



Report and recommendations on homelessness in Kenora

Ontario Human Rights Commission

September 17, 2019

This report summarizes the Ontario Human Rights Commission's (OHRC) observations and recommendations on the issues of homelessness and drug addiction in Kenora, Ontario. Under section 29 of the Ontario *Human Rights Code*, the OHRC can initiate reviews and inquiries and make recommendations related to incidents of tension or conflict in a community.

The OHRC is releasing this report in advance of the re-opening of the Kenora emergency shelter in the Knox Church at 116 5th Ave South (Shelter) on September 26. The goal of this report is to assist the community as it moves forward to tackle serious social issues that are causing tension and conflict in the community and broader region.

At the outset, the OHRC would like to acknowledge that Kenora is in Treaty 3 territory and is the traditional territory of the Ojibway and Chippewa peoples. It is also the home of the historic Rainy Lake/Lake of the Woods Métis community.

The OHRC thanks all the individuals and organizations that spoke to us and shared their perspectives on the urgent issues facing the community. Everyone we spoke to was candid and open about the challenges they are facing, and eager to hear our ideas about solutions. Many people noted that it was meaningful and important for community members to feel seen and heard by the OHRC.

The OHRC recognizes that many positive steps are being taken to address acute homelessness and drug addiction, which disproportionately affect First Nations people living in the community. However, in our view, the success of those initiatives is hindered by a lack of effective communication between government agencies and the Indigenous-led organizations that provide services on the ground, as well as systemic issues related to housing and social services.

As set out in more detail below, the OHRC urges the Kenora District Services Board (KDSB) and the City of Kenora (City) to develop more robust communications with the Ne-Chee Friendship Centre, First Nations leaders and community members, and other Indigenous-led service providers. This will ensure that the needs of service users are accurately identified and appropriately met. Higher levels of government must also take steps to provide immediate financial and technical support to address the homelessness emergency, and to address the systemic barriers that exist that are preventing the needs of vulnerable and marginalized people in Kenora from being met.

Perhaps most importantly, there needs to be a culture shift in terms of how leaders and service providers understand and meet the needs of marginalized and vulnerable people who call Kenora home. It must start with accepting that all people are welcome in Kenora, and that all people are entitled to basic dignity and respect. At minimum, it requires understanding and accepting their lived experiences and developing solutions that put their needs at the centre of decision-making. Homelessness and addiction are difficult social problems, but they must be addressed directly and honestly. They cannot and will not be solved by pushing vulnerable people out of sight.

OHRC engagements in Kenora

These observations and recommendations are based on two visits to Kenora by OHRC Chief Commissioner Renu Mandhane and OHRC staff. In February 2017, the Chief Commissioner met Ogichidaa Grand Chief Francis Kavanaugh of Treaty 3 territory, Ne-Chee Friendship Centre leadership and First Nations community members who attended a traditional sharing circle. The Chief Commissioner also toured and met with management, staff and prisoners at the [Kenora Jail](#). She heard first-hand about challenges faced by First Nations people related to education, child welfare, policing, corrections and housing. A common theme was the need for stronger cooperation between government institutions, including the City, and Indigenous communities.

During the 2017 visit, the Chief Commissioner also met with then-Mayor David Canfield and later [wrote](#) him to encourage the City to approve changes to its Zoning Bylaw to allow the Shelter to operate in the downtown area. The OHRC referred to [In the Zone](#), its guide on human rights in municipal planning, and offered to provide related training.

In July 2019, the Chief Commissioner [wrote](#) to Mayor Daniel Reynard and members of City Council to congratulate the City on taking steps to facilitate the development of shelters, social housing and other affordable housing through amendments to its Official Plan and Zoning Bylaw. The OHRC was pleased that the City contacted us about efforts to address its housing shortage, and to request staff-level guidance on strategies to ensure human rights are upheld in municipal planning. The OHRC noted that secure and affordable housing is an essential step toward addressing poverty and providing for safe, stable and equitable communities.

On August 9, 2019, upon learning that the Shelter would be temporarily shut down on August 12, the Chief Commissioner [wrote](#) Minister of Indigenous Affairs Greg Rickford, who is also the MPP for Kenora-Rainy River. The letter stressed that the decision to temporarily close the Shelter would have a disproportionate negative impact on Indigenous peoples and would force seniors and young women at risk of trafficking to fend for themselves on the streets of Kenora. The OHRC called on the Government of Ontario and/or the KDSB to reconsider and/or delay its decision to close the Shelter and to adopt an evidence-based approach to address the current drug crisis. The Chief Commissioner also requested an urgent meeting with the Minister.

Minister Rickford responded on August 16, 2019 (Appendix A). The Minister clarified that the KDSB made the decision to temporarily close the Shelter in response to “overwhelming concerns from the community,” which were also communicated to him in

his capacity as MPP. He went on to state that “it is within my capacity as the MPP that I have been working closely with local partners, businesses and concerned citizens who have significant concerns for the safety of residents, visitors and employees located downtown.” Beyond a reference to increased calls for service to the Ontario Provincial Police (OPP), the Minister did not state that crime had increased in the community or that the Shelter had directly caused harm to residents, visitors or downtown employees. The Minister did not outline his efforts to work closely with Indigenous leaders or social service providers. He noted that he would be “happy to discuss this further” with the Chief Commissioner. Despite the OHRC following up to schedule a meeting, no meeting has been scheduled.

The Shelter closure was delayed one week to August 17 to find beds for existing Shelter users. Unfortunately, despite this delay, we understand that some Shelter users were not able to obtain emergency housing and are now homeless.

After moving forward with the temporary closure, the KDSB invited the Chief Commissioner to attend their September Board meeting. The Chief Commissioner also received letters from Sioux-Lookout Mayor Doug Lawrance (Appendix B).

The Chief Commissioner attended the KDSB Board meeting in Dryden, Ontario on September 12 and met with Board members, Chief Administrative Officer Henry Wall and senior staff. At the meeting, the KDSB advised that approximately 95% of homeless individuals in Kenora identify as First Nations. KDSB provided the OHRC with qualitative and quantitative materials about the social context (Appendix C). The background materials show that:

- The waiting list for housing in the District of Kenora has increased by 186% since 2011
- The KDSB supported over 13,383 nightly stays for 1,470 individuals in emergency shelters
- The most common reasons given by individuals staying at the emergency shelter included: the judicial system (waiting for court, released from jail or on bail), medical services, missed transportation, escaping violence, “kicked out” or because the individual had no other place to go
- 62% of homeless individuals in the District of Kenora identified addiction or substance use as one of the reasons for their homelessness
- In 2017, there were 18,329 calls for service to the OPP detachment in Kenora and 5,107 calls for service to the KDSB’s Northwest EMS. Kenora’s population is 15,096.

The KDSB also drew the OHRC’s attention to the 1973 report *While People Sleep*, which documented sudden deaths of Indigenous people in Kenora, most often involving alcohol addiction. That report called on the federal and provincial governments to take “immediate and positive” action to address the crisis, including improved coordination of social services and greater consultation with Indigenous people. One member of the Board lamented that “nothing has changed.”

Between September 11 and 13, the Chief Commissioner and OHRC staff also travelled to Kenora and met with:

- Ogichidaa Grand Council Treaty 3 Chief Francis Kavanaugh and Executive Director of Grand Council Treaty 3, Samuel Tanyi-Mbianyor
- Wauzhushk Onigum First Nation Chief Chris Skead
- Nee Chee Friendship Centre Executive Director Patti Fairfield and Board Chair Marlene Elder
- Management and staff of the Shelter
- Members of the Kenora Police Services Board, including Sara Dias (Executive Director of the Canadian Mental Health Association-Kenora), Mayor Dan Reynard, and past-Mayor David Canfield
- OPP Kenora Detachment Commander Jeffrey Duggan and Detachment Manager Adam Illman
- Executive Director Yvonne Bearbull and management and staff of the Fellowship Centre
- Users of the Shelter and the Fellowship Centre
- CEO of the Northwestern Health Unit Marilyn Herbacz
- Medical Officer of Health Kit Young Hoon

In its meeting with the OPP and Kenora Police Services Board, the OHRC was advised that there had been a slight drop in the year-over-year rate of violent crimes, drug crimes and property crimes.

The OHRC also received information and documents from a confidential source, including postings from the social media group “Rant n Rave-Kenora.”

