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Chair

Mr. Dean Allison

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

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•(1330)

[English]

The Chair (Mr. Dean Allison (Niagara West—Glanbrook, CPC)): We'll be brought back to order here this afternoon pursuant to Standing Order 108(2) and our study on the federal contribution to reducing poverty in Canada.

I want to thank our two witnesses for taking time out of your busy days to be here with us today.

You may or may not know that our committee has been studying this issue for over a year now and into the last Parliament. We have been out east and we've had a chance to hear from people in Ontario. This has been part of our western swing and it was suggested that we try to get to some northern communities. I'm not sure who on the committee suggested it, but it has been a great idea. We've had some great testimony this morning, and certainly some things that we had not heard before. Certainly some things are a little bit different. You are going to tell us a bit more about some of those things this afternoon.

I will start with you, Ms. O'Donnell. Kate, I believe you are with Maryhouse. Maybe you will tell us a bit about what Maryhouse is and what you do and maybe some of the suggestions you have for us as a committee to take back and put into our report to make recommendations to the government.

Ms. O'Donnell, welcome. You have seven minutes. If you have more to say, that's fine. If you have less, that is okay too. Then we'll have some questions and answers after both of you get a chance to give us your testimony.

Once again, thanks for being here. The floor is yours for seven minutes.

Ms. Kate O'Donnell (Director, Maryhouse): First, I'd like to thank you for giving us the opportunity to speak here today.

To understand how Maryhouse touches those who are deemed to be poor, I would like to give a short account of our beginnings.

In 1954 Bishop Jean-Louis Coudert invited the Madonna House Apostolate in Combermere, Ontario, to open its first field or mission house. Bishop Coudert asked that we come as a presence in the city and that we try to answer the needs of the people. It's a rather broad mandate.

One of the immediate needs was to provide safe shelter for folks who were coming to Whitehorse for medical reasons. This primarily

included pregnant women who were coming in from the communities near their due dates. The doctors asked that they come in. We also had a shelter for men: those coming into the territory to seek employment; those coming from the various communities for medical reasons; and of course those who, because of addictions, needed a place of safety for a night or two. Bishop Coudert also asked us to answer other needs, such as the need for clothing, food, and so on.

In June 1954 three staff workers from the Madonna House Apostolate arrived and began our work. Basically, we answered the door. I believe that on the first day we arrived, a group of Americans travelling through to Fairbanks—soldiers and their wives—had no place to stay here in Whitehorse. Because they were not Canadian, they had no access to any kind of assistance, so we provided a place for them to stay. I think it was just in the front room of Maryhouse. And that's how we started. It was just kind of what we had.

Madonna House and its missions live by begging. We are not funded, so we really do depend upon the providence of God through our friends. As people came to our door looking for help with shelter, clothing, and food, we answered as best we could. If we had the items for their request, we would answer.

Maryhouse and the Salvation Army were the emergency food programs until the Whitehorse food bank opened this spring. Right from the beginning we were handing out food. I believe the Salvation Army was here and then came back, so it wasn't until a little later. We never said we were the food bank, but we were there.

We have clothed many people. Some are the men on the street. Some are people who have arrived here in the Yukon with very few resources. We have helped people re-establish themselves after being in difficult situations. This has included people coming to our shelters trying to get established and women trying to get away from difficult situations. I think we did that right up until 1997. I think it wasn't until right around then that they opened the shelter for women in Whitehorse. I'm not sure.

Sometimes our response has simply been to share a cup of tea or some sandwiches with those who come to our door. We have been of assistance to people needing to leave the territory because of family illness or death who had no other means of leaving. Sometimes—and this is really basic—it is just providing a tank of gas for people so they can get out of town. People would come to us and we would try our best to help them.

This is one example. A few years ago, two women arrived at our door looking for help. They had come in on a bus at 4:30 in the morning, and they were moving from the southern U.S. to Alaska. Of course, they did not realize what going by bus from the eastern part of the southern U.S. to Alaska would entail. We were able to provide them with a place to get cleaned up and we gave them some food for their journey so they could keep going.

Oftentimes when we talk about the poor, we think primarily of the economically poor. However, Maryhouse has tried to respond to all who have come to us. Throughout the years, many people have come to us when they have found themselves in different situations and now and then when they just needed a friend.

Today we continue to give out clothing to people who may technically have a house but who live on the street.

● (1335)

The other day a man came to the door. Oftentimes the men on the street come to the door and ask for mitts, hats, toques, especially in the winter when it's cold. I said to the man, "We don't have any. We're all out. We've given them all away. We have to wait until more come in in donation or we get a chance to buy some." He said, "I didn't think I needed them, so I left my pair at home." It was just an interesting thing.

Due to mental illness or addiction, they are unable to maintain employment. Sometimes people come who are indeed working, and some have even more than one job, usually part-time, and they have no benefits. When the car breaks down, the washing machine breaks, injuries or sickness happen, they do need assistance.

I believe that today it is harder to simply categorize people as poor. We do have a lot of hidden poor. Perhaps they are receiving assistance, but it is never enough, and quite truthfully I don't think it will ever be enough, because we live in a society where to outward appearances all is fine and we can get clothing that is decent-looking cheaply, but they would still be living below the poverty line.

People continue to knock on our door, asking for clothing, especially in the winter. A few days ago a man arrived from another province and needed to get clothing to work. We were able to outfit him with some good outdoor clothing and even had a pair of boots that fit. As we were trying to find the items, he told us that he needed it because of his job, which was snow removal. Snow removal is not a good-paying job. It's what you can grab.

A woman whose husband is unable to work and whose grandchildren are experiencing difficulties has come to ask us for help. It's been an ongoing thing. She does have a job, but it's the multiple problems that are going on there.

Through the emergency food program, we know that many people would factor us into their budget. When we had the emergency food program and the Salvation Army also had the program, people would be able to come to us once a month and receive groceries. It wasn't a lot of groceries; it was primarily to help them get over this change between when their cheque ran out and before the new one came. Then, also, when they were able to they would go to the Salvation Army. They had a different timeframe for coming for help.

They did factor us in. Then oftentimes people would say we have the same people, yet we did not have the same people all the time, because if people were able to get work, seasonal work, they didn't come. They didn't need us. They were okay.

I know over the years people would come to us. Oftentimes, people coming in from the communities, men coming in from the communities, would need a place to stay. They have relatives in town, but they still need a place to stay. The relatives would let them stay but it would help if they had a bag of groceries. That was a way of enabling themselves to have safe caring, and of helping their relatives.

We still have a man who would come to the food program and only ask for one or two items. He still comes. He knocks on the door every once in a while and says, "Do you have any Chef Boyardee ravioli? I just need one can. I just need two cans. Do you have any hot sauce?" It's always just one item. I think, why is he still coming to us, but he does. So when we've got it, we give it.

One thing I'd like to say is that at Maryhouse we were invited by Bishop Jean-Louis Coudert, and our mission was for Whitehorse. It's broad. But I don't think Maryhouse thinks in terms of serving the poor. We really try to serve the person who is at the door, and not lump everybody in together.

Thank you for listening.

● (1340)

The Chair: Thank you, Ms. O'Donnell. That was very nice.

We have Nyingje Norgang, who is from the Victoria Faulkner Women's Centre.

Welcome. The floor is now yours. You have seven minutes.

Ms. Nyingje Norgang (Women's Advocate, Victoria Faulkner Women's Centre): I thank you for the opportunity to address you today. I hope to share with you some of the sights, sounds, sensations, and tastes of the Yukon.

It's a beautiful place, but as a women's advocate at Victoria Faulkner Women's Centre, I do not experience the beauty you see on a travel brochure. I see beautiful young women believing, in their youthful way, that they're invulnerable, the excitement of the possibility of their lives overflowing into laughter. In a few years, when other young women are fulfilling the promise of their youth and coming fully into the blossoming of that possibility, I see these young women who are now old in body and spirit.

They are many years younger than I am, but their skin has now aged, their teeth are falling out, their bodies are bent and spent, and their spirits are suffering. These aged young women tell the tale of abuse, substance use, and poverty. They are a stark reminder that we need gender-informed solutions to poverty.

There are gender differences in alcohol and drug use, from pathway to use to effects of use.

In terms of pathway to use, violence against women is a major factor. Girls who are physically or sexually abused by dating partners are more likely to be at risk for substance use. They have a 2.5 times greater likelihood of heavy smoking. They have a 1.7 times greater likelihood of binge drinking. They have a 3.4 times greater likelihood of cocaine use, a 5.7 times greater likelihood of considering suicide, and they attempt suicide within a year of the abuse at 8.6 times the rate of the rest of the population. Alcohol and other substance use problems have been found to be up to 15 times higher among women who are survivors of partner violence than in the general population, and as many as 80% of women entering treatment for substance use problems have histories of abuse or assault.

Just as there are gender differences in pathways to use, there are gender differences in the effects of drugs and alcohol. Basically, women get sicker quicker.

