Community Safety and Well-Being Plan

What We Heard Report – Goals and Objectives Engagement Summary

May 2021

Emergency and Protective Services

Accessible formats and communication supports are available, upon request

Community Safety and Well-Being
Sécurité et bien-être dans les collectivités

Introduction, Methods and Sources

Introduction

The purpose of this report is to provide a snapshot of the themes emerging from the input, feedback and sentiments expressed by members of the public and stakeholders on the six priorities to be addressed in the Community Safety and Well-Being (CSWB) Plan. This information was collected during the second round of consultations, held from January 18 – March 5, 2021. The purpose of these consultations was to identify the strategic objectives and goals for the six priorities noted below. These consultation activities build on what we heard from our first round of engagement activities in Spring 2020, which focused on identifying the priorities for the Plan. In October 2020, Council approved the following six priorities for the CSWB Plan, in alphabetical order:

1. Discrimination, Marginalization and Racism
2. Financial Support and Poverty Reduction
3. Gender Based Violence and Violence against Women
4. Housing
5. Integrated Simpler Systems
6. Mental Well-Being

Consultations were conducted through multiple channels and methodologies: a survey, community conversations, stakeholder conversations, a community toolkit, an online Forum and through voicemail and email. The public and stakeholders were able to provide their input on strategies, objectives and gaps to be addressed in the CSWB plan. All consultation feedback is included and considered in the analysis outlined in this report.

All feedback and input was analyzed by applying coded themes and then compiled together to identify emerging goals, strategic objectives and gaps. As anticipated, the six priorities intersect and common themes emerge which cut across all priorities, as was the case during consultations in 2020.

Methods and Sources

How we reached out

The CSWB Plan is intended to be community focused, collectively established and supported by lived experience. As a collective impact plan, meaningful engagement with a broad audience is paramount to its development and success. The CSWB project team applied the City of Ottawa's Equity and Inclusion Lens in the design of its engagement strategy and outreach activities for this Plan. Advertising and promotion of the engagement activities have been multi-channeled, inclusive and accessible.

Community Connection

This section summarizes the different engagement activities that were utilized during this consultation period as well as the number of participants:

- Our most popular engagement tool was our survey tool, using Checkmarket, garnering 467 respondents.
- The CSWB team operated six individual virtual community conversations, using the Zoom video conference platform and the Eventbrite platform event registrations. Each conversation focused on an individual priority. In total, these conversations were attended by 102 different individuals across the City.
- The CSWB team also engaged with stakeholder groups through ten virtual sessions, with a total of 163 participants.
- We also participated in three City Advisory Committee meetings which provided additional feedback from another 40 participants.
- The CSWB team offered a CSWB Community Toolkit for groups or individuals to host their own engagement sessions. Three toolkits were received with 31 participants.
- Input and feedback were also received through social media, phone, email and other virtual methods on the CSWB website, with a total of 33 individuals providing input through these methods.
- The CSWB team contracted with City for All Women Initiative (CAWI) to host engagement sessions on the City's behalf, with a focus on those individuals across multiple demographic groups who might not typically engage with the City. In total, CAWI held 23 virtual sessions with 125 participants.
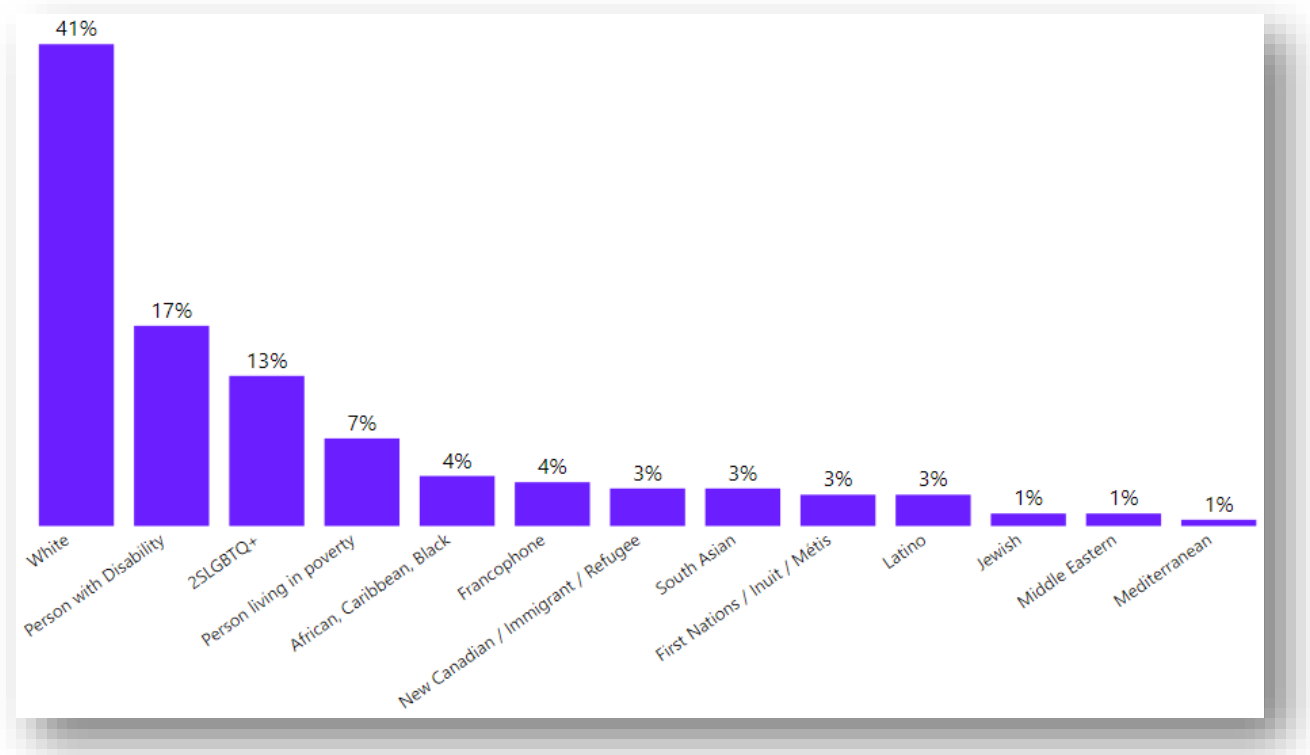
In total, 983 different individuals participated in all engagement activities throughout the engagement period.

