

Community Needs
ASSESSMENT
Summary Report

2019

**DETAILED REPORT
OF FINDINGS:**
Social Networks
and Safety



Acknowledgements

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The following reports outlines results of the Haldimand Norfolk Health and Social Services (HNHSS) Community Needs Assessment (CNA) 2019. This section of the report includes detailed results and conclusions about housing and homelessness prevention.

Community Profile

Social Supports

- Nationally, about 62% of Canadians reported a somewhat strong or very strong sense of belonging to their local community. In Ontario, about 70% of the population reported a somewhat strong or very strong sense of belonging to their local community. Local data are not available for Haldimand and Norfolk counties.
- Nationally, about 86% of Canadians reported being satisfied or very satisfied with their life. In Ontario, about 93% of the population reported being satisfied or very satisfied with their life. Locally, 93% of residents in Haldimand and Norfolk reported being satisfied or very satisfied with their life.

Available services

- There are nine food banks or emergency food programs in Haldimand County and eight food banks or emergency food programs in Norfolk County. Additionally, there are four drop-in meal programs available in Haldimand County and six drop-in meal programs in Norfolk County.

Crime and Violence

- In 2019, Norfolk County was ranked as one of the safest communities to live in Ontario.
- The crime severity index in Norfolk County decreased by 5% from 2014 to 2019. Data were not available for Haldimand County.
- There were no homicides in Haldimand or Norfolk Counties in 2017.
- The assault level per 100,000 people in Norfolk County was 326.36. Data were not available for Haldimand County.
- In 2016, 218 violent crimes were reported to OPP in Haldimand County, a decrease of 0.46% from the previous year. In the same year, 462 violent crimes were reported to OPP in Norfolk County, an increase of 10.53% from the previous year.
- In 2016, 919 property crimes (i.e. arson, break and enter, theft over \$5,000) were reported to OPP in Haldimand County, a decrease of 13.79% from the previous year. In the same year, 1439 property crimes were reported to OPP in Norfolk County, a decrease of 5.02% from the previous year.
- In 2016, 673 motor vehicle collisions were reported in Haldimand County, a decrease of 9.91%, of which, 5 included one or more fatalities. In the same year, 872 motor vehicle collisions were reported in Norfolk County, a decrease of 12.19%, of which, 9 included one or more fatalities.

Community Survey Results

Social Networks

- 12% (n=47) of survey respondents reported feeling socially isolated where they live. Further, 12% (n=50) of survey respondents reported that they felt they had no or little social support network.
- 15% (n=44) of survey respondents ranked home visiting for new parents as one of the top three mental health services they need to keep their family safe.
- The majority of survey respondents (58%, n=171) reported they had a very good or excellent personal social support network.

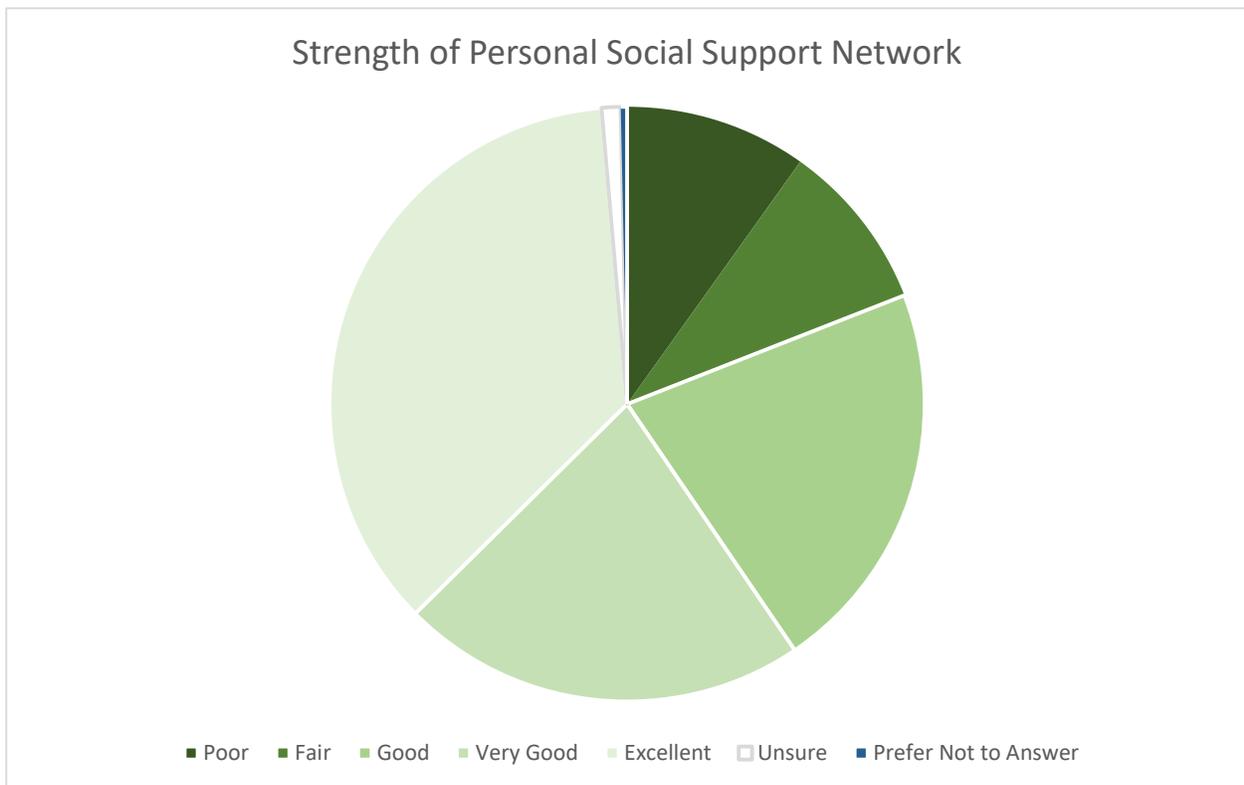


Figure 1. Self-reported strength of personal social support networks.

