

2026–2031

Middlesex Community Safety and Well-Being Plan

Working together for safer, stronger, and
more connected communities



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Land acknowledgment



We acknowledge that the land we stand upon today is the traditional territory of the Attawandaron, Anishinabeg, Haudenosaunee, and Lunaapeewak peoples, who have longstanding relationships to the land, water, and region of Southwestern Ontario. The local First Nation communities of this area include the Chippewas of the Thames First Nation, the Oneida Nation of the Thames, and the Munsee-Delaware Nation.

We acknowledge the treaties specific to this area: Treaty 2 (McKee Purchase), Treaty 3 (Between the Lakes Purchase), Treaty 6 (London Township Purchase), Treaty 21 (Long Woods Purchase), and Treaty 29 (Huron Tract Purchase).

We value the significant past and present contributions of local and regional First Nations of Turtle Island. We acknowledge the historic and ongoing injustices Indigenous peoples endure in Canada and affirm our commitment to honouring Indigenous voices, nations, and cultures, and to moving forward in a spirit of reconciliation and respect.

Message from Middlesex municipal partners

Community safety and well-being are shared responsibilities. The social, economic, and health conditions that influence community well-being, including housing, mental health and substance use, access to services, family well-being, violence prevention, and economic security extend beyond municipal boundaries and organizational mandates.

Addressing these responsibilities requires municipalities, service providers, community organizations, institutions, other governments, and residents to work in a connected way.

This updated plan reflects the joint commitment of local municipalities across Middlesex County to build on the work already underway. It focuses collective effort where it can add value and strengthens prevention before challenges become crises. The plan sets six interconnected priorities, establishes a practical governance model, and creates clearer expectations for implementation, monitoring, and public reporting.

The plan is ambitious about outcomes but realistic about authority and resources. It does not assume that every action will be led or funded by a municipality. Instead, it clarifies where existing mandates can align, where coordinated advocacy or investment may be needed, and where focused collaboration can move a specific priority forward.

We thank the community partners and municipal leaders who contributed their knowledge to this update, and the residents and organizations whose input shaped the original Community Safety and Well-Being Plan, 2021–2026. Continued engagement, transparent reporting, and a willingness to adjust course will be essential as Middlesex municipalities move from shared priorities to visible action.

Introduction

Under Part XVI of Ontario's *Community Safety and Policing Act, 2019*, every municipality must prepare and adopt a community safety and well-being (CSWB) plan.[1] Municipalities may prepare a plan jointly, and Ontario Regulation 414/23 requires municipal councils to review and, if appropriate, revise their plans every four years.

CSWB planning takes a broader view of safety than crime or emergency response alone. It addresses the social, economic, health, and community conditions that influence whether people are safe, have a sense of belonging, can participate in community life, and can meet their basic needs. Ontario's framework organizes action across social development, prevention, risk intervention, and incident response, with the strongest emphasis on addressing risks before they escalate.[2]

The Middlesex Community Safety and Well-Being Plan 2026–2031 identifies shared priorities for Middlesex County municipalities, clarifies where coordinated action can add value, and provides a practical roadmap for implementation, governance, monitoring, and public reporting. Recommended actions build on existing municipal and partner work rather than creating a separate service system or duplicating established tables and initiatives.

The plan is a joint initiative of municipalities across Middlesex County, supported by community and institutional partners. Implementation will focus on what can be advanced through stronger alignment, shared information, practical collaboration, and advocacy, while remaining responsive to local circumstances and the mixed rural and small urban geography of Middlesex.

A vision for Middlesex

A safer Middlesex for all

Achieving a safer Middlesex for all means helping residents reach support before manageable challenges become crises; coordinating services and supports across municipalities and partners while respecting distinct mandates; and using local data, community feedback, and transparent reporting to improve progress.

Middlesex overview

Middlesex County is a predominantly rural and small urban community in Southwestern Ontario. It comprises eight local municipalities: Adelaide Metcalfe, Lucan Biddulph, Middlesex Centre, North Middlesex, Southwest Middlesex, Strathroy-Caradoc, Thames Centre, and the Village of Newbury. The county's total population is an estimated 87,464 as of 2025, experiencing 7.6% growth (+6,212 people) since 2021 (81,252).[3] Middlesex County surrounds much of the city of London, a fast-growing, mid-sized urban centre. While the county is governed separately from the city, London acts as a regional hub, with major highways connecting municipalities across the region.

The county's size, dispersed settlement pattern, and mix of rural, small-town, and growing communities shape how residents experience safety and well-being. Because services may be concentrated outside a resident's home community, factors such as distance, transportation, digital connectivity, hours of operation, and privacy concerns can determine whether a service is truly accessible.

Middlesex has significant strengths, including local relationships, volunteer networks, municipal collaboration, community organizations, and agricultural and small-business assets. These strengths demonstrate the community's deep knowledge of local needs. The plan builds on these strengths while creating a shared approach to issues that cross municipal boundaries.



The history of community safety planning in Middlesex

Community safety and well-being planning in Middlesex began as a joint municipal initiative in response to provincial requirements for municipalities to prepare and adopt community safety and well-being plans.[4] A collaborative approach was taken in January 2020, with the county coordinating the planning process with the participating local municipalities. This approach allowed for the development of one shared plan for Middlesex while recognizing the distinct needs, resources, and relationships within each community.

Development of the first Middlesex Community Safety and Well-Being Plan, 2021–2026, was guided by a Project Steering Committee comprising administrative leaders and elected representatives from across the county.[5] A multi-sectoral advisory committee brought together 23 members representing 17 sectors, including health, mental health, education, policing, social services, employment, housing, and community organizations. The process included local data and asset mapping, an inventory of existing planning tables, public and community-partner surveys, municipal presentations, and advisory committee working sessions. In total, 276 residents participated in the public survey and 50 organizations representing 20 sectors responded to the community-partner survey.

The resulting plan established four broad priority areas: **health; housing and homelessness; quality of life;** and **public safety**. It was designed to build on existing programs, services, partnerships, and planning tables rather than duplicate or replace them. The original plan also recognized that many community safety and well-being issues cross municipal and organizational boundaries and require coordinated and collaborative action by municipalities, service providers, community organizations, and other levels of government. The plan's proposed implementation structure provided opportunities for county-wide and local collaboration, supporting collective action on shared issues while

keeping local circumstances at the centre.

The updated plan builds on this foundation. It reviews progress under the original plan, considers new data and changing conditions, and incorporates input from the county, local municipalities, and community partners. Remaining a joint plan of Middlesex municipalities, the updated plan reframes the original priorities into clear outcomes and practical actions supported by defined governance, performance measures, and reporting expectations. Greater attention is also given to rural and small urban realities, equity and accessibility, priority populations, service coordination, and useful local data.

The update marks a shift from establishing a shared direction to supporting implementation and accountability. Working groups will be formed only when coordinated action is needed to advance a specific priority or deliverable and will be time-limited and focused. Wherever possible, implementation will connect to existing tables, networks, and initiatives.

What we heard: 2026 Status Update Survey

The 2026 Status Update Survey gathered responses from 33 community partners about their perspectives on progress since the launch of the original plan in 2021 and on current and emerging challenges.[6] Respondents represented municipal government, community and nonprofit organizations, emergency services, health care, employment and workforce development, social and human services, housing and homelessness, Indigenous organizations and communities, mental health and addictions services, policing and justice, public health, gender-based violence services, funders, and system-planning partners. The survey was targeted rather than statistically representative; its findings describe perceived progress, current pressures, and coordination needs, not population-level prevalence or a complete inventory of activity.

