



## **COMMUNITY SOLUTIONS FOR AFFORDABLE HOUSING PROJECTS**

**May 15, 2007**

**PREPARED BY:**

**Making Kenora Home Charitable Services Inc.**

# **ACKNOWLEDGEMENTS**

## **RECOMMENDATIONS ON HOUSING PROJECTS, Preliminary Report March 16, 2007**

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## **COMMUNITY SOLUTIONS FOR AFFORDABLE HOUSING PROJECTS, Final Report , May 15, 2007**

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## EXECUTIVE SUMMARY

The *Community Solutions For Affordable Housing Report*, May 2007 was prepared by a working group of the HUB of *Making Kenora HOME* to provide feasible options for housing projects in a format and of sufficient detail to be of use to housing providers, funding agencies, municipal leaders and the community-at-large in understanding and addressing the needs of the homeless within the City of Kenora, Ontario. It is a starting point for creating partnerships, promoting community discussion, and encouraging investigation and action on housing in the community.

Discussions during the preparation of this report were guided by an awareness of issues and a sensitivity toward all people involved in and affected by the decisions and recommendations. A consensus model was used to deal with all ideas, information and suggestions brought to the table. As a group of concerned citizens working together, there was a clear understanding of the importance of building relationships, respect and trust in order to achieve success with this venture.

The report begins by identifying different categories of homelessness, then presenting a housing needs analysis. Included in the needs analysis is a community scan which summarizes historic, geographic, demographic, economic, educational, health, housing and political factors and states the specific impact each of these factors has on housing.

Following local profiles of the chronically and episodically homeless, and situationally homeless and under-housed populations, the report presents a Housing Model Analysis based on a Housing Support Continuum. This continuum is based on the belief that a variety of housing is needed to meet the individual needs in any community. Thus crisis, transitional and permanent housing options are explored.

Based on prioritizing according to need, impact, cost and resources, the report recommends that Making Kenora Home advocate and assist in planning for the development of a comprehensive continuum of community housing stock in Kenora. Eight specific recommendations are presented as a starting point for addressing housing needs in Kenora. Their order does not reflect a hierarchy of importance and recognizes that some recommendations require specific government funding.

The recommendations are as follows:

1. That the designated emergency shelter at the Kenora Fellowship Centre operate full time.
2. That eight (8) single room occupancy (SRO) units be added to the community's housing stock as transitional housing.
3. That twenty (20) single room occupancy (SRO) rent geared to income units be added to the community's housing stock as permanent housing.
4. That ten (10) single dwelling Aboriginal family units be added to the Aboriginal housing provider's portfolio.
5. That options of a tax discount, utility discount or a maintenance tax credit for qualifying seniors on low fixed incomes be investigated, and that the future needs of the seniors population be closely monitored.
6. That two (2) supportive housing projects be developed to enhance the supportive housing continuum: one project to provide ten (10) transitional support housing units for victims of violence, and another project to provide ten (10) units of senior support housing with health supports and assistive living.
7. That fifteen (15) units for family housing for single parents, and ten (10) units for housing for individuals experiencing mental health dysfunction be identified and prioritized for rent subsidization programs.
8. That effort be directed toward the establishment of a revolving housing trust for low income families.

Appropriate and affordable housing is one of the base indicators of quality of life within a community. The citizens of Kenora have demonstrated and voiced a will to work together to improve their quality of life in this manner. It is hoped that this report assists in making suggested solutions a reality.

## I. PURPOSE

To provide feasible options for housing projects in a format and of sufficient detail to be of use to housing providers, funding agencies, municipal leaders and the community-at-large in understanding and addressing the needs of the homeless within the City of Kenora, Ontario.

## II. INTRODUCTION

There are different categories of homelessness<sup>1</sup>.

**Chronic** – people without emergency shelter living in tents, makeshift shelters, dumpsters who are under-housed on a regular basis;

**Episodic** – those who travel to Kenora for medical and social services, to visit family and friends. Individuals usually stay for a day or up to two months and most have addiction problems; and

**Situational** – those who have lost their homes due to specific circumstances such as natural disaster, family violence, eviction, divorce and incarceration.

This report with its accompanying recommendations is based on published reports, census data, statistics gathered by local service agencies, conversations with community leaders, anecdotal reporting and interviews that were done with 102 individuals who identified themselves as chronically or episodically homeless.

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<sup>1</sup>Deb Sider, M.A., *A Sociological Analysis of the Root Causes of Aboriginal Homelessness in Sioux Lookout, Ontario*, May 2005

### III. HOUSING NEEDS ANALYSIS

#### i) COMMUNITY SCAN

##### Historic

All communities are shaped by their history. Kenora has always been a meeting place; a place for people to come together for the purposes of trade, socialization, negotiation and relaxation. First inhabitants of this area were the Anishinaabe. The fur trade drew in the voyageurs in the 18<sup>th</sup> century. The Hudson's Bay Company opened their post in 1861. Other natural resources attracted further settlement. A gold rush brought in prospectors in the mid 19<sup>th</sup> century. Soon after, Treaty #3 was signed on October 3, 1873 at Northwest Angle with the hope of a respectful coexistence. Loggers began harvesting the rich timberlands in 1875 and remained a strong presence in the community for more than a century. The first residential school opened in 1898. Hydro electric power production began at the beginning of the 20th century. Kenora has been an historic crossroad for many people, across time and events. It remains a blend of rural and urban, and is not considered isolated.

The geographic, social and economic displacement of the First Nations has impacted the dynamics of the area. Unresolved Treaty issues, residential school traumatization and the loss of traditional livelihoods continue to affect citizens of Anishinaabe descent and the respectful coexistence sought by the signing of Treaty 3 has not yet been fully realized. Many are still working towards this goal.

***Housing Impact: Social marginalization of the Anishinaabe has resulted in higher rates of chronic and episodic homelessness amongst the people who were the first inhabitants of this area.***

Kenora is a crossroads community and many creative initiatives have developed to address its diverse needs. Some recent innovations include the Street Patrol, Buck's Brigade and the Common Ground project.

##### Geographic

Kenora is the primary centre for a number of smaller communities including Sioux Narrows-Nestor Falls, Minaki and Redditt along with a number of communities belonging to Treaty # 3. There are 12 First Nations located within 1 ½ hours drive from Kenora.

The water routes that were crucial to the Anishinaabeg and then the Metis and Caucasian traders have been replaced by other modes of transportation but the area remains crucial to cross country travel. The only road and rail lines linking Eastern Canada to Western Canada run through the locality.

***Housing Impact: Communities located on the Trans-Canada tend to have higher rates of transient populations requiring emergency food and shelter.***

Transportation issues multiply for low-income citizens in northern communities and especially for those who live away from the downtown core or on First Nations. Kenora's public transit system is very limited and the population must rely primarily on private vehicles for transportation. Some individuals become stranded in Kenora until they are able to hitch a ride back to their home communities with an acquaintance. Others have been released on bail from the Kenora Court House without the ability to return to their distant homes.

***Housing Impact: Any housing projects designated for low-income individuals must be located close to the downtown core unless there is access to municipal transportation.***

***Housing Impact: The stranding of individuals in the community needs to be addressed by the provision of emergency shelter and transportation services.***

Because of geographic location, transportation expenses increase the cost of living. For example the cost of the local nutritious food basket<sup>2</sup> as determined by the Ministry of Health is more than double the provincial average. Funding rates do not reflect this geographic expense. Building costs, operating expenses and living costs all impact on both citizens and the agencies that seek to serve them. The high cost of living underlines the need for affordable housing yet the cost of building affordable housing is higher than in other localities across Canada.

***Housing Impact: Although the cost of building or operating the affordable housing projects is higher than in other localities, it is crucial to mediate the cost of living by ensuring access to affordable housing.***

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<sup>2</sup> Northwestern Health Unit Cost Comparison of the [Nutritious Food Basket 2006](#)



Northern Ontario has long winters with unpredictable impacts. The mean January daily temperature is -17° Celsius. Heating costs are high. Although the weather zone is similar to territory above the 50th parallel, there is no local eligibility for government transfer payments to assist low-income families with heating costs. Those who lack shelter are at high risk for weather injury.

***Housing Impact: Because of the extended, cold winters, housing projects must be designed with efficient insulation and low-cost heating.***

The short spring, summer and fall seasons are busy for local residents who are occupied in hunting and fishing activities for sustenance, sport and employment purposes.

### Population Demographic

The Kenora area population is approximately 25,000. The average age is rising in urban communities as a result of youth out-migration<sup>3</sup> and an aging population<sup>4</sup>. Sixteen percent (16%) of the population is over the age of 60.<sup>5</sup> Seniors over the age of 65 comprise 10.7% of Kenora's population.<sup>6</sup> The average age of those who are homeless locally is also rising although increased numbers of young people are noted at soup kitchens<sup>7</sup> and the emergency shelter<sup>8</sup>. Nineteen percent (19%) of the area's population are youth between the ages of 15 and 24 years<sup>9</sup>.

***Housing Impact: Youth out-migration results in many seniors not having nuclear or extended family support for independent living within their homes.***

By self-identification, the regional Aboriginal population represents 26.5%<sup>10</sup> of the general population and is increasing. In contrast to Kenora, a baby boom has lowered the average age on surrounding First Nations<sup>11</sup>. Within these communities, the youth population has increased by 4.7%<sup>12</sup>. The lack of housing, further education and

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<sup>3</sup> Christ Southcott, PHD [Youth Out-migration in Northern Ontario](#) October 2002 Northern Ontario Local Training and Adjustment Board

<sup>4</sup> Christ Southcott, PHD [An Aging Populations in Northern Ontario](#) October 2002 Northern Ontario Local Training and Adjustment Board

<sup>5</sup> Statistics Canada Census 2001

<sup>6</sup> Statistics Canada Census 2001

<sup>7</sup> Agape Table, Knox United Church, Kenora, November 2006

<sup>8</sup> Kenora Fellowship Centre, January 2007

<sup>9</sup> Statistics Canada Census 2001

<sup>10</sup> Government of Canada [Aboriginal Peoples Survey 2001](#) Released Sept. 2003 Statistics Canada

<sup>11</sup> Statistics Canada Census 2001

<sup>12</sup> Statistics Canada Census 2001

employment opportunities on-reserve drive many to relocate to Kenora. The same attraction to the amenities of larger urban areas that pulls Kenora raised youth to Winnipeg, and other larger cities, draws Aboriginal youth from their home communities towards Kenora.

## Economic

Nationally, the gap between the rich and poor has been broadening incrementally within the last two decades. Locally the impact has been dramatic.

Poverty is a present condition for many in the region. The median income is 18% lower than the provincial rate<sup>13</sup>. Seniors (25%) and youth (18%) often live below the federal low income cut-off line (LICO) or poverty line at a greater rate than the general population<sup>14</sup>.

The region was largely dependent on resource based employment and government transfer payments. These income revenue sources tend to fluctuate according to the ruling government(s) and the policies of elected officials. The effect on the local labour market has historically resulted in employment insurance (EI) and social assistance programs being crucial as income safety nets<sup>15</sup>.

Unemployment levels remain above provincial levels<sup>16</sup>. In 2005, the local paper mill closed with a direct job loss of over 200 positions. The oriented strand board operation laid off another 100 employees in January 2007.

Opportunities to leave social assistance are limited. Although there have been statistically noted gains in employment, these gains have been in part-time positions<sup>17</sup>. Full-time work has grown by only 0.5%. The gap is increasing. In 1985 the percentage of the population employed full-time was equal to the provincial rate. Now the rate is 11.6% lower than the provincial full-time employment rate. Part-time employment rates have dropped 7.2% below average. With the significant rate increase of underemployment, fewer and fewer residents can make a living wage.

