



Community Safety and Well-Being Advisory Committee

Data Walk Summary Notes

October 7, 2020

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Introduction

Aylmer-Elgin-St. Thomas Community Safety and Well-Being (CSWB) Advisory Committee members were invited to participate in a data walk on October 7, 2020. The purpose of the data walk was to review and discuss data in four potential priority areas for the CSWB Plan. These areas included:

1. Housing and Homelessness
2. Mental Health and Well-Being
3. Addictions and Substance Use
4. Poverty

39 individuals participated in the data walk from 19 sectors. The sectors represented at the session include:

- Accessibility
- Child/Youth Mental Health
- Child protection
- Citizen
- Cultural Services
- Employment
- Environment
- Funder
- Government
- Health
- Housing and Homelessness
- Literacy
- Newcomers
- Poverty
- Protective Services
- Seniors
- Service Clubs
- Social Services
- Violence against Women

Small groups discussed the following questions in each of the four areas:

1. What are you noticing? What surprises you about the information? Anything?
2. What else do we know about the issues in this area?
 - What are the main sub-issues/challenges in this area?
 - Are certain geographic areas more of a concern?
 - Certain population groups?
 - Other overlapping issues? (i.e. poverty, transportation, access, internet, etc.)
3. What's already being done in our community to address issues in this area?
4. What questions do we have? What else do we need to know?
5. What should be the specific focus of this area in the Community Safety and Well-Being Plan?

The responses to these questions in each of the four areas are provided below.

Housing and Homelessness

1. What are you noticing? What surprises you about the information? Anything?

- The waitlist average of 5.5 years for social housing. What are people doing while they are waiting for social housing? Living with family?
- Aylmer was above the provincial average for tenant households with unaffordable housing
- There is some data missing regarding women who are staying in shelters. They are not included in the homelessness data. Would also like to see data regarding youth homelessness from a rural lens and gender divide. The homelessness data also does not capture people who are couch-surfing
- Surprised about the numbers and disappointed that we cannot provide better service
- The number of people experiencing homelessness who also report mental health concerns
- The data is from 2016. What would the numbers be today considering the increasing cost of housing?

2. What else do we know about the issues in this area?

a. What are the main sub-issues/challenges in this area?

- Availability of all types of housing – apartments, social housing, supportive housing, universal design units, transitional housing, etc. We need more stock across the County for the full range of housing
- There is a critical shortage of supportive housing. Many people do not want to or cannot live alone
- The cost of housing has risen greatly in the past few years. Young families are living with their parents. Young couples cannot carry the kind of debt required to buy a house. Many people are buying homes that they cannot afford
- Many people are staying in rental properties because they cannot afford to buy. This also creates a shortage of rental properties
- Some people are staying in transitional housing for long periods of time because they do not have anywhere to go
- People from Toronto purchasing properties and driving up the cost of housing
- There is a need for more barrier free housing and universal design housing units. This is often overlooked in construction projects
- There is a need for dementia-friendly spaces. With support, they could live on their own longer
- People wishing to rent need credit checks, references, ID, etc. How/where can they get ID? Where do homeless people keep their ID?
- People are struggling to find housing even more now because of COVID. Some people living with family or friends have been turned out because of COVID. Where do they go?
- Hidden homelessness – couch-surfing

- For people who live in shelters, where do they go between open hours? Many go to the library, sleep there – this can present some challenges at the libraries (substance abuse). During COVID, the libraries have been closed or open with limited capacity, where are they going now? Do they have access to washrooms?
- System navigation – where do people go to learn about all the different housing options? Is there a centralized place with up-to-date and accurate information from this area?
- Tenant vandalism may lead to a decrease in available rental properties. Property owners may want to get out of the rental market.
- Housing location – proximity to transportation and employment

b. Are certain geographic areas more of a concern?

- The City of St. Thomas – the downtown core
- There are fewer supports available in the far east and west. They are further away from larger population centres (Aylmer, St. Thomas, Tillsonburg)
- Rural areas have limited housing availability and people are moving to urban areas because they need to find housing

c. Certain population groups?

- Senior citizens
- People struggling with mental health
- Disabled adults
- People struggling with addictions
- Youth
- Women
- Young men are often overlooked
- Young families
- Single mothers

d. Other overlapping issues? (i.e. poverty, transportation, access, internet, etc.)