- Similarly, the majority (58%, n=168) of survey respondents reported that their family had a very good or excellent social support network.

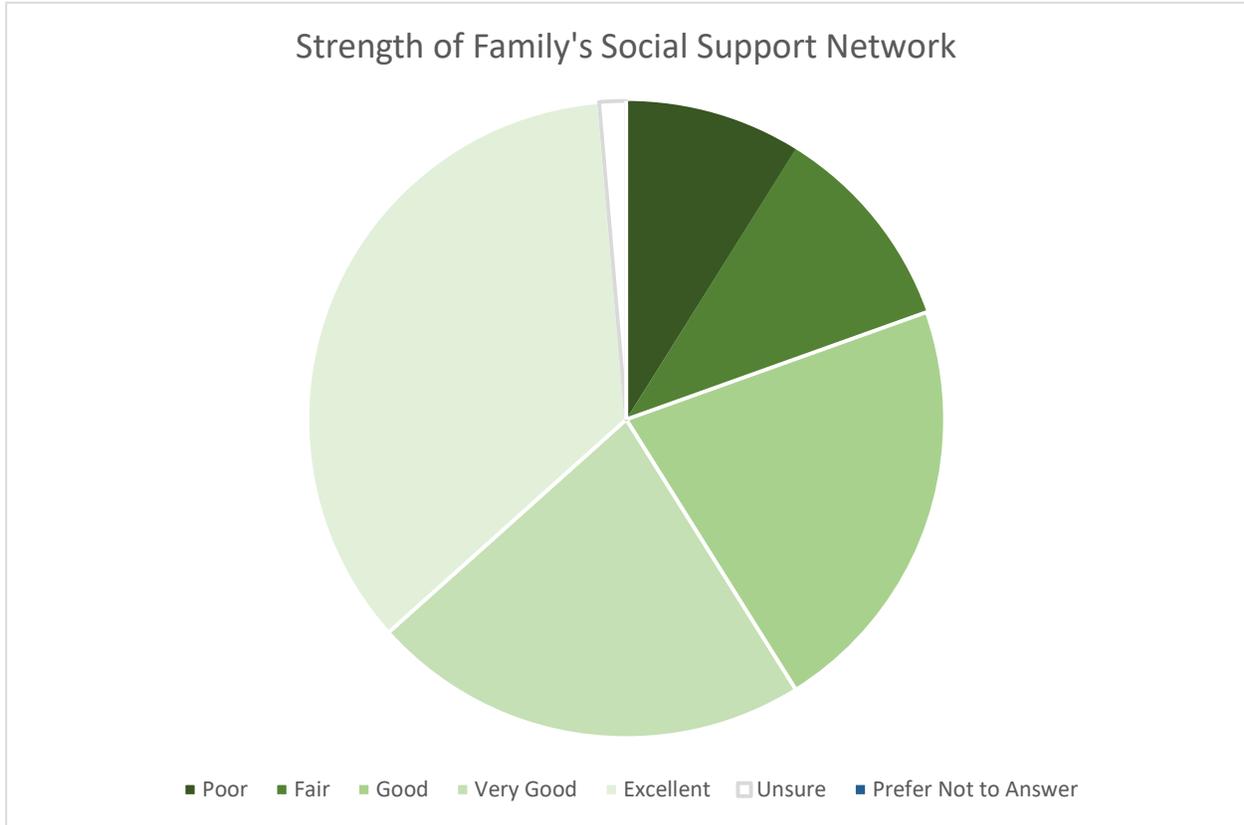


Figure 2. Self-reported strength of family's social support networks.

- The most commonly identified social supports were family (81%, n=241), friends (77%, n=217), and doctors or healthcare providers (52%, n=154).