Key observations

Based on the totality of the information, the OHRC makes the following observations:

- Northwestern Ontario faces unique and growing social service challenges that have a disparate negative impact on First Nations peoples. These challenges are related to:
 - intergenerational trauma associated with residential schools and the “Sixties Scoop”
 - persistent racism and discrimination against First Nations peoples
 - a lack of social supports and economic opportunities for Indigenous peoples, both on reserve and in the region’s urban areas
 - high rates of alcohol and drug addiction without adequate treatment or support
 - a severe housing shortage
 - a shortage of skilled healthcare and social service workers
 - geographic isolation, remoteness and a lack of affordable public transportation
 - a relatively small tax base.

- Kenora is facing an immediate homelessness and drug addiction crisis which has a disproportionate impact on First Nations people who live in the city. It's a crisis where loss of life is foreseeable (see Appendix D). The immediate crisis is related to:
 - the forced displacement of vulnerable people, including people with addictions and mental health disabilities, who had been living in a substandard low-rise apartment building (Lila's Place), coupled with fires that demolished two other low-income apartments in recent years
 - the recent arrival of methamphetamine ("crystal meth") from Winnipeg and associated health and safety-related issues
 - the closure of other emergency shelter services at the Fellowship Centre due to lack of sustainable funding.

- While the City and KDSB are genuinely committed to addressing this crisis, their effectiveness has been impeded by:
 - poor communication with and between social service providers
 - pressure being exerted on service providers to achieve desired outcomes without always respecting their opinions or working with them to address their concerns
 - a lack of trust and poor communication with First Nations leaders and Indigenous-led service providers
 - failure to put the needs of the most vulnerable people at the centre of all decisions
 - ignoring or minimizing persistent racism and discrimination against First Nations peoples who live in Kenora.

- Despite a drop in violent crimes, drug crimes and property crimes, the City, KDSB and OPP have taken specific actions that have – whether intentionally or not – increased the stigma and fear associated with shelter users, homeless or street-involved people and/or intravenous drug users without providing sufficient evidence to justify these heavy-handed measures. Examples include:
 - delaying amendments to the Zoning Bylaw and thereby legitimizing rather than addressing public controversy over the location of the Shelter
 - replacing grassy areas and public stairwells with rocks to deter street-involved or homeless people from using public spaces (see Appendix D)
 - seizing or destroying the personal belongings of homeless people who have been relegated to "tent cities" on the outskirts of downtown
 - temporarily closing the Shelter without educating the community on the reasons for closure
 - announcing the Shelter closure at a press conference with Minister Rickford, who framed it as a measure to reclaim the city from shelter users ("We want our city back").

Recommendations

Based on these key observations, the OHRC makes the following recommendations to assist Kenora with addressing the immediate and long-term challenges identified above.

To the KDSB

1. Before reopening the Shelter on September 26:
 - a. meet with shelter users to understand their experiences and needs, and to communicate what they can expect over the short term
 - b. ensure robust communication with the Ne-Chee Friendship Centre to clarify expectations and understand what they need to provide a safe environment for shelter users and staff
 - c. ensure robust communication with all relevant social service providers to ensure they understand what is happening and how it might affect their services
 - d. host a community forum in collaboration with the City and Ne-Chee Friendship Centre to provide relevant information about the re-opening of the Shelter, dispel any possible misconceptions, answer any questions and seek the community's support.
2. Continue to create forums for all social service providers to share knowledge and information, both from Western and Indigenous world views and perspectives. Everyone should be able to participate equally. Meetings should be co-chaired with Indigenous leaders and adopt a culturally appropriate format like a sharing circle. Appropriate Elders should be identified and invited to provide guidance and reflections.
3. Meet with and understand the diverse needs and perspectives of shelter users, homeless people and/or intravenous drug users and front-line service providers; and ensure that all policies, programs and initiatives are responsive to their identified needs and do not increase stigma or discrimination.
4. Consistent with Truth and Reconciliation Commission Call to Action 57, undertake and require regular cultural safety training developed in collaboration with local First Nations communities and Indigenous-led organizations.

To the City of Kenora

5. Meet with and understand the diverse needs and perspectives of shelter users, homeless people and/or intravenous drug users and front-line service providers; and ensure that all policies, programs and initiatives are responsive to their identified needs and do not increase stigma or discrimination.
6. Create a working group that includes diverse community members and Indigenous peoples to report on the lived experience of racism and discrimination in Kenora (similar to the 1974 *While we Sleep* report).

7. Consistent with Truth and Reconciliation Commission (TRC) Call to Action 57, undertake and require regular cultural safety training developed in collaboration with local First Nations communities and Indigenous-led organizations.

To all regional, municipal, social service and Indigenous stakeholders

8. Work collaboratively to develop and implement a poverty reduction and affordable housing strategy.
9. Work collaboratively to develop and implement a harm reduction strategy to address the health and social needs of intravenous drug users, with time-bound commitments and measurable outcomes.
10. Work collaboratively to create an outreach and education campaign to combat the stigma associated with homelessness and drug addiction.
11. Consistent with TRC Call to Action 43, work collaboratively with First Nations and Indigenous leaders to develop an action plan to fully adopt and implement the *United Nations Declaration on the Rights of Indigenous Peoples* as the framework for reconciliation and anti-racism activities.

To the provincial and federal governments:

12. Provide immediate financial and technical support to address the homelessness emergency in Kenora region.
13. Meet with municipal governments the KDSB, social service stakeholders and diverse Indigenous peoples to understand their concerns about homelessness and drug addiction, and systemic barriers to meeting related needs.
14. Provide all required technical and financial assistance to help with developing and implementing action plans related to poverty reduction, affordable housing, harm reduction and implementation of the TRC Calls to Action.
15. Consistent with TRC Call to Action 43, work collaboratively with First Nations and Indigenous leaders to fully adopt and implement the *United Nations Declaration on the Rights of Indigenous Peoples* as the framework for reconciliation.



Appendix A

Letter from

The Honourable Greg Rickford, Minister of Indigenous Affairs and M.P.P. for
Kenora-Rainy River

to

Chief Commissioner Renu Mandhane, Ontario Human Rights Commission

August 16, 2019



GREG RICKFORD, MPP
Kenora–Rainy River

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August 16, 2019

Renu Mandhane B.A., J.D., LL.M.
Chief Commissioner
Office of the Chief Commissioner
Ontario Human Rights Commission
180 Dundas Street West, Suite 900
Toronto ON M7A 2G5

Dear Chief Commissioner Mandhane:

Thank you for your letter of August 9, 2019, regarding the closure of the Kenora Emergency Shelter and Service Hub at the Knox United Church.

Through the Ministry of Municipal Affairs and Housing's Community Homelessness Prevention Initiative, the Government of Ontario funds and supports Service Managers, which in this case is the Kenora District Services Board, to help people who are homeless or are at risk of homelessness. As the decision makers closest to the communities they serve, Service Managers are given the flexibility to design programs based on the local needs and priorities, which includes decisions to improve the long-term future of their programs.

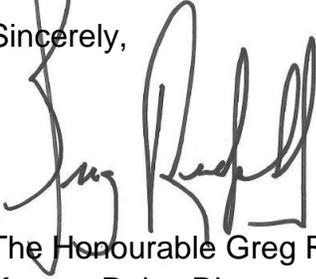
The Kenora District Services Board has the authority to make decisions on the short, and long-term viability of their programs. However, I understand that the KDSB is responding to overwhelming concerns from the community which I have also received as the Member for Provincial Parliament. It has been reported that in the first four months of 2019 the local Ontario Provincial Police detachment saw a 45 per cent increase in calls for service, compared to the same period in 2018. It is within my capacity as the MPP that I have been working closely with local partners, businesses and concerned residents who have significant concerns for the safety of residents, visitors and employees located downtown.

Your recent letter outlines your concerns for shelter bed space within the community. I understand that the Kenora District Services Board has indicated that beds at the Knox Shelter will remain available throughout this week and additional beds will be available at the Kenora Fellowship Centre. I would like to emphasize again that I respect decisions on the viability of their programs remain the authority of the Kenora District Services Board.

