when I say vulnerable, I usually start with disabled. (Anonymous)***

One area that participants focused on was the declining in public transit options between more urbanized and rural areas, or between different rural areas. Transportation issues - in particular, the elimination of bus services between areas - negatively impacted people, their morale, and ultimately their living situation. This was especially problematic for communities dealing with extreme opioid crises. Many participants voiced concerns over limited detox centres accessible to Métis and to First Nations in their communities, specifically linking some of the issues with detox centres to housing issues. As we understand that the opioid crisis exists within a social world wherein colonization of Indigenous people has contributed to rates of mental health-related disabilities such as PTSD, borderline personality disorder, anxiety, depression, and many others, it bears reflection.

> ***We've sat together as a community and this is what we need. We need, we need a detox center. We need multiple detox centers. We need second stage housing. I don't know if that's the right words, but something where they graduate from there and they have support from that. Once they're ready, then we need to have the next stage. But there needs to be a continuum. So, okay, you know what, if we sit in this room and agree, okay, you are going to be the one that's going to deliver the detox unit, but we gotta bring in the police. We gotta bring in a couple more. Your unit is***

gonna be the one for second stage...We can send billions of dollars to war million right now in this day and age...Our government can come up with all of this money to send over there, but we can't put fresh water in our community. We can't have our people out of our houses. Something is wrong. (Anonymous)

Participants were genuinely concerned about the lack of second stage housing for those coming out of detox programs. One participants was adamant that at issue in addressing the crises is that stable, secure, substance-free housing be made available, longer term, for those emerging from detox centres. In the absence of such, they noted, people will often return to their former environments - and in cases of those coming out of detox who were previously living on the streets, returned back to the streets - and readily fall victim to the same addictions that placed them in detox in the first place.

A number of participants commented on rising violence, in particular gang violence that they felt came from reserve communities and spread into small towns and cities. They noted that there were more murders and they were hearing of "dead bodies being shown up. There's cars that are dropped off of dead bodies in them. Never heard of that 20 years ago." (Anonymous) One woman, Kristen, recounted a story of how a friend was nearly hit in her own home, by a bullet shot in a drive by shooting:

She was sitting on the chair and it just topped the brick beside her head. Oh my goodness. Yeah. She texted me and said, I'm scared to go around the window." (Anonymous)

The women spoke about how much more dangerous their community had become but were clear that it is not because of the higher rate of people who are living unhoused, but rather the increased presence of gangs. They believed were full supports available for the unhoused members of the community, including stable housing, that part of their concerns would be significantly reduced. One participant proposed that local schools provide training to younger people in how to fix up vacant houses, that could be used to help get people off the street:

You know, we should be using that time to the best of our advantage of fixing up massive amounts of housing rather than just boarding them up and bulldozing them. Like, well if everyone's gonna pay for all of the shelters, why can't we invest in fixing the houses? (Anonymous)

Another participant was quick to point out, however, that just building the housing was not enough:

But once they move in six weeks later, there's 20, $30,000 worth of average done. Who's gonna fix it again for the next time? Therein lies the problem. (Anonymous)

As another participant noted, however, this only happens because of a lack of comprehensive care and programming for those who are trying to rebuild their lives. In the case of those who are emerging from detox and treatment centres for addictions:

> ***They have to be ready. I'm not just saying, take the Joe blow off the street that's fully addicted with the needle in his arms. Give him a home once he goes through your treatment center. He graduates from six months or a year, sorry, six months is nothing. Six months. You need a good year. Two years of being sober and some supported living. Like you have a longer-term plan. That's what needs to happen. (Anonymous)***

> ***Participants also often reflected on provincial disparities. For instance, a participant in Saskatchewan reflected on the experiences of her sister and her son, both working on a project from the Alberta government to build a community-oriented addictions treatment space with a main centres and ringed by "five or six little cottages...And they're redoing that for people with addictions." (Anonymous)***

A number of participants drew attention to unique challenges faced by those living in rural areas, compared to those living urban centres. One participant in Prince Albert noted that the majority of programs available are only in urban centres, and support systems are limited in smaller cities and/or in small towns and farming communities. According to a participant in Prince George:

> ***Over there is really a hole in our life. They've made us those promises, too. Every time they come to town back there. I've been I've been to 2 or 3 sessions like that with these guys from Vancouver, and they've always promise the same thing. Look, we'll get this and this and working on this in this area, but they've never come across so well, secure. You know what? I think we should look for ourselves. Well, I'll look and get some...get someone to finance us. That should be easy. (Anonymous)***