Fluctuations in the local economy have resulted in many buildings standing vacant.

***Housing Impact: Vacant buildings such as warehouses, hotels and schools should be considered for housing in-fill through renovation.***

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<sup>13</sup> Statistics Canada Census 2001

<sup>14</sup> Statistics Canada Census 2001

<sup>15</sup> Christ Southcott, PHD **Labour Force Participation in Northern Ontario** March 2003 Northern Ontario Local Training and Adjustment Board

<sup>16</sup> Government of Canada **Insurance Claim Levels by Community-2005** Human Resources Development Canada

<sup>17</sup> Christ Southcott, PHD **Income Levels in Northern Ontario** May 2003 Northern Ontario Local Training and Adjustment Board

Transportation and warehousing jobs supply the most employment in the region<sup>18</sup>. These positions are increasing as are jobs in professional, scientific, technical, hospitality and public administrative sectors. There has been a corresponding loss in construction, mining, forestry and fishing which has been the traditional local employment base. A generation ago, much of the traditional labour force required few formal skills or education. Much of the training was on the job. The employment base shift has resulted in a need for higher levels of education and training as a pre-requisite for employment<sup>19</sup>.

***Housing Impact: Lower education levels are correlated to decreased income and an increased risk of homelessness<sup>20</sup>.***

The tourism industry has been impacted since September 11, 2001 as more Americans residents stay home. Americans were the largest group of tourists utilizing the hunting and fishing lodges that were a source of seasonal employment for many. In addition, the rising value of the Canadian dollar increases the cost of Canadian travel for Americans, further reducing the attractiveness of the area as a tourist destination. As a major industry, a decline in tourism has a significant impact on the local economy. Those individuals formally employed through the tourism industry in guiding, cooking, maintenance and housekeeping often have difficulty finding alternate employment which affects their ability to pay for their housing.

Economic issues divide the population along racial lines. The Aboriginal unemployment rate is 22.9% which is triple the general population rate<sup>21</sup>. To seek increased income, many residents of First Nations are leaving their home reserves to reside in urban areas with more job opportunities. Although Aboriginals in our urban areas have a higher median income, they still lag 30% behind the general population. Whenever there is an economic division between racial groups, there will be increased racism as the community struggles over allocations and opportunities.

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<sup>18</sup> Christ Southcott, PHD [Labour Force Participation in Northern Ontario](#) March 2003 Northern Ontario Local Training and Adjustment Board

<sup>19</sup> Christ Southcott, PHD [Educational Levels in Northern Ontario 2001](#) May 2003 Northern Ontario Local Training and Adjustment Board

<sup>20</sup> City of Toronto [Toronto Report Card on Homelessness 2001](#) City of Toronto

<sup>21</sup> Government of Canada [Aboriginal Peoples Survey 2001](#) Released Sept. Statistics Canada

## Education

The number of individuals who have less than grade 12 is 31.3% higher than the rest of the province<sup>22</sup>. Those with less than a grade nine education is 31% higher than the provincial average.

The portion of the under-educated individuals is even higher for the aboriginal communities. Forty-eight (48%) did not complete high school. Of those aged 25-44, 29% quit school because of family responsibilities. Although 37% of non reserve aboriginals did complete post secondary education, this level is still 21% below the national average.<sup>23</sup>

The 1997 amendments to the Ontario *Education Act* were detrimental to encouraging education amongst local youth. Although the Ministry of Education has since refocused on retaining at-risk youth in school rather than excluding them, the impacts are still felt. In 2001, the percentage of youth aged 15-24 years, not attending school in our area was 13.1% higher than the provincial average. The Kenora area school boards reported suspension and expulsion rates in 2002-2004 that were double the provincial average. Many of the expelled, or repeatedly suspended youth, did drop-out which further decreased retention rates. Programs have since been implemented to attempt to reverse this trend.

***Housing Impact: Student housing is also a need within Kenora as those from outlying areas come to the community seeking education and training opportunities.***

## Health

Overall, life expectancy is significantly lower than the provincial average. Citizens in our region are more likely to be injured in an accident and have a high rate of injuries resulting in permanent limitations than the provincial average. The functional health rate based on dimensions of vision, hearing, speech, mobility, dexterity, feelings, cognition and pain is reported as considerably lower than average<sup>24</sup>.

***Housing Impact: In constructing local housing projects, ensuring accessibility for those with disabilities will be a priority based on the local functional health ratings.***

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<sup>22</sup> Statistics Canada Census 2001

<sup>23</sup> Government of Canada **Aboriginal Peoples Survey 2001** Released Sept. Statistics Canada

<sup>24</sup> Northwestern Health Unit **Health Status of Residents Living in the Region 2004** Northwestern Health Unit

There are higher rates of arthritis/rheumatism, high blood pressure and diabetes in our population. To qualify for Ontario Disability Support Program (ODSP) or Canada Pension Plan (CPP), clear evidence of disability must be submitted for consideration. Diabetes, arthritis, rheumatism and high blood pressure have varying impacts and are difficult to quantify for disability adjudications. It is a struggle for those on low or fixed incomes to obtain medical reports by specialists who are located in distant locations. The higher local rates of arthritis/rheumatism, diabetes and high blood pressure will continue to be an issue for disability programs. These barriers to qualifying for disability pensions result in a portion of disabled persons being denied benefits. As a result many are in receipt of Ontario works which has a smaller shelter benefit<sup>25</sup>.

Within the First Nations population, the health issues spiral<sup>26</sup>. Forty-five (45%) percent report chronic health problems. Aboriginals are four times more likely to have diabetes, 70% more likely to have arthritis/rheumatism and 25% more likely to have high blood pressure than a comparable non-Aboriginal population. Again, health issues will directly impact on the ability to afford and access housing.

***Housing Impact: Access and/or transportation to medical, disease prevention, and health promotion services must be considered.***

***Housing Impact: The higher disability rates coupled with the aging population indicates a growing local need for supportive housing for seniors.***

Abuse of alcohol is elevated in the region as are smoking rates. Beyond the health issues inherent in addictions, the higher rates of substance abuse affects community life. Local substance abuse programs include a detoxification centre with 28 beds, 24 hour crises line, a needle exchange, methadone treatment program, a 12 bed stabilization program, residential treatment centres and counselling centres. In 2006, the Morningstar Centre provided 7,000 units of care to members of the public with substance abuse problems. There are two transitional units in the community for recovering addicts. The male residence accommodates 15 residents and there is always a waiting list. The female residence can support up to 9 women and does not usually have a waiting list. However, the lack of child care presents a problem for mothers who would benefit from the support program.

Having the only available treatment programs in the region, Kenora attracts many rural residents who are seeking assistance with addictions. These individuals often remain in the community, some having dropped out of the programs and some having completed treatment. For those who have completed treatment, environmental support is necessary to facilitate sobriety. Having safe and secure housing promotes recovery. For those who have returned to active addictions, housing is often at risk given the expenses and behaviours of addicts<sup>27</sup>.

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<sup>25</sup> Hwang, Dr. Stephen **Street Health Research Bulletin** Autumn 2005

<sup>26</sup> Northwestern Health Unit **Health Status of Residents Living in the Region 2004** Northwestern Health Unit

<sup>27</sup> Danielle Laberge et al **Urban Wanderings** Research Collective Report 2000 Quebec

Many of the homeless population struggle with addiction problems as well as mental health issues. The Kenora Police Service reports an average of 2,000 requests annually for service for incidents of public drunkenness. Although public drunkenness is not unique to street people, those who are homeless are more likely to be incarcerated<sup>28</sup>. This adds to the cost of local policing. The Kenora regional area is served by three police forces, the Kenora Police Service, the Kenora detachment of the Ontario Provincial Police and Treaty 3 Police Service. On a per capita basis, statistics indicate that the Kenora Police Service is one of the busiest forces in Ontario.

***Housing Impact: Local addictions rates are very high. Safe, affordable housing is crucial to addressing addictions.***

Among other contributing factors, studies have shown that higher substance abuse rates are correlated to higher rates of domestic violence. Locally, this is reflected in above capacity occupancy rates at the local women's shelter. In 2006, there were over 200 admissions to the women's shelter.

***Housing Impact: The high domestic violence rates speak to the need for transitional support housing for women leaving abusive partners.***

The area's only "Schedule 1" psychiatric facility is located in Kenora. The availability of this service and associated support services for those with mental health issues draws in people from surrounding communities requiring services. This results in a skewing of the local demographic rate of the residents experiencing long term psychiatric dysfunction. Income rates are lower for these individuals and their need for affordable housing is apparent. In addition, because of the challenges faced by this population group, support is important to maintain residencies<sup>29</sup>.

***Housing Impact: The higher local rates of residents experiencing long term psychiatric dysfunction indicates an increased need for supportive and affordable housing.***

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<sup>28</sup> Danielle Laberge et al [Urban Wanderings](#) Research Collective Report 2000 Quebec

<sup>29</sup> Danielle Laberge et al [Urban Wanderings](#) Research Collective Report 2000 Quebec

## Housing

In June 2006, The United Nations Committee on Economic, Social and Cultural Rights called the crisis of homelessness in Canada a “national emergency”. The rate of homeless and under-housed citizens continues to rise while investment in social housing continues to decline. In Kenora, a part-time shelter [Kenora Fellowship Centre] is operated at capacity during the winter months by the Presbyterian Church.

The average rent in Kenora for a two bedroom unit is \$862 a month. The maximum shelter benefit allowed under Ontario Works is \$538 for a single parent and child. This discrepancy illustrates the reality of affordable housing in the community. Minimum wage earners do not fare much better. The net pay for an individual working full-time at minimum wage would be approximately \$747 per month.

In Kenora, the last construction of affordable housing took place in 1988. Local social housing providers report there is a zero-vacancy rate and wait lists are long, ranging from two to 5 years depending on the number of bedrooms.<sup>30</sup> The larger the unit, the longer the wait, therefore families have the most difficult time securing housing. The local women’s shelter is painfully aware of the many victims of violence who return to abuse in order to maintain shelter for their children. The high utility costs due to the geography of the community also results in direct loss of housing as defaulted payments lead to evictions.

Kenora has also experienced a dramatic loss in single room occupancy (SRO) units within the previous three years. The Norman Hotel which served as a rooming house for approximately 30 low income persons was demolished to make way for the construction of luxury condominiums. The Adams Block, which housed another 30 individuals, was destroyed by fire in 2006. Immediately after the fire the local shelter registered 125 homeless individuals. Although some have found other accommodations or left the community, many remain under-housed. There has been a recent announcement of the intent to convert yet another hotel to condominiums which will erode the stock of rental rooms by another 70 units. A survey done in the fall of 2006 by the Kenora Community Legal Clinic indicated that rents for low-end units has already increased by 40% within nine months of the Adams Block fire.

## Political Dimension

The political swing to the right across Canada has popularized cut-backs to social support programs. Legislation enacted within the last decade has often been adverse to the interests of marginalized populations. The introduction of the Ontario Works Act resulted in less flexibility to assist citizens who are not able to comply with the legislations requirements for benefit eligibility. Despite inflation, the benefit rates were rolled back to 1985 levels within the province. Similarly, despite Kenora’s higher

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<sup>30</sup> Kenora’s social housing provider is the Kenora District Services Board which oversees Aamikkowiish Non-Profit, Kenora Non-Profit, Keewatin Non-Profit and KDSB-Housing Services

disability rate, the Ontario Disability Support Program also decreased rates and increased expectations with regards to the establishment of disability claims which certainly impacts on local applications because of our limited access to specialized medical resources.