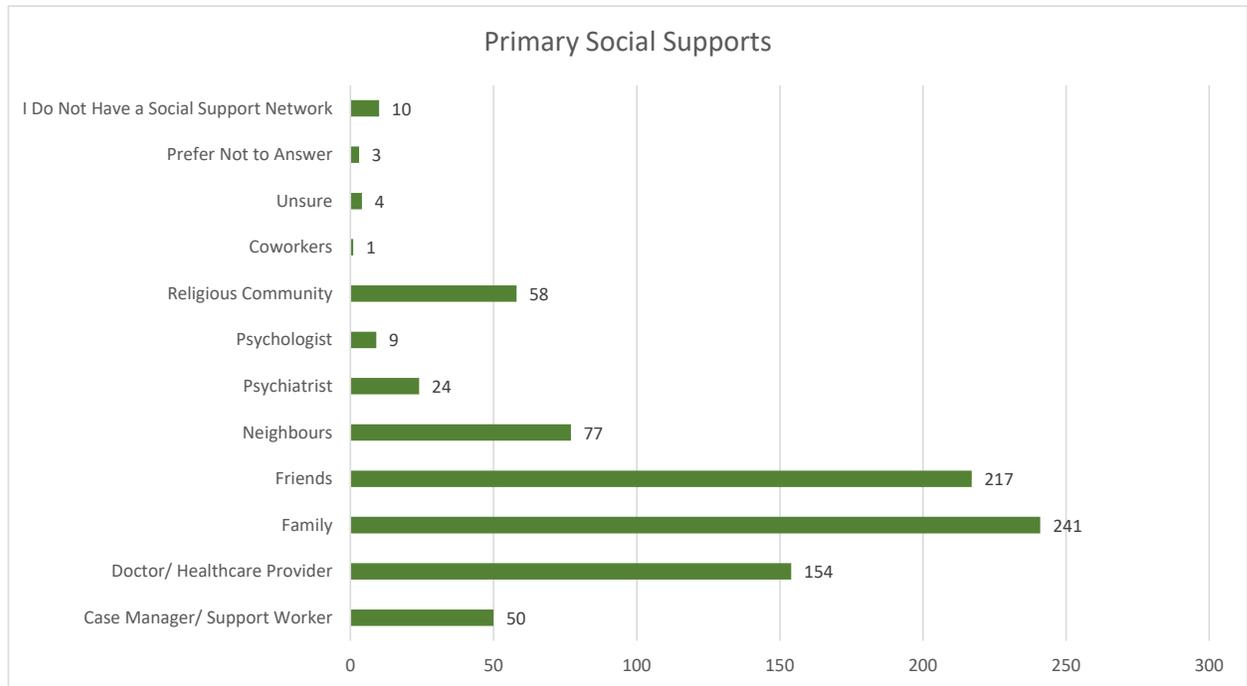


Figure 3. Primary social support networks (not mutually exclusive) reported by survey respondents.

- 11% (n=26) of survey respondents reported there were social support providers that they would like to be able to access but have not been able to. These included: legal services (n=7), generalized or specialized (e.g. child and youth) counselling (n=7), mental health supports (n=5), psychologist, autism services, seniors' supports, education, shelter services, and an herbalist.
- 22% (n=69) of survey respondents reported that more affordable legal aid or supports was a top three need to improve their family's social health.
- 26% (n=78) of survey respondents reported wanting more information or education about healthy relationships.

- The most commonly identified places people went during a crisis were a family's home (49%, n=145), a friend's home (44%, n=131), or a doctor's office (29%, n=86).

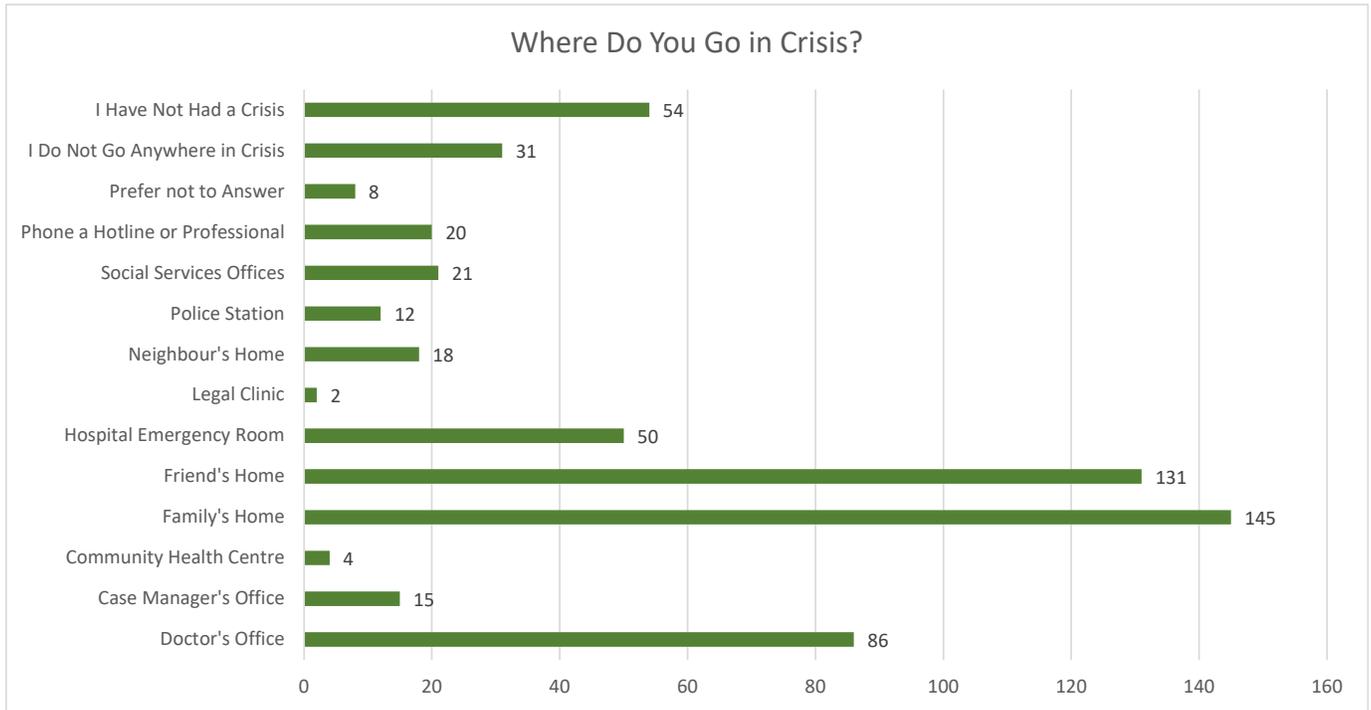


Figure 4. Locations that survey respondents report going to or attend when in crisis.

