

2021



Community Safety and Well-Being
Plan

Our Path Forward





Contents

Working Together to Address Complex Issues	4
Our Current Landscape	6
Provincial Framework	8
Summary of Community Needs Assessment	9
Key Definitions and Process for the Plan	10
Mental Health and Addictions	11
Rurality	21
Poverty and Homelessness	26
Youth in Haldimand and Norfolk	30
Affects of COVID Within Our Counties	33
Together We Will Move Forward	34
References	36
Additional Information Sources	37

Working Together to Address Complex Issues

Kim Shippey, President | KMJ Corp
Project Lead | Haldimand and Norfolk
Community Safety and Well-Being Plan



Haldimand and Norfolk are two distinctive counties that encompass a vast geographic landscape. Filled with organizations led by individuals wanting to do more than just make

a difference, they want to drive measurable change. The Community Safety and Well-Being Plan (referred to as the Plan) is a foundational strategy that focuses on addressing existing community safety and well-being concerns to both highlight the issues, seek broader community input, and encourage potential solutions.

The Plan is intended to be a living document and seeks not to duplicate any work that is already taking place. Instead, the Plan is meant to compliment, leverage, and build community partnerships with a solutions-based approach to betterment.

The feedback and information gathered through community consultations, interviews, surveys, and focus group discussions is at the core of the recommended path forward. The goal – to develop and promote solutions unique to Haldimand and Norfolk in a more innovative, effective, and efficient way.

Every person that resides in either Haldimand or Norfolk is deserving of an equitable, safe, and stable way of life. With solutions derived through collaborative and collective impact, this can be achieved.

On behalf of the Haldimand Norfolk Health and Social Services, I wish to thank all those who took the time to be a part of this process. Your voice at the table matters. Together, we will find solutions to complex issues, break down silos, and create a coordinated approach to providing a safe community where everyone's well-being remains the focus.

**Heidy VanDyk,
MPA Acting
General Manager
Health and Social**



On behalf of Haldimand and Norfolk Health & Social Services, I am pleased to share our Community Safety and Well-Being Plan. This plan is an important, living document which identifies the major barriers to the ability of community members to feel safe, healthy, and connected, and contains actions that we can, and will take, to minimize if not eliminate these barriers. To be successful in its implementation, it will be important that we continue dialogue and work together across sectors. I would like to thank the Councils and Senior Staff from Haldimand and Norfolk counties for identifying the Health & Social Services Division to take the lead on this important project. I would also like to thank the project team and all of our community members who participated in key informant interviews and focus groups, and for completing the community survey. I look forward to turning the plan into action and keeping our community informed by reporting back on our progress.

**Dr. Katherine Bishop-
Williams MSC, PhD,
Epidemiologist**

Haldimand Norfolk Health and



The Haldimand Norfolk Health and Social Services Division, along with partners across the counties has been working toward the development of this Plan for several years. Initiated first as the Community Needs Assessment in the summer of 2019, the Plan herein is an extension of the work that was done to identify key needs across the health and social services sectors for the two counties. Launching from the Community Needs Assessment, this Plan aims to describe the lessons learned over the past 18-months and determine the areas that are still a work in progress with regards to safety and well-being.

The information and data garnered from the Community Needs Assessment and the Plan are immeasurably valuable for the Health and Social Services Division and the community more broadly. The data serves to provide deep, insightful, and impactful discernments into a bright and beautiful future for the residents of Haldimand and Norfolk counties.

Our Current Landscape



Located along the shore of Lake Erie, Haldimand and Norfolk are two distinct and unique counties. With a combined population of 109,787, they are two single-tier municipalities, each with their own elected Mayors and members of council. Haldimand County is located on the Niagara Peninsula in southern Ontario and is connected to the west by Norfolk County, the Six Nations and New Credit reserves. The Grand River, deemed a Canadian Heritage River, is a significant waterway that runs through Haldimand County and extends from the Bruce Peninsula southbound to Lake Erie.

Norfolk County, which is located on the northern shore of Lake Erie in Southwestern Ontario, is connected to the north by the Six Nations of the Grand River. Norfolk County is home to a relatively large population of Low German-speaking Mennonites, who reside in the western portion of the County, and also to a population of seasonal agricultural workers, who spend approximately six months of the year in Haldimand or Norfolk.

Public health and social services are administered throughout both counties by a single Health and Social Services Division. From a health service perspective, both counties are included as part of the larger Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN) and a small Southwestern portion of Norfolk County is part of the Southwest Local Health Integration Network.

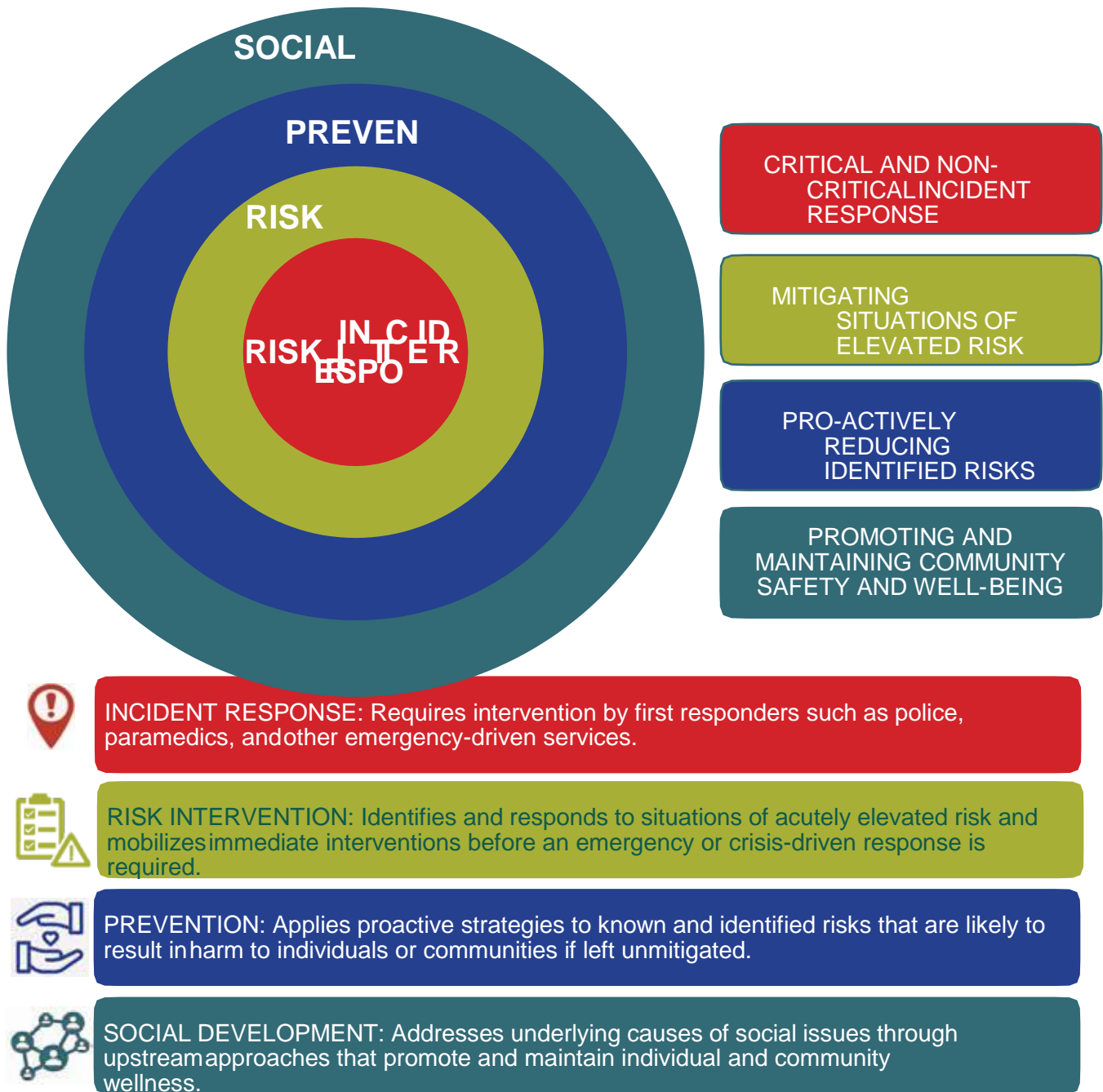
Across both counties, 11.7% of the population are living in low income households, with 57.6% employment rate and 6.9% unemployment rate.¹

The Haldimand Norfolk Community Safety and Well-Being Plan (referred to as the Plan) is a living document that will guide both municipalities, and the agencies that serve them, on a structured path forward. The path will lead us towards a common action plan that addresses our distinctive and complex social issues.



