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Community Safety and Well-Being Plan

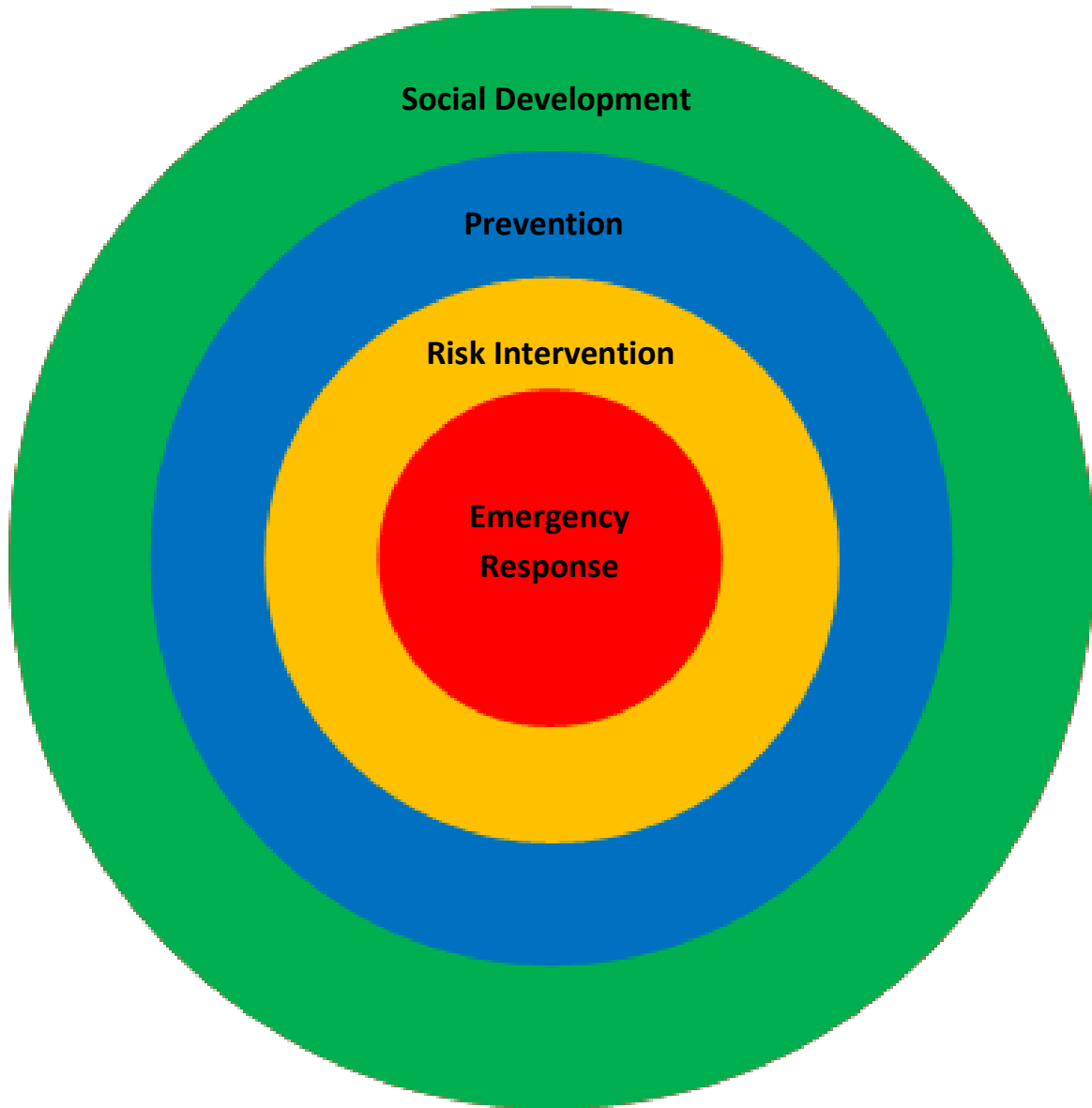
# Municipality of Gordon Barrie Island Community Safety and Well-Being Plan



Moving Forward Together: A Collaborative Commitment 2021-2025



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## REEVE'S MESSAGE

The Municipality of Gordon/Barrie Island is pleased to present this Community Safety and Well-being plan.

This document was a collaborative effort between all eight Manitoulin Island municipalities.

The four priority areas identified have been evaluated and a strategy was developed to work towards the common goal of a safe living environment and the overall well-being of all of our residents and visitors.

Gordon/Barrie Island is committed to working with all resources available to ensure the objectives of this plan are fulfilled.

We understand this initiative is a fluid document that will require amendments as safety and well-being issues evolve.

We look forward to future partnering with all our Island neighbors, including First Nations, on this and other Island initiatives.

Lee Hayden

## EXECUTIVE SUMMARY

Eight communities in Manitoulin Island have joined together for the development of Manitoulin Island’s Community Safety and Well-being (MICSWB) Plan. Community safety and well-being plans are provincially legislated for municipalities in Ontario under the Police Services Act, 1990. The intended time-frame of this initial plan is from 2021-2025. This plan represents a shared commitment to make the communities on Manitoulin Island a place where individuals and families feel safe, have a sense of belonging and access to services to meet their needs.

It is realized that across these eight communities, the risks most impacting community safety and well-being are the same. Throughout the community engagement and data analysis phase, it became clear that there are four main priority areas that should be a focus across all communities. These priority areas include:



Mental Health and Addictions

Housing

Seniors

Domestic Violence

A CSWB planning structure has been developed to ensure the priority risk strategies outlined in this plan will be reviewed and evaluated annually. Progress reporting from community working groups to municipal partners will also occur on an on-going basis. The CSWB framework is intended to allow communities to identify and plan for issues most affecting them. As a result, the reporting structures, strategies and initiatives within this plan are developed using an asset-based and strength-based approach to ensure action items are attainable and outcomes would benefit the Manitoulin Island communities as a whole.