Social Services

- 72% (n=231) of survey respondents agreed or strongly agreed that they knew how to find the social services that they needed for themselves and their family. This was slightly less than the proportion who agree or strongly agreed they knew how to find the health services they needed for their family (76%, n=244).

- The most commonly reported sources of information for social services were doctor or health care provider (46%, n=144), websites (43%, n=134), and family or friends (41%, n=128).

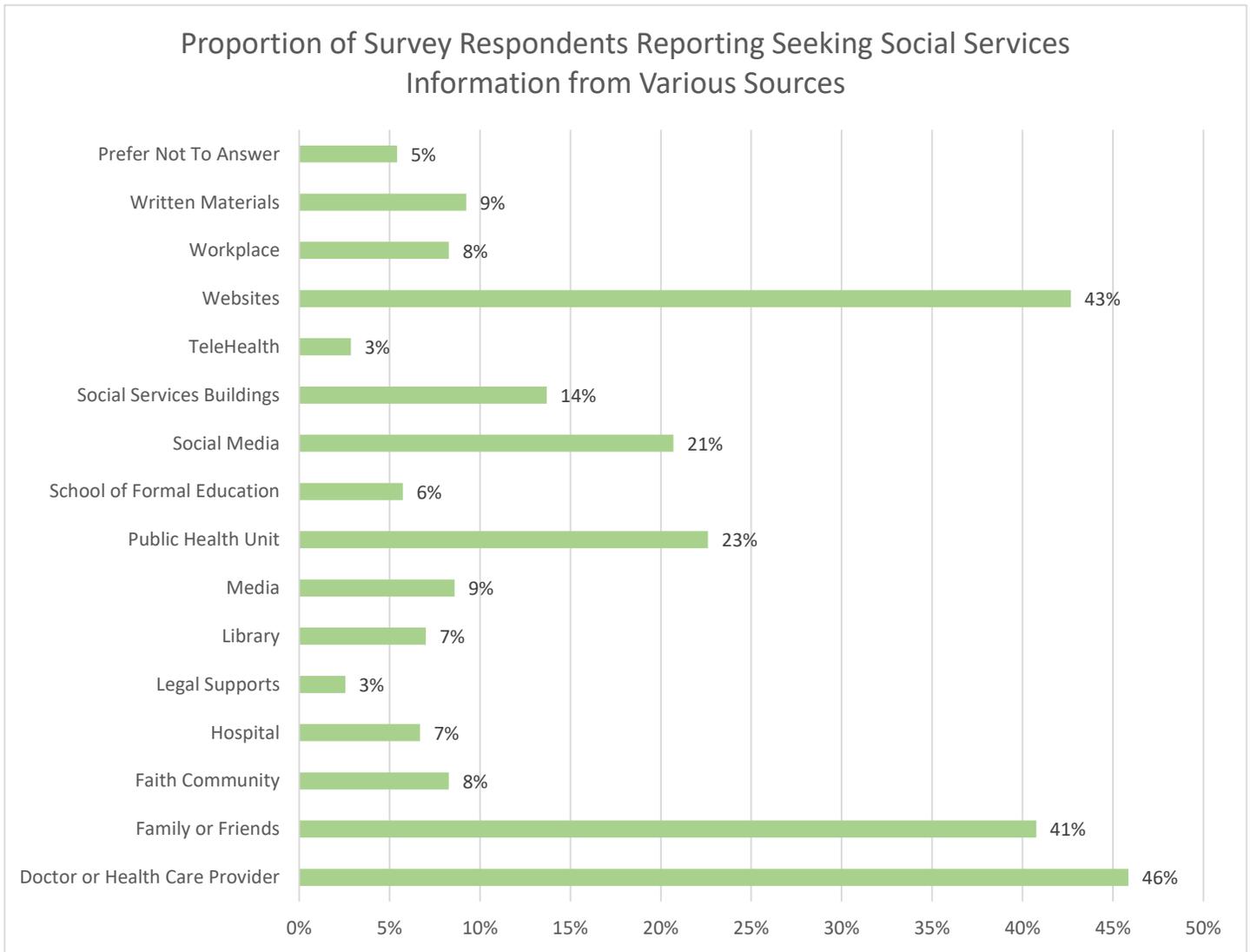


Figure 5. Proportion of survey respondents who reported seeking social services information from various sources.

- The most commonly faced barriers for accessing social services were waitlists (29%, n=81), costs (23%, n=64), and being unsure where to go (19%, n=55).