It is not enough to treat the addiction; the causes for the addiction need to be addressed. Poverty action needs to take into account that addiction can be a way of adapting to desperately difficult circumstances. People cannot be cured of adaptive strategies unless better alternatives are available to them.

I live on the route the ambulance takes to the hospital, and each time I hear its siren, I wonder if it is one of my clients. Is it the young woman who had no place to sleep and ended up back with an abusive man? Has she been beaten so badly that the ambulance was called? Is it someone I saw this afternoon looking for some food from the outreach van, too unsteady to hold the hot drink, its contents spilled down the front of an already soiled pair of pants? The woman who wasn't heard when she asked for help today, maybe the relatively inexpensive help of a clean bed, will now receive the expensive response of an ambulance and then the intensive care unit at the hospital. Not treating poverty is expensive, both financially and in human terms.

I smell the stink of some of the places where Whitehorse residents pay high rents to have a room, living with the smell of vomit, pee, and mould. It contrasts with the smells I think are natural to the Yukon: sage underfoot, wild roses blooming in summer.

We need national policies that make affordable, safe housing available to all. We need social policies and supports in place to enable the people who live in this housing to move forward in their lives, to be healthy, and to live lifespans that are the Canadian average.

Some days I feel cold seeping through no matter how many layers I'm wearing. I'm grateful to have a warm place to work and live. I think of the young person shivering on the street, telling me she still had hours to go before she could get into the room she rented. Staying with a personal acquaintance has been her only recourse; it is financially lucrative for the acquaintance, but exploitive of this young woman, who is not allowed to have a key and has to wait for the owner to return, maybe after work, maybe much later. She would keep checking back, hoping to be able to get inside. She has no phone, no warmth, and no shelter. She is a homeless person despite having a place to sleep at night.

As is the case with one per cent of people born in Canada, some of these people have fetal alcohol syndrome disorder. They are vulnerable to sexual abuse, physical abuse, and manipulation and exploitation by people who have greater mental ability than they have. Girls and women are particularly vulnerable.

Some of the women feeling the bite of the Yukon cold are HIV positive. Harm reduction is an important tool to address the poverty and health implications of substance use, especially for women. HIV rates are higher for female injection drug users because they're often second on the needle.

● (1345)

I taste the delicious hot meal the community kitchen serves to women for whom that may be the safest and sweetest meal of the week. They ask for a loaf of bread or some extra fruit to stuff in their pockets. They could get a meal at the Salvation Army, but that may not be safe. This is true for many of the women who come to Victoria Faulkner.

It is true for the woman too tired to be embarrassed about the bruises on her face. She knows many of the women at the centre have seen this, and worse, before. The food tastes good. She declines more solid food. It would hurt to chew it. Her teeth are not so good for chewing.

What I see, hear, smell, feel, and taste tells me viscerally that the Yukon needs gender-specific responses to poverty. Addressing poverty means addressing the issue of violence against women. Addressing poverty means addressing the different pathways to use and the different consequences of drug and alcohol use. Addressing poverty means providing safe, affordable housing for single women, mothers, and old women.

Addressing poverty means providing gender-responsive programs that would consider the needs of women in all aspects of design and delivery, including location, staffing, program development, program content, and program materials.

Addressing poverty in a gender-sensitive way means providing gender-informed services. These services would take into account our knowledge of the impact of trauma, understanding that many problem behaviours originate to cope with abusive experiences and recognizing the impact of violence and victimization on development and coping strategies. They would employ an empowerment model and strive to maximize a woman's choices and control. They would be based in relational collaboration and would create an atmosphere that is respectful of women's need for safety, respect, and acceptance. They would minimize the possibility of re-traumatization. And they would be culturally competent and would view each woman in the context of her life experiences and cultural background.

Thank you. May we see, hear, smell, feel, and taste the changes that reducing poverty in Canada would mean in women's lives.

The Chair: Thank you very much, Ms. Norgang.

We're going to start with Mr. Savage, from the Liberal Party. He has seven minutes.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Thank you very much.

Our committee, as the chair mentioned, has done some travelling. We're happy to be here today to hear the experience of those who are working with people who are living in poverty. We hope to hear from people who are living in poverty as we continue. We've had some of that.

It's a very powerful message from both of you.

I'd like to start, Kate, if I could, with you. I like what you said: it's your obligation to serve the person who is at the door. It's not to look for the poor but to serve the person who is at the door. We sometimes have this idea that we have to determine who the deserving poor are. I would think that people who show up at Maryhouse or people who show up at the Victoria Faulkner Women's Centre aren't there because they have a lot of options and a lot of alternatives. We really don't need to determine who's poor, right?

We had a member of Parliament this week, from my own province—and we're not being televised or anything, so I'm not trying to pick on this particular person—who referred to people in Halifax as no-good people living on the street. There is still a view among some people that not everybody who's living in those conditions should be. But everybody is a human being.

It seems to me that anybody who would show up at Maryhouse or at the Victoria Faulkner Women's Centre needs help. And it's not your job to.... I appreciate that point of view. You serve people who come looking for help.

• (1350)

Ms. Kate O'Donnell: Yes. Every spring, the churches get together and have a food drive to support Maryhouse and the Salvation Army, and now they do it for the food bank. One time this one man, who was kind of responsible for organizing it—he was from an evangelical church—said to me that it says in the Bible that if you don't work, you shouldn't eat. I said that a lot of the people who come to us who need food are working really hard to work the system to be able to eat. It's not that they're not working. They're just

not employed, or they're not getting cash for it. But they are working, and they go through the hoops to get what they need.

It's true that when people come to the door, we don't ask if they need it or if they want it, because they wouldn't be there. They would not come to us if they had access to other stuff.

Mr. Michael Savage: I'm interested in the name of your house: Maryhouse. I come from Dartmouth, Nova Scotia, which is probably about as far as you can get from here in Canada. There's a multi-faith food bank in Dartmouth called Margaret's House, which is named after my mother, whose name is Margaret, who had the same philosophy: that the last thing we need to do is determine who is poor. There was, at one point in time, a group that thought that a lot of these people weren't actually poor. We don't go and ask them, "Are you poor?" If you're lining up in the cold in Yukon, I imagine it's because you have to.

Nyingje, I was struck by something you said about people needing better alternatives, because you have to treat the whole person. I remember being in Kenya a few years ago. We were in a community where there was a very high rate of tuberculosis, HIV, and co-infection. They could treat the tuberculosis with TB pills, a six-month rotation. The problem was people would start to feel better, but they had no food, so they would stop taking the drugs.

We have to look at people in a holistic way. I think you're talking about that. If somebody has an addiction, you can help them clean the addiction, but if they haven't got food, shelter, or some kind of a supportive network, we're not really fixing the problem. We're just hitting around the edges. Is that an accurate reflection of what you're telling us?

Ms. Nyingje Norgang: I would just like to respond to what you said before about the deserving poor. Yesterday I was at the women's correctional facility. I was doing some self-esteem work with women. If people have been abused, if people have been assaulted, and if people have been through the system, they feel pretty bad about themselves, and it becomes hard to expect something different. You become much more vulnerable to an assault, to an abuse.

You could treat, for example, an addiction for someone like that, but if you don't treat the trauma that led to the addiction, it will happen again. Anyhow, I had some quotes for the women to pick, maybe about twenty quotes or so, with five women. One of them picked one and tears were rolling down her cheeks. She was so struck that this quote should say that all people have human rights. It wasn't that she, by virtue of being jailed or by virtue of having used, was now somehow no longer meriting decent treatment. Just the thought that being a human being accorded you a certain preciousness, that if you made mistakes you still kept that preciousness, was overwhelming to her.

When we talk about deserving, we must say that all human beings are deserving. Even when you make mistakes, it doesn't mean you fall out of the category of deserving a meal or a house.

• (1355)

Mr. Michael Savage: Absolutely right.

You also referred to not treating poverty as expensive, and this is something that I think is getting more traction now. The cost of not addressing poverty is going to be a lot greater than the cost of addressing poverty when you look at addictions, when you look at jail, and all the people who get trapped into very expensive systems, which we don't seem to mind spending money on, as opposed to providing a house, a bed, some food, and that sort of thing.

Ms. Nyingje Norgang: I worked in the hospital, and we just see a revolving door of people who don't have a place to live, who don't have their addiction treatment, and who cycle through intensive care. It's very, very expensive treatment. They're back into the same situation and then they cycle back in again. It would be much, much cheaper and much more valuable in their life to give them a place to live and support to actually live.

Mr. Michael Savage: We seem to wait until people have no other options and then we put them in jail or things like that, when we could be dealing with harm reduction, prevention, and community health.

I think I'm done, am I? Can I keep going?

The Chair: If you have another question, go ahead.

Mr. Michael Savage: I'll come back.

The Chair: Okay, sure, let's come back. We'll go back around. We have a lot of time.

Mr. Martin, seven minutes, sir.

