



safe & well

OXFORD COMMUNITIES

STEERING COMMITTEE MEETING AGENDA

Monday, June 15th, 2026

2:30 p.m.

Oxford County Administration Building – Room 129

1. Call the Meeting to Order
2. Review of Agenda for meeting of June 15th, 2026
3. Review of Minutes of May 12th, 2026 meeting ([attached](#))
4. Business Arising from the Minutes
 - Planet Youth Survey Data and Findings – Ashley Vito, Southwestern Public Health ([attached](#))
 - Oxford County Canadian Index of Well-being Survey Report – Chitra Darji, Southwestern Public Health ([attached](#))
 - Community Safety and Well-Being Plan Implementation Update – Sarah Gibbons ([attached](#))
5. Action Coalition & Other Updates (Round Table)
 - Oxford Housing Action Collaborative (on hold)
 - Oxford Mental Health & Addictions Network - Peter Heywood ([attached](#))
 - Diversity, Equity and Inclusion Action Coalition - Ayesha Sajid (on hold)
 - Domestic Abuse Resource Team – Ashley Brown (no update)
 - Police Updates & Information Sharing (if needed)
6. Next Steps & New Business:
7. Upcoming Meeting Dates – Oxford County Administration Building – Room 129:
 - August 10 – 1:00 PM
8. Adjournment

4. Business Arising from the Minutes

- Canadian Index of Well-Being Survey
 - SWPH is working on the analysis to summarize themes and highlights from the data. Sarah H. will follow up with SWPH.
- Updated Community Safety and Well-Being Plan
 - 7 of the 8 area municipalities have adopted the new Plan. Norwich will reconsider adopting the Plan following the municipal election.
 - The final version is being developed with updated graphics and layout.
 - Warden Ryan inquired as to the timeline for the final version of the new Plan to be put on the website. S Hamulecki responded that there is no current timeline and that she would like to hire a photographer to take appropriate photos for the final draft.
- New Community Safety and Well-being Coordinator
 - Sarah Gibbons was introduced to the Committee. She identified the following 5 initial priorities for the newly created role:
 - Reviewing and establishing (if necessary) the Action Coalitions
 - Establishing the Advisory Committee
 - Determining how to best support the Situation Table and Femicide Prevention Table
 - Creating a data metrics subcommittee
 - Creating the final publication of the Plan

5. Action Coalition Updates (Round Table)

- Oxford Housing Action Collaborative (on hold)
- Oxford Mental Health and Addictions Action Coalition (Peter Heywood)
 - OMHAAC completed the annual review of its Terms of Reference.
 - Southwestern Public Health's opioid poisoning alert threshold process was reviewed, and it was agreed that OMHAAC should take a stronger role in community awareness.
 - Strategy refresh: literature review and updated recommendations are underway; draft refreshed strategy anticipated by the end of Q2, with summer reserved for revisions and formatting.
 - Public awareness and communications: OMHAAC identified a need for broader community communication beyond alerts (e.g., trends, human impact) and is developing a draft communication plan to strengthen public messaging.
 - Strategy refresh planning: key performance indicators (KPIs) will be explored later in 2026 as part of the community drug strategy refresh; draft recommendations are expected for June with revisions/formatting over the summer.
 - Warden Ryan discussed the County's pamphlet that assists with "who to call" and connecting individuals to the appropriate networks.

- Planet Youth:
 - Data collection completed in January. Focus groups with youth who did not participate in the survey are underway.
 - Data reports received in April - more detailed data reports will be shared in the fall
 - Oxford community forum scheduled for May 14
 - Focus groups/forums to prioritize interventions for late summer/early fall
 - The Committee discussed concerns regarding youth who were missed in the survey. Planet Youth continues to work to ensure diverse voices are captured.
 - It was requested that the Planet Youth Coalition members present at a future SWO Steering Committee meeting to present the initial findings

- Diversity, Equity and Inclusion Action Coalition (Ayesha Sajid)
 - No updates

- Domestic Abuse Resource Team (Ashley Brown)
 - The DART Operations Table has recently begun incorporating practice cases into meetings to bring a more practical lens to discussions around resources, collaboration, and coordinated responses. This approach is helping members better understand how services intersect in real-world situations.
 - DART continues to support learning opportunities across the network. A presentation from the Information and Privacy Commissioner of Ontario is being coordinated on May 25th to provide guidance on information-sharing, consent, and ethical collaboration across agencies.
 - Femicide Prevention Table terms of reference are being developed
 - A DART Operations working group is also leading the release of the Strangulation Prevention Campaign. This initiative included an in-person event on May 4 at the Woodstock Theatre featuring presentations from the Ontario Provincial Police and the St. Joseph's Health Care London Sexual Assault and Domestic Violence Treatment program, as well as an online alternative coming up on May 21st. On top of these training opportunities for frontline workers to strengthen community response to strangulation-related violence, the campaign will also include a youth-focused social media component to bring awareness to the issue.
 - DART leadership is prioritizing the development of the Oxford Femicide Prevention Table. A dedicated working group is currently finalizing the Operating Agreement, after which the focus will shift to establishing core membership, reviewing practice cases, and building our coordinated prevention framework.

- Police Updates and Information Sharing
 - Woodstock Police reported the following information:
 - Two recent major cases include a homicide in the City of Woodstock and the Street Crime Unit confiscating large amounts of illegal drugs



Planet Youth Update

Oxford

What is Planet Youth

- An evidence-based, upstream prevention model focused on improving youth health and wellbeing.
- A community-driven approach that brings together schools, municipalities, families, youth, and community organizations.
- A framework that uses local data to identify risk and protective factors and guide community action.

Survey



- The survey explored key areas that shape youth wellbeing:
 - Substance use
 - Leisure time
 - Family relationships
 - Peer influences
 - Health and wellbeing
- Approximately 14% of youth participated with their parents consenting.
- Just over 350 Oxford participated with active consent and 100% of Oxford post-secondary schools participated (6/6 schools).

Qualitative Evidence

- Youth Forums
- Parent Forums
- April 1st Celebration Event
- Community Focus Group

What We Have Learned So Far

- Findings are strongly resonating with parents, educators, and community partners.
- Results reflect the real experiences of youth in Oxford and are creating a shared understanding of local needs.

Moving Into Action

- Entering Phase 2: Implementation and Intervention Development
- Building on the foundation created through Council's investment
- Moving from data collection to community action
- Working with municipalities, Parks & Recreation, and community partners to:
 - Align existing efforts
 - Strengthen and expand supports
 - Build a coordinated response for youth across Oxford County



Oxford County Canadian Index of Wellbeing Survey 2025

Key Findings from Priority Domains

Technical Report

Prepared for: Safe and Well Oxford Communities

Prepared by: Southwestern Public Health

May 2026

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Background

The Canadian Index of Wellbeing (CIW) Survey was conducted in Oxford County in 2025 to provide a comprehensive picture of residents' experiences across multiple aspects of wellbeing. The CIW framework measures wellbeing across eight interconnected domains:

1. Community Vitality
2. Democratic Engagement
3. Education
4. Healthy Populations
5. Leisure & Culture
6. Living Standards
7. Time Use
8. The Environment

These domains collectively capture the social, economic, environmental, and personal factors that contribute to the overall quality of life. While the CIW framework includes all eight domains, this report focuses on three priority domains:

1. Community Vitality
2. Healthy Populations
3. Living Standards

These were selected in consultation with the Oxford Safe and Well Communities initiative to address areas of greatest interest for analysis and to provide actionable insights from the survey data.

The three priority domains were selected because they capture the aspects of residents' lives most relevant to understanding wellbeing in Oxford County. Within **Healthy Populations**, the survey includes indicators such as self-rated physical and mental health, overall life satisfaction, health behaviours like physical activity and nutrition, access to healthcare and mental health services, and the impact of personal mental health or substance use issues. **Community Vitality** examines residents' sense of belonging, experiences of discrimination, awareness and use of intimate partner violence (IPV) services, and broader measures of social connection

using the sense of community scale. **Living Standards** focuses on experiences of financial insecurity and housing stability. Together, these indicators provide a comprehensive view of the factors that most influence day-to-day wellbeing and allow for comparison across population subgroups.

Survey responses were collected from a representative sample of Oxford County residents. The data were weighted to ensure that the results accurately reflect the overall population. Analysis included both overall patterns and subgroup differences, such as gender, age group, household income, and municipality of residence. Where the number of responses within a subgroup was small, results have been interpreted with caution. For example, when results are broken down into subgroups, only a small number of people in a municipality may represent a given group. When the data are weighted, this can make some results appear larger than they are, even though they are based on relatively few responses. and should therefore be interpreted with caution. ¹ This report provides a technical summary of findings within the three priority domains, highlighting overall trends and subgroup differences.

Key Findings

- In Oxford County, about 4 in 10 residents (41.9%) reported feeling a strong sense of belonging. Younger adults (aged 16 to 34) were less likely to report a strong sense of belonging (30.3%) compared with residents aged 65 and older (54.8%).
- Experiences of intimate partner violence were reported by a notable proportion of residents. Overall, 21.6% reported experiencing controlling or abusive behaviours in an intimate relationship.
- Perceptions of safety varied across residents and municipalities. More than one in four residents (27.8%) reported feeling unsafe walking alone near their home after dark.
- More than half of younger adults aged 16 to 34 (53.7%) rated their mental health as poor or fair, compared with 13.9% of residents aged 65 and older.
- Financial insecurity affected many residents, particularly lower-income households. Nearly three in ten residents reported being unable to afford nutritious food (e.g., fresh vegetables, whole foods) (29.2%).
- Housing affordability was a significant challenge for many households. Overall, 41.5% of households reported spending 30% or more of their income on housing, and 22.0% of residents reported being dissatisfied with the affordability of their current housing.

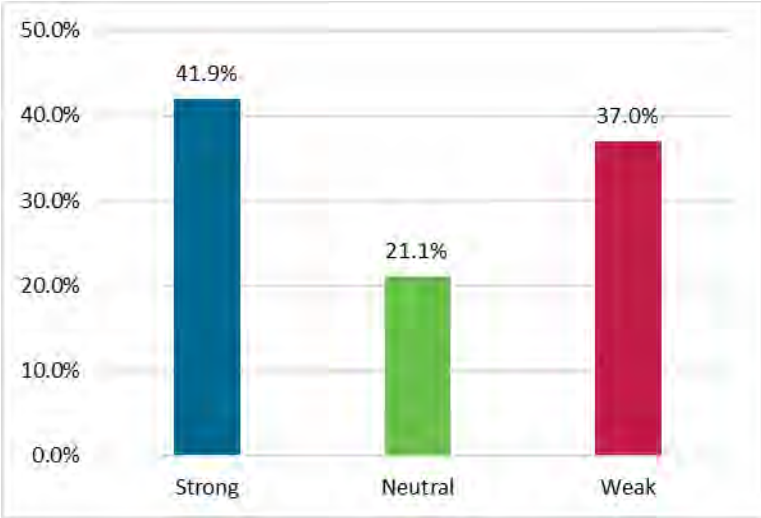
Community Vitality

Community vitality measures how connected residents feel to their community and the strength of social networks within Oxford County. It reflects residents' sense of belonging, social support, participation in community life, and experiences of discrimination or violence. Understanding Community Vitality helps provide insight into the social environment, which is an important factor in overall wellbeing.

Sense of belonging to the community

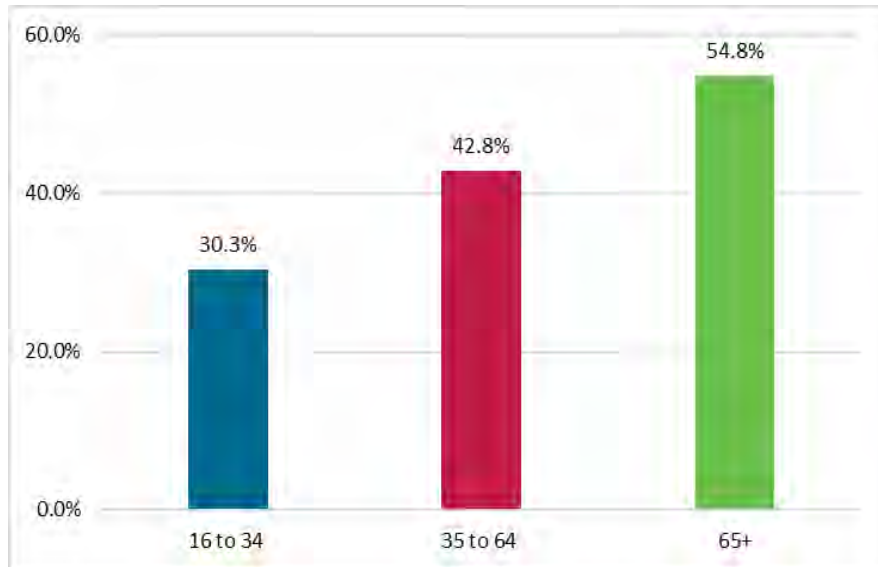
Sense of belonging reflects how connected residents feel to their community. In Oxford County, about 4 in 10 residents (41.9%) reported a strong sense of belonging, while more than one-third (37.0%) reported a weak sense of belonging. (Figure 1).