Who we heard from

Demographic information was only available from survey participants who chose to share it. The following information provides a breakdown of the demographic information.

Figure 1: Personal identity of respondents

Participants to our survey were asked to self-identify with particular groups of people including an open field for respondents to add their own identity (Figure 1). Respondents were able to select multiple fields for this question. The majority of respondents (41%) identified as white and 13% identified with other racial groups. People with disabilities represented the next largest group of respondents at 17% and those identifying as 2SLGBTQ+ at 13%.

Seven percent of respondents chose not to answer this question.

Figure 2: Gender of respondents
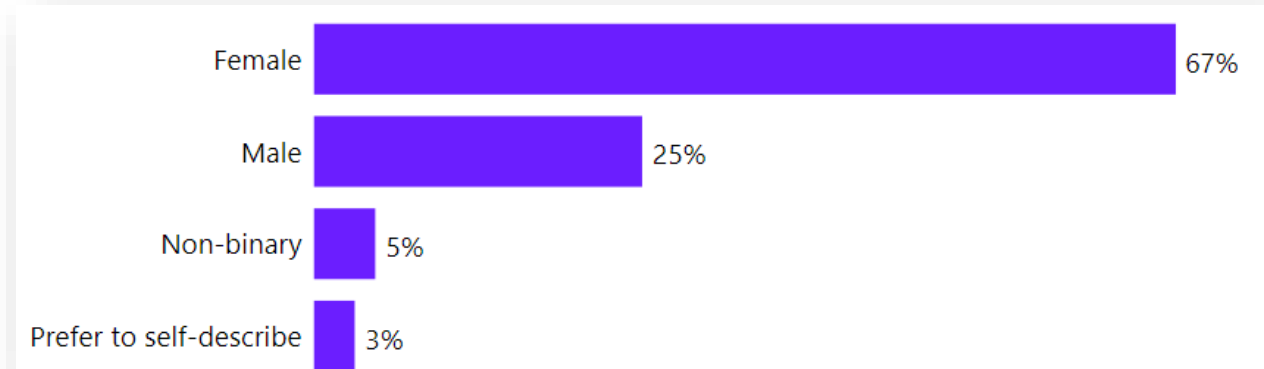
Participants were asked to self-identify their gender (Figure 2). Sixty-seven percent of respondents to the survey identified as female, with 25% as male and 5% as non-binary. Another 3% chose to self-describe. Seven percent of respondents chose not to answer this question.

Figure 3: Age of respondents
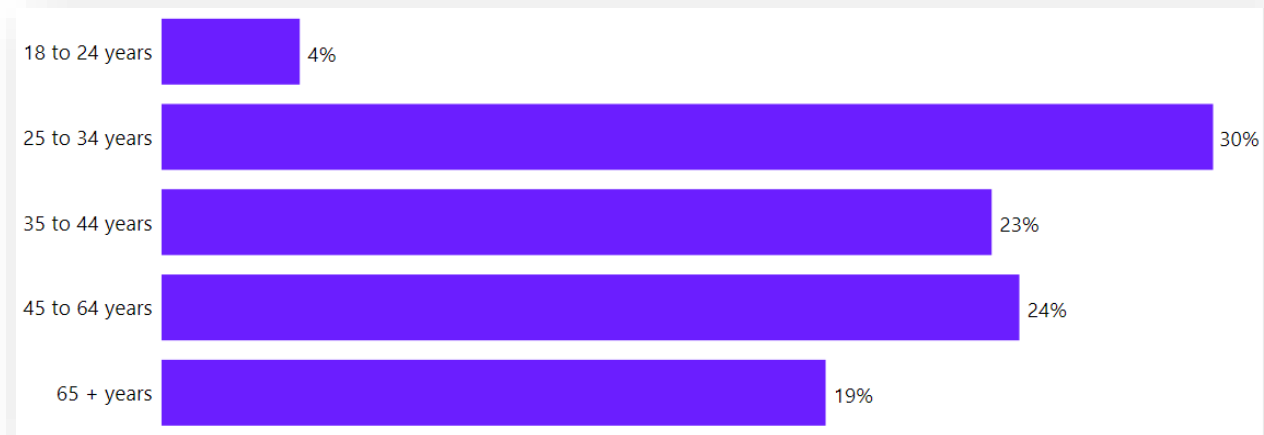
Respondents of the survey were also able to self-identify for their age (Figure 3). Youth represented the smallest number in respondents (4%), with those aged 25 to 34 being the highest at 30% and other age categories representing slightly smaller groups of participants.

Six percent of respondents chose not to answer this question.

Figure 4: Description of respondents

I am a resident (I live in the City of Ottawa)	68%
I am a representative of a non-profit service provider	8%
I am a representative of a resident group or community association	6%
I am a representative of faith community	5%
I am a representative of a government service provider	4%
I am a student	4%
I am from the business sector	3%
Other	2%

Respondents were also asked if they were representing an organization or other perspective (Figure 4). Respondents could select multiple fields when answering this question. Overwhelmingly respondents self-reported as residents of the City of Ottawa (68%).