> ***We're doing something else here with native housing because of what they've done. All these programs to building all these places here...They're short funding. They're short. So they're going to kick everybody up north. (Anonymous)***

1.1.3 Intergenerational Challenges and Changes

Many of the women also observed intergenerational struggles. The living situation they found themselves in was often markedly different from that which they knew growing up. As one woman at our Ottawa session recalled:

> ***Living in a two room, back to housing, living in a two-room house with no hydro, no plumbing, no like, no nothing. Um, it wasn't a hardship because we had community. And, you know, coming back to, to what [...] talked about earlier, touched on earlier, having, having housing is one thing, but having community with that housing is equally as important. (Anonymous)***

Yet successive waves of displacement, dispossession of land, policy neglect and misguided policy, have led to breakdowns of familial structures and relations between generations. All of this is complicated by the opioid crisis. One Métis woman noted that in senior centres in their town:

> ***Their biggest problem is the grandkids...Kuku won't say no. Yeah. And they're wreaking havoc...and it's not just the regular drugs either...And it's not just the regular drugs either. When you take a senior, usually take the pharmaceuticals, take the prescriptions that are flying around this community. Yeah, yeah, yeah. Like pharmaceutical and synthesized grade opioids are still opioids. (Anonymous)***

Participants also reflected on how the turn towards living in senior's residences is a newer phenomenon among Métis families. As two sisters noted, their mother was the first in their family to live in a senior's residence: "My mom, my mother, is the first one in her family" (Anonymous).

Families are often separated due to the housing situation of the children of older Métis, particularly if their homes are not able to accommodate the specific medical and/or physical needs of their parents:

> ***My bathroom is upstairs, so she couldn't come live with me...our grandmother lived with us and she was passed from sister to sister. You know, she, and she always, "I want to go home" and we're like, "where's your home?" She didn't have a home... after my grandfather died, they sold a house in the town. (Anonymous)***

The vast majority of people we spoke with in the engagement sessions also echoed what our interview participants spoke about - how deeply gendered the process of caretaking is. As one woman mentions above, her grandmother moved from sister to sister, not among the households of the sons/brothers in the immediate family. They also have to navigate the often-painful emotional labour of explaining to relatives who do live with them, that they are unable to return to where they think of their home as being, and that they must adapt to living in places that *don't* feel like home. They do not have the ability to "age in place." This creates invisible mental and emotional struggles for those doing the primary caretaking of their relatives.

> ***I just want to be where I'm at now. We just have had so many losses in this last little while, and I've done everything for everybody. But now I'm starting to get disabled. (Anonymous)***

> ***One woman discussed having been a caregiver for her husband for twenty years before he passed away: "I was [XXXXX]'s caregiver for 20 years before he passed away. He would be lost....I know my kids can't wait to ship me off." (Anonymous)***

Another woman discussed the impact on the living situation of a friend who was unable to attend our engagement session:

> ***Her husband... he had disabilities and they lived outside city limits. They sold their house or it was a mobile home, two acres. I think they sold it last fall, moved into town so that they'd be closer to medical and that kind of stuff. And then they were going to get an apartment and travel and do all these sorts of things. And just before Christmas, he passed away. So now she's in this apartment and she's trying to find something else. It's a little bit cheaper and she's on a waiting list. (Anonymous)***

For many of the people who spoke with, there was widespread concern about the state of elder abuse among Métis families and communities. The forced breakdown of Métis family relationships and the struggles to maintain community connections as rooted in place had significant impacts on Métis women and 2SLGBTQQIA+ elders living with disabilities and having a limited network to rely on:

> ***We were at an AGM years ago down in Kamloops a lot of years ago, and they had a thing that we sat through on elder abuse and it just really makes your mind, you know, like the kids...going to be your kids and then taking your whole cheque. Oh, for sure. And not giving you, you know, having to beg for a pack of cigarettes or whatever, you know, that went on a lot. (Anonymous)***

> ***This guy just did that to his mother about 2 or 3 weeks ago...took his mother's bank card? I think so. He must have talked his mother into having what he did. But anyway, he wanted something, right? She gave her bank card...all her money...two grand. She had it in there. (Anonymous)***

In the absence of cohesive care systems associated with safe and secure housing for older Métis women and 2SLGBTQQIA+ people living with a need for familial support arising from their medical needs, the intergenerational impacts and trauma caused by colonization played out by further compounding their feelings of vulnerability.