Asset mapping was completed throughout the community engagement phase. Community partners that participated in the development of the MICSWB Plan, assisted in identifying existing programs and or community groups offering services that can be expanded to ensure protective factors are properly implemented to serve residents most in need and achieve intended outcomes.

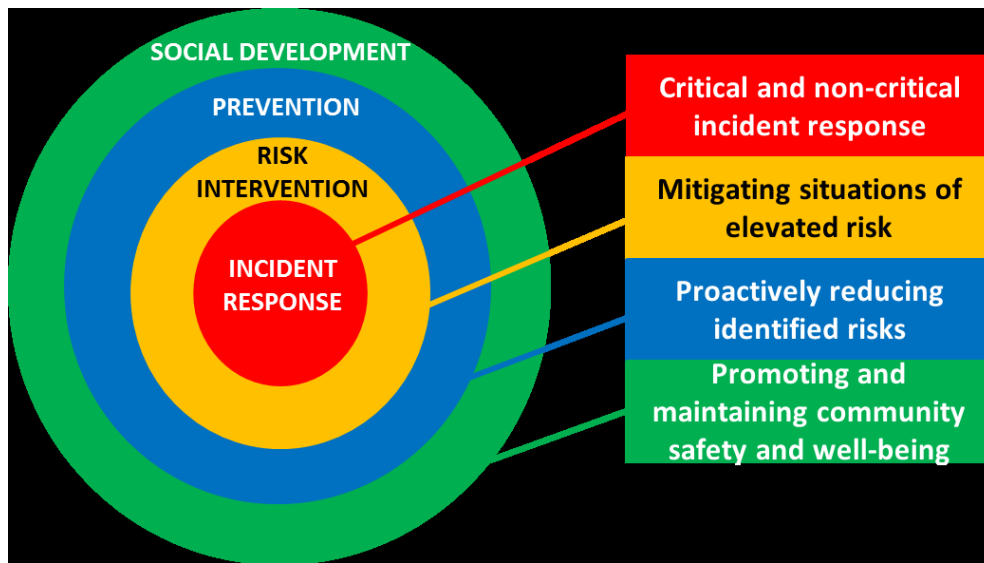
Within this plan, we will outline what is working well in our communities as well as the gaps and needs in our current service models. Information collected through community consultations and stakeholder interviews was used to identify and highlight themes across all partnering communities. The development and implementation of this collaborative community plan will assist in focusing on reducing harm and victimization among identified priority areas and vulnerable populations. It's important to note that the service areas of many local agencies in the law enforcement, emergency services, social services and education sectors span across all eight communities. There is a lot of innovative work happening within these organizations. A key element of the planning process is to identify opportunities that will enhance existing service delivery to ensure the residents in Manitoulin Island have access to appropriate services to meet their needs. The MICSWB Plan is a guiding document for collaborative multi-sector planning to address the four priority areas – mental health and addictions, housing, seniors, and domestic violence.

The MICSWB Plan will be used as a strategic roadmap to share information with our communities on the four priority areas identified for Manitoulin Island. Each strategy was developed from a community collaborative lens focused on shared responsibility, collective goals, and breaking down silos.

## COMMUNITY SAFETY AND WELL-BEING PLANNING APPROACH

The province has provided a framework to support planning which focuses on four domains of intervention: **incident response**, **risk intervention**, **prevention** and **social development**. The Plan also applies a collective impact approach to work collaboratively across sectors and throughout communities to address complex social issues.

As part of legislation, municipalities are required to develop and adopt community safety and well-being plans



working in partnership with a multi-sectoral advisory committee. This committee is comprised of representation from the police service board and other local service providers in health care, education, community/social services and children/youth services.

Well-Being Framework allows municipalities to take a leadership role in identifying and addressing priority risks in their communities through proactive, collaborative strategies that ensure vulnerable populations receive the help they need from the providers best suited to support them.” (Citation 1: CSWB Toolkit #2 - <https://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/ec167634.pdf>)

The MICSWB Plan is a living document that acts to guide communities, stakeholders and citizens in the management of identified risks. It is a long-term commitment focused on making safety and well-being a priority for vulnerable individuals, families, groups, and locations. Steering committee members will meet at established intervals in order to assess outcomes of action plans and review local data. The strategies in each priority area will be implemented through the planning committee and community working groups and with guidance from the Steering Committee. The CSWB planning structure is described further in this report.

To effectively achieve a safer and healthier community for all, we must move forward together, break down silos and all contribute to the progress. No single agency, or group, can achieve it alone. There is a strong willingness across Manitoulin Island to continue enhancing our work toward a safer and healthier community for all.

