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The Regional Municipality of Durham Report

To: Committee of the Whole
From: Chief Administrative Office
Report: #2025-COW-35
Date: November 13, 2025

Subject:

Updated Community Safety and Well-Being Plan (2025-2029)

Recommendation:

That the Committee of the Whole recommends to Regional Council:

- A) That Regional Council endorse Attachment 1 as the Region of Durham's Community Safety and Well-Being (CSWB) Plan (2025-2029);
 - B) That Regional Council direct staff to submit the approved CSWB Plan (2025-2029) to the Ministry of the Solicitor General in accordance with the Community Safety and Policing Act, 2019; and
 - C) That Regional Council support staff advocacy efforts to secure sustained provincial and federal funding to enable implementation of the CSWB Plan.
-

Report:

1. Purpose

- 1.1 The purpose of this report is to recommend that Regional Council endorse the updated Community Safety and Well-Being (CSWB) Plan (2025-2029) contained in Attachment 1. Once endorsed by Regional Council, the CSWB Plan (2025-2029) will be submitted to the Ministry of the Solicitor General.

2. Background

- 2.1 In January of 2019, legislative amendments to the Community Safety and Policing Act (the Act) mandated communities across the province to develop CSWB Plans. The province describes community safety and well-being as a place where everyone feels safe, has a sense of belonging, where individuals and families can

meet their needs for education, health care, food, housing, income, as well as social and cultural expression.

- 2.2 Durham Regional Council adopted the first CSWB Plan in November 2021. The CSWB Plan (2021-2025) has served as a framework for collective action, working to support community members across the Region.
- 2.3 The Act requires municipalities to review and update their CSWB Plans every four years. The review process involved extensive engagement with rights holders, municipal partners, and community agencies. During this process, it was confirmed the original risk factors remain critical. The updated CSWB Plan highlights the ongoing urgency of these risk factors:
 - a. Criminal Involvement
 - b. Experiences of Racism
 - c. Homelessness and Basic Needs
 - d. Mental Health
 - e. Social Isolation
 - f. Substance Use
 - g. Victimization
- 2.4 The updated CSWB Plan also introduces a new component: Roadmaps for Collective Impact, including key actions. These provide an implementation framework, to be advanced collaboratively, with community serving organizations (e.g., police, healthcare, education, child welfare, housing, etc.), who are working to support all communities across Durham Region.

3. Previous Reports and Decisions

- 3.1 The CSWB Secretariat (Region of Durham staff responsible for the development and implementation of the CSWB Plan) have worked closely with partners to advance the original CSWB Plan objectives and to develop the updated plan. As part of this work, a number of reports have been prepared:
 - a. [#2022-INFO-71 GTHA CSWB Symposium Summary](#)
 - b. [#2023-A-15-Community Safety and Well-Being Plan \(CSWB\) Update](#)
 - c. [#2024-A-9 Community Safety and Well-Being \(CSWB\) Plan Update](#)
 - d. [Memo to Council - Intimate Partner Violence](#)
 - e. [#2024-INFO-81 Community Awareness Walk to End Intimate Partner Violence 2024](#)
 - f. [#2025-INFO-25 Community Safety and Well-Being \(CSWB\) Update: Youth Action Group \(YAG\) Activities and Achievements](#)

4. Discussion

- 4.1 The CSWB Plan calls on different sectors, institutions and service delivery agents to share in the collective responsibility of creating the type of community we want to call home. The CSWB Plan acknowledges this work must extend beyond the system of policing to address complex social issues that often contribute to crime and poor health outcomes.
- 4.2 Since the adoption of the first CSWB Plan in 2021, the Region has achieved significant milestones. Highlights of this work include:
- a. The [CSWB Online Information Hub](#), including the [CSWB Data Dashboard](#) was successfully launched.
 - b. The CSWB Fund, including the Micro-Grant Program, was established. To date, almost \$1,000,000 has flowed directly to rights holders, community agencies and resident-led initiatives to deliver local programming, reaching over 5,000 individuals in Durham Region, including children, youth and families with complex needs.
 - c. The CSWB Capacity Training Series was launched. To date, it has provided training to 350 staff across 45 organizations in topics identified by community as critical, including ASIST, Youth Mental Health First Aid, Harm Reduction, Human Trafficking, Diversity, Equity & Inclusion, Trauma Informed Practices, Board Governance, Project Management, Indigenous Cultural Safety, and Grant Writing.
 - d. In partnership with Durham Community Action Group, the CSWB Secretariat established the Youth Action Group (YAG) to build leadership and civic engagement skills among Durham Region youth. YAG members, who themselves were youth, worked to curate and display artwork from 23 youth artists aged 13 to 21, from across the region. The YAG project demonstrated the resilience of youth in Durham Region and showcased their talents as ambassadors and leaders in their communities.
 - e. The CSWB Secretariat established the CSWB Strategic Advisory Group (SAG), comprised of almost 40 youth serving organizations who meet monthly to focus on ways to prevent violence in our communities.
 - f. With key guidance and in collaboration with YAG, SAG and other partners, including Durham Regional Police Service (DRPS), the CSWB Secretariat is developing a Youth Violence Prevention Strategy.
 - g. The Region and DRPS are partnering to relaunch a situation table (Durham Connect) in early 2026. Durham Connect will be a collaborative, multi-sectoral effort to connect vulnerable individuals to resources in the community.
 - h. The CSWB Secretariat is developing a Community Healing Toolkit, informed by 17 interviews, five focus groups and guidance from networks such as the Violence Prevention Coordinating Council (VPCC) of Durham. The Guide will be released in early 2026 to support recovery, healing and reduce retaliatory violence.

- i. With partners, the CSWB Secretariat developed the Guide to Community Resources for Seniors and Older Adults. To date, over 6,700 printed copies have been distributed across more than 130 locations throughout Durham Region.
- j. The CSWB Secretariat has partnered with violence against women serving agencies on two community walks to raise awareness and end Intimate Partner Violence (IPV). The first walk was in 2024 and had over 200 participants. The second walk is scheduled for November 1, 2025.
- k. The CSWB Secretariat, in partnership with Social Services, secured a Proclamation and the Flag Raising for the International Day for the Elimination of Violence Against Women in 2024 and 2025.
- l. The CSWB Secretariat launched the IPV and Gender Based Violence (GBV) Prevention and Response Fund to support agencies and non-profit organizations doing critical work.
- m. In collaboration with the VPCC of Durham, the CSWB Secretariat will complete a GBV and IPV Action Plan by the end of 2025.

5. Financial Implications

- 5.1 Implementation of the CSWB Plan has been funded primarily by Public Safety Canada's Building Communities Fund (BSCF). The Region of Durham acknowledges, with appreciation, the support to advance violence prevention and intervention priorities.
- 5.2 BSCF funding is set to end in March 2026. The Region remains committed to advocating for provincial and federal support to maintain momentum and advance critical CSWB initiatives.

