



safe & well

OXFORD COMMUNITIES



2021 | COMMUNITY
SAFETY & WELL-BEING PLAN

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01
— INTRODUCTION

BACKGROUND

Municipalities across Ontario are required to develop and approve a Community Safety and Well-Being Plan by July 1, 2021, as per the Police Services Act. Communities must undertake a harmonized and integrated planning process driven by a multi-sectoral advisory committee that includes representatives from an identified list of community agencies and service providers. By working collaboratively at the municipal level to tackle priority risks and needs of the community through a strategic and holistic lens, communities will be better prepared to meet current and future needs of their residents. In Oxford County, the eight municipalities of Blandford-Blenheim, East Zorra-Tavistock, Ingersoll, Norwich, South-west Oxford, Tillsonburg, Woodstock and Zorra, chose to work in partnership to develop a joint plan that can be implemented at both a system-wide and local level. Themes emerging from the consultation phase address county-wide challenges, some of which rely on services provided by the County of Oxford. Following the consultations, the County joined the eight partner municipalities in the development of the Community Safety and Well-being Plan. The County sees itself as a contributing partner to help the eight municipalities implement the Plan.

Leading the planning process, was an inter-disciplinary /sectoral Advisory Committee comprised of the following representative organizations.

- **Lynn Wardell** - Executive Director, CMHA Oxford
- **Randy Peltz** - Executive Director, Oxford County Community Health Centre
- **Tina Diamond** - Executive Director, CAS Oxford
- **Daryl Longworth** - Chief of Police, Woodstock Police Service
- **Tony Hymers** - Detachment Commander, OPP
- **Balwant Rai** - Woodstock Police Services Board (formerly, Mary Anne Silverthorn)
- **Lisa Lanthier** - Manager of Human Services, Oxford County
- **Dennis Wright** - Thames Valley District School Board (formerly, Karen Edgar)
- **Kelly Baker** - Executive Director, Wellkin (formerly, Mamta Chail)
- **Samantha Fox** - Southwestern Public Health (formerly, Erica Arnett)
- **Kelly Holbrough** - London District Catholic School Board (March 2021)
- **Dennis Guy** - Manager of Strategic Initiatives, Oxford County (March 2021)
- **Karen Bartlett** - Twp of Blandford-Blenheim Police Services Board

Upon completion of the Safety and Well-being Plan, the eight area municipalities and the County will approve the plan and will be responsible for ensuring that the Safety and Well-being

Plan is brought to life. To do this, we will establish a Steering Committee, which will spearhead implementation of the integrated and purposeful plan. Ideally, the Steering Committee will be comprised of delegates from the original Advisory Committee, as well as representation from the area municipalities (i.e., senior leaders, members of Council and the County, two to three representatives from community agencies that serve clients in the priority risk areas identified in the plan, a representative from the Future Oxford Partnership and two residents to represent the community's voice. The eight municipalities and the County will also play a key role in advocating for support and resources from all levels of government, as well as advancing community engagement and communication.

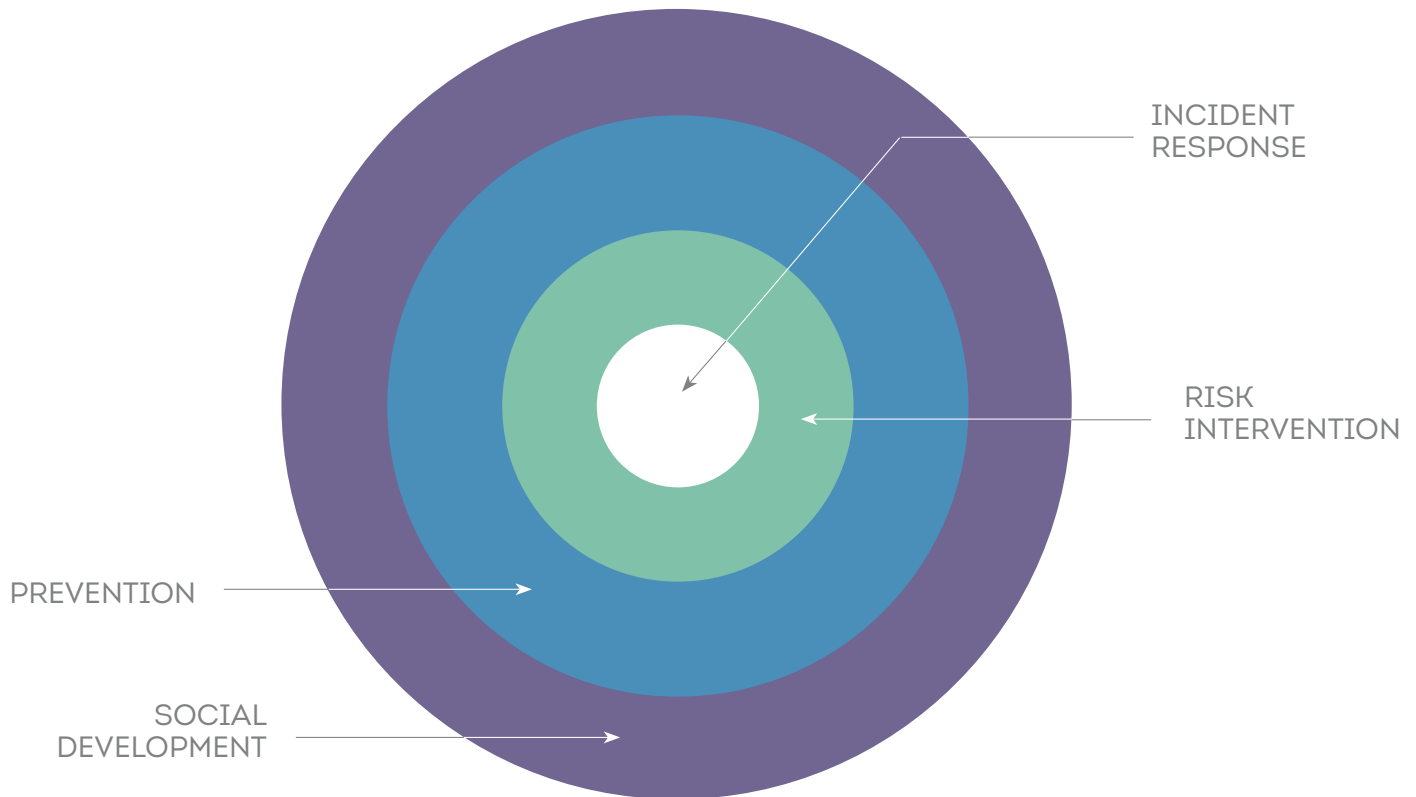
PURPOSE

The purpose of the Community Safety & Well-being Plan is to improve the safety and well-being of community members, by defining and addressing priority risks through proactive, integrated system-wide strategies. The benefits of the planning process are wide-ranging, and may include: ¹

- Enhanced communication and collaboration among sectors, agencies and organizations
- Stronger families and improved opportunities for healthy child development
- Healthier, more productive individuals that positively contribute to the community
- Increased understanding of and focus on priority risks that can impact all of our residents, and that may have a great impact on vulnerable groups and neighbourhoods
- Transformation of service delivery, including realignment of resources and responsibilities to better respond to priority risks and needs
- Increased engagement of community groups, residents and the private sector in local initiatives and networks
- Enhanced feelings of safety and being cared for, creating an environment that will encourage newcomers to the community
- Increased awareness, coordination of and access to services for community members and vulnerable groups
- More effective, seamless service delivery for individuals with complex needs
- New opportunities to share multi-sectoral data and evidence to better understand the community through identifying trends, gaps, priorities and successes
- Reduced investment in and reliance on incident response

Our Community Safety and Well-being Plan is built on a proactive and integrated approach to safety and well-being and addresses the root causes of complex social issues and crime by working at one of the following levels of interventions.

¹ Community Safety and Well-being Planning Framework, Ontario Ministry of the Solicitor General, <https://www.mcscs.jus.gov.on.ca/english/Publications/MCSCSSOPanningFramework.html#Tool3>



Ideally, the more effort that is expended on **social development**, where a wide range of sectors, agencies and organizations bring different knowledge and expertise to the table to address complex social issues, like mental illness or drug abuse, the better the results will be. For example, if we invest heavily in social development and establish protective factors through improvements in factors like community engagement, social supports and stable housing, our communities will reap the benefits of addressing the root causes of crime and other complex social issues. Planning in the area of **prevention** is also a proactive approach to reducing priority risks and is identified as the next most important area of focus for the Community Safety & Well-being Plan.



