Community Safety and Well-Being Plan – City of North Bay

Community Consultations Sub Report (DRAFT)

DNSSAB Project Team
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This report is one of a series which taken together, form North Bay's Community Safety and Well-Being Plan.

Executive Summary

As part of legislation under the Police Services Act, municipalities are now required to develop and adopt community safety and well-being plans. These plans, developed in partnership with a multi-sectoral advisory committee, are intended to make communities safer and healthier by taking an integrated, community approach to address local crime and complex social issues on a sustainable basis. The City of North Bay has appointed the District of Nipissing Social Services Administration Board (DNSSAB) to develop its Community Safety and Well-Being (CSWB) Plan.

Consultations are a crucial part of the CSWB Plan methodology given it will seek input on local issues as experienced by a variety of populations. Consultations were completed in order to assess the safety, health, and inclusion landscape in the community and to identify priority risks. The consultations also assisted in identifying strengths, weaknesses, opportunities, and threats locally. Focus groups have been completed with service provider organizations/ agencies and a survey was available to the public.

The research and consultation completed have revealed a complex service network paired with multiple gaps. Ensuring that the service network is operating at its full potential is critical to properly addressing community risks. Risks have also started to emerge in the findings. Major community risks that have been identified include addictions, mental health, homelessness, and poverty/income. Service navigation is at the forefront of the network's issues. Service users and providers need to know the services available in the community to properly refer and access the right services in a timely fashion. In addition, although the service network is complex, gaps were highlighted. Gaps identified range from access to family doctors/primary care to enhanced discharge planning from institutions with regular follow-ups. Strengths in the system were also identified. The Gateway Hub along with other major community planning tables were viewed as an excellent platform for collaboration and communication of new programs, program changes, and events. Another strength has been the increased collaboration and access to shared opportunities through remote meetings and workshops. Increasing community education and awareness of community risks and of the work of the service network will be important going forward. Other opportunities include the creation of service hubs to access multiple services in one location and the exploration of the Housing First model.

The results of the public survey also assisted in the identification of community *risks*. Much like the focus group sessions, the major community risks identified include addictions, homelessness, mental health, and poverty/income. The results of the public survey also confirm safety concerns in North Bay. 83.7% of respondents noted that they have felt unsafe in North Bay. In terms of well-being, respondent self-assessments of mental health were generally lower than self-assessments of mental health. Overall, cost/affordability, program/service accessibility, and program/service not available were the primary barriers and issues for both physical and mental health. Required and desired programs, supports, or services to improve physical health, in order of frequency of mention, are family doctors/physicians, gyms and fitness centres, recreational opportunities (i.e. biking, walking), and medical specialists. Required and desired mental health services and supports indicated by respondents are counselling, therapy (group and individual), psychiatrists and psychologists, and family doctors/physicians.

Finally, with regard to inclusivity, 43.5% of respondents feel a strong or very strong sense of belonging in North Bay. The most common response was "neither weak nor strong" with 35.8% of respondents selecting this option. Recommended programs, supports, and services to improve sense of belonging primarily focused around having more opportunities for social engagement, which respondents mention the need for more events and activities in the community. It is also important that the social engagement opportunities are inclusive for everyone to attend and participate.

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1.0 Introduction

1.1 Background

Effective January 1, 2019, as part of legislation under the Police Services Act, municipalities in Ontario are required to develop and adopt Community Safety and Well-Being (CSWB) plans. The plans are intended to make communities safer and healthier by taking an integrated, community approach to address local crime and complex social issues on a sustainable basis.

This legislative requirement applies to all single and lower-tier municipalities and regional governments and is being directed by the Ministry of Community Safety and Correctional Services. The CSWB plans are required to meet a number of legislative requirements and are to be developed in partnership with a multi-sectoral advisory committee comprised of representation from the police service board and other local service providers in health/mental health, education, community/social services, and children/youth services. In North Bay, the situation table Gateway Hub will serve as the community advisory committee for the plan's research and development.

The City of North Bay has authorized the District of Nipissing Social Services Administration Board (DNSSAB) to develop its Community Safety and Well-Being Plan. For the purpose of this planning and implementation, 'community safety and well-being' is defined as a multi-sectoral approach to mitigate the reliance on reactionary and incident-driven response by implementing social development practices through identification and response to risks that increase the likelihood of criminal activity, victimization or harm.

1.2 Purpose of Community Consultations

Developing North Bay's Community Safety and Well-Being Plan involves assessing the safety, health, and inclusion landscape in the community. Identifying strengths, weaknesses, opportunities, and threats locally through consultations is a crucial part of this assessment given it will seek input on local issues as experienced by a variety of populations.

The input and feedback from consultation sessions will:

- Identify priority safety and well-being risks in the community
- Assist in the development of recommendations and strategies to increase safety and well-being
- Assess general public sense of safety, wellness, and belonging

2.0 Methodology

2.1 Types of Consultation

The consultation framework builds off of the literature review and the asset mapping exercises that had previously been conducted. The consultations focused on obtaining qualitative data from community partners and the general public. Two types of consultations were ultimately utilized to inform North Bay's CSWB Plan: virtual focus groups and a public survey. The focus groups were held with organizations/ agencies who have a vested interest in safety and well-

being in North Bay and form a core part of the service delivery network while the survey was available for the general public who live and/or work in North Bay.

2.2 Communication Process

Effective communication of consultation activities is crucial as it assists with informing local organizations/ agencies and the public about the CSWB Plan and its development and allows organizations/ agencies and the public to participate in consultations. Presentations were made at the Gateway Hub table to notify organizations/ agencies of the upcoming consultations. Email invitations were provided to organizations/ agencies who were identified to participate in focus group sessions. An email reminder was also provided to those who had not confirmed or declined their participation. The public survey was implemented electronically and launched with a media release and public service announcements, and was also promoted through social media posts on the City of North Bay social media platforms. The survey link was posted on the City of North Bay's CSWB website and also sent via email to local organizations/ agencies to assist with its distribution across the community.

2.3 Privacy and Confidentiality

The research team ensured the confidentiality of all focus groups and survey participants. The information and data collected in focus groups and the public survey will be used to inform North Bay's Community Safety and Well-Being Plan. There was no identifying information or data collected in the survey and none of the survey or focus group participants will be identified in any published survey reports or findings. The consultation results and findings may appear in the final plan and other various public reports, and/or be included in various presentations or shared with community partners.

2.4 Limitations

Every attempt was made to ensure a diverse group of participants for each target group in order to have representatives from all sectors. That said, certain individuals or organizations may have been missed in the invitation process. To further this, it is difficult to accommodate all stakeholders into scheduled focus groups and therefore not all those invited were available to attend scheduled focus groups. A total of 79 organizations/ agencies were invited to participate in the focus group sessions. Due to scheduling conflicts only 35 (44.3%) organizations/ agencies were able to participate in a session. Although the participation rate is lower than anticipated, the various sectors were appropriately represented and in most cases included the senior leadership and decision-makers of the respective organizations. An additional 18 organizations/ agencies were able to participate via the online focus group survey that posed the same questions as the virtual focus groups. The survey participants brought the participation rate up to 67.1%, however, the survey version poses challenges with the inability to ask followup questions to the provided answers that further add to the context and understanding. As such, some answers received through the online survey are vague. Towards the end of the focus groups, the researchers were hearing similar content and themes indicating the content variability within and between groups was diminishing and the saturation point was not far off. This indicates an adequate collection of representative information and data from these sessions.

In terms of the public survey, the survey utilized a non-probability purposive and snowball sampling design. Additionally, the survey was primarily available online through the City of North Bay website. This limits those that do not have access to technology or the internet from participating. Efforts were made to have a downloadable version of the survey for service providers to print for their clients. An option was also available for citizens to complete the survey over the telephone.

The public survey was based on a non-probability sample due to the sampling method noted above and the results should not be generalized to North Bay's general population. Additionally, the sample is open to possible bias (for example, favouring people who feel unsafe) and the precision of the sample cannot be statistically estimated or measured. Having said that, approximately 3,000 people in the city completed the survey, which in absolute terms provides a significant amount of input and feedback and a rich dataset to inform the CSWB Plan development and implementation. When extrapolated to census data the survey's demographic markers show reasonable population representation in age and income although the survey is significantly over-represented with females (see also, section 4.0. Public Survey).

The original research design had in-person interviews planned with people with lived experience and those in highly vulnerable populations. However, as a result of the strict COVID-19 lock-down measures imposed at the time of the research, these interviews could not be completed as access to this population and specialized researchers to assist with the interviews became more difficult. Following ethical research and statistical practices and codes of conduct, the researchers were also not comfortable holding these specialized interviews with marginalized populations virtually and online. Somewhat offsetting this limitation are the public survey results, which have captured input and feedback from some of these vulnerable populations.

3.0 Focus Groups

3.1 Target Population

A key element of conducting focus groups is ensuring that the consultation sessions have proper representation and effectively cover all aspects of community safety and well-being. Appendix A lists the organizations/agencies and their respective focus group session. The focus groups were organized based on major sectors of community safety and well-being. Many of these organizations also form part of the main service delivery network and were also involved in the community asset mapping research activity. For general reference and classification purposes, the organizations/ agencies were grouped by sector based on a general understanding of the organization's programs and services, and their primary area of focus. However, this is somewhat of an arbitrary assignment as many of these organizations span multiple sectors and touch down in several different areas relevant to community safety and well-being.

The focus group sessions were grouped alphabetically as follows:

- Economy/Business/Employment
- Education
- Emergency Response/Services

- Food Security
- Health
- Housing and Homelessness
- Indigenous Services
- Municipal Services (City of North Bay)
- Social/Family Services

A focus group was dedicated exclusively to the City of North Bay and its departments due to its role as the champion of the CSWB Plan and the City's cross-sectoral impact as a municipality. Also, other sectors were added in with the Social/Family Services focus groups and these were correctional services, the environment, and food security.