Mr. Tony Martin (Sault Ste. Marie, NDP): Thank you.

Thank you for coming today and sharing your experience and knowledge and stories with us.

Both of you are obviously people who are in the trenches every day, working face to face with those for whom we're trying to put in place some kind of a national plan, who it will address. They seem almost a million miles apart, this national plan and how we can get it to you so that you can do what you do. I guess ultimately it would be great if we had a system that didn't need you, but my hunch is that that's not going to happen, so how do we address that?

Kate, you talked about the evolving role of Maryhouse. It started out as a place where people who came to town for health care would stay, and men coming looking for work would stay, and now it's more dealing with those who are already here and who are looking for sustenance on a daily basis.

Now that the food bank has come and is picking up some of the work, is there an evolution in what you're doing? Where do you go from here? And what is it that you would think we, as federal members of Parliament looking at a federal plan, could do that would be most helpful to your work?

Ms. Kate O'Donnell: I don't know where we're going. You know what? We're still answering the door, and that's really our simplicity. As a mission house of the Madonna House Apostolate, our thing is

to be available and to answer the needs at the door, so it continues. For us, a lot of the people who are coming to us are the people who are on the street in the summer. Usually in the winter they have a house. As one person said years ago when they were doing a study on homelessness, if you have any way to get out of the Yukon in the winter, you do. You go down to Vancouver so that you can be warmer than up here.

They're coming for clothing, and we still serve kind of a boxed lunch two days a week, and people do take advantage of it. Not many, but they still will come and ask for it occasionally. And sometimes, like one man who we know fairly well, they'll come and they say, "I missed the soup kitchen"—for whatever reason, he couldn't get to the Salvation Army or he couldn't get to the weekend food kitchen—"Do you have anything?" And so it really is that.

I don't know how to help people, but one of the things we saw over the years with the people coming to the food program is that if they got a job, it might be part time, and here in the Yukon, if you get a job and you're part time and you've been on assistance, you have to pay back the assistance. If it's a man, you have to pay back the assistance. So if you get a job, the first thing is that it's not going to be, generally speaking, a very well-paying job. And then you have to pay back what you have received in assistance, and then you also lose the benefits. You lose the health benefits. You lose other things. And so I think if there was some way we could work it so people could get a job and still maintain some benefits, so that they're not out there all by themselves—it's like it's better to be receiving assistance than to get a job and be up against it. I mean, you have a lower lifestyle when you get a job. We all need jobs to feel good about ourselves. It helps us when we can do that, but every time you get a job, you're kind of penalized for getting a job.

I don't know how to work that out in the government, but that's one way of helping people to go beyond where they are.

• (1400)

Mr. Tony Martin: In Ontario, between 1995 and 2003, in order to move people off the welfare rolls—there was this welfare wall they talked about getting in the way—instead of making it more attractive to get work and keep your benefits they reduced the contribution for those who had no work. It was punitive. We need to get our heads around what works and what doesn't.

I want to ask Nyingje about the work you do and this whole issue of violence against women. More and more as we hear from people we see that violence against women drives women into poverty, if they're not already there. And if they are there, it drives them into deeper poverty.

This seems to be another layer of focus for the government. How do we create the kind of massive change that's needed in terms of attitude and education, and ultimately working with men to stop them from doing that? I know it has caused me some concern in terms of my political career back home, because I live in a riding that's half rural.

The events in Montreal—the anniversary is coming up in a few days—created a greater awareness, and the government came forward with a proposal to register guns. I looked at the numbers because I really had to think my way through this in order to take a position back home. I initially thought the gun registry was simply an imposition against farmers and hunters and people like that. But I looked at the statistics after a few years of its existence and I listened to the police talk about what gives them a level of comfort when they're called to a domestic situation, which is often a man beating up his wife or his children and sometimes using a weapon.

We, as a Parliament, are about to do away with that registry. I would like you to talk a bit about the impact that will have. You live in a area where there's hunting, trapping—maybe not so much farming, but I'm sure there's probably some. Guns are used to feed oneself.

It's probably difficult, but what is your position be on that be in terms of this question of violence against women?

Ms. Nyingje Norgang: I'm certainly sorry that things have gone in the direction of repealing that. It makes no sense to me, given what we know about the use of guns even here in the Yukon. People say long guns are used for hunting. Well, long guns are being used to kill women. The incidence of violence again women with the use of guns is high. So that does not make sense to me.

When we know there are various levels of violence against women—hitting, stabbing, burning, shoving, shooting—and when we know that affects women and those women's children, and when we know that those children grow up to do those same kinds of behaviours, addressing the issue of violence against women is.....

We have a campaign going on at Victoria Faulkner, with the Yukon Aboriginal Women's Circle and *Les EssentiElles*, to lead up to the anniversary of the Montreal massacre and also acknowledge the more than 520 aboriginal women who have disappeared or been murdered. We are asking 521 men to sign a card that they won't commit or condone or remain silent about violence against women. We want them to not only sign the card but say what they're going to do to end violence against women. We're asking men to step up to the plate. We're saying that men's violence is harming our world: do something about it.

• (1405)

The Chair: You're all done, Tony, but do you want another question?

Mr. Tony Martin: I want to say, in trying to put together a report to the House of Commons on poverty, would you recommend, then, that there be a piece on violence against women as a prerequisite to dealing with poverty?

Ms. Nyingje Norgang: If you think that 8.6 times as many women who.... These are people who experience physical or sexual abuse by a dating partner. We're not even talking about the long-term consequences of abuse over and over that many women face, who are attempting suicide within a year. Or if 3.4 times as many women are using cocaine, then we know how that affects your life in terms of your health, your ability to have a sustainable life, the health of your children, of your family.

I do not think poverty can be addressed without a gendered lens. A gendered lens on poverty recognizes the extreme impact of violence in women's lives.

The Chair: Thanks, Tony.

I'm going to move over to Ms. Cadman.

Ms. Dona Cadman (Surrey North, CPC): I only have one comment. I'd like to thank you very much for coming and explaining a lot. I hope the men around here are listening, and I hope they can take it back with them.

I really don't have a question. You've simply astounded me. I can't say anything.

Thank you.

The Chair: I'll maybe ask a couple of questions before I pass it back over to Mike.

Kate, I was going to say I'm a recovering evangelical. I grew up Baptist.

That was supposed to be a joke.

Ms. Kate O'Donnell: I got it.

The Chair: When I say that jokingly, I'm hoping from what we're hearing that there's more and more activity with church groups and not-for-profits working together. We've been hearing some of those things, and I can't say that was always the case.

I know Mr. Savage talks a bit about how the individuals may have strong opinions about certain issues in church, but don't really see themselves as being an extension. I would agree with what he says about that, and I think it's good to see.

I have sort of two parts. How is the activity? We have heard from people this morning, but do you get a sense that you guys are able to work together in town with not-for-profits and local governments, business? Is that a bit of a challenge? Where do you guys go?

You talk, Kate, about how you receive all your funding from outside. It all comes from private donations, from businesses, I would assume, whatever. What's your sense on the cooperation as you work through some of these issues?

Then I've got a question for Nyingje.

• (1410)

Ms. Kate O'Donnell: I think the Yukon is really a unique place for people generally working together. I think it's always been really wonderful.

I was assigned here in 1979. I only got to be here for ten months and then I got reassigned a couple of years later. But I know when I was here in 1979 people still talked about coming in and going out. You pack in your groceries, a very interesting view. Also, you helped. It didn't matter where. It broached everything. The non-denominational organizations and the NGOs, we all help however we can.

It's like the women's shelter. You have Kaushee's Place. When they have something, they're free to call us, and if we can help them, we help them. If we can't, we try to find something else. Or they'll call different places. I've always felt there's been wonderful cooperation between the different organizations here in the Yukon and helping to respond to the needs of people and see what needs doing.

I know when we were asked to close our shelters in 1997, many people went to the government and said, "You've got to do something. You've got to provide shelter. We have to do this." So they did, in a manner of speaking, and then that kind of fell apart. So then the Salvation Army picked up what it could; they're not able to do a big amount, but they help. We do help each other.

We still get a donation of food, because the Salvation Army has very limited hours. Sometimes we get lots of donations, so we end up taking it over to the Salvation Army because the people who are giving to us can't. They don't have the time or they're not there when the program is open.

So I think here in the Yukon it is amazing. There's a lot of cooperation between the different organizations. Yes, it has always been wonderful.

The Chair: Ms. Norgang, I know we heard it from a couple of people this morning, but if you could recap, you talked about the issue of women trying to come out of abusive relationships and the challenges of poverty. I know it has been discussed, but just refresh my memory in terms of what's available for them in terms of housing or lack thereof and the different needs. Obviously, shelter for a night is not nearly enough for women trying to get out of that situation. What types of housing do you have available or do you need?

Ms. Nyingje Norgang: I want to start by connecting that with what Kate was saying, because I find people are incredibly generous. People call my centre all the time. They hand-knit things for people to wear. They've been hunting and have extra meat to donate for the kitchen. If we have extra, we give it to Kaushee's. People are fantastic. It is really touching.