- Poverty/Income security
- Education
- Employment
- Access to internet/phone needed to search for housing
- Infectious diseases/health concerns – how does homelessness affect health?
- Mental health
- Homelessness – some people will not accept help – need to start at the street level and build trust before they will accept help
- Family disfunction and youth homelessness

3. What's already being done in our community to address issues in this area?

- City of St. Thomas – micro-apartment construction at 614 Talbot Street
- Doug Tarry Homes has committed to building tiny homes

- East Elgin Housing Initiative
- Educating Police Services about dementia and homelessness (Alzheimer Society Elgin-St. Thomas)
- St. Thomas Social Housing
- Pan-Canadian Voice for Women’s Housing
- St. Thomas Central Community Health Centre helps people get documentation/ID needed for rental applications.
- West Elgin Support Services is working on increasing supportive housing in the area
- YWCA – Youth Homelessness Protocol
- Municipal Councils considering the use of surplus lands
- City of St. Thomas encouraging the creation of “granny suites”/Accessory Dwelling Units
- Homelessness Matching System

4. What questions do we have? What else do we need to know?

- More up-to-date data – the census in Canada is only conducted once every five years
- Data about hidden homelessness – people couch surfing with friends and family

5. What should be the specific focus of this area in the Community Safety and Well-Being Plan?

- Mental health and supportive housing
- Seniors housing
- Youth homelessness
- Affordable housing – rental properties and new housing construction. Working with contractors to increase housing supply – if private builders build more rental properties/multi-resident housing/homes, current renters can move up to the next level and free up rental properties. Have to work on supply first and then affordability
- System navigation – where should people go if they need to find housing?

Mental Health and Well-Being

1. What are you noticing? What surprises you about the information? Anything?

- The high level of emergency department visits for mental health issues makes sense given the lack of resources in the community
- The high number of visits to the Emergency Room compared to the low number that were admitted speaks to the revolving door in the health care system. Why weren't more of these patients admitted for treatment?
- Rates of mental health issues are increasing in the community
- Rates are high in youth
- The number of self-harm, self-injury and suicide visits is alarming
- The data does not surprise some that work directly with vulnerable populations

2. What else do we know about the issues in this area?

a. What are the main sub-issues/challenges in this area?

- Mental health may affect many more people than reflected in the data as there are those who suffer greatly who do not even get to the point of going to the Emergency Room or visiting a physician. These cases are not well documented
- There is a lack of supports in the community (lack of programming, lack of available counsellors, long wait lists, not enough family physicians)
- Hospitals cannot force mental health patients to remain in their care and must discharge them if they request. Physicians need more training around mental health issues and how to properly support these individuals
- Mental health support for people living on the streets is very limited. Resources need to seek out these individuals instead of waiting until these individuals seek care
- 24/7 access to crisis support must be made available
- Access to technology can limit an individual's ability to seek assistance when most resources are online or over the phone
- Agencies often operate in silos. Coordination and developing proper referrals is crucial
- There is still a stigma around seeking help for mental health issues
- Police are asked to respond to mental health crisis and are not equipped with proper training
- Lack of resources for children and youth leads to a cycle of mental health, addiction, homelessness struggles as these children become adults

b. Are certain geographic areas more of a concern?

- Aylmer, St. Thomas, downtown St. Thomas, West Elgin (West Lorne in particular), Southwold
- Rural areas where access is limited, transportation is limited and resources are limited
- Everywhere is at risk now because of the pressures of COVID-19

c. Certain population groups?

- Older adults who are at risk of being isolated
- Those with developmental disabilities who also suffer from mental health issues
- LGBTQ2S community
- Homeless population
- Care partners of individuals with dementia or other serious illnesses
- Those dealing with situational and generational poverty
- Immigrants and newcomers dealing with systemic racism
- Those struggling with addictions
- Low German Community
- Youth
- English as a Second Language speakers
- Women
- People of Colour
- Indigenous people
- Parents dealing with the realities of COVID-19 (homeschooling, working from home, job losses, sick children)

d. Other overlapping issues? (i.e. poverty, transportation, access, internet, etc.)