.../2

Safety, both of the people who use the shelter and its services and the community at large, has been and must remain the focus of discussion as it relates to the shelter. It is through local leadership that a solution can best be found to address the needs of local residents and to ensure needed supports are in place. I would be happy to discuss this further with you. Helen Danilov in my office can assist with those arrangements. She can be reached at 416-327-0356.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Rickford". The signature is fluid and cursive, with the first name "Greg" written in a larger, more prominent script than the last name "Rickford".

The Honourable Greg Rickford, M.P.P.
Kenora-Rainy River

- c: Patti Fairfield, Executive Director, Ne-Chee Friendship Centre
- Ogichidaa Francis Kavanaugh, Grand Council Treaty #3
- Hon. Todd Smith, Minister of Children, Community and Social Services
- Barry Baltessen, Chair, Kenora District Services Board
- Henry Wall, Chief Administrative Officer, Kenora District Services Board
- Mayor Dan Reynard, City of Kenora
- Shawn Batise, Deputy Minister, Ministry of Indigenous Affairs
- OHRC Commissioners



Appendix B

Letters from

Mayor Doug Lawrance, the Municipality of Sioux Lookout

to

Chief Commissioner Renu Mandhane, Ontario Human Rights Commission

September 4, 2019 and September 17, 2019



SIoux LOOKOUT

Hub of the North

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Municipality of Sioux Lookout
25 Fifth Avenue, P.O. Box 158
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Office of the Mayor

September 4, 2019

Renu Mandhane B.A., J.D., LL.M.
Chief Commissioner
Office of the Chief Commissioner
Ontario Human Rights Commission
180 Dundas Street West, Suite 900
Toronto ON M7A 2G5

Dear Chief Commissioner Mandhane:

Through my role as a Director on the Kenora District Services Board, I am aware that you may be coming to our Board Meeting in September. You have been to Sioux Lookout before and it was a pleasure meeting you. As Mayor of Sioux Lookout I would like to invite you to return and I thought the visit to the KDSB Board in Dryden, 100 kilometres south of Sioux Lookout, might afford a good opportunity for you to return here.

There are many situations related to human rights issues in Sioux Lookout that I believe you as Commissioner should be aware of, among them:

1. The Emergency Shelter in Sioux Lookout is completely inadequate and under-resourced to meet the needs of the population it should be serving. Conditions do not meet basic needs for privacy or gender separation. There is no provision for youth. The capacity to deal with mental health and addictions issues and medical care needs, are limited. Due to lack of space, resources, staff, and inability to provide the noted separations, many people are being denied the basic human right of shelter.
2. The Sexual Assault Centre in Sioux Lookout is unable to fulfill its function due to lack of resources and Health Care system obstacles to having nursing staff on site. People are being denied their human rights related to access to medical service and legal protections.
3. The Emergency Department at Meno Ya Win will reach approximately 24,000 visits this year. This is almost double what it was just 6 years ago. It is my understanding that the Department has neither expanded in size or staff. Triage happens in all Emergency Departments as it does at Meno Ya Win. Local triaging is causing delays or refusal of people with signs of intoxication. Many of those delayed or refused would be suffering from homelessness, some will be presenting with chronic unattended conditions that are in crisis, some with assault injuries, some who have been sexually assaulted. The majority of the patients are Indigenous. It seems to me that people are being denied a basic human right to available medical attention because of their mental health and addiction issues, socio-economic status, their state of homelessness.

It is my belief that staff in all these institutions are well-intentioned but severely limited by resources and lack of diversion alternatives (facilities, services, programs). It is my contention that the Provincial Government is culpable. Over many years, supported with statistics, these issues have been brought to the attention of relevant Provincial Ministers, Ministries, and staff through various delegations, applications, visits, conferences, and briefing notes. In early May this year I sent a letter to Premier Ford alerting the Premier, and other leaders, to the various crisis taking place in Sioux Lookout related to mental health, addictions, and homelessness. Three and a half months later there has been no reply nor acknowledgement of my letter.

It is my hope that you will agree to come to Sioux Lookout again and review these and other similar situations from a human rights perspective. Looking forward to your response.

Sincerely,

THE CORPORATION OF THE MUNICIPALITY OF SIOUX LOOKOUT



Mayor Doug Lawrance

Email: dlawrance@siouxlookout.ca

cc: CAO Michelle Larose, Municipality of Sioux Lookout
Council, Municipality of Sioux Lookout
Henry Wall, Chief Administrative Officer, Kenora District Services Board
Heather Lee, CEO, Meno Ya Win Health Centre
Tana Troniak, Executive Director First Step Women's Shelter
Stephanie Diebolt, North West Health Unit
Susan Barclay, Executive Director Out of the Cold Shelter
Jennifer Thomas, Executive Director Nishnawbe Gamik Friendship Centre
Angela Carter, Director Nishnawbe Aski Nation
Inspector Daniel Davidson, Sioux Lookout OPP Detachment
Sol Mamakwa, MPP – Riding of Kiiwetinoong



SIoux LOOKOUT

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Office of the Mayor

September 17, 2019

Renu Mandhane B.A., J.D., LL.M.
Chief Commissioner
Office of the Chief Commissioner
Ontario Human Rights Commission
180 Dundas Street West, Suite 900
Toronto ON M7A 2G5

Dear Chief Commissioner Mandhane:

Following issuance of my letter to you dated September 4th I received some feedback from those copied the letter. Some of the feedback was verbal and generally supportive of my efforts. I received the attached letter from Heather Lee, President and Chief Executive Officer, Sioux Lookout Meno Ya Win Health Centre (SLMHC). With reference to numbered paragraph #3 in my letter related to the Emergency Department at SLMHC, Heather notes that it contains inaccurate and offensive information which needs to be corrected. Heather's letter states that:

"....To be very succinct, SLMHC does not deny anyone access to medical care regardless of their mental health and addiction issues, socio-economic status or state of homelessness. Additionally, in response to increased volumes, there has been a corresponding addition to physician and nursing staff levels."

Please accept Heather's statement as correction to my letter.

My idea in writing that letter to you and inviting you to Sioux Lookout arose from your letter to Minister Rickford regarding the temporary closure of the Kenora emergency shelter operated by Ne-Chee Friendship with Kenora District Services Board (KDSB). In your letter you state that:

"....The decision to temporarily close the shelter will have a disproportionate negative impact on Indigenous peoples and vulnerable community members, and may violate rights protected under the Code.....Closing the shelter will force extremely vulnerable people to fend for themselves on the streets of Kenora. There are specific concerns that seniors with serious health issues will not be able to survive on the street, and that young women who are at risk of being trafficked may face exploitation and violence....."

At the meeting you attended with KDSB, on which I sit as a Director, I asked you: what is the mathematical equation that gets the Ontario Human Rights Commission interested in lack of access to emergency shelters? Dryden has homelessness and no shelter beds. Sioux Lookout has mats on the floor, not beds, and only half as many as is needed.

For over four years I have spoken of and written to the Province about the hopeless situation for people in Sioux Lookout suffering from mental health/addictions/homelessness cycling between police contact-emergency shelter-Emergency department-Police cells-Justice system-Emergency Shelter-and recycle. Included in that has been discussion about each of those systems/facilities being inappropriate and at times incapable of serving the population suffering from mental health/addictions/homelessness.

My letter inviting you to Sioux Lookout was born from frustration at lack of action from the Province on many situations in Sioux Lookout related to Emergency Shelter, second stage women's housing, safe houses for youth, detox, managed alcohol program, addictions treatment center, policing calls for service involving mental health/addictions/assaults, community health care, transitional housing, and more. It was not intended to offend anyone or pass on inaccurate information. Our community is in crisis. The evidence is visible daily and is in the statistics of various agencies. There are compelling reasons to believe the situation will get worse before it gets better. We need Provincial action.

My hope remains that as Human Rights Commissioner you are willing to add the weight of your voice and push the Province into action on the needs in Sioux Lookout and other communities in the District of Kenora.