Respondents reported progress across many goals in the original plan, although progress was uneven. Areas where respondents generally saw moderate or significant progress included mental health awareness, collaboration among substance use and addiction service providers, workforce engagement, road infrastructure, community transportation, public safety, and police capacity. More limited progress was reported in access to substance use and addiction services, reducing stigma, expanding affordable housing, reducing homelessness, improving cycling infrastructure, and reducing greenhouse gas emissions. These findings suggest that the original priorities remain relevant, but their framing and implementation need to reflect changing conditions.

A key theme that emerged from the survey was that community safety and well-being challenges are interconnected. Housing instability and homelessness were the most consistently identified concerns and were closely linked to mental health challenges, problematic substance use, poverty, violence, challenges in health care access, and community instability. Respondents also highlighted food insecurity, transportation barriers, gaps in primary and mental health care, gender-based violence, rural service gaps, the rising cost of living, and pressures on children, youth, and families. Rather than treating these as separate issues,

respondents emphasized the need for prevention, early intervention, effective service navigation, and coordinated responses that address the conditions contributing to crises. There was a recognition that multiple levels of government are responsible for these systems, so actions need to be appropriately scoped to municipalities' sphere of influence.

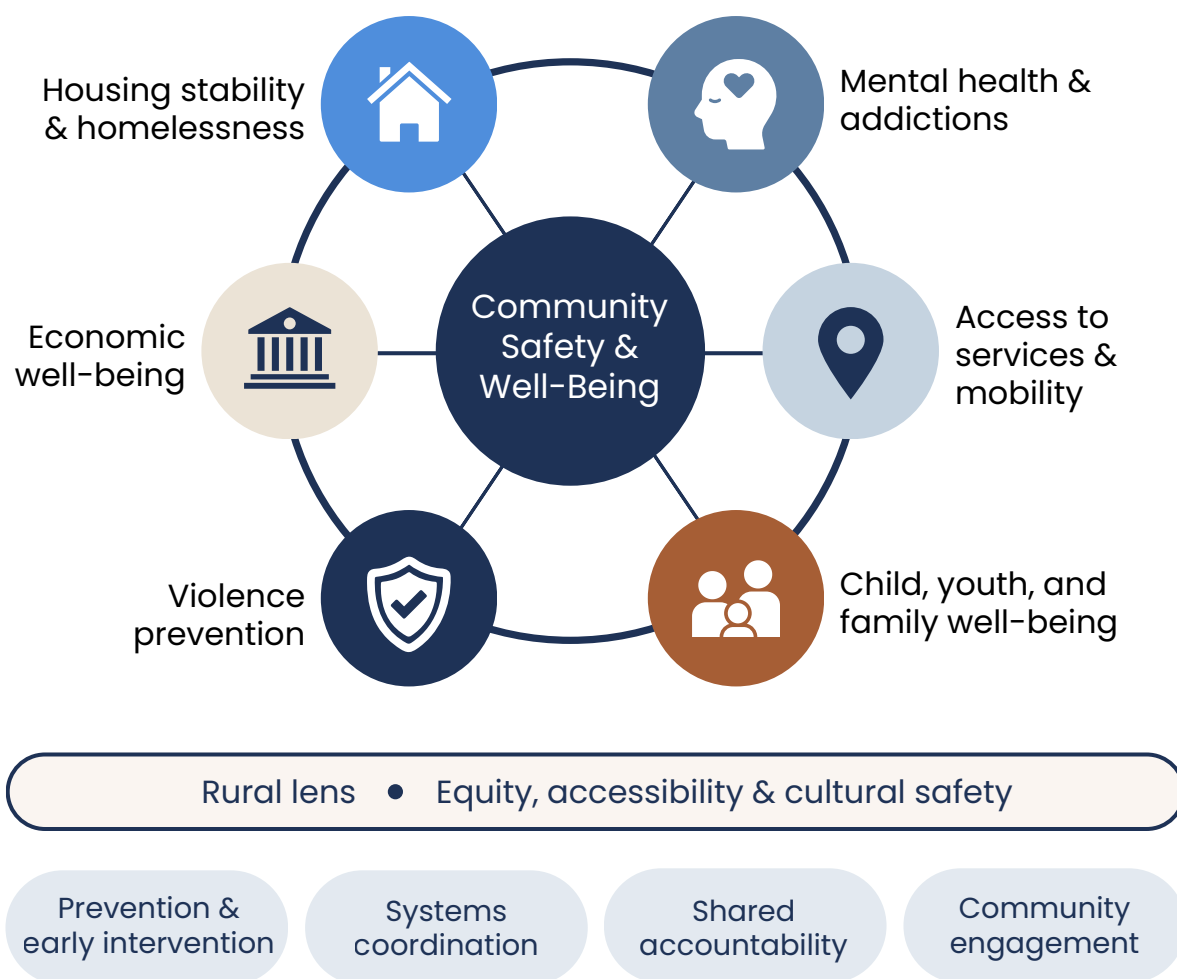
Although many respondents described collaboration as moderately or very effective, approximately one-third were unsure how to assess collaboration in several areas. The most frequently identified barriers were limited funding, insufficient staff capacity, rural geography, the absence of a clear coordination structure, organizational silos, data-sharing challenges, and limited awareness of available services. These findings suggest that the main barriers are structural rather than a lack of willingness among partners. Stronger governance, clearer roles, better information sharing, and shared accountability will be needed to turn existing relationships into sustained coordinated action.

The survey also reinforced the importance of applying rural, equity, accessibility, and cultural safety lenses across the plan. Respondents identified barriers affecting Indigenous communities, racialized residents, newcomers, 2SLGBTQIA+ residents, people with disabilities, low-income residents, women experiencing violence, seniors, veterans, children, youth, and families.

Priority areas, lenses, and enablers

The Middlesex Community Safety and Well-Being Plan 2026–2031 identifies six interconnected priority areas based on available local data, the Status Update Survey, existing municipal plans and initiatives, and partner input. The priorities are not ranked and should not be treated as separate silos. Each is influenced by the others, and progress in one area may depend on action in several others. Two cross-cutting lenses and four implementation enablers apply across the full plan (Figure 1).

Figure 1: Priority areas, cross-cutting lenses, and implementation enablers, Middlesex CSWB Plan 2026–2031 [7]



Priority areas

Each priority area description includes a rationale and recommended actions to guide next steps in implementation.



Housing stability and homelessness

Focuses on preventing and responding to housing insecurity, homelessness, hidden homelessness, and gaps across the housing continuum.[8] This includes affordable housing such as rental or ownership options that are accessible to a broad range of income levels, supportive housing, transitional housing, seniors housing, market housing, emergency shelter, crisis accommodation, and supports for individuals experiencing chronic homelessness. In a rural context, this priority also needs to address “hidden homelessness,”[9] transportation barriers, limited local service availability, privacy concerns, and the reality that homelessness may be less visible than in urban areas but still significant.

Why this priority matters

Housing is a foundational condition for safety and well-being. Housing instability can increase risks related to mental health, addiction, family stress, victimization, exploitation, emergency service use, and chronic crisis involvement. A CSWB approach should treat housing not only as a human or social services issue, but as a core prevention priority.

RECOMMENDED ACTIONS

HSH1.

Support implementation of relevant priorities in the London and Middlesex County Housing Stability Action Plan (2026–2031),[10] with specific attention to hidden homelessness and the realities of rural communities.

HSH2.

Improve service integration and referral pathways across emergency services, human and social services, mental health and addiction supports, income assistance, outreach, and housing providers, including for people experiencing chronic homelessness.

HSH 3.

Develop a coordinated data and reporting framework to monitor housing instability, homelessness, service demands, and service gaps over time and, where appropriate, by geography and population, supporting evidence-informed planning and decision-making.

HSH 4.

Identify and share opportunities to pursue provincial, federal, and community-based housing investments collaboratively, including appropriate private and nonprofit sector partnerships.

HSH 5.

Provide regular public updates on housing stability and homelessness as part of broader CSWB reporting and community engagement.