That's addressing problems, but we really do need help from the federal government to address the root of the problems. Otherwise, we keep handing out mittens and hot soups, but people's lives are still desperate. Housing is one of the most painful parts of my job. People ask the women's advocate on a daily basis for help with housing, and I don't have solutions for them.

I'll even be looking in a newspaper and calling places for some women. I know that those women are not looking as attractive to the person doing the renting, who has absolute freedom to pick the cream of the crop because housing is so short. The cream of the crop for the person doing the renting is what they call the professional. It's not the woman I'm trying to find housing for.

What does she do? She really is left in extenuating circumstances that place her at risk of violence, sexual assault, and exposure to the cold. People come in to get a hot shower to warm up. They slept outside overnight. There aren't solutions for me to find for them. I'm not able to do my job.

• (1415)

The Chair: Thank you.

Mike.

Mr. Michael Savage: In the course of this study or otherwise, I don't compliment the federal government very often. There hasn't been much cause to in this study that we've been doing. But one thing that it did get a good start on was the working income tax benefit. It is one thing that a lot of the social policy groups have said is a good start. It's a vehicle. It needs a lot more resources.

One thing it does is allow provinces and territories to tailor their specific social infrastructure to the federal infrastructure. I don't think Yukon is one of those yet. Nunavut is.

I want to follow up on what you were saying. You said that when somebody works who is on social assistance, they have to repay. Explain to me how that works.

Ms. Kate O'Donnell: I don't know about the women, but I know the single men who are on assistance. If they get a job, they have to pay back the assistance. They don't give them much time. They dun their paycheque, basically.

Mr. Michael Savage: If they're on social welfare or a social assistance program, they have to pay back for the period they weren't working?

Ms. Kate O'Donnell: Pardon?

Mr. Michael Savage: What do they have to pay back?

Ms. Kate O'Donnell: I think they have to pay back quite a bit of it. They take a chunk out of their paycheques.

Mr. Michael Savage: This issue of clawback is something we need to address in the poverty study, particularly how it may be different jurisdictionally. I think we all agree Canadians can be a very generous people. One of the problems with that, both individually and collectively, is that we tend to be generous for specific events. If somebody has a fire, the community rallies and they build a house.

If there's a tsunami in Southeast Asia, Canadians get together. They throw a lot of money and say they're going to do that. When rock stars get involved with specific causes, people get involved. We're not very good at addressing the chronic underlying causes of poverty or the social determinants of health that cause poverty. People who live in chronic poverty don't get as much of that generosity as people who have specific incidents, it seems to me.

We're better at reacting to emergencies than we are to the chronic conditions. If poverty in Canada isn't an emergency, I don't know what is. Do you agree with me that we're better at being generous for specific causes than we are for chronic conditions?

Ms. Kate O'Donnell: Well, the people up here have been very steady, but I've found that they are, in varied instances. It's hard to go through a week without fundraising for someone who's in trouble, someone who needs medical care or something.

For us, for Maryhouse, throughout the year it's pretty steady. People are faithful, and they donate stuff. As you said, we're not trying to fix the problem—I don't know if you can fix the problem—and Maryhouse is really answering the immediate need.

In some way we hope to change that. When we had the shelters and we had men there, we would work with the guys. Some guys were able to change their lives and get on with it. We have a very good, faithful volunteer who's in his 70s now, who was probably one of the worst men on the street when we first met him. He was able to stop drinking, he was able to get of his life back together somewhat, and he comes and volunteers at our house. He's very faithful.

Part of it happened because he could come and we would take him where he was at, and eventually he was able to say, "Yes, I can change". I think that's similar to the Victoria Faulkner Women's Centre. We can advocate for that change, but that one-on-one is what enables people to say "I have dignity and I can change; I can move" and then have people support them in doing that. I think that's one of the hard things here: when you get a break, what are the other supports that enable you to keep going?

• (1420)

Mr. Michael Savage: I think that in looking at poverty, we're at the point where we've moved away from charity and toward justice. Hopefully we'll get to the point where it'll actually be investment, and we'll look at the cost of poverty as opposed to the cost of not addressing it.

This morning, Charlotte Hrenchuk of the Yukon Status of Women Council gave us some specific recommendations. One of them was to give adequate funding to organizations working with the poor. Organizations that work with the poor at ground level don't get a lot of government help; they're putting these amazing programs together, they're the best people to deliver this service—and I'm sure it's the same with Maryhouse and with Victoria Faulkner—but we make it very hard. If you do qualify for government funding, you basically have to hire somebody to write grants and apply for a little bit here and little bit there, as opposed to A-base funding.

I think that's really important for us to understand, because we sometimes think that in the name of efficiency we have to have these big national programs, which in many ways don't address the needs of Whitehorse or Saskatoon or Sydney, Cape Breton, and places like that.

Ms. Kate O'Donnell: I think part of the challenge there—and I think this is a really honest thing for governments, whatever level they are—is where the revenues come from. They come from the people, and we do have to have accountability. When we're doing that, we have to have accountability.

When Maryhouse closed their shelter, people would still come, and they opened up another shelter. The government was spending \$1,000 a night for an emergency shelter. They woke up and realized that they could put people in a hotel room more cheaply if only two people showed up one night needing shelter, so they were going to close that program and do that.

They asked us if we wanted to be a referral, so I asked what it would entail if we were a referral. The first thing they said was that we'd have to find out if they were doing this because they didn't have

any money or if it was because they were on a cross-country hike and this was a good place to stay. It's that accountability for how we're spending money and their perception that they just don't want to throw it away.

It's hard. It's hard, and it's back to that question of who's poor and how we judge that, but it's also the responsibility in terms of stewardship: if you're getting the money and you're backing these things, then you want to see the value for your money, and that's a challenge.

Mr. Michael Savage: There are a lot of challenges. There are a lot of things that are difficult in addressing these issues of poverty, but one thing is very clear, which is that the heroes of the fight are the people on the ground, like you, who are doing this work because it needs to be done.

Some people are doing it because they see it as God's instruction to them as human beings. Some people are doing it just because they feel that there are people who need help. Not many of them are doing it for personal betterment or big salaries. We know that. So it seems to me, at the very least, that the government has to acknowledge that we have abandoned some of that field and that we need to resource those who are doing it, and that federal government money could be leveraged significantly by not disenfranchising people who are best able to do that work. It's not that you want to be doing this, but somebody needs to do it, and you're doing it.

Ms. Nyingje Norgang: Could I just respond to your comment about moving from charity to justice to investment? I think that's really beautifully put, and it comes to the basis of the issue.

I've worked in many places in Canada, as well as in the United States and in Thailand. I've never seen the extent of abuse and violence that I see here in Yukon. I think that's for two reasons: first, some particularly related to Yukon, but also, maybe some deterioration in different systems in Canada, so that things are getting worse than they were when I first started working maybe 30 years ago.

I now routinely see young women who are in very bad relationships. My role as a counsellor is to try to help them have some vision of something better for themselves. Often they have children. Often they have an awareness that their children are witnessing this and their children are going to grow up into the same situation.

When I ask them to imagine the ideal man they'd like to be with, they look at me like I just dropped in from la-la land. They think I'm really out of touch, and they say there are no men who are not like this. Every man in their life who they can think of is either abusing substances, abusing his partner, abusing his children, or damaging or unreliable in some way. When I ask them to imagine a better situation, they're just looking for the best of a bad situation, so they may be staying in a relationship that's bad because they can't afford housing on their own and because they know, on the street with their child or moving from place to place, they're even more vulnerable than they are with that person. Or they're staying with that person, and they say, "Okay, so he's drunk all the time, okay, so he's verbally abusive, but he doesn't beat me up", and that's the best they can think of.

We need to address issues like providing counselling for women that gets to the root. If I can talk to a young woman for long enough, if we can work together, I may be able to light some spark that there can be a different future for her and for her children. It would help a lot if I could also tell her that there was housing and tell her that there was a future for her.

• (1425)

The Chair: Thank you very much.

I just want to close off by saying thank you again to our witnesses for being here today and for sharing what you do. As Mike said, really the heroes are the ones who are on the front lines, and what we're trying to do is to leverage that the best way we can and make those recommendations, so thank you very much again for the work you do and for being here today.

Ms. Nyngje Norgang: Thank you all. You've been really attentive. I appreciate it.

The Chair: Thanks.

We're going to suspend while we change to our last group of witnesses for today.

• _____ (Pause) _____

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• (1430)

The Chair: I welcome our last group of witnesses for today. Thank you once again for coming and taking time out of your schedules to talk to us about some of the things you deal with here in Whitehorse and in Yukon and to maybe make some recommendations for us as well to take back as a committee to the federal government.

I'm going to start with Brooke Alsbury, with the Fetal Alcohol Syndrome Society of Yukon.