3.2 Timeframe & Logistics

Conducting consultation sessions during a pandemic certainly poses challenges. Flexibility and an ability to adapt were key components in the consultation framework. The focus groups were conducted over 2 weeks in April 2021. Each focus group session consisted of approximately 5-10 participants in size and lasted between 1.0 – 1.5 hours depending on the level of discussion. Based on the number of organizations/ agencies, there were 10 focus group sessions in total. The focus group sessions were held remotely via Zoom as a result of the COVID-19 pandemic. Each focus group had two moderators who guided the session and took turns asking questions. A note-taker also participated and was tasked with taking detailed notes on what was being discussed in the focus groups. Lastly, each session began with a brief presentation to introduce the community safety and well-being planning process, the purpose of the focus groups, and to present some initial key findings for additional context for the discussions.

For individuals that were unable to participate in focus group sessions, questions were also sent out in a survey format as another means to collect feedback.

3.3 Questions

Focus group participants were asked a set of identical questions. A total of 7 questions were asked. The final two questions pertain specifically to the work currently being conducted by the North Bay Parry Sound District Health Unit surrounding harm reduction. The questions were as follows:

- 1. Overall, what do you believe are the top issues impacting safety and well-being in North Bay?
- 2. In your experience, what is currently working well in terms of addressing or solving these issues in North Bay?
- 3. What isn't working well in terms of addressing or solving these issues in North Bay?
- 4. Do you think that community resources related to community safety and well-being can be better aligned? If so, how?
- 5. What are some best practices or innovative ideas that could be implemented in North Bay to better address and/or solve local community risks? How could these be implemented?

Many would agree that North Bay is facing an opioid crisis based on local surveillance and evidence by the North Bay Parry Sound District Health Unit and recent media reports. Clearly, addressing the opioid issue needs to be part of North Bay's community safety and well-being strategy moving forward.

- 6. In view of the above, what type of harm reduction programs, services or practices should operate in North Bay?
- 7. What are the important considerations that would need to be taken into account in operating a safe consumption site in North Bay?

3.4 Participation

A total of 79 organizations/agencies were invited to participate in the focus group consultations. Due to scheduling conflicts, 35 or 44% of the invited organizations/ agencies participated in the focus groups. The remaining 44 organizations/ agencies were provided with the focus group questions as an online survey. Of these organizations/ agencies, 18 were able to complete the online survey. Only one focus group had to be cancelled as a result of invitees not attending the session. This sector was, however, represented in the online survey. Overall, 54 organizations/ agencies provided feedback and input through focus group consultations. This represents a 68% participation rate. Figure 1 illustrates the focus group participation.

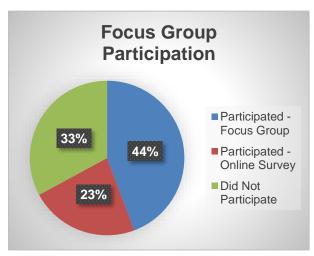


Figure 1 - Focus group participation.

3.5 Results and Findings

The results and findings from the focus group sessions were analyzed using a SWOT analysis. The specific priority risks in the community were analyzed separately in order to focus on the strengths, weaknesses, opportunities, and threats within the community network to reduce and mitigate the identified risks (See Appendix B for summary table). Online focus group surveys were analyzed separately and the combined analysis, results, and findings are from a total of 10 focus group sessions.

It should be noted that in some cases, an item might fall into more than one SWOT category. For example, it could surface in one area such as a strength but also have a component to it that presents in another area such as a weakness or threat.

3.5.1 Risks

A total of 20 community risks were identified in the focus group sessions. The risks ranged from safety specific, to wellness, and inclusivity. Safety-specific risks included general feelings of safety in the community, gender-based violence, pedestrian and traffic safety, and sexual exploitation. Well-being risks included addictions and substance abuse, homelessness, mental health, poverty and low-income. Finally, inclusivity risks included diversity, inclusivity, sense of belonging, racism, and stigmatization.

Figure 2 displays the identified risks by frequency of occurrence in focus group sessions. Addictions was the most identified risk and was stated in 9 of 10 focus group sessions. Other notable risks included homelessness, mental health, and poverty, which were all noted in at least half of the focus group sessions. Several risks were also mentioned in one focus group. These risks include historical trauma, food insecurity, transportation, daycare, internet and screen time, education, employment, adverse childhood experiences, criminal activity, and urban planning.

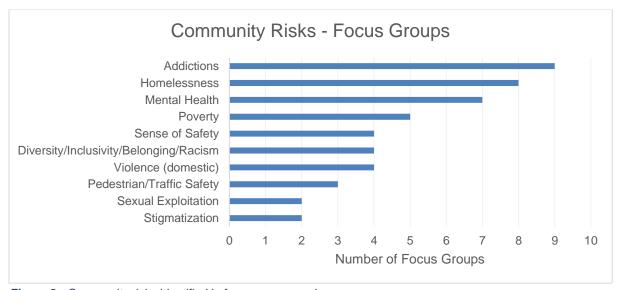


Figure 2 - Community risks identified in focus group sessions.

3.5.2 Strengths

The identification of strengths in the community that can mitigate and reduce risks is an important component of the focus group consultations. Strengths in the community may be expanded or recreated in another sector to further reduce and mitigate risks. On a municipal level, it is important to first begin with the regular work conducted by the City of North Bay to ensure safety. This includes, but is not limited to, many critical factors such as regular road maintenance, provision of clean drinking water, sewer services, and maintained parks and recreational spaces.

Overall, focus group participants stated an appreciation for a wide array of services, programs, and services providers in general. In terms of programs and services, education and awareness campaigns (some offered through the Health Unit) and the new low-barrier shelter were the most frequently mentioned. Other mentioned programs and services viewed as strengths were needle boxes (although needle disposal is later identified as a weakness), RAAM Clinic, and the Warming Centre. Focus group participants also acknowledged service providers' collaboration and commitment that can be exemplified by providers routinely coming together to find timely solutions to assist clients in crisis. Multi-sectoral planning tables and committees were viewed as excellent platforms for collaboration. Tables that were often mentioned include the Gateway Hub and the Nipissing District Housing and Homelessness Partnership. These tables and

committees are seen as an asset in the community because they are a way for service providers to collaborate, learn about services and programs offered, and foster partnerships. Another strength in the community has emerged throughout the COVID-19 pandemic. This strength is embracing the virtual world for remote service delivery and collaboration. Participants have mentioned that in many ways collaboration has increased and improved as a result of online platforms making it simpler to connect. In addition, participants have also noticed higher participation rates with online service delivery. Finally, participants also credited the work of outreach services and crisis response. Programs mentioned include the Healthy Community Ambassador Program, Mobile Crisis Services, Rapid Access Addiction Medicine (RAAM) Clinic, low-barrier shelter, Warming Centre, and naloxone kit distribution and training.

3.5.3 Weaknesses

Weaknesses in the community service network help to identify areas for improvement. Focus group participants listed multiple weaknesses, which were then categorized by overall theme. Overall system gaps, system inefficiencies, mental health and addiction services, housing system/stock, and service network barriers were expressed as the most common weaknesses. Beginning with general system gaps, participants noted that discharge planning from institutions was a weakness and regular follow-ups with discharged clients were also lacking. The court system and the deficiency of diversion supports is another weakness expressed. Other notable gaps include access to a family doctor/primary care, a lack of police visibility, and food insecurity (and a lack of nutrition) which affect safety and wellness in the city and need to be addressed in the plan.

A number of system inefficiencies were also regularly mentioned in focus group sessions. First, as a result of the size and complexity of the service network, there is a concern of service duplication. Second, the system is seen as reactive rather than proactive resulting in temporary solutions for community risks. Third, due to lack of resources and increased workloads, participants have mentioned staff burnout and the overall feeling of organizational busyness as an inefficiency. Fourth, participants noted that there is confusion regarding priorities in the community, which can be observed in the varying priorities across planning tables and committees. Fifth, police conducting work outside of their typical duty was mentioned as a concern. Police are responding to a multitude of calls related to addictions and mental health leaving less time for typical crime prevention police functions. Finally, although collaboration was identified as a strength, some participants mentioned concerns surrounding the silo of service providers, planning tables, and sectors. This also relates to a lack of overall service system coordination which is another weakness identified in the focus group sessions (it can be noted that some of the above weaknesses were also identified in the asset mapping survey).

Looking deeper into the weaknesses linked directly to community risks, gaps in mental health and addictions services and the housing system/stock were frequently mentioned. Beginning with mental health and addictions, participants noted a weakness in mental health and addiction services. Specifically, weaknesses include service capacity, length of addiction programs, timely access to mental health and addiction programs due to lengthy waitlists, the need for additional psychiatric care, and an improved needle disposal program. In terms of housing, the need for

additional affordable housing was widely stated. Participants noted that there is insufficient safe and affordable housing stock in North Bay as exemplified by long waiting lists for rent-geared-to-income (RGI) and affordable market housing. Along with more affordable housing was also the need for more supportive and assisted forms of housing.

Finally, the remaining weaknesses focused on barriers to services. Emerging through the COVID-19 pandemic is the barrier of access to technology and the internet for remote services. Barriers were also linked to access to supports for seniors, homelessness, and children's services. The barriers pertained to agency mandates and criteria being inflexible to meet the needs of clients. Other notable barriers include physical access to services (transportation), limited hours of operation for organizations, and the fear of large establishments (i.e. City Hall, ODSP Office) for certain vulnerable individuals.

3.5.4 Opportunities

Numerous opportunities to enhance the service system and mitigate risks were presented in the focus group sessions. To begin, participants noted several opportunities surrounding improvements to collaboration. Community education and awareness of the work completed and of community risks was highlighted in multiple sessions as a way to improve collaborations and relationships within the community at-large. Concerning service network collaborations, a need was expressed for more strategic tables and committees to avoid meeting overload. This corresponds with the opportunity for a review of existing tables and committees which were also part of the asset mapping exercise. Many opportunities were also expressed surrounding improved communications. A need was expressed for a streamlined form of communication across sectors to better inform the network organizations/ agencies of changes to programs, new programs, events, and any other relevant information that would be of interest to the network.