Figure 1: Sense of belonging among Oxford residents



Younger adults (aged 16 to 34) were less likely to report a strong sense of belonging (30.3%), compared with residents aged 35 to 64 (42.8%) and those aged 65 and older (54.8%). The trend shows an increase in sense of belonging as people age. (Figure 2).

Figure 2: Proportion of residents with a strong sense of belonging, by age group

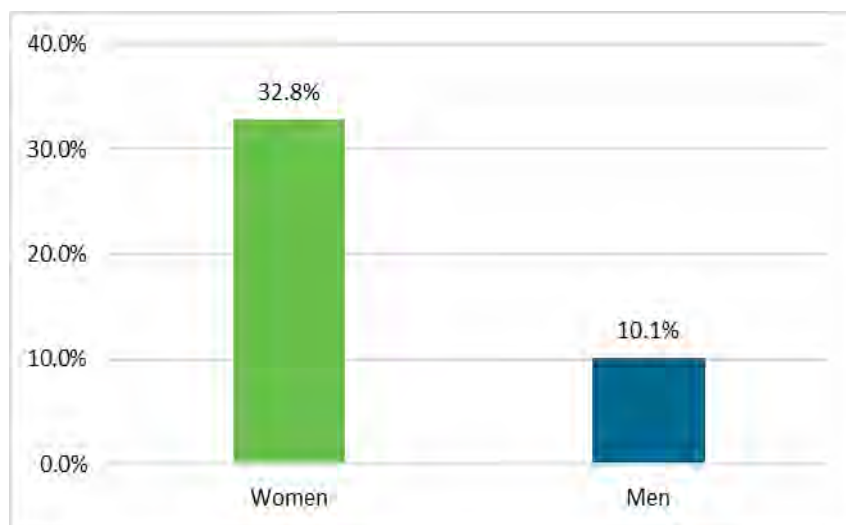


Experience of intimate partner violence (IPV)

Intimate partner violence (IPV) includes a range of controlling or abusive behaviours within an intimate relationship, such as threats, intimidation, emotional abuse, isolation, and economic control. Residents were asked whether they had personally experienced any of these behaviours.

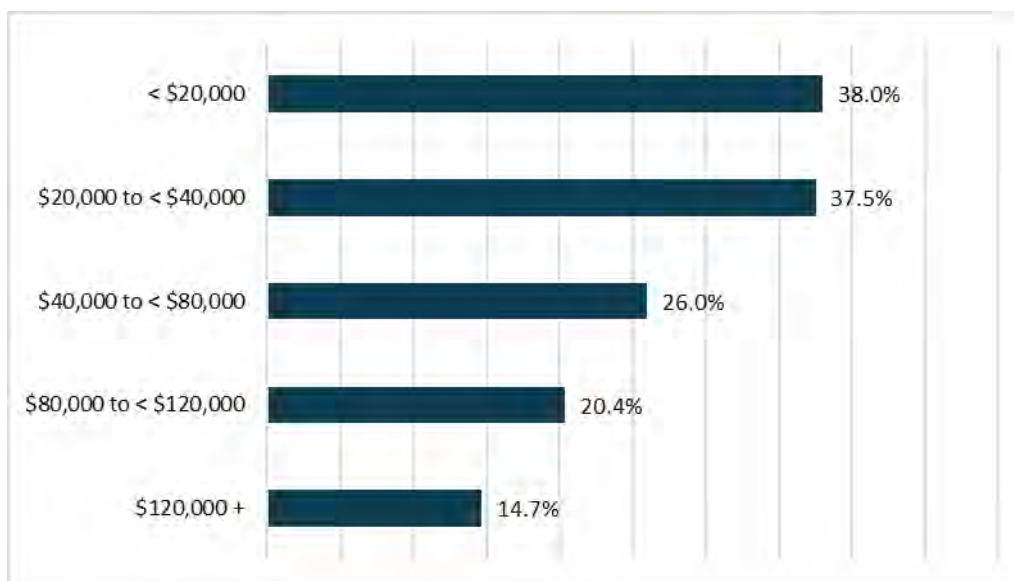
Overall, about 1 in 5 residents (21.6%) reported having ever experienced controlling or abusive behaviours in an intimate relationship. Women were particularly affected, with nearly one-third (32.8%) reporting these experiences, compared with 10.1% of men (Figure 3).

Figure 3: Proportion of residents who have experienced intimate partner violence, by gender



Residents in lower-income households reported substantially higher experiences of any controlling or abusive behaviour in an intimate relationship. Among those earning less than \$20,000 annually, 38.0% reported experiencing IPV, compared with 14.7% among those earning \$120,000 or more. A gradual decrease in the experience of IPV was observed as income increased (Figure 4).

Figure 4: Proportion of residents who have experienced intimate partner violence, by income group



Behaviours Experienced from Intimate Partners

Residents who reported having experienced controlling or abusive behaviours in an intimate relationship were asked about the specific types of behaviours they had experienced. These included emotional abuse, minimizing, denying and blaming, coercion or threats, intimidation, isolation, economic abuse, and behaviours involving children. Only individuals who reported experiencing intimate partner violence (IPV) were included in this analysis.

Emotional abuse was the most reported experience of abuse, with 81.1% of those who had experienced IPV reporting this type of behaviour (Figure 5).

Figure 5: Proportion of behaviours experienced from intimate partners

Behaviours Experienced from Intimate Partners	Proportions
Using emotional abuse (e.g., puts down/calls names; humiliates/makes feel ashamed/guilty)	81.2%
Minimizing, denying, and blaming (e.g., does not take concerns seriously; denies abuse/blames you)	77.5%
Coercing or threatening behaviour (e.g., makes/carries out threats; threatens to embarrass/leave)	63.3%
Using intimidation (e.g., feel afraid with actions/gestures; throws/breaks things; abuses pets/property)	53.3%
Using isolation (e.g., controls what you do/see/read; controls where you go/who you talk to; monitors behaviour/communications)	52.4%
Using privilege (e.g., treats you like a servant; makes all big decisions without you; defines your role in the relationship)	41.7%
Using economic abuse (e.g., keeps you from job; makes you ask for/takes your money; denies access to shared income)	32.5%
Using children (e.g., makes you feel guilty about children; uses children to relay messages; threatens to take children away)	27.1%

Awareness of Local Support Services for Intimate Partner Violence/Gender-Based Violence

Awareness of local support services for intimate partner violence (IPV) and gender-based violence was grouped into two categories: low awareness (not at all aware or somewhat aware) and high awareness (quite or very aware).

Overall, 38.0% of residents reported high awareness of available services, while 62.0% reported low awareness. Women were nearly three times more likely than men to report high awareness (Figure 6).

Figure 6: Awareness of local services for intimate partner violence/gender-based violence by gender



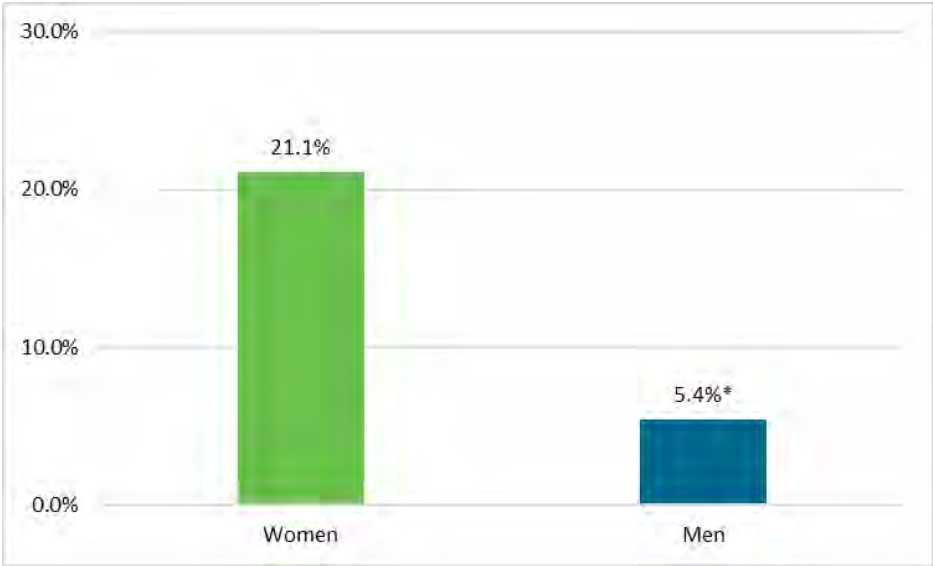
High awareness generally increased with age, from 28.6% among residents aged 16 to 34 to 46.4% among those aged 65 and older. A similar pattern was observed by household income, with high awareness increasing from 30.1% among residents with household incomes below \$20,000 to 52.1% among those with household incomes of \$120,000 or more.

Use of Intimate Partner Violence (IPV) Support Services

Residents who reported having experienced controlling or abusive behaviours in an intimate relationship were asked whether they had used local IPV support services, including Family Violence Counselling, Ingamo Homes, Domestic Abuse Services Oxford (DASO), and Oxford Sexual Assault Services (OSAS). Responses were combined to indicate whether residents had used any IPV-related support service.

Among residents who reported experiencing IPV overall, only 16.8% reported using an IPV support service. Women were more likely than men to report service use (Figure 7).

Figure 7: Proportion of resident who reported using intimate partner violence support services, by gender

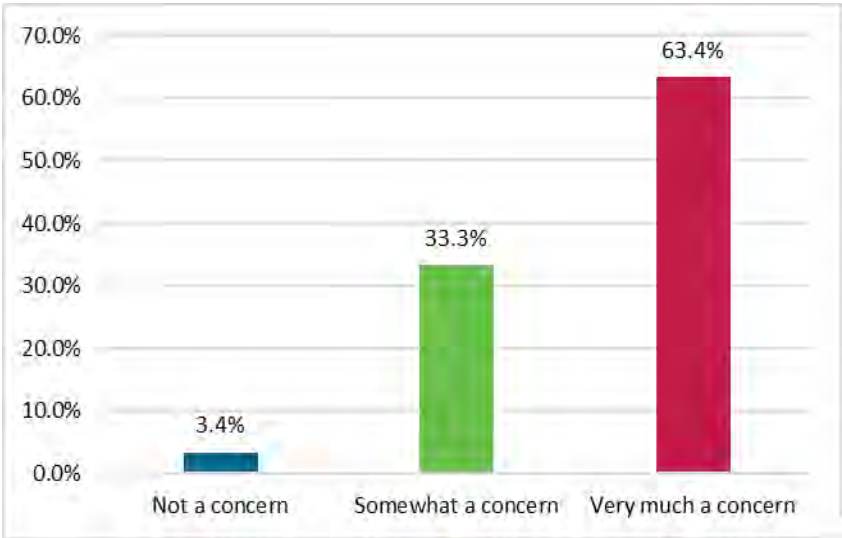


**: Results for men should be interpreted with caution due to the small number of respondents who reported using services.*

Perception of Intimate Partner Violence as a Community Concern

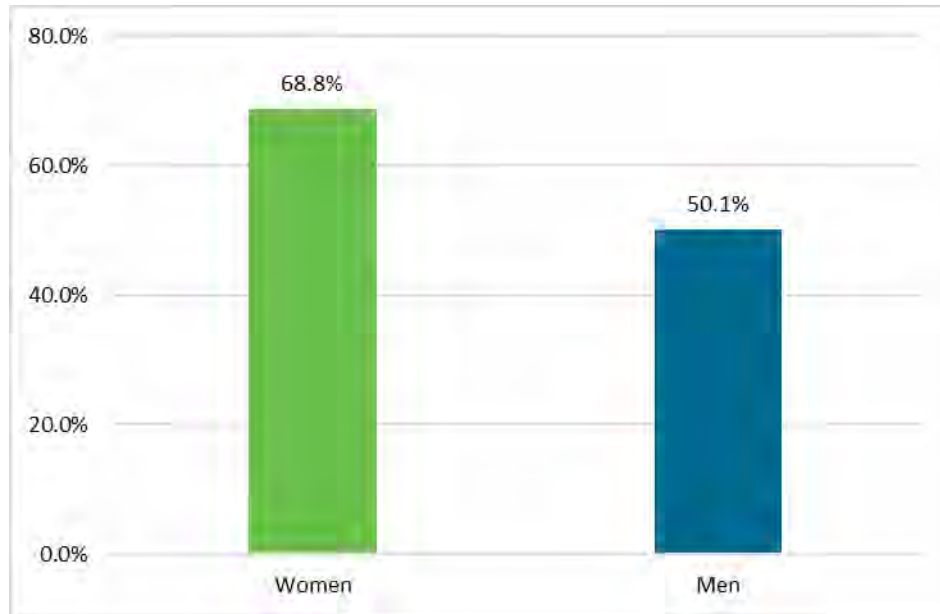
Most residents viewed intimate partner violence (IPV) as a concern in their community. Overall, 63.4% of residents reported that IPV was very much a concern (Figure 8).