1.1.4 Disability, Stability, and Accessibility

Chronic health conditions, sometimes separately discussed from disability, nevertheless had a profound impact on the lives of the women we met with. A young pregnant Métis mother spoke with us about moving with her kokum from their small, northern community, to Edmonton, so that her grandmother could live in supportive Métis housing and receive necessary medical care in the city. Another woman we spoke with mentioned that she was dealing with disability-related impacts from a younger age than some of the other women we spoke with:

> ***My material that they gave me for the first hip, that's what was defective. The, the whole thing showed that it, it wasn't intact or anything, but it was the inside...There was a class action in British Columbia that the lawyer had got a hold of me and said, your name was in the records that you***

have this material in you. I tried to tell my doctor. And I still try. Then that surgeon was retired. He was old. He was old already when he gave it to me. But he said, because I was young, I was only 40. The metal would last longer. Yeah. Well yeah, it was faulty comfort. So I lived with that pain for 11 and a half years. Oh my God. And he put me on the patch and then I couldn't take that. Then he put me on threes [Tylenol 3]. And then I had liver...I had my liver fill up from the medication...this new doctor...well she put me on the long-lasting threes. Well, that I don't like, because if I get up too fast, I like, I get dizzy...the twos work fine for me. And that's all like, and I don't touch any other stuff...So yeah. I'm, I'm happier now. And, and got into a housing house.
(Anonymous)

Another participant reflected on struggling with depression, both in relation to life experiences in general but also the stress and challenges she faced in relation to her health and housing. In our Ottawa session, a frequent topic of discussion was that those with disabilities often struggled to maintain themselves in safe and stable housing - leading to an invisibilized cause of houselessness:

Yeah. Like our brother. Cause he became disabled. He had a house, but he lost it and so he lived on my sister's couch for three years until he got into Métis housing. Cause he was on Alberta works, too, which was only $800. (Anonymous)

As one woman reflects above, it was in fact Métis housing that served as an important survival mechanism for her brother. We can see from this small example that programs *are* working, however waitlists are often long, or as we identified in our 2021 report, criteria is too restrictive, the type of housing unsuitable to a person's specific needs, and/or funded housing spaces are limited. The resounding response from all participants was that more is urgently needed - and more that takes a comprehensive approach to housing for people living with disabilities.

A participant from one of our northern engagement sessions reflected on the financial challenges in relation to disability and housing as well:

AISH I believe I heard is $1,600 a month. So in Alberta, how are you going to feed yourself and pay rent on $1,600 a month? If that's it, and you're a disabled person that doesn't have the ability to go and earn an income, how are you gonna live?. (Anonymous)

Another pointed out that this is exactly why "there's so many homeless people nowadays." (Anonymous) Yet the amount of income provided was not the *only* issue that those Métis women and 2SLGBTQQIA+ people living with disabilities faced. In one session, one woman raised concerns about the *timing* of financial assistance:

I'm telling you how bad the system is in Alberta. In Alberta, they changed the system. So anybody that's on AISH, which is assured income for severely handicapped, something like that, uh, or, or, uh, children and family

services supports or any of those kinds of, of social programming, they don't pay it until at least the first of the month. (Anonymous)

So imagine when you're supposed to pay your rent before the first of the month, what that might be doing to you. Oh. It puts you at risk of being homeless. Because if you're, if your money didn't come in...you all of a sudden have an eviction notice. So not only do you have to pay your rent, now you have to pay whatever late fees. There are plus, plus, plus. And, and you are on a fixed income like that. Like the Alberta program is insane. (Anonymous)

Participants also noted that in addition to having financial barriers and systemic barriers, housing programs often do not build with single people, seniors, and those with disabilities (yet who can live largely independently) in mind. For those who live alone, whether by choice or by circumstance, and who do not have children or grandchildren, or do not live near other family who can be available to be involved in their day-to-day lives, worries about how they will continue to ensure their safety and stability in their home was of concern:

I have no children. So I'm the senior single woman who is looking at, get your act together because, uh, this is on you. Mm-hmm. So this, this is on me for, for looking after my, my life circumstances, regardless of what happens to me. As long as I am still mentally functioning and it crossed my mind the other days holy crap. Everything, everything depends on being, uh, mentally stable and mentally capable to, to do this. Yeah. Mm-hmm. To do this. Never thought about this before. Why it shows up just before my 80th birthday, you know? But there we are. So that's kind of scary too. (Anonymous)

I've been on the housing list with Metis housing for five fricking years. I am in their face. I kid you not...I am at their office every week I call...like, I'm not going anywhere until my child and I get a home...[B]ecause I'm not a big family, we're not a priority, but I am a single mom and a daughter. So we're vulnerable...I'm sorry if I sound so mad and upset. (Anonymous)