Service centralization was another common topic in the focus group consultations. Although the social service network was identified as complex and difficult to navigate, there were many improvement opportunities stated. The creation of a service hub model was widely discussed in sessions. A service hub would serve as a single-point access for multiple services. This would mitigate service users having to go to a multitude of service providers to access the services they need and repeatedly tell their story over and over. Participants also discussed how to improve service navigation. Overall, participants acknowledged the need for multiple levels of service navigation improvements. Service directories were noted as a need and this should come in the form of a website and/or phone application, a telephone line (similar to 311), and a paper-form service directory. The multiple service director options take into account service users who cannot access to internet or telephone. Finally, a need was expressed for in-person service navigation. This could take the form of a service kiosk and would serve the overall service network.

Outreach services were presented as another opportunity. Providing services and meeting clients "where they are at" was frequently stated as a need in the community. Increased street outreach, street nursing and clinics, and overall improvements to collaboration among service

providers that provide outreach services were further opportunities mentioned. In terms of policing, participants expressed a need for more police presence (visibility), more mobile crisis teams, and ensuring that police officers have mental health and social work training along with diversity and inclusivity training.

Participants also discussed improvements to the housing and homelessness system in the City. The Housing First model was mentioned in multiple sessions as a model to explore further and implement in North Bay. Examples from Finland and Medicine Hat were noted as successes to build off of.¹ The development of additional transitional housing and supportive housing units was another key opportunity presented. This would assist with diversifying the housing stock and may assist in elevating pressures on the RGI and market housing waiting lists.

Lastly, participants mentioned opportunities for new programs to fill identified gaps. These programs include linking the court system to care and support, increasing options to prevent food insecurity, life skills programs, trauma-informed care, built environment rejuvenation, longer-term addictions programs, and overdose prevention/safe supply.

3.5.5 Threats

Threats are viewed as anything that can negatively affect North Bay's service network from the outside and which, organizations have little control over. Due to the CSWB Plan being developed during a pandemic, the negative impacts of COVID-19 were regularly identified in focus group sessions. The impact of COVID-19 on children due to remote learning and disengagement from school was identified as one of the largest impacts. Negative impacts of remote learning include lowering children's mental health, heightened stress for working parents, cancellation of school food programs, and more teens disengaging from school altogether. COVID-19 has also affected the general population through negative effects on mental health and happiness and a rise in addictions and substance use.

Legislation, guidelines, and overall decisions at the provincial and federal government levels are seen as another threat. Funding was the most commonly stated threat. Participants expressed that provincial and federal funding is often not sustainable and flexible to meet specific local needs. Additionally, funding tends to be a competition between local service providers, which can negatively affect relationships and collaboration within the service network. To continue, legislative limitations were noted as a barrier to solutions and proactivity. For instance, participants expressed that social assistance rates were insufficient to meet a healthy standard of living. It is important to note, different governments including local governments may have different priorities over time, which may effect social services delivery.

Final noted threats in the community surround the local service network. Complex clients who have burnt multiple bridges in the community is a threat that arose in the focus group sessions. These clients are challenging to assist because they may be restricted from accessing certain

¹ According to various media reports including the CBC, Medicine Hat has made the claim of eliminating homelessness.

programs or services and could be limited in housing options due to past behaviours and actions. The last noted threat was the understanding of rental affordability through the lens of landlords who operate as for-profit businesses. Although affordable housing is needed, landlords also want to make a profit.

4.0 Public Survey

4.1 Target Population

The survey was intended for the general public who live and/ or work in North Bay. Ideally, the survey participants would be representative of North Bay's general population in terms of the various demographic and socioeconomic sub-populations and groups that make up the city. This includes the CSWB Plan priority groups such as youth, senior citizens, and marginalized groups such as those with low incomes. As North Bay is the largest urban centre in Nipissing District, many people from the surrounding municipalities work in the city. As a result, it was also important to include the feedback from individuals that work but do not live in North Bay.

4.2 Survey Sampling

To reach the above population the survey sampling methodology consisted of a purposive and snowball sampling design. The electronic survey link was sent out to the 70+ organizations that have been participating in the CSWB plan research activities to date. This includes the organizations involved with the focus groups (described earlier) and community asset mapping, and also other organizations and groups identified by the researchers. These potential survey respondents were then asked to pass the survey link along to their staff, clients, and others they may know, and so on and so on (for the 'snowball' effect). As mentioned earlier, the city also announced the survey with a media release and posted the link on its social media platforms.

The above sampling techniques are beneficial for meeting the planning scope, timelines, and budget and provide valuable public input for the preliminary research relevant to developing the city's first CSWB Plan. In the applied research setting, the survey sample provides a 'check-in' with the community on safety and well-being sentiment and can serve as a baseline for comparisons and measuring future progress.

However, as noted in the study limitations, the survey results obtained through these sampling methods can also be prone to bias and need to be interpreted in this context. Additionally, as the survey results are based on a non-probability sample the precision of the sample cannot be measured and the results should not be generalized to North Bay's general population. While the survey sample is relatively large (see Participation and Representation below) for a community-based survey the results are specific to those who participated in the survey.

4.3 Timeframe & Logistics

The public survey opened on May 3rd, 2021 and remained open for a period of two weeks closing on May 14th. The survey was administered electronically and available in both English and French on the City of North Bay's CSWB webpage.

4.4 Questions

The public survey consisted of 28 questions that were designed around the three overarching components of a healthy community: safety, well-being, and inclusivity (see Appendix C). Beginning with safety, questions assessed overall feelings of safety and the geographic location of feeling unsafe in North Bay (i.e. downtown, neighbourhood, public transit, etc.). Survey participants were then asked if any issues in North Bay affect our ability to be safe and well. If participants did believe that there are issues, they were then asked to select the main issues in North Bay from a list of 20 community risk categories (with the option to manually enter others).

In terms of well-being, the questions were divided by physical and mental health. Questions assessed overall feelings of physical and mental health and the adequacy and accessibility of physical and mental health services in supports in North Bay. The survey also focused on barriers and gaps in physical and mental health services and supports. With regard to inclusivity, participants were asked to provide their overall feelings of belonging in North Bay along with experiences of discrimination. The survey then looked at embarrassment, fear, and presumed stigma as a barrier for individuals accessing the services and supports required. The final inclusivity-related question was aimed at obtaining feedback and input on any programs, supports, or services that could improve inclusivity and social engagement.

The survey concluded with a general comments section that allowed participants to disclose any other thoughts surrounding community safety and well-being in North Bay. This was followed by 3 final demographic questions, which would further assist in linking demographic data with survey responses. Demographic questions included gender identity, age, and household income.

4.5 Participation and Population Representation

In total, 3,009 people participated in the public survey having screened in as either living and/or working in North Bay. This is a relatively large number of respondents for a community-based survey where the participants are not chosen at random.² While the precision of the sample results can not be statistically measured for the reasons noted above, the quality of the data -in terms of population representation-can be assessed by comparing similar population characteristics such as demographics, between the sample data and another known dataset, such as the census.

The public survey includes the key demographic markers of sex/ gender, age, and income, and these are compared alongside the comparable census data in Appendix C, Figures 1 -4. Starting with sex/ gender, the survey is significantly over-represented with females. Females account for about two-thirds of the CSWB Plan survey (Figure 1) but make up a little less than half (Figure 2) the city's population – thus they are over-represented by about 1.5:1.

² Determining an adequate sample size for a random survey needs to take various factors into account such as the survey objective or study effect sizes, cost, the desired margin of error, confidence level, statistical power, and population size and variability. Depending on these factors and based on general statistical sampling conventions, a random sample of about 400-500 people would be required to achieve adequate population representation for North Bay (based on North Bay's 2016 census population of 51,550).

The distribution of age (Figure 3) and income (Figure 4) show a closer resemblance between the survey sample and actual population which indicates that the survey respondents are reasonably representative of the city's actual population on these fronts. The broad age groups however, also show some over-representation in the younger and older groups.

4.6 Results and Findings

The results and findings from the public survey were analyzed based on the survey section themes of safety, well-being, inclusivity, and demographics. The community risk factors for the plan's development are derived from the respondents' input on what they feel the main issues are that affect safety and well-being in North Bay (see Figure 5). While these risk factors fall under the 'safety' component in the survey they also pertain to the other two themes. Openended questions were reviewed utilizing a thematic analysis to reveal common themes. The results are presented in the following sub-sections starting with survey demographics and followed by safety, well-being, and inclusivity.

4.6.1 Demographics

As mentioned earlier the charts in Appendix C show the demographics of the survey respondents in the areas of sex/ gender, age, and income. The following provides a brief description of each area:

Sex/ Gender (reference Figure 19, Appendix D)

In terms of sex/ gender, a little over two-thirds (67.6%, n=1,710) of those responding to the question on sex/ gender identity are female and 28.2% (714) are male. Close to 1% (23) also identified under a category of 'other' while the remaining 3.2% (82) preferred not to answer the question. It should be noted that a relatively large number (16%, n=480) of the respondents skipped the question and the above percentages are based on those answering the question (2,529).

Age (reference Figure 21, Appendix D)

The age data was collected in 10-year age groups between the ages of 18 and 85, and also for 17 or under, and 85 or older.

Rolling the data up into broader age categories, the younger (25-44) and older (45-64) adults are evenly represented in the survey and in total, account for a little over three-quarters (78.2%, n=1,979) of those responding to the question on age. Senior citizens account for a further 15.1% (381) while youth (< 24) make up the remaining 6.7% (169). Similar to sex/ gender above, 16% or 480 of the respondents skipped the age question and the above percentages are based on those answering the question (2,529).