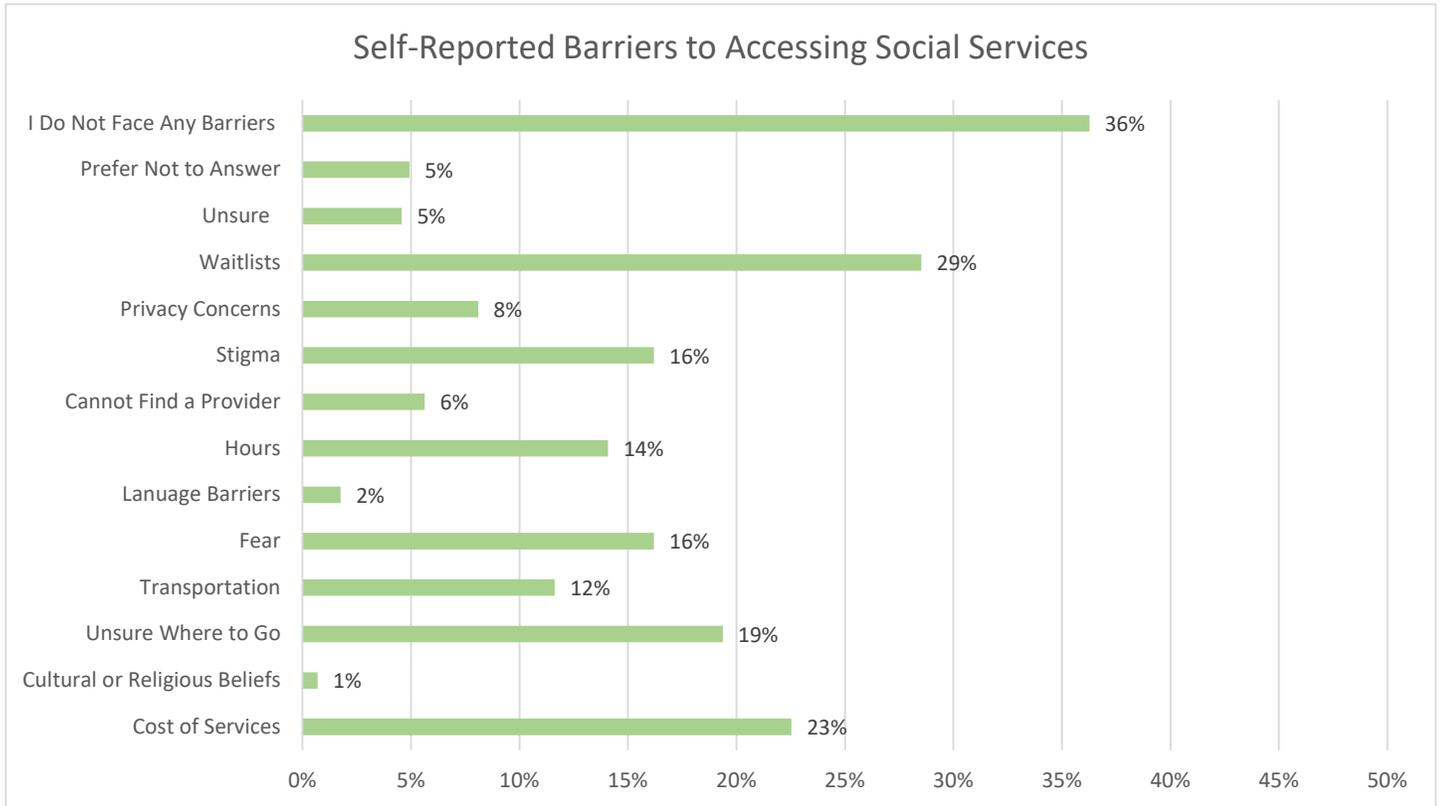


Figure 6. Self-reported barriers to accessing social services.

- In the past 12 months, the most commonly reported social services from HNHSS used were printed materials (34%, n=93) and the website (15%, n=41).