One participant observed:

There aren't senior plexes or single for singular people. Um, they have a lot of houses. Um, but you can see the difference between Calgary and Edmonton. Calgary has, you know, maybe two houses available where you look in, uh, Edmonton, they, I was counting at 30 some houses available empty. I believe Edmonton, there's, first off, there's the Renaissance Center where all the homeless are that you don't want live in. I'm just telling you. (Anonymous)

They flag that uneven development in certain areas and to the lack of safely located housing leads to marked inequality in what is available to people. Elder participants often reflected on the lack of safety they felt when living in certain designated housing. As complex medical needs made them feel more vulnerable, sometimes just trying to leave one's home in an unsafe neighbourhood made them feel incredibly anxious.

A participant originally from Alberta spoke about their efforts to get their mother placed in Métis senior's housing:

> ***She starts complaining about..."I wanna be in a Métis house. I'm a Métis. I should be in a Métis house. [XXXXX]'s in a Métis house. And he [her son]... got his Métis blood from me." There's no support for her. (Anonymous)***

> ***I phoned them. 'cause my mom wants to live in Métis housing. And I phoned the Metis, um, to see if there was a place for seniors. They said, they said, no, there's no place whatsoever for the seniors. (Anonymous)***

To some participants the very structure of the housing is what created one problem, when trying to solve another:

> ***I lived in Métis urban housing when my children were young. Most Métis urban housing was built and designed for large families. Like most of them are three plus bedroom houses. So that's why it's not, that's why they try to keep it for people that have families is because they're trying to fulfill the need of people with these families...It's owned by the Metis Nation. All the properties are owned by the Metis Nation. There's probably close to more than a thousand across all of Alberta. (Anonymous)***

> ***There are a lot of houses up there in places. They got senior residents. So anyways, it's a big difference from Calgary. My brother, um, became a handicapped and he waited three years to get into housing. He applied for it. It took him three years to get in. He just loves it there. Loves love, loves it. Um, but it seems like...it seems like they're always trying to kick you out. And I asked...if we could install a bar by the tub so he could get out of the tub. She said, no, he can go to senior housing. Where's your senior housing? There's no senior housing. So it's a little bit of a problem... you were mentioning some of those senior residents in Edmonton. They don't have that Calgary. (Anonymous)***

> ***I had a similar experience to your brother. I mean, every month they were trying to evict every month...I even went to court to a judge at one point... because I would get these eviction notices and I would do and comply with whatever they were evicting me for. And most of the time it was stupid things. I'm gonna be honest. And, uh, it might be because I didn't file the right paperwork, or it might be because I mean, it was a never-***

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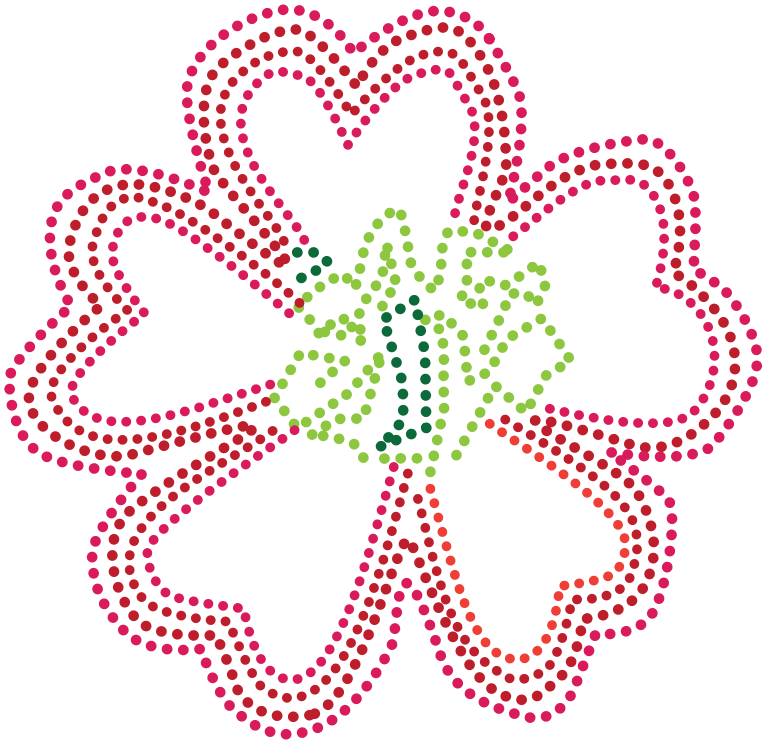
ending story. And one time I finally went to the court and the judge said, well, if you just pay your rent, I said, your Honor, I did pay my rent. I said, but I even on my way to the court this morning, checked at the bank, they still haven't even taken the rent out of my bank yet. Oh my goodness. Wow. And the judge said to them, is this true? And he said, yes...we just want to end the relationship...they said, what's wrong with you people? She's a single mother in a subsidized housing. What are you trying to do? And so I said, oh wait, your Honor, there's one more thing. Not only every time they try to evict me they do this, this lawyer tax a legal fee onto my rent. So not only, my goodness, I have to pay his $3,000 bill. (Anonymous)