6. Relationship to Strategic Plan

- 6.1 This report aligns with/addresses the following Strategic Directions and Pathway in Durham Region's 2025-2035 Strategic Plan:
 - a. Connected and Vibrant Communities
 - C2. Enable a full range of housing options, including housing that is affordable and close to transit.
 - b. Healthy People, Caring Communities
 - H1. Implement preventive strategies to support community health, including food security.
 - H2. Collaborate with partners to respond to complex social issues that improve community safety and well-being, including mental health and addictions.
 - H3. Integrate and co-ordinate service delivery for positive life outcomes, including investments in poverty prevention, housing solutions, and homelessness supports.

- H4. Support the development of healthy children and youth, including access to affordable and quality child care.
 - H5. Provide services for seniors and work with community partners to support aging in place.
- c. Resilient Local Economies
- R3. Develop, attract, and support a skilled and qualified workforce, including youth and newcomers.
- d. Strong Relationships
- S1. Enhance inclusive opportunities for community engagement and meaningful collaboration.
 - S2. Build and strengthen respectful relationships with First Nations, Inuit, Métis, and urban Indigenous communities.
 - S3. Collaborate across local area municipalities, with agencies, non-profits, and community partners to deliver co-ordinated and efficient services.
 - S4. Advocate to the federal and provincial government and agencies to advance regional priorities.
 - S5. Ensure accountable and transparent decision-making to serve community needs, while responsibly managing available resources.
- 6.2 This report aligns with/addressess the following Foundation in Durham Region's 2025-2035 Strategic Plan:
- a. Processes: Continuously improving processes to ensure we are responsive to community needs.

7. Conclusion

- 7.1 The Region of Durham would like to express deep appreciation to the many partners who took the time to participate in shaping this work. Without their lived experience, sector knowledge and subject matter expertise, the updated CSWB Plan and associated outcomes would not have been possible.
- 7.2 The updated CSWB Plan (2025-2029) positions Durham Region as a leader in collaborative, evidence-informed approaches to community safety and well-being. Approval of this plan will enable compliance with legislation, strengthen partnerships, and advance collective impact strategies that promote safety, equity, and well-being.

8. Attachments

Attachment #1: Updated Durham Region CSWB Plan (2025-2029)

Prepared by: Kiersten Allore-Engel, MCIP, RPP, MPPAL. Manager CSWB,
at 905-668-7711, extension 2321.

Respectfully submitted,

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer

Mental Health

Substance Use

Criminal
Involvement

Social
Isolation

Victimization

Homelessness
and Basic Needs

Experiences
of Racism



**Community
Safety and
Well-Being
Plan**

November 2025



Indigenous Land Acknowledgement

The Region of Durham exists on lands that the Michi Saagiig Anishinaabeg inhabited for thousands of years prior to European colonization. These lands are the traditional and treaty territories of the Nations covered under the Williams Treaties, including the Mississaugas of Scugog Island First Nation, Alderville First Nation, Hiawatha First Nation, Curve Lake First Nation, and the Chippewa Nations of Georgina Island, Beausoleil and Rama.

We honour, recognize, and respect Indigenous Peoples as rights holders and stewards of the lands and waters on which we have the privilege to live. In our efforts towards reconciliation, we continue to build and strengthen relationships with First Nations, as well as the large Métis communities and growing Inuit communities here in Durham. We commit to learning from Indigenous values and knowledge, building opportunities for collaboration, and recognizing that we are all connected.

Labour Acknowledgement

We acknowledge that Durham Region has profited from the free labour of enslaved people of African descent who were uprooted from their homelands and forced into labour to generate wealth for this nation. We also acknowledge the labour of immigrants - voluntary, forced, or undocumented - whose work has shaped this land. This includes the Chinese railway workers, whose efforts in building the transcontinental railway continue to underpin so much of our prosperity today.

We offer these acknowledgments with respect and gratitude, along with the intention to affirm fundamental human rights and improve equity and justice in all our programs and services.

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Message from the Regional Chair and Chief Administrative Officer

At the heart of every strong community is a shared belief: that everyone deserves to feel safe, supported and valued. We are pleased to share our vision for a safer, healthier and more inclusive Durham Region through the updated Community Safety and Well-Being (CSWB) Plan.

This update builds on the strong foundation established in 2021 and takes an important step forward by deepening co-ordination across sectors and introducing clear roadmaps for collective impact. These roadmaps will guide our efforts, ensuring that actions are aligned, measurable, and focused on outcomes that matter most to residents and community partner organizations.

We know that no single organization can do this alone. Real change happens when we come together—local government, police services, community partners and residents—sharing our strengths, our knowledge and our compassion.

This plan is the outcome of extensive engagement, research and co-creation with nearly 350 partners across the region. It reflects the voices and the expertise of those who work every day to make Durham a better place to live. These contributions have been invaluable in ensuring that the plan is grounded in lived experience and informed by local priorities.

By working hand in hand, we can move beyond reacting to crises and instead focus on preventing them. Through partnership, we can help prevent harm before it happens, support those who need us most and build a future where no one is left behind.

We want to express our sincere gratitude to the many partners who contributed their time, knowledge and passion to this work.

As we look ahead, we do so with optimism and determination. The updated CSWB Plan provides the tools and strategies needed to align efforts, amplify community voices and build a stronger, more resilient region.



Message from Durham Regional Police Service Chief Peter Moreira

On behalf of the dedicated members of the Durham Regional Police Service (DRPS), I am proud to partner and support the Region of Durham Community Safety and Well-Being (CSWB) Plan.

Every day, our officers work hand-in-hand with community agencies and organizations to support residents in need and strengthen the systems that contribute to the safety and well-being of our residents. Through strategic partnerships—with mental health professionals, educators, social service providers, and local organizations—we are building coordinated responses that help address the underlying factors that contribute to harm and vulnerability.

Durham Region is fortunate to have many capable partner agencies and organizations working tirelessly to address the social and systemic challenges that too often appear in crime statistics. As critical as law enforcement is to the welfare of our residents, we know that true community safety requires a coordinated and sustained effort—one that brings together police, first responders, social service agencies, healthcare professionals, educators, and community organizations.

At DRPS, we are proud to work closely with our partners on initiatives such as Durham Connect, the Mental Health Response Unit, and De-escalation Training—programs that demonstrate the power of collaboration in creating meaningful change. These partnerships allow us to connect residents with the right support at the right time and to address the conditions that can lead to crisis, victimization, or harm.

We are committed to strengthening and expanding these strategic partnerships and identifying new strategies that are measurable and will lead to better outcomes to advance community safety and well-being across the Region. The CSWB Plan provides an important opportunity to align our collective efforts, improve communication and coordination, and develop innovative, people-centered approaches that promote equity, inclusion, and trust.

Together—with compassion, collaboration, and commitment—we can ensure Durham remains a safe, healthy, and welcoming community for everyone.



Community Safety and Well-Being (CSWB) Plan Introduction

As the eastern economic gateway to the Greater Toronto Area, Durham offers prime access to a consumer market of more than five million people. The broader region provides a wide range of programs and services to a growing and increasingly diverse community of residents, businesses, and visitors. Today, the region is home to over 750,000 people and that number is expected to grow to 1.3 million by 2051 ([Region of Durham Official Plan, 2024](#)).