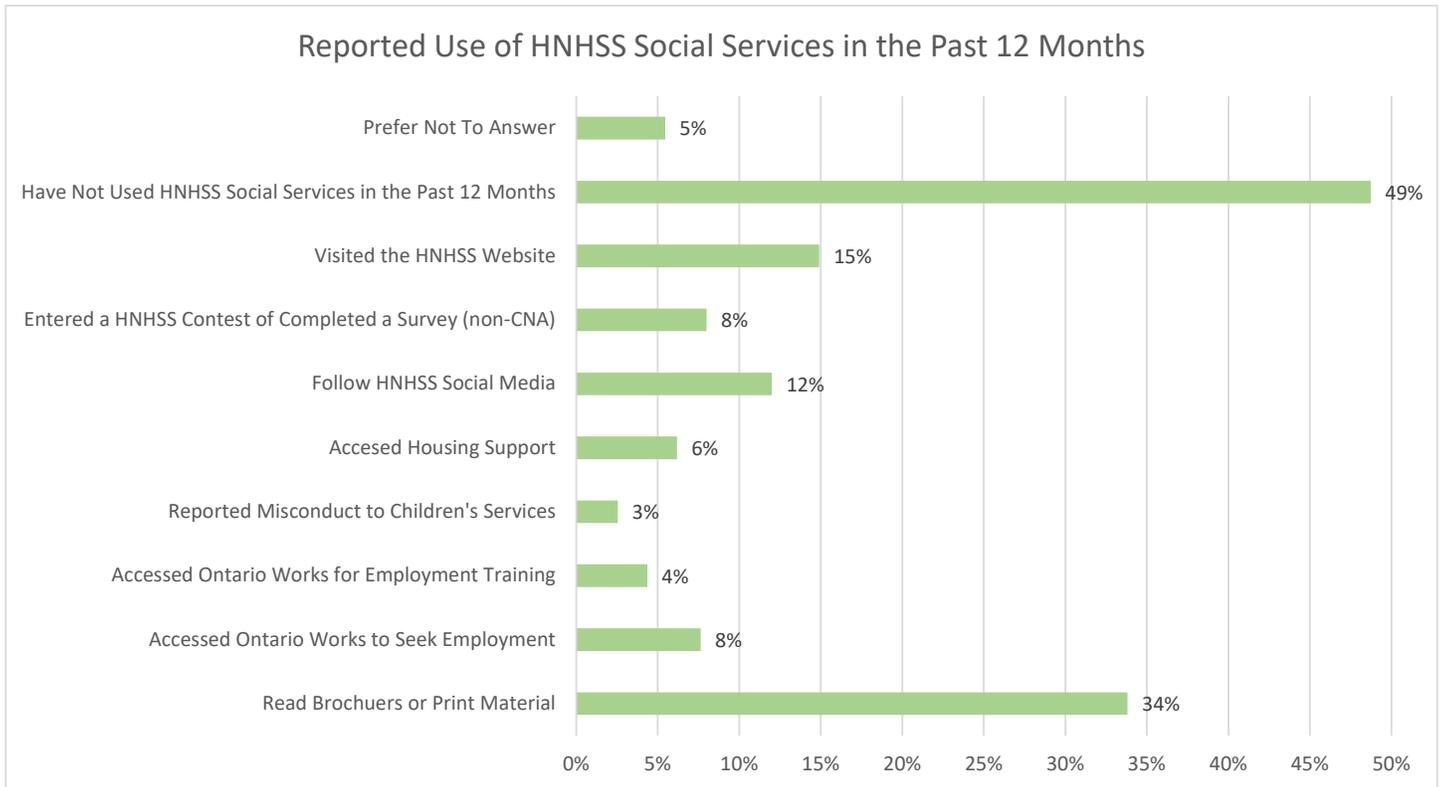


Figure 7. Reported use of HNHSS social services in the past 12 months.

- 39% (n=105) of survey respondents agreed or strongly agreed that it was easy to provide feedback to HNHSS.
- 41% (n=111) of survey respondents agreed or strongly agreed that it is easy to seek assistance from HNHSS.
- 42% (n=114) of survey respondents agreed or strongly agreed that they have always received good service from HNHSS.
- 48% (n=131) of survey respondents agreed or strongly agreed that HNHSS shows they care.
- 50% (n=135) of survey respondents agreed or strongly agreed that they trust HNHSS to have accurate, up to date information.

- The most commonly preferred way to receive HNHSS information was through the website (66%, n=182).

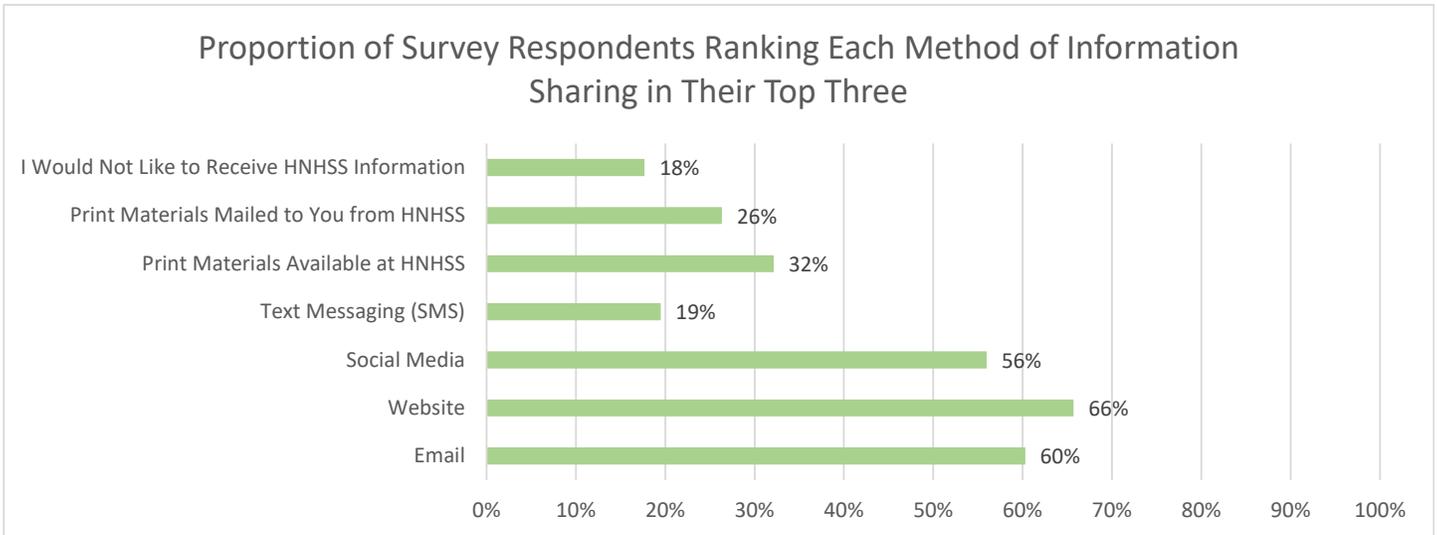


Figure 8. Proportion of survey respondents who ranked each of the various ways to collect information from HNHSS in their top three preferences.