## MANITOULIN ISLAND DEMOGRAPHICS

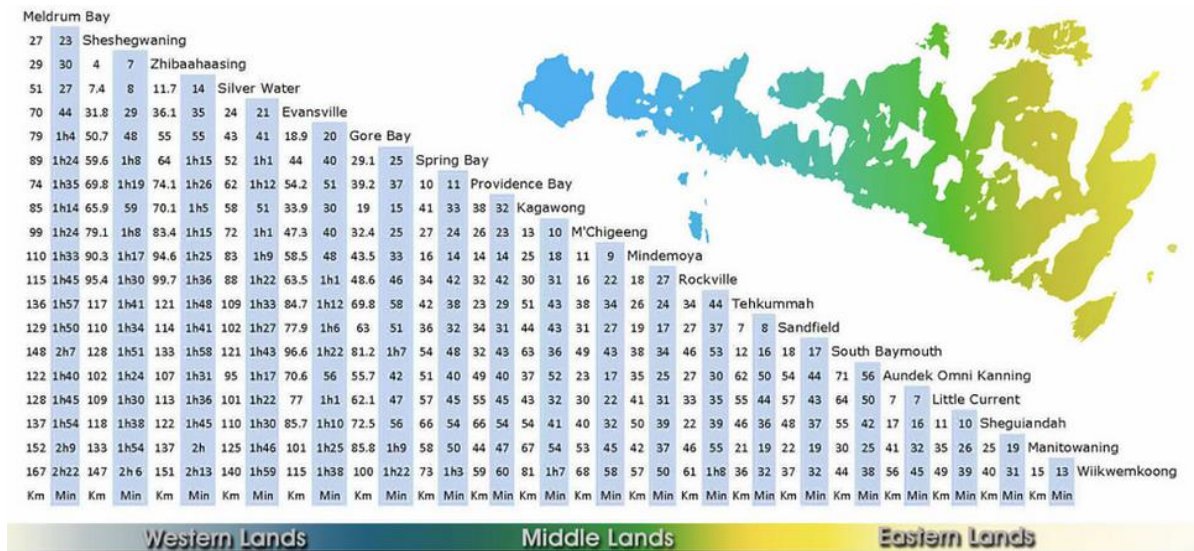
Manitoulin Island is approximately 160 km from East to West and 72 km from North to South in its widest spot. (<https://www.destinationmanitoulinisland.com/>)

### Distance and Time Chart Between Manitoulin Communities

Manitoulin Island can be primarily accessed in two ways:

1. By road - Manitoulin can be accessed via Highway 6 from Espanola.

2. By ferry - During the summer months,



Manitoulin can be visited via the MS Chi-Cheemaun ferry. The ferry runs between Tobermory (the northernmost point of the Bruce Peninsula) and South Baymouth (on the south shore of the island), and the crossing is approximately 1 hour and 45 minutes.

### Age Distribution of the Population

According to 2016 census data, the median age for Manitoulin Island is 49.5. Many participants in the CSWB planning phase identified seniors as a priority for all communities. As the population ages, the need for enhanced services will be necessary. A further breakdown from Statistics Canada of the Manitoulin Island population by broad age group is below:

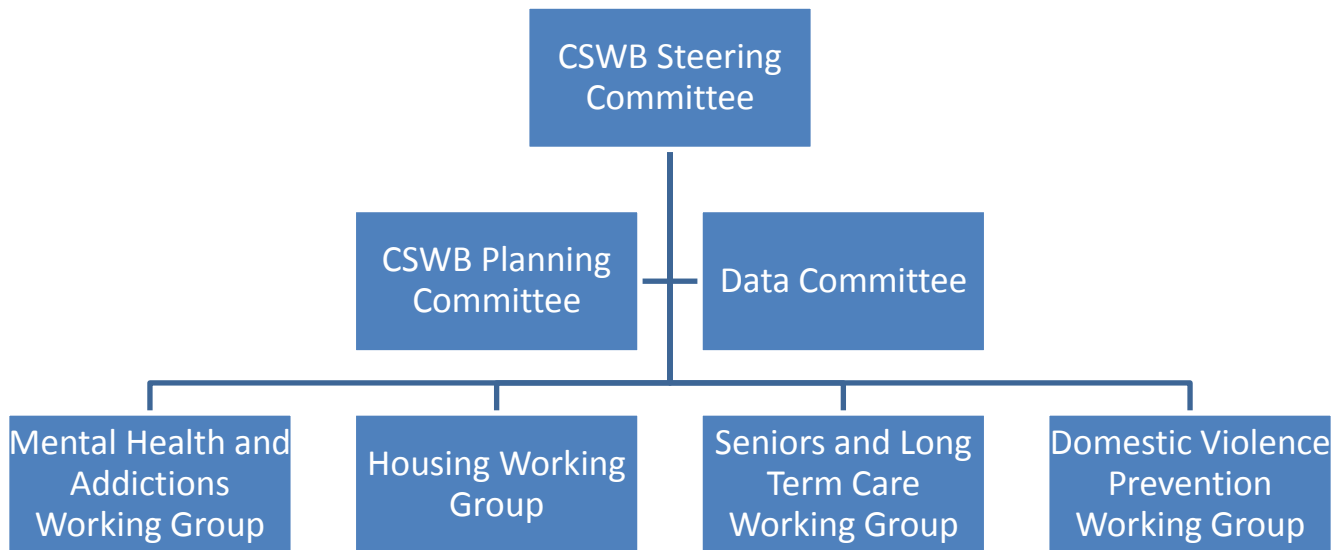
0-14 years	16.0%
15-64 years	59.3%
65 years and over	24.8%
85 years and over	2.6%
Average age of the population	45.2
Median age of the population	49.5





## CSWB COMMITTEE STRUCTURE

The CSWB committee structure was designed as a collaborative model that will support information sharing and multi-sector communication for all eight partnering communities. The image below outlines the approach that will be used for on-going CSWB planning in Manitoulin Island.



### Overview of Committee Structure

The Community Safety and Well-Being Committee structure was developed to ensure the following commitments:

- The community agencies and groups most experienced to work in each priority area are engaged,
- Break down silos through data sharing and on-going communication,
- Use a strength-based and asset-based approach to enhance the current service delivery model in order to address identified gaps and needs.

The CSWB committee structure is made up of seven groups responsible for the guidance, on-going development and implementation of the Plan. Each group in the committee structure plays a vital role in the overall outcome of the goal to move forward together toward a safer and healthier Manitoulin Island.