As shown in **Figure 1.1**, Durham is made up of eight area municipalities.

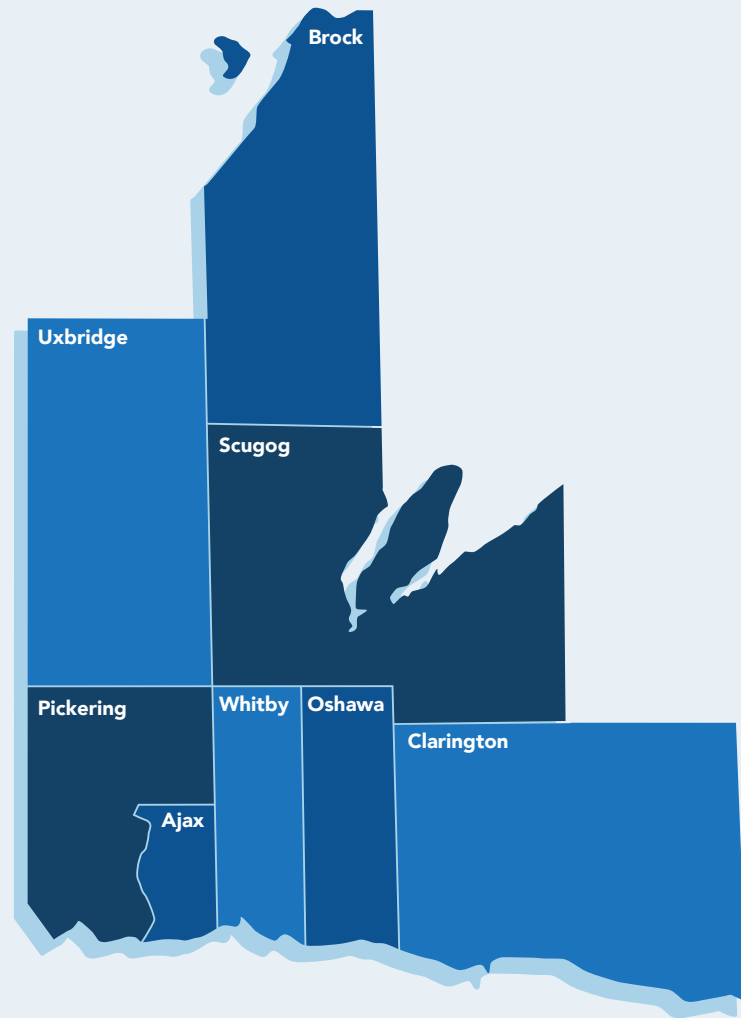


Figure 1.1: Region of Durham

As Durham continues to grow, the importance of maintaining high levels of safety and well-being is a top priority. Durham Region is performing well against many indicators of safety and well-being. However, there are areas for improvement that require targeted, collaborative and intentional solutions ([Durham Region's Profile, 2024](#)).

CSWB Plan Purpose

The Community Safety and Policing Act, 2019, mandated communities across the province to develop a CSWB Plan ([Government of Ontario, 2019](#)). The Region of Durham's first CSWB Plan was adopted by Durham Regional Council on November 24, 2021. This legislation also requires the Region to review and submit a revised CSWB Plan to the Ministry of the Solicitor General every four years.

In preparation for this deadline, the Region of Durham CSWB Secretariat (Region of Durham staff responsible for the development and implementation of the CSWB Plan) worked closely with partners to conduct data analysis, research and community engagement to support the review and development of the updated CSWB Plan 2025-2029.

The goal of the CSWB Plan is to outline a framework for collective action that works to ensure residents of Durham Region feel safe and have a sense of belonging, and their needs for education, health care, food, housing, income, as well as social and cultural expression are met. The CSWB Plan outlines a collaborative approach for integrated service delivery, working with community partners to support upstream intervention and investment to address priority risk factors.

For more information, please visit the [CSWB Online Information Hub](#).

“We want to express our heartfelt appreciation to the many people who took the time to participate in shaping this plan. Without their lived experience, sector knowledge and subject matter expertise, the updated CSWB Plan and associated outcomes would not have been possible. - Region of Durham, CSWB Secretariat

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Benefits of the CSWB Plan

No one organization or sector holds the sole responsibility for community safety and well-being. Building robust community capacity to ensure residents have access to the right services at the right time is a shared responsibility across all sectors. The CSWB Plan provides an opportunity to make the best use of resources, avoid duplication, learn best practices, facilitate and support effective cross-sectoral collaboration.

Residents, organizations, institutions and municipal partners in the Region of Durham will benefit from the CSWB Plan. It will serve as an umbrella document, creating the opportunity for alignment at the regional, municipal and community level. The CSWB Plan creates a formal framework to convene system and sector leaders to share, plan and strategize together. This includes the involvement of persons with lived experience and the not-for-profit community, which is vital to community safety and well-being.

CSWB Plan Framework

The CSWB Plan calls on different sectors, institutions and service delivery agents to share in the collective responsibility of creating the type of community we want to call home. The CSWB Plan acknowledges this work must extend beyond the system of policing to address complex social issues that often contribute to crime and poor health outcomes. **Figure 1.2** (see next page) demonstrates how the CSWB Planning Framework focuses on improving early interventions and upstream services as the key to shifting away from acute care, deep poverty and criminal justice system involvement.

When youth have spaces where people feel safe and can be themselves, the ripple effect extends much further than aiding that specific youth. These spaces strengthen our communities at large, particularly for justice involved youth, whom we deal with daily. These supports create pathways away from cycles of conflict with law enforcement, and towards positive contributions to society. It's a more holistic approach to working with young people.
- Kim Miller Sands, Program Manager, Murray McKinnon Foundation (CSWB Fund Recipient)