Figure 8: Perception of IPV as a Community Concern



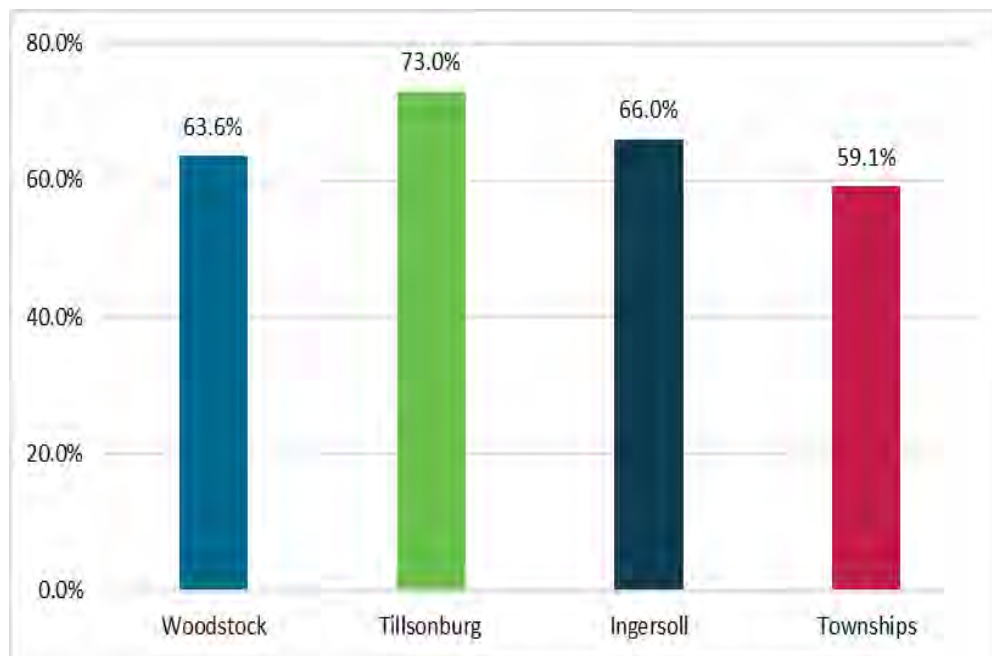
Women were more likely than men to report that IPV was very much a concern in their community (68.8% vs. 50.1%).

Figure 9: Perception of IPV as a very much a concern, by gender



Perceptions of concern also varied across municipalities. Residents in Tillsonburg were most likely to report that IPV was very much a concern (73.0%), while residents living in the surrounding townships reported the lowest proportion (59.1%) (Figure 10).

Figure 10: Perception of IPV as a very much a concern, by municipalities



Sense of Community Scale

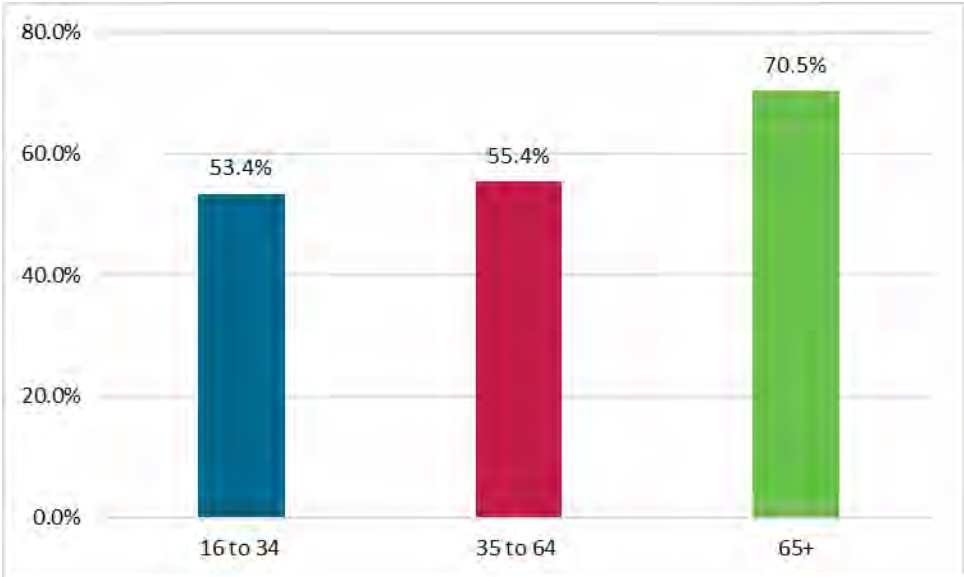
The Sense of Community Scale measures different aspects of community life, including social support, social connection, access to social opportunities and resources, and feelings of loneliness.

Social Support in the Community

Residents generally viewed their communities as supportive and believed that help would be available when needed. Overall, 59.2% of residents agreed that many people in their community would be available to help if someone needed it, and 58.5% agreed that even people they did not know would be willing to help in an emergency.

Perceptions of social support were stronger among older adults. Seven in ten residents aged 65 and older (70.5%) agreed that even people they did not know would be willing to help in an emergency, compared with 53.4% of residents aged 16 to 34 (Figure 11).

Figure 11: Proportion of respondents who had confidence that help would be available in an emergency, by age group

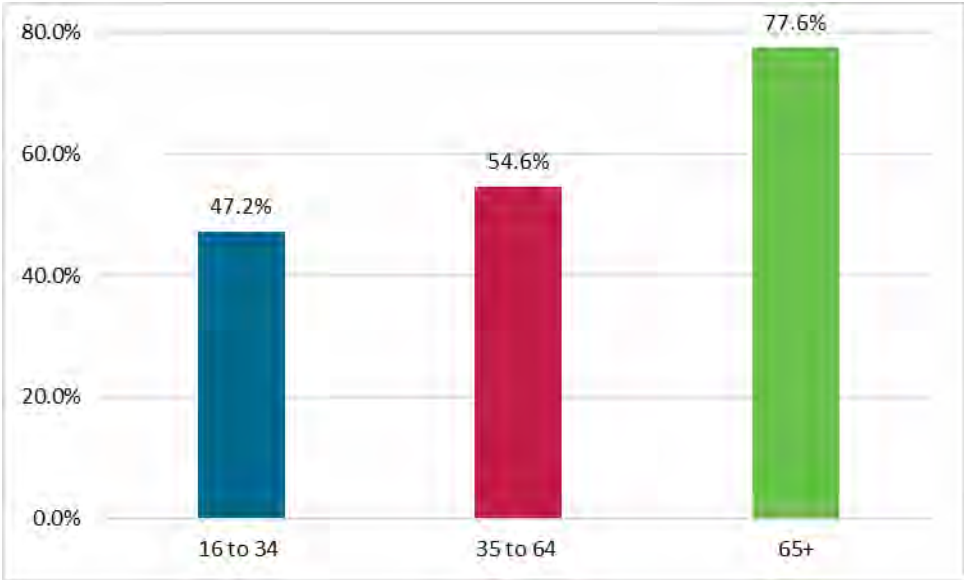


Social Connection in the Community

Residents generally reported positive social connections within their communities. Overall, 61.7% of residents agreed that they had good friends, 58.1% agreed that they felt at ease with people in their community, and 62.1% agreed that people in their community were sociable. In addition, nearly half of residents (48.0%) reported that they found it easy to connect with others.

Older adults reported stronger social connections than younger adults. 77.6% of residents aged 65 and older reported feeling at ease with people in their community, compared with 47.2% of residents aged 16 to 34 (Figure 12).

Figure 12: Proportion of residents who felt at ease with people in their community, by age group



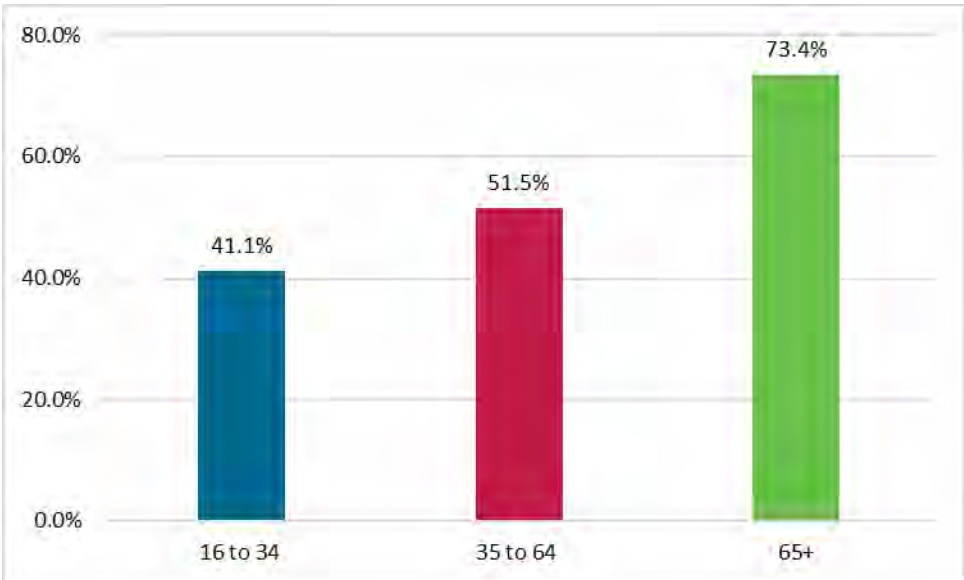
Lower-income residents were also less likely to report positive social connections. Among residents with household incomes below \$20,000, only 25.6% reported feeling at ease with people in their community, compared with 63.3% of residents with household incomes between \$80,000 and \$120,000.

Social Opportunities and Resources in the Community

Residents reported mixed views about the opportunities and services available in their communities. Overall, 53.8% of residents agreed that their community provided many opportunities to do different things, and 46.3% agreed that their community had excellent services to meet their needs.

Older adults were more likely than younger adults to view their communities positively. Nearly three-quarters of residents aged 65 and older (73.0%) agreed that their community provided many opportunities to do different things, compared with 41.4% of residents aged 16 to 34 (Figure 13).