Provincial Framework

The province outlines four approaches as key inputs to guide the Plan's development; social development, prevention, risk intervention, and incident response. The Ministry of the Solicitor General outlines a planning framework, with a purpose to support municipalities in developing a comprehensive approach to mitigate harm and promote safety and well-being.



The Plan consists of strategies and actions that incorporate all four key inputs, highlighting the uniqueness of both counties, identifying key issues of concern, and encouraging multi-sectoral partnerships. Through this Plan, our focus remains on ensuring that in Haldimand and Norfolk everyone can get the services they need, when they need them, in an effective and efficient way.

Summary of Community Needs Assessment

The Community Needs Assessment (CNA), completed in 2019, aimed to identify and understand the needs of the population within this geographic area and identify factors to be addressed that would ultimately meet the population's needs. The CNA was designed to understand the requirements of the population and the necessary requirements for individuals to feel healthy, safe, and protected in their community. The complete 2019 Community Needs Assessment can be viewed through the following link: <https://hnhu.org/health-topic/community-needs-assessment/>.

The assessment included a community profile, community survey, focus groups with priority population groups, and key informant interviews.² The intention was to inform actions and outline next steps for the Division of the Haldimand Norfolk Health and Social Services (HNHSS).

The objectives were to describe the current health, social status and needs of the residents, identify needs and gaps for extended health and social programming, and support evidence-informed decision-making and program planning for health and social services across both counties.

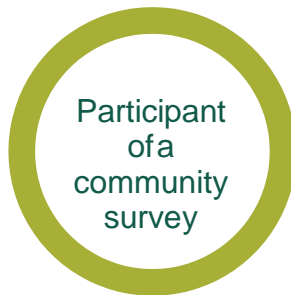
This work continued into 2021 with an additional community survey, focus groups, and key informant interviews. Combined, this process included the following:



Key Definitions and Process for the Plan

The Plan is a direct result of the findings from the 2019 CNA and the additional surveys, focus group discussions, and key informant interviews that involved individuals from Haldimand and Norfolk. This included community members and partners from our mental health addictions, social services, and justice departments.

Moving forward throughout this report, quotes will not identify individuals' names or organizations. Instead, they will be cited the following ways:



Our Unique Needs

Community safety and well-being has a wide-ranging and multi-faceted connotation. It encompasses a broad spectrum of service providers and corresponding areas of need. The CNA provided both quantitative data through community profiles and surveys, and qualitative data through focus groups, and key informant interviews. A continuation of detailed discussions, recommendations, and conclusions was completed in 2021 and together, this collected information informs this Plan.

Areas of Focus

Community members, agency staff, police officers from both the Haldimand and Norfolk detachments of the OPP (referred to as Police), and the Police Services Board across Haldimand and Norfolk provided a wealth of information. From this extensive research and collection of data, three major areas of focus emerged for Haldimand and Norfolk:



**MENTAL
HEALTH
AND
ADDICTION
S**



RURALITY



**POVERTY
AND
HOMELESS
SNESS**









The Plan will identify the gaps in the current service models, summarize recommendations that offer a holistic approach, and outline a sustainable path forward.

Mental Health and Addictions



Our Community Profile

From the 2019 CNA, the following local detailed results about mental health and addictions were concluded:

-  **23%** of Haldimand and Norfolk residents reported that their life stress is quite or extremely stressful compared to **22%** in Ontario
-  **85%** (n=249) of survey respondents agreed or strongly agreed that Haldimand and Norfolk counties need more mental health support services and counselling
-  There were **67.9** cases per 100,000 population opioid related emergency department visits (n=76) in Haldimand and Norfolk, compared to **63.4** cases per 100,000 population in Ontario
-  There were **23.2** cases per 100,000 population opioid related hospital admissions visits (n=26) in Haldimand and Norfolk, compared to **14.6** cases per 100,000 population in Ontario
-  There were **9.8** cases per 100,000 population opioid related deaths (n=10) in Haldimand and Norfolk, compared to **10.2** cases per 100,000 population in Ontario
-  **21%** (n=66) of survey respondents reported that more opioid misuse rehabilitation services were a top three need to keep their family safe
-  **45%** (n=183) of survey respondents reported experiencing depression and/or anxiety
-  In the past 12 months, **9%** (n=28) of survey respondents reported experiencing a mental health emergency or crisis in Haldimand and Norfolk counties

Nearly 18-months later, 15 of which were during the ongoing COVID-19 pandemic, the responses to a follow-up survey asking many of the same questions, suggested that mental health needs have been exacerbated locally. The 2021 Community Safety and Well-Being Survey detailed results concluded:

- 75%** (n=172) of survey respondents reported feeling anxiety related to contracting COVID-19
- 29%** (n=67) of survey respondents reported feeling anxiety about loss of income due to COVID-19
- 79%** (n=186) of survey respondents reported some level of negative mental health impacts due to COVID-19 and **73%** (n=171) reported some level of discord in their home due to COVID-19
- 44%** (n=102) of survey respondents reported some level of negative physical health impacts due to COVID-19

Through the multiple focus groups, surveys and key informant interviews, mental health and addictions, particularly the opioid crisis, were described as top priorities across both counties. The need for mental health support was listed as exceedingly high, but at the opposite end of the spectrum was the availability of services, as being exceptionally low. Long wait-lists, issues related to transportation to appointments, and not qualifying for treatment were all major obstacles. But the lack of specialized doctors and healthcare providers was identified as the greatest barrier to improving the lives of those living with a mental illness locally.

Ontario Needs More Psychiatrists

The shortage of psychiatrists in Ontario is the #1 issue that needs to be addressed if there is to be any improvement in the Canadian mental health care system. A key component to ensuring some measurable difference is achieved, regarding the quality of mental health treatment, begins with a strategy to combat this shortage.

A report from the Coalition of Ontario Psychiatrists (2018) indicated that Ontario is short 200 psychiatrists and the number of psychiatrists per population will decrease by 15% by 2030. As a stark contrast, the average annual number of outpatients seen by psychiatrists in Ontario increased by almost 20% between 2003 and



2013.



Ontario's mental health and addictions burden is an unparalleled 1.5 times higher than that of cancer and seven times higher than that of chronic disease."³

-Ontario Psychiatric Association

Currently, in Haldimand and Norfolk counties, there is psychiatric support offered to those that are 16 years of age and older. Locally, there is access to one in-person psychiatrist who focuses on medication management, plus one psychiatrist who provides support virtually.

Through the Telemedicine Services (TMS), there is a one-time consult service with a psychiatrist, plus two psychiatrists who provide virtual assessments and make recommendations to the client's primary care provider. To assist in this process are three local clinicians (RN) who support the clients by helping to set up referral appointments, if required.

In terms of addressing the needs of our seniors population requiring mental health supports and/or experiencing cognitive challenges, there is a local team that consists of two geriatricians, two psychiatrists specializing in geriatrics, five clinicians, who are Social Workers or Registered Nurses, and two Intensive Geriatric Service Workers.