Unfortunately, while resources have been eroded, the need for supports has been increasing. The numbers of homeless are increasing across the country. There is still no national strategy to address poverty in our country. Although elected on a reform platform, the new provincial government has been slow to bring in change. Initial decisions by the government have been disappointing to poverty lobbyists who had hoped for more action to alleviate the hardships experienced by the poor.

The region is currently not represented in the provincial and federal governments limiting effective lobbying on behalf of the region and local area.

The Kenora District Services Board formed in 1998 and took on responsibility for social programs including Ontario Works, Ontario Disability Support Program, Child Care and Social Housing. This area amalgamation has been met with resentment from individual communities who feel a loss of control over their resources. The struggle has been apparent as votes are motivated by local interests. Unfortunately, there has not been a regional plan developed to meet the needs of all in a fair and strategic process. A similar model is being imposed on health services administered through a broader regional Local Health Integration Network.

*Making Kenora HOME* was formed to find community solutions for homelessness within Kenora.

Making Kenora Home has been fortunate to have the encouragement of many of the area's First Nation leaders in going forward with this initiative. Despite the extensive responsibilities of Grand Council Treaty 3's administration and the ongoing challenges and crises faced by these leaders, they have taken the time to share their understanding. Treaty 3 and the Nechee Friendship Centre have organized several workshops for community members such as "Treaty Rights & Homelessness" and "Encouraging Aboriginal Participation in Community Initiatives". We appreciate the generosity of First Nation leaders in supporting our local efforts.

We are encouraged that at the municipal level, many of the recently elected officials made local homelessness part of their electoral platform.



## ii) **HOUSING NEEDS ANALYSIS –**

### **PROFILES OF THE LOCAL HOMELESS POPULATIONS**

#### **Chronic & Episodically Homeless**

The average nightly occupancy at Kenora Fellowship Centre, the local emergency shelter, is 12<sup>31</sup>. The emergency shelter will not admit anyone who is intoxicated. If the intoxicated individual agrees, the local detoxification centre, Morningstar, will admit them for crisis intervention purposes. On average, there are 15 admissions nightly<sup>32</sup> however, not all are homeless. Research has indicated that the increased cost to the community because of known homelessness risk factors is \$35,000 per homeless person<sup>33</sup>.

Marginalized citizens have multiple needs that make them difficult to accommodate. In addition to poverty, many suffer from varied addictions, limited life-skills, and health issues<sup>34</sup> that challenge stabilization efforts. Coordination of these efforts is crucial to the effective delivery of service to the individual<sup>35</sup>. At present, there is no central organizing body to ensure coordinated delivery of support services to the impoverished and under-housed/homeless. Funding restrictions force agencies to deliver services in silos. Each agency is restricted to its particular mandate although the needs of the individual cannot be contained within these silos. For example, an addict may complete residential treatment but if there is no affordable supportive housing available upon discharge from the facility, life on the streets will not support continued sobriety. A homeless person may secure an apartment but an addictions issue may result in the rent not being paid and an eviction back into homelessness. Without support and affordable housing, no agency can effectively serve their own mandate with this high needs population. Secure housing allows for more effective intervention.

A “**Kenora Fellowship Centre Homelessness Profile**” was developed based on 102 individual Interviews of marginalized citizens who were known to be chronically or episodically homeless. The survey was conducted by Mike Aiken on behalf of the Kenora Fellowship Centre between October 26 and November 16, 2006. The results of the local survey mirrored research done in other communities.

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<sup>31</sup> Kenora Fellowship Centre, Kenora as reported January 2007 and based on the previous 3 months of hostel operation

<sup>32</sup> Morning Star Detoxification Centre, Kenora as reported February 2007 and based on the previous year’s operations

<sup>33</sup> Margaret Eberle et al **The Cost of Homelessness in British Columbia** Ministry of Social Development and Economic Security

<sup>34</sup> Podymow, Turnbull, Tadic and Muckle **Shelter-based Convalescence for Homeless Adults** October 2006 Canadian Journal of Public Health(CJPH)

<sup>35</sup> Frojomivic, Michael **Preventing Homelessness Through Joined-Up Thinking: Options and Challenges** August 2006 Acacia Consulting Services

### *Demographics*

Two thirds of those interviewed were male which is consistent with anecdotal reports from service agencies. Over half (52%) are between 30 and 50 years of age. Another 30% are over age 50.

Eighty-six percent (86%) are members of a First Nation. The majority belong to Treaty 3 communities (89%). The identification of Band affiliations indicate that those whose communities are located closest to Kenora are most likely to relocate to the City. Others identify themselves as affiliated with Treaty 9 (7%) or other First Nation communities.

### *Home Perspective*

Most (74%) consider Kenora to be their home at this point in their lives. Fifty nine (59%) percent have lived in Kenora for more than 5 years. Another 29% have recently relocated to the City.

Those who moved to Kenora cite multiple reasons for relocating including seeking opportunities (53%). Only 11% came to Kenora for other reasons within their life (court 6%; drinking opportunities 3% and banishment 2%).

Of those interviewed, 40% had a residence of their own in the City. Another 7% were staying with friends or family. Twenty-three (23%) percent noted that they had homes on First Nations. Eight (8%) percent were in a residential treatment program (Morningstar Centre 6%; Changes Recovery Home 2%). The final 24% identified the winter hostel as their home (10%) or the streets (13%).

### *Income*

Social assistance programs provide the majority of income for these marginalized persons (Ontario Works 23%; Ontario Disability Support Program 31%; CPP Disability pension 4% and retirement pensions 3%). Some are employed (5%) or have recently been employed (Employment Insurance benefits 7%). Another 16% have no source of income.

Those who have worked have generally done seasonal labour jobs. This includes the following trades: construction 25%; cleaning 11%; restaurant 11%; guiding 11% and forestry 6%. The Special Events Crew, which is a local initiative to employ street people, has provided employment experience to 5% of those interviewed.

### *Support Service Usage*

Within the previous year, all participants in the survey identified use of multiple resources to maintain themselves. These resources include reliance on family members (70%) and their home First Nation (56%) as well as charity services (Fellowship Centre 93%; Salvation Army 56% and Jubilee Church 63%).

Twenty-two (22%) percent have undergone some sort of treatment for addictions (Morningstar Centre, Migisi Treatment Centre, Changes Recovery Home). Emergency services were required at a higher rate than the general population (police 43%; hospital 59%). Other facilities noted by participants included Saakaate House, a women's shelter and the Kenora District Jail.

Specific to the Kenora Fellowship Centre, 72% use the daily drop-in, 68% obtain hot meals, and 40% stay at the winter hostel. Other important services include access

to showers (41%), washrooms (53%), laundry facilities (49%) and the clothes cupboard (54%). The Centre also provides leisure opportunities (art program 39%; video media 47%, library/computer 46%). The chaplaincy service is accessed by 39% of the clientele. Barriers to using the shelter were identified by a minority (22%) and included the no drinking rule (12%), the smoking ban (13%) and the limited scheduling (seasonal and hours of operation, 6%.)

### *Needs Identified By Survey Participants*

The survey participants identified their needs as follows: medical services 59%, affordable shelter 55%, education and training 55%, addictions treatment 45%, and legal assistance 30%.

Suggestions for further activities varied from more arts opportunities (music 34%; crafts 9%; poetry 6%) to movies (9%) to games (12%).

When asked specifically about the provision of a managed alcohol program, although 79% thought that it might be useful, only 49% agreed that they might use it themselves.

If the Kenora Fellowship Centre's hostel season was extended beyond the winter months, 68% would make use of the shelter during the extended operational time.

With regards to housing, 38% are seeking a bachelor or one bedroom apartment. Another 19% would like to share a house. Fifteen percent (15%) are seeking a two bedroom apartment. Housing must be located within walking distance to the downtown core for 67% of those surveyed. Affordability is crucial. Of those paying rent, 77% are paying more than the social assistance shelter rate to secure housing. This means that there is little left for food after the rent is paid.

### ***Situationally Homeless and Under-housed Populations***

Some marginalized residents are referred to as street people. Not all street people are homeless. Street people are a visible presence in Kenora. Less visible are those who stay in inadequate housing or beg temporary accommodation from family, friends and acquaintances. Although affordability is the key and often the sole factor for the *situationally under-housed*, the invisible homeless are impacted by many of the same challenges as the chronically homeless face daily. The lack of housing produces instability in their daily activities. Mail and other communications are disrupted as they move between couches; also known as couch surfing. For under-housed families, the frequent moves fracture their children's education and lead to increased drop-out rates. Crucial documents go astray that create larger problems.

Many parents struggle to ensure food and shelter in their efforts to provide for their children. Often families squeeze into shared accommodation to pool resources which explains the increased number of families who are situationally under-housed. This struggle for accommodation often brings children into the care of child welfare agencies based on unsafe housing. These children are then housed within the child welfare system while their parents seek elusive affordable housing.

Unfortunately, housing also becomes the determinant of placement for a child when a family unit breaks up. The Sakaate House women’s shelter reports that many of their clients either return to abusive situations with their children or cede custody to the abusive partner who has retained housing. Both of these options lead to continued issues that will require more intervention further down the road. The escalating rents in the community are putting more women and children at risk in direct relationship to decreased affordability of housing.

The local social housing provider, the Kenora District Services Board<sup>36</sup>, has 119 families on their wait list. As the local economy falters, the wait lists get longer. At present, applicants must wait for 2 years before a unit comes available. Movement on the single unit list is slower. Although there are only 53 currently on the list, the wait for an available unit is between 3 and 5 years.

Social housing wait lists are a limited measure of under-housing with a community. Applicants must meet eligibility requirements and have a contact address for the purpose of application which eliminates some potential tenants. Under the *Social Housing Reform Act*, no one who has an outstanding debt with any other social housing provider in the province is eligible for application.

The *National Homelessness Initiative* estimates that 14% of the population is under-housed. In the tri-municipal area, this rate translates to 3,584 citizens who require more affordable housing. Because the count is of individuals rather than housing units, the local need can further be extrapolated through statistical data.

**Identified Groups Requiring Affordable Housing**  
(based on 2001 Canadian census data)

<b>Group</b>	<b>Numbers</b>
Chronic/episodic homeless-singles	25
Under-housed individuals	528 (includes 120 youth)
Under-housed families	632 (includes 119 on wait list)

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<sup>36</sup> The Kenora District Services Board as reported in March 2007

### iii) **HOUSING NEEDS ANALYSIS - PRIORITIZING NEEDS**

The statistical analysis indicates that Kenora would require 1,185 affordable housing units to adequately house all of its citizens (553 single/one bedroom rooms; 632 multiple bedroom units) to adequately house all of its citizens in accordance with the affordability standard set by the *National Housing Initiative*. There are currently 415 social housing units (220 single/one bedroom; 201 multiple bedroom units) located in the community.

It is challenging to prioritize the distribution of community resources since all citizens have equal worth but it is a task that is required for planning purposes. Families can access affordable housing through the social housing provider in half of the time that is typical of the wait for single adults yet there are twice as many families waiting for housing as singles.

Factors in prioritizing include:

- a. **Demand**; as perceived by individuals and groups
- b. **Need**; demonstrated
- c. **Impact**; benefit to individual compared to community
- d. **Cost**; construction, renovation, operation
- e. **Resource Availability**; land, buildings, support services.

Demand for family housing is 55% higher than for singles yet the wait times for obtaining family units is half of the time required for singles units. The need for each category is apparent. The long range impact of securing affordable housing for families results in multigenerational positive outcomes. The cost of constructing family units is considerably higher than for single room units. Ultimately resource availability becomes a crucial component in community planning.