02

— **GUIDING
PRINCIPLES**

The vision of our planning process was to develop a Community Safety & Well-being Plan that will guide and enable Oxford's municipalities to achieve our shared vision of cultivating and sustaining:

“Communities where individuals and families feel safe, supported and included and where they can access what they need, when they need it to live fully.”

Under the banner of ***Safe & Well Oxford Communities***, our planning process was guided by the following principles. Our Community Safety & Well-being Plan:

1. Builds on the remarkable and diverse range of assets, programs, and strengths found across Oxford's municipalities.
 2. Leverages and complements all existing system-wide strategies and action plans that are in place to address risks to community safety and well-being.
 3. Promotes broad and wide-ranging multi-sector and multi-disciplinary collaboration and coordination of strategies, services, information, and resource sharing for collective impact.
 4. Engages and mobilizes individuals, families, service providers, government, associations, and organizations, to come together and share, learn and strategize to optimize community safety and well-being.
 5. Reflects voices and experiences of the people we serve, such as youth, families, seniors, and vulnerable populations and provides solutions that are relevant and sensitive to the lived experiences of a diverse range of individuals and groups.
 6. Prioritizes social development and risk prevention and mitigation strategies, with a focus on causes. By proactively implementing evidence-based situational measures, policies, or programs to reduce priority risks to community safety and well-being we can improve outcomes and reduce crime, victimization, and harm.
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7. Is **culturally responsive**, guided by the diverse voices, experiences, backgrounds, and needs of the many people we serve.
8. Is inclusive and holistic, recognizing the critical importance of the social determinants of health and inequities in building a safe and well community. The main determinants include race/racism, gender, ability, income, and social status, education and literacy, employment and job security, childhood experiences, housing, food security, social supports, and coping skills, access to health services, social safety net, and early childhood development.²
9. Incorporates a place-based approach, allowing us to allocate resources and attention to specific groups or geographic areas within Oxford County where there is a greater need. For example, focusing on a particular neighbourhood or age group, such as youth or seniors.
10. Is owned by each community member and acknowledges that each person has a role in bringing the plan to life and making our communities safe and healthier places to live, play and work.



² Government of Canada, Social and Economic Influences of Health,
<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

An aerial photograph of a residential neighborhood, showing houses, trees, and streets. A large, white, stylized heart outline is overlaid on the image, centered in the upper half. The heart is composed of thick white lines. The background image is in a muted, purple-blue color palette.

03

**COMMUNITY
BACKGROUND**

Located in the heart of Southwestern Ontario, covering 2,000 km², Oxford County is home to eight area municipalities including the rural townships of Blandford-Blenheim, East Zorra Tavistock, Norwich, South West Oxford, and Zorra and the urban centres of Woodstock, Ingersoll, and Tillsonburg. Oxford County is close to highways 401 and 403 and to major centres, such as the Region of Waterloo to the east and the city of London to the west. It is also due west of the rapidly growing Greater Golden Horseshoe.

The County has a population of 110,862, with over 44,000 households, as per 2016 Census Data. In 2016, the split between males and females is almost even, with a median age of 42.3 years and 18% of the population aged 14 and under and 19% being 65 years of age and over. 14% of families are led by a lone parent and there are higher levels of older adults living alone in Woodstock and Tillsonburg. Of the population, only 10% are immigrants, with 70% of those people immigrating to Canada before 1991. As a result, most of the population speaks English. The percentage of visible minorities living in Oxford County in 2016 is only 3.2%.³

According to census data, the county has a strong, mainly industrial and agricultural employment base, and the county reports continued job growth despite weakening employment elsewhere in the broader Southwestern Ontario economic region in the period up to 2016. Oxford is home to several vital industrial employers that employ residents and provide employment for commuters coming in from other areas. The employment rate in Oxford County is 63.5%, higher than the Ontario average, while the average after-tax median family income in Oxford in 2016 is \$76,275, slightly lower than the Ontario average. Positively, there is a lower percentage of residents living in low income and food insecure situations – although fewer women enjoy these higher living standards.

It is important to note that Oxford County is expected to grow in population by 47,000. in households by 18,300 and add approximately 21,000 new jobs over the next three decades. In fact, from 2021 through 2026, total population growth is forecast to be 7,410, with the bulk of that growth coming from migration.⁴ The forecast for growth is from a study by Hemson Consulting Ltd., commissioned by Oxford County. The study predicts substantial population growth and increased demand for housing driven largely by people from the Greater Golden Horseshoe relocating to Oxford. The pattern of growth within the County is not expected to shift substantially, with most growth concentrated in the City of Woodstock (50%) and the Towns of Tillsonburg and Ingersoll (25%) with the balance being dispersed across the five rural Townships (25%).⁵

One of Oxford County's greatest strengths is its diverse range of multi-sector and multi-disciplinary service providers, organizations, and agencies that serve the needs of the residents

³ Oxford County Community Profile and Statistics, <http://www.oxfordcounty.ca/Business-in-Oxford/Planning-and-Development/Demographics>

⁴ Oxford County – Phase One Comprehensive Review, Hemson Consulting Ltd. March 2020
<https://www.oxfordcounty.ca/Portals/15/Documents/CASPO/Studies/Final%20Phase%201%20Comprehensive%20Review%20Report.pdf>

⁵ Oxford County Report No: CP 2019-104, Community Planning, April 10, 2019

across Oxford. Working together, they bring different perspectives, expertise, skills and resources to support families, youth and children, adults of all ages, business, and economic stakeholders, and vulnerable populations. Every day, they are working to improve health, safety, and well-being outcomes for Oxford residents. A summary of Oxford County Service Providers and Agencies as well as a catalogue of Action Tables and Committees, focused on critical community needs, can be found in Appendix One and Appendix Two, located on the plan website.

OXFORD COUNTY PROFILE OF WELLBEING SNAPSHOT⁶

According to the 2016 Profile of Wellbeing in Oxford County, more than 60% of residents of Oxford County describe their health as very good or excellent (62.0%), and a higher number report that their mental health is very good or excellent (65.8%). Moreover, for overall health, the percentage in Oxford County is higher than percentages reported in the province (59.2%), and across the country (59.0%). Around 66% of the residents in Oxford County report they are living without any health or activity limitations.

The percentage of people describing their mental health as very good or excellent is higher than their ratings of overall health. However, the percentage reporting very good or excellent mental health in Oxford County is lower compared to other places provincially and nationally. These figures could indicate that about 33% of residents in Oxford County feel their overall and mental health is only “good” or may be worse.

On a very positive note, in Oxford County, only 1 in 100 teens (0.9%) report smoking occasionally or daily, which is one of the lowest rates in both Ontario and Canada.

Residents say they have a higher sense of belonging to their community, greater feelings of safety (i.e. feel safe walking in their neighbourhood after dark) and experience less discrimination than elsewhere in Ontario. Residents do report that they volunteer somewhat less and have fewer close friendships.

Oxford County has lower rates of both high school graduation and residents who have earned a university degree and less access to childcare. However, the libraries offer more literacy and learning programs for children and more programs on careers and job advice for adults. Furthermore, only 40% of elementary schools are measuring student progress in health and well-being, which is 15% less than the Ontario average.