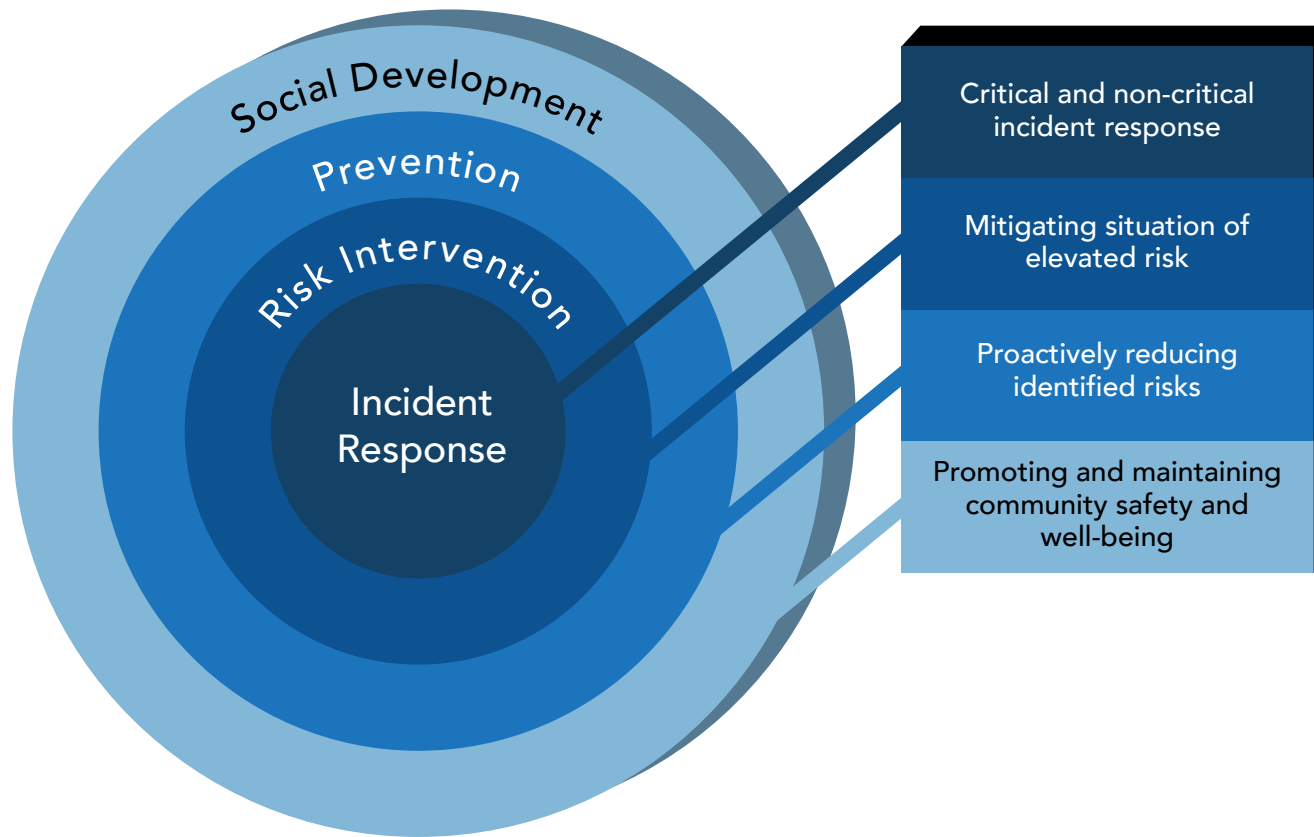


Figure 1.2: CSWB Planning Framework ([Region of Durham, CSWB Plan, 2021](#)).

Figure 1.2 illustrates that by using community-based planning, such as a CSWB Plan, many of the crises and incidents that occur could potentially be avoided or reduced (if collaborative social interventions addressed the originating issue). These rings show the interconnectedness of community challenges and the importance of addressing issues across all four levels. The CSWB Plan focuses primarily on upstream approaches, promoting alignment and integration of services. This approach uses critical community services, such as emergency responders, in a more effective and intentional way. It also gives system users more information about available supports and greater autonomy over their options.

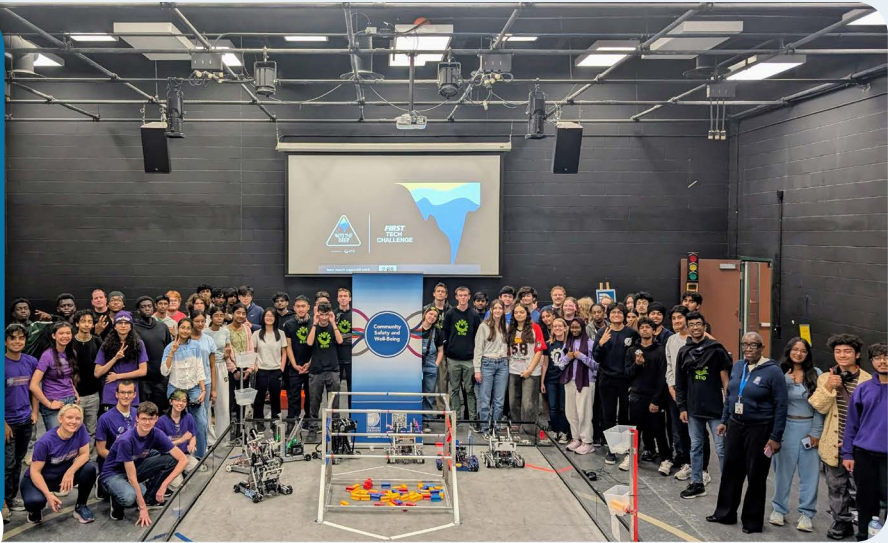
Previous CSWB Plan (2021-2025)

Following extensive data analysis, feedback from community partners, and resident engagement, the following risk factors were identified in the 2021 CSWB Plan.



During the review of the 2021 CSWB Plan, it was confirmed these original risk factors remain relevant, critical and highly interconnected, with compounding impacts. The updated 2025 CSWB Plan highlights the ongoing urgency of these risk factors and the need to attract attention, investment, and drive collective action toward common goals.

“ This event was more than just a robotics competition. It was a powerful example of youth leadership and the impact that meaningful opportunities can have when supported by the community. Your [CSWB] investment in this initiative directly contributed to student growth, engagement, and well-being—and for that, we are truly grateful. ”



Stormbots Robotics Team at J. Clarke Richardson Collegiate, 2025 (CSWB Fund Recipient)

Progress Report: Accomplishments to Date

Since the adoption of the CSWB Plan, the Region of Durham CSWB Secretariat has been hard at work to mobilize programs and initiatives in collaboration with community partners across Durham (Appendix B, Appendix C). These initiatives were funded primarily by Public Safety Canada - Building Safer Communities Fund (BSCF) ([Government of Canada, 2023](#)). BSCF funding has allowed Durham to mobilize local resources and partnerships in a way that aligns efforts and optimizes the impact of local initiatives. The impact of this work in our community cannot be overstated.

The Region of Durham acknowledges, with appreciation, the important contribution of Public Safety Canada toward advancing violence prevention and intervention priorities in Durham Region. As the current funding period comes to a close, the Region remains committed to sustaining progress under the CSWB Plan. Ongoing collaboration with federal and provincial partners is essential to securing stable, long-term funding and continuing this vital work that supports safer, more resilient communities.

“

We are a group of friends that want to teach youth sport skills and [the] importance of staying away from bad influences. Our goal is to improve the skills and confidence of each of our kids while relieving the pressure of cost on the parents.

”



Phoenix Football Club (CSWB Fund Recipient)

Following the adoption of the CSWB Plan in 2021, the Region met the following objectives:

- Establish the CSWB Secretariat
- Host Greater Toronto and Hamilton Area (GTHA) Community Safety Symposium ([#2022-INFO-71](#)).
- Transition from Planning to Implementation: Steering Committee and Working Groups (Appendix B)
 - CSWB Steering Committee:
 - Co-chaired by the Regional Chief Administrative Officer (CAO) and Durham Regional Police Service Chief, this group includes leaders from health, justice, education, and child protection sectors. It focuses on addressing CSWB Plan risk factors, including youth violence and gang involvement through system-level collaboration.
 - CSWB Area Municipal Working Group:
 - Includes CAOs or delegates from all eight Durham municipalities. It supports collaborative implementation of the CSWB Plan, addressing local safety and well-being priorities.
 - CSWB Internal Working Group:
 - Includes representation from all Regional departments (e.g., Health and Social Services) to support opportunities for cross- departmental information sharing, guidance and strategic alignment.
 - CSWB Strategic Advisory Group (SAG) - Youth Violence Prevention and Intervention:
 - Composed of 30 experts and agency leaders from across the region, this group guides youth violence prevention initiatives, supports advocacy and capacity-building for youth-serving organizations.
 - CSWB Greater Toronto and Hamilton Area (GTHA) Working Group:
 - Includes representation from GTHA municipalities to leverage best practices and ensure alignment across municipal boundaries.
- Identify and participate on existing tables and working groups across the Region, working to mobilize collective work in alignment with the CSWB Plan Risk Factors.
- Manage funding reporting requirements to multiple levels of government.
- Advance advocacy efforts to raise awareness and increase supports addressing CSWB Plan Risk Factors.