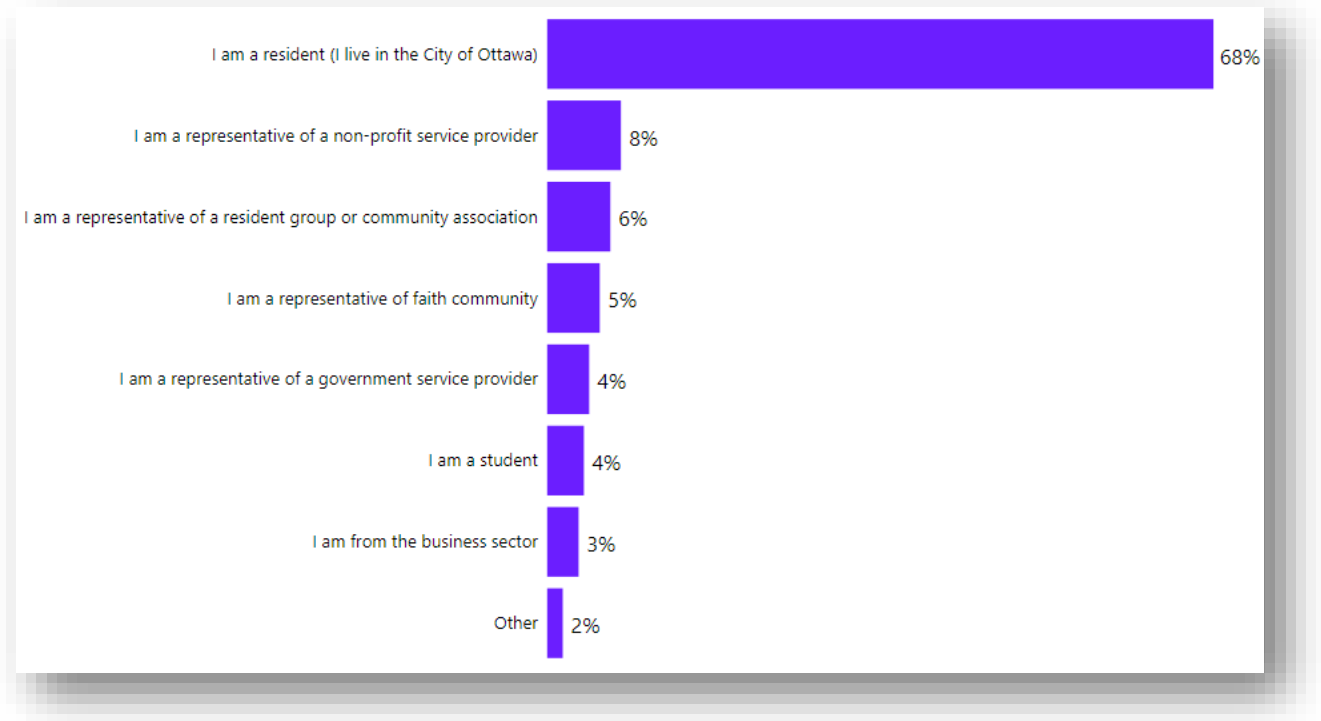One percent of respondents chose not to answer this question.

Location of respondents

Geographic data is available for survey respondents, virtual session participants, and online platform participants who chose to share it but not from other participants in the other engagement activities. The following information provides a breakdown of the geographic information.

Figure 5: Location of respondents
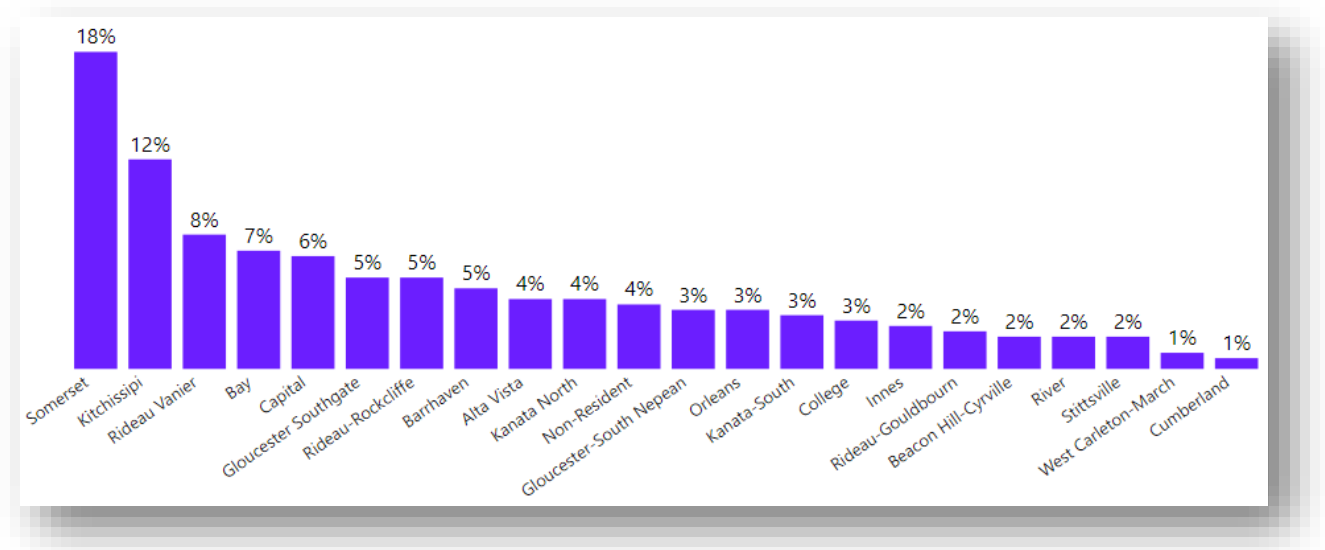
Respondents were primarily from the downtown core wards including Somerset (18%), Kitchissippi (12%) and Rideau Vanier (8%) representing more than a quarter of the responses (Figure 5). Notable points include non-residents accounting for 4% of the responses and no resident from the Osgoode ward responding to the survey.

Discrimination, Marginalization and Racism

Participation

Participants had opportunities to provide their feedback to us from a variety of different sources. During our engagement phase, across all sources, 31% of participants spoke directly to discrimination, marginalization and racism. Figures will not add up to 100% since respondents were able to provide feedback on all, or one of the priorities.

Key themes we heard

During the engagement activities, participants were asked what barriers or conditions exist in their communities that contribute to discrimination, marginalization, and racism. Many respondents spoke about victimization and re-victimization, overt and covert racism, a general sense of trust being lost and the need for accountability. It was said that this can be achieved through changes to leadership, consequences for individual and group actions (both with the City and Ottawa Police Services) as well as other organizations, in relation to addressing discrimination, marginalization and racism.

We also heard about gaps in accessible resources or services aimed at those most impacted by systemic discrimination, such as safe housing, addiction supports, and access to affordable counselling. Respondents shared concerns about having difficulty both accessing and navigating available services. This creates barriers to the system in general and often leaves out those who need services and supports the most.

Much of the feedback called for adjustments to police budgets and reallocating policing resources toward mental health and other community supports. Respondents submitted personal accounts of interaction with Police, By-law and Regulatory Services and the results thereafter.