⁶Canadian Index of Wellbeing – A Profile of Wellbeing in Oxford County, March 2018



04

**COMMUNITY
ENGAGEMENT**

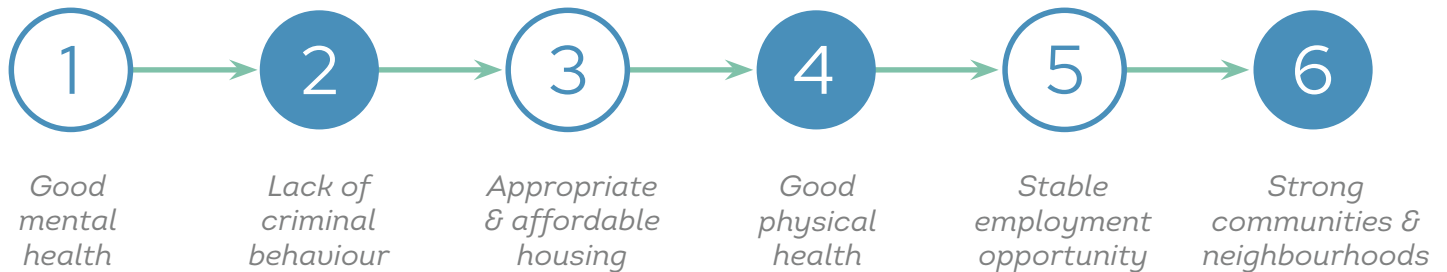
To identify community priority risks and ensure a broad base of input from across the municipalities, a number of research and stakeholder engagement methods were employed. Couched under the banner of Safe & Well Oxford Communities, and led in partnership with a Community Advisory Committee, the following activities were undertaken:

1. Completed an environmental scan, which encompassed mapping where there is work underway in the community to address specific risks and issues and identifying existing capacity and resources, such as service providers, tables, committees and boards that are active in the community and will be critical to implementing our plan, ***Safe & Well Oxford Communities***.
 2. Facilitated 12 multi-sector and multi-disciplinary focus groups, which involved more than 150 participants representing the following sectors and services:
 - Policing
 - Emergency Response
 - School boards
 - Hospitals
 - Community Health / Health Teams
 - Addictions / support agencies
 - Mental health agencies and supports
 - Children's Aid Society
 - Organizations serving children and families
 - United Way
 - Housing and homelessness groups
 - Justice Services
 - Social Planning
 - Business community
 - CAO's and Mayors from the municipalities and Oxford County
 3. Facilitated a general community survey, which engaged 1,320 people with responses from parents, grandparents, adults with no children or dependents, seniors, and youth.
 4. Facilitated a youth-only online survey, which provided invaluable input from 54 youth, ages 13 – 21, with representation from 39 females, 11 males, and 4 individuals, classified as other. This survey was complemented by a virtual focus group with ten youth, which allowed us to dive deeper into some of the findings from the survey.
 5. Facilitated one-on-one interviews with several subject matter experts who could provide further insight into our findings.
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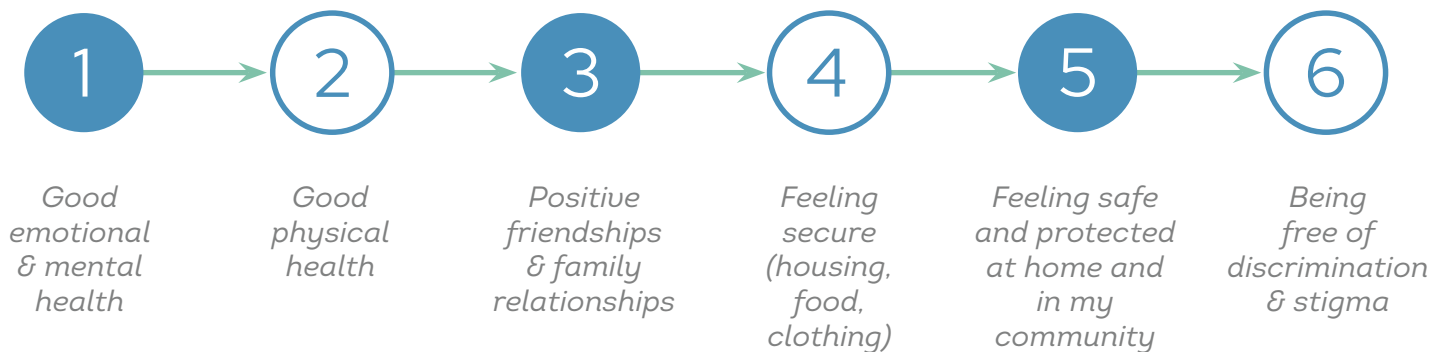
KEY ENGAGEMENT FINDINGS

When we asked, *'what does community safety and well-being mean to you?'* overwhelmingly the top answers were:

GENERAL SURVEY



YOUTH SURVEY



When we asked the question, *'what do you feel needs the most improvement or attention in your community to maximize your well-being and safety?'* we heard the following:

GENERAL SURVEY



YOUTH SURVEY



THE IMPACT OF THE COVID-19 PANDEMIC ON OUR COMMUNITY SAFETY & WELL-BEING

Our general survey asked participants how they felt about their safety and well-being before the COVID-19 pandemic and how they feel today. The results are very concerning and highlight the negative impacts of the pandemic on both adults and youth.

	GENERAL POPULATION		YOUTH POPULATION	
	Pre-Pandemic	Post-Pandemic	Pre-Pandemic	Post-Pandemic
Very Satisfied/ Satisfied	70%	40.4%	61.1%	31.5%
Very Dissatisfied/ Dissatisfied	15%	39.8%	11.1%	39.9%

From our engagement processes, we uncovered several critical themes related to the impact that the pandemic and subsequent lockdowns have had, including the following:

- COVID-19 has highlighted the inequalities in both physical health and behavioural health outcomes for low-income residents and people from diverse cultures/backgrounds; and the pandemic has exacerbated the stigma that vulnerable people face.
- Many young people report feeling significantly disconnected, alone and isolated, impacting their self-esteem and sense of personal value and worth and say that this has become significantly worse during the pandemic.
- Youth point to social media having an even larger influence in the COVID-19 world, along with an increased culture of toxicity leading to more anxiety and depression amongst this population.

“The number of people in our communities experiencing mental health challenges has increased significantly due to the pandemic, and many of our clients’ mental health situations seem more complex and debilitating.”

– Service Provider

- Young people have a tangible feeling of loss of critical activities and life experiences, including school and related programs and events that are critical to their ability to learn and socialize, and report feeling a lack of agency within the decisions that affect them.
 - Overall, respondents report a tangible negative effect on their mental health, which is exacerbated by having less access to critical support services and resources, as a result of pandemic restrictions.
 - The most vulnerable, including children and youth, and those who are racialized are paying the highest price with their mental and physical health, their education, and their employment due to COVID-19.
-

A person with long hair, wearing a light-colored t-shirt, denim jeans with rolled-up cuffs, and white sneakers, is sitting on concrete steps. A large, stylized heart graphic is overlaid on the image, with a white outline and a light blue fill. The heart is positioned in the center-right of the frame. The overall image has a blue tint.

05

— IMPACT THEMES

Based on the findings from our environmental scan and the engagement processes, the Advisory Committee has selected four priority risks that our inaugural plan, Safe & Well Oxford Communities, will focus on. By addressing these intersecting themes in an integrated, cohesive and transformational way, we will create profound and lasting impact on the safety and well-being of our communities. Our priority risk themes are:

1. **Mental Health**
2. **Affordable Housing**
3. **Substance Misuse and Addictions**
4. **Equity, Diversity and Inclusion**

CRITICAL SUCCESS FACTORS

The following five factors are critical to the successful implementation of the Safety & Well-being Plan.

1. SHARED RESPONSIBILITY

By focusing on social development and prevention, our Safety and Well-being Plan is a catalyst for change for addressing the root causes of complex social issues and criminal activity. The 5-year Community Safety & Well-being Plan does not rest on the shoulders of police and service providers but is a shared responsibility of all members of the community, bringing our area and regional municipalities together with residents, community agencies and multi-sectoral partners to develop unified solutions to address our priority risk themes and improve the overall well-being of our communities.

2. DRIVEN BY A STEERING COMMITTEE

A multi-sectoral Implementation Steering Committee will lead *Safe & Well Oxford Communities* and oversee and drive the implementation of the plan across Oxford County, including the eight municipalities. The Steering Committee will have two co-leads with oversight and overall responsibility for the work of the committee. Membership will

include an elected Councillor, Mayor and CAO to represent the eight municipalities, one to two representatives from Oxford County, delegates from the Advisory Committee that developed the plan, representatives from agencies associated with the four priority risk themes, and at least four members of the public, including a youth and senior. Key responsibilities of the Steering Committee will be to oversee the work of the Action Coalitions, including ensuring that action plans are developed and implemented; tracking of outcomes and progress; and facilitating communications and public reporting.

