

# **Community Safety** & Well-Being Planning



THE MUNICIPALITIES OF BRUCE AND GREY





**Do you live in Bruce County or Grey County?** 

Do you have thoughts about the safety or well-being of people in your community based on your experiences between March 2020 and now?

Do you have suggestions about improvements that could be made to improve safety and well-being in your community?

# WE WANT TO HEAR FROM YOU NOW!

Complete Round 2 of our important survey at cswbp-brucegrey.ca or contact your local Municipal Office to get a printed copy.







16 municipalities, 2 counties, 8 police services, 14 police service boards and more than 30 education, health and social service organizations across Bruce and Grey Counties are working together to improve the safety and well-being of Bruce and Grey through Community Safety and Well-Being Planning (CSWBP).

Visit <u>cswbp-brucegrey.ca</u> for more information and to see how you can participate!

CSWBP Survey cswbp-brucegrey.ca	CSWBP Survey cswbp-brucegrey.ca	cswbp-brucegrey.ca										
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# **Bruce and Grey Community Safety and Well-Being Survey**

#### **Introduction & Consent**

Welcome! Thank you for your interest in this survey.

This survey is being hosted by CCI Research Inc. on behalf of the Municipalities of Bruce and Grey Counties as part of the implementation of a collaborative Community Safety and Well-Being Plan (CSWBP). The survey, which is meant to be completed by residents of Bruce County or Grey County, will help us understand the current state of well-being and feelings of safety among the people of Bruce and Grey so we can continue to work together to focus on local actions to improve the quality of life for everyone.

It will take approximately 15 minutes to complete the survey. We will ask you questions about your day-to-day life, health, education, employment, and safety experiences. By sharing your experiences and what matters to you, you can help to shape life in Bruce and Grey, determine community priorities, and indicate where you think change is needed. <u>Please answer based on your experiences since March 2020.</u>

Your participation in this survey is voluntary and you can refuse to participate or withdraw from the survey at any time simply by stopping the survey. Once you have submitted the survey, you will not be able to withdraw your responses, since they are not linked to individual respondents. Your decision to participate or not will not have an impact on any services you are currently receiving from county social services, a community organization, or a health service, and we do not ask for your name at any time.

Your responses will be kept confidential by grouping responses together and by removing any identifying information. Survey responses will be stored on a secure server at CCI Research Inc. during data collection and then will be provided to Grey and Bruce Counties. Only the project coordinator and staff who are supporting the project from CCI Research and Grey and Bruce Counties will have access to the raw data. The results will be summarized in a report and shared with local stakeholders and partners. A cleaned and de-identified version of the data set will also be posted on a publicly accessible data sharing website. This data set will not include your open-ended responses (e.g., comments) or any information that could identify you, certain groups (e.g., certain ethnic groups) or organizations. For more information about this local data sharing initiative, please visit the website <a href="mailto:bgdisc.ca">bgdisc.ca</a>.

<u>If you have any questions about this survey</u>, please contact the CSWBP Coordinator, through the Community Safety and Well-Being Plan Bruce Grey website, <u>cswbp-brucegrey.ca</u>.

By completing and submitting this survey, you are providing your consent for participation.

#### WHERE DO YOU LIVE?

We are asking you to answer this survey based on where you live in Bruce County or Grey Country, or where you spend the majority of your time or own property as a part-time or seasonal resident in Bruce County or Grey Country.

1.	Are yo	u a permanent, year-round resident in either Bruce County or Grey County?
		Yes, Bruce County (go to question 3a)
		Yes, Grey County (go to question 3b)
		No
2.	Are yo	u a part-time or seasonal resident in either Bruce County or Grey County? (e.g., you
	spend	winters somewhere else, or you live here part of the year for work)
		Yes, Bruce County (go to question 3a)
		Yes, Grey County (go to question 3b)
		No - This survey is for residents of Bruce County and Grey County. Thank you for you
		time.
3.	a. In w	hich municipality is your residence? (Bruce County)
		Municipality of Arran-Elderslie
		Municipality of Brockton
		Municipality of Kincardine
		Municipality of Northern Bruce Peninsula
		Municipality of South Bruce
		Town of Saugeen Shores (go to question 5)
		Town of South Bruce Peninsula
		Township of Huron-Kinloss
3.	b. In w	hich municipality is your residence? (Grey County)
		City of Owen Sound (go to question 5)
		Municipality of Grey Highlands (go to question 5)
		Municipality of Meaford
		Municipality of Southgate
		Municipality of West Grey
		Town of Hanover (go to question 5)
		Town of the Blue Mountains
		Township of Chatsworth (go to question 5)
		Township of Georgian Bluffs
4.	Which	community do you live in? (Please specify)