Income (reference Figure 22, Appendix D)

The income data was collected by groups starting with less than \$20,000 and then ranging between \$20,000 and \$100,000. The upper-income group was 100,000 or more.

Rolling the data up into broad income categories, those with *low income* (< \$20K) represent 7.1% (180) of those responding to the income question while those in the next income group -

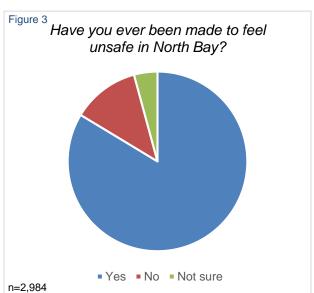
lower-middle income (\$20K-\$50K) – account for 19.8% (500). A further 30.3% (766) of the respondents are in the *middle-upper* income group (\$50K-\$100K) followed by over one-quarter (26%, n=658) in the *highest* income group (\$100K >). The remaining 16.8% (425) preferred not to answer the question.

As with the other demographic areas above, 16%, or 480 of the respondents skipped the age question and the above percentages are based on those answering the question (2,529). It should also be noted that combined with the number of respondents who preferred not to answer the question, the income data is based on 69% of the potential data, i.e., 31%, or 934 survey respondents did not provide their household income.

Sex/ Gender, Age, Income

Figures 23 and 24 in Appendix D show sex/ gender and age-stratified by income to see whether income varies with sex or age for this group of survey respondents and the extent of influence the demographics may have on the data. It can be noted that income is fairly evenly distributed across the sexes and age groups indicating a good cross-section of socioeconomic families and households based on income as a key marker. Additionally, while females are over-represented in the survey, the proportional distribution of income is similar for females, males, and other gender identities.

4.6.2 Safety



The majority (83.6%, n=2,496) of respondents indicate they have been made to feel unsafe in North Bay while another 12.1% (362) indicate they have not felt unsafe. The remaining 4.2% (126) are not sure whether they have felt unsafe or not (25 respondents did not answer the question).

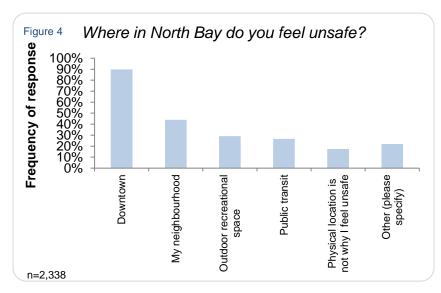
The major noted reasons for feeling unsafe, based on the frequency of mentions, are drugs and addictions, homelessness, break-ins (sheds, cars, homes), unwanted followings, mental health, crime overall, and guns and shootings.

Figure 4 on the following page shows the ose (above) feel unsafe (as the respondents

general area in the city where those (above) feel unsafe (as the respondents could choose 'all that apply' the chart represents the percentage of responses).

North Bay's *downtown* is the most frequently mentioned area for feeling unsafe and accounted for about 90% of the responses (by 2,100 of the respondents). The respondent's own *neighborhood* was the next most concerning area of safety accounting for 44% (1,027) of the responses to this question. Feeling unsafe in the city's general *outdoor recreational spaces* and the *public transit area* were also noted in a similar number of responses (29% and 26.5% respectively). It is interesting to note that about 17.5% of the responses (408) indicate that

feeling unsafe is not related to a physical space or area – some of the respondents in this group stated their safety concerns in the 'other' category (below).



The survey respondents also listed other areas in the city where they feel unsafe which accounted for 22% (513) of the responses to the question. A summary of these areas include other neighbourhoods in North Bay; specific recreation type areas; near shelters and homeless encampments; various parking lots; certain schools; and in the respondent's own home.

Similar to the above area concerning feeling unsafe, the majority (95%, n=2,684) of those participating in the survey feel there are issues in the city that affect residents' ability to be 'safe and well'. A small (1.6%, n=44) percentage do not think there are any issues while the remaining 2.8% (78) are not sure.

Figure 5 on the following page shows the issues in the city that affect residents and citizen's ability to be safe and well (by those above who feel there are issues in the city). In the CSWB Plan, these are considered to be community risk factors. The data is presented in descending order, starting with the issue that appears most frequently in the responses.

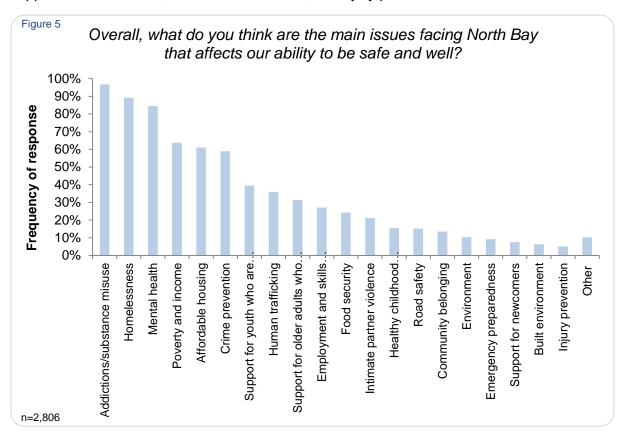
The health and social issues of addictions/ substance abuse, homelessness, and mental health stand out as the top three issues appearing in more than 80% of the responses by over 2,200 of the respondents. The next three issues appear in between 59% - 64% of the responses (by between 1,500-1,700 respondents) and include *poverty and income*, *affordable housing*, and *crime prevention* which in practice, are found to be co-related and intertwined with the top three.

The remaining issues affecting the ability to be safe and well in North Bay appear in 40% or less of the responses, by approximately 1,050 or fewer respondents. The top issues in this group are in the 30%-response range and include *support for youth who are vulnerable/at-risk*, *human trafficking*, and *support for older adults who are vulnerable*.

Moving through the list, *employment and skills development*, *food security*, and *intimate partner violence* appear next in the distribution of issues, appearing in the 20%-response range (640-720 respondents).

The remaining issues affecting safety and wellness in the city are noted in between 5% and 15% of the question responses (410 or fewer respondents) and include *healthy childhood*

development, road safety, community belonging, the environment, emergency preparedness, support for newcomers, the built environment, and injury prevention.



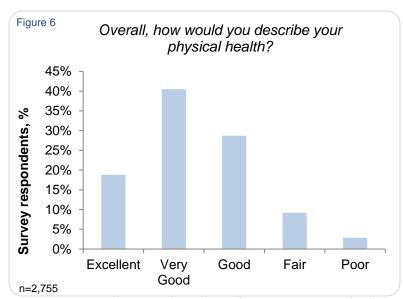
Other issues were also noted in 10% (273) of the responses and many of them cross-over into the issues above. A summary of additional issues based on a thematic roll-up of the comments includes access to health care; affordable housing; agencies working in silos; high concentration of methadone clinics in the city; high concentration of social services downtown; an influx of people with mental health issues and addictions coming to North Bay for services; and crime.

4.6.3 Well-Being

4.6.3.1 Physical Health

Turning to the area of health and well-being, and on a more positive note, the chart below indicates that the majority (88%, n=2,423) of survey respondents indicate that their physical health is *excellent*, *very good*, *or good*. This also shows an interesting (weak) relationship between safety concerns and issues in the city and physical health for this group of respondents. For example, many in this group noted city safety concerns and issues as described earlier but they also feel physically healthy.

The remaining respondents (12%, n=332) indicate their physical health is *fair* (9.2%) or *poor* (2.9%). Most of those with poor health also have safety concerns and issues.



The survey participants were also asked whether they can access the supports and services they need for their physical health and well-being, and the results are shown in Figure x below.

Over half (57%, n=1,571) of the respondents indicate they can access adequate supports and services stating they either strongly agree or agree with the statement (chart title). A further 18.5% (513) however, cannot access the supports and services

they need as they *disagree* or *strongly disagree* with the statement. Meanwhile, the remaining one-quarter (671) of this group are neutral and *neither agree or disagree*.

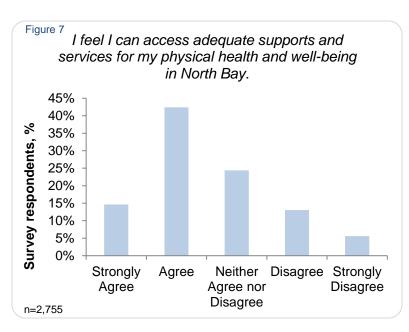


Figure 8 on the following page shows the main reasons that those above are unable to access adequate supports and services for their physical health and wellbeing. Again, the data is presented in descending order, starting with the reason that appears most frequently in the responses.

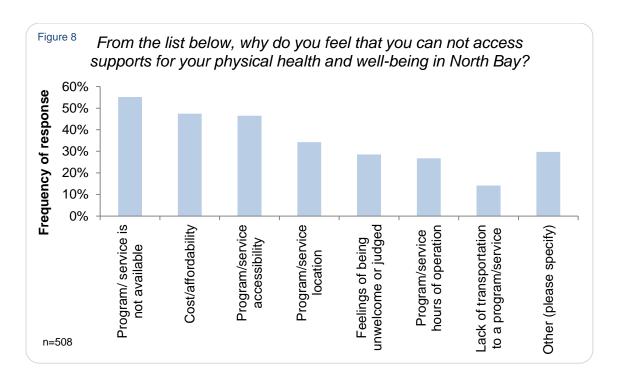
The unavailability of programs/services is the main barrier to program/ service accessibility appearing in a little over half (55.1%) of the responses by 280 respondents.

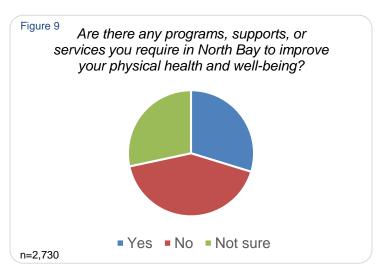
The cost/ affordability and accessibility of programs/services round off the top barriers to accessing supports for physical health and well-being, with both of these appearing in about 47% of the responses.