3. ACTION COALITIONS

We will establish integrated, efficient and cohesive, Action Coalitions for each Priority Risk Theme. The Action Coalitions will be made up of **existing or new** committees/tables and inter / multi-disciplinary and accountable stakeholders, including a diverse range of residents with lived experiences, and youth. Each Action Coalition will unite and unlock the expertise, knowledge, best practices and innovation that are already at work in our communities and bring them together to transform our priority risk themes.

The Action Coalitions will spearhead and coordinate unified solution development, planning, decision-making and implementation processes for each identified risk priority. By working in tandem across municipalities, sectors and agencies, each Action Coalition will tackle and transform the outcomes for the risk they are addressing. They will utilize efficient and effective planning methodologies, communication and collaboration practices, and implementation processes to enable success. Additionally, it will be critical to define what success looks like and how success will be measured and to track progress to enable continuous learning and improvement.

4. ONGOING COMMUNITY ENGAGEMENT

As the plan is implemented over the next five years, ongoing engagement with communities to understand changing needs or evolving risks, involving residents in problem-solving, and communicating the plan's progress and results will be vital to advance the desired changes.

5. RESOURCING

As the Community Safety & Well-being Plan and associated action plans are implemented, it will be critical to have the necessary resources and support from all levels of government and funding bodies, such as foundations. We are already facing serious financial shortfalls in all of these areas, therefore, to do more and truly transform safety and well-being outcomes, we will implement advocacy and marketing strategies to increase funding and support for

both front-end services and back-end processes and support. This work cannot be done on the side of the desk. It must be prioritized and have dedicated resources, in terms of human resources, funding, time, technology, infrastructure, aligned to this plan.

PRIORITY RISK # 1

MENTAL HEALTH EDUCATION AND PREVENTION

Mental health and well-being is a state of being in which a person understands his or her capabilities, can handle life's typical stresses, can function effectively, and can participate in society. According to the World Health Organization, a person's mental health and well-being are influenced by numerous social, psychological, environmental, and biological factors and can fluctuate at different points in time. Living in persistent poverty or experiencing family conflict or violence are examples of risks to an individual's mental health. Declining mental health can also be linked to stressful life situations, bullying, drug and alcohol misuse, or loneliness and isolation, to name a few.

From our engagement processes, we learned that our communities view good mental health, including access to high-quality services, supports, and resources as the most important contributor to community safety and well-being and they feel it requires serious attention. Ultimately, our communities believe that mental health is central to our shared and individual ability as humans to think, act, connect, and build relationships, learn, work and live well. Therefore, the promotion, protection, and restoration of mental well-being must be a critical priority in our Safety and Well-being plan.

CURRENT SITUATION

Currently, a large number of programs and agencies across Oxford County that provide high quality mental health services or supports for adults, children, youth and families. Despite this amazing dedication from dozens of organizations and hundreds of individuals providing services, the system is still not able to meet our population's needs due to long waitlists, a shortage of mental health professionals, access issues, inconsistent information, and the impacts from stigma.

LOCAL INNOVATION:

Positively, the MHEART (Mental Health Engagement and Response Team) program, which pairs on-duty offers with working mental health clinicians for calls with mental health or addiction factors served more than 1,750 people in mental health crisis between September 2018 and September 2020. 88% were de-escalated at the scene.

Our patchwork of mental health services is chronically underfunded, with a budget from the Southwest LHIN \$5.9 Million, funding six agencies, equivalent to \$52.22 per capita, which is significantly lower than \$86.36 per capita in Ontario.⁷ Some funding also exists through other provincial ministries and from granting organizations, however the funding is insufficient, and not always sustainable, to meet rising demand and the complexity of needs in a high-quality way. For example, the average time waited for mental health case management services in the community is 110 days. Another sign of insufficient capacity is that emergency department visits for mental health reasons have increased by 23% between 2013 and 2017 overall, and 32% for people under 25 years of age, according to Southwestern Public Health.⁸ The most common mental health concern leading to emergency department visits were anxiety disorders (25.7%) followed by depressive episodes (14.2%) and acute stress reactions (i.e., crisis reactions in response to exceptional physical and mental stress.) Moreover, between 2017 and 2018, Woodstock Police Services saw an increase of 31% in mental health calls for service and an increase of 19% where an individual was apprehended for medical assessment. Similarly, during this time period, Oxford OPP experienced a 16% increase in mental health occurrences.

Beyond the capacity issues, studies also show that the social stigma associated with mental health conditions often prevents people from accessing treatment. People are afraid of facing discrimination at school and work or being judged by their family and friends and may not seek the support or help they need before the situation gets worse. Other barriers to service include:

- **Financial challenges.**
- **Lack of knowledge about services.**
- **Long distances to travel to access services or lack of public transit.**
- **A shortage of culturally competent services and care.**

It is also critical to recognize that marginalized groups are at higher risk of having poor mental health and experiencing mental health conditions. They also have decreased access to the supports and resources essential to prevention, recovery, and positive mental health. According to Southwestern Public Health, if each socioeconomic group experienced the same rate of emergency department visits for mental health as the most advantaged group in terms of material deprivation (access to food, clothing, and housing), there could be a reduction of 1,650 emergency department visits over two years in the SWPH region and the rate of emergency department visits for mental health could be reduced by 35.6% in Oxford County⁹.

⁷ Health System Resources for Mental Health and Addictions Care in Canada, Canadian Institute for Health Information, July 2019
<https://www.cihi.ca/sites/default/files/document/mental-health-chartbook-report-2019-en-web.pdf>

⁸ Healthy Minds: Examining Mental Health & Mental Illness in the Southwestern Public Health Region | 21

⁹ Healthy Minds: Examining Mental Health & Mental Illness in the Southwestern Public Health Region | 21

Like adults, children and youth are at risk of developing mental health issues. According to the Mental Health and Well-Being of Ontario Students (1991 to 2017)¹⁰ survey for 2017:

- 19% of students rate their mental health as fair or poor, much higher than 12% during the period 2007 to 2013.
- 31% of Ontario students report that in the last year, there was a point in time that they wanted to reach out to someone and talk about a mental health problem but they were not sure where to turn.
- 35% of students indicate that they have experienced a traumatic or negative event in their young lives, an identified risk factor for mental health issues.
- 14% also told surveyors that they had serious thoughts about suicide, with 4% reporting an attempt to end their lives.
- Since 2013, the initial year of monitoring, the percentage of students who had an unmet need for mental health support has significantly increased from 28% to 35%.
- 21% of students report being bullied at school since the beginning of the school year. The most reported type of bullying victimization at school is verbal. Also, 21% of students report being bullied over the Internet in the past year.

Appropriately, a consistent theme that surfaced during our engagement processes was the need to better connect parts of the system of prevention and care to ensure consistency in the way that mental health services for young children and youth are structured and delivered. For optimal mental health services, strong communication between providers across education, early learning and caregiving, primary and hospital care, and community-based child and youth mental health services is essential. Coordination and collaboration across services and a robust infrastructure to support this knowledge sharing will ensure we can identify at-risk children, intervene early and prevent mental health issues from developing.

ENGAGEMENT FEEDBACK

Sentiments from Service Providers and the General Public:

- With such limited resources, we have to prioritize the prevention of mental health problems and helping people, especially our young, to stay well. Working together we can do better. We need to focus on supporting youth and families, who are more vulnerable / at risk, and connect them to services and resources early, to prevent mental health issues and crises and build capacity.

¹⁰ <https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf>

- There are real service gaps in our community, including long lines and wait times for services and lack of accessible programs and services at the local level, plus there is considerable red tape and bureaucracy. For example, no detox beds for young people; shortage of addiction support programs; a shortage of transitional housing, except for the Ingamo Family Homes that supports women and their children; long waits for mental health and developmental services for young people; lack of access to psychiatrists; no women's transitional housing; insufficient sexual abuse counselling.
- There is a surge of people experiencing acute behavioral health problems—both those with new symptoms and those with existing conditions — placing a further strain on our under-resourced systems.
- We need to develop additional prevention programs to strengthen mental health services, including providing more crisis counseling to individuals and families who have been affected by COVID-19, such as workers who have lost their jobs, healthcare and essential workers, youth, older adults, people with disabilities, and people with mental and physical health concerns.

