

Community Safety & Well-Being In Niagara

Phase 1: Identifying Local Priorities **INTERIM REPORT** on Community Consultation



INTERIM REPORT:

KEY OBSERVATIONS DURING COMMUNITY SAFETY AND WELL-BEING COMMUNITY CONSULTATIONS

Background

On March 11, 2020, the World Health Organization declared the global outbreak of COVID-19 a pandemic. Leading up to and directly following this declaration, governments around the world implemented a number of measures to prevent and mitigate the spread of infection, including restricting the movement of people and goods.

Due to these events, several in-person focus groups to gather community input to inform local safety and well-being priorities were cancelled, and community organizations urgently prioritized emergency response and business continuity planning to ensure the continued delivery of essential services. While the goal of community safety and well-being planning is to identify opportunities to enhance the health, safety and well-being of residents – during the COVID-19 pandemic, communities have strived to simply protect the existing health and safety of residents. To accomplish this, organizations have made significant changes to the allocation of resources (e.g. lay offs, reassignments and redeployments within and even across organizations) and experienced financial pressures to effectively support the prevention, identification and management of COVID-19 outbreaks.

On April 14, 2020, the Ontario provincial government also passed the Coronavirus Support and Protection Act, 2020, which included an amendment to the Police Services Act under which the requirement for municipalities to develop and adopt community safety and well-being plans was enacted. Within the amendment, the January 1, 2021 deadline to adopt community safety and well-being plans was rescinded, and it was indicated that a new deadline will be established, by regulation, at a future date.

In recognizing the current demands placed on the local human services system, restrictions to in-person focus groups, and the rescinded legislative deadline, the Advisory Committee has extended the project timeline for an initial six (6) month period and requested an Interim Report: Key Observations of Community Safety and Well-Being Consultations.

Objectives

While organizations continue to strive to protect the health and safety of staff and the residents/clients/students they serve – and as they begin to engage in recovery planning efforts, these preliminary key observations may assist in:

- **Identifying, prioritizing and addressing issues that impact the health, safety and well-being of Niagara residents beyond the COVID-19 pandemic**
- **Identifying opportunities to collaborate between organizations to coordinate services**
- **Increasing understanding of local priorities and vulnerable groups**
- **Increasing awareness of local services and system gaps**

Methods

Between February and March 2020, in-person and virtual consultations resulted in feedback from over:



150 STAFF

from across 70 different organizations



+85 CLIENTS

or advisors from across 8 lived experience or client advisory groups.

In addition to focus groups,



1,279 RESIDENTS

completed an online survey to provide input into the development of Niagara's Community Safety and Well-Being Plan.

As a consequence of the pandemic,

A TOTAL OF 10 FOCUS GROUPS WERE POSTPONED

Including Indigenous-specific focus groups planned in collaboration with an Indigenous-led service provider. As a result, this interim report recognizes that critical input from local Indigenous communities is still needed to ensure that priorities identified to improve safety and well-being reflect and are shaped by the voices and lived experiences of Indigenous Peoples.

FOCUS GROUPS

- A Home for All Taskforce
- Age-Friendly Network of Niagara
- Anti-Human Trafficking Protocol Group
- Business Community
- Centre de santé communautaire staff
- Chief Administration Officer (CAO) and Mayors
- Children's Services Sector Network
- Client Advisory Group
- Coalition to End Violence Against Women (CEVAW)
- Human Service & Justice Coordinating Committee (HSJCC)
- Lived Experience Advisory Network (LEAN)
- Local Immigrant Partnership
- Niagara Children's Planning Council (NCPC)
- Niagara College Student Wellness staff
- Niagara Falls Community Health Centre and Niagara Medical Group Family Health Team staff
- Niagara Region Mental Health – Client Advisory Committee
- Niagara Suicide Prevention Coalition
- Overdose Prevention and Education Network of Niagara (OPENN)
- Pathstone Family Advisory Committee for Engagement (FACE)
- PortAll (Port Colborne Situation Table)
- Positive Living Niagara – Peers
- Quest Community Health Centre –
- West Niagara Forum
- Youth Action Committee (YAC)
- Youth Wellness Hub

GENERAL OBSERVATIONS

- The majority feel **crime has increased over the past three years**, however it is felt that this is still similar to or lower than crime rates in other municipalities
- The majority of those who provided input **feel satisfied or very satisfied with their sense of safety** in the community
- When compared to other municipalities, residents feel Niagara has **lower overall population health and well-being**
- Almost half feel a **strong or very strong sense of belonging** to the community

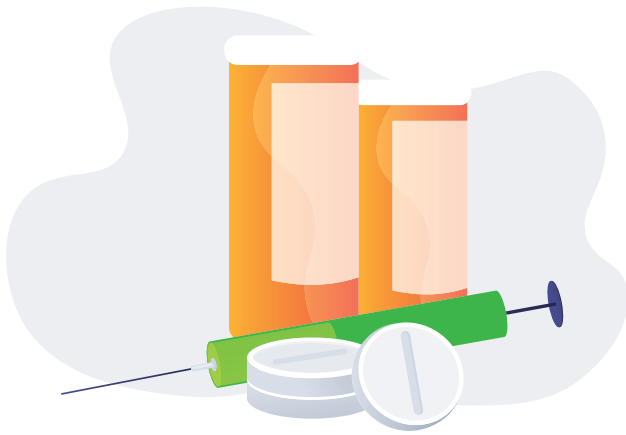


PRIORITY-SPECIFIC OBSERVATIONS

Within the public survey and across focus groups, the **top five priorities**, in no particular order, include:

- **Addictions/ Substance Misuse**
- **Affordable Housing**
- **Mental Health**
- **Poverty and Income**
- **Homelessness**





Addictions / Substance Misuse

- Opioids and crystal meth use is an issue
- Affects people from all “walks of life”
- Harms the individual, family unit and collective community
- Root cause of homelessness, poverty, and in some instances, petty crime
- Negative impacts on the business community, particularly downtown businesses
- Illegal operations / supply chains exploit those dependent on drugs
- Visible presence of addiction/drug use viewed as a failure to protect children:
 - Discarded needles and syringes in playgrounds and parks
 - Those living with addiction commonly experience childhood trauma or neglect, and may have “fallen through the cracks”
- Youth view the use of vaping products or e-cigarettes by their peers as a prevalent issue



Affordable Housing

- Housing is the single largest expense for individuals and families
- “You just can’t get ahead without it”
- Brings security, opportunity and safety
- Necessary to build a complete community that supports different populations (e.g. young families, seniors on fixed incomes, etc.)
 - People will leave the community if affordable housing is not available, or live in multigenerational homes
- Cannot address homelessness without housing
- Treatment for addictions, without a place to live following treatment, is not effective
- Long Niagara Regional Housing waitlist for social and affordable housing
- Changing housing markets due to:
 - People from the Greater Toronto Area moving to Niagara
 - Increase in short-term rentals (i.e. Airbnbs)



Mental Health

- Many urgent, crisis services are available in the community
 - E.g. Crisis Outreach and Support Team (COAST), Pathstone Walk-in Clinics, Mobile Crisis Rapid Response Team (MCRRT), Mental Health and Addictions Response Team (MHART), etc.
- Long wait times and not enough 1:1 treatment options
 - Psychiatrists are few and far between, and only diagnose and medicate
- Gaps in services between the child and adult mental health system, and poor transition between services
- Social isolation, particularly for seniors, is a challenge
- Non-violent crisis intervention / de-escalation training for frontline staff and police is important
- Strong relationship between addictions and mental health
 - Alcohol and drugs are often used to self-medicate the symptoms of mental health
 - Alcohol and drugs can increase the underlying risk of mental health disorders
 - Alcohol and drug abuse can make symptoms of mental illness worse or create new symptoms
 - Dignified, inclusive and non-judgmental services are necessary



Poverty And Income

- Living in poverty erodes a person's sense of self-worth, dignity and sense of purpose
- Wages have not increased with the cost of living
- Lost high paying factory jobs, and tourism and hospitality industry jobs are:
 - Minimum wage, seasonal / precarious and offer few or no benefits
- Individuals that have to work multiple jobs to make ends meet also experience increased levels of stress, are absent from the home, and do not spend as much time with their families
 - "People who work full-time should not struggle to keep a roof over their heads or feed themselves"
- Poverty and income are a key determinant of well-being, and can be associated with mental illness (e.g. situational depression), addictions, family breakdown / abuse, etc.
- Poverty drives theft and petty crime for survival
- Job opportunities for youth and continuing education is necessary



Homelessness

- Homelessness is understood by the public as visible, primary homelessness (e.g. sleeping outside, tenting), couch-surfing or other precarious arrangements
- Pervasive and complex problem
 - “Shelters are full, and affordable housing is limited”
- Viewed as a symptom, not the root cause
- Viewed by some as a human right
 - “No one deserves to be homeless”, “Everyone needs a home”
- The experience of chronic homelessness reduces the average lifespan and may have links to addictions, mental illness, etc.
- The act of begging is associated with homelessness
- Empty motels could be used for housing individuals experiencing homelessness
- A Housing First approach (i.e. immediate, barrier-free access to permanent housing with supports) is best practice, although some still view a need for more emergency shelter

In examining the results of the online survey, the lowest ranking areas or issues of concern related to community safety and well-being include:

- Emergency preparedness
- Food security
- Intimate partner violence
- Support for newcomers
- Injury prevention

NEXT STEPS

It is recognized that Niagara's Community Safety and Well-Being Plan will be further enhanced through the work of short-term recovery planning during the COVID-19 pandemic, leveraging data and information-sharing garnered during this phase, and will contribute to a **more in-depth understanding of how emergency events, such as the pandemic, affect vulnerable groups who were already at risk of harm or victimization.**

The Advisory Committee will build on the work of the short-term Community Recovery Planning Table to inform the development of Niagara's Community Safety and Well-Being Plan. It is anticipated that the Committee will return to formal Community Safety and Well-Being Plan development in January 2021.

At that time, community consultation and data assessment will resume to support the identification of local safety and well-being priorities.



JAN. 2020

Establish Advisory Committee

FEB. - MARCH 2020

Part I: Identify Priorities

MARCH - DEC. 2020

Convene Community Recovery Planning Table

JAN. - FEB. 2021

Part II: Identify Priorities

MARCH - MAY 2021

Select Strategies and Determine Outcomes

JUNE 2021

Present Niagara's Community Safety and Well-Being Plan to Regional Council

JULY - SEPT. 2021

Implement Niagara's Community Safety and Well-Being Plan



niagararegion.ca/projects/community-safety-well-being