In addition to these structural components, the following **highlights key accomplishments to date**. This work aligns with the CSWB Plan Risk Factors and responds directly to community needs.

Community told us: Information about the CSWB Plan and associated initiatives should be communicated in different formats and easy to find online. In response:

- Launch of the [CSWB Online Information Hub](#).
- Development of communication materials and resources (e.g. CSWB Information Video, awareness materials - including poster board and postcards, presenting at community-led tables and attending community events).
- Highlight best practices in Durham Region by presenting on CSWB work at provincewide conferences: Ontario Municipal Social Services Association (2024) and Ontario Professional Planning Institute (2021).

Community told us: Data needs to be made available for use by community partners. In response:

- The CSWB Plan reports on data points for all Risk Factors, available publicly on the [CSWB Data Dashboard](#). This information is intended to provide a community wide snapshot of publicly available, regularly updated data points to guide decision making, inform strategic planning efforts, support grant applications and other purposes as determined by partners.

“We are a group of fathers looking to create a safe space to support one another in the challenging journey of raising children. Our mission is not only to [be] better fathers, but to redefine what it means to be a father in today’s world.”



Dads Discuss (CSWB Fund Recipient)

Community told us: More funding needs to flow into community to address priority risk factors. In response:

- The CSWB Fund, including the Micro-Grant Program, was established and to date, \$1,000,000 has flowed directly to community agencies and resident-led initiatives to deliver local programming, reaching over 5,000 individuals in Durham Region, including children, youth and families with complex needs. Together, these programs capture the full spectrum of violence prevention activities, from social development and violence prevention to intervention and interruption. Specialized services that are being provided include reintegration, complex case management, counselling, and crisis support. Culturally responsive social development, leadership and mentorship programs are also being delivered.
- This included \$70,000 that has flowed to seven Williams Treaty First Nations to support initiatives that foster pride in cultural identity, pro-social connections, and sense of belonging in children and youth.

Community told us: Agency staff need access to training opportunities to increase capacity to support more community members. In response:

- The CSWB Community Capacity Training Series was launched. This series has provided training to nearly 350 people from almost 45 organizations in topics identified by community as critical, including ASIST, Youth Mental Health First Aid, Harm Reduction, Human Trafficking, Diversity, Equity & Inclusion, Trauma Informed Practices, Board Governance, Project Management, Indigenous Cultural Safety, and Grant Writing.

“

We are a small group of teens who host events and activities in seniors' homes, hence our name Senior Buddies! We believe that youth should get the opportunity to learn from and engage with seniors in our communities.

”



Senior Buddies (CSWB Fund Recipient)

Community told us: Youth is a priority population. In response, the following was advanced:

- In partnership with Durham Community Action Group (DCAG), the CSWB Secretariat established the Youth Action Group (YAG) to build leadership and civic engagement skills among Durham Region youth. YAG members, who themselves were youth, worked to curate and display artwork from 23 youth artists aged 13 to 21, from across the region. Using a variety of mediums, their artwork promoted anti-violence, healing, resilience, and included themes of bullying, racism, mental wellness and more. The YAG project demonstrated the resilience of youth in Durham Region and showcased their talents as ambassadors and leaders in their communities.
- The CSWB Secretariat established the CSWB Strategic Advisory Group (SAG), comprised of almost 40 youth serving organizations who meet monthly to focus on ways to support youth across the risk mitigation framework.
- With key guidance and in collaboration with YAG, SAG and other partners, including DRPS, the CSWB Secretariat is developing a Youth Violence Prevention Strategy. Recent community engagement on this strategy involved 36 community service providers representing 22 organizations, and 49 youth who attended four youth-focused engagement sessions.

“

It makes a profound difference when community organizations, local government and residents work together under a shared plan for community safety and well-being. When we all share this responsibility, we bring together a wide range of skills, expertise, and knowledge that no single group has on its own. This collective approach allows us to proactively reduce risk and make sure vulnerable groups don't fall through the cracks. It also reduces recidivism, strengthens trust between young people, community partners, and institutions, and increases overall community safety and well-being. - Suzette Lewis, Chief Executive Director, Murray McKinnon Foundation, (CSWB Fund Recipient).

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Community told us: Launch Durham Connect – a Situation Table in Durham. In response:

- With partners in DRPS, the CSWB Secretariat engaged community to hear about how this Table can be of value and received feedback from 50 organizations. As a result of this guidance, the Region and DRPS are on track to relaunch the Table in early 2026, to address situations of Acutely Elevated Risk (AER).

Community told us: Increase access to information and support following violent or traumatic events. In response:

- The CSWB Secretariat is developing a Community Healing Toolkit, informed by 17 interviews, five focus groups and guidance from networks such as the Violence Prevention Coordinating Council (VPCC) of Durham. The Guide will be released in early 2026 to support recovery, healing and reduce retaliatory violence in Durham Region.

Community told us: Seniors and older adults need support accessing local programs and supports. In response:

- With partners, the CSWB Secretariat developed the Guide to Community Resources for Seniors and Older Adults, and over 6,700 printed copies have been distributed to date across more than 130 locations throughout Durham Region. An accessible online version is also available at durham.ca/agefriendly. The Guide highlights services offered by 109 non-profit organizations, organized into ten key categories: Food and Clothing, Health, Mental Health, Housing, Income, Legal, Safety, Settlement, Social and Recreation, and Transportation.

“

It is very important to start early prevention and intervention for young people so that we can create a solid foundation for them. When we introduce young people to their roots, especially in our community, they feel rooted, just like a tree that has strong roots.

-Sanaaj Mirrie, Executive Director, Afiwi Groove School (CSWB Fund Recipient).

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Community told us: IPV is an urgent priority and has been declared an epidemic by Durham Regional Council. In response, the following was advanced:

- The CSWB Secretariat has partnered with Violence Against Women serving agencies on two community walks - the first walk was on September 21, 2024, which had over 200 participants (#2024-INFO-81). The second walk is scheduled for November 1, 2025, and the Region expects even greater participation this year.
- The CSWB Secretariat, in partnership with Social Services, secured a Proclamation and the Flag Raising for the International Day for the Elimination of Violence Against Women in 2024 and 2025.
- In collaboration with the VPCC of Durham, the Region will complete a GBV and IPV Action Plan by the end of 2025.
- The CSWB Secretariat launched the Intimate Partner Violence and Gender Based Violence Prevention and Response Fund to support agencies and non-profit organizations doing critical work to provide supports and services to persons experiencing GBV and IPV in Durham Region.