## Community Safety and Well-Being Planning Committee Roles and Responsibilities

Committee Name	Roles	Responsibilities	Members
1. Steering Committee	<ul style="list-style-type: none"> <li>• Share knowledge and information about the risks and vulnerable populations in the community;</li> <li>• Support identified protective factors needed to address those risks;</li> <li>• Develop effective partnerships in the community;</li> <li>• Offer guidance on the development and implementation of community safety and well-being plans for local activities;</li> <li>• Ensure equity, inclusion and accessibility in those activities and initiatives;</li> <li>• Advocate for the interest of the vulnerable populations they represent</li> </ul>	<ul style="list-style-type: none"> <li>• Determining the priorities of the plan</li> <li>• Ensure the outcomes are established and responsibilities for measurement are in place to determine the improvements to community safety and well-being that will be achieved through the Plan;</li> <li>• Ensure each section/activity under the Plan for each priority risk is achievable;</li> <li>• Ensuring the right agencies and participants are designated for each activity;</li> <li>• Determine length of the implementation of the Plan, set dates for reviewing achievements and for developing the next version of the plan</li> </ul>	<p>Municipal government representation from all eight communities</p> <p>Refer to next section for committee membership</p>
2. Planning Committee	<ul style="list-style-type: none"> <li>• Ensure appropriate data related to the plan is collected on an on-going basis</li> <li>• Share updates from each initiative and key area to develop up-to-date reports for the Steering Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Report to Steering Committee on the development of all plan elements</li> <li>• In collaboration with key partners, ensure necessary organizations are included in planning</li> <li>• Serve as a rallying</li> </ul>	<p>Leadership representatives from police services, social services, education, and health care</p>

	<ul style="list-style-type: none"> <li>• Provide updates with regard to risk factors, new partnerships, and barriers for report to Steering Committee</li> </ul>	<p>point for public support for the plan</p> <ul style="list-style-type: none"> <li>• ensure vulnerable populations are included and contributing to the planning and implementation phases</li> </ul>	
3. Data Committee	<ul style="list-style-type: none"> <li>• Developing and maintaining a collective understanding of community trends and issues;</li> <li>• Assessing gaps and areas for improvement in local data measurement;</li> <li>• Facilitating access and dissemination to aggregated data products related to the Community Safety and Well-Being priority risks and initiatives;</li> <li>• Aide in the monitoring of progress toward desired outcomes for the Community Safety and Well-being initiative;</li> <li>• Identifying mutually beneficial research projects</li> </ul>	Engaging community organizations that maintain up-to-date data sets to share with this group to assist in identification of priorities and risk factors.	Data analysts from partner agencies listed above
<u>Community Working Groups</u> 4. Mental Health and Addictions	<ul style="list-style-type: none"> <li>• Members of the priority risk working groups should be selected based on their knowledge about the risk factors and vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>• Identifying activities, establish outcomes and performance measures for priority risks,</li> <li>• Engage community members from the</li> </ul>	Front-line staff and people managers from agencies that work within the

<p>5. Housing</p> <p>6. Seniors</p> <p>7. Domestic Violence</p>	<p>groups associated with the priority,</p> <ul style="list-style-type: none"> <li>• Members should have in-depth knowledge and experience in addressing the priority risk and which protective factors and strategies are needed to address those risks;</li> <li>• Members should have proven track records advocating for the interests of vulnerable populations related to their risk.</li> <li>• Working group members should be able to identify the intended outcomes or benefits that strategies will have in relation to the priority risk and suggest data that could be used to measure achievement of these outcomes,</li> <li>• The members should have experience developing effective stakeholder relations/ partnerships in the community,</li> <li>• Members should also have experience ensuring equity, inclusion and accessibility in their initiatives.</li> </ul>	<p>vulnerable populations relevant to the priority risk to inform the implementation of strategies.</p> <ul style="list-style-type: none"> <li>• Establish implementation guidelines which clearly identify roles, responsibilities, timelines, and reporting relationships and requirements.</li> <li>• Aim to remove barriers and include activities to ensure equity, inclusion and accessibility of the initiatives for diverse community members.</li> </ul>	<p>identified priority area</p>
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## STEERING COMMITTEE MEMBERS

A MICSWB has been established comprised of municipal government representatives for each of the partnering communities. The Steering Committee guided the work in the community engagement and plan development phases. The following is a list of Steering Committee members:

Committee Member	Municipality
Alton Hobbs CAO	Assiginack
Marty Ainslie Councillor	Burpee Mills
Hayley Nicklasson Payroll/Reception/CEMC	Central Manitoulin
Connor Woestenenk, Deputy Clerk-Treasurer	Gordon Barrie Island
Stasia Carr, CAO/Clerk	Gore Bay
Kathy McDonald CAO/Clerk, Deputy Treasurer	Kagawong
Heidi Ferguson Economic Development Officer	Northeastern Manitoulin and the Islands
Silvio Berti Clerk-Administrator	Tehkummah

## RESEARCH METHODOLOGY AND COMMUNITY ENGAGEMENT:

Community consultations were initiated to examine existing assets and system gaps. Information and data were gathered related to poverty, community demographics, existing services and supports, and existing community groups or committees.

Due to COVID-19 restrictions in the area, community engagement sessions and key stakeholder interviews were conducted virtually. A variety of research methods were used throughout the community engagement process including: one-on-one interviews, virtual group consultations, written communication and local data gathering.

Ten community engagement sessions were conducted with the following groups:

- Community Agencies: 13 local representatives from the health care, social services, police, and education sectors participated in group consultations and/or one-on-one interviews.
- Municipal Government Representatives: Mayors, Reeves and City Councillors from each of the eight communities were invited to participate in group consultation sessions and/or one-on-one interviews
- Members of the Public: 23 people attended the public consultation was held. Engagement from the general public is important ensure that all members of the eight communities had an opportunity to participate in the priority risk identification phase.