In a second I'm going to let you make your presentations, seven minutes each, and then we'll go around and ask some questions. In case you didn't hear us before, we have been doing the study for a while. Has it been a year and a half, guys and ladies? It's been ongoing for a while. We went to the east, then we came west, and it was suggested that we should come north, and I'm very glad we did. There's been some great testimony today.

I'm just going to leave it at that and if any of the other MPs want to fill in, that's great.

Brooke, thank you for being here, and I'm going to turn the floor over to you.

• (1435)

Ms. Brooke Alsbury (Executive Director, Fetal Alcohol Syndrome Society of Yukon): Great, thank you, and thank you for inviting me.

As I was scrambling to put this together, I thought, "Oh gosh, say something intelligent", so hopefully I do.

I do represent the Fetal Alcohol Syndrome Society of Yukon. We provide direct support services to individuals with an FASD, as well as prevention and education, and we coordinate the adult diagnostic component for the Yukon.

Overall, and I'm sure you've heard this a hundred times, we know poverty is a multifaceted issue with a number of risk factors that include gender discrimination, racism, homelessness, lack of education, and reliance on social assistance. I think what is particularly important when we think about an FASD, is that all of those risk factors exist for individuals with an FASD, and many more.

When we're thinking about the complexity of individuals with an FASD, we look at both those who have an FASD already and the women who may be at risk for maternal alcohol use. And when we think about those women in particular, we see that substance use is intertwined with violence, housing instability, legal issues, and mental health concerns. And this really, for me, becomes where poverty is complex for individuals with an FASD, because we think about negotiating all of the systems and doing that when you have a cognitive disability as well.

Then for women who are experiencing poverty, homelessness, marginalization, and legal issues, trying to remain sober for that nine months of pregnancy, in environments that may or may not be supportive to that, becomes particularly complex. And so when we think about services, we need to think about services that are seamless rather than siloed. I think that becomes one of our biggest challenges here in the territory—the siloing of services across governments, both within the territory and then at the federal-territorial-first nations-community levels.

We may have an individual who has 20 or more services and individuals directly involved in their care, whether they're living with an FASD or they're pregnant at that point in time. So negotiating all of those systems, I think, for an individual who's also in poverty and trying to find a house is particularly complex.

We see in our organization a few numbers or statistics that are supported by general research as well—our numbers seem to be around the same. About 13% of our individuals are absolutely homeless and another 8% to 10% are relatively homeless, so we see that about one-fifth of our client population is homeless, and then they're experiencing substance abuse and also violence on a regular basis.

So when we intertwine those with poverty, and we note that maternal rates of alcohol use are much higher in the north—or at least evidence would show that—we start to see many, many, many risk factors for individuals.

Our diagnostic team shows that when an individual is diagnosed with an FASD, there are recommendations for supported housing, for ongoing mental health monitoring, for alternative approaches to drug and alcohol treatment, for external support for negotiating the judicial system. And what we see is that it is not possible to carry out many of those recommendations because we don't have the systems in place to be able to carry out all of those recommendations—the lifelong, seamless support services. So we see individuals going through transitions out of youth programs, out of the criminal justice system, into nothing. Someone leaves the criminal justice system and doesn't have a house to go to, doesn't have supports in the community. It's pretty difficult then to just have exited the criminal justice system, to be living in poverty, and to be living with a cognitive disability. We wonder why we see this revolving door.

• (1440)

The same could be said about substance abuse treatment. Most of the research suggests that traditional substance abuse treatment is not impactful or effective for individuals with a cognitive disability and an FASD. So again, someone exiting a 28-day treatment program without the ongoing after-care supports that are structured, including supported housing.... If housing hasn't been mentioned today, housing, housing, housing.

So we see about 65% of our clients have been involved with the criminal justice system or are currently involved with the criminal justice system, and research across Canada and the U.S. suggests that that number is fairly stable across populations with an FASD. So again, we need to look at the intersections of risk factors around poverty that lead to involvement in the criminal justice system.

There was a recent Institute of Health Economics consensus statement that said, "There should be 'no wrong doors' for people affected by FASD who need support.... Services should address cumulative risk...and not be based on silos of care." I think, for me, that typifies what we need to look at for individuals who are living in poverty and also living with an FASD.

The two other areas that I think are particularly important are early intervention and prevention. Again, when we think about prevention, we need to think about women-centred approaches to prevention efforts that look at this complexity that women living in poverty who are also pregnant need seamless and integrated supports right across the services.

Thank you.

The Chair: Thank you very much.

We're now going to move over to Susan Gwynne-Timothy, who is from Second Opinion Society.

Susan, we're looking forward to hearing a bit about some recommendations, as well as a bit about Second Opinion Society. The floor is yours for seven minutes.

Ms. Susan Gwynne-Timothy (Administrative Coordinator, Second Opinion Society): The Second Opinion Society is a non-profit that offers informal and seamless support to mental health survivors—psychiatric survivors, but also people who are just wondering about their mental health.

It's a drop-in centre. We offer services. We also offer a program in the summer, particularly for recreation, like canoeing and hiking, and then in the winter there's cross-country skiing. We have Thursday lunches. We also have talking circles and healing circles, and a library.

It was founded about 18 years ago. The founder was a German woman who had a master's in community health. She was very keen to come to the Yukon and take a community approach to the problem of psychiatric survivors being treated differently. She was very keen on integrative approaches and the normalness of an extended view of human nature, as opposed to a very straight, down-the-line version of what normalcy is.

She also wanted to have people not be treated within institutions, but instead find healthy lifestyle ways of making a difference for themselves. Research has shown that psychiatric drugs aren't all they're cracked up to be, and that if you improve your diet, if you have a good level of activity and so on, and if you have support from peers, in particular, you will actually do a lot to help your mental health. That's for everybody, including people who are on the other side of what is considered normal.

That is what we do. We supply that opportunity for people in Whitehorse. There are a lot of places like this around Canada in bigger urban centres. Whitehorse is very fortunate to have a place like this.

It is a good opportunity for me to be able to attend this panel today and tell you about the Second Opinion Society. Thank you.

I would like to make three main points. First is on supported housing. There's a need for supportive housing and other supports, such as counselling for those with mental health issues, to help them out of poverty. Number two is that informal and ongoing support is really much cheaper, and it also helps people with mental health issues avoid going into crisis. Treating crisis requires more costly interventions, like going to a hospital or having the RCMP come along. Number three is that peer support, which is the number one mandate of Second Opinion Society, is effective and inexpensive.

There is a big correlation between mental health and poverty. People with mental health issues are often either homeless or functioning at a much lower level than they could and should if there were better supports in place for them. As well, there are big gaps in the services that ought to be there.

A main service that needs to be improved is supportive housing. There was a report done in 2006 by somebody named Dr. Goldner, from Simon Fraser, on the Yukon mental health services. It states that there is virtually unanimous agreement that among the areas of high priority, substantial need exists for supportive housing for people with serious mental disorders and/or substance abuse disorders.

The value of supported housing has been well documented in the scientific literature and has been identified as one of the best practices in mental health reform.

Other support services that could improve according to the report are day treatment services for ongoing rehabilitation. This area, on an informal basis, is basically what we do at Second Opinion Society.

Similarly, advocacy and peer support to help people navigate the system in which they would otherwise often get lost is also a problem that we help people with a lot.

My second point is that with the insufficient level of ongoing services, the people who need them are more likely to go into crisis. They then require the much more expensive services, like hospitals and police. I don't know if you've already been to Vancouver, British Columbia, but the downtown eastside is famous, and 49% of police calls for service in that area involve at least one mentally ill person. Police who were interviewed there—this is according to an article in the *Vancouver Sun* last year, said that the situation is at crisis proportions due to the closing of institutions and cutbacks in government funding.

• (1445)

To repeat, emergency services all cost much more than ongoing low-level support. If people had better ongoing supports in place they wouldn't go into crisis and need the high end as much.

The third point I would like to make is that the Second Opinion Society offers many of the effective interventions that help people avert crisis—if you haven't gathered that already. As a small non-profit we operate on a shoestring, with a budget of about \$100,000 a year. Even shoestrings get stressed, and we are currently very underfunded. In fact, our core funding from the Yukon government has stayed flat since the mid-1990s.

According to the Yukon Bureau of Statistics, if one compares the 1995 average prices to 2008 averages, costs in Whitehorse have gone up 26%. In this environment our flat funding has squeezed us to the point where we now have no extra room for anything. Yet we are still very proud that we offer an immense amount to our members.

We keep stats on how many people come and what they use here at our service—peer counselling, just chatting, or crisis support, as well as services like laundry, telephone, computer, and so on.

We have two main profiles: the homeless or street people, and social assistance recipients who live close to the poverty line, even if they have housing. Both groups need ongoing supports and advocacy, as well as just friendly interaction. Those who live rough really need and benefit from laundries, showers, and homey places to relax.