5.	How lo	ong have you been a resident of this community?
		Less than 1 year
		1 year to less than 3 years
		3 years to less than 6 years
		6 years to less than 10 years
		10 years to less than 25 years
		25 years or more
HAPPII	NESS, LII	FE SATISFACTION, AND SPIRITUAL WELL-BEING
6	In gone	oral how catisfied are you with your life as a whole?
о.	in gene	eral, how satisfied are you with your life as a whole?  Very satisfied
		Satisfied
		Neither satisfied nor dissatisfied
		Dissatisfied
	Ш	Very dissatisfied
BELON	GING, T	RUST, AND RELATIONSHIPS
_		
7.		rould you describe your feeling of belonging to your local community?
	_	Very strong (go to question 8)
		Strong (go to question 8)
		Neither weak nor strong (go to question 8)
		Weak
		Very weak
7.		se share with us the main reason why you would describe your feelings of belonging to
	your lo	ocal community as weak or very weak.
8.		at extent do you agree with the following statement:
	I would	d recommend this community to others as a place to live.
		Strongly agree (go to question 9)
		Agree (go to question 9)
		Neither agree nor disagree (go to question 9)
		Disagree
		Strongly disagree

a place to live.					
How do you fee	l about your r	elationships wit	h your neighbo	urs?	
□ Very sat	isfied (go to q	uestion 10)			
□ Satisfied	l (go to questi	on 10)			
□ Neither	satisfied nor o	dissatisfied (go to	question 10)		
□ Dissatisf					
□ Very dis					
□ Not app	licable (I do no	ot have neighbou	urs) (go to quest	tion 10)	
		ain reason why	you are dissatis	fied with your	relationships
your neighbours	<b>}.</b>				
each group.	Trust ALL	Trust MOST	Trust SOME	Trust A FEW	Trust NONE
a. Neighbours					
b. Colleagues					
at Work					
c. Businesses					
in the					
Community					
d. Healthcare					
Agencies					
Agencies e. Community					
e. Community Service					
e. Community Service					
e. Community					
e. Community Service Agencies					
e. Community Service Agencies f. County					
e. Community Service Agencies f. County Social Service					

## **COMMUNITY SAFETY AND PERCEPTIONS/EXPERIENCE OF CRIME**

11. How d	o you feel about your personal safety in your community?
	Very satisfied (go to question 12)
	Satisfied (go to question 12)
	Neither satisfied nor dissatisfied (go to question 12)
	Dissatisfied
	Very dissatisfied
11. b. Plea	se describe one thing that would make you feel safer from crime.
42.0	
12. Over t	he last three years, do you think crime in your community has
	Decreased substantially
	Decreased somewhat
	Remained the same
	Increased somewhat
	Increased substantially
13. Compa	red to other communities in Ontario, do you think your community has
	Lower rates of crime
	About the same rates of crime
	Higher rates of crime

## 14. How safe do you feel from crime in the following areas?

	Very SAFE	Reasonably SAFE	Somewhat SAFE	Somewhat UNSAFE	Very UNSAFE	NOT APPLICABLE
a. When you						
are in your						
own home						
after dark						
b. Walking						
alone in your						
neighbourhood						
after dark						
c. Walking						
alone						
downtown						
after dark						

If you answered Somewhat UNSAFE or Very UNSAFE for any of the categories in question 14 above:

14.	d. Plea	se share with us the main reason that you feel unsafe.
15.	In your	opinion, the role of policing in ensuring community safety is
		Extremely important
		Very important
		Somewhat important
		Not so important
		Not at all important
16.	How w	ould having more police officers in your neighbourhood/community make you feel?
		Much safer
		A little bit safer
		No different
		A little less safe
		Much less safe

YOU'RE HALFWAY THERE! We really appreciate your input! Please continue.