The efforts put forth by each of the partnering members lead to the identification of four priority risk areas.

1. MENTAL HEALTH AND ADDICTIONS
2. HOUSING
3. SENIORS
4. DOMESTIC VIOLENCE

Information collected throughout the community engagement sessions was used to inform the structures and strategies within the Plan.

Throughout the community engagement process, there was one theme that was quite evident:

*There is a willingness within the communities of Manitoulin Island to find impactful solutions for the risks that are affecting or could affect their residents.*

## COMMUNITY STRENGTHS AND CHALLENGES

During the information gathering and engagement phase, key stakeholders and members of the public provided beneficial feedback that would guide the planning phase of this process. As part of the consultations and stakeholder interviews, individuals spent time discussing the positive aspects and challenges related to safety and well-being in their community. The CSWB Planning Framework focuses on multi-sector approaches that are strength based and evidence based. In order to guide the development of priority risk planning, the positive aspects and challenges identified by residents and partners must be analyzed. There were themes heard throughout the engagement phase that were used to analyze all identified risks. Below is a summary:

**COMMUNITY COLLABORATION:** There are a number of community committees addressing the five priority risks identified for Manitoulin Island. A key component of CSWB planning is to identify existing working groups through community service and asset mapping. These committees were identified during the community engagement phase and can be expanded to incorporate multi-sector planning. The new committee structure aims to create working groups that will bring community partners together to fill gaps within the current service delivery model.



**SERVICES AND PROGRAMS:** Agencies that provide service to the residents of Manitoulin Island are currently offering a wide spectrum of programming. Agencies in the human services sector have come together to implement new initiatives that are showing positive outcomes. Some of these initiatives include: rapid response situation tables, mental health crisis response teams, and multi-sector leadership tables. In some cases, these initiatives may be funding based. As part of CSWB Planning, on-going sustainability of strategies is an important factor. This plan identifies areas for collaboration and outcome sharing to promote the commitment to community safety and well-being on Manitoulin Island on a long-term basis.



**DATA GATHERING:** Key stakeholders that participated in the community engagement phase have access to useful data that can be used to guide the on-going planning for the MICSWB Plan. Engaging community partners with valuable planning data will be a priority action item within the implementation of this Plan.



## PRIORITY RISK PLANNING

Data collected from community partner agencies was compared to identify the strategies under each priority area. For example, OPP calls for service from the Espanola and Manitoulin Island detachment area were analyzed to have a better understanding of the impacts of mental health and addictions, domestic disputes and others relevant to the identified risks in this Plan. Since many local agencies cover a service delivery area that includes more than just Manitoulin Island, the need for localized data sharing will be an important outcome as part of this Plan.

The following data is based on the OPP report from 2016 to 2020 for the Espanola and Manitoulin Island detachment area.

- Dispute occurrences account for 4.83% of total police calls
- Mental Health Act occurrences account for 2.22% of the total calls for service

During the implementation phase, the data committee and priority risk working groups will begin to share data at the local level to ensure that data being used is specific to all partnering communities on Manitoulin Island.

PRIORITY AREA	STRATEGIES	LEADS
#1. Mental Health and Addictions	<ol style="list-style-type: none"> <li>1. Establish Mental Health Working Group (social development)</li> <li>2. Community Mental Health Response Team (emergency response)</li> <li>3. Rapid Response Situation Table (risk intervention)</li> <li>4. Community Resource Centres: (prevention)</li> </ol>	Mental Health and Addictions Working Group
#2 Domestic Violence	<ol style="list-style-type: none"> <li>1. Development of a Domestic Violence Prevention Working Group (social development)</li> <li>2. Rapid Response Situation Table (risk intervention)</li> <li>3. Healthy Relationships Programs (prevention)</li> <li>4. Establish Collaborative Support System for Victims of Domestic Violence (social development)</li> </ol>	Domestic Violence Working Group

#3 Housing	<ol style="list-style-type: none"> <li>1. Development of Housing Working Group</li> <li>2. Homeless Prevention Initiatives (Risk Intervention)</li> <li>3. Shelter and Transitional Housing Asset Mapping (Prevention)</li> <li>4. In-Home Care Programs (Social Development)</li> </ol>	Housing Working Group
#4 Seniors	<ol style="list-style-type: none"> <li>1. Development of Seniors and Long-Term Care Working Group</li> <li>2. Age Friendly Community Action Plan:</li> <li>3. Community Paramedicine and Mobilization:</li> <li>4. Seniors Health and Safety Campaign</li> </ol>	Seniors Working Group

### #1 PRIORITY RISK: MENTAL HEALTH AND ADDICTIONS

Mental health and addictions was identified as a risk during each engagement session that was conducted. Further analysis of community feedback and local data indicated that all partnering communities, to some degree, are experiencing crisis occurrences as a result of mental health and addictions. Data shared by community partner agencies provided further information to detail the work that is already happening in this area as well as areas for improvement and collaboration.

Over the last five years, OPP calls for service from the Espanola-Manitoulin detachment area indicate approximately 43% of calls for service were directly associated with the Mental Health Act. Within the same five-year time period, approximately 50% were drug and alcohol related offences.