The remaining reasons for not being able to access supports appear in between 14% - 34% of the responses (by between 72-174 respondents) and include the *location* of programs/ services, *feelings of being unwelcome or judged, hours of operation,* and a *lack of transportation.*

Other reasons for not being able to access supports for physical health and well-being were noted in about 30% (151) of the responses. The reasons most frequently mentioned relate to

programs/ services not being available and/or accessible (above), but specifically as it pertains to a lack of medical and health services. The respondents mentioned not having access to family doctors, physicians, therapists, psychologists, and specialists. Other reasons for not being able to access physical health supports include COVID-19 (lockdown measures, no access to internet services, backed up medical services, closed recreational facilities); not knowing what supports are available; lengthy waitlists for services, and discrimination.





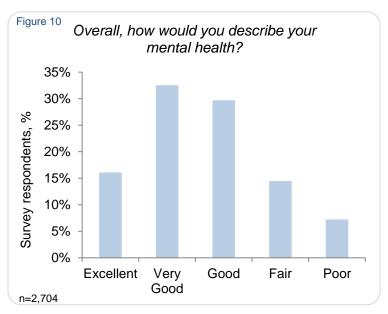
In terms of general supports and services, 42% (n=1,144) of the respondents indicate they do not require any programs, supports, or services to improve their physical health and well-being. On the other hand, about 30% (812) do require programs or supports while close to the same number are not sure.

Those requiring programs and services indicate they need family doctors/physicians; medical specialists; affordable access to

physiotherapy; therapists; chiropractors; counselling; (more mental health programs and services were also mentioned in this physical health section); increased access to recreational and physical activity, both indoors and outdoors (recreational centres, gyms, fitness centres, tennis and basketball courts, pools, running tracks, walking/hiking/ bike trails, parks,

greenspace); and police presence and programs. Respondents added that it is essential that physical health services and recreation and physical activities are affordable.

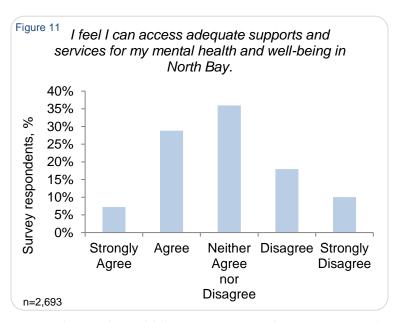
4.6.3.2 Mental Health



Switching over to mental health, the side chart indicates that the majority (78.3%, n=2,118) of survey respondents indicate that their mental health is *excellent*, *very good*, *or good*. The remaining respondents (21.7%, n=586) indicate their mental health is *fair* (14.5%) or *poor* (7.2%).

It is interesting to note the relationship between mental and physical health (described earlier). While the two states of health are generally highly correlated, they do move in opposite directions for some of the survey participants. For

example, of those who indicated earlier that they are in good or better physical health, about 15% state that their mental health is either fair or poor. On the other end, 40% of those who indicate that their physical health is fair or poor, state that their mental health is good or better.



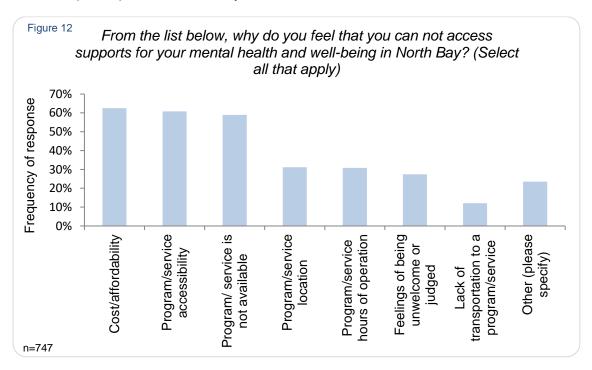
Similar to the questions around physical health, the survey participants were also asked whether they can access the supports and services they need for their mental health and well-being, and the results are shown in the side chart.

A little over one-third (36%) of the respondents (971) indicate they can access adequate mental health supports and services stating they either *strongly agree* or *agree* with the statement (chart title). This is significantly lower than the 57% of

respondents who said they can access the supports and services they need for their physical health and well-being.

A further 28% (754) however, cannot access the supports and services they need as they disagree or strongly disagree with the statement. Meanwhile, the remaining 36% (968) of this group are neutral and neither agree or disagree.

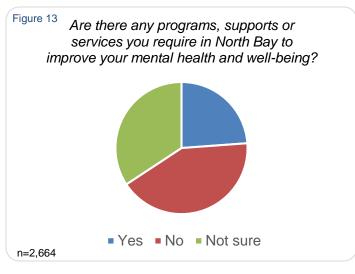
Figure 12 below shows the main barriers to accessing mental health and well-being supports, for those (above) who indicate they cannot access them:



The cost/ affordability of programs/services is the main barrier to accessing mental health and well-being supports, appearing in nearly two-thirds (62.5%) or 467 responses. The accessibility and availability of programs/services round off the top three barriers to accessing mental health and well-being supports, with both of these appearing in about 60% (894) of the responses. It can be noted that these are also the top three barriers to accessing physical health and well-being supports mentioned earlier, although in a slightly different order and in greater numbers.

The remaining reasons for not being able to access supports appear in between 12% - 31% (90-233) of the responses and include the *location* of programs/ services, *hours of operation, feelings of being unwelcome or judged*, and a *lack of transportation* to programs/ services.

Other reasons for not being able to access mental health supports were also noted in 23.5% (176) of the responses. Many of the reasons are similar to those provided earlier for not being able to access *physical* health supports which demonstrates how intertwined these issues are for those having trouble accessing supports in general. Based on the reasons most frequently mentioned many of these barriers roll-up into a *lack of services* (mental health, primary care, counselling, access to health professionals) and *long waitlists*. Additional barriers noted include stigma and COVID-19 also surfaces again.



In terms of general supports and services for mental health and well-being, 42% (n=1,116) of the respondents indicate they do not require any programs, supports, or services which is the same percentage as for those not requiring physical health supports and services described earlier.

On the other hand, about 24% (635) of the respondents do require programs or supports while about one-third (913) are not sure. These are also comparable responses to those for physical health

although the number of respondents requiring mental health supports and services is lower (24% vs. 30%).

In reviewing the mental health programs and services that are required by this group of respondents, the responses and themes start becoming similar and cross-over into the other areas of the survey described earlier, for example, when describing the programs and services required to improve *physical* health and/or the barriers to accessing supports and service in general. For the above group indicating they need supports and services, most of the reasons can again, be rolled into themes of ...In particular, these respondents require counselling; therapy (group and individual); psychiatrists and psychologists; and family doctors/physicians. Based on thematic coding, counselling stands out as a prominent need for this group, either through direct or related mention in about one-quarter of the responses (562). Long waitlists and times for various services were also mentioned extensively, which in this context can be viewed as needing to reduce these wait times to improve mental health and well-being.

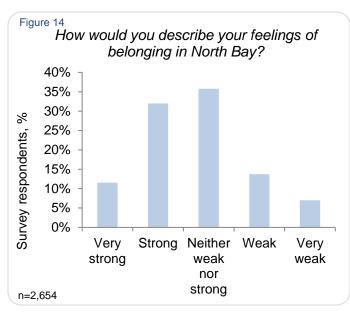
Also, similar to physical health supports, respondents noted that supports and services should be affordable but also accessible in a timely fashion.

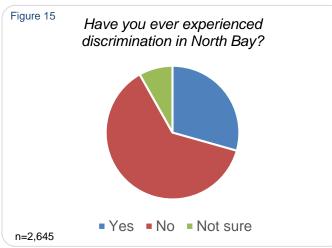
4.6.4 Inclusivity

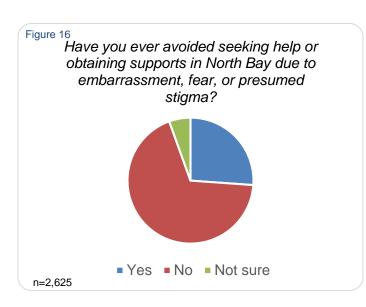
Turning to inclusivity, the figure on the following page shows the level of sense of belonging in North Bay, which is an important component of inclusivity and community well-being in general.

The chart indicates that 43.5% (1,155) of the survey respondents feel their sense of belonging in the city is *very strong* or *strong*, while 20.5% (550) feel the opposite, i.e., it is *weak* or *very weak*. One-third (949) of this group of respondents are neutral and feel their sense of belonging is *neither strong or weak*.

For those above who feel their sense of belonging is weak or very weak, this feeling is commonly associated with not feeling safe in North Bay. Other reasons include a lack of activities and events; and concerns around the community being unwelcoming, cliquey, and not







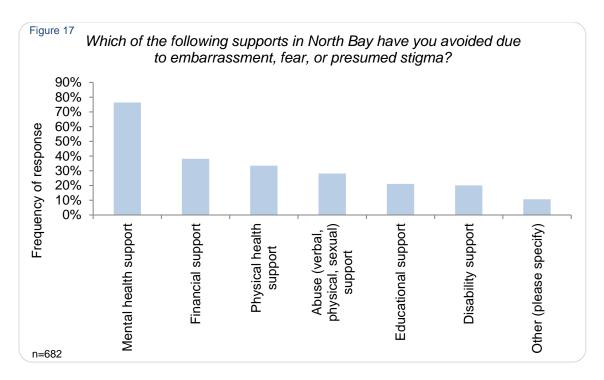
inclusive. Further reasons for a weak sense of belonging include no sense of community, and a lack of city identity and connection between the city and residents.

In terms of discrimination, the middle chart shows that nearly two-thirds (62.5%, n=1,652) of the survey respondents have not experienced discrimination in North Bay while another 29.5% (777) have experienced it and the remaining 8% (216) are not sure.