As we noted in our earlier report (LFMO 2022), application processes for programming related to housing support posed a significant barrier, along with long waitlists. For those with an urgent need for safety and stability owing to their accessibility needs, navigating such processes can be exceedingly onerous:

So I've wasted all those years waiting for them to call me. And I've never changed my phone number...You got to reapply every month, I think...You have to call it every three months...somebody said the more you help them, the more that the sooner you'll get a place. (Anonymous)

Some of the people that we spoke with reflected surprise at not knowing that there was an "unwritten rule" as to how to access program supports that they needed. As one woman expressed above, it was incredibly disheartening to think that they had suffered from a lack of access to the critical supports they needed, owing to an unspoken and unwritten rule as to *how* to ensure access. This issues continue to plague the lives of those with spoke with.



10. Environmental Scan Summary

In a review of programs and services offered across the provinces included within LFMO's mandate - Ontario, Saskatchewan, Alberta, and British Columbia - while a number of them offer programs equally to Métis women and 2SLGBTQIA+ people living with disabilities (i.e. in the form of rent subsidies, other forms of income support, wrap-around support such as transportation, or access to other services and service navigation assistance), there are no dedicated Métis-controlled housing units specifically for them. While newer housing developments being built may include accessible units (i.e. those with wider entryways and adaptive showers), and initiatives like Métis Nation British Columbia's Ma Nîḳi Seniors Home Renovation Program for Métis seniors wanting to "age in place," they are still far fewer initiatives and pockets of funding than what needs to be built in order to meet current and future needs of a growing, and aging, Métis population. For example, within the Métis Nation of Ontario Métis Housing Stabilization Program, while those fleeing domestic violence are explicitly named as recipients of support, those living with disabilities are not named. Even when programs are available, they may not have dedicated funding that they are able to transparently refer to, and thus supports may be given "in the shadows" outside of official funding mandates and parameters.[67] As per the recommendations issued below, these serious gaps must be immediately addressed.

[67] Métis Nation of Ontario. "Métis Housing Stabilization Program." 2023. Ottawa: Métis Nation of Ontario. https://www.metisnation.org/programs-and-services/housing-infrastructure/metis-housing-stabilization-program/

11. Recommendations

LFMO recommends that the Canada Mortgage and Housing Corporation and the Government of Canada:

1. Create distinctions based and gender disaggregated data collection regarding for Métis women and 2SLGBTQQIA+ people with disabilities and their experiences with housing.

2. Include Métis women and 2SLGBTQQIA+ people with disabilities in meetings, working groups, committees and in the larger research process.

3. Commit to dedicated medical and accessibility related supports specifically for Métis women and 2SLGBTQQIA+ with disabilities.

4. Commit to an in-home system that provides caretaker and nurse support specifically for Métis women and 2SLGBTQQIA+ with disabilities.

5. Commit to a system that provides transportation to Métis women and 2SLGBTQQIA+ with disabilities especially those living in rural and remote areas.

6. Commit to conducting research on elder abuse and especially those elders with disabilities and fund housing initiatives based on the recommendations issued.

7. Develop programming that acknowledges that substance use and abuse are also within the cycle of disability and generate targeted treatment and housing initiatives in rural and urban areas that are holistic and take a healing and support-based approach.

8. Provide sufficient financial subsidies to Métis women, 2SLGBTQQIA+ people, and their children, adjusted periodically to market rates, to ensure consistent access to housing.

9. Provide comprehensive early childhood disability supports and the development of programs for Métis families akin to Jordan's Principal.

10. Develop integrated housing for Métis women and 2SLGBTQQIA+ people at all stages of life - be they young families, single person families, elders, or those in need of sustained housing and support in recovering from addictions.