<b>Vulnerable Groups</b>	People aged 15-45, children and families
<b>Risk Factors</b>	Behavioural problems, poor mental health, negative influences in youth's life, long waitlists, availability of drugs
<b>Protective Factors</b>	Effective problem solving skills, personal coping strategies, adequate parental behaviour and

	practices, access to resources, professional services and social supports, positive, cohesive communities
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Establish Mental Health Working Group (social development)</li> <li>2. Community Mental Health Response Team (emergency response)</li> <li>3. Rapid Response Situation Table (risk intervention)</li> <li>4. Community Resource Centres: (prevention)</li> </ol>

### Strategies

<b>Action Item #1</b>	<b>Establish Mental Health Working Group</b>
Strategy Overview	<p>Develop a committee comprised of organizations and groups that deliver service and supports related to mental health and addictions.</p> <p>This committee will be responsible for the on-going development and implementation of strategies to reduce the risks associated with mental health and addictions.</p>
Key Partners	<p>Health care agencies</p> <p>Social services</p> <p>Police services</p> <p>Education providers</p>
Pillar	<b>Social Development</b>

<b>Action Item #2</b>	<b>Community Mental Health Response Team</b>
Strategy Overview	<p>The Algoma-Manitoulin OPP detachment has recently developed a mobile crisis program. A social service worker and an OPP officer work in partnership to respond to calls for service related to the Mental Health Act.</p> <p>Through the Data Committee, we will map and analyze calls for service related to mental health and addictions. Neighbourhoods or communities that are showing the most calls for service will be identified as hotspots.</p> <p>This information will be reported to the planning committee on an on-going basis to guide the areas most in need of services.</p> <p>Engage more partners in this initiative to ensure residents from all eight communities are receiving the same services. Include additional agencies in the police sector and health care sector across Manitoulin Island communities.</p>

Key Partners	OPP Detachments responsible for Manitoulin Island district Health care teams: family health teams, hospitals, crisis services Data committee
Pillar	<b>Emergency Response</b>

<b>Action Item #3</b>	<b>Rapid Response Situation Table</b>
Strategy Overview	<p>Rapid Response Situation tables have already been established in Manitoulin Island. Currently, the tables have representation from the education sector, police services, social services and health care.</p> <p>There is an opportunity to form one collaborative situation table that includes all current representatives as well as any other organizations that share expertise in this area. Amalgamating local tables that work to provide critical services to individuals and families will ensure that all residents are receiving access to the same resources to meet their needs in times of crisis.</p>
Key Partners	<p>Education providers Social Services Health care providers Police Services Non-profit organizations</p>
Pillar	<b>Risk Intervention</b>

<b>Action Item #4</b>	<b>Community Resource Centres</b>
Strategy Overview	<p>A community resource centre is a service delivery location that is established in a neighbourhood or community experiencing high volumes of calls for service across the eight locations partnered in this Plan. It is important to highlight that for some residents, access to basic services can take up to 30 minutes to travel from their home to the nearest service location.</p> <p>The Data Committee will overlay de-identified data to determine the areas needing the most attention. Collaboration with community partners to report on:</p> <ul style="list-style-type: none"> <li>• locations of calls for service under the Mental Health Act (police and EMS),</li> <li>• locations of service delivery locations such as social service agencies,</li> <li>• Manitoulin-Sudbury District Services Board client distribution across communities</li> </ul> <p>The areas showing the highest level of calls for service related to mental health and addictions and the lowest level of accessible service locations will be an area of focus for the planning of a community resource centre.</p>
Key Partners	<p>Health care agencies Social services</p>

	Police services Education providers Data Committee
Pillar	<b>Prevention</b>

## Outcomes

The activities that will be implemented to address this risk are intended to achieve the following outcomes:

<b>Immediate Outcomes:</b>	<ul style="list-style-type: none"> <li>• Increased public and partner education, awareness and existing service provision in order to reduce wait times and off-hours service availability.</li> <li>• Clarify pathways of care, to support families with children who have mental illness.</li> <li>• Promote the earlier intervention for mental health crisis through integration of mental health specialists into both emergency response and primary health care</li> </ul>
<b>Intermediate Outcomes:</b>	<ul style="list-style-type: none"> <li>• Increase capacity for early intervention related to hoarding and other at-risk behaviours.</li> <li>• Advocate for appropriate funding for identified areas of mental health growth.</li> </ul>
<b>Long-Term Outcome:</b>	<ul style="list-style-type: none"> <li>• Increase awareness, and promote design and delivery of resiliency programs both in community and in partnership with school boards.</li> </ul>

## #2 PRIORITY RISK: DOMESTIC VIOLENCE

Key stakeholder interviews assisted in determining that domestic violence is a priority area across the partnering communities. Further analysis of community feedback and local data has shown that there are programs and initiatives delivered by community partner agencies in Manitoulin Island addressing risks in this area. The key areas of focus in this priority area are strengthening community partnerships, creating opportunities for data and information sharing, and identifying opportunities for collaboration.

Over the last five years, approximately 41.6% of them were domestic disputes and 25.5% of them were family disputes. Localizing data to accurately reflect service related statistics will be important to better understand the impacts of this priority risk in each community.