The issues that bring service providers together also provide opportunity for coordination of services through collaboration. Community partnership<sup>37</sup> becomes a natural and logical outcome of collaborative activity. In addition to local community social and health services, it is important to include local political interests, members of the business community, charity groups and, most importantly, the homeless themselves in the development of local plans. To avoid the NIMBYism; (i.e., not in my backyard) that is common in community development; the group must also obtain the commitment of a large grassroots base of ordinary citizens.

Funding opportunities change frequently as governments prioritize their own allocations of monies. In developing a community plan, it is advisable to begin with the need rather than design a project to fit current funding criteria.

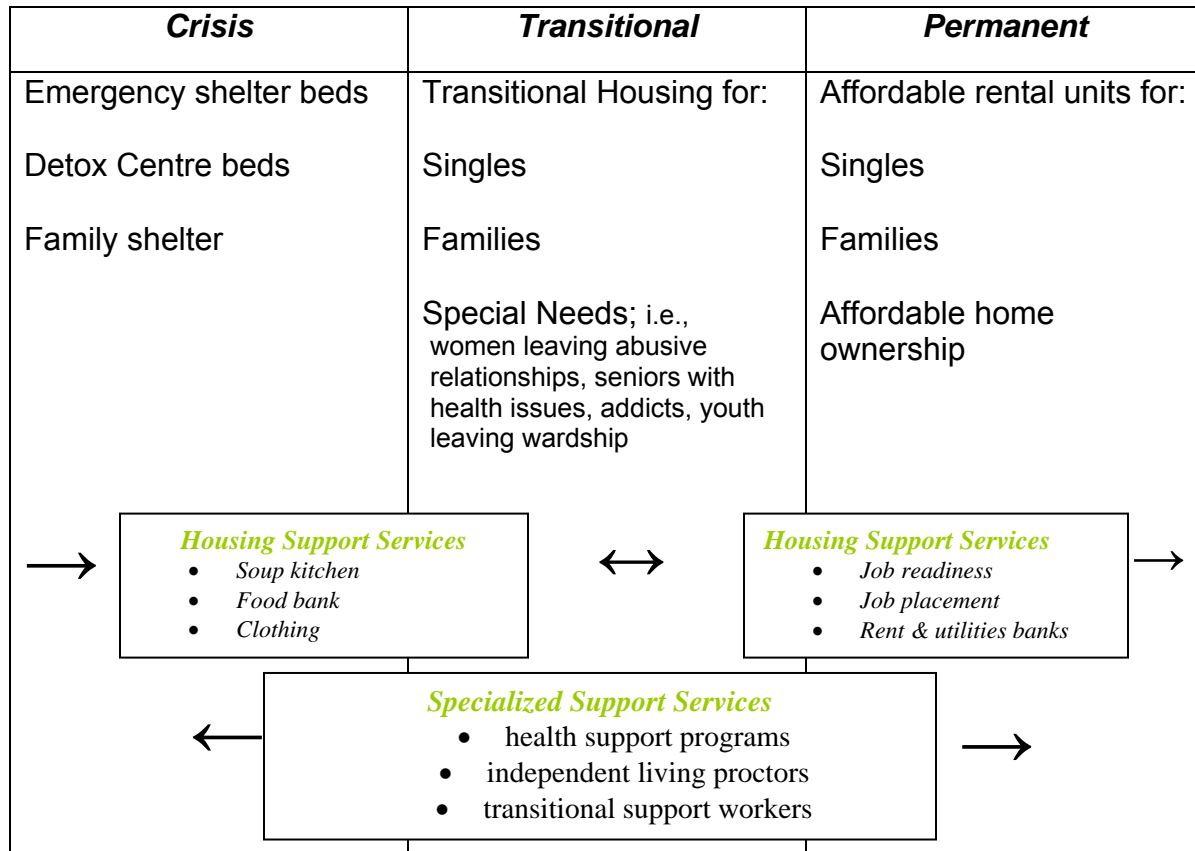
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<sup>37</sup> Frojomovic, Michael **Preventing Homelessness Through Joined-Up Thinking: Options and Challenges**  
August 2006 Acacia Consulting Services

#### IV. HOUSING MODEL ANALYSIS

##### i) HOUSING SUPPORT CONTINUUM

Each community requires a variety of housing to meet the individual needs of their population.



Although affordability is key in housing a low income population, successful housing placements require a broader network of supports that include health, addictions, mental health, social, legal, education and family resources working together to meet the unique needs of every individual. To support the individual effectively, there must be a dynamic and coordinated delivery of services between crisis intervention, counseling, and prevention services<sup>38</sup>. An identified barrier to the provision of this client focused service delivery is the funding criteria that encourage silo operations by agencies.

<sup>38</sup> Tom Carter, Mechyslava Polevychok [Enhancing Delivery Models and New Partnerships](#)  
2003 Housing and Homelessness Branch, Human Resources and Social Development

## IV. HOUSING MODEL ANALYSIS

### ii) UNDERSTANDING HOUSING MODELS

There are many models that have developed in the affordable housing market.<sup>39</sup>

#### ***Room & Board Units***

Boarding houses have traditionally served the poor. There is little legislative control over the operation of room & board units which sometimes leads to abuse of residents.

Communal living requires cooperative behaviours and a high degree of self control. Few prospective residents have these skills. Inevitably, behaviours have to be formally regulated by rules. Our society values independence and choice. For this reason room and board units are not preferred residences for many low-income individuals. They seem to serve best as a short-term transitional support option.

A local example of a room and board housing operation is the Northland Supportive Housing Program.

#### ***Rental Units***

##### 1. Rent Geared to Income

These units are generally under the administration of an agency as defined under the *Social Housing Reform Act, Regulated Statutes of Ontario, 2000*. Rent is calculated in accordance with the formula set by legislation and the units are generally operated by public agencies. There are some rent subsidization programs run by social housing providers that subsidize private landlords to provide affordable rents within the legislative requirements. Most of the affordable housing rental units in the province are social housing units. The Kenora District Services Board is the social housing provider in our region. Under this Board some units are directly administered by the Housing Services and others are being managed by contracted agencies such as Direct Management, Inc. Rent geared to income units require on-going subsidization for sustainability. An example locally is Norwood Place at 1208 Heenan Place.

Alternative housing programs have been developed outside of the Ministry of Housing to serve the special needs of disadvantaged groups but these projects are very limited in scope and availability. Examples include rental units established under the provincial Ministry of Health and Long Term Care such as Kenora Supportive Housing Project-operated by *New Directions* as a transitional unit for those with mental health issues.

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<sup>39</sup> Sylvia Novac [Homelessness and Housing Needs Trends, Impacts and Issues](#) Housing and Homelessness Branch, Human Resources and Social Development

## 2. Affordable Housing Initiatives

These projects are funded either privately, under government funding agreements or a combination of both. Many examples of housing initiatives can be found in Appendix B. Affordable rents are a criteria for funding but the projects require sustainability plans since there are no operating subsidies. The family units at Universal Drive are an example of an affordable housing initiative.

## 3. Supportive Housing

Transitional and supportive housing models build in linkages and staffing to provide support to the tenants of affordable housing projects. Residency in a transitional unit is generally limited to a specific time frame to allow for turnover of units. Given limited funding available for prevention and support workers, many of these units form partnerships with community service providers to provide linkages and on-site staffing. The Minto Family Resource Centre is a good example of support programming attached to a permanent affordable housing complex.

### ***Home Ownership***

Home ownership is core to the establishment and continuance of a community. It is a commitment to the future and an equity building tool. Low-income residents are usually precluded from home ownership. There have been affordable ownership options developed to address this barrier to economic growth.

#### *Building Trusts*

Habitat for Humanity is a well known building trust. The building costs are covered by donations and labour is done by volunteers. The completed house is deeded to the recipient who is expected to volunteer on other Habitat projects.

#### *Revolving Trusts*

Revolving trusts purchase homes and offer affordable mortgage terms to low-income citizens. As the mortgages are paid into the trust fund, the interest generates further income to be loaned out to other individuals. Winnipeg's Home Ownership Partnership is an example of a revolving trust



## V. HOUSING PROJECT RECOMMENDATIONS

Based on prioritizing according to need, impact, cost and resources, it is recommended *Making Kenora HOME* advocate and assist in planning for the development of a comprehensive continuum of community housing stock in Kenora.

Note: These recommendations are not intended to represent the total solution to housing needs in Kenora and are presented as a starting point. The order does not reflect a hierarchy of importance.

Some of these recommendations require specific government funding.

### 1. Full Time Operation Emergency Shelter

The designated emergency shelter at the Kenora Fellowship Centre is currently operating during the winter months; e.g., October 24, 2006 to April 6, 2007 with a 2 week extension due to freezing temperatures. Because of Kenora's geographic location, there will always be a transient population year round in the community. Without emergency shelter, issues arise related to health, sanitation, personal hygiene, victimization, and substance and alcohol abuse. All of these have a cost to the community.

#### Rationale for Recommendation:

- The hostel is the first step in transitioning people from the streets into greater stability with decreased community cost. It is a crucial component in constructing any community housing continuum.
- Because the Fellowship Centre's drop-in program does operate year round, the only increased cost for a full time hostel is staffing and food.
- A review of the hostel's occupancy indicates that the average occupancy is 12 individuals nightly.

<b>Timeline</b>	Immediately and ongoing
<b>Tasks</b>	Advocate for expansion into full time operations. Support proposals for expansion.

## 2. Transitional Single Room Occupancy (SRO) [8 Units]

It was the plight of our most marginalized citizens that first captured the attention of our community and statistical analysis confirm that affordable single room occupancy units are the least available. Even when housing is obtained, the high needs of our chronic and episodic homeless challenge their ability to maintain residency. Strong social and rehabilitation program support is required in order for occupants to retain residency. The lack of transitional SRO units is a barrier to increasing the potential of this population in achieving stable housing.

Based on the population size, it is recommended that 8 single room occupancy units (SRO's) be added to the community's housing stock as transitional units. The model chosen is the Sioux Lookout Transitional Support Program.<sup>40</sup> The transition units should be located near the emergency shelter in the downtown core. Because many of the individuals who would benefit from residency are already excluded from social housing units due to past debt, damages or behaviours<sup>41</sup> the project should be privatized. To ensure sustainability, the capital costs would have to be fully funded to allow the operating costs to be met through the limited rent revenues.

The Kenora Fellowship Centre is considering a model whereby an 8 unit structure can be attached to the north side of their current building. The building was designed to expand in this direction when it was constructed. Support services currently provided through the Fellowship Centre could be extended to the residents of the transition units without increased cost to the community. Construction cost of this extension is roughly estimated at \$300,000 (\$150 x 2,000 sq ft addition). There would be no land costs involved with this proposal. Given that the projected cost to the community of each homeless individual is \$35,000 per annum, if 8 individuals are housed, there would be a \$280,000 savings annually to all levels of government.<sup>42</sup>

### Rationale for Recommendation:

- A transitional single room occupancy unit will empower the most marginalized of our citizens to begin stabilizing through supportive housing.
- The current chronic and episodic homeless population is twenty-five individuals. This number has been relatively constant for the several years and is expected to remain constant given the geographic features previously noted in the environmental scan.
- Residency in transitional SRO units is time limited allowing for client turnover which enables more to benefit from the project.

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<sup>40</sup> See Appendix D for further detailing of Sioux Lookout's model

<sup>41</sup> Regulated Statutes of Ontario **Housing Reform Act** 2000 Province of Ontario

<sup>42</sup> Margaret Eberle et.al , **The Cost of Homelessness in British Columbia**, Ministry of Social Development and Economic Security, 2001.