Figure 13: Proportion of residents who agreed that their community provides many opportunities to do different things, by age group

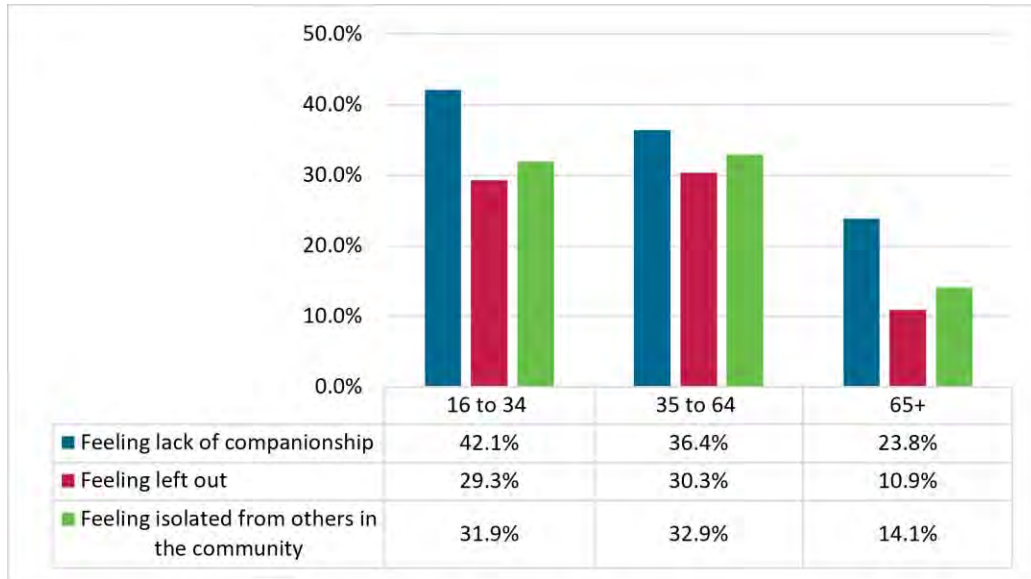


Feeling of loneliness

While most residents in Oxford feel connected to others, some do experience loneliness. Around 25 to 35% of residents reported often feeling they lack companionship, feeling left out, or isolated from others. Younger adults were more likely to feel lonely; 42.1% of 16 to 34 year

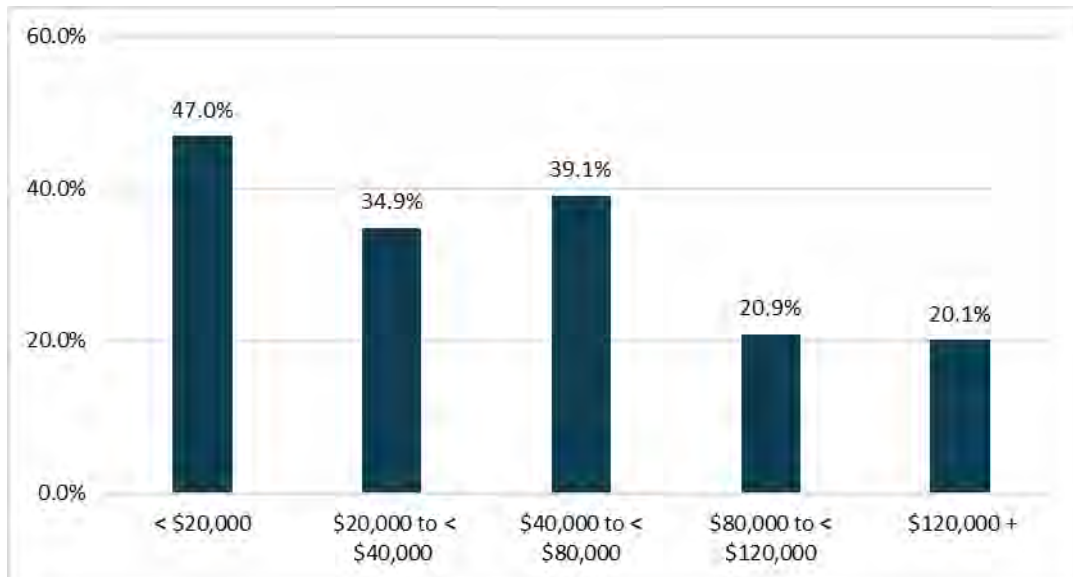
olds said they lack companionship, 29.3% felt left out, and 31.9% felt isolated, compared with much lower proportions among adults 65 and older (Figure 14).

Figure 14: Feelings of loneliness, by age group



Nearly half (47.0%) of residents earning under \$20,000 a year reported feeling isolated, compared with only about 20.1% of those earning \$120,000 or more (Figure 15).

Figure 15: Proportion of residents who felt isolated, by income group

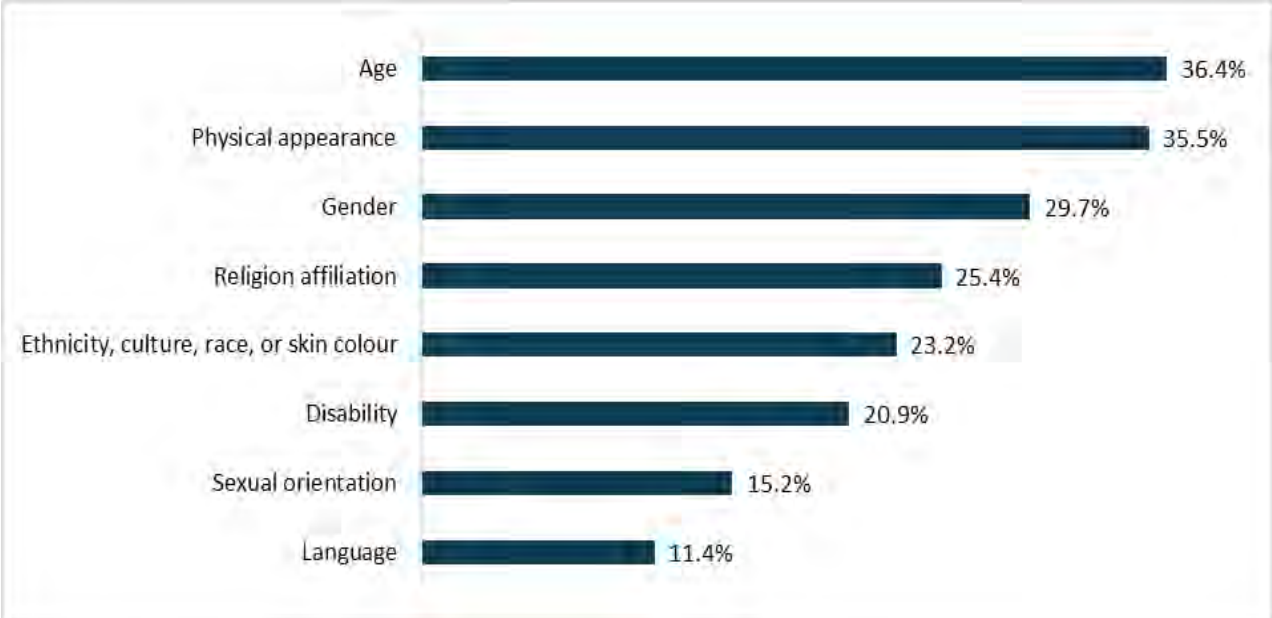


Experiences of Discrimination in the Community

Residents were asked how often they experienced discrimination related to various personal characteristics. Results are presented as the proportion of residents who reported experiencing discrimination at least sometimes.

A substantial proportion of residents reported experiencing discrimination in their daily lives. The most reported forms of discrimination were related to age (36.4%) and physical appearance (35.5%), meaning that more than one in three residents reported these experiences at least sometimes. (Figure 16).

Figure 16. Proportion of residents who reported experiencing discrimination at least sometimes, due to various reasons *

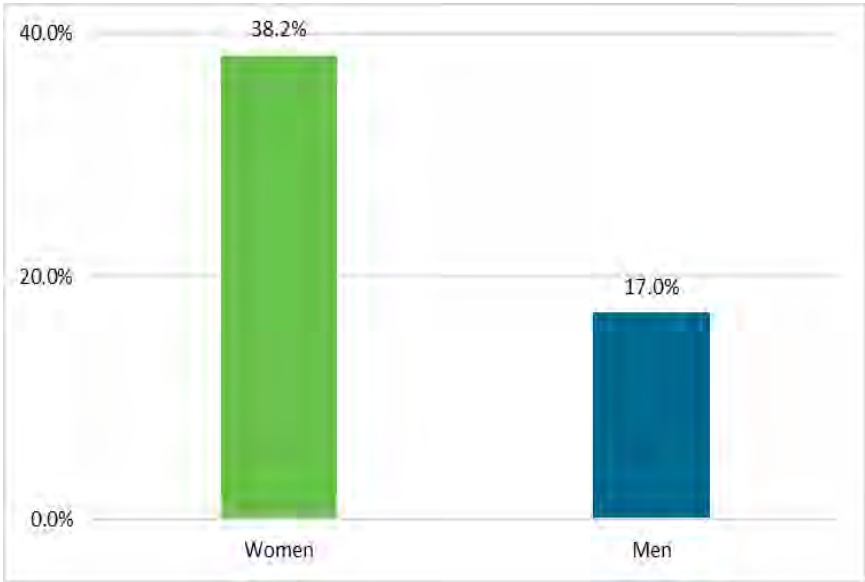


**Note: Experiences of discrimination were reported at the population level and may not reflect how often specific groups in the community experience discrimination. For example, some groups may experience certain types of discrimination more often than others. Proportions include residents who reported experiencing discrimination either sometimes or often/all the time.*

Perceptions of Safety

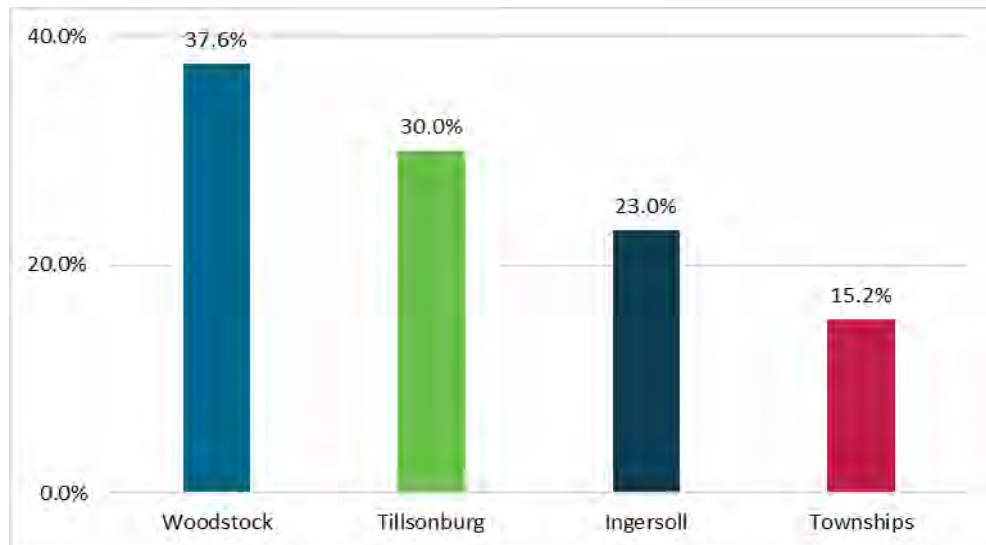
More than one in four residents (27.8%) reported feeling unsafe walking alone near their home after dark. Women were more than twice as likely as men to report feeling unsafe (Figure 17).

Figure 17: Proportion of residents who reported feeling unsafe walking alone near their home after dark, by gender



Perceptions of safety also varied across municipalities. Residents in Woodstock were most likely to report feeling unsafe walking alone near their home after dark (37.6%) compared with residents living in the surrounding townships (15.2%) (Figure 18).

Figure 18: Proportion of residents who reported feeling unsafe walking alone near their home after dark, by municipality



Healthy Population

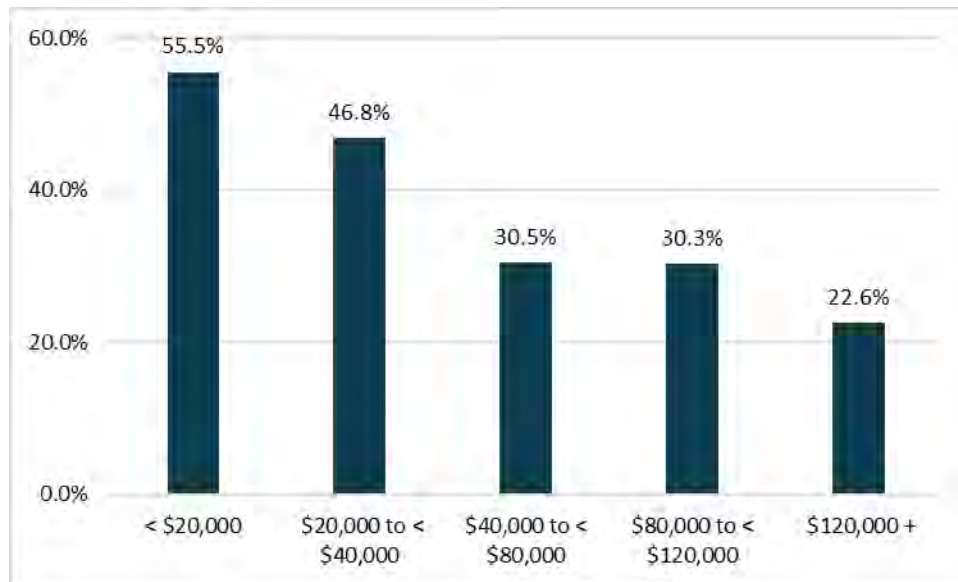
The healthy population section summarizes the questions about the overall health and well-being of residents in Oxford County. It includes residents' self-rated physical and mental health, access to health care providers, and perceptions of the quality and accessibility of health services. This domain also considers the impact of mental health and substance use, as well as health behaviours such as physical activity and nutrition.