“

I think when we create a society that invests in our young people, we really see the value of our own community. And the future – young people who are excited, who are connected to their communities, have just better outcomes. They can sustain jobs; they are able to start their own families. So, by investing in young people, we see a huge ripple effect within our communities. -Nicole Perryman, Executive Director, Ifarada Centre for Excellence (CSWB Fund Recipient).

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2025 CSWB Micro-Grant Program Launch

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The Community Safety and Well-Being collective in Durham Region has become a vital force in fostering collaboration, accountability, and proactive solutions to complex social challenges. Northstar sees great value in bringing together diverse community partners, from youth justice organizations and mental health providers to educators and municipal leaders, to create a unified space for dialogue, innovation, and coordinated action.

This collective approach ensures that safety is not just about enforcement, but about equity, prevention, and belonging. For Northstar, participating in this committee means being part of a regional movement that prioritizes upstream interventions, addresses root causes like social isolation and victimization, and builds a network of support around youth and families. It's a model that doesn't just respond to crises, it works to prevent them, making Durham a safer and more resilient community for all.

- Jai Sahak, Executive Director, Northstar (CSWB Steering Committee Member)

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CSWB Plan,
2025 Priority Risk
Factors

Criminal Involvement

Criminal involvement includes participating in behaviours, acts or conduct prohibited by law. As a priority risk factor, it includes theft, assault, gang activity, use of guns and other illegal activities.

There are often multiple complex and interconnected factors that can result in a person becoming involved with criminal activity (Criminal Involvement NOR, 2025). These factors are often categorized into individual (e.g., mental health, trauma), family (e.g., unsafe family environment), community (e.g., poverty, unaffordable housing, barriers/lack of employment) and systemic factors (e.g., racism and marginalization). Knowledge of these factors can provide necessary context and awareness for the importance of early intervention and prevention initiatives.

Protective factors in a person's life help prevent criminal involvement (Criminal Involvement NOR, 2025). These may include equitable and sufficient access to community services, supports, programming, opportunities and employment, family support, adequate and appropriate physical and mental health care, positive relationships with mentors and peers, equitable and culturally appropriate service in schools, health care, police and justice systems.

Key Data Insights

- As of 2021, approximately 7 per cent of Durham Region residents live in poverty; slightly fewer than the Ontario average (10 per cent) (Criminal Involvement NOR, 2025).
- Food bank use increased by 52 per cent from 2022 to 2023 in Durham Region (Homelessness and Basic Needs NOR, 2025).
- One in 10 (11 per cent) Durham Region elementary school students and 17 per cent of secondary school students seriously considered attempting suicide in the past year (Criminal Involvement NOR, 2025).
- The most recent data from the Ontario Student Drug Use and Health survey OSDUHS (2016-17) indicates that one-third (31 per cent) of Durham Region elementary school students and almost half (47 per cent) of all high school students reported that they rarely or never talk to a parent about their problems (Criminal Involvement NOR, 2025).
- The most recent data from the Ontario Student Drug Use and Health survey (OSDUHS) indicates that 24 per cent of grade 7 and 8 students and 13 per cent of high school students in Durham Region state they are bullied at school (OSDUHS, 2016-17).

Experiences of Racism

Racism is an ideology that directly or indirectly asserts that one group of people is inherently superior to others. Racism can be expressed openly through racial slurs, jokes, or hate crimes. It may also live in the everyday attitudes, values, and stereotypes people hold and operate at various levels, such as individual, systemic and societal.

Racism has profound consequences for individuals, influencing their safety, justice system involvement, health, economic outcomes, and access to education and housing. Individuals with intersecting identities often experience compounded effects of racism.

Key Data Insights

- Canada's population has become increasingly diverse in recent decades due to immigration. As of 2021, 26.5 per cent of Canadians identified as racialized and 5 per cent as Indigenous (First Nations, Inuit, Métis) (Experiences with Racism NOR, 2025). This proportion is expected to rise to nearly 43 per cent by 2041 (Experiences with Racism NOR, 2025).
- The 2024 Durham Region Profile shows that one-in-four residents are immigrants to Canada, and 70 per cent of new residents moving into the Durham Region in the last five years are immigrants. Visible minorities make up 36.3 per cent of the Region's population, over one-third of whom are South Asian (36.7 per cent), 26.3 per cent are Black, 8 per cent Filipino, and 6.5 per cent Chinese ([Durham Region Profile, 2024](#)).
- In 2024 DRPS reported 55 hate-motivated incidents based on race/ethnicity (Experiences with Racism NOR, 2025).

Homelessness and Basic Needs

Homelessness refers to the state of individuals or families who do not have a fixed, regular, and/or adequate place to live within the geographical boundaries of Durham Region. Homelessness can be characterized by a lack of stable housing options, which may include living on the streets, in emergency shelters, or in temporary accommodations such as cars or makeshift dwellings. Basic needs include anything that people or households need to survive, such as belongings, food and shelter. It can also include what is needed to move from survival to well-being, such as transportation, clothing, healthcare and education.

Food insecurity is another common outcome of unmet basic needs and is the result of not having enough income to buy food. Food insecure households struggle and must choose between paying for food, rent, bills and other basic needs. In more concrete terms, food insecurity can mean: worrying that food will run out; having to compromise on the type of food they eat, or eat less food than they need; skipping meals; eating the same few foods for all their meals; going without eating so their children can eat (Homelessness and Basic Needs NOR, 2025).

Key Data Insights

- 4,377 people accessed the shelter system in 2024 (this includes shelter admission, winter warming, hotel stays). ([Durham Region, 2025](#)).
- In August 2025, there were 1,003 people on the Durham Region's By-Name List, up almost 25 per cent from August 2024 (786 people). ([Durham Region, 2025](#)).
- 362 people experiencing homelessness on Durham Region's By-Name List moved into housing in 2024 and 293 people have moved into housing by August 2025. ([Durham Region, 2025](#)).
- 1 in 4 households are experiencing food insecurity in Durham Region ([Durham Region, 2024](#)).

Mental Health

Mental health is the state of psychological and emotional well-being and is influenced by social, biological, psychological and economic factors. It is a necessary resource for living a healthy life and a main factor in overall health.

There are several factors that influence mental health and mental well-being. These factors can be broadly categorized as structural, social, environmental and psychological, and biological and physical in nature (Mental Health NOR, 2025).

Social media has also become a key environmental factor that offers virtual spaces for individuals to engage and form inter-personal relationships. Although the shift from face-to-face to online communication has made sharing information easier, there is evidence that social media can have negative impacts on mental health (Mental Health NOR, 2025). The mental-health impact grows when exposure includes hostile interpersonal content. Social media has also created a potentially harmful space for cyberbullying, especially among the youth (Mental Health NOR, 2025).