Demands Are Not Meeting The Needs

Collectively, the providers of social services, along with the Police, identify that there is an increased demand for mental health and addiction supports across Haldimand and Norfolk. The level of need is outweighing the supply of services. Additional methadone clinics with opioid replacement therapy have emerged, particularly in Norfolk county; however this is deemed to be a stop gap approach to treatment. It will address the immediate need but lacks a long-term solution on a path to stabilized wellness.

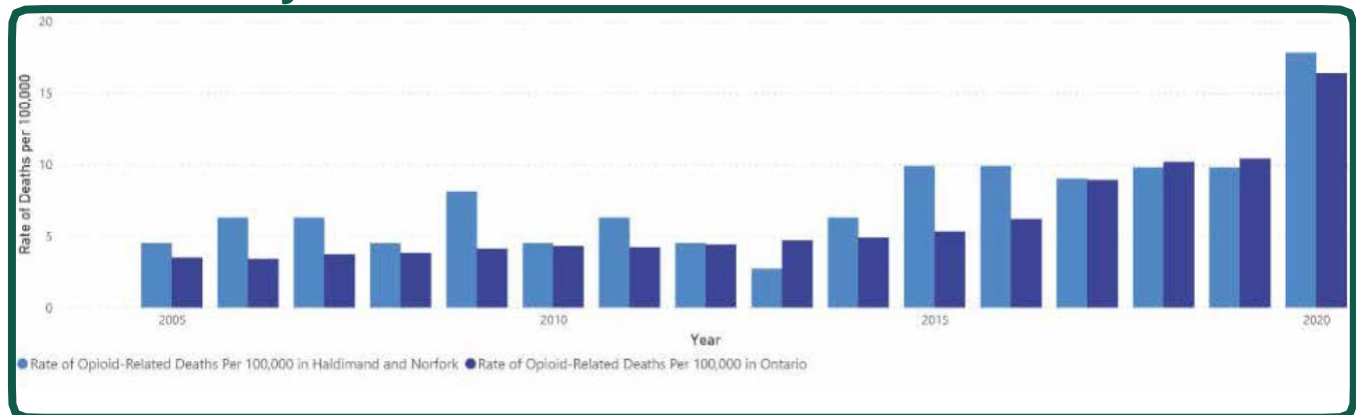


The methadone clinics do not provide a journey to wellness. They will put out the fire, but are not creating a positive, mental wellness plan

forward.”

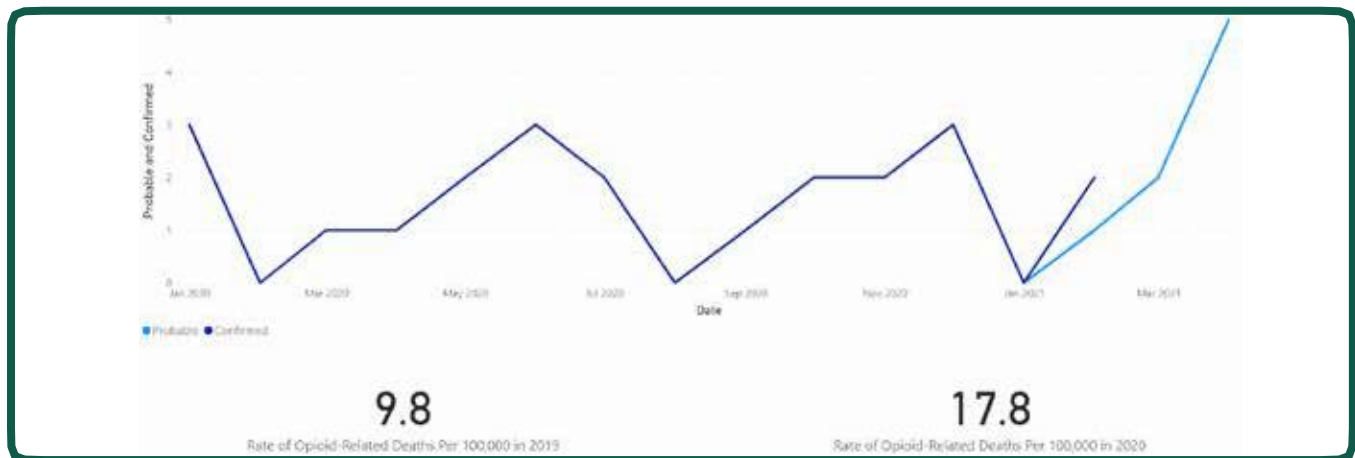
-Participant of a key informant interview

Rate of Opioid-Related Deaths Per 100,000 in Haldimand and Norfolk and Rate of Opioid-Related Deaths Per 100,000 in Ontario by Year

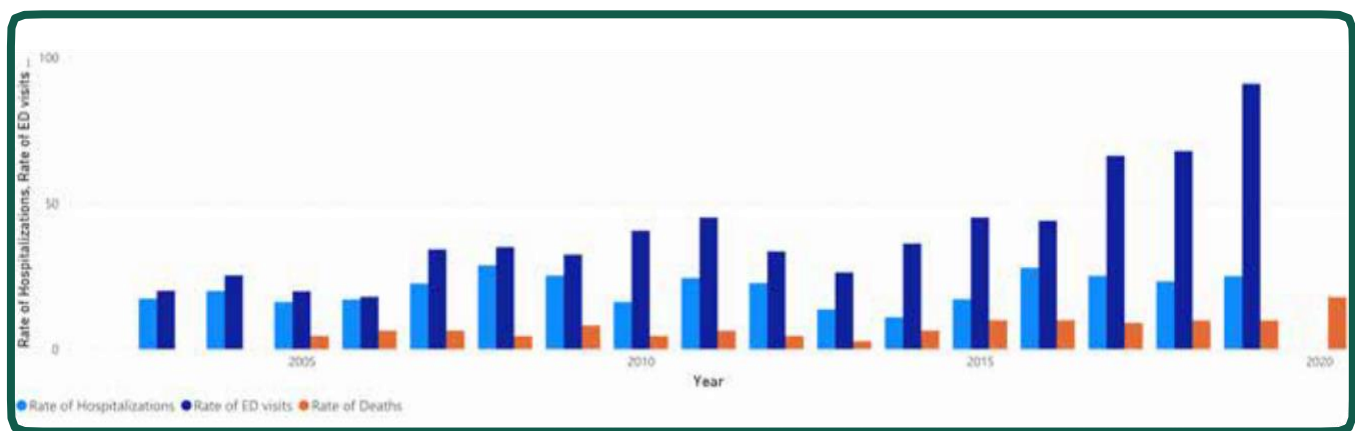


In 2015 and 2016, the data shows that the rate of opioid deaths in Haldimand and Norfolk was almost twice that of the province and there is a measurable increase in 2020 with Haldimand and Norfolk's rates still higher than that of the province. As the illegal supply of street narcotics grows more toxic, the opioid crisis is escalating. An estimated 80% of opioid overdoses in Haldimand and Norfolk are related to illegal drugs. Since 2003, opioid deaths per year have nearly tripled across the two counties.⁴

Count of Probable and Confirmed Opioid-Related Deaths in Haldimand and Norfolk by Date



Rates of Opioid-Related Hospitalizations, Emergency Dept. Visits, & Deaths by Year in Haldimand and Norfolk Counties



Lack of Detox Beds

Needs are increasing for withdrawal demand services. Currently, there is one detox facility across Haldimand and Norfolk, Holmes House, which is in Simcoe. With only 6 beds, there is a current wait-list and since 2019, this facility has had a 175% increase in need for available beds.



I cannot describe to you how crucial it is to have space available when a client contacts us in need of a bed. Our wait-list is a recurring issue. The likelihood that a person calls us back is extremely rare. They feel that there is no where to turn and continue using. Reaching out and asking for help can sometimes be the hardest thing a person does. Then to be denied that help, is demoralizing.”