- Access to housing
- Access to reliable affordable internet
- Poverty
- Addiction
- Isolation
- Transphobia
- Homophobia
- Violence against women and children
- Affordability
- Cultural barriers to seeking help
- Transportation
- Education/Functional Literacy
- History of trauma

3. What's already being done in our community to address issues in this area?

- Victims Services Elgin offers 24 hour in-person, no appointment required support and transportation for women experiencing a mental health crisis
- Wellkin is working on a health reform project with other local partners to move from silos to seamless collaboration, mapping crisis pathways and creating a coordinated mechanism for navigating the system
- CMHA Elgin – Middlesex has a Reach out Line and a 24/7 web chat
- West Elgin Community Health Centre has a mental health team

- Conservation Authorities are beginning the discussion around green spaces and their contributions to wellness and mental health particularly given the COVID-19 pandemic
- Medical intervention is offered through physicians

4. What questions do we have? What else do we need to know?

- What resources and supports are available in Elgin to assist the LGBTQ2S community and how can these supports be safely accessed?
- Can there be more data included for children under 12? How does this data set define youth?
- Can the data be broken down by gender? Not just binary but on the continuum?
- What cultural services and resources are available in each of Elgin's municipalities and in the City of St. Thomas?
- Does data exist from 2017-2019? It is believed based on experience of the St. Thomas police that the numbers will be even higher
- What are the 1-800 numbers and digital crisis resources available across the County?
- What counselling is available for low income residents?
- How is well-being defined in relation to this data set?
- What has the impact of COVID-19 been on mental health in Elgin?

5. What should be the specific focus of this area in the Community Safety and Well-Being Plan?

- Better access to services for residents (more resources, more counsellors, shorter wait lists)
- 24/7 mental health supports
- Streamlined access to services – one stop easy access
- Supports for youth - both reactive and proactive. How can we prevent mental health crisis from escalating?
- Street level solution – bring the services to the people

Addictions and Substance Use

1. What are you noticing? What surprises you about the information? Anything?

- Hospital is seeing an increase in visits, difficulties in treating at hospital
- Surprised by number of kits
- Number of naloxone kits distributed is having an influence on number of hospital visits – more treatments on street by police / EMS, less urgent trips to hospital
- Number of kits does not equal number of people treated – trend is for users to need more than one shot and up to five due to drug strength and possible increased immunity by repeat users
- 12,831 naloxone kits may have been distributed but many go unused
- Region has higher rates of opioid prescribed to treat pain – do we have pill pushers in the medical community?
- There is a major cross over between mental health and addiction
- Early intervention is critical – goal of MI Understanding project to educate at elementary level
- Petty crime stats are a spinoff of addiction to pay for habit
- Question asked if this is really a St. Thomas issue
- Southwest Public Health (SWPH) confirmed that there were 17 overdose deaths in the unit in 2019, but that includes Oxford. Some thought the number was too low but 10 does seem correct
- Needle exchange kits being distributed by Central Community Health Centre
- Surprised that males are more frequent but would like to see the demographic of 25 to 64 broken down more, also surprised deaths occurring at dwelling
- Substance use is a lot more than opioids – includes alcohol and tobacco
- A lot of education needed on substance use
- Statistics need to be more nuanced
- Number of naloxone kits distributed is a positive stat to combat spin-off impact on treatment, including need for hospital visits
- Questioned number of deaths (10) – suspects that deaths that occur at a London hospital not included

2. What else do we know about the issues in this area?

a. What are the main sub-issues/challenges in this area?

- Need more clarity / breakdown of the 25 to 64 age group as suspect that most are younger – likely under 40
- Police know that crystal meth is easier to get
- Need to factor in social determinants behind addiction – property insecurity, poverty
- Education is not enough, must be matched with community effort outside of school

b. Are certain geographic areas more of a concern?

- Downtown St. Thomas the main driver, need to canvas users and gain their feedback such as having a survey and staff person ask questions at places like Out of the Cold
- The supply is coming from urban areas and particularly downtown St. Thomas
- Aylmer noticing more visible signs of usage – municipal staff now cleaning up sharps in parks and this can't be sustained by municipalities
- Are we doing enough to warn kids? Sharps even found on Elgin Court P.S. grounds, high school is almost too late. Major school issues are still cannabis and alcohol but hard-core drugs are starting to appear
- Users are not even attempting to hide their usage / addictions anymore, it is no longer an out of site out of mind problem, doing it in broad daylight with a police officer nearby, petty charges are just logging up the system and they walk out and repeat behavior
- Hospitalizations are a cry for help – discharge needs to lead to on-going treatment
- There is a perceptual problem too in downtown St. Thomas that it is not safe
- Networks are in St. Thomas where there is an established network of addicts who need to support each other
- Attitudes on safe injection sites with safe supply have to change – there is a role for SWPH and community health centres to provide support services at these sites
- Numbers are likely low – a lot of addiction is hidden
- Addiction not only comes from trauma / pain but from issues such as childhood abuse
- Alcohol still are biggest challenge and impact – the fact that LCBO stayed open during first days of COVID speaks volumes, alcohol needs to be part of strategy
- Outcomes after hospital visits needs to tracked
- CAMH has a lot of good data that could be extrapolated for our area in the total impact of addiction, including alcohol, tobacco, marijuana, prescriptions and illicit drugs
- Lots of blind spots in this data such as alcohol addiction which is largely hidden because the white middle class are able to hide the problem
- Land ambulance calls and stats relating should be looked at as a source of data

c. Certain population groups?