Personal Safety

- 22% (n=89) of survey respondents reported experiences with sexual or domestic abuse.
- 2% (n=8) of survey respondents reported that they considered their romantic relationship dangerous.
- 88% (n=284) of survey respondents reported that they felt Haldimand and Norfolk is a good place to live.
- 78% (n=250) of survey respondents reported that they felt Haldimand and Norfolk is a good place to grow old.
- 77% (n=249) of survey respondents reported that they felt Haldimand and Norfolk is a safe place to live.

- 77% (n=248) of survey respondents reported that they felt that Haldimand and Norfolk is a safe place to be their true selves. However, this differed across some vulnerable population groups. Visible minorities and LGBTQ2S+ individuals were more likely to report feeling that Haldimand and Norfolk is not a safe place to be their true self.

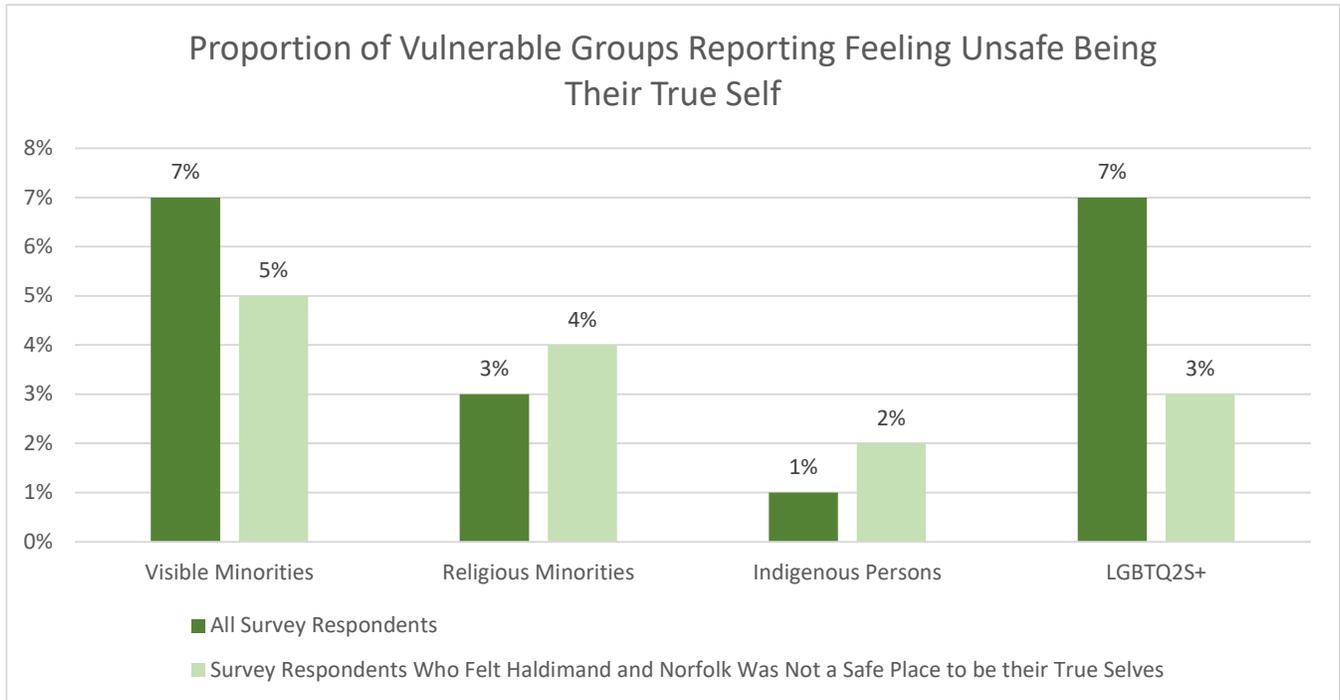


Figure 9. The proportions of vulnerable groups in the general population (i.e. among all participants) and the proportion of vulnerable groups who reported feeling that Haldimand and Norfolk was not a safe place to be their true self.

Crime

- In the past 12 months, 6% (n=19) of survey respondents reported using alcohol before or during driving; however, in the same period, no survey respondents reported using cannabis before or during driving.
- 1% of survey respondents reported being arrested, with cause, in the past 12 months.
- In the past 12 months, 3% (n=7) of survey respondents said that they had reported misconduct to Children’s Services.

Information and Legislation

- 7% (n=23) of survey respondents ranked more information about the dangers of distracted driving as a top three issue they would like more education about.
- 84% (n=245) of survey respondents reported that they felt the residents of Haldimand and Norfolk needed more information about the dangers of distracted driving.
- 61% (n=179) of survey respondents reported that they felt that Haldimand and Norfolk needed stricter legislation about smoking in outdoor spaces. Similarly, 59% (n=172) of survey respondents reported that they felt that Haldimand and Norfolk needed stricter legislation about smoking in indoor spaces.