Sincerely,

THE CORPORATION OF THE MUNICIPALITY OF SIOUX LOOKOUT



Mayor Doug Lawrance

Email: dlawrance@siouxlookout.ca

cc: CAO Michelle Larose, Municipality of Sioux Lookout
Council, Municipality of Sioux Lookout
Henry Wall, Executive Director Kenora District Services Board
Heather Lee, CEO, Meno Ya Win Health Centre
Tana Troniak, Executive Director First Step Women's Shelter
Stephanie Diebolt, North West Health Unit
Susan Barclay, Executive Director Out of the Cold Shelter
Jennifer Thomas, Executive Director Nishnawbe Gamik Friendship Centre
Angela Carter, Director Nishnawbe Aski Nation
Inspector Daniel Davidson, Sioux Lookout OPP Detachment
Sol Mamakwa, MPP – Riding of Kiiwetinoong
Sadie Maxwell, SLMHC Board Chair



Appendix C

Briefing note prepared by

The Kenora District Services Board

to

Chief Commissioner Renu Mandhane, Ontario Human Rights Commission

September 12, 2019



Ontario Human Rights Commission

Renu Mandhane, Chief Commissioner

September 12, 2019

Our Mission: Dedicated to Improving Lives

Our Vision: With forward thinking and engaged employees,
we achieve consistent service and better outcomes

The Kenora District Services

Board provides services to a catchment area of 407,000 km² ranging from the Manitoba border, to the east of Ignace, south to the Rainy River District and north to the 14th baseline.

The vast geography includes nine municipalities and four unincorporated territories with small villages and vast rural, remote areas.

The Kenora District encompasses 40 First Nations communities; some bordering municipalities, others situated far north.

In addition to the approximately 65,500 to 75,000 people living in the Kenora District, each community is unique in its economic capacity and challenges; some communities have thriving economies and growing populations while others are going through changing economies and are experiencing out migrating population.



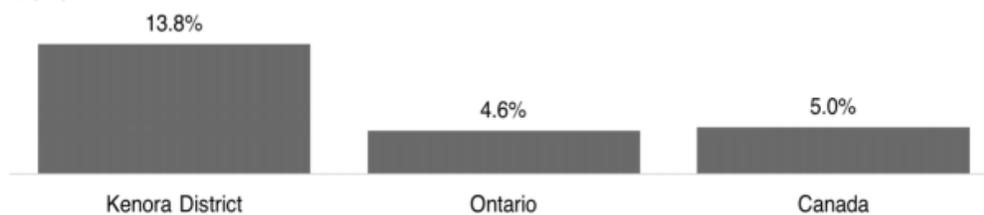
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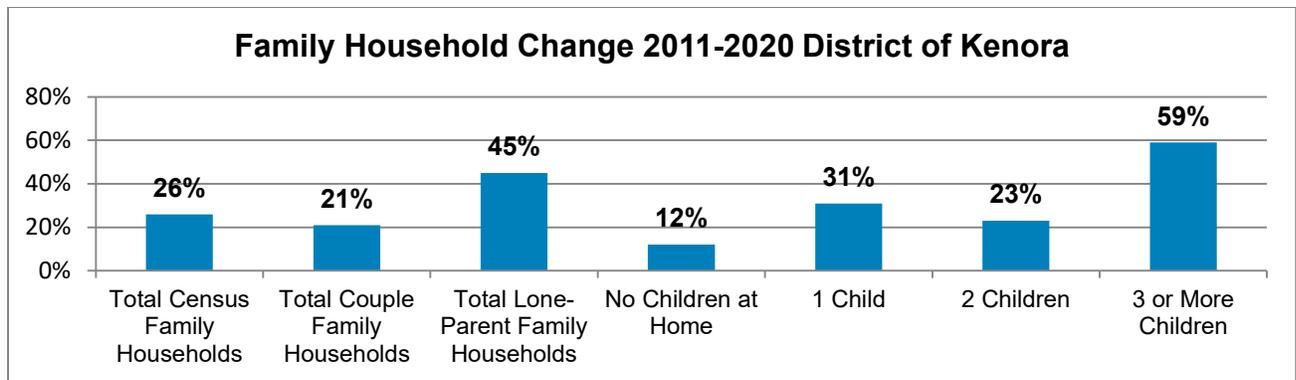
Health Equity exists when everyone in a society has the same opportunity to reach their maximum health potential.

Housing is necessary in life. Lack of affordable, acceptable housing impacts health in many ways. High-cost housing affects the resources that we have left over for living, which can lead to stress and increased sickness. The lack of housing and disconnection of Human Services, compounds the issues and challenges families face in the Kenora District; leading to significant financial costs to the Province and Municipalities.

The Kenora District is the fastest growing census division in Ontario:

Graph 1. Population Change % for the District of Kenora, Ontario, and Canada: 2011-2016





The increase in population is not uniform across households or age categories; in fact it is projected that between 2011 and 2020 that the makeup by family households will continue to change whereby lone-parent family households will be the fastest growing category. **Over 67% of family households on Social Assistance are lone-parent households**, making the need for support services and programs, especially **housing and employment support programs**, even more **critical**.

The waiting list for housing has increased by **186%** since 2011. As of December 31, 2018, the KDSB had **1,091** approved applications for housing. Through KDSB's Community Homelessness Prevention Initiative (CHPI), the KDSB provided support to **154** households in 2018.

Community Waiting List for Housing:

| Community and Social Housing – Waiting List for Housing | | | | | | | | |
|---|------|------|------|------|------|------|------------------|------------------|
| | 2011 | 2012 | 2013 | 2015 | 2016 | 2018 | 2011-2018 Change | 2015-2018 Change |
| All Households | 382 | 503 | 450 | 725 | 817 | 1091 | 186% | 50% |
| Seniors | 113 | 124 | 79 | 130 | 113 | 170 | 50% | 31% |
| Families | 191 | 224 | 209 | 313 | 367 | 435 | 128% | 39% |
| Single Non-Elderly | 78 | 155 | 162 | 282 | 337 | 486 | 523% | 72% |

| Housing Wait List by Community | | | | | | | | |
|--------------------------------|------------|------------|-----------|-----------|-----------|---------------|--------------|----------------|
| | Dryden | Kenora | Machin | Red Lake | Ear Falls | Sioux Lookout | Total | % of Wait List |
| Seniors | 39 | 108 | 1 | 3 | 0 | 19 | 170 | 15.6% |
| Single | 132 | 215 | 0 | 30 | 9 | 65 | 451 | 41.3% |
| Families | 99 | 155 | 8 | 23 | 4 | 99 | 388 | 35.6% |
| SPP-Single | 10 | 16 | 0 | 3 | 1 | 5 | 35 | 3.2% |
| SPP-Families | 1 | 19 | 1 | 6 | 0 | 20 | 47 | 4.3% |
| Total | 281 | 513 | 10 | 65 | 14 | 208 | 1,091 | |

There is an affordable housing crisis in the District. 1 in 10 people in Northwestern Ontario live in low-income households.

Lack of housing and its impact on Community Health and Poverty:

Through CHPI, the KDSB supported over **13,838** nightly stays for **1,470** individuals at the three emergency shelters in the District. Common reasons given by individuals staying at the emergency shelter:

1. Judicial System (Waiting for Court, Released from Jail or on Bail)
2. Medical Services
3. Missed Transportation
4. Reasons related to escaping violence
5. Kicked out
6. No place to go or no home

According to the 2016 Census, the Kenora District population is diverse; with almost **50%** of the population self-identifying as Aboriginal.

| | | Household Population | Aboriginal Identity | Non-Aboriginal Identity | % of pop. Aboriginal |
|----------|-----------------|-----------------------------|----------------------------|--------------------------------|-----------------------------|
| 1 | Kenora | 65,533 | 31,800 | 32,820 | 48.5% |
| 2 | Toronto | 2,731,571 | 23,065 | 2,668,600 | 0.8% |
| 3 | Ottawa | 934,243 | 22,960 | 893,900 | 2.5% |
| 4 | Simcoe | 479,650 | 21,960 | 449,170 | 4.6% |
| 5 | Thunder Bay | 146,048 | 21,755 | 121,325 | 14.9% |
| 6 | Greater Sudbury | 161,647 | 15,055 | 143,720 | 9.3% |
| 7 | Brantford | 130,296 | 6,935 | 120,810 | 5.3% |
| 8 | Cochrane | 79,682 | 12,835 | 65,675 | 16.1% |
| 9 | London | 455,526 | 11,145 | 437,390 | 2.4% |
| 10 | Hamilton | 536,917 | 12,135 | 515,795 | 2.3% |

**2016 Census*

Factors Impacting Over-representation of Indigenous People in Corrections:

The high rate of incarceration for Indigenous peoples in the District of Kenora can be directly linked to the economic and social disadvantages that exist in first nation communities. The legacy of residential schools and lack of safe and affordable housing have resulted in the Kenora District having some of the highest rates of substance abuse and intergenerational loss, violence and trauma.