-Participant of a key informant interview

Crisis Stabilization Bed Program

The Crisis Stabilization Bed Program, located in Simcoe, offers support for individuals 16 years of age and older. The stipulation for access is that the individuals must be assessed as medically stable, are not under the influence of alcohol or non-prescribed drugs, and do not pose a safety risk to themselves or to others. The intake is scheduled from Monday to Friday, between 9am and 5pm.

There are many inter-layered resources, local policies, and agency protocols involved in treating individuals experiencing an addiction crisis. Quite often, on the front line locally, are the Police of Haldimand and Norfolk. In some cases, due to the nature of that individual's crisis, they may become combatant with police officers, putting those officers in unsafe or precarious situations. If the Crisis Stabilization Bed Program is at capacity, or the Police encounter individuals in crisis outside the Monday to Friday, 9am to 5pm intake, the only current option is to take the individual to a police station cell. This option presents additional risks to that individual who are experiencing a heightened, anxious, and or unstable state, and as a direct result, can present further safety issues, not only for that individual within the cell, but also for police officers who are assisting.

Often, the individual requires a place for stabilization, where they can receive additional treatment and support to address their immediate crisis and the underlying causes or traumas. The Police

encounter many individuals that are not medically stable, are currently under the influence of non-prescribed drugs, and do pose a risk to themselves or to others. If the Police encounter these unstable individuals outside the Monday to Friday 9am to 5pm intake days and times, their only option may include a police station cell, which in turn, only perpetuates the problem and does not provide any sustainable treatment or long-term solutions to that individual's current crisis.

Mobile Crisis Rapid Response Team (MCRRT)



The Police engage in a two-step approach to addressing distress calls related to mental health and or addiction. Accompanying a uniformed OPP officer is an experienced mental health and addictions professional that acts as a first responder to calls generated through 9-1-1. The program operates seven days a week, 8am to 6pm daily, with two full-time MCRRT workers. The aim of the program is to provide individuals in crisis, as well as their families and caregivers, with the appropriate intervention and care required. With symptoms of mental illness, substance abuse, behavioural disorders, or those in acute crisis situations, the MCRRT attempts to streamline the mental health crisis supports by providing assessments at the scene and then organizing services for the person in crisis.

The health professionals have “MCRRT” identified on the back of their uniforms, which differentiates them from the police. When they arrive

on the scene with the Police, the mental health and addictions professional introduces themselves, identifies their role to the individual who is in crisis, and assists in de-escalating the situation. The aim of this process is to help reduce the number of unnecessary referrals or visits to the hospital, emergency department, or police department.

How to Navigate Through Legislation

If a paramedic is responding to an individual experiencing a heart attack, legislation allows them to bypass the local hospital and transport that patient directly to a hospital that can provide the necessary and appropriate level of care. This is not the case for individuals facing a mental health crisis; a bypass for mental health services is not allowed in Ontario. Paramedics must deliver that patient to one of the three local hospitals in either Dunnville, Hagersville or Simcoe for evaluation before they can transport them to a specialized hospital out of the county. Although that local hospital may be equipped to treat the symptoms, they do not have the expertise or qualified doctors or other healthcare providers to treat the issues.



I feel the frustration of what we are allowed to do. We have to follow the rules. This only slows down the appropriate and timely care for the patient and then they are the ones that continue to pay the price. The Province needs to fix this. We are handcuffed by our

provincial legislation.”

-Participant of a key informant interview

Another major concern is the number of times the individual experiencing a mental health and/or addictions crisis is required to speak to new health care providers to share their story. In some instances, it can be up to 20 separate individuals that they interact with through their various stages of care, which in turn can elevate their level of anxiety and stress as they are forced to divulge details of their trauma and crisis.

Consent and Follow Up

The lack of a centralized database, that would allow for all service providers to access up-to-date and relevant information, is a major complaint across all channels of support, including Police, service agencies, and emergency responders. The issue of consent was consistently mentioned as a hurdle to overcome in developing this system.



Follow up is the problem. We all need to come together and do a better job at following up with individuals after a crisis. In some instances, through one crisis call, a client can be involved with the OPP, Mobile Crisis Rapid Response Team, emergency departments, and an agency in one form or another. There are a lot of players involved and very little dialogue between those players for the betterment of the patient.”

-Participant of a key informant interview

Missing from the support system is a regularly coordinated process to share information regarding a patient in crisis. There is a reluctance to disclose information, leading back to consent of the patient. The opportunity to unravel all the details of that patient's acute needs, with the appropriate support system present, is continually mentioned as a shortcoming to providing effective and sustainable treatment.

Engaging our Downtown Business Partners

Business owners and representatives through Board of Trade (BOT), Chambers of Commerce, and Business Improvement Area (BIA) in the downtown core of Haldimand and Norfolk, are keenly aware of the mental health and addiction issues of street-involved individuals. Business owners in both counties reported that witnessing individuals residing in storefronts, the exchange of substances for payment, drug injection, and drug overdoses, has been prevalent and on the rise for many years. Business owners were both compassionate and frustrated, and vocalized a desire to be a part of a sustainable solution.



Our Path Forward

If we are ever to improve the impact of service delivery, we must begin with the root of the problem – the shortage of qualified psychiatrists.

With an aim to addressing this need, the following actions could have a measurable impact to strengthening the mental health service:

1

Build capacity for family physicians, often the main source of health care in rural communities, to provide increased mental health supports.

2

Increase the number of residency spots in our local hospitals across Haldimand and Norfolk.

3

Offer incentives to all psychiatrists in rural and underserved areas by making this field as competitive as other healthcare specialties.

More psychiatrists practicing within Haldimand-Norfolk will ultimately mean that more patients will receive timely treatment, which lessens the burden on emergency departments and hospitals

The MCRRT's mental health professionals are a step in the right direction. But understanding that not all moments of mental health crisis or addiction occur between 8am and 6pm, **there is a need for alternative broader solutions.**

The need for additional mental health professionals, engaged with police officers 24/7 is crucial. Extended

hours would provide additional assistance to the Police beyond the 8am to 6pm, seven day-a-week current schedule. The aim is to assist and respond appropriately to the needs in real-time, rather than apprehending the individual in

their moment of crisis with only two options: the emergency

department or the justice system. Police officers would benefit greatly with the support of additional mental health professionals who can assist the Police in de-escalating the situation.

Often, the police department is the first call placed in a crisis situation. The local Police have instituted a new option for 9-1-1 dispatch calls

– the **Mental Health Crisis**

Aversion Initiative. A professionally trained mental healthcare worker is available via the 9-1-1 dispatch call centre. If the dispatcher feels it appropriate, they will ask the caller if they wish to speak to a mental healthcare crisis worker. The goal is to divert calls away from police interaction and

provide the caller with the resources, information, and professional advice that is required. If the mental healthcare worker determines that Police should be involved, then that action is initiated.

Locally, there is the Addiction Mobile Outreach Team (AMOT), which is responsible for community outreach and engagement, systems navigation, assessment, and referral. This team works directly with the Police and incorporates the Overdose Automatic Referral (OAR) process, which is an initiative to provide quick response to opiate overdose victims.

To ensure a better streamlined approach to care, create a **collective service system** so that an automatic consent is generated across all levels of social service support. This allows multiple channels of support to be engaged and connected throughout that patient's mental health journey.

Connecting with our youth on the dangers of non-prescribed drugs, with a focus on the current opioid crisis, is the key to educating our youth. Previously, there was a program, in collaboration with the Police and the local school boards, whereby an officer would provide presentations and educational sessions at the local elementary and secondary schools across Haldimand and Norfolk. The focus of the sessions included, but was not limited to, the dangers of non-prescribed drugs, opioid substances, cyber-bullying, and cyber-crime. A reinstatement of this program is recommended. It could potentially include guest speakers, with a peer-to-peer concept of younger adults with lived-experience, who can connect and directly relate to a younger audience.