<b>Vulnerable Groups</b>	Youth and Adults in the community
<b>Risk Factors</b>	Negative parenting, low-self esteem, low income, mental health and addictions, antisocial behaviour, victim of physical or psychological abuse, poor neighbourhood cohesion
<b>Protective Factors</b>	Strong social supports, employment, coordination of community resources and services, neighbourhood cohesion
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Development of a Domestic Violence Prevention Working Group (social development)</li> <li>2. Rapid Response Situation Table (risk intervention)</li> <li>3. Healthy Relationships Programs (prevention)</li> <li>4. Establish Collaborative Supportive System for Victims of Domestic Violence (social development)</li> </ol>

### Strategies

<b>Action Item #1</b>	<b>Development of a Domestic Violence Prevention Working Group</b>
Strategy Overview	<p>Develop a committee comprised of organizations and groups that deliver service and supports related to domestic violence prevention and support.</p> <p>This committee will be responsible for the on-going development and implementation of strategies to reduce the risks associated with domestic violence.</p>
Key Partners	<p>Health care agencies</p> <p>Social services</p>

	Police services Community Groups
Pillar	<b>Social Development</b>

<b>Action Item #2</b>	<b>Rapid Response Situation Table</b>
Strategy Overview	<p>Rapid Response Situation tables have already been established in Manitoulin Island. Currently the tables have representation from the education sector, police services, social services and health care.</p> <p>There is an opportunity to form one collaborative situation table that includes all current representatives as well as any other organizations that share expertise in this area. Amalgamating local tables that work to provide critical services to individuals and families will ensure that all residents are receiving access to the same resources to meet their needs in times of crisis.</p>
Key Partners	<p>Education providers Social Services Health care providers Police Services Non-profit organizations</p>
Pillar	<b>Risk Intervention</b>

<b>Action Item #3</b>	<b>Healthy Relationships Programs</b>
Strategy Overview	Develop and implement a program that will address the root causes of domestic violence. Deliver this program on an on-going basis in schools, through social services programs and to other identified vulnerable groups.
Key Partners	<p>Education providers Police Services Women's Shelter Social Services providers</p>
Pillar	<b>Prevention</b>

<b>Action Item #4</b>	<b>Establish Collaborative Supportive System for Victims of Domestic Violence</b>
Strategy Overview	A collaborative support system will allow residents to receive appropriate support services based on their unique needs. Whether it is police services, EMS, or social services working with an individual who is/was a victim of domestic violence, information on all services that can assist victims of domestic violence along with a description of what services they offer will be shared with the individual.

	This activity will allow accurate information to be accessible to individuals and families impacted by this priority risk. This resource will also provide an opportunity for knowledge and information sharing across community agencies. Programs with similar outcomes could discover opportunities to collaborate and enhance existing services.
Key Partners	Community Groups Police Services Women’s Shelter Social Services providers Individuals with lived experience
Pillar	<b>Social Development</b>

### Outcomes

The activities that will be implemented to address this risk are intended to achieve the following outcomes:

<b>Immediate Term</b>	<ul style="list-style-type: none"> <li>• Increase victim’s awareness of services in the community</li> <li>• Awareness of the impact of domestic violence on children</li> <li>• Enrolment in a healthy relationships program for those who have been arrested for domestic-violence related offences</li> <li>• Connecting individuals with acutely elevate risk to service</li> </ul>
<b>Intermediate Term</b>	<ul style="list-style-type: none"> <li>• Victims of domestic violence are provided with the support they require to leave their situation and/or victims and perpetrators are provided with the support they require to improve their situation.</li> </ul>
<b>Long Term</b>	<ul style="list-style-type: none"> <li>• Increase community safety and well-being</li> </ul>



### #3 PRIORITY RISK: HOUSING

“In September and October 2019, meetings were held with all four municipal associations – the LaCloche Foothills Association, the Town of Chapleau, the Manitoulin Municipal Association and the Sudbury East Municipal Association - representing all municipalities and Territories without Municipal Organizations in the Manitoulin-Sudbury DSB catchment. This was done to obtain the municipal perspective on the local housing environment, specifically in relation to current perceptions of housing development across the Sudbury-Manitoulin Districts. In addition, discussions with the municipal representatives at these meetings identified any special measures that they may be taking to sustain housing considering climate change”

[https://www.msdsb.net/images/SH/reports/2019/FINAL\\_Housing\\_and\\_Homelessness\\_Plan\\_Nov\\_20\\_2019.pdf](https://www.msdsb.net/images/SH/reports/2019/FINAL_Housing_and_Homelessness_Plan_Nov_20_2019.pdf)

The plan to end chronic homelessness as outline in this document will be supported through the strategies outlined in this priority area.

<b>Vulnerable Groups</b>	Seniors, people with disabilities, children and youth, women, those with mental health needs or addictions, low-income families
<b>Risk Factors</b>	Sense of alienation, families with few resources, feeling unsafe in neighbourhoods, lack of affordable housing, lack of accessibility to a continuum of services
<b>Protective Factors</b>	Close friendships with positive peers, positive support within the family, positive cohesive communities, appropriate housing in close proximity to services, high awareness of determinants of well-being
<b>Strategies</b>	Development of Housing Working Group: Homeless Prevention Initiatives Shelter and Transitional Housing Asset Mapping: In-Home Care Programs

#### Strategies

<b>Action Item #1</b>	<b>Development of Housing Working Group:</b>
Strategy Overview	Develop a committee comprised of organizations and groups that deliver service and supports related to affordable and supportive housing.  This committee will be responsible for the on-going development and implementation of strategies to reduce the risks associated with affordable and supportive housing.

Key Partners	Shelters Social Housing Providers Private Housing providers Community service agencies
Pillar	<b>Social Development</b>

<b>Action Item #2</b>	<b>Homelessness Prevention Initiatives</b>
Strategy Overview	Continue to build on partnerships to allow for preventative /upstream housing stabilization of at-risk tenants. Expand existing community groups to include agencies or stakeholders that can provide supportive services to individuals at risk of homelessness.
Key Partners	Shelters Social Housing Providers Social services providers Community service agencies Health care agencies
Pillar	<b>Risk Intervention</b>

<b>Action Item #3</b>	<b>Shelter and Transitional Housing Asset Mapping and Needs Assessment</b>
Strategy Overview	Collect and analyze data related to affordable housing supply and demand. The data committee will over lay data shared from community agencies working with the most vulnerable populations in this priority area. Results from the data committee report will assist in determining the communities or neighbourhoods most in-need of housing supports.
Key Partners	Shelters Social Housing Providers Social services providers Community service agencies
Pillar	<b>Prevention</b>

<b>Action Item #4</b>	<b>In-Home Care Programs</b>
Strategy Overview	Identify and expand on existing home care programs that can support individuals who may not have access to the housing options they need. Home care programs can be delivered in collaboration with service delivery partners across many sectors including: health care, social services, EMS, Police, Education.