> *"Defunding the police. Redistribution of these funds to fund comprehensive harm reduction and community building, completely divorced from the law enforcement umbrella. Funds from the remaining police budget (NOT additional funding) should be used to ensure internal compliance." - Participant*

We heard directly from individuals who made it clear that the CSWB team, and by extension the City, should make a more concerted effort to provide safe spaces for members of the public to share lived experiences. It was further expressed that this would inform our plan and future consultations as we aim to foster trust with those most impacted by systemic discrimination.

It was made clear throughout the consultations that discrimination, marginalization and both personalized and systemic racism are issues for those who are racialized as well as many other groups of people. Other demographic groups identified by participants as highly impacted are those experiencing homelessness, those experiencing mental health and substance use challenges, and those living with physical and/or developmental disabilities. Again, an emphasis was placed by participants on the holistic approach necessary within the CSWB Plan to address the many intersecting risk-factors and impediments to community safety and well-being.

> *"people living on the street and accessing the necessary services from local churches and community centers. […] All services that will support people who face discrimination, marginalization and racism, and in turn make all our communities safer. My taxes are for these people." - Participant*

Another key piece of feedback from respondents was the effect of the stressors, such as systemic discrimination, safe housing, addiction support, and counselling on youth, the effect of policing on people and communities who are marginalized, and particularly in relation to mental health and exposure to criminality.

Participants spoke to the systemic discrimination felt specifically by those new to Canada, Indigenous peoples, black people and other people who are racialized. Importantly, this discrimination intersects with themes identified in other priorities, from housing to personal safety to connecting with services and resources to be able to help themselves.

Proposed Strategies and Actions

Participants were encouraged to share strategies to address systemic discrimination and marginalization. The most notable sentiment we heard from participants was the need to invest in people.

> *"folks who've experienced incarceration and injustice and it's due to racism and discrimination from the community's way of addressing crime, instead of what's actually going on with the person or what's wrong with the way the community is. When you address people first and have adequate support, crime is reduced significantly." - Participant*

Participants supported moving away from crime focused solutions, and instead diversifying public funding and resources toward social service programs, such as affordable housing and mental health services, with a need for skills workshops, and internships. These are universal themes across all six priorities identified by CSWB.

Participants also shared that we need to consider different forms of systemic discrimination in different ways, as different strategies would be required. Participants indicated that a "one size fits all" approach to systemic discrimination will not work as we must consider the different experiences and realities of people and the intersectional nature of systemic discrimination.

Respondent Experience

We asked survey respondents to answer a few questions about their experience with services and programs in their communities.

Table 1: Sensitivity of programs and services to race and culture, age, gender and/or gender identity and financial status

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Services, programs and policies are sensitive to my race and culture.	10%	13%	11%	15%	10%
Services, programs and policies are sensitive to my age.	9%	9%	35%	14%	16%
Services, programs and policies are sensitive to my gender and/or gender identity (being a woman, man or gender diverse person).	9%	14%	20%	24%	14%
Services, programs and policies are sensitive to my financial status.	8%	15%	13%	13%	27%

Participants who answered our survey questions associated to the discrimination, marginalization and racism selection were asked four questions (Table 1). Individuals who responded as having no experience or the subject matter not applying to them have been omitted from Table 1 so numbers will not add up to 100%.

Respondents were asked whether services, programs and policies are sensitive to their race and culture. Twenty-five percent (25%) of individuals either strongly disagreed or disagreed that programs, services, and policies were sensitive to their race and culture, while 23% agreed or strongly agreed.

Respondents were also asked whether services, programs and policies are sensitive to their age. Respondents were largely neutral (neither agreed or disagreed) at 35% with 30% either disagreeing or strongly disagreeing with this statement.

We also asked respondents whether services, programs and policies are sensitive to their gender and/or gender identity (being a woman, man or gender diverse person). In this case, 38% either strongly disagreed or disagreed with 23% either agreeing or strongly agreeing.

Lastly, respondents were asked whether services, programs and policies are sensitive to their financial status. Respondents indicated they strongly disagreed or disagreed at 40% with this statement.

Mental Well-Being

Participation

Participants had opportunities to provide their feedback to us from a variety of different sources. During our engagement phase, across all sources, 27% of participants spoke directly to mental well-being. Figures will not add up to 100% since respondents were able to provide feedback on all or some of the priorities.

Key themes we heard

During our engagement, we asked members of the public and stakeholders what conditions and barriers exist in their lives that most directly impact their mental health and well-being.

Participants commented on the lack of availability or accessibility to resources. Examples consisted of long waitlists for mental health or related services, difficult navigation of the mental health system, affordability / cost-prohibitive factors to obtain services and resources, or no existing service to begin with, all of which contribute to the gap between individuals and the help they need. Additionally, respondents reported that individual who are in need and at-risk are conflicted when the only immediate call available to them is Police Services as they do not want to criminalize a mental health crisis.

Proposed Strategies and Actions

Many residents proposed having a crisis team ready to intervene in mental well-being calls or checks, for example, independent mental health response team led by social workers and counselling/addiction services (i.e. the CAHOOTS model). Moreover, this crisis team would depend on the support of community agencies equipped with appropriate staffing resources to address these calls - i.e., social workers, counsellors, nurses and various other appropriate mental health and wellness supports. Respondents reported a need to separate mental health intervention from police response.

> *"I would like to see a lot more services so that those living in precarious situations are given the help they need. I would like to see the police develop a 'non-cop' team of professionals who could help in crisis situations." - Participant*

Survey participants also spoke about substance use rising, due to isolation as a result of the COVID-19 pandemic. Without proactive measures or funding for dedicated services for mental health, the issue of mental health and well-being continue to spiral downward. Participants identified that mental health and substance use so often run concurrently and as a result, a holistic, harm-reduction response is being called for by participants.

Further, participants stated that the criminality imposed on people who use illicit substances creates significant barriers to treatment and better suited interventions. More specifically, respondents stated that the epidemic of the opioid crisis affects multiple levels of community where they reported that addiction is both rampant in prescription drugs and illicit, street acquired substances. Community feedback shows that due to the nature of mental health and substance use going hand in hand, self-medicating has become an extremely dangerous solution for those unable to access the necessary services and supports for safe detox and addiction counselling supports.