17.	Which	groups do you think play a role in community safety? Select all that apply.
		Community Services (i.e., support services provided by community agencies, like the
		United Way, the Alzheimer Society, or Victim Services, etc.)
		Elected officials
		Employers
		Faith Institutions
		Family/Youth Services
		Fire Services
		Hospitals
		Mental Health and/or Addiction Services
		Paramedic Services
		Police
		Primary Care (Doctors Offices or Nurse Practitioner Clinics)
		Residents (i.e., everyone who lives in the community)
		Schools, Colleges or Universities
		Social Services (i.e., services provided through your County or municipality, like Ontario
		Works or ODSP, etc.)
		Other (please specify)
18.		uch, if at all, do your feelings about safety and crime impact what you do (where you
	go and	when)?
		Not at all
		Very little
		Some
		Quite a bit
		Significantly
19.	Do you	have children between the ages of 5 and 12?
		Yes
		No (go to question 20)
19.	a. To w	hat extent do you agree with the following statement:
	I feel co	omfortable allowing my child/children to play outside unsupervised.
		Strongly agree (go to question 20)
		Agree (go to question 20)
		Neither agree nor disagree (go to question 20)
		Disagree
		Strongly disagree

19.	b. Please share with us the main reason that child/children to play outside unsupervised.	yo	ou do not feel comfortable allowing your						
20.	The next question asks about the top areas where you feel <u>improvements are needed</u> to <u>increase safety and well-being</u> in your community.								
	Please rank the BOLDED categories on the left important and 10 being least important.	ft	in order of importance with <u>1 being most</u>						
	<b>Please Note:</b> The column on the right gives yo included in each category. It might be helpful the ranking exercise		examples of the types of concerns that are read through these lists before you complete						
	ADDICTIONS/SUBSTANCE MISUSE								
		]	Alcohol misuse						
		]	Cannabis misuse						
		]	Illegal drug use and misuse						
		]	Prescription drug misuse						
		]	Gambling (online, racetrack, etc.)						
		]	Availability of addiction services						
		]	Access to addiction services						
		]	Affordability of addiction services						
		]	Coordination between addiction services in the						
			community						
		]	Other (please specify)						
	COMMUNITY BELONGING AND NEIGHBO	U	RHOOD/ENVIRONMENT						
	_		Relationship with neighbours						
		]	Unsafe or unwanted behaviours or activities in						
			the community						
		]	Resident safety						
		]	Support for newcomers						
		]	Support for older adults who are vulnerable						
		]	Support for vulnerable youth						
		]	Traffic safety						
		]	Other (please specify)						

	CRIME PREVENTION	
_		Animal cruelty
		Arson
		Break and enter
		Child abuse
		Drug trafficking
		Elder abuse
		Fraud (online, telephone, etc.)
		Gang activity
		Homicide
		Human trafficking
		,
		Theft
		Other (please specify)
	EDUCATION AND EMPLOYMENT	
_		Availability of education opportunities
		Affordability of education opportunities
		Education quality
		Availability of job opportunities
		Access to job opportunities
		Job quality
		Opportunities to develop employment skills
		Other (please specify)
	EMOTIONAL VIOLENCE, BULLYING AND H	A DD A SCHAFNIT
_	•	Emotional violence, bullying and/or harassment
		in homes
		Emotional violence, bullying and/or harassment
		in schools
		in workplaces
		Emotional violence, bullying and/or harassment
		in businesses and other public spaces
		Emotional violence, bullying and/or harassment
		in neighbourhoods and communities
		Other (please specify)

_	HEALTHY CHILD DEVELOPMENT		
	]		Availability of leisure activities for children
	]		Access to leisure activities for children
	]		Affordability of leisure activities for children
	]		Availability of childcare
	]		Access to childcare
	]		Affordability of childcare
	]		Positive role models
	]		Positive peer groups
	]		Stable and nurturing home environments
	ן		Availability of social support services for children
	]		Access to social support services for children
	]		Coordination between social support services
			for children in the community
	]		Other (please specify)
_	HOUSING AND HOMELESSNESS		
	]		Availability of housing
	]		Access to housing
	]		Affordability of housing
	]		Safety of housing
	]		Quality of housing
	]		Homelessness
	ו		Other (please specify)
_	MENTAL HEALTH	_	
	L		Mental health (such as depression, anxiety,
			bipolar disorder)
			Emotional or psychological trauma
			Suicide
			Availability of mental health services
			Access to mental health services
	[		Affordability of mental health services
	[		Coordination between mental health services in
			the community
	[		Other (please specify)