- Allocating eight units would provide a significant opportunity for a third of this population at a time.
- By keeping the project small, the building avoids becoming a tenement and allows for targeted support by local agencies.
- A downtown location will avoid transportation issues and facilitate access to support services including harm reduction and substance abuse treatment and prevention programs.
- Most of the potential tenants for the transitional housing project are already connected to services offered by the Fellowship Centre’s drop-in program.
- Social housing providers are constrained to deliver housing within the parameters of their legislation and funding. Since it is impossible to deliver all of the affordable housing in the community, there must be a variety of housing projects with both public and private ownership. Privatizing this project expands the housing stock without draining the public purse.
- Single room units typically have the lowest construction costs.
- By paying all capital costs prior to occupancy, this project will be sustainable.

**Tasks and Timelines**

Year 1	Year 2	Year 3
<ul style="list-style-type: none"> <li>▪ Develop the Proposal</li> <li>▪ Seek Partnerships</li> <li>▪ Confirm Commitment</li> <li>▪ Obtain Funding</li> <li>▪ Develop Social and Rehabilitation Support Services with Existing Agencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Construction</li> <li>▪ Develop Policies and Procedures</li> <li>▪ Train On-site and Agency Staff</li> <li>▪ Orientation of Tenants</li> </ul>	<ul style="list-style-type: none"> <li>▪ Occupancy</li> </ul>

**3. Single Room Occupancy Permanent Housing [ 20 Units ]  
(Rent Geared to Income)**

This expansion to the community’s housing stock would be properly undertaken by the social housing provider. Although bound by funding constraints, we would urge the Kenora District Services Board to fill this gap in affordable housing. The need has been clearly demonstrated and it is time to move proactively to meet this need. We recommend basic cinderblock construction similar to the building located at Summer’s End Road in Red Lake.

Rationale for Recommendation:

- Most of the chronic and episodic homeless are singles/couples.

- The greatest need for housing in Kenora is for single permanent housing units.
- Single room units typically have the lowest construction cost.
- To avoid clogging the housing continuum residents, who have met their tenancy goals through the transitional units, must have access to further affordable housing. This flow through is crucial in moving individuals to secure housing.

<b>Timeline</b>	Immediately and ongoing
<b>Tasks</b>	Present to local social housing provider Lobby for commitment Support proposal development

#### **4. Single Dwelling Aboriginal Family Units [ 10 Units] (Rent Geared to Income)**

We recommend that at least ten more family units be added to the local urban Aboriginal housing provider’s portfolio. We support and encourage delivery of all urban Aboriginal housing funds that were allocated under *Bill C-48*<sup>43</sup> to local Aboriginal housing providers. Aamikkowiish Non-Profit Housing Inc. currently operates sixteen units through their federal and provincial programs. These single family homes have been located in neighbourhoods throughout the Kenora area and we encourage Aamikkowiish to continue with this policy. We recognize that the challenge of expanding their housing stock is in securing operating funding beyond the capital costs.

##### Rationale for Recommendation:

- Kenora has a significant Aboriginal population. Research<sup>44</sup> indicates that 28% of Aboriginals living off First Nations reserves are in need of core housing, compared to 14% of the general population.
- Providing secure and affordable housing stabilizes families and promotes child development through increased educational opportunity, income potential and social relationships<sup>45</sup>.
- Locating homes throughout the community avoids economic and cultural separatism and promotes inclusion.

<b>Timeline</b>	Immediately and ongoing
<b>Tasks</b>	Present to local social housing provider Lobby for commitment Support proposal development

<sup>43</sup> Government of Canada [Statutes of Canada, Act C-48, Chp. 36, 2005](#), Minister of Finance

<sup>44</sup> Government of Canada [Aboriginal Peoples Survey 2001](#) Released Sept.2003 Statistics Canada

<sup>45</sup> Sylvia Novac [Homelessness and Housing Needs Trends, Impacts and Issues](#) Housing and Homelessness Branch, Human Resources and Social Development

## 5. Seniors' Housing

Seniors are part of the special needs population. We have estimated, based on Canada Mortgage and Housing's core housing needs definition, that 383 Kenora senior singles/couples require housing. This number includes seniors living with others, couples who are counted as individuals and those in privately owned buildings that require repair.

There are currently 209 designated rent geared to income units available within the specific seniors' apartments in the Kenora area including Parkview Apartments, Benedickson Court, Park Place, Bay Terrace, Gardner Block, and Amethyst Apartments. The current waiting list is 32 singles/couples.

It is recommended that option(s) of a tax discount, utility discount or a maintenance tax credit for qualifying seniors on low fixed incomes be investigated. In addition, the future needs of the senior population should be closely monitored.

### Rationale for Recommendation

- The number of seniors within the community will increase as the baby boomer generation ages.
- Many seniors live on a low fixed income and find it difficult to remain in their homes as property taxes, utilities and maintenance costs continue to rise.
- Out-migration of the next generation of youth leaves aging parents without the family support which could assist seniors in independent living within their homes.

<b>Timeline</b>	Immediately and ongoing
<b>Tasks</b>	Present to local housing provider Lobby for commitment Support proposal development

## 6. Supportive Housing

Based on the environmental/community scan, two supportive housing projects are recommended for future development as they will enhance the supportive housing continuum. Because these projects will require coordination between government levels and ministries, development will be dependent on collaboration at levels above our community's boundaries.

(a) Transitional Support Housing for Victim's of Violence **[10 units]**.

Rationale for Recommendation:

- Kenora has high rates of domestic violence.
- The cycle of violence can be broken by intervention but affordable housing is key to ensuring that victims do not return to violence because of a lack of housing options.

(b) Senior Support Housing with Health Supports and Assistive Living **[10 units]**.

Rationale for Recommendation:

- Kenora has an aging population and a high rate of health impairments.
- Institutional care is more costly than supportive housing.

## **7. Subsidized Housing**

Note: The following demographic categories have difficulty finding housing and should be prioritized for rent subsidization programs:

a) Family Housing for Single Parents **[15 units]**

Rationale for Recommendation:

- Single parents have lower incomes and are at risk of being under-housed by high rent and utility costs.
- Because secure housing is crucial to nurturing education, social development and relationships, families need affordable housing for the benefit of their children.
- Being under-housed can have an intergenerational effect that will be felt within the community for some time<sup>46</sup>.
- The economic dislocation of many of the former mill workers has resulted in many properties coming on the market. Subsidization to the private landlords will accomplish access to affordable housing without any construction cost.

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<sup>46</sup> Sylvia Novac **Homelessness and Housing Needs Trends, Impacts and Issues 2004** Housing and Homelessness Branch, Human Resources and Social Development

## (b) Housing for Individuals Experiencing Mental Health Dysfunction **[10 Units]**

### Rationale for Recommendation:

- As noted in the community scan, Kenora has a significant population of individuals who have come to Kenora to access regional mental health services.
- These individuals usually have limited resources and low incomes.
- Rent subsidization will allow individuals to afford privately owned units located in neighbourhoods throughout the Kenora area. This would support their housing needs as well as promote community inclusion.

## 8. Revolving Housing Trust

Affordable home ownership is a dream for low-income families yet it is the foundation of community<sup>47</sup>. It is recommended that effort be directed toward the establishment of a revolving housing trust that would enable these citizens to take ownership.

<b>Timeline</b>	6 months
<b>Tasks</b>	Form a Specific Working Group Brainstorm Construct of the Trust Consult with Financial and Legal Representatives Prepare a Proposal for the HUB's Consideration

### Rationale for Recommendation:

- Home ownership brings stability to a neighbourhood through investment.
- Property ownership promotes equity development for the individual.
- For low income families, this is an opportunity to begin generating wealth.
- The municipality benefits from stable neighbourhoods and property taxes.
- The entire community benefits from increasing home ownership.

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<sup>47</sup> Drummond, Burleton, Manning **Affordable Housing in Canada: In Search of a New Paradigm** June 2003 Toronto Dominion Financial Group

## VI. SUMMARY OF RECOMMENDATIONS

- i) Currently, through local affordable housing support initiatives, there are 253 affordable single units and 195 family/multi-units in Kenora. An additional 63 units are available to special needs populations. We recommend an additional 48 single units and 25 family/multi-units.
- ii) There is insufficient information available at this time to project the number of homes that could be developed through a Revolving Housing Trust or the number of units that would be required to meet future needs related to anticipated growth in the general senior population.
- iii) Completion of all recommendations would increase the community's affordable housing stock by 13%. This increase puts the available housing at 48% of the assessed need.

Please refer to the Summary Table on the following page.



HOUSING RECOMMENDATIONS  
**SUMMARY TABLE**  
 ( Calculated on *Core Housing Need\** )

Type Demographic	Private Charity	Social Housing	Subsidized Private	Blended Support	Private Ownership
<b>Singles:</b> <b>Chronic Homeless</b> 25 persons	Part-time Hostel <b>Emerg Shelter,</b> <b>full time - 12 to 24</b> <b>persons</b> and <b>Transitional SRO -</b> <b>8 Units</b>				
<b>Singles:</b> <b>General</b> <b>Under- housed</b> 553 persons	33 Units, Northland	220 Units  <b>SRO</b> <b>20 Units</b>		40 Units	
<b>Singles/Couples:</b> <b>Seniors General</b> 338 persons		<b>(209)</b> Units			
<b>Singles/Couples:</b> <b>Seniors, Health and</b> <b>Assistive Living</b>				<b>10 Units</b>	
<b>Singles:</b> <b>Mental Health</b>			4 Units <b>10 Units</b>	9 Units	
<b>Family:</b> <b>General</b> 632 persons		195 Units			<b>Revolving</b> <b>Trust</b>
<b>Family:</b> <b>Violence</b>				Stage I Crisis, 14 persons <b>Stage II,</b> <b>Transitional</b> <b>10 Units</b>	
<b>Family:</b> <b>Aboriginal</b> 241 persons		<b>(16)</b> Units  <b>10 Units</b>			
<b>Family:</b> <b>Single Parent</b> 360 persons			<b>15 Units</b>		

**Table Key**

- Number of existing affordable housing units or population data
- **Number of recommended affordable housing units**
- **Existing and already counted within general single or general family units**

**Definitions**

\* **Core Housing Need:** According to CMHC, percentage of households within a population who are unable to access housing that is, **Affordable** - Shelter costs that do not exceed 30% of before- tax family income, **Adequate** - Not in need of major repair and **Suitable** - Not crowded, meaning that it has sufficient bedrooms for the size and make-up of the occupying household.

**Special Needs:** Populations that have been historically discriminated against as a group or have individual needs that put them at a disadvantage in the open housing market; e.g., based on *core need* - **single parent families** 57% higher than general population, **Aboriginals** 44% higher, **seniors** 19% higher.

**Private Charity:** Funded solely through private charitable donations

**Social Housing:** Providers funded through government social housing programs

**Subsidized Private:** Payment of rent subsidy by government to private landlord

**Blended Support:** Programs with in-house support funded through partnerships

**Private Ownership:** Programs that promote private ownership of affordable housing

## VII. CONCLUSION

The Federation of Canadian Municipalities rates appropriate and affordable housing as one of the base indicators of quality of life within a community<sup>48</sup>. Kenora has the opportunity to improve its quality of life by investing in these recommendations in addition to working in creative community partnership; e.g., there are vacant buildings within the community that could be renovated and used as housing in-fill.