Meanwhile, with our activities of cross-country skiing, and so on, recreation is proven to improve anybody's mental health and is particularly beneficial to the stereotypical reclusive who sits, smokes, and watches TV in their apartment. Everyone enjoys our community luncheon get-togethers in talking or healing circles. It's a really wonderful, strong community.

These people are also intensely spiritual. I heard the last lady talk about the kind of despair expressed by a lot of people. I think where I work is a very hopeful place, but that's because we're kind of subversive and we have a good time being spiritual. It makes us feel better. So there's quite a high sense of community there, which is really nice.

I want to give you some individual stories. We have people who come to town and can't get a doctor. If they're on addictive meds, where can they turn? We help advocate for them to get the care they need.

We have a client with whom I've been doing ongoing breath work over the phone because she's almost too scared to leave her house. She has improved immensely over the last half year. She was in crisis not too long ago with no housing, counselling, or doctor. She was in danger of being sent to hospital in Alberta against her will, because that's where people go. There's nowhere for them to go in the Yukon.

We were able to give her a friendly ear and practical support, to the point where she was able to find housing, a doctor, and a counsellor. Recently she moved to a new apartment without freaking out. She's not getting in trouble with the police and is almost living a stable life.

We have another member from a very stressed first nations family system. She's a psychiatric survivor due to the usual list of issues: residential school, abuse, suicides, and so on. She works and is a pillar of strength and health for her family. She's an admirable example to anyone of healing. She went to Ontario for a stay at a hospital, but since she's come back she's been a faithful member. She consults us when she gets into crisis, and she's a really remarkable person.

Finally, I'd like to draw to your attention the general significance of what we offer. I don't know if the lady outside gave them to you, but I have both American and Canadian articles indicating that peer support works, and government money would be well spent in that area.

An American article quotes psychiatrist Daniel B. Fisher, who himself is a psychiatric survivor and current member of the White House Commission on Mental Health. He said:

People with psychiatric illness get better care from other people with a psychiatric history than from traditional doctors and psychologists in a traditional medical setting.

He says, "We are not an overnight stay place", and talks about overnight stay places. But it's something like 80% cheaper. There's a very big difference.

•(1450)

Then I have an article there from the *Globe and Mail* by a professor at the University of Toronto faculty of social work. He says:

According to a recent Canadian Institute for Health Information (CIHI) study on the cost of illness, we spend \$8,000 to \$12,000 each time a person living with bipolar disorder or with schizophrenia is admitted to hospital. We have made choices to spend these amounts of money for a 10-12 day hospital stay when the same amount of money would provide treatment and support services for a full year or more.

I can attest to that. I know exactly how many people we serve. If we had \$8,000 to \$12,000 per person per year, we'd be laughing. We'd be very happy.

This article also suggested that no less than 10% of mental health budgets should be spent on peer support centres. Of the top ten things this author suggests for the improvement of mental health care in Canada, number three is a friend. Many people living with mental illness want to connect with other people with similar experiences. They want to help each other. Mental health systems need to dedicate 10% of their spending to funding peer support programs for people living with mental illness in their families. They also need drop-in activity centres, community kitchens, and programs that foster a sense of community. I said that day treatment services offered by the Yukon government are seen as lacking. They're there. They're good. They're a good standard. But they're insufficient.

In sum, we would like to say that we are proud that Second Opinion Society, which is the kind of service that is more likely to be found in bigger centres, is in the Yukon and has been here for the last 18 years, despite the small population. We know we make a difference.

That's it.

The Chair: Thank you, Susan.

We're now going to move to the Skookum Jim Friendship Centre. We have Michelle Kolla.

Ms. Michelle Kolla (Executive Director, Skookum Jim Friendship Centre): I'm going to read from my notes. I did bring a copy. I don't know if you'd like them now or if you want me to give them to you later.

The Chair: I'll send the clerk around to pick them up, and he can distribute them.

Ms. Michelle Kolla: The Skookum Jim Friendship Centre opened in downtown Whitehorse in 1962. The friendship centre started as a meeting hall for urban aboriginal people to meet and socialize and support one another when they moved into the urban area from the communities.

In 1983 the centre was renovated and became a program and service delivery organization for urban aboriginal people. The friendship centre is status-blind and accepts all who come to the centre, including status, non-status, first nation, Métis, Inuit, and all others. The Skookum Jim Friendship Centre is governed by a volunteer board of directors made up of first nations members and Inuit.

The friendship centre is one of 120 friendship centres across Canada that provide employment training programs and services that

empower aboriginal children, youth, women, men, elders, and families. It's a place where we gather to explore, learn, practise, and celebrate our cultures. The friendship centres are a safe place to access healing and support for our clients.

The friendship centre in Whitehorse offers an after-school tutoring program for urban aboriginal high school students, a prenatal program for moms and their infants, a diabetes prevention program, and a recreation and leisure program for children and youth. In that program, we're also providing programming at four elementary schools in the city four days a week.

We have a Skookum Jim annual folklore show, a student training and financial services department, a youth diversion program, and a traditional parenting program in which we take participants and elders out on the land. We have the Urban Multipurpose Aboriginal Youth Centre, which offers youth leadership programming. We also operate the northern Urban Multipurpose Aboriginal Youth Centre regional desk for the north, we have a youth emergency shelter outreach program, and we provide referral services to clients.

In the 2008-09 fiscal year, the after-school tutoring program provided aboriginal high school students with English, math, social studies, science, and life skills training. The life skills training included Food Safe cooking classes, first aid, driver training, and a summer booster camp. Thirty-seven urban aboriginal high school students from grades eight to twelve attended the tutoring program. Three of them graduated in June 2009.

The prenatal nutrition program had 63 registered participants in 2009, which was nine more than in 2008 and 21 more than in 2007. The recreation program had 2,159 participants over all of our programs for ages six to twenty-four. The aboriginal youth diversion program opened 46 youth files in 2008-09, with 61% of the offenders being female.

The student training and financial services program had ten ARDA CRF clients—six male, four female—and eight ARDA EI clients: five female and three male. The ARDA training included TDG, H2S, WHMIS, chain saw safety, first aid, driver training, website development, college prep, computer training, etc.

The NWT post-secondary program had ten female participants: nine accessing Yukon College and one leaving the territory to go to the University of Victoria. Post-secondary training was mainly accessed for college prep, office administration, and in one case business administration. The youth leadership program has six aboriginal youth council members who oversee it and 794 youth participants aged from 10 to 24 years old in 2009.

In the 2008-09 fiscal year, the youth emergency shelter had 267 calls from 60 different youth. The safe bed was accessed 187 times during the year. The majority of the youth self-refer to the emergency shelter program, and the majority are reconnected with their families.

•(1455)

Concerning poverty, what we've seen from our client base is lower levels of education in the urban aboriginal population, a school system not meeting the needs of our aboriginal children and youth, a low rate of high school graduation among Yukon aboriginal youth, low employment within the urban aboriginal population, an increased number of aboriginal births, a large number of single-parent families, insufficient housing for women and children, a lack of healthy food for the women and children, an increased rate of diabetes in the aboriginal people, an increased number of youth offenders, a higher rate of female aboriginal youth offenders, a gap in housing for youth 17 to 18 who age out for placement in care and are too young for their own housing. We see increased rates of substance abuse in youth and adults, youth with mental health and FASD disabilities, a lack of housing with supported living services, individuals with disabilities becoming victims of predators. We see a greater need for family support services and for safe transportation for our youth; elder neglect and abuse; a barrier to, and a lack of, adequate housing for our aboriginal elders. There are minimal support services and programs for urban aboriginal peoples; first nations and friendship centres and other non-profits; and inadequate infrastructure to meet the growing needs of the community.

What we see as needs for urban aboriginal people and others within the community are: access to housing for all groups, including women, children, single-parent families, elders, and the youth; specialized housing for those with mental health issues or addictions and for the elders; family support services—we find that even if you do provide housing or other services, they need somebody there with them—youth substance abuse treatment programs; access to healthy foods; access to educational funding, including living allowances, on-the-job training opportunities, post-secondary training in the area of trades and at the college level; employment opportunities; entry-level training positions within the local government; increased funding for ARDA training dollars for urban aboriginal people, and monitoring of the ARDA training dollars for urban aboriginal people to ensure that the funding is being used for the urban population; government and business looking to aboriginal communities to fill the labour shortages; partnerships to move urban aboriginal people forward; infrastructure dollars for non-profits delivering programs and services; friendship centres input on urban aboriginal policy sought by all levels of government.

In the north, access to services is difficult for individuals living in poverty, because of transportation, weather, and living conditions. The northern safety net is small, which causes a high rate of burnout among service providers and the communities.

To meet the needs of the north in reducing poverty, partnerships between all levels of government and non-profits is required to access housing and home ownership for individuals. As well, the delivery of a careers program to assist individuals in securing a variety of educational opportunities that meet their needs and result in meaningful employment will further assist in reducing poverty.

Thank you.

•(1500)

The Chair: Thank you very much.