Availability of health services such as a family doctor  Access to health services such as a family doctor  Availability of services for persons with a physical disability  Access to services for persons with a physical disability  Availability of exercise opportunities  Access to exercise opportunities  Access to exercise opportunities  Access to healthy food  Availability of healthy food  Affordability of healthy food  Other (please specify)  POVERTY AND INCOME  Ability to pay bills and meet basic needs  Ability to enjoy life and participate in leisure activities  Stress related to financial concerns  Availability of financial supports  Access to financial supports  Other (please specify)	_ P	HYSICAL HEALTH	
□ Access to health services such as a family doctor Availability of services for persons with a physical disability Access to services for persons with a physical disability Availability of exercise opportunities Access to exercise opportunities Access to exercise opportunities Access to healthy food Availability of healthy food Availability of healthy food Other (please specify)  POVERTY AND INCOME  Ability to pay bills and meet basic needs Ability to enjoy life and participate in leisure activities Stress related to financial concerns Availability of financial supports Access to financial supports			Availability of health services such as a family
□ Availability of services for persons with a physical disability □ Access to services for persons with a physical disability □ Availability of exercise opportunities □ Access to exercise opportunities □ Affordability of exercise opportunities □ Access to healthy food □ Availability of healthy food □ Affordability of healthy food □ Other (please specify) □ POVERTY AND INCOME □ Ability to pay bills and meet basic needs □ Ability to enjoy life and participate in leisure activities □ Stress related to financial concerns □ Availability of financial supports □ Access to financial supports			doctor
physical disability  Access to services for persons with a physical disability  Availability of exercise opportunities  Access to exercise opportunities  Affordability of exercise opportunities  Access to healthy food  Availability of healthy food  Availability of healthy food  Other (please specify)  POVERTY AND INCOME  Ability to pay bills and meet basic needs  Ability to enjoy life and participate in leisure activities  Stress related to financial concerns  Availability of financial supports  Access to financial supports			Access to health services such as a family doctor
□ Access to services for persons with a physical disability □ Availability of exercise opportunities □ Access to exercise opportunities □ Affordability of exercise opportunities □ Access to healthy food □ Availability of healthy food □ Affordability of healthy food □ Other (please specify) □ POVERTY AND INCOME □ Ability to pay bills and meet basic needs □ Ability to enjoy life and participate in leisure activities □ Stress related to financial concerns □ Availability of financial supports □ Access to financial supports			Availability of services for persons with a
disability  Availability of exercise opportunities  Access to exercise opportunities  Affordability of exercise opportunities  Access to healthy food  Availability of healthy food  Affordability of healthy food  Other (please specify)  POVERTY AND INCOME  Ability to pay bills and meet basic needs  Ability to enjoy life and participate in leisure activities  Stress related to financial concerns  Availability of financial supports  Access to financial supports			physical disability
□ Access to exercise opportunities □ Affordability of exercise opportunities □ Access to healthy food □ Availability of healthy food □ Affordability of healthy food □ Other (please specify)			
□ Affordability of exercise opportunities □ Access to healthy food □ Availability of healthy food □ Affordability of healthy food □ Other (please specify)			Availability of exercise opportunities
Access to healthy food Availability of healthy food Affordability of healthy food Other (please specify)  POVERTY AND INCOME  Ability to pay bills and meet basic needs Ability to enjoy life and participate in leisure activities Stress related to financial concerns Availability of financial supports Access to financial supports			Access to exercise opportunities
Availability of healthy food Affordability of healthy food Other (please specify)  POVERTY AND INCOME  Ability to pay bills and meet basic needs Ability to enjoy life and participate in leisure activities Stress related to financial concerns Availability of financial supports Access to financial supports			Affordability of exercise opportunities
□ Affordability of healthy food □ Other (please specify)  POVERTY AND INCOME □ Ability to pay bills and meet basic needs □ Ability to enjoy life and participate in leisure activities □ Stress related to financial concerns □ Availability of financial supports □ Access to financial supports			Access to healthy food
□ Other (please specify)  POVERTY AND INCOME  □ Ability to pay bills and meet basic needs □ Ability to enjoy life and participate in leisure activities □ Stress related to financial concerns □ Availability of financial supports □ Access to financial supports			Availability of healthy food
POVERTY AND INCOME  Ability to pay bills and meet basic needs  Ability to enjoy life and participate in leisure activities  Stress related to financial concerns  Availability of financial supports  Access to financial supports			Affordability of healthy food
<ul> <li>□ Ability to pay bills and meet basic needs</li> <li>□ Ability to enjoy life and participate in leisure activities</li> <li>□ Stress related to financial concerns</li> <li>□ Availability of financial supports</li> <li>□ Access to financial supports</li> </ul>			Other (please specify)
<ul> <li>□ Ability to enjoy life and participate in leisure activities</li> <li>□ Stress related to financial concerns</li> <li>□ Availability of financial supports</li> <li>□ Access to financial supports</li> </ul>	_ P	OVERTY AND INCOME	
activities  Stress related to financial concerns  Availability of financial supports  Access to financial supports			Ability to pay bills and meet basic needs
<ul><li>Availability of financial supports</li><li>Access to financial supports</li></ul>			, , , , , ,
☐ Access to financial supports			Stress related to financial concerns
• •			Availability of financial supports
□ Other (please specify)			Access to financial supports
			Other (please specify)