Key Data Insights

- Between 2013 and 2022, self-reported “excellent” or “very good” mental health declined from 71 per cent in 2013 to 56 per cent in 2022. The sharpest decline occurred in 2021, when only 53 per cent of individuals reported “excellent” or “very good” mental health ([Region of Durham CSWB Dashboard](#)). The sharp decline in 2021 is closely linked to the COVID-19 pandemic (Mental Health NOR, 2025).
- 18 per cent of surveyed Durham Region adults are very satisfied with the availability of mental health services ([Region of Durham CSWB Data Dashboard](#)).
- 56 per cent of Durham Region adults rate their mental health as very good or excellent ([Region of Durham CSWB Data Dashboard](#)).

Social Isolation

Social isolation, loneliness, and/or lack of belonging can be experienced by any person and at any age, but are more commonly experienced by those who face barriers to social engagement such as systemic discrimination (e.g., racism, ageism, ableism); physical separation from social activity (lack of physical access to activity due to physical distance and/or lack of transportation options); mental health, health, mobility or accessibility challenges; living with low income; having caregiving responsibilities.

Key Data Insights

- In Durham Region, the latest Census data (2021) found that 16 per cent of the population was aged 65 or older (Social Isolation NOR, 2025).
- 77 per cent of surveyed Durham Region adults have a strong sense of community belonging (2022) ([Region of Durham CSWB Data Dashboard](#)).
- 20 per cent of surveyed Durham Region seniors live alone (2016) ([Region of Durham CSWB Data Dashboard](#)).

Substance Use (e.g., cannabis, opioids, alcohol, vaping/e-cigarettes)

Substance use refers to the consumption of alcohol, cannabis, opioids or other legal and illegal drugs. Substance use may lead to substance use disorders, overdose, infectious diseases or other complications. Reducing the harms associated with substance use can prevent injury, illness or death.

Factors associated with substance use and addiction are multi-faceted and complex. In addition to risk factors, there are also protective factors, these include physical safety, positive school environments, good relationships with parents/caregivers, and social inclusion (Substance Use NOR, 2025).

Key Data Insights

- In 2021, the rate of opioid toxicity deaths was 18 per 100,000 population ([Region of Durham CSWB Data Dashboard](#)).
- In 2021, the rate of emergency department visits for conditions entirely caused by alcohol was 428 per 100,000 population ([Region of Durham CSWB Data Dashboard](#)).
- In 2021, the rate of emergency department visits for cannabis-related harms was 130 per 100,000 population ([Region of Durham CSWB Data Dashboard](#)).
- In Durham Region, 81.3 per cent of people reported drinking alcohol in the past 12 months in 2019-2020, slightly above the rate for Ontario (75.8 per cent). The rate of self-reported binge drinking in Durham Region was 17.7 per cent, which was comparable to the rate for similar areas across Ontario (17.1 per cent) (Substance Use NOR, 2025).
- Evidence from the Ontario Student Drug Use and Mental Health Survey shows an increase in the percentage of middle and high school students (grades 7 to 12) using e-cigarettes from 2015 to 2019. In 2015, 11.7 per cent used e-cigarettes, rising to 22.7 per cent in 2019 (Substance Use NOR, 2025).

Victimization (e.g. Gender Based Violence, Intimate Partner Violence, and Human Trafficking)

A victim is a person who has suffered physical or emotional harm, property damage, or economic loss as a result of a crime. Victimization often impacts people on an emotional, physical, financial, psychological, and social level. Victimization as a priority risk factor includes sexual and/or physical assault, domestic violence and human trafficking.

Anti-violence efforts exist on a spectrum, ranging from preventing violence before it occurs (primary prevention) to meeting the immediate needs of victims and mitigating long-term impacts (tertiary prevention). Across this spectrum, addressing the root causes of violence requires changing social norms and policies, in addition to individual behaviour.

In 2023, Durham Regional Council approved a motion to formally declare IPV as an epidemic and encourage that prevention of IPV be integrated into every municipality's CSWB Plan. Following this motion, the CSWB Secretariat and the VPCC of Durham have been developing a joint action plan outlining the regional response to the IPV epidemic.

To date, recommended priority areas within the plan include the following:

- Expanding GBV and IPV awareness and prevention initiatives.
- Enhancing outreach and engagement with populations disproportionately affected by GBV and IPV.
- Securing sustainable funding for GBV and IPV prevention and response efforts.
- Improving access to safe and affordable housing for GBV and IPV victims and survivors to help them escape abusive situations.
- Strengthening data collection and monitoring of GBV and IPV prevalence and trends.

Key Data Insights

- In Q3 2024, there were 460 criminal incidents involving an older adult victim/complainant ([Region of Durham CSWB Data Dashboard](#)).
- In Q3 2024, the two-year violent intimate partner violence revictimization rate was 10 percent ([Region of Durham CSWB Data Dashboard](#)).
- In 2023, there were 235 identified victims and at-risk individuals of human trafficking ([Region of Durham CSWB Data Dashboard](#)).
- In 2023, the DRPS human trafficking unit launched 289 investigations ([Region of Durham CSWB Data Dashboard](#)).
- In 2024, 624 individuals were referred to the [Region of Durham Partner Assault Response Program \(PAR\)](#) by the courts for charges related to IPV (496 men; 128 women).
- In 2024, 56 victims/survivors were provided safety planning and other supports for IPV through the [PAR Program](#).





Overview of
Process to Update

Project Timeline: CSWB Plan Update (2023-2025)



Engagement with Rights Holders (throughout 2023-2025)

- **Action:** Invited the seven Williams Treaty First Nations to engage and participate in dialogue.
- **Focus:** Prioritizing Indigenous perspectives and leadership.



Alignment with Community Partners (throughout 2023-2025)

- **Action:** Engaged service providers and agencies across the human services system.
- **Focus:** Leveraging subject matter expertise and organizational influence to drive system-level change.



Public Engagement Integration (2023)

- **Action:** Incorporated findings from the Region's 2023 Strategic Plan Community Engagement Summary.
- **Focus:** Ensuring community voices shape priorities and outcomes.



Ongoing CSWB Framework Group Engagement (throughout 2023-2025)

- **Groups Engaged:**
 - CSWB Steering Committee
 - Area Municipal Working Group
 - Internal Working Group
 - Strategic Advisory Group - Youth Violence Prevention
 - Greater Toronto and Hamilton Area Working Group
- **Focus:** Continuous feedback and alignment across sectors.



Community Partner Workshops (2023)

- **Action:** Over 100 community partners attended two workshops to provide input on priority projects and initiatives.
- **Focus:** Emphasized the need for a more detailed and actionable plan.



Research and Analysis (2023-2024)

- **Action:** CSWB Secretariat oversaw the development of Needs Overview Reports and Theories of Change for each Priority Risk Factor.
- **Focus:** Academic research and integration of engagement findings to inform recommendations.



Internal Sub-Committee Formation (2025)

- **Action:** Established seven sub-committees to ensure alignment across the organization, including acknowledging the role of system managers (e.g., Housing and Homelessness) and incorporation of existing strategies (e.g., Poverty Response Program).
- **Focus:** Cross-sector collaboration, resource alignment, and co-creation of draft outcomes and actions.