The District of Kenora has the **2nd highest Child Poverty rate of all the Ontario - Federal Election Districts.**

The District of Kenora has the **7th highest percentage of low income families with children** of all the Federal Election District.

Youth in the Kenora District are **8 times more likely to commit suicide** than youth in the rest of Ontario.

Homelessness in the District:

The KDSB conducted a Homelessness Enumeration Study during the months of May and June 2018, some of the findings are as follows:

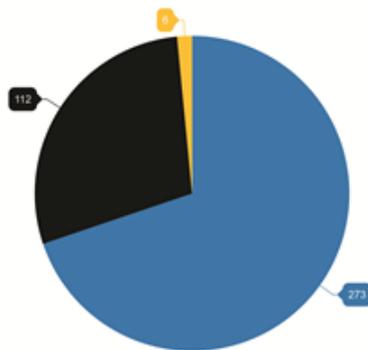
Of the 393 homeless individuals in the District, **18%** were in jail at the time of the survey. All individuals in jail were Indigenous.

In 2016/2017 the average daily inmate cost was **\$235** for provincial jails in Ontario.

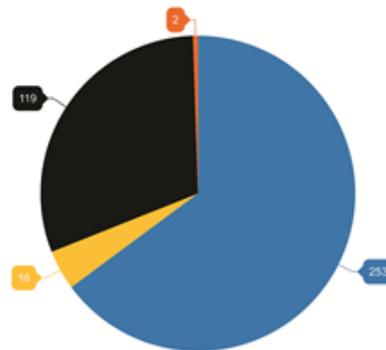
The KDSB estimates that in 2018, the Province spent **\$5.6 million** housing homeless people in the Kenora jail.

Challenges impacting the homeless:

Addictions

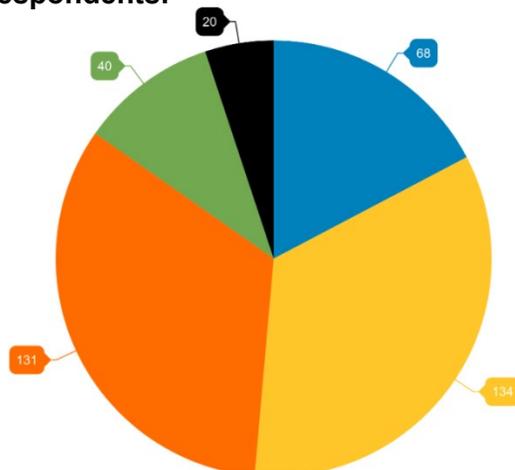


Mental Health



■ Yes ■ No ■ Don't Know ■ Declined to answer

Age of respondents:



- Under 25: 17.3%
- 25-35: 34.1%
- 35-55: 33.3%
- 56+: 10.2%
- No age given: 5.1%

**Of note, some did not know their age*

Reasons given for Homelessness by individuals surveyed:

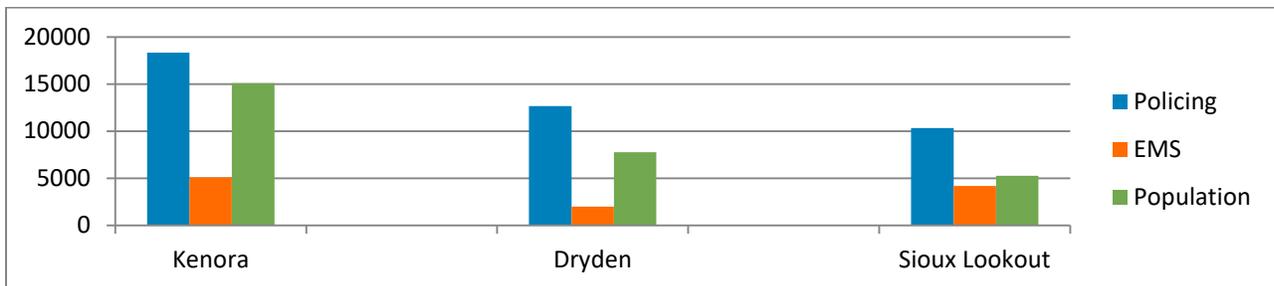
| | # | * |
|--|------------|--------------|
| Addiction or substance use | 243 | = 62% |
| Health: <i>hospitalization, treatment program, illness or medical condition</i> | 194 | = 49% |
| Conflict: <i>with spouse/partner or parent/guardian</i> | 150 | = 43% |
| Incarcerated: <i>jail or prison</i> | 134 | = 34% |
| Unable to pay rent or mortgage | 128 | = 33% |
| Other: <i>many reasons provided</i> | 118 | = 30% |
| Experienced abuse: <i>by spouse/partner or parent/guardian</i> | 110 | = 28% |
| Job Loss | 103 | = 26% |
| Unsafe housing conditions | 100 | = 25% |
| Don't know | 5 | = 1% |
| Declined to answer | 3 | = 1% |

** Percentage is reflective of the number of individuals who identified multiple factors that lead to experiencing homelessness.*

Of the 324 communities that have contracted the Ontario Provincial Police (OPP) to provide their policing services, the top 3 communities in terms of Calls for Services (CFS) per household as a standard deviation are Pickle Lake, Sioux Lookout and Kenora. All three are in the Kenora District. The top policing challenges in the region can be attributed to Alcohol and Drug use and Repeat Offenders.

According to the Sioux Lookout OPP, over the last two years (2017-2018), 456 of all operational calls for service have been related to missing people. Breach of bail/probation produced 421 calls for service.

Calls for Service (CFS) 2017



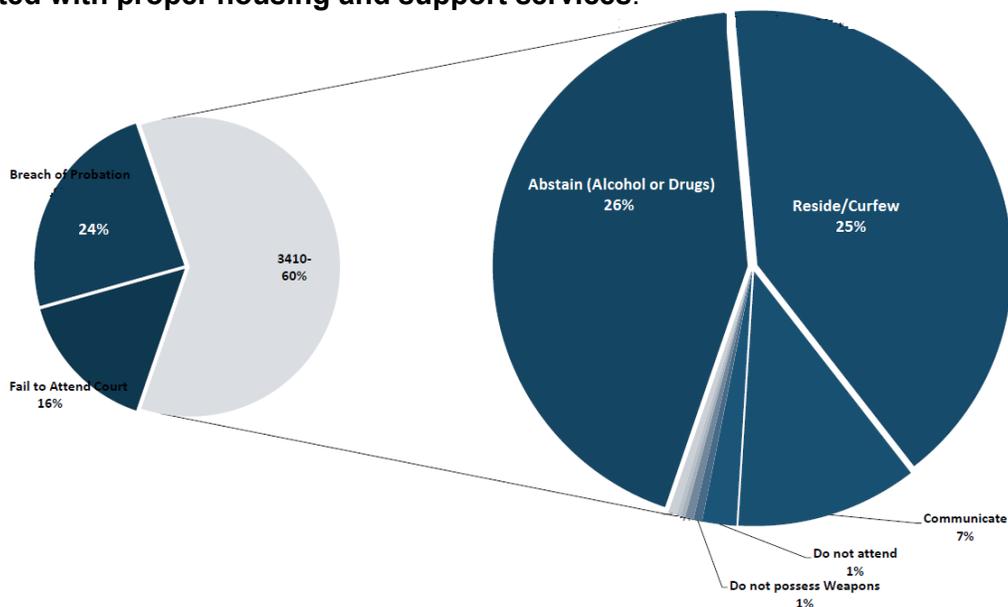
- Kenora OPP had **18,329** calls for service. KDSB's Northwest EMS had **5,107** calls for service. Kenora's population is: **15,096**.
- Dryden OPP and Dryden Police Service had a combined total of **12,667** calls for service. KDSB's Northwest EMS had **1,987** calls for service. Dryden's population is: **7,749**.
- Sioux Lookout OPP had **10,324** calls for service. KDSB's Northwest EMS had **4,192** calls for service. Sioux Lookout's population is: **5,272**.