Child, youth, and family well-being

Focuses on strengthening the protective conditions that help children, youth, and families thrive. This includes family supports, school and community partnerships, recreation, sport, arts, culture, youth-friendly spaces, healthy relationships education, online safety, coping skills, and early access to help.

Why this priority matters

Many safety and well-being concerns emerge when children, youth, and families face unmet basic needs, isolation, poverty, trauma, school disengagement, online harms, exploitation, or limited access to positive activities and trusted adults. This priority should be understood as prevention infrastructure, not simply youth programming.

RECOMMENDED ACTIONS

CYFW 1.

Encourage the delivery of programs focused on consent, healthy relationships, online safety, human trafficking awareness (including sex trafficking), coping skills, and youth resilience.

CYFW 2.

Strengthen and clarify pathways for families to access mental health services, parenting supports, crisis response services, school-based resources, and assistance with basic needs.

CYFW 3.

Create and maintain active living opportunities through partnerships among municipal recreation services, educational institutions, and organizations serving children, youth, families, and seniors.

CYFW 4.

Identify opportunities to engage youth in shaping program development that reflects their experiences and expressed needs.



Access to services and mobility

Focuses on reducing the practical barriers that prevent residents from reaching the supports, programs, and opportunities they need. Barriers may include transportation, service navigation, digital access, service location, hours of operation, eligibility, affordability, accessibility, and awareness of available supports. This priority is especially important in rural areas, where services may technically exist but remain difficult to use because of distance, cost, limited transit, privacy concerns, or fragmented referral pathways.

Why this priority matters

Poor access can turn manageable challenges into emergencies. Residents may delay seeking help, rely on emergency services, miss appointments, become isolated, or remain disconnected from housing, health, employment, family, and victim support services. Mobility is therefore not just a transportation issue; it is a safety and well-being issue.

RECOMMENDED ACTIONS

ASM 1.

Identify where residents face the greatest transportation and service access barriers.

ASM 2.

Develop a rural service access and navigation map.[11]

ASM 3.

Advance sustainable transportation solutions that connect residents to essential services and opportunities.[12]

ASM 4.

Integrate active transportation into service access planning.[13]

ASM 5.

Expand opportunities for hybrid, mobile, outreach-based, and community-based service delivery.[14]

ASM 6.

Work with the Province, the Middlesex London Ontario Health Team, and local partners to expand access to primary health care.

ASM 7.

Work with Indigenous communities and Indigenous-led organizations to reduce barriers to culturally safe services, including transportation, navigation, and locally appropriate service delivery.



Economic well-being

Focuses on improving the financial, employment, training, and basic needs conditions that support safety, stability, and participation in community life. This priority encompasses employment pathways, income supports, financial literacy, workforce development, youth employment, entrepreneurship, local hiring, food security, and other basic needs supports.

Economic well-being in this plan is not a general economic development agenda. It focuses on how affordability, income, employment, training, food security, and access to opportunity affect safety, housing stability, mental health, family well-being, vulnerability to exploitation, and participation in community life.

Why this priority matters

Poverty, unstable work, unemployment, underemployment, lack of transportation, food insecurity, and exclusion from local opportunity can increase vulnerability and reduce access to protective factors. Local economic development can support CSWB when it connects business, workforce, education, and community partners to prevention goals.

RECOMMENDED ACTIONS

EWB 1.

Work collaboratively with workforce development organizations, employment services, human and social services, employers, schools, libraries, and community agencies to improve access to employment, training, income supports, financial literacy, and basic needs supports. [15]

EWB 2.

Monitor progress in economic well-being as an indicator of community well-being.

EWB 3.

Work with economic development partners to identify practical opportunities where local hiring, entrepreneurship, workforce development, business retention, and growth can support CSWB outcomes.

EWB 4.

Increase youth employment through mentorship and accessible skill development.

EWB 5.

Promote inclusive local economic participation.



Mental health and addictions

Focuses on improving timely access to coordinated, trauma-informed, harm-reduction-informed, and recovery-oriented supports for individuals, families, caregivers, children, and youth. These supports include prevention, early intervention, crisis pathways, outreach, peer support, warm referrals, caregiver supports, and coordinated responses for people with complex or high-acuity needs.

Why this priority matters

Mental health and addiction concerns are closely connected to housing instability, family stress, victimization, exploitation, public space concerns, emergency service demand, impediments to child and youth well-being, and chronic crisis involvement. Any approach should reduce barriers to supports before issues escalate and improve coordinated responses when complex needs are already present.

RECOMMENDED ACTIONS

MHA 1.

Improve access to mental health and addiction services for rural communities.

MHA 2.

Support priority services in applying trauma- and violence-informed approaches in their interactions with children, youth, families, caregivers, and people who have experienced harm.

MHA 3.

Strengthen collaborative response approaches, including outreach, service navigation, warm referrals, peer support, and coordinated case conferencing for high-acuity cases, to ensure more seamless and effective support.

MHA 4.

Strengthen and clarify pathways for 24/7 crisis intervention supports.

MHA 5.

Increase efforts to reduce the stigma experienced by persons with mental illness and those who struggle with substance use.



Violence prevention

Focuses on preventing, identifying, responding to, and reducing violence, victimization, exploitation, hate, discrimination, and abuse across Middlesex. This includes intimate partner violence, gender-based violence, sexual violence, coercive control, human trafficking, child and youth victimization, hate incidents, discrimination, and other forms of interpersonal and community harm.

Why this priority matters

Violence can occur in homes, relationships, institutions, workplaces, and public spaces. Its effects extend beyond immediate physical harm to negative impacts on mental health, housing stability, family well-being, social trust, and community participation. Many forms of violence—including intimate partner and sexual violence, coercive control, human trafficking, and hate-motivated incidents—are underreported, so police and other service data alone do not show the full scope of harm.

Risks, impacts, and access to support are not evenly distributed. Limited access to confidential services in rural areas, economic dependence, discrimination, disability, age, immigration status, and past experiences with institutions can create additional barriers to safety and disclosure. Different forms of violence require tailored, evidence-informed responses. This priority therefore combines primary prevention, safe disclosure, coordinated support, community education, and long-term work to reduce the conditions that allow violence to occur and persist.

RECOMMENDED ACTIONS

VP1.

Strengthen current reporting, referral, and follow-up approaches for victims and their families.

VP 2.

Identify access barriers and potential responses in rural communities to support victims of gender-based violence, including partnership and funding opportunities.

VP 3.

Provide a diversity of safe disclosure points in the community.

VP 4.

Advocate for developmentally appropriate and coordinated responses for young victims of crime and their families.

VP 5.

Strengthen coordinated referral pathways to ensure individuals and families experiencing intimate partner violence, sexual violence, coercive control, human trafficking, and other forms of gender-based violence can access timely, seamless, and appropriate supports across services.

VP 6.

Support the provision of community training on how to prevent the bystander effect in situations of hate crimes, discrimination, criminal harassment, and other forms of interpersonal violence or behaviours that may lead to interpersonal violence.

VP 7.

Strengthen relationships with Indigenous, racialized, 2SLGBTQIA+, and faith communities, newcomers, people with disabilities, youth, schools, and local service providers to better understand safety concerns and improve prevention and response opportunities.

VP 8.

Encourage the adoption of programs that focus on the longer-term potential to prevent violence in collaboration with local health and educational institutions.

Cross-cutting lenses

Cross-cutting lenses inform how all priorities and actions are designed, implemented, and measured.

RURAL LENS

A rural lens recognizes that community safety and well-being manifest differently in rural versus urban contexts. Limitations related to distance, transportation options, dispersed populations, service availability, volunteer capacity, connectivity access, and emergency response times can all affect how residents access supports and how partners coordinate services. Applying a rural lens means designing actions that work outside larger urban service models. This approach focuses attention on local access points, mobile and outreach-based services, regional coordination, transportation solutions, and the realities faced by residents who may need to travel across communities to access health care, housing supports, employment, education, food, mental health and addiction services, or crisis response.