Self-Rated Physical Health

Most residents reported being in good physical health. Overall, 69.5% of residents reported their physical health as good, very good, or excellent, while 30.5% reported their physical health as poor or fair.

Self-rated physical health varied by household income. Residents with lower household incomes were much more likely to report poorer physical health, while those with higher incomes were more likely to report better health (Figure 19).

Figure 19. Proportion of residents reporting poor or fair physical health, by income group

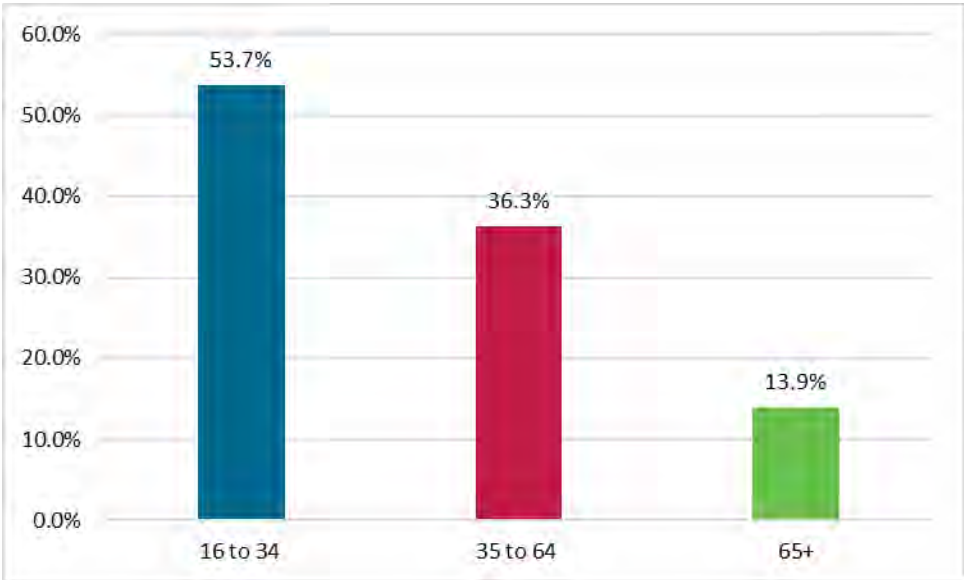


Self-Rated Mental Health

Overall, 64.1% of residents rated their mental health as good, very good, or excellent, while 35.9% reported their mental health as poor or fair.

Self-rated mental health varied substantially by age. Younger adults were much more likely to report poor mental health compared to older adults. More than half of residents aged 16 to 34 (53.7%) rated their mental health as poor or fair, compared with 13.9% of residents aged 65 and older (Figure 20).

Figure 20. Proportion of residents reporting poor or fair mental health, by age group

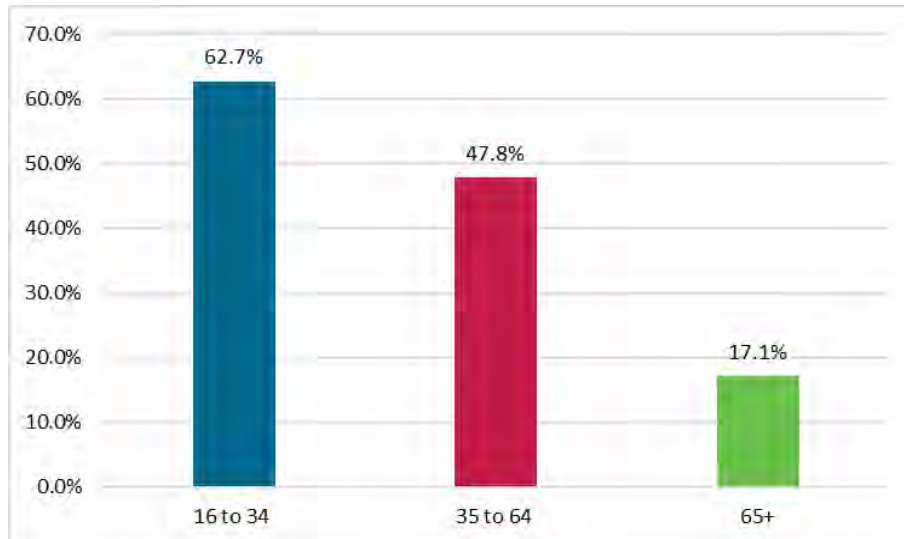


Negative Impact of Mental Health Issues

Nearly half of residents (44.7%) reported that their own mental health issues had negatively affected their lives in the past year. Women were also more likely than men to report negative impacts related to their mental health (50.7% vs. 38.4%).

The impact of mental health issues varied substantially by age. Nearly two-thirds of residents aged 16 to 34 (62.7%) reported experiencing negative impacts, compared with 17.1% of residents aged 65 and older (Figure 21).

Figure 21. Proportion of residents reporting negative impacts due to their own mental health issues in the past year, by age group

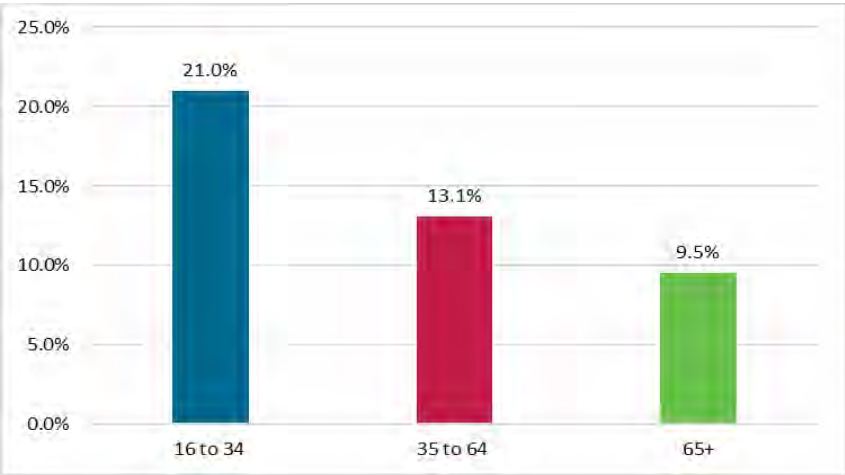


Access to Primary Health Care

Most residents in Oxford County reported having a regular family doctor; however, 14.5% reported that they did not have one.

Younger adults were more likely than older adults to report not having a regular family doctor. Residents aged 16 to 34 were more than twice as likely as residents aged 65 and older to report not having a regular family doctor (Figure 22). A similar pattern was observed for having other primary care professionals, such as pharmacists and nurse practitioners, with younger adults reporting lower levels of access.

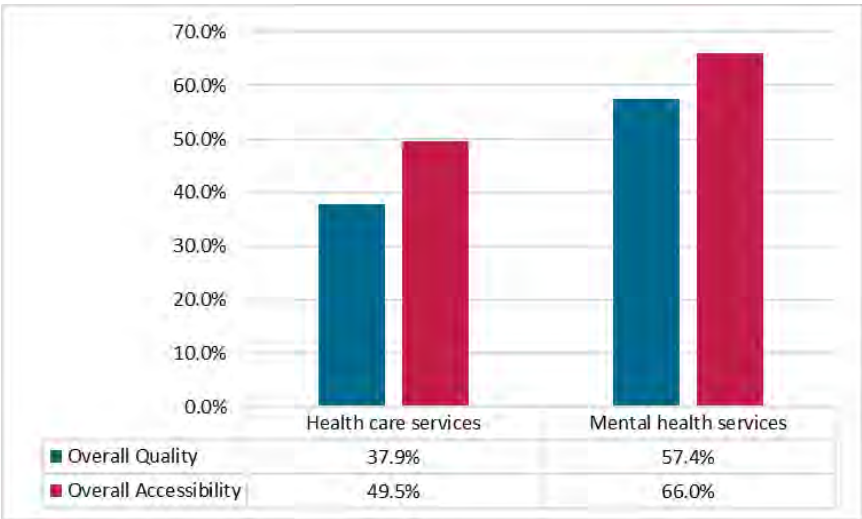
Figure 22. Proportion of residents who reported not having a regular family doctor, by age group



Perception of Health Care Services

Residents rated mental health services less positively than health care services overall. More than half of residents rated the quality (57.4%) and accessibility (66.0%) of mental health services as poor or fair, compared with health care services overall (Figure 23).

Figure 23: Proportion of residents rating the quality and accessibility of health care and mental health services as poor or fair



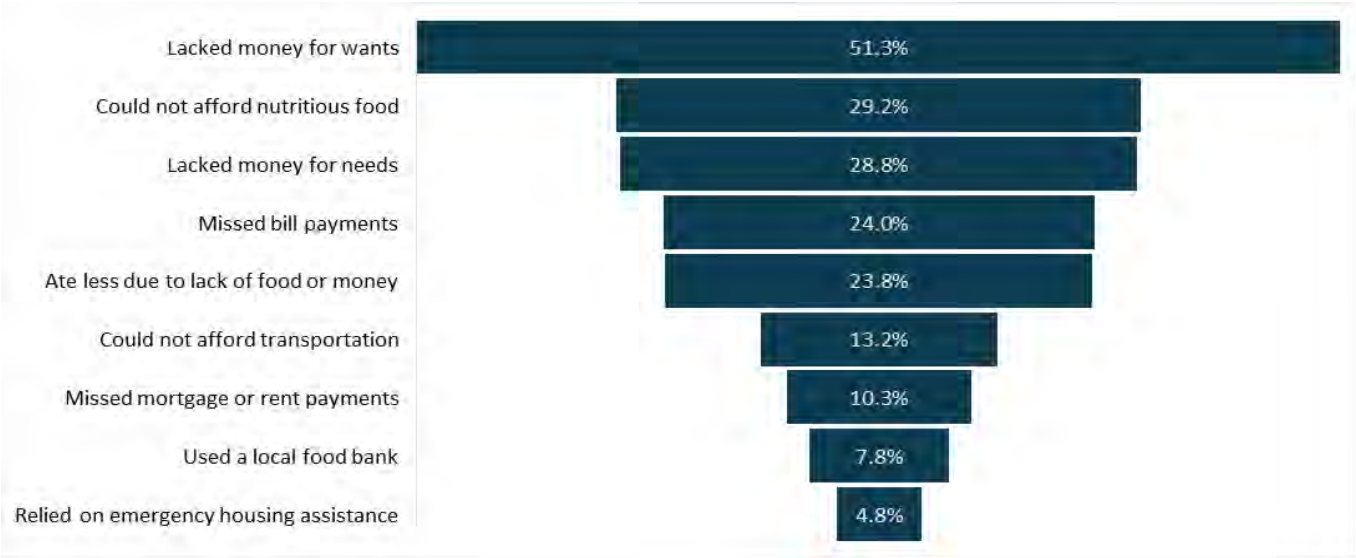
Living Standards

Living Standards reflects the financial and housing conditions that affect the quality of life of Oxford County residents. This includes experiences of financial insecurity, such as difficulty paying for basic needs, as well as housing conditions, including affordability, tenure (owning or renting), and satisfaction with housing. Together, these provide insight into the economic stability and living conditions of the community.