> *"Those suffering with mental health or substance abuse are often suffering alone. It is a very hard […] to forge connections" - Participant*

Other respondents stated capacity and long waitlists coupled with difficulty navigating the system of available resources are all key barriers to improving mental well-being and substance misuse. This feedback also noted the reliance on technology – especially during the pandemic – which can be a barrier in and of itself. Effectively, participants indicated that reliance on online services prohibits people from accessing supports and engaging with service providers in the community and at all levels of government. Respondents called for in-person resources to address this concern.

Respondent Experience

We asked survey respondents to rate their experiences with mental health and well-being services and programs in their communities. Participants who answered our survey questions associated to the mental well-being (including substance use and social isolation) selection were asked 13 questions in three segments. Individuals who responded as having no experience or the subject matter not applying to them have been omitted from the below table and so numbers will not add up to 100%.

Table 2: Mental health ease of use, affordability, access and timeliness

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Mental health services are easy to use	3%	6%	14%	30%	37%
Mental health services are affordable	2%	2%	10%	29%	50%
I know where to go for Mental Health programs and services when I need it	14%	34%	11%	20%	18%
I experience stigma due to mental health	23%	26%	12%	10%	5%
I can access timely mental health services and resources	9%	14%	10%	22%	36%

Respondents were asked to rate their experiences with mental health services (Table 2). First, respondents were asked if mental health services were easy to use, and the response showed participants disagreed or strongly disagreed (67%) with the statement.

Respondents were then asked if they felt mental health services were affordable and the response demonstrated that participants disagreed or strongly disagreed (79%) with the statement.

Then, respondents were asked if they knew where to go for mental health programs and services when they needed it, and most respondents agreed or strongly agreed (48%).

When asked if respondents experienced stigma due to their mental health, 49% agreed or strongly agreed with this statement.

Finally, respondents were asked if they could access timely services and resources, and the response was mostly in disagreement (58%).

Table 3: Substance use ease of use, affordability, access, timeliness and stigma

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Services to address substance use are easy to use	0%	2%	11%	14%	14%
Services to address substance use are affordable	2%	6%	6%	10%	18%
I know where to go for substance use programs and services when I need it	7%	16%	5%	11%	12%
I experience stigma due to substance use	9%	5%	4%	2%	6%
I can access timely substance use services and resources	3%	4%	7%	12%	15%

Respondents were asked to rate their experience with substance use services (Table 3). First, respondents were asked if they believed substance use services are easy to use; respondents either strongly disagreed or disagreed (28%) with that statement, with 2% agreeing.

Respondents were then asked if they felt that substance use programs and services are affordable in their communities, and 18% strongly disagreed and 10% disagreed with the statement.

Respondents were asked if they knew where to go for substance use services and programs when they needed them. Respondents were evenly split with 23% agreeing or strongly agreeing and 23% disagreeing or strongly disagreeing with the statement.

Respondents then were asked if they had experienced stigma due to substance use. 14% of respondents agreed or strongly agreed that they have experienced stigma.

Finally, respondents were asked if they could access timely substance use services and programs. Participants disagreed or strongly disagreed (27%) with that statement with only 7% agreeing or strongly agreeing.

Table 4: Social isolation access and stigma

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I know where to go to socialize and make friendships	9%	22%	17%	26%	22%
I know where to find help if I am feeling isolated and alone	6%	23%	13%	28%	21%
I experience stigma due to social isolation	14%	15%	22%	9%	11%

Respondents were asked provide insights into their experience with social isolation based on three key statements (Table 4). Participants were asked if they believed they knew where to go to socialize and make friendships, and here we saw more respondents disagree or strongly disagree (48%) than agree or strongly agree (31%) with the statement.

We then asked respondents to tell us if they knew where to find help when feeling isolated and alone. Respondents disagreed or strongly disagreed (49%) with the statement, with 29% agreeing or strongly agreeing they knew where to find help.

Finally, we asked if they have experienced stigma due to social isolation. Most respondents indicated they agreed or strongly agreed (29%) with this statement, with respondents then indicated they were neutral (22%) on the topic.

Financial Security and Poverty Reduction

Participation

Participants had opportunities to provide their voices to us from a variety of different sources. During our engagement phase, across all sources, 34% of voices spoke directly to financial security and poverty reduction. Figures will not add up to 100% since respondents were able to provide feedback on all or some of the priorities.

Key themes we heard

During our engagement, we asked members of the public and stakeholders what conditions and barriers existed in their lives or communities that impacted their financial security and the reduction of poverty. Respondents reported a strong connection between poverty reduction and affordable housing. Furthermore, respondents expressed the interconnection between cost of living more broadly, including items such as the cost of rent, transportation, food, internet, and heat/utilities, as contributing to overall poverty and financial insecurity. Respondents highlighted the pressure of the COVID-19 pandemic and the difficult decisions required by those living on low income to choose between certain necessities. Examples provided by participants included groceries and paying for heat / hydro utilities, or transportation costs and medication. In particular, respondents who live on low incomes shared their experience that increasing food costs and stagnant wages meant having to choose between which bills to pay in order to eat.

> "Skyrocketing housing and rent prices. Racism on the workforce and lack of employment opportunities for Black and Indigenous peoples. Lack of generational wealth." - Participant

From an employment perspective, survey respondents also indicated that siloed work culture in the professional communities restrict access to networking and job search. Input received stated that social exclusion of groups of people, such as black, Indigenous peoples, or newcomers, impedes professional opportunity and growth and increases the effects and cycle of poverty. Affected individuals who lent their lived experience to our consultations provided further context to the economic gaps in their lives.

> "Social assistance (Ontario Works and ODSP) do not allot adequate funds to live. Minimum wage also does not support the costs of living. If you are on assistance

you lose half of any work income you make so it is impossible to get ahead and the incentive to work is quite low." – Participant

Participants mentioned gaps in the amenities that surround their communities. Food deserts were cited as a problem to food access. Affordable amenities, such as transit, groceries, internet, therapy, were also listed as an issue as they can be out of reach to those that live there. Those new to Canada can face challenges where skills or education are not recognized, and they are forced to take low paying jobs.