21. NOW: For those categories <u>above</u> that you ranked 1-3, please <u>go back</u> to those lists in the right-hand column and check off all issues that are of particular concern to you or require more attention. Please select all that apply – but ONLY for those categories that you ranked 1-3.

If you are in need of URGENT mental health support or intervention, please call the Mental Health Crisis Line of Grey Bruce at 1-877-470-5200.

If you are in need of mental health support or intervention, and wish to locate treatment services in your area, please dial 211.

#### **PERSONAL CHARACTERISTICS**

We would like to know more about you so that we can create groupings of answers based on categories like age, gender, community affiliation, etc. so that we can better understand feelings of safety and well-being for all/diverse populations.

22.	With w	hich gender do you most identify?	
		Female	
		Male	
		Prefer to describe my own gender identity	
		Prefer not to say	
23.	What i	s your age?	
		Younger than 15 years of age	
		15 to 19 years	
		20 to 24 years	
		25 to 34 years	
		35 to 49 years	
		50 to 64 years	
		65 to 79 years	
		80 years of age or older	
24.	Do vou	self-identify as a person with Indigenous ancestry and/or identity (e.g., First Nations,	
	Metis, Inuk (Inuit))?		
		Yes (go to question 27)	
		No	
24.	b. Do y	ou self-identify as Low German Speaking Mennonite, Old Order Mennonite, Orthodox	
	-	onite, Old Order Amish, or Amish?	
		Yes (go to question 27)	
		No	
24.	c. Do y	ou self-identify as a visible minority?	
		Yes	
		No	
25.	Do you	ı consider yourself to have a physical, intellectual, mental health, or learning disability	
		Yes	
		No	

26. Were you born in Canada?				
	Yes (go to question 30)			
	No			
26. b. How long have you lived in Canada?				
	Less than 1 year			
	1 year to less than 3 years			
	10 years to less than 25 years			
	25 years or more			
27. Which	of the following best describes your current marital status?			
	Single, never married			
	Married			
	Widowed			
	Divorced			
	Living common-law			
28. What is the highest level of education you have completed?				
	Did not attend school			
	Some elementary or some high school education			
	High school diploma			
	Some college or some university			
	University degree (Bachelor's)			
	Graduate degree (Master's, PhD)			

LAST PAGE! You're almost done. Great job.

29. What i	is your total annual household income?
	Less than \$10,000
	\$10,000 to \$19,999
	\$20,000 to \$29,999
	\$30,000 to \$39,999
	\$40,000 to \$49,999
	\$50,000 to \$59,999
	\$60,000 to \$69,999
	\$70,000 to \$79,999
	\$80,000 to \$89,999
	\$90,000 to \$99,999
	\$100,000 to \$124,999
	\$125,000 to \$149,999
	\$150,000 to \$199,999
	\$200,000 and over
	Prefer not to say
30. Is ther Grey?	QUESTION  e anything else you would like to tell us about your safety and well-being in Bruce and

## THANK YOU FOR COMPLETING THIS SURVEY!

If you have any additional questions about this survey or the Bruce and Grey Community Safety and Well-Being Plan, please contact the CSWBP Coordinator through the Community Safety and Well-Being Plan Bruce Grey website, <a href="mailto:cswbp-brucegrey.ca">cswbp-brucegrey.ca</a>.