This lens also recognizes rural strengths, including strong local relationships, community identity, volunteer networks, agricultural and small-business assets, and local knowledge. The plan should build on these strengths while addressing the practical barriers created by geography and service distance.

EQUITY, ACCESSIBILITY, AND CULTURAL SAFETY LENS

An equity, accessibility, and cultural safety lens recognizes that residents do not experience safety, well-being, services, or systems in the same way. Poverty, racism, colonialism, disability, gender-based violence, age, language, immigration status, sexual orientation, gender identity, mental health, substance use, housing insecurity, and other factors can shape who is at greater risk of harm and who faces barriers to support. Applying this lens means identifying who may be underserved, excluded, overrepresented in crisis systems, or less likely to experience services as safe and responsive. It also means designing actions that reduce barriers and stigma, improve access, and support dignity, trust, and belonging. These actions include accessible communication, trauma- and violence-informed approaches, culturally safer services, anti-racism, Indigenous reconciliation, disability inclusion, and meaningful engagement with residents who have lived and living experience.

This lens should shape how priorities are selected, how actions are implemented, who is involved in decision-making, and how progress is measured. It should also consider whether the plan improves outcomes for residents experiencing the greatest barriers.

Implementation enablers

Enablers are proactive approaches that can support implementation and the long-term success of the Middlesex CSWB Plan 2026–2031.

Prevention and early intervention

Each of the priority areas represents an opportunity to address root causes of social harm and crime before they escalate into emergencies or require a crisis response. This enabler keeps a focus on how communities can respond early to emerging challenges.

Systems coordination

The CSWB Plan 2026–2031 provides a framework for bringing people and resources together to improve social and economic outcomes. This enabler focuses on how partners can improve collaboration across municipalities and partners for the benefit of their communities.

Shared accountability

An important step in plan implementation is the development of key performance indicators (KPIs) and clear assignments of roles and responsibilities.

Community engagement

The involvement of partners and members of the public is core to the plan's development, implementation, and reporting. The most successful CSWB plans are those that foster ongoing awareness and broad participation.

Governance

A strong governance model is essential because the plan depends on coordinated action across municipal services and community systems. Governance provides the structure for setting direction, clarifying roles, resolving barriers, monitoring progress, and sustaining engagement. It also protects against a common failure in collaborative plans: broad agreement on priorities without clear ownership for implementation.

Approach to governance

The form of a governance model should follow the functions it must perform. Regardless of structure, implementation requires clear responsibility for five core functions:

1

Strategic oversight

Align the plan with municipal priorities and Middlesex County Council direction, maintain focus on agreed-upon outcomes, and address barriers requiring senior authority.

2

Implementation coordination

Track actions, coordinate partner contributions, identify cross-sector challenges, and recommend practical responses to barriers in implementation.

3

Indicator monitoring and reporting

Track agreed-upon indicators, interpret progress, and provide annual public and Middlesex County Council reporting on activities, outcomes, limitations, and emerging needs.

4

Partner engagement

Maintain cross-sector participation, communication, and shared ownership beyond formal meetings.

5

Community connection

Use community input and lived and living experience to test assumptions, identify emerging needs, and improve implementation.

Principles for governance

The governance model should be guided by the following principles:

Clarify who leads implementation, coordination, and reporting

Report annually to Middlesex County Council and local municipal councils

Support cross-sector coordination and joint actions, not consultation alone

Include community voices and lived and living experience in practical and meaningful ways

Use existing tables and networks wherever they align with the purpose of a priority area action

Use time-limited working groups rather than defaulting to new standing committees

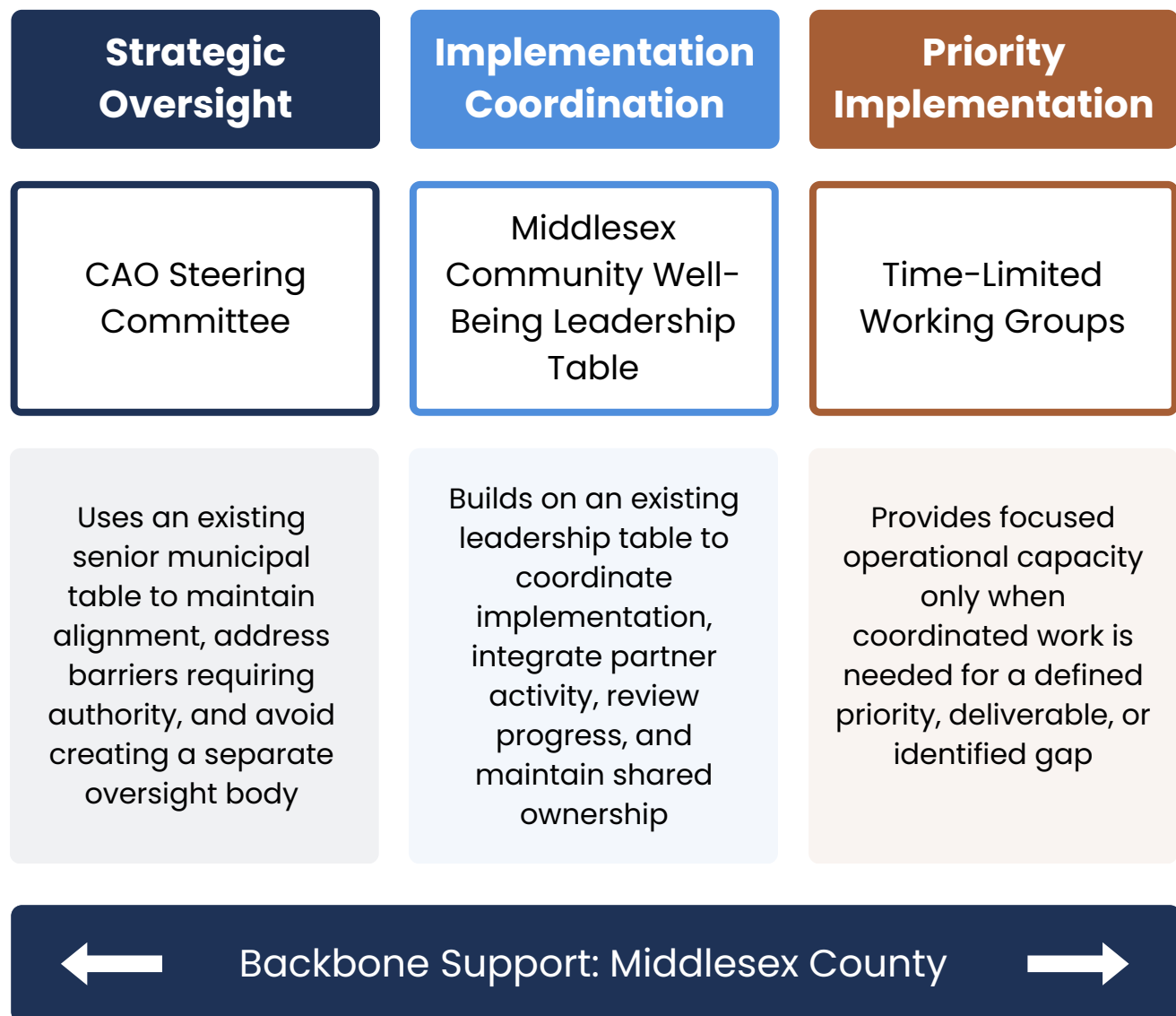
Track a focused set of agreed-upon indicators and implementation milestones

Sustain momentum, communication, and accountability between formal plan updates

The Middlesex CSWB governance model

Designed to support collaboration by building on existing structures, the Middlesex CSWB model reflects the functions and principles above, incorporates feedback from municipal leaders across Middlesex, and considers the need to use partner capacity carefully. The model has three connected levels, supported by Middlesex County in a backbone role (Figure 2).