Mental Health and Addictions – Impact on the Justice System:

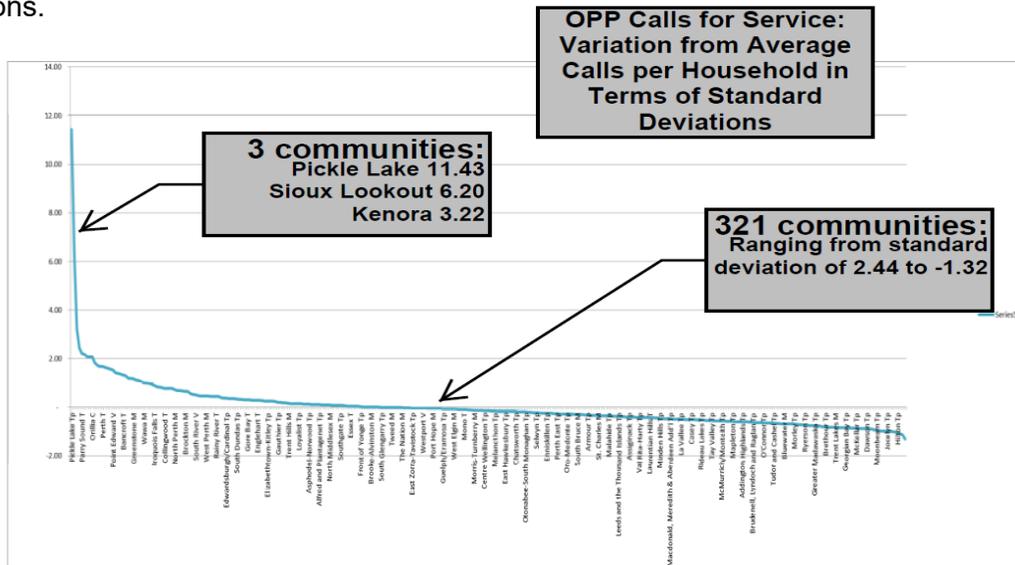
The following table provides a snap shot of the types of Calls for Policing Services (CFS) in 2015 with a specific focus Bail Violations and Liquor License Act. It should be noted that the City of Kenora has one of the highest Bail Violations and Liquor License Act offences amongst communities in Ontario that have OPP as their police service.

| Community | Violent crimes | Property crimes | Bail violations | Liquor Licence Act |
|-------------------------|----------------|-----------------|-----------------|--------------------|
| Kenora | 459 | 895 | 466 | 1743 |
| Sioux Lookout | 399 | 456 | 212 | 2925 |
| Red Lake/ Pikangikum | 674 | 462 | 292 | 2013 |
| Orillia | 696 | 1856 | 188 | 431 |
| Essex County | 658 | 2331 | 179 | 319 |

In partnership with the Kenora OPP, some **3,060 bail breach cases were reviewed** and analyzed in 2017. The study found that **over 70% of the breaches could have been prevented with proper housing and support services.**

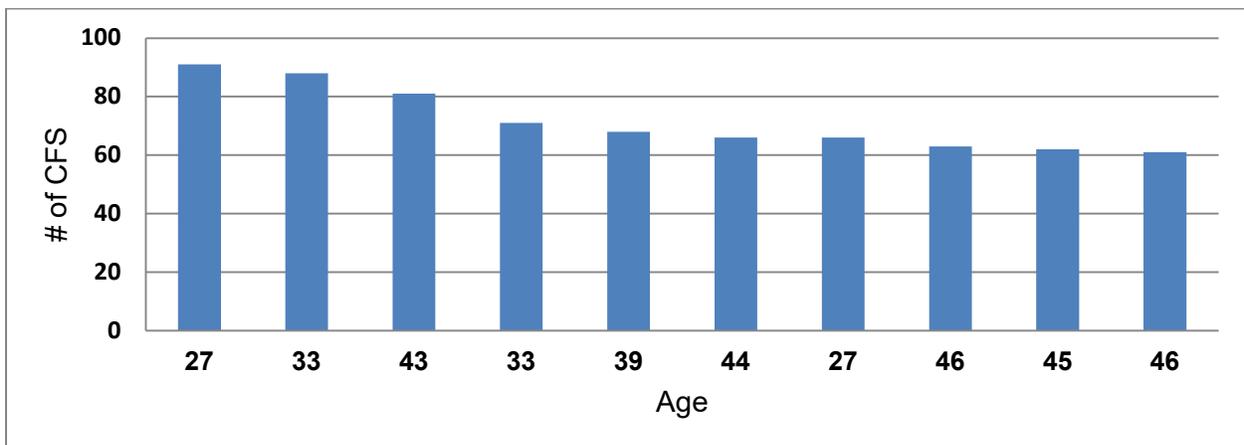


The lack of supports, supportive services and housing that individuals have when they are released on conditions is creating an environment in which the individuals fail at significant proportions.



Prolific Offenders:

Sioux Lookout - 2018 Top Ten Prolific Offenders.



The top 10 prolific offenders accounted for **717** police Calls for Service (CFS). This equates to an average of 71.7 CFS per person. The estimated cost for policing 10 people is **\$373,123** per year.

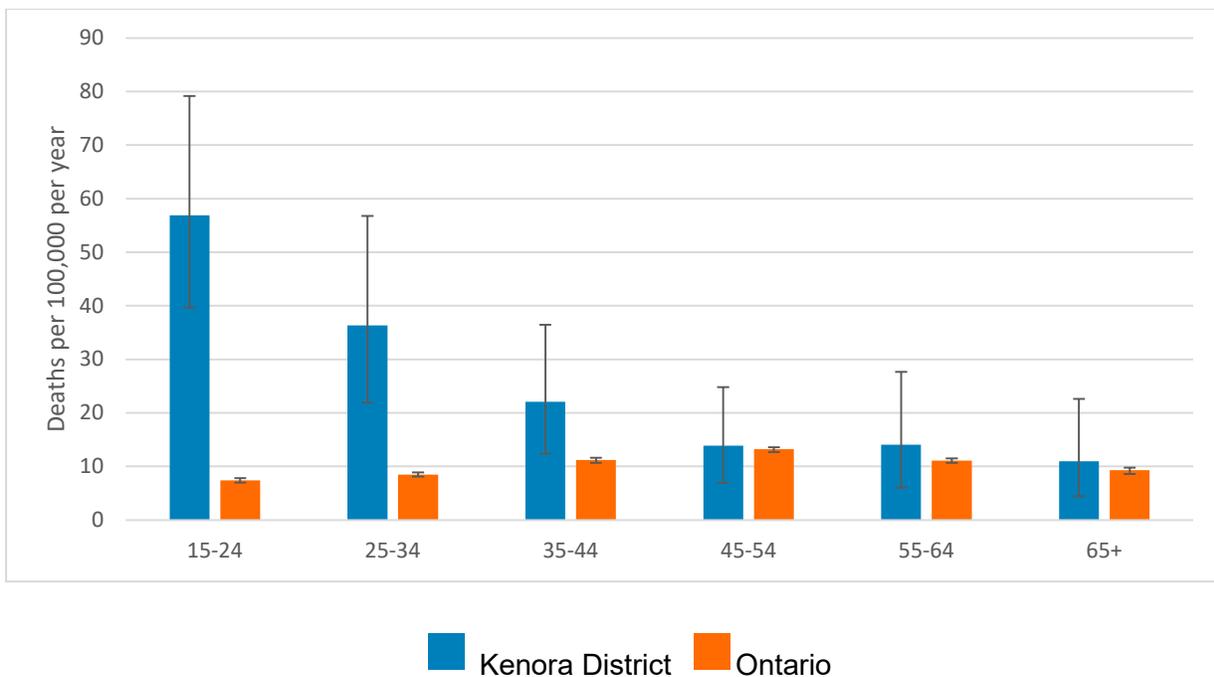
- All 10 individuals suffer from extreme addictions and/mental health issues.
- All 10 individuals can be defined as being homeless.

Youth in Crisis:

In 2017, there were 270 visits to the Lake of the Woods District Hospital Emergency Department by patients aged 18 or younger, and **70%** of those patients required crisis intervention support services. KCA is currently developing the necessary infrastructure, programs, assessment and treatment that is needed to appropriately meet the unique long-term needs of children and youth ages 10-18 in a mental health crisis, in turn keeping youth on a path to healing and recovery in a community-based setting.