- Need an answer on what interventions are offered after hospitalization occurs
- Central Community Health Centre is working with partners to develop an Elgin Community Drug and Alcohol Strategy
- Even conservation areas are seeing evidence of hard-core drug usage and are an emerging haven for drug use

d. Other overlapping issues? (i.e. poverty, transportation, access, internet, etc.)

- STPS street crimes unit has determined that it requires \$60 per day to feed a crystal meth addiction which obviously spins off into poverty, mental health, trauma and family security issues and costs in those areas too

3. What's already being done in our community to address issues in this area?

- Updated school curriculum does include lessons on substance abuse, dangers
- Drug and alcohol strategy work by CCHC supported by SWPH
- Clinic 217 has a doctor working with community agencies, Thames Valley Health Team on rapid access to addiction treatment model
- Being factored into non-profit housing planning, counselling services and space – challenge is that housing is often municipal but health care services provincial
- SWPH is leading a tool on system navigation in concert with local agencies
- London provides a good model - We need a safe-injection site based on London's Inter-Community Health Centre – safe supply is part of this which mitigates street cutting of drugs with substances like fentanyl

4. What questions do we have? What else do we need to know?

- How to get help – where assessments are best led and followed up on

5. What should be the specific focus of this area in the Community Safety and Well-Being Plan?

- Mobile Outreach Team - Full wraparound services, involving health professional involved with police services, a team in the field with services available beyond business hours so that the police do not always have to respond
- Plan needs to enhance awareness of what addiction is and encompass alcohol and tobacco as these challenges are county-wide and widespread – recommendations of Elgin Community Drug and Alcohol Strategy involving CCHC need to be considered as that work includes people with lived experiences which may be missing in data gained through plan
- A safe injection site - Must overcome stigma
- Consultations with primary care physicians

Poverty

1. What are you noticing? What surprises you about the information? Anything?

- Child poverty is a concern (6 local municipalities above provincial rate)
- Central Elgin child poverty rate lower than expected, seeing the other area municipalities
- Poverty numbers follow median income
 - Rural → farming based incomes
 - Family size → rural family vs. urban family (assumed rural families are generally larger [farming])
 - Access to social housing – greater access in urban areas
- Noted that data set is 2016 – area has seen fiscal growth since
- Central Elgin child poverty low compared to St. Thomas – is surprising
- Number of non-participating in workforce
 - What is real composition of this (student, age, etc.)?
 - What are the reasons for not participating in the workforce?
- Not reflective of number of persons who are on support as they may be working, but not receiving a living wage
 - Students may be skewing the data
- Does “cash” work (i.e. not reporting income) impact figures?
- Elgin has generational poverty
- Number not participating in workforce is a concern – much higher than expected
- Central Elgin child poverty rate low – has large percentage of seniors living in municipality

2. What else do we know about the issues in this area?

a. What are the main sub-issues/challenges in this area?

- COVID-19 impact? – it isn’t going away – mental health issues
- Want to drill down further into data sets
 - Will be interesting to see if trends develop (rural vs. urban)
- Age and stage of life may be a factor in the number in workforce (retirees, students, disabilities, etc.)
- Is there a correlation between poverty, number in the workforce and persons with a disability?
- Needs are complex – no single solution to poverty issues
- Social Services – COVID changed demand for services. CERB has changed the number of people using pre-pandemic established social services
- ODSP / OW – utilization versus workforce numbers
 - Who is using ODSP/OW?
- Transportation
 - Availability
 - Affordability
- Literacy