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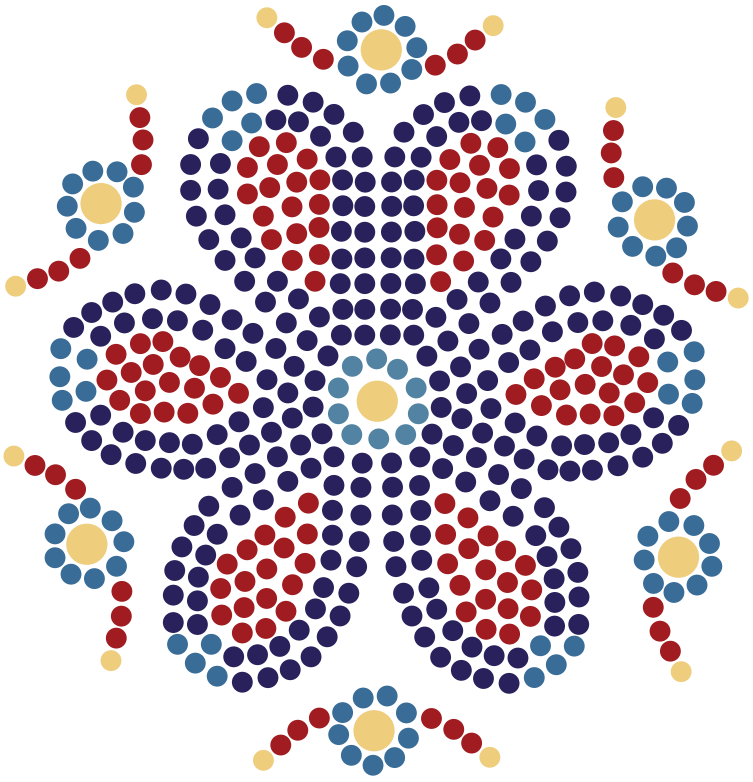

Glossary

2SLGBTQQIA+: It is the acronym used by the Government of Canada to refer to various members of Canadian community. 2S: at the front, recognizes Two-Spirit people as the first 2SLGBTQQIA+ communities; L: Lesbian; G: Gay; B: Bisexual; T: Transgender; Q: Queer; Q: Questioning ; I: Intersex, considers sex characteristics beyond sexual orientation, gender identity and gender expression; A: Asexual ; +: is inclusive of people who identify as part of sexual and gender diverse communities, who use additional terminologies.

Aboriginal Peoples Survey (APS): Is a national survey on the social and economic conditions of First Nations people Métis and Inuit living off reserve. The objectives of the APS are to identify the needs of these Indigenous groups and to inform policy and programs aimed at improving the well-being of these communities. The APS provides update to date data for a stakeholders, including Indigenous organizations, communities, service providers, researchers, governments, and the general public.

Accessibility: Accessibility is the degree to which a product, device, service, environment, or facility is usable by as many people as possible, including by persons with disabilities. Achieving accessibility requires knowledge of accessibility standards, being aware of the needs of people with disabilities, and addressing barriers to access for individuals with disabilities.

Canadian Centre for Justice and Community Safety Statistics (CCJCSS): Is a division of Statistics Canada. They are responsible for the development, collection, integration, and analysis of data that reflect trends in Canada and on the development of national- and jurisdictional-level indicators.

Canadian Survey on Disability (CSD): Is a national survey that collects information about the lived experiences of youth and adults whose everyday activities may be limited due to a long-term condition or health-related problems

Colonization/Colonialism: Is a process of establishing control over targeted territories or peoples for the purpose of taxation and control often by establishing colonies and by settling them. This also includes resource extraction and the exploitation of Indigenous populations. Colonization is structured and enforced by the settlers directly, while their or their ancestors' respective country maintains a connection or control through the settler's colonialism. In settler colonization, a minority group rules either through the oppression and assimilation of the Indigenous peoples or by establishing itself as the demographic majority through driving away, disadvantaging, or outright killing the Indigenous people, as well as through immigration and births of metropolitan as well as other settlers.

Disability: is the experience of any condition that makes it more difficult for a person to do certain activities or have equitable access within a given society. Disabilities may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors. Disabilities can be present from birth or can be acquired during a person's lifetime. Historically, disabilities have only been recognized based on a narrow set of criteria—however, disabilities are not binary and can be present in unique characteristics depending on the individual. A disability may be readily visible, or invisible in nature. Chronic disability is used to refer to as disabilities that are experienced over an extended period of time, and is not considered temporary in nature.

Domestic violence (is sometimes called intimate partner violence): Includes physical, sexual, or emotional abuse, as well as sexual coercion and stalking by a current or former intimate partner. An intimate partner is a person with whom you have or had a close personal or sexual relationship. Intimate partner violence affects millions of women each year.