For those who have been discriminated against, gender was the main reason noted for discrimination followed by age, race, sexual orientation, and disability. Further reasons include physical and mental health, language, income, and religion.

Closely related to discrimination, the bottom chart shows that a little over twothirds (68.5%, n=1.795) of the respondents have not avoided seeking help or supports in the city due to embarrassment, fear, or stigma. However, a little over one-quarter (26%, n=686) have avoided seeking help or supports for these reasons while the remaining 5.5% (144) are not sure. It is interesting to note that for this group of respondents, avoiding help or supports is not confined to any certain income or age groups - respondents of all ages and incomes have avoided supports for fear of embarrassment, fear, or stigma.

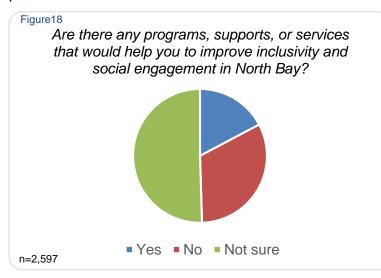
Figure 17 below shows the supports that have been avoided due to embarrassment, fear, or stigma by those above who have avoided seeking help or supports for these reasons:



Mental health supports are avoided the most for fear of embarrassment, fear, or stigma, appearing in about three-quarters (521) of the responses. This response is over twice that of the responses for other supports that are avoided and clearly stands out as an area of concern. The avoidance of *financial* and *physical health* supports due to embarrassment, fear, or stigma round off the top three, appearing in 38% and 33.5% (228-260) of the responses, respectively.

The remaining supports that are avoided due to embarrassment, fear, or stigma appear in between 20% - 28% of the responses (137-192) and include supports for *abuse*, *education*, and *disability*.

Other supports that are avoided were also noted in 10.5% (73) of the responses and include health supports (physical, mental, sexual, addictions); employment services; food banks; and police services.



In terms of general supports and services, about one-third (838) of the respondents indicate that there are no programs, supports, or services that would help to improve inclusivity and social engagement in North Bay. On the other hand, 17% (448) of the respondents do feel that there are programs or supports that would help while the remaining half (1,311) of the group is not sure.

For those above who feel there are programs, supports, or services that would help to improve inclusivity and social engagement, their recommended programs, supports, and services primarily focus around having more opportunities for community and social engagement. This includes having more activities and community events to highlight diversity and culture (festivals, fairs, etc.); which respondents mention the need for more events and activities in the community. It is also important that the social engagement opportunities are inclusive for everyone to attend and participate. Other recommendations include accessible and inclusive mental health and homelessness programs and services, and additional housing opportunities.

4.6.5 Final Comments and Thoughts

At the end of the survey, respondents could share any comments or thoughts they had on community safety and well-being in North Bay. A little over half (53.4%, or 1,608 respondents) took the opportunity to share their views.

Based on sentiment analysis, about half the views expressed could be viewed as mixed or neutral in terms of the respondent's sentiment on local safety and well-being. While some of the remaining comments and thoughts are more positive in nature, many have a negative sentiment.

Similar to other open-ended responses covered earlier in the report, the comments and thoughts in this final survey question fall into themes based on their frequency of mention and a thematic roll-up of the comments and text. In order of mention, the themes are summarized below. (Note: the themes are the interpretation of the author and do not cover all the individual comments and context).

The reference to *drugs* and addictions appears most frequently in the comments and in various contexts. The respondents recognize this as a major problem and issue in the city with negative impacts in other areas such as safety, health, crime, the physical environment (see below), and local business.

Mental health and illness is the next most prevalent issue and concern in the question responses. Again, this appears in various contexts throughout the comments but is often mentioned in conjunction with drugs and addictions (above) and homelessness (below). The respondents perceive high rates of mental illness in the community and generally feel the services, supports, counselling, facilities, and community care is not adequate to meet the need.

The respondents also mention *homelessness* relatively frequently and often in conjunction with their comments concerning addictions and mental illness (above). The reference is made with concern for the (perceived) increase in homelessness and the negative impact it is having on the city and residents which are similar to those mentioned above for the co-related issues. Additional concerns around shelter locations and services, and emerging 'tent cities' are also noted in the comments, as is a general reference to a lack of affordable housing in this context.

The *physical environment* stands out as another prominent theme in the responses, particularly as it pertains to concern for the downtown area and Main street, and other various locations in the city. The respondent's comments refer to the combination of the above (i.e., addictions,

mental illness, and homelessness) which have become highly visible in areas such as the downtown and Main Street. This raises serious concerns around safety downtown and the impacts on surrounding businesses, residential areas, visitors, and the city's image/look. The comments also refer to the proximity and location of facilities and services that serve these client populations.

Closely related to the above is the theme of *community* which also appears fairly regularly but unlike those above, includes a positive sentiment. Respondents refer to North Bay's natural attributes such as the waterfront and the great potential the city has. A strong community grassroots with the right supports and services in place can improve the social fabric to help people in the city. On the other hand, negative sentiment arises in reference to the undesirable effects on the community from the various factors described under the other comment themes. Also linked to the community is a sub-theme 'the city' where respondents mention other various characteristics of North Bay related to safety and wellness (environment, landscape, infrastructure, etc.) and the role City Hall and the municipality need to play in addressing the identified issues and facilitating community safety and well-being.

The themes of *crime* and *police* also surface in many of the comment responses and are often used in conjunction with one another. In terms of crime, respondents comment on the concern for (perceived) increasing crime rates, criminal activity, and organized drug crime in the city. The reference to city police is primarily made in the context of a desire for increased police presence and patrols (car, bike, foot) to combat the above, and also focusing on crime prevention.

Services is the remaining central theme mentioned in the respondent's comments. These are mentioned in the context of the provision of supports and services to vulnerable populations in the city including those referenced above with addictions, mental illness, and/or experiencing homelessness. Service access and location were frequent discussion points in the comments with varying opinions as to whether or not there is adequate access to services for those in need and the suitability of service location. The notion that people come to North Bay to access available supports and services is also fairly prevalent in these comments.

5.0 Conclusion

The consultations have further revealed community risks in North Bay. Addictions, homelessness, and mental health have been identified as the top risks in both focus groups and the public survey. The focus groups specifically assisted in identifying weaknesses and strengths in the service network. Although there were several weaknesses noted, there were also plenty of opportunities identified. The public survey assisted in understanding public views on safety, well-being, and inclusivity. Results point to needed improvements to improve feelings of safety and belonging in North Bay. Furthermore, there is also potential to improve access to physical and mental health services and supports and to remove stigma and improve education surrounding accessing these services.

Appendix A: Focus Group Sessions

Organization/Agency	Social/ Family Services 1	Social/ Family Services 2	Social/ Family Services 3	Health	Education	Emergency Response/ Services	Housing and Homelessness	Indigenous Services	Economy/ Business/ Employment	City of North Bay
Adult Probation and Parole (Ministry of the										
Solicitor General)	X									1
AIDS Committee of North Bay & Area				X						
Amelia Rising		Х								I
Anishinabek Police Services						Х				I
Big Brothers Big Sisters of North Bay and		V								I
District		X								1
Canadian Addiction Treatment Pharmacy				Х						
Canadian Cancer Society - North Bay				X						
Canadian Red Cross - North Bay						Х				
Canadore College					X					I
Children's Aid Society of Nipissing & Parry						V				I
Sound						X				1
City of North Bay										X
Community Counselling Centre of Nipissing		X								
Community Drug Strategy North Bay and Area				X						
Community Living North Bay							X			
Conseil scolaire catholique Franco-Nord					X					
Conseil scolaire public du Nord Est de					Х					I
l'Ontario					^					1
Crisis Centre North Bay							X			1
CTS Canadian Career College					Х					1
District of Nipissing Social Services	Х									1
Administration Board (Children's Services)	^									1
District of Nipissing Social Services							X			1
Administration Board (Housing)							^			
District of Nipissing Social Services Administration Board (OW)	X									1
Equity and Inclusion Committee North Bay			Х							
Family Enrichment			Х							
Friends Forever Child Care			X							
Garderie Soleil			X							
Hands - The Family Help Network		Х								
Hope Awaits Ministries							Х			
Le Centre de Formation du Nipissing					X					
Literacy Nipissing					X					
Low Income People Involvement of Nipissing		Х								
March of Dimes Canada - North East District - North Bay				Х						

						T				
Metis Nation of Ontario - North Bay								X		
Near North District School Board					X					
Near North Landlords Association							X			
Nipissing Community Legal Clinic	X									
Nipissing District Housing Corporation							X			
Nipissing Mental Health Housing and Support							X			
Services							^			
Nipissing Paramedic Service (EMS)						X				
Nipissing-Parry Sound Catholic School Board					X					
Nipissing Transition House							X			
Nipissing University					X					
North Bay and District Chamber of Commerce									X	
North Bay and District Humane Society	Х									
North Bay and District Multicultural Centre		Х								
North Bay Downtown Improvement Area									X	
North Bay Fire Services						Х				
North Bay Food Bank	Х									
North Bay Indigenous Friendship Centre								Х		
North Bay Indigenous Hub								Х		
North Bay Jail	Х									
North Bay-Mattawa Conservation Authority	X									
North Bay Methadone Clinics				Х						
North Bay Military Family Resource Centre		Х								
North Bay Nurse Practitioner-Led Clinic				Х						
North Bay Parry Sound District Health Unit				Х						
North Bay Police Service						Х				
North Bay PRIDE			Х							
North Bay Recovery Home				Х						
North Bay Regional Health Centre				Х						
North Bay YMCA			Х							
North East Local Health Integration Network				Х						
Ojibway Family Resource Centre							Х			
One Kids Place		X								
Ontario Disability Support Program	Х									
Ontario Health North				Х						
Ontario Provincial Police - North Bay						Х				
OUTLoud North Bay			Х							
People for Equal Partnership in Mental Health				Х						
Rapid Access Addiction Medicine Clinic				X						
Right Path Counselling & Prevention Services										
- Nipissing First Nation								Х		
Royal Canadian Legion - North Bay		Х								
Salvation Army - North Bay		X								
The Business Centre - Nipissing Parry Sound				1			İ	İ	Х	
The Gathering Place North Bay			Х							
The Labour Market Group			1	1					Х	
True Self Debwewendizwin				1				Х	,	
Veteran Affairs Canada			Х	1				1		
		1		1	1	1	1	1	1	1

Victim Services of Nipissing District	X									
Yes Employment Services - North Bay									X	
Youth Justice Services (MCCSS)			X							
TOTAL	10	10	10	14	9	7	9	5	5	1

Appendix B: SWOT Analysis

The items listed below are based on the number of times that specific item was mentioned in the focus group sessions. For instance, addictions was stated as a risk in 9 focus group sessions.