Figure 2: Governance model, Middlesex CSWB Plan 2026–2031 [16]



The governance model includes three connected levels:

CAO Steering Committee

The chief administrative officers of municipalities across Middlesex County will provide strategic oversight. Meeting approximately twice each year, the committee will confirm priorities, maintain alignment across municipal governments, review progress, address barriers requiring senior authority, champion the plan, and support required provincial reporting.

Middlesex Community Well-Being Leadership Table

An expanded version of the existing Senior Leadership Human Services Table will act as the central coordinating body for implementation. Membership will include key municipal, human services, policing, Indigenous, and community partners. The table will align partner activities with the plan, monitor progress, identify implementation barriers, and maintain cross-sector ownership. Quarterly meetings are recommended during the initial implementation period, with frequency reassessed after two years.

Time-Limited Working Groups

Purpose-driven working groups will be formed only when coordinated action is needed to advance a specific priority or deliverable. Each group will have a clear mandate, membership, timeline, responsibilities, and expected output, and will conclude once its work is complete. Wherever possible, implementation will connect to existing tables, networks and initiatives.

Middlesex County will provide the backbone support needed to sustain the model, including administration and coordination, indicator tracking, partner data collection, annual reporting, public communication, and support for the leadership table and working groups. A responsibility framework will identify who leads, supports, is consulted, and is accountable for each action.

Community engagement will remain an ongoing governance function rather than a one-time planning activity. An annual Middlesex CSWB Community and Partner Forum will share progress and data, identify

emerging needs, renew commitments, and connect with broader service networks and residents. Other engagement will use existing housing, homelessness, youth, service, and Indigenous networks and create practical opportunities for people with lived and living experience to inform implementation.

The governance model coordinates work; it does not replace the roles and responsibilities of Middlesex County Council, organizations, or partners. Any action requiring a new municipal obligation, funding commitment, policy decision, or change in service mandate will proceed through the relevant approval process. The model's effectiveness will depend on community engagement and buy-in, clear terms of reference, realistic expectations, disciplined follow-through, visible early progress, and honest reporting when barriers cannot be resolved locally.

Implementation roadmap

The roadmap that follows provides a five-year view of the recommended actions across all six priority areas. Some actions are already underway and should be continued or strengthened; others require further scoping, partner agreement, or resources before implementation. The roadmap is directional and will be refined through annual work planning, the outcomes of which will be shared with all involved and the community.

Together, the actions provide a balanced mix of approaches that:

**Increase public awareness and
community engagement**

**Strengthen and improve existing
programs and policies**

**Develop new programs or
policies to address identified
gaps or needs**

**Mobilize existing and emerging
knowledge to enhance cross-
sector collaboration**

**Contribute to the expansion of
the evidence base**

Advance advocacy efforts

The roadmap is selective rather than comprehensive. It focuses on areas where stronger alignment, coordination, data, engagement, or advocacy can add value. Because the priority areas are interconnected, actions should be designed and sequenced to avoid siloed work streams.

During start-up, the Middlesex Community Well-Being Leadership Table will confirm timelines proposed in the roadmap based on urgency, expected impact, feasibility, readiness, equity implications, and available resources.

Timelines are defined as follows:

 **Short:** Year 1 (first 12 months)

 **Medium:** Years 2–3

 **Long:** Years 4–5

The Middlesex Community Well-Being Leadership Table will work together to identify leads for the priority areas, supporting partners, expected outputs, anticipated outcomes, required approvals, resource implications, and indicators for each action selected for implementation.



Housing stability and homelessness

TIMELINE

RECOMMENDED ACTION

Short
(Year 1)

Medium
(Years 2–3)

Long
(Years 4–5)

HSH 1. Support implementation of relevant priorities in the London and Middlesex County Housing Stability Action Plan (2026–2031), with specific attention to hidden homelessness and rural realities.



HSH 2. Improve service integration and referral pathways across emergency services, human and social services, mental health and addiction supports, income assistance, outreach, and housing providers, including for people experiencing chronic homelessness.



HSH 3. Develop a coordinated data and reporting framework to monitor housing instability, homelessness, service demands, and service gaps over time and, where appropriate, by geography and population, supporting evidence-informed planning and decision-making.



HSH 4. Identify and share opportunities to pursue housing investments collaboratively, including appropriate private and nonprofit sector partnerships.



HSH 5. Provide regular public updates on housing stability and homelessness as part of broader CSWB reporting and community engagement.





Child, youth, and family well-being

TIMELINE

RECOMMENDED ACTION

Short
(Year 1)

Medium
(Years 2-3)

Long
(Years 4-5)

CYFW 1. Encourage the delivery of programs focused on consent, healthy relationships, online safety, human trafficking awareness (including sex trafficking), coping skills, and youth resilience.



CYFW 2. Strengthen and clarify pathways for families to access mental health services, parenting supports, crisis response services, school-based resources, and assistance with basic needs.



CYFW 3. Create and maintain active living opportunities through partnerships among municipal recreation services, educational institutions, and organizations serving children, youth, families, and seniors.



CYFW 4. Identify opportunities to engage youth in shaping program development that reflects their experiences and expressed needs.





Access to services and mobility

TIMELINE

RECOMMENDED ACTION

Short
(Year 1)

Medium
(Years 2-3)

Long
(Years 4-5)

ASM 1. Identify where residents face the greatest transportation and service access barriers.



ASM 2. Develop and maintain a rural service access and navigation map.



ASM 3. Advance sustainable transportation solutions that connect residents to essential services and opportunities.



ASM 4. Integrate active transportation into service access planning.



ASM 5. Expand opportunities for hybrid, mobile, outreach-based, and community-based service delivery.



ASM 6. Work with the Province, the Middlesex London Ontario Health Team, and local partners to improve access to primary health care.



ASM 7. Work with Indigenous communities and Indigenous-led organizations to reduce barriers to culturally safe services, including transportation, navigation, and locally appropriate service delivery.





Economic well-being

TIMELINE

RECOMMENDED ACTION

Short
(Year 1)

Medium
(Years 2-3)

Long
(Years 4-5)

EWB 1. Work collaboratively with workforce development organizations, employment services, human and social services, employers, schools, libraries, and community agencies to improve access to employment, training, income supports, financial literacy, and basic needs supports.



EWB 2. Monitor progress in economic well-being as an indicator of community well-being.



EWB 3. Work with economic development partners to identify practical opportunities where local hiring, entrepreneurship, workforce development, business retention, and growth can support CSWB outcomes.



EWB 4. Increase youth employment through mentorship and accessible skill development.



EWB 5. Promote inclusive local economic participation.





Mental health and addictions

TIMELINE

RECOMMENDED ACTION

Short
(Year 1)

Medium
(Years 2-3)

Long
(Years 4-5)

MHA 1. Improve access to mental health and addiction services for rural communities.



MHA 2. Support priority services in applying trauma- and violence-informed approaches in their interactions with children, youth, families, caregivers, and people who have experienced harm.



MHA 3. Strengthen collaborative response approaches, including outreach, service navigation, warm referrals, peer support, and coordinated case conferencing for high-acuity cases, to ensure more seamless and effective support.



MHA 4. Strengthen and clarify pathways for 24/7 crisis intervention supports.



MHA 5. Increase efforts to reduce the stigma experienced by persons with mental illness and those who struggle with substance use.





Violence prevention

TIMELINE

RECOMMENDED ACTION

Short
(Year 1)

Medium
(Years 2-3)

Long
(Years 4-5)

VP 1. Strengthen current reporting, referral, and follow-up approaches for victims and their families.



VP 2. Identify access barriers and potential responses in rural communities to support victims of gender-based violence, including partnership and funding opportunities.