We're going to start with Mr. Savage, for seven minutes.

Mr. Michael Savage: Thank you for coming this afternoon and telling us what we need to know, which is how we come up with an anti-poverty plan for Canada.

There are many things that can be said that some people will agree with and some people will disagree with. But I think the one thing that just about everybody in the country would disagree with is when somebody arrives and says, "I'm from Ottawa and I'm here to help." It seems that everyone figures that doesn't make sense to begin with.

The solutions to the problems that exist in Canadian communities are in the communities. I think the aboriginal friendship centres are a perfect example of that.

I want to read you something from Campaign 2000's report last week, when they were on Parliament Hill to talk about the 1989 declaration to eliminate child poverty by 2000. I'm just going to read from page 5 of that:

By 2006, the result of steady growth in Canada's urban aboriginal population was that more than half—54%—of aboriginal peoples lived in urban centres. Yet funding for the Aboriginal Friendship Centre Program serving...off-reserve communities with culturally enhanced services has not increased since 1996. This results in pressure on limited core funding and resources to meet community needs.

We've heard from aboriginal friendship centres; we heard from one yesterday in Vancouver. We all know aboriginal friendship centres. It seems to me this would be one very sensible recommendation. I don't think you specifically asked for more funding for aboriginal friendship centres, but I expect it would be helpful, wouldn't it?

Ms. Michelle Kolla: Yes. We actually did a lobby day on the Hill on November 17. I participated in it, and we met with a number of MPs to talk to them about that issue. We have been lobbying our local MP as well.

Mr. Michael Savage: Your local MP has lobbied many others.

I had a visit from the aboriginal friendship centre folks. I think we all agree that they do a fabulous job, and it is something that should definitely be in our report. Thank you.

Brooke, I am the godfather of a fetal alcohol syndrome girl. She is fabulous. She's doing pretty well these days. My sister and her partner adopted her in Ontario. It's a struggle all the time, but they have some resources to deal with it. It would be enormously difficult in a community in which you didn't have a lot of money or support to deal with fetal alcohol syndrome.

In your presentation, when you say that 13% are totally homeless and 7% are generally homeless, are we talking about people with FAS, or are we talking about women who are pregnant who are at risk of having an FAS baby? Who are we talking about?

● (1505)

Ms. Brooke Alsbury: I was speaking specifically about our client population, which is those who have a diagnosis of FASD.

Mr. Michael Savage: They are diagnosed with FASD.

What is the solution for that? Obviously, there are early intervention and education programs. What are the things we should look at in our report to deal with FAS?

Ms. Brooke Alsbury: I don't think there's one solution. I think one of the challenges is that there are multiple needs. Foundationally, I think each person has said that supported housing would be one of our strongest needs. If we can provide supported housing, both for individuals living with FASD and for women who are pregnant, then we start to have a foundation to deal with some of those other things, whether it's substance abuse or mental health concerns.

Really, what we see is that our systems are set up to work with a part of an individual. We have mental health services. We have addiction services. We have health services. An individual with FASD would be accessing almost all those services. What happens, oftentimes, is that someone will age out of the youth services, which are often quite structured. Whether they're living in foster care or living in a group home situation, if they're not living with a biological family or an adopted family, all the supports that have been there end at age 17 or 18. Michelle talked about the gap period of time.

In a developmental approach, what would be a typical developmental approach, you would normally reach adulthood and you would be able to live independently. What we see with individuals who have FASD is that those supports need to continue for a lifetime. As a system, both federally and territorially, we haven't necessarily addressed that need for lifetime support in supported housing. We may do it on an individual basis. One person, if there's a strong advocate, may get a supported living situation.

As a system, it's our way that individuals, from an early-intervention perspective, could look at lifetime supports rather than at a segmented or siloed approach.

I'm not sure I answered your question.

Mr. Michael Savage: I think you have. Did you submit a presentation?

Ms. Brooke Alsbury: I didn't, but I can. I've written all over it.

Mr. Michael Savage: I understand it's the need to have the interlocking services so that people can navigate the system and understand where the supports are for somebody who's diagnosed with FASD, but if you have specific recommendations in terms of

how you think the federal government could either work with the territorial or provincial governments or otherwise, through Health Canada or some other department, I'd be very interested in seeing it so that we could consider it in the report.

On mental health, Mike Kirby appeared before our committee in the spring, and when we asked him what is it specifically that can be done for mental health consumers and clients, people who have issues of mental health, he said two things: first of all, housing. We've heard that from everybody, that we need housing, and there are good models.

There's a model in my own community, in my own city of Dartmouth in Nova Scotia—I'm from Nova Scotia—called affirmative housing, whereby adults who have had experiences with mental health issues have a housing project where they can actually pay rent but build up equity in the house. That sense of purpose and that sense of dignity makes a huge difference. It's very successful.

I think when we look at housing for people, whether it's persons with mental health issues or disabilities, whether it's low-income seniors, whether it's lone parents, mothers with children, I think we're getting to the place now where we realize we don't just build the most basic of housing and say, okay, we've done our job, but we need to integrate that into the community. It needs to be mixed residential and it has to have good housing and this certainly has that.

The other thing Mike Kirby said, and I'd like your thoughts on this, Susan, is that for people who've had mental health issues, either diagnosed or undiagnosed, the social infrastructure of Canada is not designed to assist them. In part, it's episodic illness. In terms of getting sickness benefits under EI, it doesn't work. We don't have a very flexible social infrastructure system for a number of people, including people with disabilities and people with mental health issues.

I wonder if you have a thought on that, on maybe how it works up here.

● (1510)

Ms. Susan Gwynne-Timothy: What stood out for me from what you said was about dignity and empowerment. I think that if people are given the chance, people who've had psychiatric diagnoses... First of all, I think it's one in five Canadians. I'm not very sure about the statistics.

Mr. Michael Savage: One in five.

Ms. Susan Gwynne-Timothy: The other thing is that something like 90% of everybody has depression or whatever, grief issues, loss at some point in their lives. So part of improving things would be to remove the stigma.

I think if people learned to take care of their mental health the way we're all being told.... I remember when I was a kid hearing that the 60-year-old Swede was in better shape than the 35-year-old Canadian, and then, suddenly, in school we were all running around doing more in phys. ed. than we had before. I think that kind of basic down-to-earth approach to mental health as being something you need to take care of ought to be looked at.

I think that currently people still see it as either the luxury pursuit of the worried well who have lots of money and can go to therapists or the opposite end of the gap of people who are just out on the street. I think that if people saw it as.... Yes, I guess I'm arriving at an answer here, which is that if people saw it as something that was worth doing something about because it is part of something we need, like decent food, then we would. So a change in attitudes, and how do you do that, a government campaign....

Mr. Michael Savage: I want to just nail down what you said. You had three recommendations for us, or spoke about three things, which are in the notes I had. One was supported housing. Understood. The other was it's cheaper to provide support for people who need assistance rather than dealing with people in crisis, maybe in the criminal justice system or in hospitals. And the third was peer support. Are those the three main things?

Ms. Susan Gwynne-Timothy: Yes, that is correct, but I guess I took it even further with the idea that peer support is something that people should be able to just access at any time. If people were more knowledgeable in that area, it wouldn't be such a spooky kind of thing to talk about. But, yes, peer support is very inexpensive.

The problem is that people with mental health issues tend to be reclusive. They don't want to tell people about them, so they go off and hide instead of coming out and saying yes, I'm fine, like this guy who works in the United States, Obama's—whatever he is. It's in one of my articles.

They need to talk about it. It needs to be talked about more, and more money needs to be spent. I think in the *Globe and Mail* article, which you ought to have, the guy talks about how it would be relatively easy just to spend a little more money and make quite a big difference, that Canada's spending on mental health is actually really low compared to other countries, and they could change that quite easily.

Mr. Michael Savage: We took a step in the right direction with the Mental Health Commission, which is a positive thing.

We have talked a lot in the last couple of days. We were in Vancouver yesterday, we're here today, we're in Yellowknife tomorrow, and then we go down to Edmonton and Winnipeg. We did hear from a number of people.

We are coming to this crystalization of the idea that it's more expensive not to do something about poverty than it is to invest now, whether it's in mental health or support for youth at risk or investing in child care instead of prisons.

We can make a choice as a country either to invest in prevention and healthy living or else we're going to pay the price down the road. I'm sure you'd all agree it makes more sense to invest now.

Ms. Susan Gwynne-Timothy: Totally, yes.

Ms. Brooke Alsbury: Just on that note, it's a reframing of the idea of the public and the idea of the political. Often with prevention, we don't know what we've prevented. It may take longer.

Building more jails is quite tangible, and we can say we've done this. I think it requires a shifting of the paradigm at a public level and at a political level.

• (1515)

Mr. Michael Savage: It does.

This committee is a good committee. This is a committee that's been working well, every member of this committee, and a lot of us aren't here because of an incident in Ottawa. I feel very positive that what you're telling us will translate into some kind of a report that maybe will make things better. When it does, we'll thank you for your contribution to it, as we thank you today.