Risks	Strengths	Weaknesses	Opportunities	Threats
 Addictions (9) Homelessness (8) Mental health (7) Poverty (5) Gender-based violence (4) Diversity/Inclusivity/ Racism (4) Safety (4) Pedestrian/traffic safety (3) Sexual exploitation (2) Stigmatization (2) Historical trauma (2) Food insecurity (1) Education (1) Employment (1) Transportation (1) Daycare (1) Youth internet use/screen time (1) Criminal activity (1) Urban planning (1) Influx of strangers who are vulnerable (1) 	Services/programs and service providers (28 total): Education and awareness campaigns – Health Unit (3) Low-Barrier Shelter (3) Needle boxes (2) Naloxone kits and training (2) RAAM Clinic (2) Warming Centre (2) Indigenous Hub(1) Flood forecasting (1) Emergency Response Plan (1) Ontario Works (1) LIPI (1) CHPI (1) Gathering Place (1) Crisis Centre (1) Mental health and addictions services (1) Early Childhood Educators (1) Lighting in the city (1) Re-development of the downtown (1) Rehabilitation (1) Treatment centres (1) Collaboration and commitment (25 total): Commitment (25 total): Commitment and collaboration of service providers (7)	System gaps (19 total): Discharge planning with follow-ups (3) Post court system diversion supports (3) Access to a family doctor/primary care (2) Police presence (2) Family services (1) Culturally-informed trauma care (1) Indigenous supports (1) Meaningful employment (1) Public access to showers, laundry, washrooms (1) Wellness checks (1) Wrap-around supports (1) Supports for landlords (1) Shelter system capacity (1) Mental health and addictions services (19 total): Mental health services (4) Needle program (4) Addiction supports (3) Addiction programs length – not long enough (2) Access to mental health services (2)	Collaboration and alignment (32 total): Increase community education of services and awareness of risks (6) Host an agency forum (2) Ensure tables and committees are strategic and not duplicating work of others (2) Conduct a review of existing tables – purpose, membership, outcomes (2) Align resources to create an improved needle program (2) Improve communication between sectors (2) Increase collaboration overall (2) Align agency mandates (2) Conduct a review of programs and services in the community to reduce duplication (1) Create a shelter with supports for men (1) Leverage expertise in the community – agency training (1) Ensure information across the service network is streamlined (1)	COVID-19 pandemic (14 total): Impact on children with remote learning and disengagement from school (6) Impact on mental health (2) Lockdowns and service accessibility (2) COVID-19 itself (2) Impact on addictions and substance use (1) Impact on social belonging (1) Provincial and Federal governments (10 total): Sustainable funding (4) Legislative limitations (3) Multiple levels of government require changes for meaningful impact (1) Funding competition (1) Social assistance rates (1) Service network (3 total): Burnt bridges by complex clients (2) Rental affordability and landlord for-profit business (1)

- Virtual/remote collaboration (4)
- Multi-sectoral tables (3)
- Gateway Hub (3)
- Nipissing District Housing and Homelessness Partnership (2)
- Partnerships (2)
- Strong community leaders (2)
- VAW Table (1)
- Roundtables (1)

Outreach services and crisis response (13 total):

- Healthy Community Ambassador Program
 (3)
- Street outreach (2)
- Mobile Crisis Response Unit (2)
- Police presence downtown (2)
- Gateway Hub Crisis Team (1)
- Community response group (1)
- Community Paramedicine (1)
- Service navigators (1)

- Psychiatric care (2)
- Mental health response and planning (1)
- Mental health and addiction programs capacity (1)

System inefficiencies (19 total):

- Service duplication (4)
- Temporary solutions reactive vs. proactive (4)
- Staff burnout and organizational busyness
 (3)
- Confusion of community priorities (2)
- Unrelated police work (2)
- Silo of sectors/providers
 (2)
- Excessive collaboration (1)
- Lack of partnerships between service providers and the City (1)

Housing system/stock (13 total):

- Affordable housing (7)
- Supportive and assisted housing (3)
- Transitional housing youth (1)
- Housing waiting list long (1)
- Encampment population not being served by shelters (1)

Service network barriers (11 total):

 Access to technology/ internet (2)

- Explore restarting the Community Action Circle (1)
- Host more roundtables
 (1)
- Utilize online platforms for meetings and workshops (1)
- Create a coalition of agencies (1)
- Ensure individuals with lived-experience are included in decisionmaking (1)
- Establish partnerships between service providers and the City (1)
- Enhance communication with businesses/ institutions who are near shelters and known encampment locations (1)

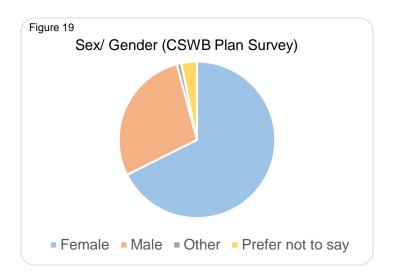
Outreach services (23 total):

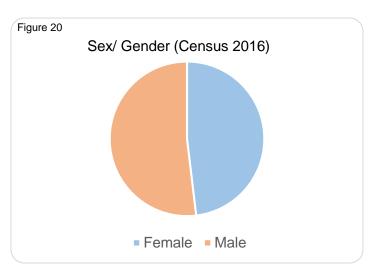
- Increase street outreach
 (7)
- Increase police presence (3)
- Ensure police are trained in mental health and social work (3)
- Ensure police have diversity/inclusivity training (2)
- More Mobile Crisis Teams (2)
- Create a street nursing and street clinic program
 (2)
- Increase collaboration of outreach workers (1)
- Community
 Paramedicine (1)

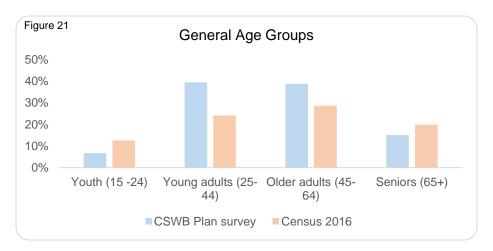
Barriers – senior	Expand peer-support
supports (1)	services (1)
Barriers – homelessness	Conduct intake of
services (1)	individuals in
Barriers – children's	encampments (1)
services (1)	onodinphionic (1)
Hours of operation (1)	Housing and homelessness
Agency criteria (1)	programs (18 total):
Transportation to	Implement a Housing
services (1)	First approach (5)
Physical accessibility (1)	Increase the stock of
Fear of large	transitional and
establishments (1)	supportive housing units
Stigmatization (1)	(5)
- Gugmanzanon (1)	Explore public-private
	partnerships for housing
	developments (1)
	Allow for greater housing
	application flexibility -
	RGI (1)
	Explore longer-term
	housing solutions (1)
	Ensure housing types
	are diversified (1)
	Increase the number of
	portable housing
	subsidies available (1)
	Create a shelter with
	supports for men (1)
	Ensure that there is day
	programming available
	for the homeless (1)
	Develop "wet" shelter/
	housing (1)
	Explore restarting Rebuilt
	Resources vouchers (1)
	•
	0
	Service centralization (17
	total):
	Create more service type (40)
	hubs (10)
	Develop a hard copy of
	community services (2)

Develop a website for
community services (2)
Create a resource
directory (1)
Develop a telephone
service directory (1)
Create in-person service
navigation – kiosk-style
(2)
Ensure that addiction
programs are centralized
(1)
New programs and services
(8 total):
Ensure that the court
system is linked to care
(2)
Increase options to
prevent food insecurity
(1)
Create a program to
teach life skills (1)
Ensure the provision of
trauma-informed care (1)
Create longer-term
addiction programs (1)
Explore options to
rejuvenate the City (1)
Develop an overdose
prevention/safe supply
program (1)

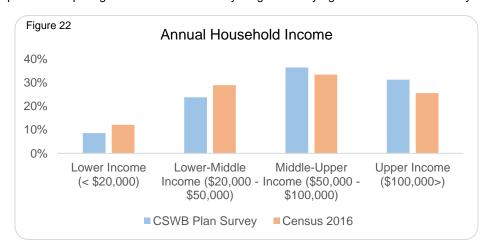
Appendix C: Public Survey Population Representation



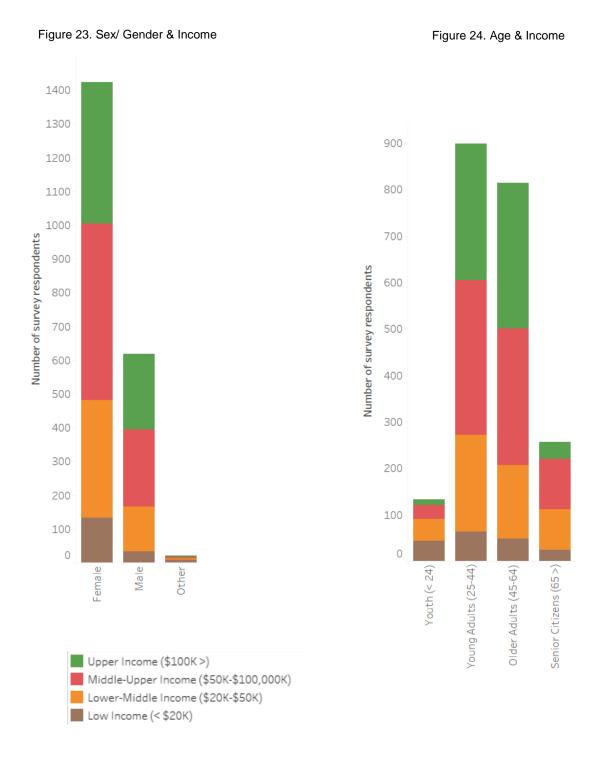




<u>Note</u>: The youngest age group in the survey data was 17 years or under (and then 18-24). For the purpose of comparing to the census data the youngest survey age is considered to be 15 years.