Further solutions could involve engaging and educating our communities on the types of social services available across Haldimand and Norfolk, through the creation of an online list of local programs and services.

It would encompass all of the types of mental health and mental well-being programs and initiatives that are provided by social service agencies across Haldimand and

Norfolk. The goal would be to assist and outline for the user, specific agency programs and support systems across both

counties. This list of social services could be featured on Haldimand and Norfolk county websites, the HNHSS website, with printed copies available at county libraries and recreation facilities for those without Internet access.

Situation Tables, which are currently in operation in Haldimand and Norfolk, bring together a multitude of service providers and stakeholders, including police officers, paramedics, and agencies, to engage in a wrap-around approach of care, collaboration, and collective impact. Understanding an individual's mental health journey from the moment they are met by the Police, with or without MCRRT, to a potential interaction with paramedics, to hospital emergency care, to engaging with an agency worker; a multitude of conversations, treatment options, and plans have potentially been set in motion. Collectively identifying, discussing, and addressing who is the primary lead, secondary lead, and all subsequent steps to ultimately outline a plan of well-being, will result in a coordinated and positive outcome for that patient.

Engage our business owners and business representatives to participate in developing and implementing solutions. Further to their involvement in this process, business owners should be provided with the online list of social service agencies so that they are well informed on the various options to assist them when a mental health situation arises inside or immediately outside their place of business. The opportunity for educational and training sessions with the Police and social service providers would help them to be more informed and move from a reactive to a proactive approach.



The lack of sharing of information is our greatest shortcoming. If everyone just works together, we can unravel all the details of that patient's mental health needs. At the end of the day, if we don't interject, they are at risk of dying."

-Participant of a focus group

The issues that continually perpetuate any shortcomings to better care are systemic, and therefore need to be addressed systemically.








Rurality

Our Community Profile

From the 2019 CNA, the following local detailed results about rurality were concluded:



-  **12%** (n=47) of survey respondents reported feeling socially isolated where they live
-  **20.9%** of the Haldimand population, **24.1%** of the Norfolk population, and **17.5%** of Ontario have less than a high school diploma
-  There are approximately **4,100** seasonal agricultural workers in Haldimand and Norfolk
-  **12%** (n=47) of respondents reported feeling that they have little or no social support network
-  **7%** (n=20) of survey respondents reported they did not have regular access to the Internet

Haldimand and Norfolk counties are officially defined as rural regions because over 50% of the population in each county resides in a rural community. Both counties experience unique nuances and implications related to their small population, yet large geographical regions. Feelings of isolation are prevalent among our vulnerable populations.



Being isolated with a rural environment poses significant challenges for us.”

-Participant of a community survey

Vast Geographic Area



***I have to drive almost an hour and a quarter to get to the northern boundary of my ward.
So, when you talk about trying to bring in public transportation, that is an on-demand system and effective for those that are on social assistance or really struggling financially, it is really difficult.***

-Participant of a community survey

Haldimand County covers 1,252 km² with a population density of approximately 36 people/km² and Norfolk County covers 1,607 km² with a population density of approximately 39 people/km².

Combined, the two counties cover 2,859 km² with a total population of 109,787. For perspective, the city of Hamilton, Ontario covers 1,138 km² with 465.4 people/km² and a total population of 771,000.⁵

The vastness of the two counties adds to social isolation and impedes individuals, who need the support of social systems and networks, from accessing what they require. From a physical perspective, if an individual or a family does not reside in a town that houses necessary services, they have a difficult time acquiring assistance from appropriate social services. Currently within Haldimand, offices of the Haldimand Norfolk Health and Social Services (HNHSS) offices are located in Haldimand County in Caledonia and Dunnville and in Norfolk County in Simcoe. Community feedback indicates that in addition, a more centralized, downtown location in Simcoe would be beneficial. HNHSS must address alternative ways to deliver social services and employ a trauma-informed lens for providing accessible client-facing services.

Transportation Is A Key Barrier

Transportation is a major barrier to accessing health and social services, particularly for those who are vulnerable. Without a public transportation system, individuals and families must rely on expensive taxi services to reach any appointments such as counselling, doctor visits, or grocery

stores. An average taxi fare from Port Rowan (a rural town in Norfolk County) to downtown Simcoe, which is 35.35 km in distance, would cost \$46.75, or \$1.32/km each way.⁶ For many marginalized individuals and families in Haldimand or Norfolk, this expense is simply not feasible.

Inequities in mobility and transportation has multiple impacts. Transportation to important social services, jobs opportunities, education and training, healthcare, or food shopping becomes inaccessible to many without a public transit system in place. This lack of adequate transportation, and poor affordable links to opportunity destinations, also contributes to social isolation by preventing full participation in these life-enhancing opportunities.



We've had to be incredibly creative in figuring out ways to get our clients to their appointments that are at least 1 hour away. Transportation is an issue, and our rurality only exacerbates this major issue."

-Participant of a key informant interview

The lack of any public transportation system can lead to missed health appointments and associated delays in medical interventions. Low-income households are less likely to own, or have access to, a vehicle. In addition, there are substantial affordability issues with car ownership, such as insurance and fuel, for many low-income households.



We don't have specialized doctors or enough psychiatrists, particularly in mental health, and this creates challenges for individuals, caregivers, and support systems when the closest treatment centers are an hour drive away. We can get them on a good path forward, but we can't sustain the care."

-Participant of a key informant interview

People who are on part-time hours or employed in minimum wage jobs cannot always predict or

plan their travel patterns. Attending job interviews, if they reside in areas outside of a downtown core, can place additional constraints on their job search horizons and may even prevent them from keeping a job.

Economic stability is dependent on a reliable means of transportation. A lack of public transit is a common barrier to steady employment.



How do we ensure that they can get to a job in relation to where their affordable housing is located when we don't have any public or non-emergency transit system. It is a layered effect, and the snowball keeps getting bigger and bigger.”

-Participant of a key informant interview

Rurality and Our Service Workers

Haldimand and Norfolk does not match any other designated rural community in Ontario. Due to our vast geographic landscape and low population density, we appear to be more aligned with the make-up of a Northern community. But we are not located in the northern areas of the province, therefore we do not qualify for similar funding models. As a result of a lack of funding, or a funding model based on a percapita ratio, our vast geographic landscape creates additional barriers to access to care.

Currently, our funding allocations allow for only one emergency housing intake worker, through the Homeless Prevention Service, to travel 2,859 km² across Haldimand and Norfolk to provide support and solutions to those facing homelessness or at immediate risk of losing their home. On average, this worker is not able to assist more than 2 locations per day due to the geographic nature of our counties.



Somebody needs to recognize and address the barriers to delivering this service across these two vast counties. Our emergency housing worker can't get to more than 2 places a day. This forces many individuals to be without a bed or safe

lodging simply because she just can't get there to help them."

-Participant of a key informant interview



Our Path Forward

Ride Norfolk is the current rural public transit system for Norfolk County but does not operate in Haldimand County. The Ride Norfolk system operates a Monday-Friday bus service with a daily Simcoe route and a daily Brantford route. The seating capacity is for 20 riders, and it operates from 7:45am to 6:30pm, but does not have a Saturday, Sunday, Statutory Holiday, or Civic Holiday service.⁷

As of January 2012, a fare within Simcoe cost \$2 per rider and a trip along any of the other routes is \$6 per rider. The inadequate bus scheduling across Norfolk County has been identified as one of the reasons that people are not utilizing this transit service. In 2012, local taxpayers questioned the total cost of operations for Ride Norfolk as it was estimated to be nearly \$300,000, which equates to every eligible taxpayer contributing \$150 upfront for the service.⁸

Currently, Ride Norfolk has become part of the Economic Development and Tourism portfolio for Norfolk County and changes to this current service delivery model are under review. A plan is being brought forward to Norfolk council for consideration in the 2022 budget to move to an on-demand service instead of a fixed route service, with a goal to ensuring faster routes and easier access.