Participants indicated that during a global pandemic, more than ever, services and resources require end users to use the internet or personal devices to connect with those services and resources. As a result, this introduces a technological barrier and respondents indicated that individuals without means or amenities cannot access services and resources that they need and in a timely manner. Moreover, even when access to devices is possible, there exist clear technological literacy issues and respondents emphasized that this was of particular importance for newcomers to Canada.

Proposed Strategies and Actions

Members of the public and stakeholders who participated in our engagement provided potential solutions towards reducing financial insecurity and poverty. Most often, the need for universal basic income was cited. The launch of the Canada Emergency Response Benefit (CERB) and the publicized universal basic income project that was ended by the provincial government made many respondents optimistic about its effect on financial security as well as housing and mental well-being.

> *"Universal Basic Income needs to be adopted to replace Ontario Works, ODSP, EI and other similar programs. These programs are not working. […] They affect mental health and well-being. This would be life changing for people. And this city, province and country as a whole." – Participant*

Respondents also spoke about investing in people. Ideas included: funds to serve youth, community support amenities, transportation, education and utilities as well as rent-to-own strategies have also been proposed to address housing inequities. Participants noted that these efforts could provide equity to new homeowners.

"Rent-to-own program for the people who live in the City's subsidized housing, especially those who have been living in the homes for 10,20,30+ yrs.[…] This allows for small amount of wealth to be created and it helps the 2nd generation to aspire to be homeowners and the 1st generation to help them with equity from the homes they own." – Participant

There was also a call by participants to create a comprehensive municipal poverty reduction strategy and a municipal food security strategy as two key approaches to reduce poverty in Ottawa. Respondents indicated that this must be done with the community to ensure any actions meet the needs of those most impacted by this work.

Respondent Experience

We asked survey respondents to rate their experiences with financial security and poverty reduction services and programs in their communities. Participants who answered our survey questions associated to the financial security and poverty reduction selection were asked four questions (Table 5). Individuals who responded as having no experience or the subject matter not applying to them have been omitted from the below table and so numbers will not add up to 100%.

Table 5: Financial security and poverty reduction stigma, income opportunities, timeliness and access

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I experience stigma due to poverty.	20%	16%	11%	2%	6%
Stable income opportunities are available in my community.	6%	12%	16%	29%	29%
I can access timely services and resources.	1%	5%	10%	16%	34%
I know where to go for programs and services when I need it.	1%	11%	11%	24%	24%

Respondents were first asked whether they experienced stigma due to poverty. Thirty-six percent (36%) either strongly agree or agree with this statement.

Respondents were then asked whether they have stable income opportunities available in their community with 58% of participants disagreeing or strongly disagreeing.

Next, respondents were asked whether they could access timely financial security and poverty reduction services and resources. Respondents strongly disagreed (34%) or disagreed (16%) that they can access timely services and resources.

Finally, respondents were asked whether they know where to go for financial security and poverty reduction programs and services when they need it, and again, participants largely disagreed (24% strongly disagreed and 24% disagree).

Housing

Portion of participation

Participants had opportunities to provide their feedback to us from a variety of different sources. During our engagement phase, across all sources, 37% of participants spoke directly to Housing. Figures will not add up to 100% since respondents were able to provide feedback on all or some of the priorities.

Key themes we heard

During our engagement, we asked members of the public and stakeholders what conditions and barriers existed in their lives or communities that impacted access to safe, adequate and affordable housing.

The most common concern expressed by members of the public and stakeholders was the lack of affordable housing. Across all priorities, respondents cited the lack of access to affordable housing as a barrier to improving the lives of individuals, in their communities as well as their own. Respondents highlighted that suitable housing options would measurably improve multiple facets of people's lives. Short supply has contributed to pricing people out of both owning and renting within the marketplace, according to respondents. Respondents stated that these challenges further compound a multi-dimensional barrier to housing that many cannot overcome under the best of circumstances. In turn, respondents highlighted that housing barriers negatively impact mental and physical well-being pushing people into undesirable situations to become housed.

> *"Housing provides dignity, the ability to secure employment, safety, overall wellbeing." - Participant*

Comments also showed a growing concern centered around public policy, such as by-law and planning changes, being influenced by developers as opposed the interests of residents. Participants expressed concerns about the ability of the developers to seek changes to zoning restrictions and the lack of prescribed requirements for affordable housing units in new developments.

> *"[…] power of developers to overturn zoning restrictions etc., disinclination of city officials to promote renovations of inner-city affordable housing," – Participant*

Participants expressed feeling trapped due to the above-mentioned short supply and high costs to entering the home rental or ownership markets. Included in those

sentiments were comments made about neighborhood gentrification and its effects on families being slowly pushed out to the margins.

Proposed Strategies and Actions

Consultation participants offered opinions and solutions to the housing crisis. A common suggestion from participants was for zoning by-law reform to ensure developers were not able to influence the process and that residents had more of say about the communities they live in.

Participants suggested that introducing more dense housing construction or smaller dwellings without encroaching on existing greenspace is very important and should be considered in housing planning and development.

> *"[...] More density, less single-family zoning. More housing to increase demand and lower prices. Rent is very high!" – Participant*

Additionally, respondents called for developers to focus on projects being affordable, accessible and inclusive to lower income demographics. Many respondents would like to see immediate attention to improve accessibility to existing residential dwellings. Respondents also called for an investment in more affordable housing throughout the city.

Respondent Experience

We asked survey respondents to rate their experiences with housing services and programs in their communities. Participants who answered our survey questions associated to the housing selection were asked five questions (Table 6). Individuals who responded as having no experience or the subject matter not applying to them have been omitted from the below table and so numbers will not add up to 100%.

Table 6: Housing: access, timeliness, affordability, equity, ease of use

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I know where to go for housing programs and services when I need it.	4%	18%	12%	17%	19%
I can access timely housing services and resources.	2%	8%	8%	14%	33%
Housing is affordable in my community.	1%	1%	6%	14%	73%
Programs and services are distributed equitably to those with the greatest need.	1%	0%	10%	26%	41%
Housing services are easy to use.	0%	0%	8%	23%	39%

First, respondents were asked if the they knew where to go for housing programs and services when they needed it. Most respondents disagreed or strongly disagreed (36%), with 18% agreeing and 4% strongly agreeing.