Appendix D: Sex/ Gender and Age by Income



Appendix E: Public Survey



CSWB Plan

Welcome to the North Bay Community Safety and Well-Being (CSWB) Survey

The City of North Bay, in collaboration with community partners, is currently developing a plan to increase community safety and well-being. The plan, which is required under the Police Services Act, requires all municipalities in Ontario to develop and adopt community safety and well-being plans to improve safety and well-being in their communities.

Your voice matters as everyone has an interest and role to play in safety and well-being. The City of North Bay is seeking your input to assist in the plan's development and implementation, and would appreciate if you could take the time to complete the following survey.

The survey questions will help to identify safety and well-being risks in North Bay from your perspective. The questions will also help to better understand community views surrounding inclusivity, health, and security while also revealing any gaps or duplications in the service system, and opportunities for coordinating and aligning resources.

The survey is anonymous and you or your individual answers will not be identifiable in any way in the published reports or findings. The aggregated survey results and findings may appear in the final plan and other various public reports, and/or be included in various public presentations or shared with community partners.

Finally, for reference, community safety and well-being themes include, but are not limited to, mental health, addictions, education, employment, income, the local economy, poverty, homelessness, housing, family violence, discrimination, victimization and the built environment.

Thank you for participating in our survey. Your input and feedback is important!



CSWB Plan

Location

This survey is specific to community safety and well-being in North Bay. Therefore, we ask that the survey be completed by only citizens of North Bay and/ or those who work in North Bay.

* 1. Do you live and/or work in North Bay?
Yes
) No
NORTH BAY
CSWB Plan
Safety
* 2. Have you ever been made to feel unsafe in North Bay?
Yes
○ No
Not sure
NORTH BAY
CSWB Plan
If yes, please specify why you were made to feel unsafe.
5. If yes, please specify wify you were made to reel drisale.
* 4. Where in North Bay do you feel unsafe? (Select all that apply)
Downtown
My neighbourhood
Outdoor recreational space
Public transit
Physical location is not why I feel unsafe
Other (please specify)



CSWB Plan

٠5.	Do you bel	ieve there are	issues in No	rth Bay that	affect our ab	ility to be saf	e and well?
C	Yes						
\mathcal{C}	No No						
1	Not sure						

NORTH BAY

CSWB Plan

	Overall, what do you think are the main issues facing North Bay that affects our ability to be safe and
well?	(Select all that apply)
	Addictions/substance misuse
	Affordable housing
	Built environment
	Community belonging
	Crime prevention
	Emergency preparedness
	Employment and skills development
	Environment
	Food security
	Healthy childhood development
	Homelessness
	Human trafficking
	Injury prevention
	Intimate partner violence
	Mental health
	Poverty and income
	Road safety
	Support for newcomers
	Support for older adults who are vulnerable
	Support for youth who are vulnerable/at-risk
	Other (please specify)
2	
NORT	TH [*] BAY
CEN	VB Plan
CSV	VD Flair

Well-Being: Physical & Mental Health

* 7. Ov	erall, how would you describe your physical health?
) E	xcellent
) w	ery Good
) G	ood
) Fi	air
○ P	por
* 8. I fe	el I can access adequate supports and services for my physical health and well-being in North Bay.
) s	trongly Agree
) A	gree
) N	either Agree nor Disagree
	isagree
) s	trongly Disagree
NORTH	P AV
NORTH	
NORTH	
CSWE	
* 9. Fro	B Plan om the list below, why do you feel that you can not access supports for your physical health and well-
* 9. Fro	B Plan om the list below, why do you feel that you can not access supports for your physical health and well- n North Bay? (Select all that apply)
* 9. Fro	B Plan om the list below, why do you feel that you can not access supports for your physical health and well- n North Bay? (Select all that apply) ost/affordability
* 9. Fro	B Plan om the list below, why do you feel that you can not access supports for your physical health and well- n North Bay? (Select all that apply) ost/affordability rogram/service location
* 9. Fro	B Plan om the list below, why do you feel that you can not access supports for your physical health and well- n North Bay? (Select all that apply) ost/affordability rogram/service location rogram/service accessibility
* 9. Fro	B Plan om the list below, why do you feel that you can not access supports for your physical health and well- n North Bay? (Select all that apply) ost/affordability rogram/service location rogram/service accessibility
* 9. From being in the property of the propert	B Plan om the list below, why do you feel that you can not access supports for your physical health and well- n North Bay? (Select all that apply) ost/affordability rogram/service location rogram/service accessibility rogram/service hours of operation elelings of being unwelcome or judged
* 9. From the second se	B Plan om the list below, why do you feel that you can not access supports for your physical health and well- n North Bay? (Select all that apply) ost/affordability rogram/service location rogram/service accessibility rogram/service hours of operation eelings of being unwelcome or judged ack of transportation to a program/service

CSWB Plan
10. Are there any programs, supports, or services you require in North Bay to improve your physical health and well-being? Yes No Not sure
NORTH BAY
CSWB Plan
11. Which programs, supports, or services do you require to improve your physical health and well-being?
NORTH BAY
CSWB Plan
* 12. Overall, how would you describe your mental health?
Excellent
Very Good Good
) Fair
Poor
NORTH BAY
CSWB Plan

* 13. I feel I can access adequate supports and services for my mental health and well-being in North Bay.
Strongly Agree
Agree
Neither Agree nor Disagree
) Disagree
Strongly Disagree
NORTH BAY
CSWB Plan
* 14. From the list below, why do you feel that you can not access supports for your mental health and well- being in North Bay? (Select all that apply)
Cost/affordability
Program/service location
Program/service accessibility
Program/service hours of operation
Feelings of being unwelcome or judged
Lack of transportation to a program/service
Program/ service is not available
Other (please specify)
NORTH BAY
CSWB Plan

15. Are there any programs, supports, or services you require in North Bay to improve your mental health and well-being?
∑ Yes
) No
Not sure
NORTH BAY
CSWB Plan
16. Which programs, supports, or services do you require to improve your mental health and well-being?
NORTH BAY
CSWB Plan
Inclusivity
* 17. How would you describe your feelings of belonging in North Bay?
) Very strong
Strong
Neither weak nor strong
Weak
Very weak
) very weak
Nah
NORTH BAY
CSWB Plan

18. If weak or very weak, please specify why you feel this way.
NORTH BAY
CSWB Plan
* 19. Have you ever experienced discrimination in North Bay?
Yes
○ No
Not sure
NORTH BAY
CSWB Plan
20. If yes, please specify how you have been discriminated against.
NORTH BAY
CSWB Plan
* 21. Have you ever avoided seeking help or obtaining supports in North Bay due to embarrassment, fear, presumed stigma?
Yes
○ No
Not sure



CSWB Plan

* 22. Which of the following supports in North Bay have you avoided due to embarrassment, fear, or presumed
stigma? (Select all that apply)
Mental health support
Physical health support
Disability support
Abuse (verbal, physical, sexual) support
Financial support
Educational support
Other (please specify)
NORTH BAY
CSWB Plan
CSWB Plan 23. Are there any programs, supports, or services that would help you to improve inclusivity and social engagement in North Bay?
23. Are there any programs, supports, or services that would help you to improve inclusivity and social
23. Are there any programs, supports, or services that would help you to improve inclusivity and social engagement in North Bay?
23. Are there any programs, supports, or services that would help you to improve inclusivity and social engagement in North Bay? Yes
23. Are there any programs, supports, or services that would help you to improve inclusivity and social engagement in North Bay? Yes No
23. Are there any programs, supports, or services that would help you to improve inclusivity and social engagement in North Bay? Yes No
23. Are there any programs, supports, or services that would help you to improve inclusivity and social engagement in North Bay? Yes No Not sure

24. Which programs, supports, or services would improve inclusivity and social engagement?
NORTH BAY
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Conclusion
25. Please provide any other comments or thoughts you would like to share on community safety and well-
being in North Bay:
NORTH BAY
CSWB Plan
Demographics
Thank you for completing the above survey questions related to community safety and well-being.
This final section of the survey will provide demographic information which will further assist in the
plan's development and increasing safety and wellness in North Bay.
* 26. How do you identify?
Female
Male
Prefer not to say
Other (please specify)

21.1	What is your age?
\bigcirc :	17 or under
\bigcirc :	18-24
\bigcirc :	25-34
\bigcirc :	35-44
\bigcirc	45-54
\bigcirc !	55-64
\bigcirc	65-74
\bigcirc	75-84
\bigcirc	85 or older
* 28. \	What is your total annual household income?
	What is your total annual household income?
\bigcirc	
) ()	Less than \$20,000
0:	Less than \$20,000 \$20,000 to \$34,999
	Less than \$20,000 \$20,000 to \$34,999 \$35,000 to \$49,999
0'0'0'0'0'0'0'0'	Less than \$20,000 \$20,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999
	Less than \$20,000 \$20,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999
	Less than \$20,000 \$20,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999 \$100,000 or more



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Thank you for completing the survey! Please select 'Done' below to submit the survey and exit.