The citizens of Kenora have demonstrated and voiced a will to work together. We hope this report assists in moving suggested solutions forward to reality in ***Making Kenora HOME.***

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<sup>48</sup> Federation of Canadian Municipalities *Quality of Life in Canadian Communities, Incomes, Shelter and Necessities 2004* Federation of Canadian Municipalities

## BIBLIOGRAPHY / REFERENCES

- Government of Canada **Aboriginal Peoples Survey 2001** Released Sept.  
2003 Statistics Canada
- Drummond, Burleton, Manning **Affordable Housing in Canada: In Search of a New Paradigm**  
June 2003 Toronto Dominion Financial Group
- Chris Southcott, PHD **An Aging Populations in Northern Ontario**  
October 2002 Northern Ontario Local Training and Adjustment Board
- Government of Canada **Canada Census (2001)** Statistics Canada
- Government of Canada **Census Canada Community Profile**  
2001 Census Canada
- Chris Southcott, PHD **Educational Levels in Northern Ontario 2001**  
May 2003 Northern Ontario Local Training and Adjustment Board
- Tom Carter, Mechyslava Polevychok **Enhancing Delivery Models and New Partnerships**  
2003 Housing and Homelessness Branch, Human Resources and Social Development
- Northwestern Health Unit **Health Status of Residents Living in the Region**  
2004 Northwestern Health Unit
- Sylvia Novac **Homelessness and Housing Needs Trends, Impacts and Issues**  
2005 Housing and Homelessness Branch, Human Resources and Social Development
- Regulated Statutes of Ontario **Housing Reform Act**  
2000 Province of Ontario
- Chris Southcott, PHD **Income Levels in Northern Ontario**  
May 2003 Northern Ontario Local Training and Adjustment Board
- Government of Canada **Insurance Claim Levels by Community-2005**  
2005 Human Resources Development Canada
- Chris Southcott, PHD **Labour Force Participation in Northern Ontario**  
March 2003 Northern Ontario Local Training and Adjustment Board
- Northwestern Health Unit Cost Comparison of the **Nutritious Food Basket 2006**  
2006 NWHU

- Chris Southcott, PHD **Population Change in Northern Ontario 2002**  
 April 2002 Northern Ontario Local Training and Adjustment Board
- Frojomivic, Michael **Preventing Homelessness Through Joined-Up Thinking: Options and Challenges**  
 August 2006 Acacia Consulting Services
- CMHC Annual Report 2005 **Proud Past, Bright Future**  
 2005 Canada Mortgage and Housing Corporation
- Federation of Canadian Municipalities **Quality of Life in Canadian Communities, Incomes, Shelter and Necessities**  
 2006 Federation of Canadian Municipalities
- Podymow, Turnbull, Tadic and Muckle **Shelter-based Convalescence for Homeless Adults**  
 October 2006 Canadian Journal of Public Health(CJPH)
- Deb Sider, M.A. **A Sociological Analysis of the Root Causes of Aboriginal Homelessness in Sioux Lookout, Ontario**  
 May 2005 Sioux Lookout Anti-Racism Committee and the Sioux Lookout Homelessness Committee
- Government of Canada **Statutes of Canada, Act C-48, Chp. 36, 2005**, Minister of Finance
- Hwang, Dr. Stephen **Street Health Research Bulletin**  
 Autumn 2005
- Focus Consulting Inc **The Cost of Homelessness: Analysis of Alternative Responses in Four Canadian Cities**  
 March 2005 National Housing Initiative
- Margaret Eberle et al **The Cost of Homelessness in British Columbia**  
 2001 Ministry of Social Development and Economic Security
- City of Toronto **Toronto Report Card on Homelessness**  
 2001 City of Toronto
- Danielle Laberge et al **Urban Wanderings** Research Collective Report  
 2000 Quebec
- Chris Southcott, PHD **Youth Out-migration in Northern Ontario**  
 October 2002 Northern Ontario Local Training and Adjustment Board

## APPENDIX A

### **The Cost of Homelessness: Analysis of Alternative Responses in Four Canadian Cities Focus Consulting Inc. as part of the National Housing Initiative March 2005**

#### **Types of Homelessness**

1. **Chronic Homeless** are a relatively small group of individuals who typically struggle with mental health and substance abuse issues. This group uses the largest percentage of community emergency and institutional supports as an indirect result of their homelessness.
2. **Underhoused** are a larger more transient population for whom homelessness is experienced as a result of a mismatch between earning capacity, income and cost of housing. Although individuals will be underhoused for shorter periods of time, they will also consume resources at higher levels than the general population.

#### **Research indicates that:**

- a) homelessness impacts negatively on health, welfare and education
- b) supportive housing generates more positive outcomes at less cost than emergency and institutional services
- c) stable housing generates cost savings in a range of support services
  - 2004 study sets cost of emergency shelters at twice the cost of affordable housing with limited support services and institutional care (ie mental health facilities) cost 10 times as much as support housing
  - 2001 study shows that when individuals are housed there is a 30% reduction overall to social services and criminal justice systems
- d) housing increases likelihood of employment and reduces government costs for income support
- e) for those with similar needs, those who are homeless will use support services at a higher rate
  - 2002 study shows that those with severe mental illnesses who are in supportive housing will use 40% less services than the homeless with the same conditions
- f) with support, even the chronically homeless can retain housing

## The Cost of Homelessness: Analysis of Alternative Responses in Four Canadian Cities (cont'd)

### Considerations:

- many costs are fixed regardless of occupancy
- supportive housing investment is more cost effective than enlarging emergency spaces
- increased cross-sectoral collaboration and capital planning required to have an effective continuum

**A systemic approach is always the most effective service model**

**PREVENTION→EMERGENCY→TRANSITIONAL & SUPPORTIVE→INDEPENDENT**

### Annual Average Costs / Person (Current Facilities)

Institutional (prison/detention, psych hospitals)	\$66,000-\$120,000
Emergency Shelters	\$13,000-\$42,000
Supportive & Transitional Housing	\$13,000-\$18,000
Affordable Housing Without Supports	\$5,000-\$8,000

### Costing for New Construction

Single Room Occupancy (SRO) per unit

Capital Cost ( no land)	\$48,000
Operating & Debt Cost	\$ 7,253
<b>Total ≈</b>	<b>\$55,253</b>

Relative costs of new construction still half of alternative facilities costs

## APPENDIX B

### CANADA MORTGAGE AND HOUSING CORPORATION AWARDS

The following projects have all been past recipients of Canada Mortgage and Housing Corporation's (CMHC),

#### ***Housing Awards — Best Practices in Affordable Housing***

##### Single Family Dwellings

i) Municipal Non-Profit Ownership

**Hydro House** Kitchener, ON

Buys surplus housing, renovates and re-rents as single family dwellings

ii) Revolving Housing Trusts

**The Housing Opportunity Partnership**, Winnipeg, MB

Buys housing in inner city areas, renovates and resells to low income families

##### Rooming Houses - Single Bedrooms with full room and board

**Chambreclerc II**, Montreal, PQ

- Conversion of rooming house into affordable housing for hard-to-house individuals
- 24 furnished units with common areas (lounges, kitchens and bathrooms)
- Visiting support workers from various agencies.

**Main Street Project, Mainstay Residence**, Winnipeg, MB

- 34 person transitional housing
- Fully supervised room and board with support staff
- Selection process for suitability.

##### Bachelor Apartments

**Medewiwin Apartments**, Vancouver, BC

- 26 studio apartments, each with full kitchen and separate, four-piece bathroom.
- Common areas.
- Uses peer-support model to encourage tenants to take responsibility for maintenance, participation in communal activities, decision making.
- Rent is geared to shelter allowance and subsidization.
- Two full-time support employees, 1. housing coordinator to oversee residence and 2. community support worker to provide crisis management and assisting tenants in moving.

**Carew Lodge and Resource Centre**, St. John's, NL

- Rooming house renovated to provide 14 units with fridge, microwave and bathroom. In addition each floor has a shared kitchen and phone.
- Staffing includes community development worker and a superintendent.
- Operational funding from combination of rental revenue and program revenues from program partners.
- Have partnered with HRDC to develop pre-employment program.
- Provide practical programs to increase independence and stability rather than trying to do in-house counselling. Keep strong links to counsellors and their programs for tenant's use as they choose.

**Portland Hotel Society**, Vancouver, BC

- Provides 86 single-occupancy units, each with its own toilet and shower.
- 17 units have full kitchens.
- Each floor has common kitchen, laundry and lounge. At ground floor a café is run as a soup kitchen
- Staffing includes 8 health workers providing 24 hour coverage.
- Variety of other services provided in-house.

Supported Family Units

**Déné Empowerment Centre**, La Loche, SASK

- Transitional housing for high risk single parent households
- Supportive services in the adjoining facilities
- Consists of seven (7) apartments, a classroom, a meeting room, two offices and a daycare centre/multi-purpose area for use by the tenants and the community.

Mixed Shelter and Transitional Residence

**Westman Region Supportive Housing Complex**,

*Canadian Mental Health Association*, Brandon, MB

- 1.4 million given by CMHA in 2003 to renovate an abandoned apartment building
- 13 transitional and 13 affordable units, as well as 2 emergency shelter units
- *Samaritan House Ministries* joined in renovating an existing facility - food bank, soup kitchen, clothing centre and drop in
- *Helping Hands Centre* also joined in offering new education programs, 3 more emergency shelter units, 1 family unit as well as 6 transitional detox units.

**Fort York Residence**, Toronto, ON

Provides 74 dormitory-style “shelter” beds and 24 transitional housing units for homeless men. Staff provide support services.



***Nehemiah Housing, New Life Ministries, Winnipeg, MB***

- Goal, provide clean, safe, "dry" housing
- Started with renovating a donated apartment block
- Maintain several apartments for emergency and transitional use
- Over 100 units now completed, one with a low cost food service which when fine-tuned will be available to more units
- Ultimate goal is to renovate and manage enough units to sustain the cost of the emergency and transition units and supply support services.

***Wii-Chii-Way Gamik, Sioux Lookout, ON***

5 transitional housing units.

[ See Summary B. ]

Revolving Trust

***Lazarus Housing, New Life Ministries, Winnipeg, MB***

- Began with church members renovating one home and selling it
- Continue to purchase derelict homes, renovate and sell
- 20 homes renovated and are working on 7 at present, including a brand new one
- Church initiative now employs local people, as well as using volunteer to renovate.

## APPENDIX C

**Summary of “*Shelter-based Convalescence for Homeless Adults* “**, October 2006  
Podymow, Turnbull, Tadic and Muckle, Canadian Journal of Public Health (CJPH),  
September – October Volume, page 379

Summary prepared by: Karen Essery, Making Kenora HOME

Homelessness is associated with medical and surgical conditions being typically complicated by secondary diagnoses of addictions, substance abuse or mental illness. Common medical problems are often under-treated and those who do not receive timely health care often go on to require emergency care for medical and surgical problems. Many of the problems are related to respiratory, skin and infectious diseases.

Convalescence, healing through rest after sickness or injury, is difficult if not impossible for those living under shelter rules. Wound care, hospital follow-up appointments, diet restrictions, wheelchair accessibility and rest are challenging or not feasible. Difficulty with adherence to therapy among the sheltered homeless has been documented in the treatment of tuberculosis, diabetes, HIV and hypertension. Relapse to care is associated with those suffering from psychiatric illness, addiction to alcohol and substance abuse.