“Using best practices, we could develop more innovative programs to address mental health service issues, helping youth to feel safe in coming forward with issues, on-line mental health education or assessment tools, youth well-being advisors or mentors to support their mental, emotional and physical health.”

From the voices of youth:

- “Don't wait to address mental health issues. Talking and knowing how youth are, should be something that happens regularly, not once a year. Be more engaged and care about our mental health. Don't wait before it's too late.”
 - “Depression and suicide are real things. We are afraid to talk. Check up on us and help us open up.”
 - “School is a great way to start teaching about eating disorders, depression, suicide, etc. Maybe once a week a professional can teach about a mental disorder and how to support others or have someone, like a peer, come in with a real experience and tell us their story.”
-

- “Put more attention on teaching parents how to emotionally connect and support their children from day one.”
- “Everyone should get a routine mental health check-up every so often. Free of charge.”
- “Listen and hear what students say about our mental health from the youth’s point of view instead of the adult. Maybe have older peer mentors at school who are trustworthy to keep your information confidential would be good.”
- “Have more people talking about mental health because even if people might be too scared to speak up, I think it’s good for people to hear about mental health.”
- “I am taking a 6-month break from social media to help improve my mental health.”

MENTAL HEALTH & WELL-BEING EDUCATION & PREVENTION ACTION PLAN

Goal #1 – *Prevention Focus*

Under the guidance of a multi-disciplinary / sectoral Action Coalition, (i.e. Oxford Mental Health & Addictions Network) expand primary prevention programs and interventions to reduce exposure to risk factors and enhance protective factors before mental health problems occur.

Objectives

1. Leverage and expand early detection and prevention programs to promote positive mental health and wellness at different life stages, including:

LOCAL INNOVATION:

Support, promote and expand participation in ‘The Hub,’ a drop-in virtual wellness space, where youth can connect with other youth, youth mentors, and professionals; participate in wellness activities; and access community resources and information on mental health, employment, housing, addiction and more.

- **Early childhood:** foster positive caregiver-child interactions and strength-based parenting practices
 - **Childhood and adolescence:** expand bullying-prevention efforts; provide meaningful and inclusive engagement opportunities and safe places where youth can go (virtually or in-person) to connect and participate in positive activities; provide parent training to encourage positive parent-child communications and interactions.
 - School Community Intervention Partnership Program (SCIP) provides early intervention support for children with difficulties in regulating their behaviours that may be interfering with performance at home, school, and in the community.
 - Early Years Program, which provides supports to children who are 0-6 years of age and their families, who experience difficulties at home, school, or in a daycare setting.
 - Youth Engagement Advisory Hub
 - **Young Adults:** provide supports for managing workload or demands related to post-secondary education or a job
 - **Adults:** promote healthy lifestyles, including appropriate nutrition, sleep, being outdoors, and regular exercise
 - **Seniors:** offer supports for stressors associated with impaired mobility or social isolation
2. Strengthen the partnerships between primary care, hospital, and community-based care providers to ensure effective communication, clear and efficient service pathways, and accountability for how mental health services are delivered.
 - Support patients, families/caregivers, and providers with digital tools and virtual care solutions
 3. Build new pathways and leverage existing pathways for at-risk children and youth and their caregivers to access supports and interventions, such as the Wellkin's Circle of Security Group for parents and caregivers of children, between the ages of 0 and 6; and Oxford County's Walk-in Counselling, that is a partnership of CMHA Oxford, Woodstock Hospital, Wellkin and Oxford County Community Health Centre.
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EXPECTED OUTCOMES

- ✓ Individuals will have more direct pathways to care and support
- ✓ Adults, youth and children will feel a greater sense of mental well-being
- ✓ Individuals' self-rated mental health will improve
- ✓ Emergency department visits for mental health crisis will decline
- ✓ Service providers, across all sectors, will have enhanced competency to support the mental health and well-being of children, youth, and adults
- ✓ Youth and children will feel supported and have a sense of belonging and connectedness
- ✓ Readiness to learn will improve
- ✓ Parents and guardians will feel supported and enabled to cultivate the mental health of their children

Goal #2 – *Social Development Focus*

Expand mental health and well-being awareness and literacy programs to promote dialogue, foster understanding, and change mindsets about mental health.

- Awareness includes public and targeted or place-based awareness campaigns about early signs and risks and protective factors as well as information about the health consequences of mental illness to encourage timely help-seeking

Objectives

1. Participate in national and provincial Mental Health Awareness campaigns, such as the Bell “Let’s Talk” campaign.
 2. Introduce and maintain planned and informal community education initiatives focused on mental health and how to prevent negative mental health outcomes.
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3. Train service providers, teachers, and community leaders in prevention and targeted interventions i.e., provide training on how to deliver resilience-promoting programs for children and youth.
4. Invite regular speakers, with lived experiences, to have conversations and tell stories to youth in settings where students learn, hang-out, or go for support.
5. Weave mental health and well-being education into primary and secondary school education curriculum.

EXPECTED OUTCOMES

- ✓ Public awareness and understanding about mental health and well-being will increase.
- ✓ Caregiver proficiency and awareness for how to support children and youth and prevent mental health issues, will be enhanced.
- ✓ The stigma and discrimination associated with mental health disorders will decline.
- ✓ Caregiver and service provider awareness of the evidence-based prevention initiatives that increase protective factors to mitigate the onset of mental health issues, will increase.

PRIORITY RISK #2

AFFORDABLE HOUSING

Housing is a vital social determinant of health and quality of life indicator, influencing individual health and well-being; a sense of belonging and inclusion; and the ability to access food, jobs, and social connections. Accordingly, the supply and quality of housing have a powerful impact on community well-being. The full spectrum of housing – called the **'housing continuum'** – consists of emergency shelters, transitional housing, supportive housing, rent-geared-to-income housing, affordable rental housing, market rental, and home ownership. For housing to be considered affordable at any point along the housing continuum, the costs should be less than 30% of a family's before-tax household income.

CURRENT SITUATION

Unfortunately, in Oxford communities, the supply of affordable rental housing and affordable homeownership opportunities do not meet the current and future needs across the County. There is an alarming number of households, including highly vulnerable individuals, who cannot afford a place that they can call home. Oxford County shelters only have a supply of 50 beds and, across the housing continuum, there are no vacancies in market rental housing, transitional and supportive housing, long-term care, rent-g geared-to-income housing, and affordable rental housing. Consequently, as of July 2019, the waitlist for social housing in Oxford County was 2,500 applicants, an increase of 500 applicants since January 2019.¹¹

Furthermore, Oxford communities face a significant and increasing gap between housing prices and household incomes. For example, the Woodstock and Ingersoll District Real Estate Board reported that the overall MLS® HPI composite benchmark price was \$491,100 in January 2021, advancing 31.7% compared to January 2020. The benchmark price for single-family homes was \$507,200, a large increase of 32.1% on a year-over-year basis in January. By comparison, the benchmark price for townhouse/row units was \$311,200, rising 27.3% compared to a year earlier.¹²

Interestingly, as of January 2020, Oxford Workforce Development Partnership (OWDP) reported that approximately 3,000 vacant employment opportunities existed in Oxford County with a wage averaging more than \$18/hour. Through the OWDP, Oxford employers indicated that transportation and housing were the two primary obstacles to workforce attraction and retention. There are no affordable housing options (size, type, and tenure) in Oxford County available to prospective employees so they can fill these vacancies.¹³

Approximately 10% of households are in core housing need and 17.5% of rural senior homeowners are living in core housing need.¹⁴ This means these households are falling below one or more of the adequacy, affordability, or suitability standards (as per CMHC) and could not afford an alternate living situation that would meet their needs. Oxford County's prevalence of low income is highest for female, lone-parent families (16.9%), and people, who are 15 years and over not in family homes (15.2%). As identified in Oxford's Zero Poverty Plan (2018), meeting core housing needs is fundamental to addressing poverty and critical to achieving a well-balanced housing continuum.¹⁵

¹¹ Oxford County, Report No: CAO 2020-01, February 12, 2020 http://oxfordcounty.ca/portals/15/Documents/News%20Room/15973_0_Agenda%20Package%20-%20Council%20Meeting_Feb12_2020.pdf#page=18

¹² CREA, Housing Market Stats, Woodstock-Ingersoll & District Real Estate Board, January 2021, <https://creastats.crea.ca/board/wood>

¹³ Oxford County, Report No: CAO 2020-01, February 12, 2020 http://oxfordcounty.ca/portals/15/Documents/News%20Room/15973_0_Agenda%20Package%20-%20Council%20Meeting_Feb12_2020.pdf#page=18

¹⁴ Supporting Affordable Housing for Canadian Seniors Living in Rural Communities, The Policy Lab, McGill University

¹⁵ Zero Poverty Plan, 2018

With inflated rents and low vacancy rates, securing adequate, stable housing in Oxford County for individuals dealing with mental health issues or problematic substance use is even more challenging. As a result, the risk of precarious housing or homelessness is elevated, especially for those discharged from the hospital. In fact, an Oxford-wide survey completed for the Social Planning Council, Oxford from November 23rd to November 26th, 2020 that interviewed 93 people experiencing homelessness, found that 55% had become homeless in the past year. Most respondents in this unscientific survey said the primary reason for their homelessness was a lack of affordable housing.