Next, respondents were asked if they could access housing services in a timely manner, Respondents strongly disagreed or disagreed (47%) with this statement, with only 10% either agreeing or strongly agreeing.

Respondents were asked if housing was affordable in their community, 73% strongly disagree with this statement.

Respondents were asked whether housing programs and services are distributed equitably to those in the greatest need. Once again, the responses of those with experience were very decisive, with 67% stating that they disagreed or strongly disagreed.

Finally, respondents were then asked whether housing services were easy to use, and the response was largely in disagreement (62%) with the statement.

Gender-Based Violence and Violence against Women

Participation

Participants had opportunities to provide their feedback to us from a variety of different sources. During our engagement phase, across all sources, 27% of participants spoke directly to gender-based violence and violence against women. Figures will not add up to 100% since respondents were able to provide feedback on all or some of the priorities.

Key themes we heard

During our engagement, we asked participants to describe the conditions in their community that perpetuate violence against women and gender-based violence. Respondents stated that the dislike of, contempt for, or ingrained prejudice against women perpetuates gender-based violence and violence against women. Respondents further explained that male dominated sectors create toxic environments that result in safety concerns for women. Further, in public, women continue to feel isolated and afraid of men.

> *"[…] toxic masculinity is taught to young males and is visible in our police force and city councilors. This is turn educates men that woman are possessions and need to be dominated." – Participant*

Respondents indicated these scenarios are not isolated to passing encounters or known acquaintances, but from people with authority. For example, participants recounted encounters with police or by-law that were misogynistic and oppressive and left them feeling ashamed or scared, both leaving individuals without any recourse or options. Participants stated that gender-based violence is not solely focused on women but all gender identities.

Proposed Strategies and Actions

Respondents offered strategies that included more shelter space, transitional housing, rent subsidies, language training, career training, day care, elder care, mental health counseling, victim services, and street-based sex work outreach. Community services geared toward social inclusion would be welcome, and that upgrading shelter services and improving the security of the neighborhood would reassure residents that they are welcome and able to access services when experiencing violence.

The women participants also emphasized the need to reach youth and other younger audiences to educate them on healthy relationships and how to identify red flags. The need for housing and shelters were also a common theme amongst participants. Respondents stated that more spaces and options for women and gender diverse persons fleeing violent or toxic environments were needed, as were the need for improving accessibility to mechanisms that support the transition, protect and house them.

"shelters for women fleeing from gender-based violence are a very important source of support in the community there should be more of them." – Participant

Respondents to virtual consultations also spoke about the importance of prevention efforts to stop violence from happening in the first place. Respondents further added that involving men was an important part of prevention tactics.

Respondent Experience

We asked survey respondents to rate their experiences with gender-based violence and violence against women services and programs in their communities. Participants who answered our survey questions associated to gender-based violence and violence against women selection were asked six questions (Table 7). Individuals who responded as having no experience or the subject matter not applying to them have been omitted from the below table and so numbers will not add up to 100%.

Table 7: Gender-based violence and violence against women (GBV/VAW) prevention and response: timeliness, access, and trust

| Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I can access timely prevention programs, services and resources.	0%	7%	9%	16%	20%
I can access timely response programs, services and resources.	0%	9%	15%	15%	20%
I know where to go for prevention programs and services when I need it.	0%	16%	13%	16%	25%
I know where to go for response programs and services when I need it.	0%	29%	5%	15%	24%
Prevention programs and services are trusted and confidential.	4%	18%	13%	9%	9%
Response programs and services are trusted and confidential.	4%	20%	13%	13%	11%

Respondents with experience were asked if they agreed or disagreed with whether they could access timely response and prevention services and resources. Individuals strongly disagreed that prevention (20%) and response (20%) were timely in its current form.

Respondents with experience were then asked if they agreed or disagreed with whether they knew where to go for response or prevention programs and services when they needed them. Forty one percent of respondents strongly disagreed or disagreed they knew where to go for prevention when needed. When asked about response programs and services, 39% of respondents either disagreed or strongly disagreed with 29% of respondents agreed they knew where to go for response programs and services.
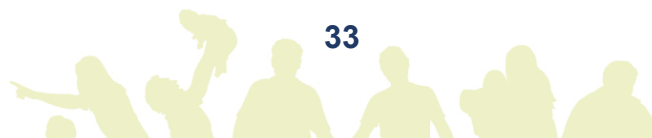
Finally, respondents with experience were asked if they agreed or disagreed with whether the services and resources they experienced were trusted and confidential. For prevention programs and services, 22% strongly agreed or agreed that resources and services were trusted and confidential, while 18% strongly disagreed or disagreed. Whereas for response programs and services, participants were divided with 24% agreed or strongly agreed were trusted and confidential and 24% disagreeing or strongly disagreeing.
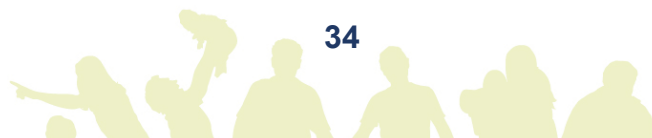
Integrated and Simpler Systems

Portion of participation

Participants had opportunities to provide their feedback to us from a variety of different sources. During our engagement phase, across all sources, 28% of participants spoke directly to integrated and simpler Systems. Figures will not add up to 100% since respondents were able to provide feedback on all or some of the priorities.

Key themes we heard

During our engagement, consultations participants were asked what integrated and simpler services and systems might mean and look like to them. What kind of negative or positive impacts do they anticipate, and what can the municipality do or aim to achieve for integrated and simpler systems?

Common themes from participants included centralized directories that contain information capable of informing residents what services they can access, and where they access them as well as prioritizing access based on level or urgency of need. Respondents said that these centralized directories should be easy to navigate and be provided through different media. Participants emphasized the importance of making resources accessible to those that do not have the means to access the information via the internet.