The ***Ottawa Inner City Health Project*** was a partnership formed between health and social agencies and the University of Ottawa within a harm reduction paradigm, to deliver health services to homeless adults within the existing shelter system. The Special Care Unit (SCU) was a 20 bed shelter -based unit started in July 2001 providing up to 90 day or more stays [ mean stay 40-42 ] for homeless or unstably housed individuals with complicated health needs. The SCU was based at a men’s shelter in a designated area. Clients were admitted post-hospital discharge for convalescence. All referrals were screened by a registered nurse. Admission criteria were broad. Care was provided 24 hours on-call by 3 nurses and 2 physicians associated with the Project, with daily nurse and weekly physician visits. The Project employed a client care worker 16 hours per day, 7 days per week to supervise the patients, help with activities of daily living, aid in applying for social benefits and drug cards, attend medical appointments with the patients, and dispense regular medication. Assistance by shelter staff was also provided for transportation to appointments and to complete housing applications.

Results of the Study/Project which lasted over a 22 month period with 140 male clients with a total of 181 admissions are well defined on page 381 of the CJPH.

Most of the patients had alcohol and drug addictions and had a diagnosable mental illness in addition to the medical or surgical condition for which they were admitted to the SCU.

For the patients, a lack of alternate care environments or housing results in longer stays.

This model provided timely management of alcohol and drug addictions as opposed to wait listing for treatment programs and potentially missing an opportunity for detoxification.

Regular attendance by a psychiatric nurse practitioner at the shelter allowed for continuity of care.

*Once health needs are met, higher levels of need can be met, and basic entitlements such as health cards and drug cards, which are difficult for the homeless to obtain if challenged by illiteracy or medical and psychiatric illness, were obtained for many.*

*Those responsible for the homeless should consider the implementation and prospective evaluation of such programs, by integrating health services with homeless shelters.*

## APPENDIX D

### **Summary of “A Sociological Analysis of Root Causes of Aboriginal Homelessness in Sioux Lookout, Ontario “, May 2005 Deb Sider, M.A.,**

Summary Prepared by: Jane Belair, Karen Essery, Making Kenora HOME

Sioux Lookout Anti-Racism Committee and the Sioux Lookout Homelessness Committee provided a partnership with the researcher.

This paper was written in an attempt to generate knowledge and understanding of root causes of Aboriginal homelessness in order to develop effective relevant policies and programs and to move discourse from racism and prejudice to action to address the issues. This project was also done to understand why over 99% of the homeless in Sioux Lookout were Aboriginal. The people on the street are described as “lost souls” who experience a sense of hopelessness and despair because of past abuses and injustices. This is believed to be a result of residential schools and displacement from the land.

The report begins with a background and history of Sioux Lookout (SLKT) and district. Risk factors that place the mainstream population at high risk include lack of affordable housing, poverty and low income, mental health issues, addictions and substance abuse and domestic violence. Aboriginal people experience each of these risk factors at higher rates than the rest of the population which places them at a higher risk of homelessness.

This project relied on field research based on participant observation. The researcher spent several months with participants and informants in order to learn personal stories and factors contributing to homelessness in Sioux Lookout. Informants disclosed backgrounds of violence and abuse, childhood sexual abuse, mental health issues, addictions, housing shortages and releases from jail as factors contributing to homelessness. Some people have been ordered to leave their home by way of Band Council Resolution (BCR) because of violence or violations of the social norms. Some people travel to Sioux Lookout, Thunder Bay, Kenora and Red Lake to drink as a way to escape pains of past abuses. Some are escorts or patients who fail to make their medical appointment because they end up on the street drinking and therefore have no return trip home. The return trip is not paid for if the appointment is missed. Some people leave home because of family violence and other abuses.

The researcher feels that the voices of the people most directly affected must be heard as it is their knowledge that will show the way forward. The researcher felt that it was clear that she needed to hear from the people on the streets, their experiences, their histories and their own recommendations. She had unstructured conversation with approximately 300 people on the streets and in depth and structured interviews with 19. Interviewing and participant observation was an opportunity to learn some of life experiences of participants and informants and how those experiences contribute to where they are now.

Participant observation was conducted over a 1 year period. It permitted time to build trust and rapport as well as incorporate both unstructured conversation and structured interviews in the participant's own environment. The researcher established a many-sided and relatively long term relationship with the participants. Small gifts such as coffee, cigarettes, hot soup, referral to a doctor where offered to build rapport. Research intentions were always made known and

confidentiality maintained. Stories are disclosed and repeated only with the individual's consent. Every person who was approached for an interview consented. There was strong support for this project. The researcher was a Metis woman and a town resident, who believed the key to learning is listening. Aboriginals and ethnic minorities resist White researchers studying their people as we all are a product of our environment. Our ideas, beliefs and norms reflect the culture into which we are born. The researcher simply asked the question ...help me to understand why it is that you end up on the street?

Field work for this project involved participant observation, unstructured conversations, structured interviews and oral histories. Aboriginals feel betrayed when they take whites into their communities, offer hospitality and first hand knowledge of social issues but benefit little from the experience. From the writer's perspective, listening was key to not only build trust but to learn. She spent a lot of time getting acquainted with shelter users and building relationships during the first winter (Oct 02-April 03).

She sat and had coffee and informed people that in Oct 2003 a Transition program would open, and that a drop in facility would be open 24 hr/day. She shared respectfully in the activities and conversations of the participants but asked no questions.

In May 2003 she started her basic information sheet to initiate discussion about homelessness. She always explained that her role was to gather real life experiences of the people who either live on or frequent the streets of Sioux Lookout. She explained that real stories are needed to inform public opinion and develop and implant effective culturally appropriate policies and programs. 300 people took place in this part of the study. 43 people were asked to complete the basic information sheet, providing their name, home community, how long they had been in town, why they were on the streets and request consent to a later interview. Every person who completed the form consented to a later interview. This was level one. The Sioux Lookout Homelessness Committee 2003 Project Coordinator was present at this stage of the research.

Sider became known for helping those in need with dry clothes, hygiene products or a phone call. Either one would assist in completing a housing application or Ontario Works Application or to simply talk. Special effort was made for confidentiality as most conversations took place in the public park. They would meet in the most secluded area or at the quiet time at the park. No interviews were done at the park – they were done in a coffee shop, at the beach or in the Friendship Centre.

The level 2 interviews were completed with 19 people who were chosen based on their comfort level with the researcher. Some were chosen because of the reason they were on the street. Six were chronic, 3 situational and 10 episodic. Each of the nineteen were paid in some way for their time in doing the second interview – exchanging goods for services or vice versa is a practice traditional to Anishinaabe people. Level 2 started out much the same as level one but as the participant became comfortable the questions became more detailed. If the participant seemed uneasy about a question that question would be withdrawn. It took longer with some of the interviews to build the rapport needed but all interviews were done by Oct 2003.

The following 5 risk factors contribute to the higher rates of Aboriginal homelessness.

1. **Migration.** People who chose to leave the reserve to move to urban centers face several barriers. There is a decreased need for unskilled workers, and as many have little education they have great difficulty finding jobs. Racial discrimination is also a barrier to employment and housing. Both on and off reserve there is a shortage of affordable housing and with the province and federal government off loading social housing, affordable housing is unable to keep up with demand.
2. **Asset Impoverishment and Welfare Dependency.** There is a limited potential for home ownership and wide spread welfare dependency. For most of us our house is the largest and most important asset. You can use it for security for a loan and ensure financial security with it but an Aboriginal person may finance his own home on a First Nation reserve but he will never own the land. This is dictated by the Indian Act. A declining demand for unskilled workers and semi skilled workers limits potential for employment which increases EI and welfare dependency. Many Elders feel that welfare has sustained the weak and done little to make them strong. It has sustained Aboriginals in poverty and weakened their spirit by encouraging dependence rather than self reliance.
3. **Prejudice and Discrimination.** These are certainly barriers to housing- in one study both Aboriginal and non Aboriginal university students were asked to seek accommodations and almost invariably the non Aboriginal was the successful tenant. Aboriginals also risk eviction because their landlord doesn't understand their concept of sharing. Native culture requires that one share with one's brothers and sisters. This is not negotiable. The landlord does not understand that when he rented to two people, it's possible that 10 could try to stay there.
4. **Residential School Experience.** The following is what was heard from the Elders, Chiefs and Councilors at a residential healing gathering in Sioux Lookout.

*“a system that rejected the identity of Canada’s first peoples left in its legacy a culture of people plagued with addictions and abuse issues. Many Aboriginal people learned to shut down emotions in order to survive in an alien world, void of parental and community support. This practice has left many Aboriginal people numb to emotion and still struggling to understand their own sense of identity and belonging in a foreign land”.*

Any parent who refused to send their child to school was subject to imprisonment. Poor health and inadequate sanitation, TB and other infectious diseases spread through the schools which resulted in the death of thousands of children. Witnessing the death of their friends and the abuses had to have a grave impact on the other students. Native language was forbidden. The children were hit and beaten for speaking anything but English. Children returned home unable to communicate with parents and grandparents, and because of this they were unable to pass on oral traditions and teachings about Aboriginal history, values and beliefs. When children were taken from their homes for a decade or so they were robbed of the opportunity to grow in a loving and nurturing environment. Methods of corporal punishment replaced traditional child rearing practices and lead to cycles of abuse. The long term impacts of childhood sexual abuse are a prolonged sense of mistrust, anger, grief, depression, sexual confusion, stigmatization, low sense of self esteem and powerlessness. The children learned to dissociate feelings, thought and memories—this gave them the potential for unhealthy and imbalanced relationships later in life. There are also many cases of self mutilation and suicide. The children were taught to believe that the traditional teachings

and practices of their parents and Elders were sinful and evil. Cultural and spiritual ties were severed and the children lost their sense of identity and self worth so many turned to self destructive behavior and alcohol and substance abuse to numb their feelings of shame.

One study concluded that Aboriginal people put little value on education because of the unpleasant memories associated with the residential school system. The residential school system failed in its objective but its impact is enormous. Suppressed anger, lack of identity, creation of dependent thinking, alienation from formal education, lack of bi-cultural adaptation, prolonged and intense pain is the legacy of the residential system.

5. **Land Displacement.** History shows that indigenous peoples occupied the SLKT district as hunters and gathers as far back as seven thousand years. These people were quite mobile moving frequently to hunt and collect plants and animals as the seasons changed. As time went on the English River and Lac Seul waterways were busy from 1680 until 1880 because it linked in all four directions. Elders tell us that displacement from traditional land was among the first of government policies aimed to take control of lands and resources – land Treaties were just one means to this end. The signing of land treaties came with the building of the railroad. Treaty 3 was presented to Aboriginals of the area on behalf of the Queen to open up the land for settlement, immigration and other such purposes. By signing the treaty, Aboriginals were to cede, release, surrender and yield up to the government of the Dominion of Canada all their rights, titles and privileges. Treaty 9 and an amendment to Treaty 5 expanded mineral explorations and mining, the growth of the pulp and paper industry, the development of hydro-electric power generating systems and the building of the second transcontinental railway.

The people were not only displaced from traditional lands but they also lost any natural resource that could sustain a community. The *Indian Act* giving the Minister the power to grant licenses to dispose of timber, sand, gravel, clay or other non-metallic substances, controlling natural resources on reserve land. Anyone removing natural resources from reserve land may be charged with a criminal offence. The *Indian Act* does provide that the band has to approve the removal of resources from the land but the Minister may grant a permit without consent. The *Indian Act* declares that reserve land may not be sold or leased unless first surrendered to the Queen, at which time it becomes the Minister's responsibility to manage or sell the land. The *Indian Act* makes it clear that Aboriginals will not benefit from the sale or lease of reserve land.