When the housing supply system is not able to fulfil the continuum of needs, the reverberations experienced across the community, include the following:

- The shortage of affordable housing means that safe, healthy, well-maintained housing may be unattainable for many families, leaving children and youth in homes that can impede their development.
 - The number of individuals in Oxford County who experience homelessness will increase over time, often presenting with more complex needs and will need to access a broad continuum of services and wraparound supports to become safely and sustainably housed.
 - As seniors age and cannot stay safely in their current homes, there will be challenges to ensure they live in appropriate housing, especially in rural areas where there are very few alternatives.
 - When families pay “too much” for housing, this means there are fewer resources available to spend on other basic needs, such as food, clothing, child-care, and health care.
 - Inequities will continue to grow between those who can afford housing and those that cannot, and the risk of homelessness will increase.
 - As the housing affordability gaps widen, market forces will increase costs and aggravate the situation.
 - Social system demands and issues will expand and become more complex.
 - Employment growth will stall as employers will not be able to attract the talent they need to fill jobs, as housing will be unaffordable.
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AFFORDABLE HOUSING ACTION PLAN

Goal #1 – *Social Development Focus*

Raise awareness of the housing crisis across the entire continuum.

Objectives

1. Bring the housing crisis into local conversations across Oxford County to reduce the stigma associated with social/affordable housing (i.e., not in my backyard), increase awareness of housing challenges along the entire housing continuum and advance the development of more housing that meets the needs of a diverse scope of people.
2. Raise the community's understanding of the housing crisis' impact on community safety and well-being, the impact on workforce readiness, and the need for affordable transportation options to connect housing with employment opportunities.
3. Elevate the community's appreciation that housing is a social justice issue that impacts the safety and well-being of all, particularly the well-being of children and youth.
4. Advocate for greater availability of low-threshold housing and addiction supportive housing in the community.
5. Advocate for investment in alternative housing options for seniors, such as supportive housing, retirements homes, seniors' co-operatives, particularly in rural areas.

OUTCOMES

- ✓ Community awareness of the impacts of our housing crisis and unstable housing and the effects on community well-being will increase.
 - ✓ Community participation in addressing the housing crisis and advocacy for change and more funding will increase.
-

- ✓ Housing will be discussed in the context of workforce readiness and transportation, deepening the understanding of a need for a holistic solution.
- ✓ Stigma associated with social housing and changed sentiment towards social and supportive housing from 'not-in-my-backyard' to 'yes-in-my-backyard' will decline.

Goal #2 – Social Development, Prevention and Risk Intervention Foci

Establish a system-wide Affordable Housing Action Coalition, comprised of critical stakeholders from the eight municipalities and the County and active participation from system-wide partners and stakeholders, to update and approve a shared Housing Strategy and Action Plan. The mandate would focus on increasing access to quality housing options within various levels of affordability and for a diverse range of needs and household sizes across the entire housing continuum in Oxford County.

Objectives

1. Leverage learnings from the housing needs assessment across each of the eight area municipalities, including research and data collection and a housing needs analysis. Pay special attention to needs of seniors, marginalized groups and low-income families.
 2. Establish priorities for action, including system, program, and policy interventions. For example:
 - Continue to evaluate opportunities to enhance zoning for increased density, additional residential units, or shared housing options.
 - Adjust planning policies to increase affordable housing stock (i.e. parking relief, setback requirements changes, density allowances, etc.)
 - Continue to promote the conversion of underutilized land and buildings to affordable housing development.
 - Build on the current work to develop new policy, system, and financial incentives to increase affordable housing stock.
 - Continue to categorize opportunities to create a pipeline of shovel-ready surplus land for affordable housing.
 3. Recognize youth as a priority stakeholder group for housing and homelessness and explore ways to prioritize this population when it comes to housing.
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4. Prioritize the review and planning of programs, policies and diversion practices to help vulnerable individuals to secure and maintain their tenancy/housing; and to prevent individuals from entering homelessness.

OUTCOMES

- ✓ All Oxford residents will have access to a home that is affordable, suitable, and adequate.
- ✓ Access to affordable housing across the housing continuum will improve.
- ✓ Tenancy turnover rates will decline amongst vulnerable individuals.
- ✓ The waitlist for social housing will stabilize and improve over time.
- ✓ Affordable rental housing and market rental housing stock will be expanded.
- ✓ Expanded funding will increase for housing development.
- ✓ Private developers will be motivated to participate and partner in the vision to build housing that addresses various depths of affordability.
- ✓ Current and future generations' quality of life and well-being will be enhanced.

PRIORITY RISK #3 SUBSTANCE MISUSE

The misuse of substances has a severe impact on individuals, families, and communities. The effects are cumulative, significantly contributing to costly social, physical, mental, and public health problems. Some of the adverse outcomes linked with substance misuse can include increased blood-borne and wound infections, trauma, criminal activity, housing challenges, unemployment, and dropping out of school.

Everyone is at risk for substance misuse, but some populations are at greater risk, including:

- People who are unstably housed or homeless
 - Youth who comes from families that have a history of substance misuse or have gone through trauma or have few family or peer connections and supports in place
 - Lesbian, gay, bisexual, transgender, queer, or questions youth (LGBTQ2+)
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- Indigenous people
- Individuals with mental health issues
- People experiencing issues with the justice system
- Individuals with chronic pain or acute pain due to injuries

Although most youths are healthy, some youth are at higher level of risk for behaviours that may result in unhealthy outcomes, such as unsafe substance use. Most adults who meet the substance use disorder criteria began using substances as a teenager and young adult years.⁵ Youth with substance use problems also suffer from higher incidences of physical and mental disorders, weakened health and well-being, and probable progression to addiction, unless supports are provided.¹⁶

CURRENT SITUATION

Many organizations are actively working across Oxford communities to prevent and reduce the harms of substance misuse, including Addictions Services of Thames Valley, local hospitals and public and community health services, CMHA, police services, and the Rapid Access Addiction Medicine walk-in clinic for people aged 18+ who are struggling with alcohol or opioid use. As well, Oxford County has a passionate Drug and Alcohol Strategy Committee in place, and the community Drug and Alcohol Strategy was launched in 2018, informed by people with lived experiences to ensure that their needs and concerns are prioritized.

While there have been and continues to be significant benefits to many, we know that we must do more. A 2017 report projected that between 400 to 1,200 community members in Oxford County are struggling with problematic substance use concerns (excludes alcohol and cannabis so this estimate is likely masking the scope of the issue).¹⁷ In fact, admissions data to the Ministry of Health and Long-Term Care funded substance use services indicate that alcohol and cannabis are the top two problematic substances over the past year in Oxford County (2016-2017).

Alcohol is the top problem substance in Oxford County (28.5%), followed by both cannabis (13.3%) and prescription opioid use (13.3%).¹⁸ In 2015-2016, 21.8% of Oxford County residents, 19 and over, surpassed the low-risk alcohol drinking guideline (LRADG) targeted at lowering long-term risks of chronic diseases and 47.7% exceeded the guideline focused on reducing short-term risks. In the 19 - 44 age group, residents had a higher chance of surpassing the latter guideline than Ontario residents (70.9% versus 57.1%).