Focus Groups and Interviews

Seven major themes emerged from the qualitative data collected via focus group discussions and interviews: (i) Mental Health and Addictions; (ii) Physical Health; (iii) Poverty; (iv) Housing; (v) Rurality; (vi) Availability of Products and Services; and (vii) Organizational Structures.

This chapter on Social Networks and Safety discusses the key themes associated with this topic. Notably, the contextual factors of each of the themes discussed in this chapter cannot be entirely teased apart.

Mental Health and Addictions

Mental health and addictions were commonly discussed in the context of social networks. For more information, please see chapter on Mental Health and Addictions.

However, mental health was often linked to social networks for youth and other priority populations.

Priority Populations and Youth

Several participants described how poor mental health was a result of a lack of social networks. In particular, this was discussed in relation to the needs of priority groups most often. Speaking generally of social networks and priority populations, one participant (FG3) said, “[There is a] risk of isolation: people, especially vulnerable need connections.”

For youth, the general sentiments were that a lack of social networks were impacting overall mental health. For example, one participant (KI31) said, “That’s lacking a lot here for youth development. When you’re looking at that that teenage years or the developmental years, because we don’t have a proactive approach where they’re not turning into the historical types of beliefs and systems that they’re using here.” Another participant (KI5) explained that the social networks for youth were tightly linked to sports, and specifically hockey, leaving very little opportunity for youth who were not athletic, saying, “I know a lot of them say there is nothing to do within the area. That is one thing. There is a lot of sport teams, but if you are not sport oriented then it is out of your realm.”

A second priority population who were discussed in relation to insufficient opportunities for social networking was the LGBTQ2S+ population. One participant (FG3) said, “[For LGBTQ2S+ it is] harder to connect in smaller communities.”

Finally, a third priority population was also discussed with regards to mental health and the impacts of isolation: Indigenous peoples. One participant (KI30) shared,

“I know that [the population is] probably not served well, within at least some of the Haldimand-Norfolk that we see, is the Indigenous population we are surrounded by. Like Mississauga’s of the Credit and Six Nations and we don’t have anything like the other areas within our lands that we don’t have social greeting places for them where they can go in and have meetings or have that holistic approach to medicine. We don’t have an Aboriginal community center.”

While no population or group is immune to the issues of isolation and the impacts this has on mental health, participants often commented on the extenuating circumstances that may make this worse for members of some priority populations.

Rurality

With regards to social networks, rurality was a very common theme of conversations. In addition to discussions about social network isolation (see previous section), rurality was commonly described as a reason for loneliness or for the lack of available networking opportunities. Several participants explained that the more rural an individual in the community lived, the more difficult it was to be socially connected. For example, one participant (KI14) said, “Isolation to the community is a big one, just not feeling like they are part of the community, especially when they are kind of on the outskirts.” Another participant (KI47) shared similar opinions, saying “If you’re closer to an urban center or Hamlet, you have a little bit more of an option. But it’s even worse situation for those that are in the more rural or faraway reaches of the county.”

Similarly, but in a slightly different vein of the conversation, some participants explained how rurality was an impediment to servicing individuals in a vast geographical region who needed the supports of social systems and networks. One participant (KI44) described this by stating, “And being socially isolated or with a rural environment poses significant challenges for us.” Another participant (KI3) explained further, “It is difficult to access services locally, I was part of an organization that had to serve Norfolk County and it was challenging to provide equal access throughout all of the little communities that made us up. So that created a barrier for people for sure.”

Availability of Products and Services

Social isolation and lack of social networks was linked, not only to rurality, but often to the limited availability of services in some areas or sectors. The major service that was considered to be lacking and having a substantial impact on social networking opportunities was transportation. One participant (KI64) explained that, “I think a lot of people are socially isolated because of the lack of transportation or the inability to navigate the system or know where the resources are and how to get what you need.” This participant continued by describing how they believed that provisions of necessary services, such as transportation, would dramatically reduce social isolation and improve social networks locally.

Crime and Safety

Finally, crime and safety in the region were occasionally discussed in focus group discussions and interviews as well. Several participants described a change they perceived in the community of increasing crime. One participant (KI7) said, “There’s a lot more crime too in Simcoe. I have never read about so much crime, myself. It’s in our backdoor now. It was always in Brantford or Hamilton but now it’s on our street, its approaching. People are desperate. It’s tough, it’s a hard work out there for them, for sure.”

More often than not, crime was discussed in context of the safety of some priority groups in Haldimand and Norfolk. Specifically, a discussion around the safety for LGBTQ2S+ occurred repeatedly, potentially driven by the protests of

a religious group that were anti-queer during the period of data collection. In one focus group (FG3), a participant explained, “[It’s about] not feel safe knowing police attitude. [The police] stand back and watch protesters. [We have a] lack of trust in their commitment. [They are] ineffective –not hateful, not helpful.” Another participant (KI35) explained how they felt there was simply no safe place for some groups to turn, saying, “But, you know, now I’m thinking of what about the transgendered community and the LGBTQ plus community. Where do they go for protection?”

Conclusions

In conclusion, Haldimand and Norfolk counties were typically considered to be fairly safe among participants. However, a sub-group analysis indicated that participants in certain priority or vulnerable groups may be less likely to feel safe in this region than the general population. Safety and a feeling of belonging to a community are important for both mental and physical health and should be considered important areas for improvement for the CNA.

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