Key Partners	Health care, social services, EMS, Police, Education
Pillar	<b>Prevention</b>

**Outcomes:**

The activities that will be implemented to address this risk are intended to achieve the following outcomes:

<b>Immediate Term</b>	<ul style="list-style-type: none"> <li>• Identify the inventory, and promote access to emergency supports and housing for people in critical need.</li> <li>• Identify vulnerable neighbourhoods and complete a service inventory to improve wraparound supports.</li> </ul>
<b>Intermediate Term</b>	<ul style="list-style-type: none"> <li>• Engage with landlords to ensure safe housing, and education surrounding cultural norms.</li> <li>• Develop early intervention strategies to reduce chronic homelessness.</li> </ul>
<b>Long Term</b>	<ul style="list-style-type: none"> <li>• Reduced rates of homelessness through collaboration by working with both the public and private sectors.</li> <li>• Increase of appropriate affordable housing</li> </ul>

#### #4 PRIORITY RISK: SENIORS

By 2021, there will be about 3,650 adults 65 years and older living in Manitoulin District accounting for 26.5% of the total population. The number grows to 4,660 by 2031 representing 33.9% of total population. The total number of seniors actually peaks around 2037 when their numbers total approximately 4,900 or 35.9% of the total population.

<b>Vulnerable Groups</b>	People aged 55+
<b>Risk Factors</b>	Sense of alienation, families with few resources, feeling unsafe in neighbourhoods, lack of affordable housing, lack of accessibility to a continuum of services
<b>Protective Factors</b>	Close friendships with positive peers, Positive support within the family, Positive cohesive communities, Appropriate housing in close proximity to services, High awareness of determinants of well-being
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Development of Seniors and Long-Term Care Working Group</li> <li>2. Age Friendly Community Action Plan:</li> <li>3. Community Mobilization:</li> <li>4. Seniors Health and Safety Campaign</li> </ol>

#### Strategies

<b>Action Item #1</b>	<b>Development of a Seniors Working Group</b>
Strategy Overview	<p>Develop a committee comprised of organizations and groups that deliver service and supports related to seniors.</p> <p>This committee will be responsible for the on-going development and implementation of strategies to reduce the risks associated with seniors living in Manitoulin Island.</p>
Key Partners	<p>Health care providers</p> <p>Long Term Housing providers</p> <p>Social services</p> <p>Community groups</p> <p>Senior Centres or Seniors Program Groups</p>
Pillar	<b>Social Development</b>

<b>Action Item #2</b>	<b>Manitoulin Island Age Friendly Community Plan</b>
Strategy Overview	Explore the options for developing an age friendly community plan for all eight communities partnering in this Plan. The age friendly community framework has been used by communities in Ontario and Canada to implement protective factors for risks facing seniors.
Key Partners	Municipal government representatives and Recreation Department Staff
<b>Pillar</b>	<b>Social Development</b>

<b>Action Item #3</b>	<b>Community Mobilization</b>
Strategy Overview	The data committee will collect and report on the areas across all eight communities with the highest level of senior populations. This information will be used to guide community partner agencies in the development of mobilization strategies focused on bringing the services most in need by seniors close to where they live. This data will also be used to explore opportunities for agency co-location sites; these could be existing office spaces that are opened up to community partners delivering beneficial services for seniors or vulnerable populations.
Key Partners	Data Committee Health care providers Long term care housing providers Social services housing providers Senior Centres or Seniors Program Groups
<b>Pillar</b>	<b>Prevention</b>

<b>Action Item #4</b>	<b>Seniors Health and Safety Campaign</b>
Strategy Overview	Develop and implement a health and safety campaign delivered to seniors that will provide information on strategies to remain safe and healthy in Manitoulin Island. This campaign will be developed using a multi-sector approach to ensure that all aspects of senior living are addressed and supportive information and services are highlighted.
Key Partners	Health care providers Housing providers Seniors recreation providers Police Services Seniors Advocate Groups
<b>Pillar</b>	<b>Prevention</b>

### Outcomes:

The activities that will be implemented to address this risk are intended to achieve the following outcomes:

<b>Immediate Term</b>	<ul style="list-style-type: none"> <li>• Enhance access to services and supports and provide earlier intervention programming</li> </ul>
<b>Intermediate Term</b>	<ul style="list-style-type: none"> <li>• Enhance education and promotion of programs designed to mitigate the impact of social isolation for seniors.</li> <li>• Identify and set out tactical programs to address caregiver support and elder abuse prevention.</li> <li>• Enhance Community Paramedicine wellness programs, post discharge home visits, and early interventions for vulnerable seniors.</li> </ul>
<b>Long Term</b>	<ul style="list-style-type: none"> <li>• Enhance system support for seniors</li> <li>• Identify gaps with, and increase access to existing programs to reduce social isolation.</li> <li>• Improve access to long term care services for seniors</li> </ul>

### Conclusion

The Municipality of Gordon Barrie Island is committed to working alongside the communities that have partnered to deliver this Community Safety and Well-Being Plan. We wish to acknowledge the contributions of every individual, organization and group that participated in the engagement and data gathering phase. The CSWB Plan is another step in moving forward together toward a safer and healthier community for all!



**BEST PEOPLE. BEST METHODS. BEST RESULTS.**

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