An alternative solution could be **subsidizing the cost of Uber**. This type of transportation system could potentially save significant dollars for a municipality, as opposed to buying and operating its own public buses. Currently, the town of Innisfil which covers 262.7 km² and

has a population of 41,230 and is significantly smaller than Haldimand and Norfolk, has entered into a partnership with Uber and are currently rolling it out in two stages.⁹ In stage one they gathered data on popular destinations within their geographic area and next affixed rates to those destinations. In the second stage, they addressed financial accessibility issues and created an Uber app that offers an opportunity to access special government-subsidized rates. Also, within their second stage rollout, they created the UberPool, which matched riders going in the same direction, much like a carpool system.

This type of transportation plan would potentially eliminate the expense of providing a local bus service, as well as attempting to incorporate a reliable schedule that would cover the vast geographical landscape of Haldimand and Norfolk. Innisfil's model ensures that iPads are easily accessed at local recreation centres, libraries, and other public spaces for those who do not have access to technology to connect with Uber. In addition, an Uber model eliminates the large up-front capital investment in buses and additional infrastructure costs associated with creating a local transit system.

As part of a competitiveness strategy for Ontario, the province's policymakers are going to need to be cognizant of growing municipal economic disparity and in turn, develop policies that address opportunities and challenges in all parts of the province. Progress on leveling the economic playing field between northern, urban centres and rural areas will need to be addressed and become a key part of that agenda.









The complex funding model for northern, rural, and urban municipalities is something that the province must address. Funding based upon only per capita, rather than community needs and the underlying demographic and geographic characteristics of a municipality, will require Ontario's policymakers to draw on different policy levers to differentiate each

Poverty and Homelessness

Our Community Profile



From the 2019 CNA, the following local detailed results about poverty and homelessness concluded:

-  **11.7%** of residents in Haldimand and Norfolk were living in low-income households
-  **1,192** individuals were utilizing supports from Ontario Works
-  **79** individuals in Haldimand and Norfolk were experiencing homelessness with a higher proportion of the observed homelessness in Norfolk (68%) than Haldimand (32%).
-  **32%** (n=118) of survey respondents reported an annual household income of less than \$30,000
-  In the past 12 months, **16%** (n=59) of survey respondents reported using food bank services
-  **48%** (n=151) of survey respondents ranked the need for more housing supports as one of the top three services needed to improve the social health of their family
-  **9** food banks or emergency food programs were available in Haldimand and **8** food banks or emergency food programs were available in Norfolk
-  **4** drop-in meal programs were available in Haldimand and **6** drop-in meal programs were available in Norfolk

To afford a basic standard of living, residents in Haldimand and Norfolk need to make a monthly income of at least \$1,639.¹⁰ Clients who receive Ontario Works benefits receive only \$733 per month, producing a shortfall of \$906 per month.¹¹ Those who receive the Ontario Disability Support Program receive \$1,169 per month, with a shortfall of \$470.¹² Moreover, the cost of food is estimated to have increased by 5.8% from 2014 to 2019 and the average cost to feed a family of four at the time of the most recent analysis was \$857 per month.¹³

The average wait-list for rent geared to low-income housing is 343 people, which equates to approximately 1-3 years for priority cases, 3-4 years for the majority population and seniors, and up to 8 years for a one-bedroom unit in Simcoe.¹⁴



No one should have to use a food bank but far too many in our counties do. I wish we could abolish the term minimum wage. Everyone should have the right to a living wage.”

-Participant of a key informant interview

Low incomes and high costs of housing are forcing many individuals and families out of an affordable housing market. Clients connected to the Homeless Prevention Services program stated that affordable housing was designed for families of four or more and did not account for single persons or couples without children.

Poverty is a complex socio-political construct and is more complicated than a simple lack of financial resources; it is a lack of social capital and social infrastructure. Poverty is a major driver of other key issues, such as mental health, addictions, and lack of affordable housing.

Emergency Housing

Currently there are 17 Emergency Housing beds across Haldimand and Norfolk with a vacancy rate of market rate housing at 0% in Haldimand and 2% in Norfolk county.¹⁵



No one should be put on a waiting list. Shelter is a basic need. Are we telling residents

***of Haldimand and Norfolk they
need to be on a wait-list to
receive a basic need?***

-Participant of a key informant interview

From Incarceration to Community

A reintegration strategy is required for those that are discharged from incarceration and transitioning back into the community. There is a major gap in the system in preparedness and a lack of dignity for that individual. Many individuals struggle to find stable housing, employment, access to social services, particularly mental health services after release. They are labeled as an “ex-offender” which adds an additional social stigma layer.

There is a major gap and fragmentation between the correctional institution and the front-line service providers, particularly in terms of knowledge and awareness of release dates.



We’ve had individuals just released from incarceration show up at our office at 7pm on a Friday night without a place to sleep, no food, and absolutely no plan. There is a gap in communication here.”

-Participant of a key informant interview

Addressing the complex needs of these individuals following release is crucial for successful reintegration. Multi-sectoral partnerships must be developed that include correctional agencies, community supervision agencies and community-based service providers. The goal is to work collaboratively to provide the individuals with tailored plans that suit their specific needs.



Our Path Forward

Given the long wait times, which are up to 8 years for a one-bedroom unit in Simcoe, the need for more emergency and affordable housing

is apparent. Alternative housing, including communal spaces whereby each resident would have both private space and shared space, such as kitchen and general living areas, is recommended. Along with the need

for more available, affordable housing, is the suggestion of a wrap-around

approach that includes addictions support and treatment, mental health supports, and assistance in obtaining employment skills, all under one roof.

The Association for Effective Reintegration in Ontario (AERO) is working to address this complex issue.



By clearly defining the barriers to effective reintegration, actively seeking practicable solutions and embracing a collaborative approach, AERO aims to effect real change in Ontario.”¹⁶

-John Howard Society of Ontario

The creation of a **discharge plan** is key to successfully reintegrating individuals who were recently released into our community. This plan would have three components: assessment, the development of a release plan, and transferring care for the releasee back into the community.

Once an individual is sentenced into custody, their risks and needs will be assessed and through this approach, their release plan will then help identify what their most pressing needs will be upon release. Those requirements may fall into the following immediate needs of housing, substance abuse and/or mental health support. The final piece of the discharge plan is the transfer of care into the community. This is a collaborative effort

between the correctional agencies and the casemanagers as they work directly with the front-line community-based agencies to ensure the individual is on a positive transition back into their community with minimal re-offending concerns.

The **advantages of a strategic and collective discharge plan** will ensure that incarcerated individuals are better prepared to transition back into their community. It alleviates additional concerns that the individual may re-offend and provides piece of mind to their family members, friends and the general public when a workable discharge plan has been put in motion.

Issues of poverty and homelessness are complex and difficult. Solutions can only begin to be achieved when we improve access to services and supports through a collaborative effort, we address our lack of transportation, and look to alternative methods of housing. We can begin to reduce the gaps in health inequity when we provide a framework that allows

Youth in Haldimand and Norfolk A Convergence of Issues

Through triangulation of results from the surveys, focus groups, and key informant interviews, it was determined that our three focus areas of mental health and addictions, rurality, and poverty and homelessness intersect throughout the lives of our youth in both counties.



Mentorship Opportunities

Mentoring program models that include community-based, group mentoring, and cross-age peer-to-peer mentoring have the potential to develop strong relationships that can yield positive results for our youth of Haldimand and Norfolk. Outcomes can have a co-relation to better academic, emotional, behavioural, and social development that include a healthy self-esteem, emotional well-being, the capacity to see other options and make positive choices, the ability to think constructively, and the opportunity to think about short and long-term goals.