The Chair: Thank you, Mr. Savage.

We're going to move to Mr. Martin. Mike used half your time, sorry. No, it's seven minutes, go ahead.

Mr. Tony Martin: First, like everybody else, I wanted to thank you for coming and for your information.

I hope we're coming to the end of this work and soon we're going to table a report to Parliament asking for action on poverty and all the attendant symptoms and reasons. I've said this a number of times, and the committee is probably getting tired of hearing it, but for me three pieces stand out that we need to address particularly, among others, I'm sure. One is income security. Another is housing, which everybody has mentioned today at least once, if not three or four times, and supported housing. And the third is one I think the three of you spoke to very nicely this afternoon, the whole notion of social inclusion, that we have to somehow reorganize our communities to be supportive of people with special needs and to include them in the ordinary day-to-day life of that community in a way that is healthy.

We are told the Yukon is developing a strategy on social inclusion, and the corollary of social inclusion is social exclusion. They're going to be looking at things like poverty, housing, education, employment, and social participation. I like the way it's framed. It will provide evidence-based research and measures and social indicators to help the government take appropriate action toward the goal of supporting all members of society and promoting healthy living.

Are you engaged in that? Are they engaging you? Are you involved in that process? What do you think of it? Any one of you can answer.

Ms. Brooke Alsbury: I can go first.

My understanding of the process thus far is that the territorial government has announced they will be putting the first draft together and then putting the strategy together. Then there will be a series of meetings or forums or summits in which members of the community may have opportunity for input. The government's first part is done by them. That's my understanding.

Michelle, I'm not sure....

Ms. Michelle Kolla: We haven't been involved in it yet.

Ms. Susan Gwynne-Timothy: I'm pretty new to all of this. I've only been working there for a few months. I'm afraid I've been apolitical in that respect so far.

Ms. Brooke Alsbury: My understanding is that Mike McCann has been developing this idea of the social inclusion strategy for a while, and that it came to the cabinet level and was approved to move forward. It's a government initiative for about the first year of the process, before community members or non-profit or anything would be involved in the process.

Ms. Michelle Kolla: I can just say that we're not involved yet. We have been contacted for a meeting, but that hasn't happened yet and we haven't seen anything, any documents.

Mr. Tony Martin: Are you hopeful that it will present some possibilities and support, some opportunities to improve the work you do?

Ms. Michelle Kolla: Yes, for sure. I'm hopeful that it will and that we'll have the opportunity to put our input in before it's a final document.

As mentioned in my recommendations, we've asked for government to consult with the friendship centres on urban aboriginal policies and that, too, it would be nice if they maybe consulted with us before the report was done.

Sometimes I think that's where we find that we're left until the end, that it's done and then they come and ask you to have a look at it and endorse it. I'm not saying by just the territorial government, it's all levels of government. So it's nice, if people want our input, to maybe include us in the beginning of the process.

• (1520)

Mr. Tony Martin: It seems to me that if we got community more engaged at the very minimal discussion about some of these things, we might actually have that paradigm shift that some of you spoke of, where attitudes change and all of a sudden people who heretofore were seen as more a problem to be solved are now looked at as contributing, exciting members of our community who have particular skills that aren't being recognized or whatever.

I'm hoping again that we'll be able to, in our report, reflect some of that and certainly some of the recommendations that you've made here today. I'm not quite sure how it all connects yet, but the federal government might be engaged or involved in or supportive of efforts to develop social inclusion for people.

Thank you.

Ms. Susan Gwynne-Timothy: It reminds of one thing I could talk to you about, which is that I think there's a notion in Canada that if you have your own apartment and you can call yourself independent, that's the highest good, and in a way the whole notion of supported housing is more a connected one.

Also, in what I've gathered of aboriginal approaches to mental health, when we attended a panel a couple of weeks ago the whole idea that people who might be living rough will "get better" if they're put into an apartment somewhere, they were like, "No". This doesn't apply to everybody—please—but some people actually like the old way of life of not having to have a fixed address. I feel this is very

dangerous territory, because I'm not advocating that in general, but on the idea that a sort of white-bread notion of having your own apartment is the solution, that is not the solution. So a more connected one that involves more discussion, as you say, is helpful.

The Chair: Thank you.

Dona, do you have any final comments?

Ms. Dona Cadman: Yes.

I agree with you that mental health has to be talked about and we need to have a change of attitude towards this. If someone says they have mental health issues, automatically they think they're crazy. If you do something a little erratic, they say, "Well, of course, mental health".

How can we make it more acceptable, that it's not a bad thing to have a mental health problem? If you take care of yourself, there are things that you have to do. What would you say to that? Where would you go with that?

Ms. Susan Gwynne-Timothy: I think the self-help movement has been of immeasurable support in that area. I had a yoga teacher who talked about spiritual emergencies, and how you can do yoga through your spiritual emergency. You think you're going crazy, you think you're falling apart, you do your yoga, you keep up your breathing and your body work, and you come out the other side and realize you've grown as a person and that what you saw as a concrete wall was in fact just a little detour. Suddenly you're a bigger person and more functional, even though what you went through was a meltdown all over the place.

I hope I don't sound too spiritual, but I think if we had a view of people as being spiritual, a view that we find in the self-help movement, in which mental health is one of the components along with physical health, we might solve a lot of problems. I think we're a lot of the way there because of the last 20 years.

This is a Second Opinion Society hobby horse, but the emphasis on antidepressants and drugs is both expensive and contrary to healthful living. It gets people hooked into little addictive spirals. It depends on the person and what is triggering the whole situation, but a lot of people do a lot better with more body work and talking and recreational therapies.

It would be good to educate the public that drugs only mask the problems. It's like using Claritin if you have allergies. You're putting a band-aid on the problem. If somebody has hives and you give them Claritin, the hives will go away, but it's awful to do that as a long-term strategy. My little boy gets hives, so I'll find out what causes it and then he won't have to take the Claritin. It's the same kind of thing.

• (1525)

Ms. Brooke Alsbury: A couple of things come to mind. I know you were speaking about mental health. From a community-based perspective, there's a fear, an "othering", that happens with people with mental health issues, substance abuse issues, FASD. They become the other. We've become quite fearful of that, and it's connected with crime and what's termed as erratic behaviour.

From a community education perspective, we have to decrease that fear of the other. We have to show the other side of the story. We have to be strength-based, capacity-based, rather than problem-focused. We have the honour of seeing the capacity and the strengths in the people we work with. I don't know that the community always gets to see that. We see media stories of individuals with a mental health or FASD problem that have committed crimes and become a danger to society, but we often don't see the other side of that.

I don't know if that's part of the strategy, but it's certainly social inclusion to show that strength, that capacity, to move the narrative away from the problem focus. We shouldn't think that mental health issues, substance issues, or FASD are all problems and it's hopeless.

I think that changing the messaging and operating from a community education perspective could move us towards a transformation. Maybe that's just my hopeful self.

Ms. Dona Cadman: Do I get another question?

The Chair: Sure.

Ms. Dona Cadman: Michelle, you mentioned something about youth diversion programs. I've been involved with one down in the lower mainland. I was wondering if you could tell me a little about your program.

Ms. Michelle Kolla: The program is for youth 12 to 17 years old. The youth are diverted from the court system. Minor crimes like liquor, tickets, B&Es, or some kinds of physical abuse can sometimes be corrected by diverting youths to one of the three programs we have in Whitehorse.

They would come to our centre, the ones that are actually diverted to our youth diversion program. We would provide an eight-week program for them. They would also have conditions of the court that need to be met. So they may need referral services to one of the other agencies in town.

They go through this program. They meet at our centre two days a week for an hour and a half to two hours, and they may need to do restitution as well. Once the youth have completed the program, then it's taken back to court to say that they've met the requirements. Then the youth would not have a record, and he would go on to a better way of living.

Ms. Dona Cadman: Do you have mentors working with these youth, one on one?

Ms. Michelle Kolla: We actually have a family support worker who works with the diversion coordinator, and we bring facilitators in. Then they have the opportunity of meeting with the family support worker, one on one.

I can give you an example of one family we worked with that had three youths who were out of school. One of them was in the diversion program. The family support worker actually went to the home and helped not only deal with the issues of the one youth but of the whole family unit. This involved setting up a schedule and showing what it looks like to get up in the morning and get everybody to school and to put a routine in place. The family was able to get all three youths back into school.

But it's a lot of work, and sometimes it's very difficult to get the acceptance of the youth, and then the whole family as well, to get involved.

• (1530)

The Chair: I just want to say thank you to all our guests and witnesses for being here today. We really believe you guys do the hard work on the front lines, and if there's any way we can make recommendations to influence and to come alongside and help leverage what you guys are doing, that's what we want to be doing.

Thank you once again for being here and taking the time out of your schedule.

With that, the meeting is adjourned.

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