¹⁶ U.S. Department of Health & Human Services, Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

¹⁷ Other Substance Misuse. Oxford County Public Health and Emergency Services. (2017). Accessed <http://www.oxfordcounty.ca/Portals/15/Documents/PublicHealth/FoundationalStandards/2017/PH201710OCHRIssue1OpioidandOtherSub-stanceMisuse.pdf>

¹⁸ Oxford County Community Drug & Alcohol Strategy, November 23, 2018, <https://cmhaoxford.on.ca/wp-content/uploads/2019/07/Drug-and-Alcohol-Strategy-20190320.pdf>

Alarming, Oxford County placed seventh in Ontario for the highest number of high-strength opioid users. There were 130 emergency room visits for opioid overdoses in the first nine months of 2020, and there were 21,304 naloxone kits distributed in the region between January and August 2020.

Problems linked to illegal substances, especially cocaine and methamphetamines, are also reported to be increasing. Based on local reports, the most vulnerable to these issues, include children and youth, (particularly when they live in homes, where guardians misuse substances) and people who inject drugs.

Oxford County faces unique challenges in serving people with problematic substance use due to the community's blend of urban and rural areas. Challenges related to accessing appropriate services is a major concern, both because of the lack of availability of prevention programs and treatment services as well as transportation-related issues.

It is important to note that many individuals who suffer from substance abuse are attached to the Methadone clinics located throughout Oxford County. While they provide an important service and one attended by many individuals, it has been challenging to optimize communication and sharing of client data between the clinics and community agencies who also provide important services to these individuals. Accordingly, establishing processes that allow service providers to access clinic data related to client experience patterns and trends would improve client outcomes.

Detox and rehabilitation programs are not available within Oxford County, making these services extremely difficult to access, particularly for those with financial and transportation barriers. Furthermore, we know that the impacts of stigma and marginalization on people who use substances only serve to intensify negative consequences.

ENGAGEMENT FEEDBACK

Sentiments from Service Providers and the General Public:

- We need a detox centre within Oxford County and need to expand addictions services, including access to local psychiatrists.
 - A well-resourced strategy to fight substance abuse issues, particularly related to the drug and opioid crisis is critical in Oxford County
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- We need to reduce fragmentation in our approach to the prevention of substance use in youth. More collaboration and cooperation are necessary.
- Let's start prevention and early intervention efforts as soon as possible, addressing risk factors.

From the voices of youth:

- "These issues always stem from something deeper. Can't fix the tree if the roots are rotting. Find the cause, and deal with that first."
- "More and more drug use is happening. Kids are going to drugs because there is nothing else for us to do."
- "Instead of just saying using substances such as drugs and alcohol are bad, teach us how to use them safely so we know how to deal with emergencies such as an overdose. No matter what we are taught people are going to use drugs so teaching us not to share pipes, needles, etc. can be lifesaving. Also having substance abuse counselling, therapy is good. We need to end the stigma."
- "To know the signs and REAL dangers of addiction is important. Real survivors of harsh addictions should tell their story. How it affected their life, job, family, etc."
- "Listen to our voice. At school, we don't have a voice. Everyone tells us what to do. If I need help, do you think I am going to them for help? We need mentors or people who have lived addictions to tell us their story."
- "We need role models. Especially for kids who don't have positive homes, they can be helped a lot by education."

"We need adults to say I see you. I hear you. How can I help you or support you?"

- "Maybe find out why students partake in substances, whether they are rebelling, using it as an outlet, or to relax. They probably have a reason they are using it and instead of telling them it's bad, find something else they can use as a replacement; actually, get them to want to stop."
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SUBSTANCE MISUSE ACTION PLAN

Goal #1 – *Social Development Focus and Prevention Focus*

Spearheaded by the Drug and Alcohol Strategy Committee (proposed Action Coalition), utilize a health promotion and prevention approach (leveraging social media) to enhance youth protective factors. Key protective factors that hold promise for making a difference include community participation (e.g., in art, music, sports, and school activities), building a sense of connectedness, enabling access to peer, parent, and social support as well, as expanding the availability of community events and outdoor spaces.

Objectives - Children and Youth

1. Communicate and educate youth and stakeholders (parents, coaches, mentors, teachers, older siblings, etc.) about the factors associated with adolescent substance misuse, such as social pressures, substance use in the home, life transitions and deviance. Education should also address the harmful and cumulative social and health effects on a person's life and on their family/friends.¹⁹
2. Provide specific training to parents/caregivers on how to create a home environment that encourages healthy and positive family bonds and positive participation in children's lives
3. Support children and youth to build their capacity and skills to deal with stress, disappointment, and emotional distress.
4. Develop mentors to share their stories about the impact of addictions, through schools, clubs, and other venues where kids participate.
5. Introduce more protective factors that strengthen youth and children's resiliency, focusing on adding and ideally, co-creating relevant recreation, arts and music activities and social connectedness programs (including virtual programs) that youth and children are interested in.

¹⁹ The National Anti-Drug Strategy, Canadian Department of Justice. <https://www.justice.gc.ca/eng/rp-pr/cp-pm/eval/rep-rap/12/nas-sna/p1.html>

6. Work with schools to build systems to help youth feel successful, valued and to know they have a voice in decisions that affect them.
7. Due to the connection between bullying and substance misuse, expand anti-bullying (in-person and virtual) programming.

OUTCOMES

- ✓ Better quality of services and programs that are informed by the voices and needs of residents.
- ✓ Enhance client service experiences and outcomes.
- ✓ Emergency calls in response to substance misuse incidents will decline.
- ✓ The health and well-being outcomes for children, youth, and families will improve.
- ✓ Youth drug and alcohol use rates will decline.
- ✓ Early use of alcohol, tobacco and other substances will be delayed.
- ✓ Episodes of drunkenness or overuse of illicit drugs will decline.

Goal #2 – *Social Development Focus*

Expand system-wide communication and conversations about substance misuse, focused on the public, community stakeholders, and partners in the fight against addictions.

Objectives

1. Promote an inclusive, empathic community that comprehends substance use and addictions as health risks and supports families.
 2. Leverage social media and other mediums to disseminate key messages about substance misuse, protective and risk factors, and the problems that arise from drug use.
 3. Increase public awareness about the vast number of programs and resources available to people and how to navigate service pathways to prevention and care.
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4. Expand participation in authentic conversations, listening to the voices of children, youth, parents, and other vulnerable groups, as well as those people already being served by providers, to inform solutions and actions.
5. Train healthcare providers, teachers, mentors and other professionals about how to identify at-risk individuals for substance misuse and the steps to take to prevent or mitigate risks of addiction.
6. Produce anti-bullying and anti-opioid campaign videos to promote positive school climates where students feel safe from bullying and the risk of substance use

OUTCOMES

- ✓ Access to useful information and data to support services will improve.
- ✓ Community awareness about substance misuse and the negative effects will expand.
- ✓ Stigma related to substance use and addictions will decline.
- ✓ Drug use and drug-related morbidity and mortality will decrease.
- ✓ Information / data sharing and coordination of services between multi-sector / disciplinary service providers will be enhanced.

PRIORITY RISK # 4

EQUITY, DIVERSITY AND INCLUSION

The face and make-up of Oxford's communities is changing and becoming more diverse, in ways that are not limited to race or culture. More and more individuals and groups represent unique and overlapping dimensions including ethnicity, gender identity or expression, language, physical and mental health, ability, race, religion, socioeconomic status, gender, age, and sexual orientation, to name a few. Furthermore, a percentage of these shifts result from migration into Oxford County from the Greater Toronto Area, bringing 'big-city' mindsets that challenge the 'small town' way of life and thinking.