In 2017 the rate of hospitalization from mental and behavioural disorders in the Kenora district in the 10-24 age group was 220.4 per 10,000 people, which is over twice as high as the provincial rate in that age group of 99.5 per 10,000.

Age-specific mortality from suicide, Kenora District and Ontario, rates per 100,000 per year, 2002-2011 combined:

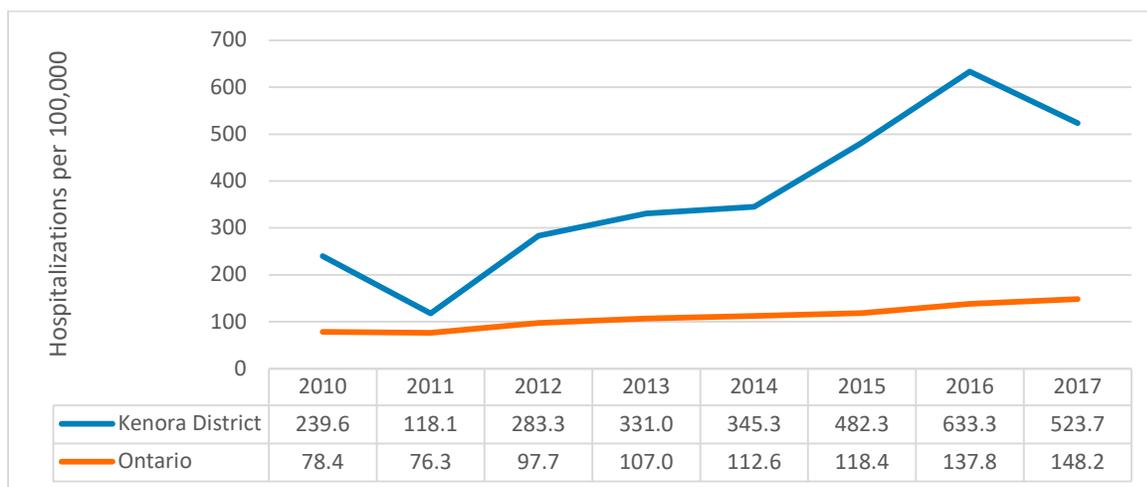


Source: Mortality Data (2002-2011). Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date extracted: September 26, 2016

Between 2002 and 2011 the mortality rate from suicide in the Kenora District in the 15-24 population was 56.9 per 100,000 per year. This is statistically higher than the rates in all other age groups except for the 25-34 age group in the Kenora District.

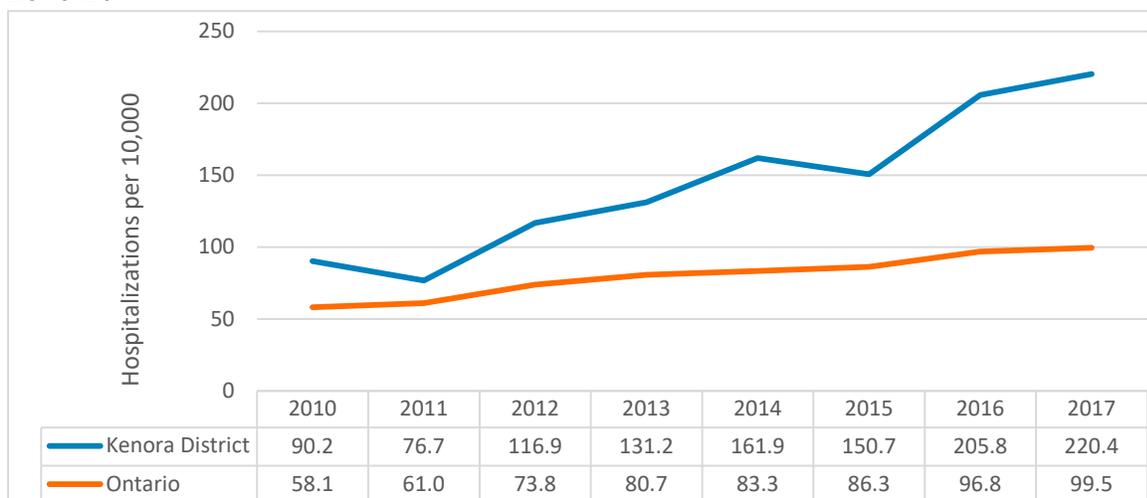
In 2017 there were 43 hospitalizations from intentional self-harm in the Kenora district in the 10-24 population. This is an incidence rate of 523.7 per 100,000, which is over three times as high as the provincial rate in that age group of 148.2 per 100,000. 35 of these hospitalizations were females (81.4%).

Hospitalization from intentional self-harm in the 10-24 age group, rates per 100,000, 2010-2017:



Source: Inpatient Discharges [2010-2017]. Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date extracted: July 20, 2018

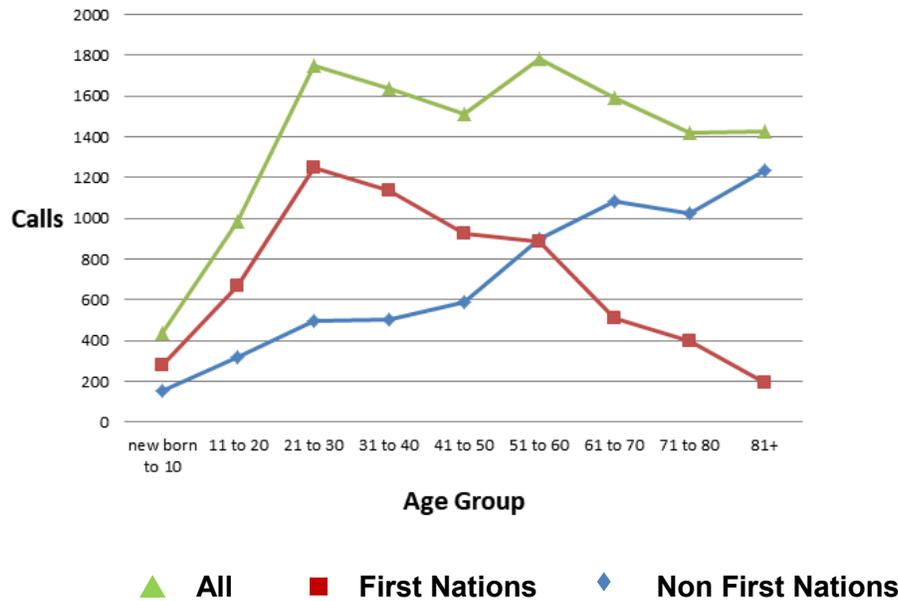
Hospitalization from mental and behavioural disorders in the 10-24 age group, rates per 10,000, 2010-2017:



Source: Inpatient Discharges [2010-2017]. Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date extracted: July 20, 2018. Ontario Mental Health Reporting System [2010-2017]. Ministry of Health and Long-Term Care. IntelliHEALTH Ontario. Date Extracted: July 20, 2018

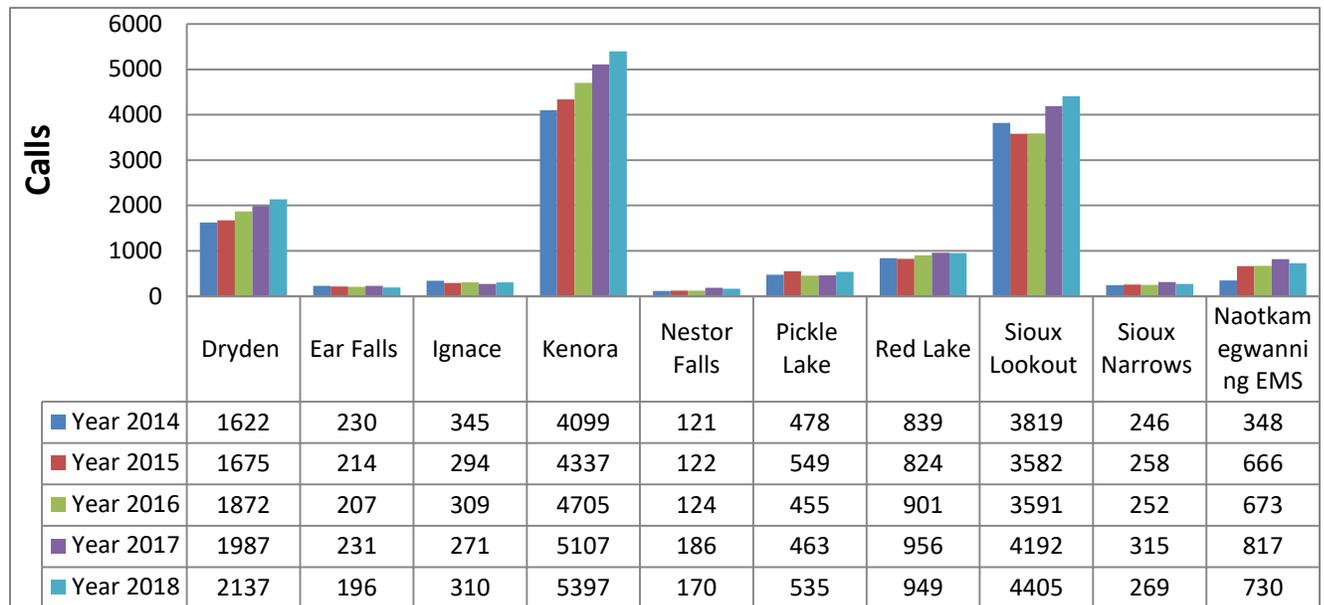
Emergency Medical Services:

2018 Kenora District Wide Demographic Call Volume by Age Group



Kenora has one of the highest 911 call volumes per population in the province.

2014-2018 Call Volume by Station



In the City of Kenora, the 2019 EMS call volume is up **40%** as compared to 2018.

Overall call volume is up **13.59%** over 2018, which is not sustainable and is putting serious pressure on our emergency, health and human services systems.

Sioux Lookout Supportive Housing Program Success:

In August of 2018, the KDSB and Ontario Aboriginal Housing Services opened up a 20 unit supportive housing program designed to provide housing and 24/7 supports to individuals living on the streets and connected to the justice system.

After 4 months of operations, the program has already demonstrated significant success. The table below provides a snap shot of the impact the program is having on CFS for policing.

| RESIDENT | CFS BEFORE ENTRY | CFS AFTER ENTRY | POLICE CONTACT FREQUENCY EQUAL # OF DAYS BEFORE ENTRY AND 15/12/18 IN % |
|-------------|------------------|-----------------|---|
| RESIDENT 1 | 37 | 17 | DOWN 54% |
| RESIDENT 2 | 10 | 3 | DOWN 70% |
| RESIDENT 3 | 6 | 0 | DOWN 100% |
| RESIDENT 4 | 11 | 14 | Up 27% |
| RESIDENT 5 | 9 | 5 | DOWN 44 % |
| RESIDENT 6 | 22 | 12 | DOWN 46 % |
| RESIDENT 7 | 3 | 0 | DOWN 100% |
| RESIDENT 8 | 1 | 0 | DOWN 100% |
| RESIDENT 9 | 6 | 5 | DOWN 17% |
| RESIDENT 10 | 19 | 18 | DOWN 5% |
| RESIDENT 11 | 24 | 10 | DOWN 58% |
| RESIDENT 12 | 48 | 8 | DOWN 83% |
| RESIDENT 13 | 23 | 11 | DOWN 52% |
| RESIDENT 14 | 2 | 10 | UP 400% |
| RESIDENT 15 | 58 | 12 | DOWN 79% |
| RESIDENT 16 | 17 | 4 | DOWN 79% |
| RESIDENT 17 | 3 | 0 | DOWN 100% |
| RESIDENT 18 | 0 | 0 | NO CHANGE |
| RESIDENT 19 | 17 | 9 | DOWN 47% |
| RESIDENT 20 | 21 | 11 | DOWN 48% |
| | 337 | 149 | Down 56% (188 CFS) |

Estimated Annual CFS Savings: **564 CFS per year**

Estimated Annual Cost Savings: **\$198,528 to \$292,716**

Kenora District Services Board

211 Princess Street

Dryden, ON P8N 3L5



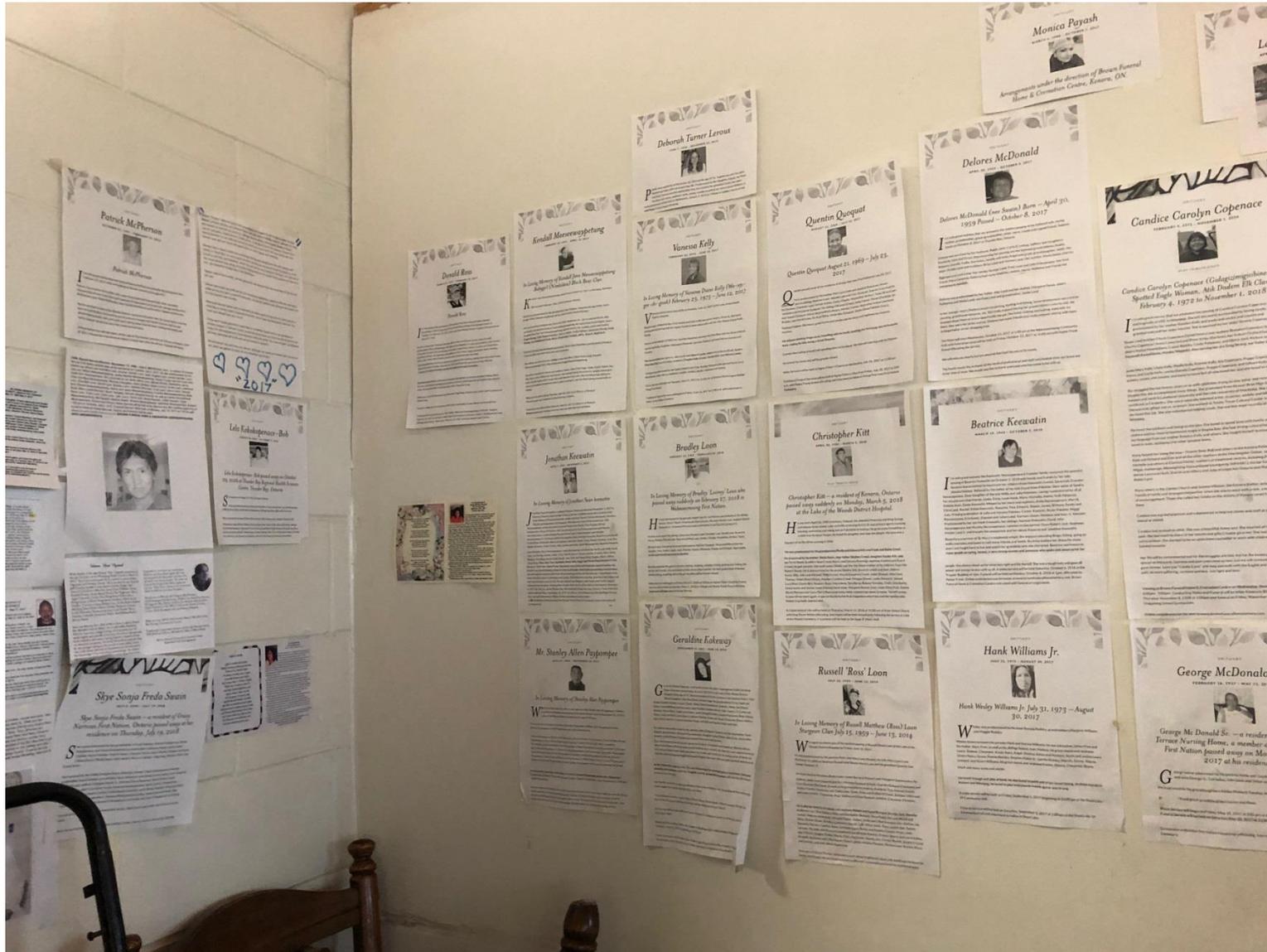


Appendix D

Photos taken during the Ontario Human Rights Commission's visit to Kenora, ON

September 11-13, 2019

Appendix D: Partial view of memorial wall at the Fellowship Centre.



Appendix D: Grassy area across from the Northwestern Health Unit filled with rocks by the City to deter use of public space.



Appendix D: Stairs in downtown area filled with rocks by the City to deter use of public space.



Appendix D: Signage affixed to stairs warning that “this area of the City of Kenora may be monitored by video surveillance for law enforcement purposes.”