VP 3. Provide a diversity of safe disclosure points in the community.



VP 4. Advocate for developmentally appropriate and coordinated responses for young victims of crime and their families.



VP 5. Strengthen coordinated referral pathways to ensure individuals and families experiencing intimate partner violence, sexual violence, coercive control, human trafficking, and other forms of gender-based violence can access timely, seamless, and appropriate supports across services.



VP 6. Support the provision of community training on how to prevent the bystander effect in situations of hate crimes, discrimination, criminal harassment, and other forms of interpersonal violence or behaviours that may lead to interpersonal violence.



TIMELINE

RECOMMENDED ACTION

Short
(Year 1)

Medium
(Years 2-3)

Long
(Years 4-5)

VP 7. Strengthen relationships with Indigenous, racialized, 2SLGBTQIA+, and faith communities, newcomers, people with disabilities, youth, schools, and local service providers to better understand safety concerns and improve prevention and response opportunities.



VP 8. Encourage the adoption of programs that focus on the longer-term potential to prevent violence in collaboration with local health and educational institutions.



Evaluation and monitoring

Evaluation and monitoring will support implementation by helping partners understand what is being advanced, whether actions are producing the intended results, and where priorities or approaches need to change. Consistent with Ontario's CSWB framework, the data approach will strengthen collaboration, information sharing, planning, and performance measurement across social development, prevention, risk intervention, and incident response.

The evaluation approach will examine both implementation progress and changes in community conditions. This distinction is important: completing an activity does not necessarily mean that community-level outcomes have improved.

Monitoring will therefore consider:

Actions completed, partnerships established, and resources mobilized

The reach, accessibility, and geographic distribution of initiatives

Changes in service coordination, system capacity, and community engagement

Trends in the conditions associated with safety and well-being

Emerging issues that may require adjustments to the plan or its implementation

Indicator framework

Indicators were prioritized with reference to the Canadian Centre for Safer Communities (CCFSC) **Community and Urban Safety Monitoring and Evaluation Toolkit**,^[17] which groups community safety and well-being measures into three connected domains:

- **Criminalization, victimization, and justice** includes indicators related to crime, victimization, the justice system, and community experiences and perceptions of safety
- **Community vitality** captures the experiences of individuals and families and the conditions within neighbourhoods and communities, including basic needs, local environments, social and economic well-being, and access to services
- **Governance and system change** examines how municipalities and community partners mobilize strategies, resources, relationships, and networks to advance community safety and well-being. This domain includes multisector collaboration, resident engagement, shared accountability, information sharing, and system-level capacity

The Toolkit builds on the UN-Habitat's Urban Safety Monitor, connecting the Middlesex approach with a broader framework for understanding safety as a product of social, economic, environmental, institutional, and community conditions. The data management approach supports all four phases of evidence-informed CSWB planning described by the CCFSC, from the initial use of evidence to understand local conditions through implementation, monitoring, and ongoing refinement.

Monitoring and reporting

A focused set of indicators selected from the CCFSC Toolkit will be used to establish baselines where data are available and to monitor trends over the life of the plan. Indicators will be selected based on their relevance to the plan's priorities, the availability and quality of data, the feasibility of ongoing collection, and their usefulness for decision-making. Existing data sources will be used wherever possible to limit additional reporting demands on municipal and community partners.

Middlesex County will coordinate indicator tracking and compile information provided by participating organizations semi-annually. The Middlesex Community Well-Being Leadership Table will review progress, identify gaps or emerging concerns, and recommend adjustments to implementation on an annual basis. Progress will be reported annually to Middlesex County Council and the local municipal councils, with provincial reporting completed as required.

Annual reporting will include:

- progress on actions and deliverables
- available indicator and trend data
- examples of coordinated action and system change
- barriers, data limitations, and areas where progress is uneven
- emerging community safety and well-being needs
- priorities for the following implementation period

Responsible use and interpretation of data

Data will be interpreted carefully and in context. Changes in community-level indicators are influenced by factors beyond the plan, and the data may not establish that a particular action directly caused an observed positive or negative result. Increased reporting of harm or increased service use can also reflect improved awareness and access rather than a worsening condition. Evaluation findings should combine quantitative indicators with partner knowledge, community feedback, and lived and living experience.

Where possible and appropriate, data will be examined by geography and population to identify differences in needs, access, and outcomes across Middlesex. However, publicly reported information will use non-identifying and primarily aggregate data. More detailed data will be shared only where it is reliable, respects privacy requirements, and does not create a risk of identifying individuals or stigmatizing particular communities or populations.

The monitoring framework will remain practical and adaptable. Data gaps, inconsistent definitions, reporting delays, small population sizes, and differences in partner capacity may affect what can be measured. These limitations will be documented rather than obscured. The aim is not to create a perfect

measurement system, but to build a credible and sustainable evidence base that supports shared learning, accountability, and continuous improvement throughout implementation of the plan.

Moving forward

The updated Middlesex Community Safety and Well-Being Plan provides a shared direction for municipalities across Middlesex County and community partners to strengthen safety, well-being, and quality of life. It reflects a broader understanding of community safety—one that recognizes the connections among housing stability, mental health and addictions, access to services, child and family well-being, violence prevention, economic security, and the conditions that allow people and communities to thrive.

Moving from planning to meaningful action will require sustained coordination across governments, service systems, community organizations, and residents. No single municipality or organization has the authority, resources, or expertise to address these complex issues alone. The governance structure and implementation roadmap will support shared leadership by clarifying responsibilities, aligning existing work, identifying opportunities for coordinated action, and establishing time-limited working groups where collaboration is needed to advance a specific priority or deliverable.

Implementation will be phased and responsive to available resources, partner commitments, emerging community needs, and direction by Middlesex County Council. The plan does not create automatic new obligations for the county, local municipalities, or community partners. Instead, it provides a framework for identifying where organizations can contribute through their existing mandates, where greater alignment can improve results, and where additional decisions, partnerships, or investments may be required.

Progress will be monitored through annual reporting, a focused set of indicators, partner updates, and ongoing community input. Monitoring will consider both the actions undertaken and changes in broader community conditions, while recognizing that complex social outcomes develop over time and are influenced by many factors. The findings will be used to identify gaps, adjust implementation, strengthen accountability, and respond to new or changing pressures.

The success of the plan will ultimately depend on consistent leadership, practical collaboration, meaningful community engagement, and the ability to turn shared priorities into visible action. By building on existing partnerships and applying rural, equity, accessibility, and cultural safety lenses across implementation, Middlesex can strengthen the systems and conditions that support safer, healthier, more connected, and more resilient communities.

Acknowledgments

This updated plan was developed through the joint leadership of municipalities across Middlesex County and has been informed by community and institutional partners across municipal government, emergency services, health care, employment and workforce development, social and human services, housing and homelessness, Indigenous organizations and communities, mental health and addictions, policing and justice, public health, gender-based violence services, community funding, and system planning. We thank the 33 partners who contributed to the 2026 Status Update Survey and the residents, organizations, municipal leaders, and committee members whose input shaped the original 2021–2026 plan. Their knowledge provides the foundation for this next phase of implementation.

Middlesex also recognizes the ongoing contributions of local service providers, volunteers, community organizations, and people with lived and living experience whose work and insight will be essential to carrying the plan forward.