Eurocentric: Is a worldview that is centered on western civilization or a biased view that favors it over non-Western civilizations. The exact scope of eurocentrism varies from the entire western world to just the continent of Europe or at times Western Europe . When the term is applied historically, it may be used in reference to an apologetic stance toward European colonialism and other forms of imperialism.

Homophobia: Encompasses a range of negative attitudes and feelings toward homosexuality or people who identify or are perceived as being lesbian, gay or bisexual. It has been defined as contempt, prejudice, aversion, hatred or antipathy, may be based on irrational fear and may sometimes be related to religious beliefs

Manitoba Treaty: The *Manitoba Act* provided for the admission of Manitoba as Canada's fifth province. It received royal assent and became law on 12 May 1870. It marked the legal resolution of the struggle for self-determination between people of the Red River Colony and the federal government, which began with Canada's purchase of Rupert's Land in 1870. The Act contained protections for the region's Métis. However, these protections were not fully realized.

Métis National Council: Represents more than 350,000 members of the Métis Nation, defined as Alberta, Manitoba, Saskatchewan and parts of Ontario, British Columbia and the Northwest Territories. It emerged during the intense constitutional debate over Aboriginal rights in the early 1980s. The Métis National Council continues to champion a culturally and politically distinct Métis Nation with roots in Western Canada, and with outstanding claims to self-government, land and other Aboriginal rights.

National Household Survey: Is data collected by the census, the National Household Survey (NHS) is designed to provide information about people in Canada by their demographic, social and economic characteristics as well as provide information about the housing units in which they live.

Open Ended and Closed Ended Research Questions: Open-ended questions prompt people to answer with sentences, lists, and stories, giving deeper and new insights. Closed-ended questions limit answers.

Scrip System: In the late 1800s, the Canadian government began to implement the scrip system, setting up tents for Métis people to make their land claim. Métis applied for scrip in these tents. To redeem them, they had to go to a Dominion Lands Act office, and then they had to travel to the lands that were given to them. The stated intention of scrip was to actually provide equitable settlements to Métis but that never took place. The scrip system quickly became a way to disposes Métis of their ancestral lands whilst benefiting European settlers.

Racism: Is discrimination and prejudice against people based on their race or ethnicity. Racism can be present in social actions, practices, or political systems (e.g. apartheid) that support the expression of prejudice or aversion in discriminatory practices. The ideology underlying racist practices often assumes that humans can be subdivided into distinct groups that are different

in their social behavior and innate capacities and that can be ranked as inferior or superior. Racist ideology can become manifest in many aspects of social life. Associated social actions may include nativism, xenophobia, otherness, segregation, hierarchical ranking, supremacism, and related social phenomena.

Red River Expeditionary Force: In 1870-1877 were soldiers collected from the Militia Units of Quebec and Ontario in early 1870 for service in the Northwest. They were intended to "show the Flag" in Rupert's Land which had just joined Canada as the Province of Manitoba and the Northwest Territories. The soldiers were also interested in "punishing" the Metis in Red River for what was perceived as "treason" against the crown during the negotiations leading up to the Confederation of Manitoba. Each soldier was granted a "Bounty Warrant" for 160 acres of crown land. In most cases the soldiers sold these warrants, and they became the basis of wealth for many early economic leaders in Winnipeg.

Road Allowance Communities: The term "road allowance" comes from the specified area measured between a paved or unpaved road and the boundary of private, municipal, provincial, railway, or Crown land. Pushed to the geographic and economic fringes of Canadian society, Métis constructed road allowance communities on unused plots of land typically located at the periphery of larger non-Indigenous communities, First Nations Reserves, or in sparsely populated rural areas. These settlements were often situated next to roads, near farmland, bodies of water such as lakes and rivers, creeks and alongside railway lines; as well as close to hydroelectric facilities , small towns as well inside large urban centers. During the late 1800s and first half of the 1900s dispossession was common for Métis leading them to make do with what little remained – a recurring practice when it came to resources or land.

Royal Commission on Aboriginal Peoples: Was a Royal Commission established in 1991. The commission's report, the product of extensive research and community consultation, was a broad survey of historical and contemporary relations between Indigenous (Aboriginal) and non-Indigenous peoples in Canada. The report made several recommendations, the majority of which were not fully implemented. However, it is significant for the scope and depth of research and remains an important document in the study of Indigenous peoples in Canada.