According to the Ontario Mentoring Coalition, the strongest and most consistent benefit for youth, regardless of their risk profile, was a reduction in symptoms of depression, where almost 25% of youth reported a decrease in depressive symptoms. Noteworthy improvements were also made across risk profiles in social acceptance, academic attitudes, and grades.¹⁷

Emergency Housing and Shelter

Currently, the Crisis Stabilization Bed Program and Union House, a youth-specific shelter, is only offered to those aged 16 and over. Those under that age category, who are disconnected from their families, have nowhere to turn and are falling through the cracks. The police and social services are scrambling to address this ever-increasing issue.



It is pretty risky to put an already at-risk youth in a hotel room by themselves as a temporary stop-gap until shelter can be located. They are literally on the streets with no where to go. This must

change.”

-Participant of a key informant interview

A Call for Help—The Mental Health of Our Youth



PEER PRESSURE

“The peer pressure our youth face today is massive and social media makes it even worse. More and more are experimenting with drugs. They see it on social media, they want to emulate it. The

COMMUNITY

“There is a lack of equitable recreation opportunities for youth from all backgrounds and social status. They need to feel grounded, part of their community. They are getting lost

SUICIDE

“We have seen an increase in suicide attempts with youth and their intent is not to just draw attention to themselves, their intent is to end their lives.”



Our Path Forward

Through focus groups with business owners and business representatives from the Board of Trade, Chambers of Commerce, and BIA, the **development of a Youth Mentorship Action Plan** was raised. The discussion included ways in which representatives from these organizations could champion the creation of an action plan that includes local

businesses partnering with the local schools to offer mentorship programs. The focus group felt that this type of mentorship program would produce such positive outcomes for our local youth as the development of interpersonal and relationship skills, accountability, and self-esteem.



As representatives of our businesses, we can be the conduit to local businesses to talk about creating apprenticeship programs and mentorship opportunities for our youth. Let's lead the charge and help our younger community members find a pathway to success."

-Participant of a key informant interview

The creation of an inclusive, welcoming space that serves all ages, backgrounds, and identities which could be

established in a current empty county building or housed in a number of vacant buildings in Haldimand and Norfolk counties. This opens the opportunity to have a discussion with absentee landlords across Haldimand and Norfolk counties as many properties, remain vacant. Many local

business owners who have operating stores near vacant businesses have indicated that they would like to see absentee landlords held accountable for their empty buildings. The provision of incentives to refurbish and repurpose existing, empty buildings could be of interest to landlords from Haldimand and Norfolk, as well as those from outside the county.



Affects of COVID Within Our Counties

Although it is too early to tell, data suggests that the affects of COVID-19 on the mental well-being of residents of Haldimand and Norfolk will have varying levels. It could be months, even years, post COVID-19, before we can quantify or qualify the lasting affects.

According to the World Health

Organization, the COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems, and the world of work. The economic and social disruption caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people worldwide, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year.¹⁸

In terms of local affect, the following information, related to COVID-19, is taken from the 2021 Haldimand Norfolk Health and Social Services (HNHSS) Community Survey. The survey was completed by 249 respondents.



75% of participants reported feeling anxiety related to contracting COVID-19



29% of participants reported feeling anxiety about loss of income due to COVID-19

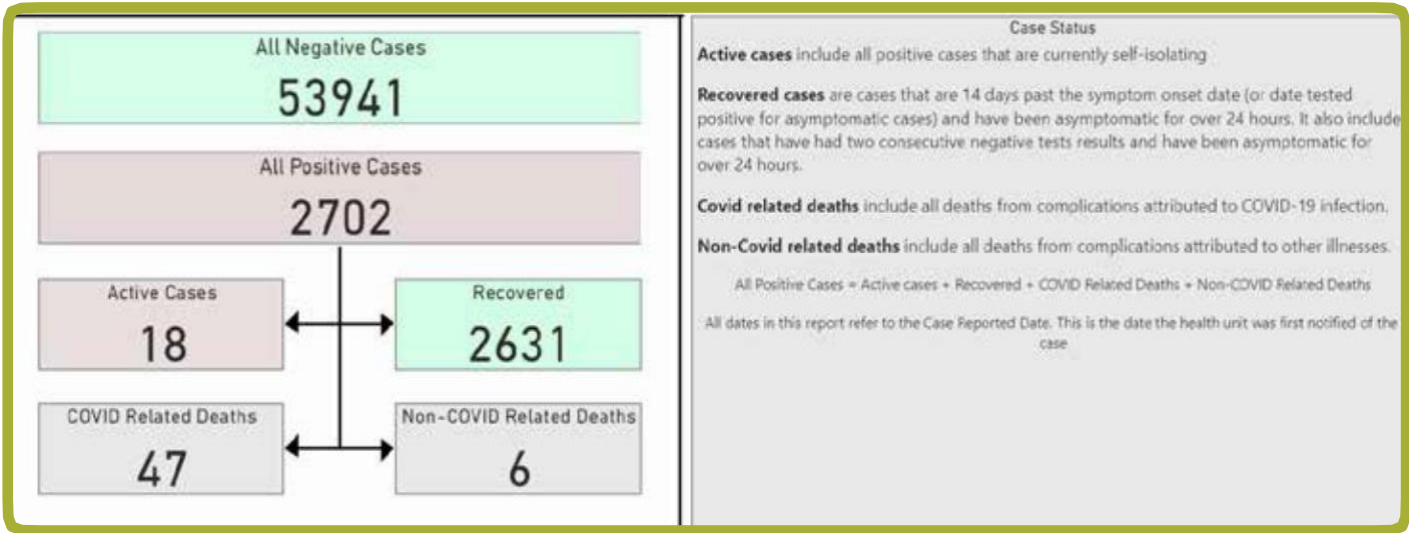


79% of participants reported some level of negative mental health impacts due to COVID-19 and **73%** reported some level of discord in their home due to COVID-19



44% of participants reported some level of negative physical health impacts due to COVID-19

COVID-19 Daily Trends Report (June 23, 2021)



Together We Will Move Forward

Without proactive measures or appropriate levels of funding for dedicated services for mental health, the issue of mental well-being, and safety will continue to spiral downward. The lack of availability or accessibility to resources and support services, long wait lists for housing, and the lack of public transportation or alternative methods of transit, all contribute to the gap between individuals and the help they need.

Our data demonstrates that there is a need to separate mental health intervention from police response. Criminality imposed on people who use illicit substances creates significant barriers to treatments and does not address the underlying issues.

The epidemic of our opioid crisis affects multiple levels of our community. Locally, addiction is rampant in both prescription drugs and illicit, street-acquired substances. The establishment of a safe detox centre that incorporates mental health support and counselling, is the wrap-around proactive approach required.

The cost of living, including transportation, rent, food, Internet services, heat, and utilities, contributes greatly to overall poverty and financial insecurity. Vulnerable individuals and families are further stretched with an increase in food costs and stagnant wages, forcing them to choose between paying their bills, putting food on their table, or losing their home altogether.

Moving forward, we will continue to communicate and collaborate with both Six Nations and Mississauga of the Credit First Nation partners. Together, we will develop strategies and support actions that fall within the four levels of intervention outlined in the CSWB framework of social development, prevention, risk intervention, and incident response.

As we recognize the importance of Reconciliation between Canada and the Indigenous Peoples, we also acknowledge the lasting effects of the Residential Schools. We will ensure that their unique and important voice is reflected with a goal to assist in improving the coordination of services, collaboration, information sharing, advocacy, and partnerships.