> *"Internet access can be an issue especially during the times of [COVID-19] and social isolation. Many people cannot(sic) afford the technology to easily access the INTERNET and/or cannot(sic) afford the internet itself." – Participant*

French language concerns were also heard during the entirety of our engagements by participants. Respondents stated that if such systems and navigation improvements were implemented to integrate the City's services, equal attention must be paid to creating accessible material for French speaking residents. Respondents were concerned about accessing mental health resources, housing and financial assistance in French. Importantly, many of these concerns were also raised by participants for newcomers to Canada who might not speak either official language but who are often most in need of direct assistance in navigating our systems.

Throughout our consultation phase, we heard many comments regarding the voices of participants being validated and respected in a way that legitimized their concerns. It was made abundantly clear that participants want dedicated time for City-run programs,

external stakeholders, community partners as well as elected officials to be available for regular dialogue with the public. As policy initiatives, demographics and representation change and evolve, participants stated that open public forums are key in ensuring for timely feedback on community development and overall public health and wellness.

Participants also highlighted the need to go into neighborhoods rather than expecting residents to come to services. Furthermore, they wanted to see that services be co-located and streamlined applications processes so residents do not have to repeat their story multiple times. This also relates to comments from the participants about the need to have a trauma-informed approach and ensure that workers, and frontline workers, received trauma-informed approach training.

"[…] More trauma informed therapists and services." – Participant

Respondents highlighted the need to ensure that current referral systems are working and sending residents to the right places in their community. Respondents also wanted to ensure that services (e.g. community and social services and community health centres) are appropriately funded to serve their community according to their mandate.

Finally, respondents wanted to find ways to allow information about individuals to be shared across multiple programs, with prior consent, and to create a central repository of participant information that is kept updated. This would allow for easy access to information and may help the person and staff navigate the system when a problem arises.

Respondent Experience

We asked survey respondents to rate their experiences with systems, programs and services in their communities. Participants who answered our survey questions associated to Integrated and Simpler Systems selection were asked 12 questions (Table 8). Individuals who responded as having no experience or the subject matter not applying to them have been omitted from the below table and so numbers will not add up to 100%.

Table 8: Integrated and simpler systems: knowledge of services, treatment, referral, ease of use, collaboration, alignment and consultation

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I know what services are available in my community.	7%	26%	19%	26%	14%
I trust and respect the agencies in my community.	7%	16%	37%	12%	21%
Agencies proactively recommend other programs and services to meet my needs.	2%	19%	9%	9%	28%
Stable funding is available to agencies for programs and services.	2%	5%	12%	14%	44%
Agencies make the application process easy to use.	0%	7%	23%	21%	28%
Agencies collaborate on funding proposals to achieve shared goals.	7%	2%	7%	16%	28%
Agencies seek to align policies with others offering similar services.	7%	7%	9%	23%	21%
Services are affordable for me and members of my community.	5%	16%	14%	16%	23%
Agencies work together to assist me with complex issues.	2%	7%	7%	16%	35%
Government, agencies and community groups consult with me and my voice is heard.	0%	5%	23%	21%	49%
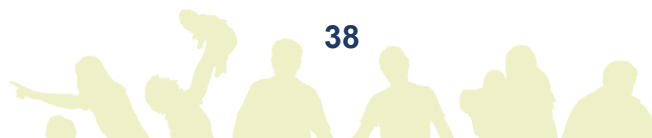
Individuals were asked if they knew of the services and resources available in their communities. The responses appear closely split as there were slightly more of those who strongly disagreed or disagreed (40%) than agreed or strongly agreed (33%) that they could find community services.

When asked whether participants if they trusted the agencies in their community, most responses were neutral (37%). Of those who agreed or disagreed, more disagreed or strongly disagreed (33%) that agencies they have experience with could be trusted and respected than agreed (23%).

Next, we asked if respondents if they agree or disagree that agencies proactively recommend other programs and services to meet their needs. Many strongly disagreed (28%) with this statement.

Individuals were asked if they believed that these agencies received adequate or stable funding. We found that respondents strongly disagree or disagree (58%) that these agencies are receiving stable funding.

Respondents were asked whether the services and resources were easy to use. Most respondents strongly disagreed or disagreed (49%) with that statement, with only small percentage agreeing (7%).

We asked if they agree or disagree with whether agencies collaborate on funding proposals to achieve shared goals. We saw a larger portion disagree (44%) that agencies collaborate on funding proposals than those who agree (9%).

We asked if individuals if they believed agencies sought to align policies with others offering similar services. Once more, a large portion of respondents disagreed and strongly disagreed (44%) with this statement.

Next, we asked if they believed services are affordable to them and members of their community. With respect to affordable services, 39% strongly disagreed or disagreed with this statement, with 21% agreeing or strongly agreeing.

Respondents were asked if agencies work together to assist them with complex issues. More than half of individuals said they disagree or strongly disagree (51%) with the statement.

Lastly, respondents were asked if government, agencies and community groups consult with them and whether they felt their voice was heard. Here, we heard many individuals disagreeing or strongly disagreeing (70%).

Conclusion

The feedback and input received from all engagement sessions reveal many overarching themes emerging from the discussion. Members of public and stakeholders expressed the need for more equitable services and resources for those suffering in our City, eliminating systemic barriers that prevent access and meaningful participation in community, genuine accountability, investing in people, increasing access to affordable housing and services and creating a better city for everyone.

Throughout the consultation process we heard from hundreds of unique voices all contributing to the formation of the CSWB initiative. Participants have shared difficult and invaluable lived experience, personal accounts, and stories from their communities. Participants also recognized the importance of each of the priorities outlined above and the enormous community effort required to address them. They also emphasized the importance of working together to address these complex issues.

This report reflects the themes and ideas from consultation participants. Staff recognize there may be other points of view from those who were unable to participate in these consultations. As part of our next steps, staff will continue to reach out to organizations, networks and individuals to gain more in-depth understanding of the issues. We continue to welcome feedback as we continue to develop the Community Safety and Well-Being Plan.

Stay Informed

We look forward to hearing more from residents and stakeholders about the CSWB Plan as it evolves, and we encourage all residents and stakeholders to stay engaged and informed.

How to stay connected with the City for more information:

Fill out the eSubscription form on Ottawa.ca to sign up for electronic updates

Web page: www.Ottawa.ca/CSWBP

Email: CSWB/SBEC@ottawa.ca

Telephone: 613-580-2424, extension 42489