The next section is about the stories that were gathered from the people who were interviewed 9 of 19 disclose backgrounds of violence and abuse—three say that is why they are on the streets at present. Each gives very specific reasons why they are on the street and though this is repetitive they are all the same – domestic violence, mental health issues, backgrounds of violence and abuse, childhood sexual abuse, loss of children to Child and Family Services, housing shortages, release from jail, addictions. Each and everyone has lived through at least one traumatic life experience, contributing to the hopelessness and despair that they feel. 11 of the 16 who use alcohol to numb the pain had residential school abuses, family violence and childhood sexual abuses. 1 of 19 attended residential school, 7 had parents who went to residential school, two had siblings that attended, one did not ever attend school and neither did his parents. The researcher wondered why some could cope with their deep pain and others could not. She feels it is to do with residential schools – the absence of good positive role models, plus the fact that the trauma that was added to their lives due to the emotional,

physical, spiritual and sexual abuse. The result of this is the sense of powerlessness, loss of control over their lives leads to alcohol abuse, substance abuse, self mutilation and suicide. These cycles of the above are repeated generation after generation as a way to bury pain.

The next section is Factors Contributing to Homelessness in Sioux Lookout (according to interviews). All nineteen used alcohol or /and solvents. Nine of the 19 had no place to call home, although not all nine are among the chronic homeless. Three individuals had no income and hadn't looked for rental housing; even if they were to apply there would be a 2 year wait. One participant worked odd jobs and seasonal employment, lived in a tent in the bush and was comfortable with that. One was on the streets after being released from jail. Common to all was a sense of hopelessness and despair, deep heartache that they felt could only be lessened with alcohol or substance consumption. As already stated, there are many reasons for turning to alcohol. For 5 men it was the loss of their significant other. That was the last straw, their reason to give up. They had no will to live, to continue in a world of despair and heartache, their spirit broken.

The next section is about interviews with the elders. Just two generations ago things were much different in the Aboriginal way of life. They fished, hunted, trapped and lived off the land. It is this disruption to traditional life – the decline of traditional skill- and the absence of any real means to adapt to mainstream society that has resulted in the sense of hopelessness and despair and the scenes of addictions and binge drinking. The people on the streets are lost between two worlds. They of course resent the *Indian Act* for prohibiting them to own, buy or sell resources. State impoverished conditions are a direct result of the Act.

Two generations ago nobody was hungry and every person had a job to do. They lived off the land, moving as was needed. Today the young people do not have these skills. Unskilled wage labour introduced a new way of life which has now also become a thing of the past. The jobs that are there; e.g., commercial fishing, mining, road development, need at least grade 12. Wage labour created a generation not knowing the skills needed to live off the land. The young do not have the skills to live in the “western world” nor do they have the skills to survive off the land. Each Elder interviewed was disappointed in the dependency thinking in the young generation. They are concerned that the young are waiting for someone to take care of them and that way of life is foreign to them. The traditional way was to work hard trapping, fishing, chopping wood – the old way was to do what you had to in order to make ends meet.

Elders also say the government cutbacks have added to the poverty especially on northern First Nation reserves where a family pays \$10.00 for a four litre bag of milk, \$3.05 for a can of corn or \$3.79 for a box of Kraft Dinner. [ *Jane Belair “My son worked as a pilot at a First Nation near Island Lake this summer and he paid \$20.00 for a 2 litre pop, bag of chips and a small chocolate milk.”* ]

Ontario Works (OW) also allows only one person in a household to collect assistance. In a lot of communities there are multiple families in one house. It is not possible to feed everyone on a social assistance cheque and where the traditional skills have been lost it is even more devastating. The new Employment Insurance (EI ) also contributes to poverty. Where there is work it is seasonal or contract and most often does not meet the number of hours required for EI. Elders say that provincial quotas for furs, trapline registrations and fees for land use also negatively impact their lives.

In the report there is a connection between reserve systems and homelessness. When the reserves were first set up they promised to draw the reserve around the area the Aboriginals



were known to occupy. Four families lived and still live in what is now known as Sioux Lookout (SLKT). This is important because one of the descendants of one of the original families live on the streets of SLKT today – on the very land their ancestors fished, hunted, trapped and set up camp. Today they are referred to as homeless when two generations ago the land was their home and nobody was homeless.

Conclusion – the report findings indicate that the large number of homeless people on the street in SLKT is a result of social inequities rooted in historical and structural injustices – displacement from the land, assimilationist policies, erosion of traditional economies, lack of opportunity to own resources, poverty and asset impoverishment, a created dependency and correlating factors of violence, abuse, childhood maltreatment, addictions, housing shortages, depression and mental health issues. Sider cautions against entirely blaming the residential school system - there are many other historical, political and structural factors that contribute to Aboriginal homelessness. She says that the above factors can no longer be ignored if policy makers are serious about social change.

Advocates of the homeless are encouraged to examine the model presented and used in SLKT to address immediate needs and social issues underlying homelessness. The model was developed based on the experience of people on the streets and recommendations of Elders, Chiefs, Councillors and service providers. At all stages of program development people on the streets must be included. Their voices must be heard and understood. It is their recommendations, based on personal knowledge and experience of the issues, which will make a difference

#### ***Transition Support Program (TSP).***

It opened November 30<sup>th</sup> 2003 and was based on Elders' suggestions and the belief that empowerment, personal responsibility and cultural relevance are key to the program's effectiveness. Support networks are vital to an individual's self-efficacy.

The program proves to be highly effective and is recommended as a model for other communities. Clients assist with general housekeeping, soup kitchen operations, general maintenance, cutting the lawns, shoveling the driveway, weeding the garden, volunteering to do shifts at the drop-in centre and emergency shelter – accepting responsibility for overall supervision. Client activities have proven to be an effective way to enhance self-esteem and self-efficacy. In a time of minimal government spending on social programming client activities are vital to program sustainability. Clients helping out in the community not only enhance self-esteem, but promote a sense of community, and a willingness to work together. Community projects generate empathy, trust, understanding, and help to eliminate prejudices and stereotypes.

Another component of the T.S.P. is the availability of transition rooms within the same building. Five rooms are available on the upper level. Rental serves to generate revenue for the program and availability serves to support those who chose to make a transition toward independence. The move from emergency shelter to a transition room is in itself a success. Persons using these rooms must be in a position to pay rent. Those in transition assist with office duties, volunteer for shifts at the emergency shelter and drop in centre and also organize fundraising events. Clients gain good work experience and a good work reference to help with their job search. Transition room tenants actively seek employment, housing and other support services relevant to personal growth. In a period of 6 months ten individuals / families moved from emergency shelter to the transition room program to independence. The TSC reports that

individuals who have been on the streets for several years are making significant changes in their lives.

Advocates of the homeless are encouraged to examine the model presented and used in SLKT to address immediate needs and social issues underlying homelessness. The model was developed based on the experience of people on the streets and recommendations of Elders, Chiefs, Councillors and service providers. At all stages of program development people on the streets must be included. Their voices must be heard and understood. It is their recommendations, based on personal knowledge and experience of the issues, which will make a difference

### **Suggested Solutions** from the Sioux Lookout Homeless Committee Experience

There are three (3) strategy or solution levels.

1. **Micro** : focused on the individual
2. **Mezzo**: community based
3. **Macro**: based on governmental policy or structural change

These recommendations are:

- accepting of culture as susceptible to change and recognizing the importance of skills development to keep pace with technology
- to recognize all levels of structural forces contributing to homelessness and therefore address root causes
- to be innovative with emphasis on sustainability considering how government grants and programs change

**It is important that program development ideas must come from those affected – the people on the streets must continue to be involved at all levels of discussion**

#### Mezzo Level - Suggested Solutions

1. **Emergency services.** Purchase a building that houses an emergency shelter, drop-in center with showers, phones, a warm place and support, food bank, soup kitchen, clothing and transitional support program. Drop-in is open to all in need.
2. **Strict and structured intake.** Curfews and responsibilities such as workshops, soup kitchen help, cleaning of building, grass cutting or snow removal, assist with outreach, interpretation if needed, working shifts at the drop- in and emergency shelter, assisting elders. This creates a sense of community and builds self-esteem. Expectations are based on varying needs as chronic, situational and episodic homeless all have different needs.
3. **Clients to help establish project.** Asking clients to help out is key to sustainability and development of self esteem

4. **Accurate data base.** Individuals using the service are expected to provide “data”. This is not an invasion of privacy but helps identify needs and gaps in services. An accurate data base helps identify needs and develops appropriate services and programs.
5. **Safety measures.** Protocols for relevant agencies so that clients ineligible for services; e.g., violence or not making curfew, have a safe and warm place to sleep.
6. **Transitional Support Worker (TSW).** Link persons to services and programs available in the community. Links to support will depend on individual needs and preference for mainstream or traditional services; i.e., in-house healing, sharing circles, smudges and sweat lodges. The TSW also assists with any forms such as housing, income assistance, status cards or birth certificates.
7. **In- House Workshops.** Skills needed to help bring independence; e.g., life skill, employment training, addictions, money management and healing and sharing circles
8. **Work With First Nation Communities.** Be aware of services offered in each First Nation community in order to link clients with services available in their own community.
9. **Tracking System.** Identify those on the streets. Work with all relevant parties such as Chiefs and Councils, Elders, community members and people on the streets.
10. **Land-Based Healing Program.** Located in a remote area, includes counselling and healing supports, sharing circles, Elder teachings, learning hunting and trapping skills, sweat lodges, literacy training, life skills , self awareness, anger management, problem solving, conflict resolution and money management. Residential school, addiction, identity and issues of childhood maltreatment will be addressed. Objectives include building sense of identity, self worth, self respect and the skill to adapt to a bi-cultural way of life. From the start, clients to assist with cooking, drying and smoking meat, cleaning, maintenance, construction of cabins, main hall and healing lodge.
11. **Detox and Treatment Services.** Individuals that have been through treatment say they need a half way program to adjust to life without drugs or alcohol. They need a safe place to make the transition to independence. Provincial health dollars should be available to meet this need and the provincial and federal governments should partner with local medical, mental health and other community programs to assist with developing detox, treatment and transition programs.
12. **Community and District to Work Together to Address Issues.** Individuals and community groups to obtain an understanding and awareness of underlying issues. They must develop effective and culturally appropriate strategies to address root causes. Discussions must include all relevant parties...people on the streets, Chiefs and Councils, Elders, municipal Councils, service providers and not for profit organizations. The municipality’s contribution could at the very least take the form of land transfers.
13. **Correcting Distortions of History.** More opportunities for the City and First Nations to work together and jointly acknowledge the past so both sides are free to embrace a shared future. Requires a measure of trust and correcting our understanding of our shared past within an honest relationship accepting of both Aboriginal and non-Aboriginal cultures; e.g., supporting National Aboriginal Day, displays regarding fur trade and residential schools, a proposed cultural center, Common Ground project

14. **Affordable and Transitional Housing.** Seems that no matter how many are to be built many will be taken by people wanting to migrate to a municipality for medical and support services, training and employment opportunities. Supportive housing is for those who need assistance in making the move from addiction/family violence/life skills and employment training toward independence.
15. **Discharge Planning at Correctional Services.** People end up on the streets after they are released from Kenora jail. If they are sentenced in their home communities and serve time in Kenora they are given a bus ticket/taxi/air ticket home. Not everyone wants to go home and therefore may remain in the municipality. Others who were not sentenced in their home community do not receive any transportation. They may end up on the streets if they have no family and friends. People who are released on bail in Kenora are given no transportation home. There is a possibility of offering employment and life skills programs, anger management, domestic violence programs and housing search supports for those released from jail.
16. **Further Research.** A grass roots- participatory action project to address the needs of the youth. A research project must be done to address their needs, involving the youth on the street and working with them to address underlying issues for the purpose of implementing effective projects and programs.
17. **Need for Education.** Support and expansion of alternative education and school programs.
18. **Need for Skills Development and Training.** Relevant training and skills experience.