Experiences of Financial Insecurity

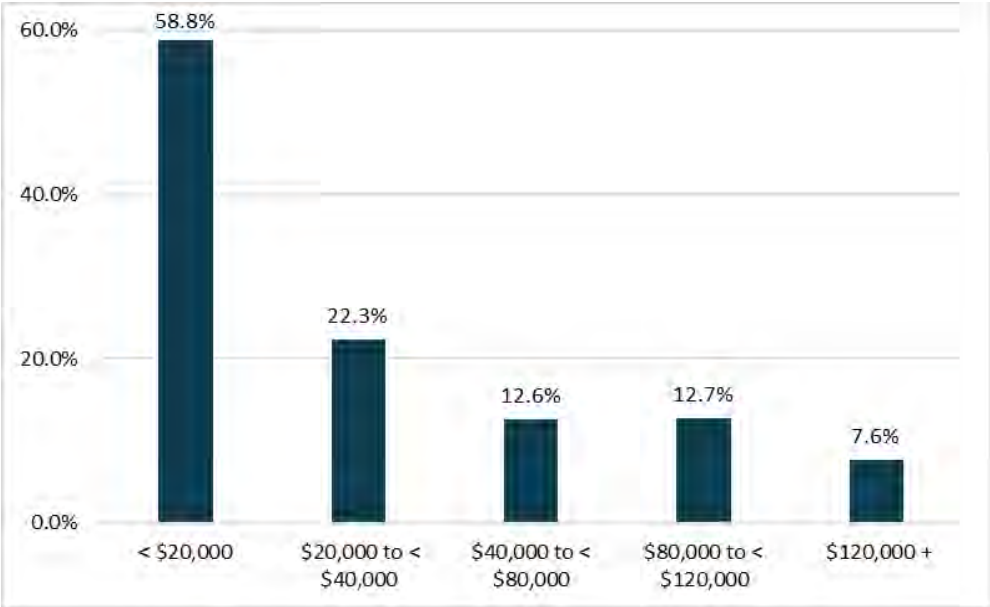
Many residents reported experiencing financial challenges in the past year. More than half of residents (51.3%) reported not having enough money to buy the things they wanted. Nearly three in ten residents reported not having enough money to buy the things they needed (28.8%) or being unable to afford nutritious food (29.2%). Approximately one in four residents reported missing bill payments (24.0%) or eating less because there was not enough food or money for food (23.8%). (Figure 24).

Figure 24. Proportion of residents who experienced financial insecurities at least once in the past year



Financial challenges were particularly common among lower-income residents. Nearly six in ten residents with household incomes below \$20,000 reported being unable to afford nutritious food (e.g., fresh vegetables, whole foods) at least once in the past year, compared with fewer than one in ten residents with household incomes of \$120,000 or more (Figure 25).

Figure 25. Proportion of residents who reported being unable to afford nutritious food at least once in the past year, by income group



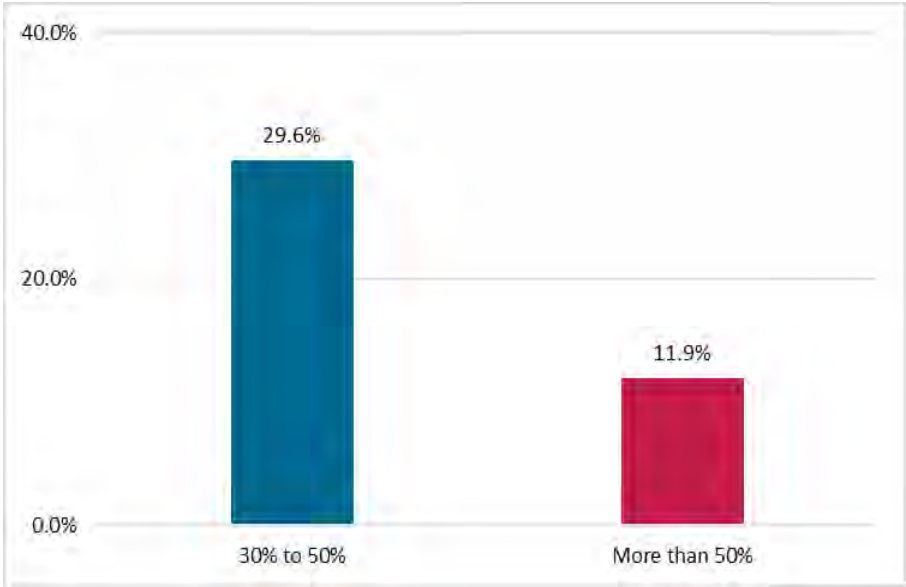
Housing

Housing considers residents' housing situations, including how much they spend on housing, whether they own or rent, and how satisfied they are with their current place of residence. It highlights both affordability and overall housing conditions experienced by residents.

Housing Affordability

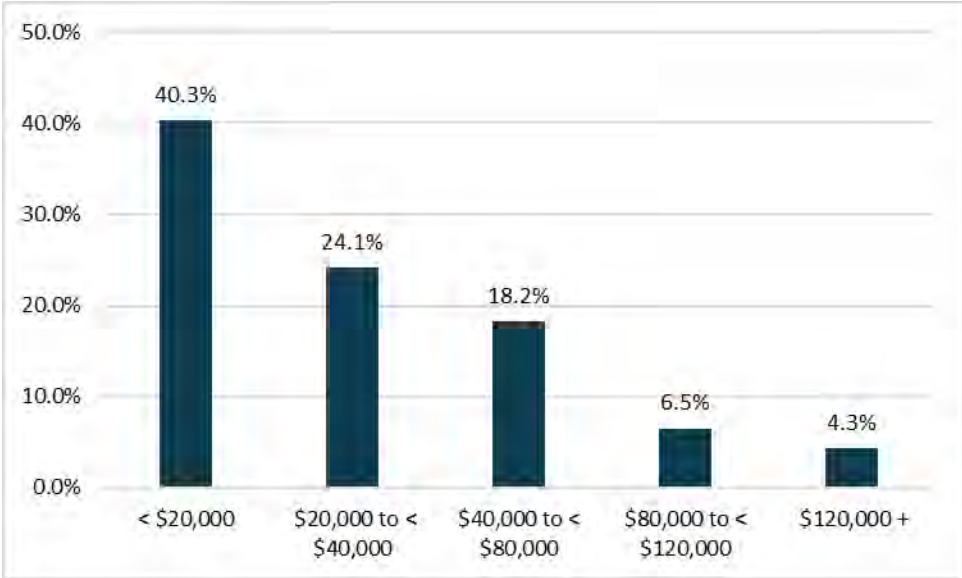
Households that spend 30% or more of their total income on shelter costs are considered to have housing affordability challenges ². In Oxford County, 41.5% of households reported spending at least 30% of their monthly income on housing, including 11.9% who reported spending more than half of their income on housing (Figure 26).

Figure 26: Percentage of monthly household income spent on housing



Housing affordability challenges were particularly pronounced among lower-income households. Households earning less than \$20,000 annually were much more likely to spend more than 50% of their income on housing compared with higher-income households (Figure 27).

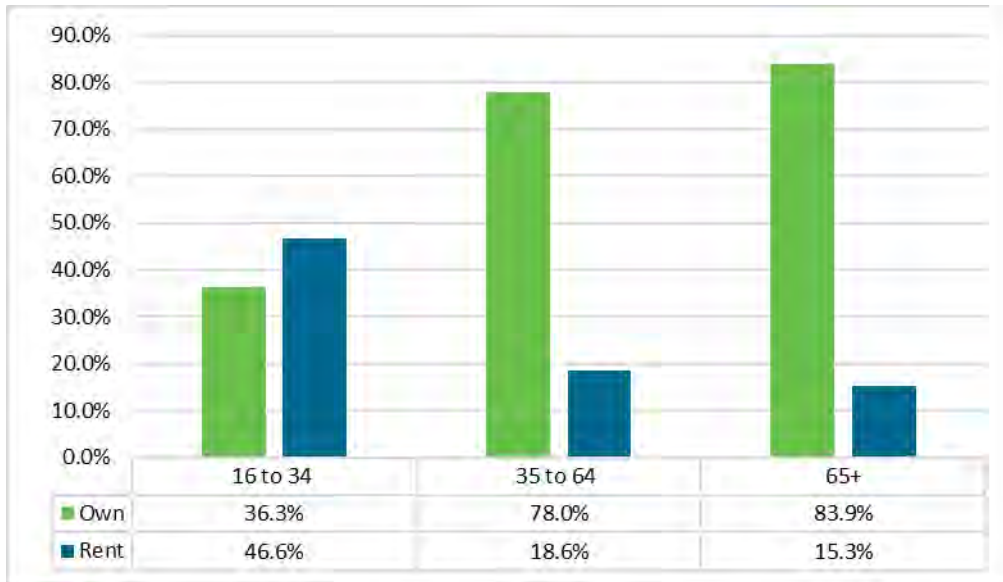
Figure 27. Proportion of households spending more than 50% of monthly income on housing, by income group



Housing Tenure (Own or Rent)

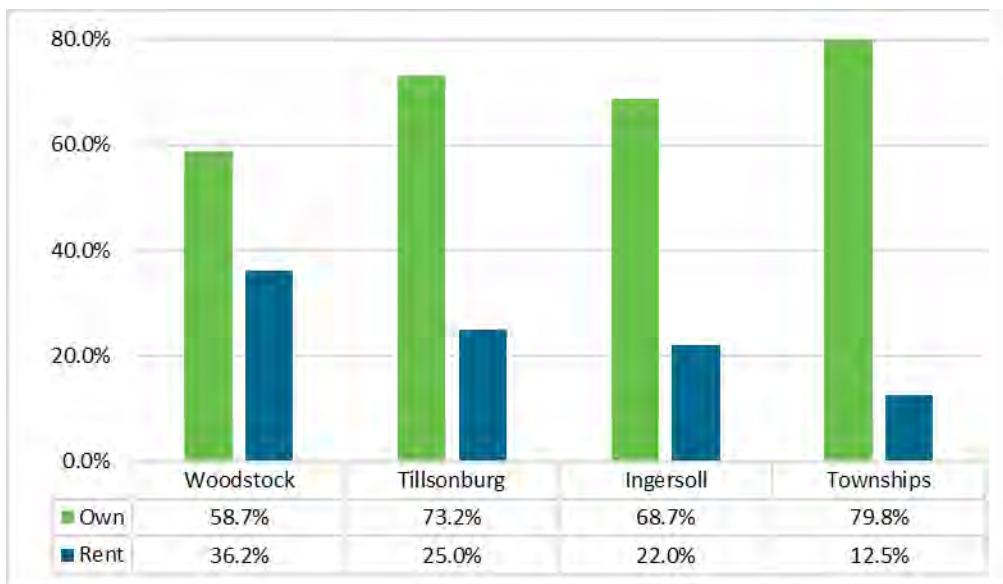
Most households reported owning their home 67.4%, while 25.9% reported renting and 6.7% were in other housing arrangements. Home ownership increased with age, from 36.3% among those aged 16–34 to 83.9% among those aged 65+. Younger adults were much more likely to rent (46.6%) compared to older adults (15.3%) (Figure 28).

Figure 28: Owning vs renting their home, by age group



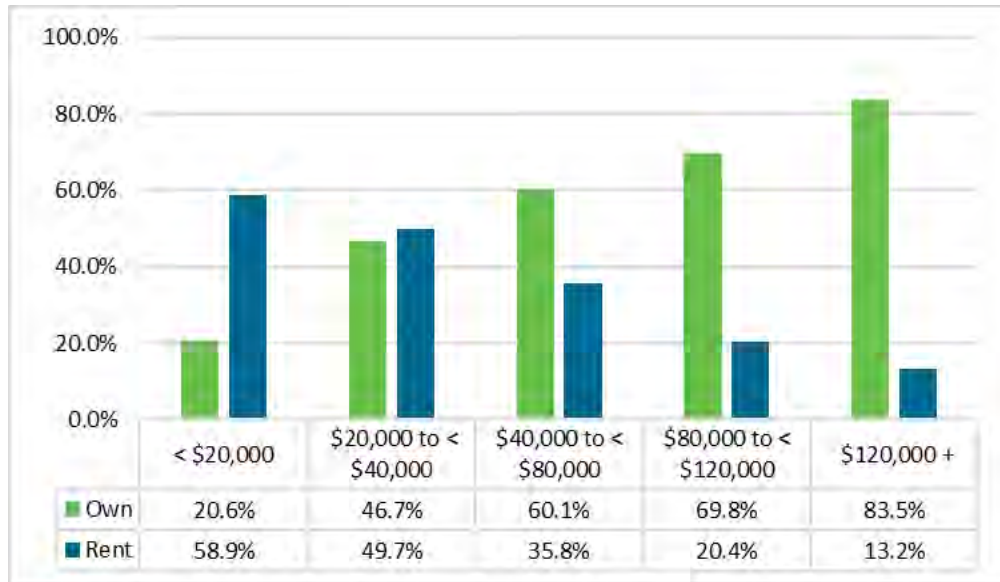
Across communities, ownership was highest in the Townships (79.8%) and slightly lower in Woodstock (58.7%) (Figure 29).