- English as first language
- English as second language
- Parent's ability to help children with school homework, on-line learning, etc.
- Education / Adult education should be a pillar of addressing poverty
- Digital divide → poverty impacts digital literacy
 - COVID forced home learning → parents may not be able to help children with at home learning
- Cultural integration of digital learning was identified as an obstruction to addressing the digital divide → specifically cultures that “frown” upon non-traditional learning methods and environments
- Social assistance rates (dollar amount) is too low to move people above poverty line. CERB payment is two times the ODSP/OW rate
- People may not have the budgeting skills to make good financial choices
 - Additional CERB money may magnify the lack of budgeting skills
- Living wage needed to be paid → suggestion was to recognize business that pay all staff a living wage
- Education
 - Skills to do a job but no certificate to get a job
 - Low education limits jobs that can be applied for
 - Post high school education often a job requirement
 - Adult literacy rates a concern
- Transportation
 - Access to employment
 - Force people to take lower paying jobs if cannot get to higher paying jobs
- Digital literacy and access to digital services
 - Job advertisements and applications increasingly online
 - COVID forcing even more jobs to be advertised online
 - Physical job boards in employment agencies becoming fewer and fewer
- Food security

b. and c. Areas or groups most concern?

- Children – statistics provided are a concern
- Population with mental health issues and addiction issues
- Rural locations without access to public or private transportation
- Community and social exclusion of those living in poverty
- Generational poverty big concern → children learn from parents
- Early learning → access to programs
- Those living with disabilities more susceptible to poverty
- Lack of access to or availability of child care may negatively impact access to employment opportunities
 - If a parent cannot find child care, they may not be able to work
- Access to education in general
- Cost of living across County may impact poverty

- Costs (such as rent) may vary from municipality to municipality
- Would like to see cost of living broken down to identify where is affordable
- Access to social service “safety nets” may be more difficult in rural areas
- Digital and document literacy
 - Low education may impact ability to access on-line services as well as ability to accurately complete application documentation
- Working poor → may not be readily identified due to way statistics are presented
- Generational poverty → children only know life on social assistance → no career goal setting
 - Parents not a career role model for children

d. Other overlapping issues? (i.e. poverty, transportation, access, internet, etc.)

- Groups working in silos
 - New mindset needed to have social support agencies working together
- Transportation – access to transportation difficult for some
- LGBT → those who publicly identify often results in difficulty getting job
- Undiagnosed learning disabilities in adults, young adults
- Health issues such as Alzheimer’s
- Cultural diversity leads to language diversity → English often not primary language
- Availability of adult education programs and access to in rural areas
 - Time of data (2016 census) → expect 2020 data will be worse
 - How is farm poverty / rural poverty tracked?
 - Municipalities/Townships have urban and rural areas – poverty rates may be higher outside of towns and villages
- Cultural expectations and traditions
 - Gender based restrictions and limitations contribute to poverty
 - More of a need today for dual incomes to support a household
- Supports geared to families and not single people
 - Singles may be limited on what supports area available to them
 - Elderly and Indigenous population may be disadvantaged by being single

3. What’s already being done in our community to address issues in this area?

- Continue work on economy
 - As a province, region and city/county
 - Look for new factories / businesses to come to area
 - Small businesses will be impacted by COVID related closures
 - Skills development for people who do not have the skills to get the jobs that are available
 - Education is KEY
- Food security “safety net” is well established in urban areas (pre-COVID)
 - St. Thomas well established
 - Aylmer has active food bank and church meal supports
 - What happens when current volunteers retire/resign?

- Can programs survive long term?
 - COVID restricting our volunteer pool by restricting the ability of seniors and the medically vulnerable to volunteer
- Transportation system development a priority
 - Regional transportation
 - If shelter poor, will be transportation poor → public transportation between rural areas and urban areas seen as a priority to help people access employment, social services and medical services
 - Public transportation systems are expensive and not cost recoverable
 - Mobility for health support, etc.
- Food programs in schools suspended due to COVID
 - Is it impacting impoverished student's ability to learn?
 - Grab & Go programs can continue
 - No hot food and programs dependent on volunteers suspended
- United Way programs impacted by volunteer pool reductions
- Not much is being done
 - Larger problem that requires large expenditure to remedy
 - Must pay a living wage versus legal minimum → based on true cost of living for region
 - Need coordinated solution by all levels of government
- One on one interactions/interventions (YMCA program)
- Government play key part in addressing poverty
 - To ensure proper use of social net funds
 - Job creation a government responsibility
- Nowhere near enough is being done
- Poverty Coalition → Elgin County based group working on poverty
- Skills building → programs available but difficult to access from rural areas

5. What should be the specific focus of this area in the Community Safety and Well-Being Plan?

- Transportation component important
 - Access to jobs/employment
 - Access to medical and social services
- Rental housing
 - Protection from substandard landlords and substandard rental properties
 - Protection from rental increases
 - Protect access to rentals
- Internet access
- What do people actually need?
 - Break cycle of generational poverty
 - Housing and food security and access to these services (public transportation)