Appendix: Additional context

For selected actions, the following overviews provide additional context, rationale, and ideas for implementation.[18]

Housing stability and homelessness

Recommended action	Additional context
HSB 2. Improve service integration and referral pathways across emergency services, human and social services, mental health and addiction supports, income assistance programs, and housing providers to ensure seamless access to care and support.	Housing instability, homelessness, mental health, substance use, income insecurity, and use of emergency services are deeply interconnected. Challenges in one area often contribute to or exacerbate challenges in another, making coordinated, cross-sector responses essential for improving individual well-being and reducing pressures on all systems.
HSB 3. Develop a coordinated data and reporting framework to monitor housing instability, homelessness, service demands, and service gaps over time and, where appropriate, by geography and population, supporting evidence-informed planning and decision-making.	An immediate step toward a more comprehensive response to homelessness and housing instability is the consolidation of housing waitlists. Such consolidation can provide a clearer, system-wide understanding of demand across the housing continuum, strengthen planning and decision-making, and help ensure priority attention is given to those most vulnerable to challenges in getting or staying sustainably housed.
HSB 5. Provide regular updates to the community about advances in housing and homelessness efforts.	Public perceptions of housing instability and homelessness are often shaped by associations with crime and social disorder, which can contribute to stigma, intolerance, and a sense of hopelessness. These perceptions are frequently rooted in a limited understanding of the broader housing system and its connections to mental health, substance use, income insecurity, and other complex challenges. Ongoing public engagement can help to build awareness, foster empathy, and strengthen community support for coordinated responses to these issues. The regular updates could be provided as part of an annual forum that also includes information about other priority areas.

Child, youth, and family well-being

Recommended action	Additional context
CYFW 1. Encourage the delivery of programs which are focused on consent, healthy relationships, online safety, human trafficking awareness (including sex trafficking), coping skills, and youth resilience.	With the widespread availability of AI and social media, children and youth are increasingly exposed to risks of exploitation. Policies and programs that build awareness of these risks and strengthen resiliency among young people offer strong preventative value. These efforts not only help reduce the likelihood of exploitation and harm, but early interventions also contribute to healthy longer-term development, supporting young people in becoming adults who can form and maintain respectful, healthy relationships. Whenever possible, interventions with children and youth should also engage their families or caregivers, given their significant influence on developmental outcomes. For example, recognizing early warning signs that a child may be targeted for recruitment into sex trafficking can greatly improve the likelihood of preventing such harm. There are several model programs in place that can be adapted for the Middlesex context such as healthy dating relationships as part of the school curriculum; <u>Chelsea's Story</u> , a theatre production to bring awareness about sex trafficking; and 40 developmental assets to support healthy child development as a framework for child and youth services, as cited by the Search Institute.
CYFW 2. Strengthen and clarify pathways for families to access mental health services, parenting supports, crisis response services, school-based resources, and assistance with basic needs.	Not all families have the resources, supports, or capacity to raise children without additional assistance. In some cases, parents and caregivers need help in addressing their own challenges before they can provide stable and consistent care. While many communities offer a range of services and supports, pathways to accessing them are not always clear, and barriers can make them difficult to reach. Improving the visibility and accessibility of available supports, while making service systems easier to navigate, represents a significant opportunity to strengthen prevention efforts and help families access assistance before challenges escalate.

Recommended action

Additional context

CYFW 3. Create and maintain active living opportunities through partnerships among municipal recreation services, educational institutions, and organizations serving children, youth, families, and seniors.

Research shows that active and meaningful engagement in the community significantly increases individual, family, and community well-being and contributes positively to community safety. Recreation is more than leisure—it is a powerful catalyst for health, connection, and thriving communities. It brings communities together and creates opportunities for belonging and growth. For recreation to achieve this impact, certain key conditions must be in place. Recreation, whether it is in sports, arts culture or social programming needs to be a low-barrier endeavour, meaning that access is flexible, has few if any eligibility requirements, and actively removes obstacles to entering programs. Recreation and engagement for youth should happen in youth-friendly spaces and community hubs. Youth-friendly spaces and community hubs are local gathering places where young people can access programs, supports, recreation, or simply opportunities to connect with others. Recreation should promote family cohesion and intergenerational connection. Too often, recreational opportunities are segmented by age, limiting meaningful interaction across generations. Providing recreation that is accessible, inclusive, and appealing to people of all ages can strengthen relationships, foster mutual understanding, and enhance community cohesion.

CYFW 4. Identify opportunities to engage youth in shaping program development that reflects their experiences and expressed needs.

A youth reference group is most effective when it reflects the full diversity of young people in the community, including 2SLGBTQIA+ youth, youth with disabilities or learning differences, youth with lived experience in the justice system, and others whose perspectives are often underrepresented. Inclusive representation helps ensure that programs, services, and decisions are informed by a broad range of experiences and needs, leading to more equitable, relevant, and effective outcomes for all youth.

Economic well-being

Recommended action	Additional context
EWB 2. Monitor progress in economic well-being as an indicator of community well-being.	Community well-being and economic well-being are deeply interconnected, as strong local economies create jobs, income, and opportunity that support quality of life, while healthy, inclusive communities provide the stability, participation, and social conditions that allow economic prosperity to be sustained.
EWB 3. Work with economic development partners to identify existing indicators and practical opportunities where local hiring, entrepreneurship, workforce development, business retention, and growth can support CSWB outcomes.	Economic and social development are often treated as separate fields because they are situated within different sectors and have different stated priorities. Economics tends to focus on growth and income, while social development emphasizes well-being, equity, and inclusion. This division is misleading, however, as economic outcomes depend on strong social conditions such as health, education, and community cohesion, while social well-being is sustained by a stable, inclusive economy. Treating these fields as disconnected can lead to policies that overlook their interdependence and, at times, produce unintended negative impacts in one area because of decisions made in the other. Mutual understanding and appreciation could be aided by convening a (limited time) table of business and social and health services leaders to advance, among other things, an expressed agreement on who how the economy and social well-being interface and who plays which role when, why, and how.
EWB 4. Increase youth employment through mentorship and accessible skill development.	Youth are essential to both economic and social well-being because they are the next generation of workers, leaders, and innovators. When young people are supported, they gain skills, find employment, and contribute to the economy, while also strengthening communities through participation, connection, and fresh ideas.
EWB 5. Promote inclusive local economic participation.	Creating conditions that enable all residents, particularly equity-deserving groups such as youth, newcomers, Indigenous peoples, people with disabilities, and low-income residents, to meaningfully access employment, training, entrepreneurship, and decision-making opportunities within the local economy is fundamental to both economic performance and broader community well-being. These efforts include reducing barriers to participation (such as transportation, childcare, accessibility, and cost), strengthening pathways to skills development and decent work, as well as supporting local hiring and procurement practices that keep economic benefits within the community. By ensuring broader and more equitable participation, this action helps build a more resilient local economy while also improving social cohesion, reducing inequality, and strengthening overall community well-being.

Mental health and addictions

Recommended action	Additional context
MHA 1. Improve access to mental health and addiction services for rural communities.	Easy access to mental health and addiction supports matters because it enables people to get help early, before challenges escalate into crises that are more difficult to resolve and costly to address. When supports are accessible, individuals are more likely to seek care without delay or fearing stigma, leading to better recovery outcomes, reduced harm, and improved overall well-being. This approach also benefits the wider community by lowering pressures on emergency services, health care systems, and the justice system. Mental health and addiction services are often concentrated in urban areas, leaving rural residents with fewer accessible and timely options for support. Addressing this gap promotes equity by ensuring rural residents receive the same standard of care as those in urban centres, while strengthening community stability, workforce participation, and overall well-being.
MHA 2. Support priority services in applying trauma- and violence-informed approaches in their interactions with children, youth, families, caregivers, and people who have experienced harm.	A trauma-informed lens is a way of working with people that recognizes that past experiences of violence, abuse, neglect, discrimination, or other adversities can shape how someone reacts, trusts, and accesses services. Ensuring that staff across services are trained to recognize signs of trauma prioritizes safety, choice, and dignity. Trauma-informed services help children, youth, families, and victims feel safe enough to access and stay engaged with supports, which improves follow-through, recovery, and trust. At a system level, trauma-informed responses reduce repeated crises and emergency interventions, improve coordination between health, social, and justice services, and lead to more effective, humane, and stable community outcomes.
MHA 4. Strengthen and clarify pathways for 24/7 crisis intervention supports.	A crisis intervention model for mental health and addictions would focus on strengthening coordination and early responses, providing community-based supports rather than relying primarily on hospital or emergency department use. This model could include a centralized 24/7 intake and dispatch line that triages needs and connects people to the most appropriate level of care, paired with mobile crisis outreach teams that respond in the community (including homes, public spaces, and shelters) alongside peer support workers with lived experience. The model would rely heavily on partnerships between existing health services, community organizations, and social supports, using warm handoffs and shared care plans to reduce duplication and gaps. This approach would also invest in short-term stabilization options such as respite beds or safe spaces, allowing individuals to de-escalate without unnecessary hospitalization. By leveraging existing infrastructure, integrating services, and emphasizing early intervention and diversion from emergency and justice systems, this approach can improve outcomes while keeping costs manageable.