To ensure that all residents of Haldimand and Norfolk can succeed and thrive, we must the address the following:

Mental Health and Addictions



Shortage of psychiatrists throughout the Province



Need for additional MCRRT mental health professionals available to respond alongside police 24/7



A continuation of the Mental Health Crisis Aversion Initiative with our local Police



Police-led programs in our local schools that help to connect with our youth and educate them on the dangers of opioids



The development of an online list of all social service programs and initiatives available across Haldimand and Norfolk



Ensure continued collaboration through the Situation Tables



Actively engage with our local business owners to be part of developing and implementing solutions

Ruralit

y



Investigate alternative solutions to our lack of public transportation



Engage with our Provincial funders to address our funding needs beyond a per capita model, advocating for rural bonuses in line with the Northern supports

Poverty and Homelessness



Create a wrap-around approach to vulnerable families and individuals that includes accessing support for addictions, employment, and mental health with an automated consent system



Additional emergency housing, which includes support for those under 16 years-of-age, with a lessening on restrictions for access and admission



Creation of effective reintegration programs with discharge plans for incarcerated individuals

Youth in Haldimand and Norfolk



Establish mentorship programs for youth that includes community-based, group mentoring, and cross-age peer-to-peer mentoring



Enhancement of a youth centre that incorporates programs and activities that encourage healthy, respectful relationships, and supports their physical, educational, and social development

Haldimand and Norfolk is committed to continuing open dialogue and engaging in collaborative and productive partnerships with Six Nations and Mississauga of the Credit First Nation. We are grateful to the many local organizations, community members, and stakeholders that actively contributed to developing our Community Safety and Well-Being Plan. It is a collaboration of numerous voices with a collective vision for measurable action across Haldimand and Norfolk.

We know that a one-size-fits-all approach will not work. Funding models need to change and a keen comprehension by the Province of our unique structure and geographic landscape must be paramount. When that dialogue begins, so too will change.

References

- 1** Government of Canada, 2016; Population-Statistics Canada, 2016; Census of Population: Low Income Measure After Tax of Private Households 2015 LIM-AT

- 2** Haldimand Norfolk Health and Social Services, 2019; Community Needs Assessment-Detailed Summary of Findings
Ontario Psychiatric Association, 2018; Ontario Needs Psychiatrists. Available from: <https://www.eopa.ca/sites/default/uploads/files/Ontario%20Needs%20Psychiatrists%20FINAL%20-%20August%207%2C%202018.pdf>

- 3** Sonnenberg, M., 2011; Simcoe Reformer, 2019; Health Unit Grapples with Opioid Crisis. Available from: <https://www.simcoereformer.ca/news/local-news/health-unit-grapples-with-opioid-crisis>

- 4** Healthy Communities Partnership Haldimand and Norfolk, 2011. Available from: https://hnhu.org/wp-content/uploads/A_Snapshot_of_the_Haldimand_County_and_Norfolk_County_Communities_2011web1.pdf

- 5** Taxi, no date. Available from: <https://ta.en.aboutlist.org>

- 6** Norfolk County, 2020; Ride Norfolk Transit. Available from: <https://www.norfolkcounty.ca/transit/>

- 7** Wikipedia, 2021; Ride Norfolk. Available from: https://en.wikipedia.org/wiki/Ride_Norfolk

- 8** Government of Canada, 2017; Census Profile, 2016 Census. Available from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page>

- 9** Taylor, A., Simcoe Reformer, 2019; Living wage in Haldimand-Norfolk above provincial minimum. Available from: <https://www.simcoereformer.ca/news/local-news/living-wage-in-haldimand-norfolk-above-provincial-minimum>

- 10** Ontario Ministry of Children, Community and Social Services, 2021; 2021 Ontario Works Payment Dates. Available from: <https://www.mcsc.gov.on.ca/en/mcss/programs/social/OWpaymentdates.aspx>

- 11** Ontario Ministry of Children, Community and Social Services, 2021; 2021 Ontario Works Payment Dates. Available from: <https://www.mcsc.gov.on.ca/en/mcss/Programs/social/odsp/index.aspx>

- 12** Government of Canada, 2020; Nutritious Food Basket Study. Available from: <https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/national-nutritious-food-basket.html>

- 13** Settlement.org Welcome to Ontario, 2020; How Long do I have to wait for subsidized housing? Available from: <https://settlement.org/ontario/housing/subsidized-housing/subsidized-housing/how-long-do-i-have-to-wait-for-subsidized-housing/>

- 14** Haldimand & Norfolk Housing Services Department, 2018; Homeless Enumeration. John Howard Society of Ontario, 2016; Reintegration in Ontario: Practices, Priorities and Effective Models. Available from: <https://johnhoward.on.ca/wp-content/uploads/2016/11/Reintegration-in-Ontario-Final.pdf>

- 15** Ontario Mentoring Coalition, 2021; Toolkit on Effective Mentoring for Youth Facing Barriers to Success. Available from: www.ontariomentoringcoalition.ca

- 16** World Health Organization, 2020; Impact of COVID-19 on People's Livelihoods and their Health and Our Food Systems. Available From: <https://www.who.int>

Additional Information Sources

Haldimand Norfolk Reach, 2021; Union House. Available from:
<http://www.hnreach.on.ca/union-house/>

Ontario Mentoring Coalition, 2021; The effectiveness of mentoring for youth deemed high risk. Available from:
<http://ontariomentoringcoalition.ca/mentoringyouthfacingbarriers/types-effectiveness-mentoring-youth-considered-high-risk/effectiveness-mentoring-youth-deemed-high-risk/>

Garringer, M., 2014; The Chronicle of Evidence-Based Mentoring. Forum: Does Mentoring Work in Rural Areas? Available from: <https://www.evidencebasedmentoring.org/forum-does-mentoring-work-in-rural-areas/>

Ontario Association of Social Workers, no date; Social Work Now. Available from:
https://www.oasw.org/Public/SocialWorkNow/Social_Workers_Essential_System_Navigators.aspx

Canadian Mental Health Association of Brant Haldimand and Norfolk, 2019; Crisis Stabilization Beds. Available from: <https://bhn.cmha.ca/programs-services/crisis-stabilization-bed-program/>

Rural Health Information Hub, 2011; Needs Related to Transportation in Rural Areas. Available from: <https://www.ruralhealthinfo.org/toolkits/transportation/1/needs-in-rural>

Ahmed, W., 2019; Policy Papers- Ontario 360: Measuring Ontario's Urban-Rural Divide. Available from: <https://on360.ca/policy-papers/measuring-ontarios-urban-rural-divide/>

Bennett, K.J., et al., 2019; Policy Insight Rural Health: Health Affairs, 38(12); What is Rural? Challenges and Implications of Definitions that Inadequately Encompass Rural People and Places. Available from: www.healthaffairs.org/doi/10.1377/hlthaff.2019.00910

Rural and Small Town Canada Analysis Bulletin; 2001. Available from:
<https://www150.statcan.gc.ca/n1/pub/21-006-x/21-006-x2001003-eng.pdf>

The Conference Board of Canada, 2021; Indigenous and Northern Communities. Available from: <https://www.conferenceboard.ca/focus-areas/indigenous-northern-communities>

Norfolk County, no date; Haldimand and Norfolk Social Services: Partners in building a strong community. Available from: <https://www.norfolkcounty.ca/living/health-and-social-services/haldimand-norfolk-social-services/>

Norfolk General Hospital, 2021; Withdrawal Management & Treatment Services. Available from: <http://www.ngh.on.ca/services/detox.html>

Canadian Mental Health Association, 2014; Mobile Crisis Rapid Response Team- a first for Ontario. Available from: <https://ontario.cmha.ca/news/mobile-crisis-rapid-response-team-first-ontario/>

Norfolk County, 2019; Norfolk County Council Strategic Priorities 2019-2022. Available from: <https://www.norfolkcounty.ca/wp-content/uploads/2019/07/Norfolk-County-Council-Strategic-Priorities-2019-2022.pdf>

Haldimand County, 2021; Haldimand County Official Plan. Available from: <https://www.haldimandcounty.ca/planning-services/haldimand-county-official-plan/>