Unfortunately, with diversity comes stigma – negative attitudes, judgment, or discrimination against an individual or group based on a distinguishing trait, such as a health issue like obesity, one’s sexuality, an addiction, being homeless and more recently, having contracted COVID 19. Stigma takes the form of negative attitudes, judgments, and stereotypes, harmful interactions (even with a person’s service provider), adverse labeling of people, and discrimination. Ultimately, the stigmatization results in feelings of shame and fear, isolation, and poorer outcomes for those individuals. In fact, research has shown that stigma is one of the leading risk factors contributing to poor mental health outcomes. Stigma leads to delays in mental health treatment and it also reduces the chances that a person with mental illness will access and receive the right care, at the right time.²⁰

Ultimately, when we stigmatize people, we negatively impact their well-being and safety and affect their chances for a long and healthy life. Stigma affects health and safety through stress and other physical pathways. Moreover, many people are exposed to multiple stigmas, such as those struggling with both mental health and addiction problems, preventing them from obtaining the resources they need to achieve optimal well-being, such as education, employment, housing, and health services. These obstacles could be a function of intentional marginalization by gatekeepers, such as landlords, employers, teachers, and healthcare professionals, or may be linked to a person’s fear of stigma and mistreatment based on previous harmful or discriminatory experiences.

Throughout our engagement processes, stigma and discrimination were dominant discussion topics. The need to create communities free of stigma, where equity, diversity, and social inclusion are prioritized, was seen as an essential theme of this plan.

ENGAGEMENT FEEDBACK

Sentiments from Service Providers and the General Public:

- The pandemic has exacerbated the stigma that vulnerable people face.

“Stigmatization is a serious challenge across our communities, often experienced by people dealing with substance abuse, mental health challenges, homelessness, and poverty or by people from diverse cultures or backgrounds; and now by individuals who have been diagnosed with Covid-19.”

²⁰ Shrivastava A, Johnston M, Bureau Y. Stigma of mental illness-1: Clinical reflections. *Mens Sana Monogr.* 2012;10(1):70-84. doi:10.4103/0973-1229.90181

- We need to challenge and eliminate historic and systemic biases to ensure full participation in community life.
- Divisions are occurring within our communities. Until we address the divisions, and we all learn to accept each other, any type of meaningful progress will be difficult to achieve.
- Sustainable growth, rapidly increasing populations with people moving from large urban centers to rural towns. There are cultural, attitudinal, and behavioural differences that have a huge impact on communities.
- How do we empower the community to do better; to see beyond their circle and lens and embrace the larger, diverse community? We need a campaign that signals Oxford County is a welcoming and inclusive community.

From the voices of youth:

- “If you are different, you face bullying and cruelty. How do you get over that?”
 - “Why do you think youth have suicidal thoughts or eating disorders? We don’t feel loved or valued.”
 - “There is so much judging in school. The crude, mean comments hurt.”
 - “As an LGBTQ2+ youth who feels judged and left out all the time, I feel depressed and anxious and don’t know where to turn for support.”
 - “The best part of school life right now is an Indigenous Course I am taking. I am learning about their life and how they live and what they have gone through. It has made me a better, more inclusive person.”
 - “How do we challenge bad behaviour and bullying? Even the adults don’t know how to stand up to unfairness.”
 - “We need more education about differences. The world is changing fast, I need to understand different cultures, sexuality, poverty, mental health.”
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EQUITY, DIVERSITY & INCLUSION ACTION PLAN

Goal #1 - *Social Development Focus*

Establish an EDI Action Coalition to develop an evidence-informed, thoughtful and sensitive Equity, Diversity and Inclusion Strategy, including an Inclusion Charter, for all communities across Oxford County. An Action Coalition will bring together area municipalities, the County, police services, health care organizations and providers, school boards, businesses, social service providers, and agencies with a shared commitment to ensuring our communities are welcoming and inclusive for all. Most importantly the Action Coalition will engage community members representing the many differences across the County to ensure “no one is left behind.”

Objectives

1. Develop a vision for equity, diversity and inclusion across the municipalities, by asking questions like “what would an inclusive and equitable community feel/look like; how would services be delivered? how would the voices of diverse residents be heard?”
 2. Classify and address the types of discrimination that create roadblocks to safety, well-being, service access, and community engagement.
 3. Work with marginalized groups to identify historical, attitudinal, structural, and institutional practices that inhibit inclusivity.
 4. Implement programs and initiatives at the community, school, and employer levels, and deliver services that acknowledge the expanse of human difference and risk factors and realize the goals of equity, inclusion, and non-discrimination.
 5. Building on best practices, provide EDI training to leaders and staff from across all area organizations, such as government, police services, schools, hospitals, social service providers, employers, etc.
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6. Develop an EDI employee recruitment plan so government and community organizations reflect our changing and rich diversity.
7. Work collaboratively with police services to develop and implement strategies that decrease crimes targeting racialized, diverse or vulnerable populations, such as LGBTQ2+.
8. Provide annual reports back to the community on performance, as measured by EDI metrics.

OUTCOMES

- ✓ The values of equity, diversity and inclusion will be affirmed by the nine Councils and embedded in the policies, practices and services of the eight area municipalities and the County of Oxford.
- ✓ Diverse groups of people will engage in meaningful ways in developing and implementing the EDI Strategic Plan (i.e. the percentage of racialized groups that sit on Action Coalitions or Committees).
- ✓ Leadership within the public/private/non-profit sectors will be more representative of the diversity within our communities.
- ✓ Residents and newcomers will experience a higher level of safety and well-being (i.e. sense of belonging as measured by a survey).
- ✓ Fewer incidents of racism, bullying and other forms of discrimination will be reported.
- ✓ Economic life will improve, specifically it will be easier to attract and retain a diverse range residents, employees, and employers across the entire county.

Goal #2 – Social Development Focus and Prevention Focus

Develop, support, and promote community awareness and education campaigns to improve public understanding of racial and social justice and the individual and community impacts of stigma and discrimination.

Objectives

1. Develop virtual and in-person public awareness and education campaigns to overcome myths and ignorance. For example, the London Community Foundation podcast called “What London Can Be” is an excellent example of an accessible initiative that highlights how residents can create a vibrant, resilient, inclusive and just community.
2. Initiate community conversations about discrimination and racism, including cultural events, cross-cultural forums, and problem-solving sessions to address barriers to equity and inclusion.
3. Introduce opportunities for learning and self-awareness where people of all ages can reflect on their own values, biases, and beliefs.
4. Set up spaces where people can learn about and discuss how to create an equitable and inclusive community.
5. Engage youth to develop a social media campaign about bullying, discrimination, and stigma and the impacts these attitudes and behaviours have children, youth and families’ mental, emotional and physical well-being.

OUTCOMES

- ✓ Self-reported knowledge and understanding of racism and discrimination will improve.
 - ✓ Appreciation of diverse perspectives, experiences of stigma and equity principles will be enhanced.
 - ✓ The number of reported experiences of racialization and stigmatization will decline.
 - ✓ Social acceptance for differences across our communities will expand.
 - ✓ Number of incidents of physical and cyberbullying across schools and workplaces will decline.
 - ✓ Residents will feel a greater sense of belonging and feel supported and empowered to live fully.
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06



MEASUREMENT & IMPROVEMENT

What gets measured matters. Our plan, *Safe & Well Oxford Communities* matters. We have defined our priorities, goals, objectives and desired outcomes. Now, under the direction of the Steering Committee, we will develop a performance scorecard to track and measure our shared progress and collective impact. The performance scorecard will articulate performance indicators across each strategic priority area and track actual performance against targets on a regular basis. We will establish performance improvement programs to tackle negative variances and we will celebrate successes. Action Coalitions and system-wide leaders will also use performance data to inform and guide decisions and change and facilitate continuous improvement in outcomes.

In addition to the performance scorecard, progress will be evaluated and improved by:

- Tapping into the distinct perspectives and ideas of multi-sectoral service providers and staff to assess how we are doing and what we can improve
- Seeking regular input from our residents and people with lived experiences, in the priority risk areas
- Benchmarking our performance against peers across Ontario and Canada.

Finally, the Steering Committee, on behalf of all partners and contributors, will present an Annual Progress Report to each municipality Council and the public in October of each year.



07

— SUMMARY

Proudly, our Community Safety & Well-being Plan, ***Safe & Well Oxford Communities***, is our pledge to one another and to the people we serve. It is a testimony to what we learned during our planning process, while building on our remarkable legacy of being a vibrant and very safe community that residents love to call home. ***Safe & Well Oxford Communities*** is a call to action, charting our course forward to an even brighter future. It asks all of us – municipalities, service providers, residents, businesses and more – to step forward and work together to achieve our shared community safety and well-being vision.

“Communities where individuals and families feel safe, supported and included and where they can access what they need, when they need it to live fully.”





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