Figure 29: Owning vs renting their home, by municipalities



Only 20.6% of households earning under \$20,000 owned their home, compared to 83.5% in the \$120,000+ group (Figure 23). Renting decreased steadily as income increased (Figure 30).

Figure 30: Owning vs renting home, by income groups



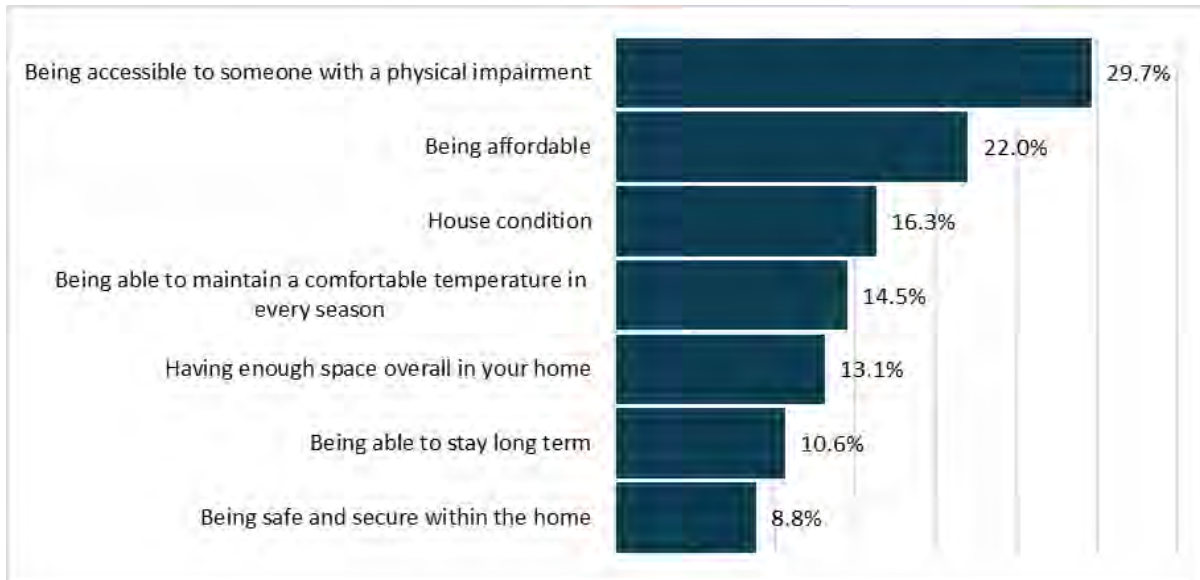
Satisfaction with Current Place of Residence

Overall, residents reported high levels of satisfaction with most aspects of their housing, particularly feeling safe and secure in the home, being able to remain in their home long term, and having enough space.

Residents reported relatively high levels of dissatisfaction with housing accessibility for someone with a physical impairment (29.7%) (Figure 30). However, a large proportion of respondents (38.6%) reported a neutral response, suggesting that this may not have been directly relevant to their housing situation.

Housing affordability emerged as the main area of concern. More than one in five residents (22.0%) reported being dissatisfied with the affordability of their current housing (Figure 31).

Figure 31: Proportion of residents dissatisfied with different aspects of their current housing



Conclusion

Most residents in Oxford report stable living conditions, with generally positive community connections, good health outcomes for many residents, and relatively strong financial and housing stability. However, experiences vary across population groups, with younger adults and lower-income residents more likely to report financial strain, housing affordability challenges, a lower sense of belonging, and poor mental health outcomes. These findings highlight important opportunities to improve wellbeing and reduce inequities across the community.

Reference

1. Smale, B. (2025). *How are residents of Oxford County really doing? A Summary of Results from the 2025 CIW Community Wellbeing Survey*. Waterloo, ON: Canadian Index of Wellbeing and the University of Waterloo.
2. Ontario Ministry of Municipal Affairs and Housing (2022). Report of the Ontario Housing Affordability Task Force, Available from: **Ontario Housing Affordability Task Force**

DRAFT - Do Not Distribute

Do Not Distribute




Southwestern Public Health
www.swpublichealth.ca

St. Thomas Site
1230 Talbot Street
St. Thomas, ON N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON N4S 4N2

Community & Well-Being
Safety Plan 2026-2029

Steering Committee update: June 15, 2026



Vision: communities where individuals and families feel safe, supported and included and where they can access what they need, when they need it to live fully.

AGENDA

- **Safe & Well Oxford**
 - > At a glance
 - > Implementation
 - > Governance model
- **Key priority updates**
 - > Action coalition review: findings and next steps
 - > Two new/refreshed action coalitions
 - > Governance model updates
- **Risks**
 - > Oxford County sexual violence support services
- **Events & initiatives**
 - > Hydro One grant
- **Next steps**
 - > Data and metrics
 - > New advisory committee structure

SAFE & WELL OXFORD AT A GLANCE

GOALS (2026-2029)

Mental health & well-being

Improve mental health and well-being across all stages of life by strengthening early intervention, system coordination, and community capacity to promote resilience and recovery.

Substance use & addictions

Reduce substance-related harms and improve pathways to prevention, treatment, and recovery through coordinated community responses and expanded access to supports.

Gender-based violence

Prevent gender-based violence and strengthen safety and recovery.

Housing for all

To ensure alignment and avoid duplication, support the implementation of Oxford County's Housing for All: Housing and Homelessness Plan 2024 2033, Homelessness Response Strategy, and Master Housing Strategy, rather than creating separate housing goals or initiatives.

People & belonging

Build on ongoing efforts to ensure Oxford County is a community where everyone, regardless of age, geography, background, or identity, can live with dignity, belonging, and equitable opportunity.

NEW

Affordability & economic stability

Support residents of all ages and stages of life living on limited or fixed incomes in meeting basic needs.

NEW

PRIORITY RISK AREA

IMPLEMENTATION APPROACH

Collaborative, cross-sector model

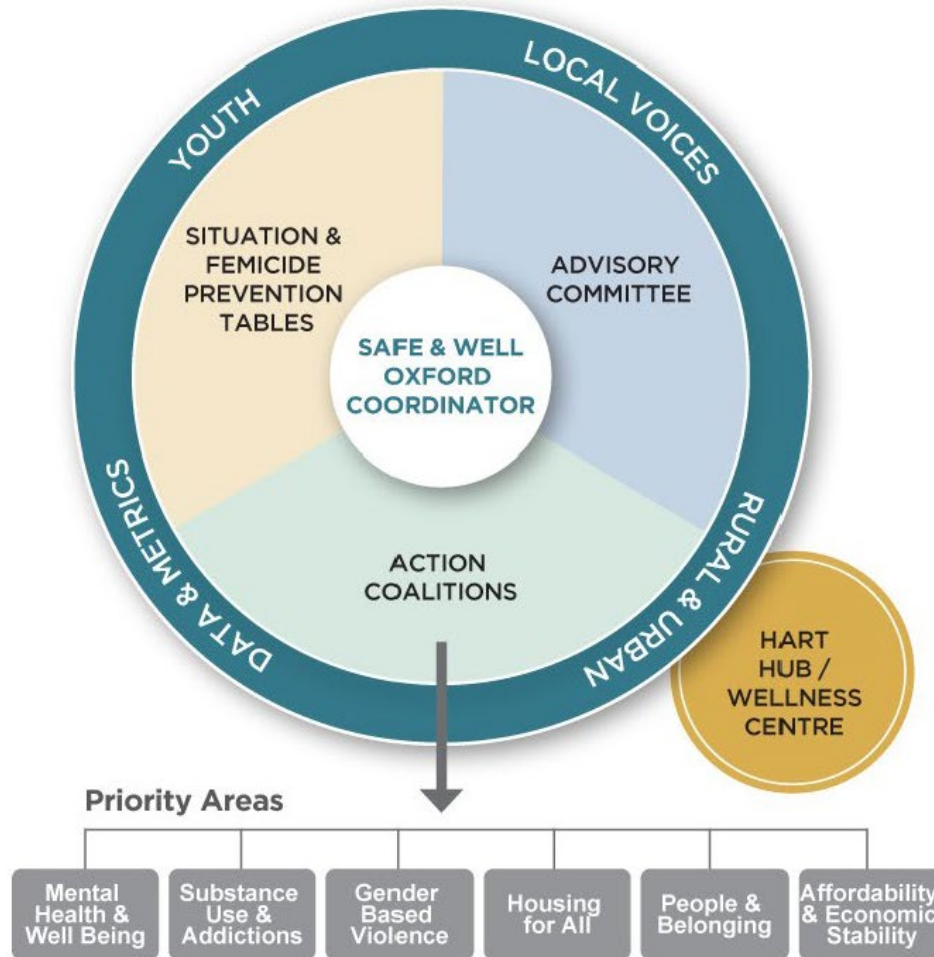
- Implementation is driven through a collaborative approach, leveraging existing strengths and resources across Oxford County
- Recognizes that **community safety and well-being challenges span multiple sectors and cannot be addressed by a single organization**
- **Partners work together to:**
 - Understand community needs
 - Identify service gaps
 - Align existing resources
 - Advocate for system-level supports and funding
- This shared approach enables coordinated, efficient, and impactful action to improve community safety and well-being

Implementation structure

1. **Action coalitions:**
 - issue-specific working groups advancing goals within each priority risk area
2. **Advisory committee:**
 - Central coordination table connecting cross-sector leaders
 - Supports alignment, shared understanding, and system coordination
 - Does not direct partner operations, but strengthens collaboration across the County



GOVERNANCE MODEL



Shared Commitments

What underlying values have shaped this plan?

Evidence Informed

Collaborative

Inclusive

Practical & Scalable

Leverage Existing Efforts

Success Enablers

What will facilitate success for our Plan?

Sustainable Funding

Cross Sector Collaboration

Dedicated Staff & Internal Capacity

Continuous Learning & Adaptation

Clear Roles & Responsibilities



Action-Oriented & Evidence-Informed Implementation

Champions & Continuous Communication

Integration with Municipal Operations & Existing Strategies

Local Relevance & Community Voice

ACTION COALITION REVIEW: FINDINGS

Priority risk area	Action coalition	Findings	Next steps
Mental-health & well-being	Oxford Mental Health & Addictions Action Coalition (OMHAAC)	<ul style="list-style-type: none"> OMHAAC priorities (set 18 months ago) will be refreshed following publication of the updated Drug & Alcohol Strategy (August). Opportunity to create stronger partnership between OMHAAC and Safe & Well Oxford through ongoing collaboration and shared work planning 	<ul style="list-style-type: none"> Review the Oxford County Drug & Alcohol Strategy to identify alignment with Safe & Well and harmonize shared priorities Participate in work planning
Substance use & addictions			
Gender-based violence	Domestic Abuse Response Team (DART) Operations + Leadership Table	<ul style="list-style-type: none"> DART Operations Table is primarily focused on service improvement, with interest in expanding impact. Challenges accessing schools limit prevention and early intervention efforts with youth. Opportunity to create stronger partnership between DART tables and Safe & Well Oxford through ongoing collaboration and shared work planning 	<ul style="list-style-type: none"> Support September DART/Femicide Prevention strategic planning. Partner with the new DART Coordinator to support work planning.
Housing for all	Oxford Housing Action Collaborative	No longer operating	<ul style="list-style-type: none"> Integrate Safe & Well with the County housing portfolio to align plans and determine the need for a housing action coalition.
People & belonging (formerly DEI)	Diversity Equity & Inclusion Action Coalition	<ul style="list-style-type: none"> Current DEI action coalition success and membership can be built upon to provide more opportunity to meet the goals outlined in Safe & Well 	See next slide 
Affordability & economic stability	Requires establishment		See next slide 

ACTION COALITION REFRESH: *DEI* → *PEOPLE & BELONGING*

Context

- In the 2026-2029 version of the CSWB plan, there was an update made to the priority risk theme of diversity, equity, and inclusion.
- This priority risk theme has evolved to “**People & Belonging**” that suggests:
 - A strong sense of belonging is vital to community well-being, but experiences vary across Oxford County by age, identity, culture, ability, and location.
 - Strengthening belonging requires reducing discrimination, removing access barriers, creating culturally safe spaces, and expanding opportunities for meaningful connection.