Violence prevention

Recommended action	Additional context
VP 1. Strengthen current reporting, referral, and follow-up approaches for victims and their families.	While reporting, referral, and follow-up processes are responses to (rather than prevention of) violence, making them effective helps to ensure that victims and their families receive timely support, reduces the risk of further harm, and improves long-term recovery outcomes. When individuals are connected in a timely manner to appropriate services, they are more likely to access the resources needed to enhance their safety, address trauma, and navigate legal, health, and social support systems. Consistent and well-coordinated follow-up can also help identify ongoing risks, prevent victims from falling through service gaps, and strengthen trust in support systems. In addition, robust reporting and referral pathways generate valuable information about the nature and prevalence of violence, helping communities to identify trends, allocate resources, and develop more effective prevention strategies.
VP 2. Identify access barriers and potential responses in rural communities to support victims of gender-based violence, including partnership and funding opportunities.	People experiencing gender-based violence in rural communities often face barriers that make it more difficult to access support and protection. Limited availability of specialized services, long travel distances, transportation challenges, concerns about privacy and confidentiality, and social stigma can all discourage help-seeking. Economic dependence on abusive partners and a lack of affordable housing or local support options can further restrict victims' ability to leave unsafe situations. Together, these barriers contribute to underreporting, delayed interventions, and an increased risk of ongoing harm. By clearly identifying these barriers plans can be developed to overcome them both in the short and longer term.
VP 3. Provide a diversity of safe disclosure points in the community.	One effective strategy is to establish and publicize a network of trusted community locations where individuals can safely disclose experiences of abuse and access support. Expanding beyond traditional social service settings can increase accessibility and engage the broader community in violence prevention. For example, family doctors, dentists, pharmacists, and other health care practitioners can be trained to recognize indicators of abuse, respond to disclosures in a trauma-informed manner, and connect individuals with appropriate services and resources. As another example, professionals and volunteers trained in recognizing hate crimes can serve as trusted points of disclosure for individuals experiencing harm rooted in discrimination. These points of contact are particularly important because reporting such incidents to police may be constrained by low levels of trust in law enforcement, especially among individuals who come from contexts where police corruption has been prevalent. Strengthening alternative, community-based pathways for disclosure can therefore improve access to support and help to ensure that these experiences are recorded, acknowledged and addressed.

Recommended action

Additional context

VP 6. Support the provision of community training on how to prevent the bystander effect in situations of hate crimes, discrimination, criminal harassment, and other forms of interpersonal violence or behaviours that may lead to interpersonal violence.

The bystander effect occurs when people witness harassment, discrimination, hate-based behaviour or volatility that can lead to violence, but they do not intervene because they assume someone else will act, or they are unsure whether the situation warrants involvement. This phenomenon can allow harmful behaviour to continue unchecked in workplaces, schools, transit, and community spaces. The bystander effect can be countered by strengthening shared expectations that everyone has a role in responding to harm or potential harm and by encouraging a shift from passive observation to active, supportive intervention when it is safe to do so. Done well, this kind of training can shift communities from passive witnessing to active intervention where discrimination is recognized early, challenged safely, and no longer allowed to hide in plain sight. For example, the ["She Is Your Neighbour"](#) campaign (by Women's Crisis Services of Waterloo Region) is a public education and storytelling initiative that aims to reframe domestic violence as a community issue rather than a private matter. It encourages people to recognize that violence can be happening "next door" and that everyone has a role in prevention, awareness, and support. This type of engagement of the community ideally goes hand in hand with public information that is clear and accessible about reporting options, victim supports, community-based supports, and how to know when to contact the police, child welfare services, human rights organizations, and municipalities, etc.

VP 7. Strengthen relationships with Indigenous, racialized, 2SLGBTQIA+, and faith communities, newcomer-serving organizations, disability groups, youth, schools, and local service providers to better understand safety concerns and strengthen prevention and response opportunities.

Violence and fear are not experienced equally across the community; rather they are shaped by factors such as racism, colonialism, homophobia, transphobia, ableism, immigration status, religion, age, and past experiences with institutions and so on. As a result, groups such as Indigenous, racialized, 2SLGBTQIA+ communities, newcomers, and people with disabilities may face distinct forms of harm, heightened exposure to violence, and additional barriers to seeking help, including mistrust of systems and concerns about discrimination or safety. Strengthening relationships with these communities and with schools, youth groups, faith organizations, and service providers is therefore essential to understanding their diverse realities. This kind of engagement improves prevention and response by ensuring that strategies are grounded in lived and living experiences, are culturally safe, and respond to the specific safety concerns of different individual and groups.

Recommended action

Additional context

VP 8. Encourage the adoption of programs that focus on the longer-term potential to prevent violence in collaboration with local health and educational institutions.

An example of a longer-term, prevention-focused approach is social and emotional learning programs that work with children to help them recognize, express, and regulate emotions in healthy ways, thereby reducing the likelihood of future violence by building non-violent coping and communication skills. One well-known program of this nature is the Second Step® curriculum developed by Committee for Children (Seattle). It is widely used in schools to help children build skills in empathy, emotional regulation, and problem-solving, while also teaching them safe and constructive ways to respond to conflict. By strengthening these foundational skills early in life, programs like Second Step® aim to reduce aggression and improve long-term social behaviour.

Another example is the PATHS Curriculum (Promoting Alternative Thinking Strategies), which focuses specifically on helping children identify feelings, manage anger, and use language rather than aggression to resolve conflicts. It is designed to give children practical “alternative pathways” for expressing distress and frustration in prosocial ways.

Together, these kinds of programs can augment more response-oriented action by working upstream to build emotional and communication competence in childhood so that violence is less likely to emerge later in life. Violence, often referred to as interpersonal violence to distinguish it from broader forms of social and structural violence and armed conflict, is among the most feared threats within communities. It receives extensive media coverage and is a common theme in entertainment, both of which can amplify public fear and contribute to misconceptions about the actual risks of victimization and effective prevention strategies.

The impacts of interpersonal violence extend far beyond immediate physical harm and psychological trauma. The effects on individuals, families, relationships, social cohesion, and overall community well-being can be devastating. Prevention and response are often complicated by the fact that most interpersonal violence occurs between individuals who know one another.

Interpersonal violence is also closely linked to other community risk factors. Alcohol and drug use play a significant role, as they can impair judgment, reduce inhibitions, and increase aggressive behaviour. Furthermore, interpersonal violence is substantially underreported, making it difficult to fully understand its scope and address it effectively. This challenge is particularly evident in areas such as domestic and intimate partner violence, hate crimes, sexual violence, and human trafficking, where many incidents never come to the attention of police or support services. Finally, violence is not a singular phenomenon, and different forms of violence require different prevention and response strategies. Establishing a clear understanding of the specific type of violence to be addressed is a prerequisite for developing effective, targeted, and measurable interventions.

Endnotes

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