Sexism: Is prejudice or discrimination based on one's sex or gender. Sexism can affect anyone, but primarily affects women and girls. It has been linked to gender roles and stereotypes and may include the belief that one sex or gender is intrinsically superior to another. Extreme sexism may foster sexual harassment, rape, and other forms of sexual violence. Discrimination in this context is defined as discrimination toward people based on their gender identity or their gender or sex differences. An example of this is workplace inequality. Sexism may arise from social or cultural customs and norms.

Two-spirit **(also known as *two spirit* or occasionally *twospirited*):** Is a modern, pan-Indian term used by some Indigenous North Americans to describe Native people in their communities who fulfill a traditional third-gender (or other gender-variant) ceremonial and social role in their cultures.

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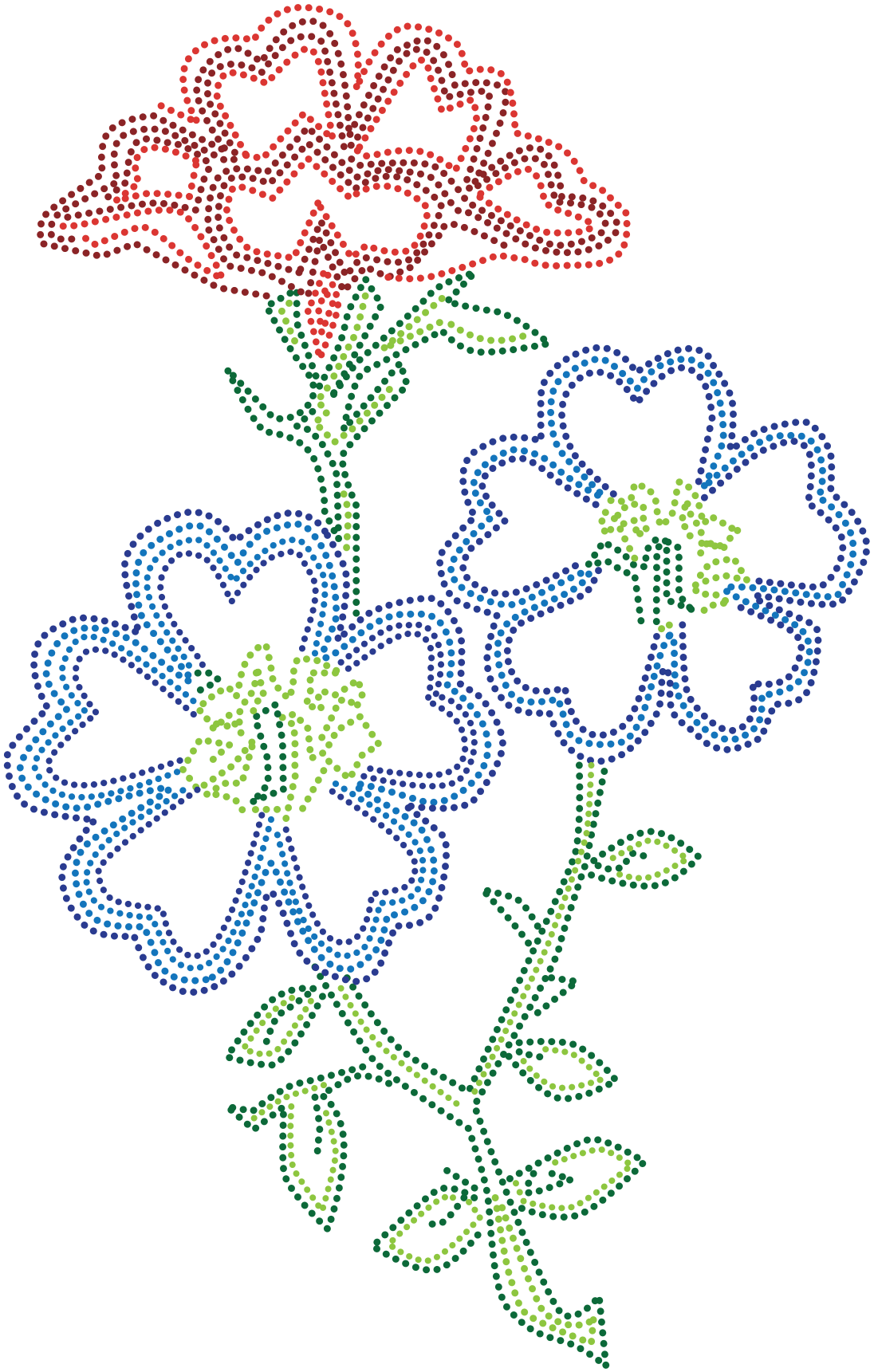

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