Goal

Build on ongoing efforts to ensure Oxford County is a community where everyone, regardless of age, geography, background, or identity, can live with dignity, belonging, and equitable opportunity.



ACTION COALITION REFRESH:

DEI → PEOPLE & BELONGING

PEOPLE & BELONGING INITIATIVES	ACTION COALITION REPRESENTATION (STAFF LEVEL)
<p>Advance accessibility and age-friendly communities by working with municipalities, service providers, and community groups to identify priority barriers, enhance transportation and mobility options, and improve the design and promotion of local programs, spaces, and services for residents of priority groups.</p>	<ul style="list-style-type: none"> • SWPH Age Friendly Oxford • VON • Oxford County Library • Staff representation from Oxford County and surrounding municipalities that can speak on accessibility, transit, recreation, culture, and programming opportunities • Chamber of Commerce (Woodstock/Tillsonburg/Ingersoll) • Oxford Settlement Services • Indigenous Solidarity Awareness Network • Oxford Pride • Fanshawe College • Big Brothers Big Sisters • Welkin – Youth Hub • Police services • Oxford County Federation of Agriculture • EarlyON • Indwell
<p>Create more opportunities for residents of all ages and backgrounds to connect, reduce loneliness, and build a stronger sense of belonging through community-building events, neighborhood activities, and relationship-centred programs.</p>	
<p>Strengthen inclusion and belonging through education, dialogue, engagement opportunities, and events that build empathy, challenge discrimination (e.g., geographic, cultural, language, age), and promote respect for diversity across all communities.</p>	
<p>Champion and operationalize inclusivity by coordinating shared training and leadership development initiatives that support the building of diverse and culturally competent workforces across sectors.</p>	
<p>Expand child and youth access to prosocial activities and cultural programming across different parts of the County.</p>	



Other community partners may be engaged on an ad-hoc basis for support, advice, and/or consultation as needed: Muslim Association of Woodstock, Woodstock Punjabi Community, Woodstock Gurdwara, Ukrainian Community, Latinos en Woodstock, Oxford Caribbean Canadian Association, Filipino-Canadian Association, Oxford County Accessibility Advisory Committee, those with lived experience.



ACTION COALITION ESTABLISHMENT:

AFFORDABILITY & ECONOMIC STABILITY

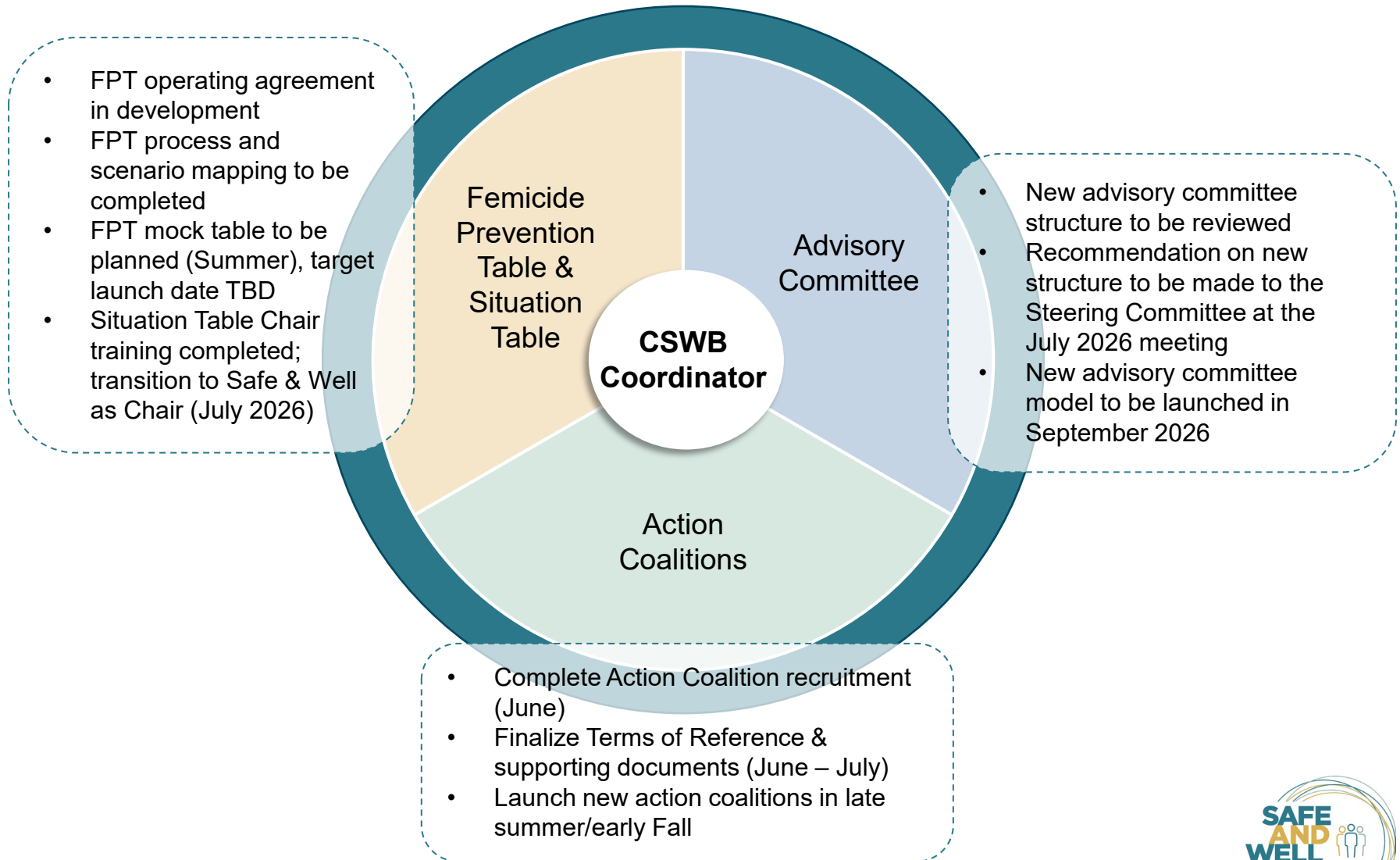
Goal

Build on ongoing efforts to ensure Oxford County is a community where everyone, regardless of age, geography, background, or identity, can live with dignity, belonging, and equitable opportunity.

AFFORDABILITY & ECONOMIC STABILITY INITIATIVES	ACTION COALITION REPRESENTATION (STAFF LEVEL)
<p>Enhance food security through more strategic collaboration among municipalities, food networks, and community organizations to improve access to affordable and nutritious food options across the County.</p>	<ul style="list-style-type: none"> • Social Planning Council • United Way Oxford • Living Wage Oxford – SWPH • Food Insecurity Oxford – SWPH • FOOD Project • Food Rescue Hub • Community Employment Services/Women’s Employment Resource Centre • Multiservice Centre Tillsonburg • Fanshawe College • Ontario Works/Employment Services Service System Manager • Chamber of Commerce • Ingersoll Services for Seniors
<p>Help residents build skills, reduce barriers to finding work, and connect to steady, good-paying jobs through continued collaboration between local schools, training programs, job agencies, and other community partners.</p>	
<p>Make it easier for people with low or fixed incomes, such as older adults and people with disabilities, to access financial help, services, and social supports by enhancing outreach, sharing clear information, and coordinating local supports.</p>	



GOVERNANCE MODEL UPDATES



RISK TO SEXUAL ASSAULT SERVICES OXFORD

Background

- Ontario Health (West) funds Oxford County via ongoing “legacy funding” = 0.3 FTE. This is the only annualized base funding Oxford receives.
- MCCSS: primary funder of Sexual Assault Centres, but for Oxford County.
- NAP funding (via MCCSS) supports OSAS delivery in Oxford County.
- **235+ individuals served to date and 1,288 sessions delivered**

Issue

- The NAP grant will come to an end part-way through this fiscal year.
- OSAS (Oxford County Community Health Centre) is the only provider of specialized sexual violence supports in Oxford.
- **Oxford County is at risk of losing these supports completely when NAP grant funding ends.**

Next steps

- Continue advocacy to MCCSS for ongoing base funding.
- Pursue bridge funding (e.g., Trillium) to sustain services short-term
- **If unsuccessful: close referrals by Fall 2026 and wind down programming by March 31, 2027.**
- Launch public advocacy with community partners

HYDRO ONE GRANT

Background

- Hydro One is offering a **Community Partnership Grant** for municipalities, non-profits, and charities to support initiatives related to emergency preparedness, critical infrastructure, and community well-being.
- This grant opportunity was shared with emergency shelter/food services in Oxford County

Applicant

- The FOOD project (registered charity) is a collaboration between multiple charitable and non-profit organizations that aims to improve food security for all residents in Oxford County.
- The FOOD project has expressed interest in applying to the grant for **[placeholder]**

Support

- Hydro One requires CAO/Mayor support letter to validate community need
- **Oxford County CAO to provide letters based on Safe & Well Steering Committee endorsement**



PATH FORWARD

JUNE

- Steering Committee endorsement on approach for establishing new action coalitions
- Action coalition participant profile drafted for member call-out purposes

JULY

- Draft new Safe & Well Advisory Committee model that will replace Steering Committee★
- Final version of the Safe & Well Oxford plan published to the website
- New action coalition member call-out completed
- Safe & Well Oxford becomes chair of Situation Table

AUGUST

- Oxford County Drug & Alcohol Strategy aligned with Safe & Well Oxford targeted for publication
- Updated documents (ToR, etc.) for advisory committee and new action coalitions completed
- Steering Committee endorsement on new Advisory Committee model

SEPT

- People & belonging and affordability & economic stability action coalitions launch
- New advisory committee launches
- Updated Safe & Well website launches

Ongoing:

- establishing OFPT
- sourcing a dedicated resource for plan measurement
- participation in priority setting and work planning for OMHAAC and DART





safe & well

OXFORD COMMUNITIES

Action Coalition Update

Meeting Date:	June 15, 2026
Action Coalition:	Oxford Mental Health & Addictions Action Coalition
Representative:	Peter Heywood
Update:	<ul style="list-style-type: none">• OMHAAC met on June 2, 2026, with discussion focused on advancing priorities aligned with prevention, low-barrier supports, treatment systems, and community safety.• Draft recommendations emphasized evidence-informed, community-level approaches to alcohol harm reduction, including public education, awareness, responsible service training, and early identification. Additional discussion highlighted integrated vaping and tobacco prevention strategies, particularly for youth.• University of Waterloo capstone students are partnering with the Coalition to develop a tracking and evaluation framework for the refreshed strategy.• Sarah Gibson provided an overview of Safe and Well, clarifying its role as a mechanism to support communication, alignment, and problem-solving across action tables.• The coalition approved the OMHAAC Communication Strategy, which aims to increase visibility, expand community awareness, reduce stigma related to substance use and mental health, promote services and supports, and strengthen partner engagement through evidence-informed and equity-focused messaging.• Members discussed the value of publicly reporting aggregate overdose, drug poisoning, and related death data to improve community awareness, transparency, and urgency.
Challenges, opportunities & metrics	Opportunity: Strong alignment between OMHAAC priorities and the Safe and Well coordination role creates a clearer pathway for system integration, communication, and collaborative problem-solving across community tables.

	<p>Opportunity: Development of a formal tracking and evaluation framework will support clearer outcome measurement, ongoing accountability, and future reporting on strategy implementation.</p> <p>Opportunity: There is potential to establish regular public reporting of aggregate overdose and drug poisoning data to increase awareness, transparency, and collective action.</p> <p>Metric development: Proposed indicators are being refined through the strategy refresh and Waterloo capstone work, with expected measures related to substance use trends, service access and utilization, overdose events and reversals, and awareness or stigma-related outcomes.</p>
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