Community Partner Workshops (2025)

- **Action:** Almost 300 community partners attended seven workshops (one for each priority risk factor) to inform and validate draft outcomes, actions, and data points.
- **Focus:** Strengthen collaboration and co-creation of finalized recommendations.



Finalization of CSWB Roadmaps for Collective Impact (2025)

- **Action:** Developed updated roadmaps for collective action.
- **Focus:** Clearly defined outcomes, actions, and data points to guide implementation and drive collective action across the region.

Looking Forward - Going Further Together

Achieving community safety and well-being is a shared responsibility—no single organization or sector can do it alone. It requires collective action, rooted in strong partnerships and a common vision. The Region of Durham plays a critical role as a convenor and backbone agency, driving collective impact forward by providing a community-informed roadmap, supporting capacity building, and mobilizing actions identified in the updated CSWB Plan (Appendix A).

Our co-collaborators at the local area municipal level are essential to this work, bringing deep local knowledge and leadership that strengthens alignment and implementation. Across the region, incredible collaboration is already underway, demonstrating the energy and willingness to do great things together. At the same time, engagement with partners has surfaced areas for improvement—opportunities to deepen coordination, clarify roles, and enhance impact. As we navigate a complex and evolving landscape, including an uncertain funding environment, we need each other more than ever. The next chapter begins with renewed commitment, robust engagement, and a shared belief that together, we can go further.

As outlined in the timeline above, in 2025 almost 300 people attended seven workshops with a shared goal to collaboratively develop plans for where we want to go (outcomes) and how we want to get there (actions). **Following steady community engagement, deep academic research and critical guidance from partners, the updated CSWB Plan now includes CSWB Roadmaps for Collective Impact (Appendix A).** This work will serve as a starting point, to guide next steps for CSWB Plan implementation and lay the groundwork for meaningful change in Durham Region.



Conclusion

This CSWB Plan reflects our shared commitment to collective impact, upstream intervention, and prevention initiatives that foster community stabilization and support strong economic development. Moving forward, the success of this plan will rely on sustained core funding, meaningful community engagement, and the active participation of partners, including DRPS.

We will continue to engage the public using clear roadmaps to shape messaging and manage expectations – recognizing that while the CSWB Plan does not directly fund services, reduce waitlists, build housing, or direct sector mandates, it plays a vital role in aligning efforts and amplifying community voices.

To strengthen governance and ensure alignment with local priorities, the Region will review CSWB Framework groups and collaborate with existing tables to develop clear work plans, roles, responsibilities, and indicators for success. With community support and engagement, together we will identify new opportunities for collaboration while remaining nimble and responsive to emerging priorities.

Key initiatives will continue, including the CSWB Fund and Microgrant Program, the Capacity Strengthening Training Series, and the completion and launch of several strategic efforts such as the IPV/GBV Action Plan, Situation Table, Youth Violence Prevention Strategy, and the Community Healing Toolkit.

Ongoing engagement with community-led tables and working groups will ensure that this plan remains grounded in lived experience and local expertise. Together, we will build a safer, healthier, and more connected Durham Region.



Appendices

Appendix A: CSWB Roadmaps for Collective Impact

Appendix B: 2025 CSWB Committee Members List

Appendix C: CSWB Participating Agencies

Appendix D: Acronyms and Glossary

Appendix E: References



Community Safety and Well-Being Plan



If you require this information in an accessible format, please contact the Accessibility Coordinator by emailing accessibility@durham.ca or calling 311 extension 2009.



Criminal Involvement: Roadmap for Collective Impact

If we continue to plan and work together as a community to...

Social development

- Work collaboratively to develop strategies to address underlying factors that contribute to criminal involvement (e.g., systemic inequities, marginalization, trauma, and poverty).
- Support early intervention and family-focused programs that help prevent or reduce adverse childhood experiences, using culturally responsive approaches (e.g., youth spaces).
- Work together to advocate for stable, long-term funding from provincial and federal governments to sustain violence prevention and community stabilization efforts.
- Support efforts to expand coordinated programs and services (e.g., income assistance, housing-related supports, access to education and health care) that strengthen social determinants of health.
- Support investment in community advisory groups to identify local gaps and co-create solutions for crime prevention and community safety.

Prevention

- Bring together partners to co-design and implement place-based prevention and community healing programs in areas with the greatest need.
- Collaborate on crime prevention through environmental design (e.g., lighting, public spaces, transit access, etc.).
- Prevent criminal activity by proactively identifying and responding to emerging crime trends (e.g. trends in cybercrime, theft, etc.).
- Support youth-led and school-based prevention initiatives that use evidence-informed approaches to build resilience and reduce risk.
- Coordinate shared data collection across community partners to inform planning and service delivery.

Risk intervention

- Work together to deliver tailored programs and supports (e.g., conflict resolution, life stabilization and distress lines) for individuals at risk of justice system involvement.
- Collaborate to strengthen wraparound supports and reduce barriers for individuals transitioning out of the justice and child welfare systems (e.g., employment, counselling, peer support, housing, reintegration services, etc.).
- Raise awareness of referral pathways for existing programs to ensure timely access to appropriate supports.
- Support initiatives that leverage lived experience through violence interruption models and expand access to diversion and community-based rehabilitation programs.

Incident response

- Collaboratively deliver a range of community-based response programs (e.g., conflict mediation, restorative justice, crisis debriefing, and healing supports).
- Support investment in youth diversion programs that are tailored to the needs of young people, supporting their positive development.
- Work in partnership with community policing and service providers to develop tools and resources, such as referral lists, that improve service navigation and build trust in the community.
- Coordinate efforts to support transitions from correctional facilities, ensuring continuity of care and access to reintegration supports.

We expect to see change for our community members and service providers...

- Strengthened capacity across service providers to deliver trauma-informed, developmentally appropriate, culturally responsive programs that reflect the diverse needs of individuals and communities.
- Stronger referral networks that connect individuals and families to timely, high-quality, multi-sectoral services and resources.
- Improved collaboration across sectors, leading to enhanced service integration and shared care planning that supports holistic well-being.
- Greater involvement of residents and people with lived experience in shaping, designing, and guiding programs and services that affect their lives.
- Expanded access to diversion and restorative justice programs, especially for youth and equity deserving groups.
- Reduced recidivism through evidence-based interventions that support rehabilitation, reintegration, and long-term stability.

Leading to community-wide outcomes of:

- Improved health and social outcomes for persons involved in the criminal justice system.
- Reduced stigma and increased compassion for people involved in the criminal justice system.
- Strengthened protective factors and reduced risk factors associated with criminal involvement across all stages of life.
- Reduced frequency and severity of crime in Durham Region.
- Greater sense of purpose, inclusion, and engagement in community life among Durham residents.



Ultimate impact:

Durham Region is a place where everyone feels safe, has a sense of belonging, and where individuals and families can meet their needs for education, health care, food, housing, income, as well as social and cultural expression.



Proposed Key Actions and Risk Factor Data Points: Criminal Involvement

Proposed Key Actions by CSWB Risk Mitigation Level

Social development	Prevention	Risk intervention	Incident response
<ul style="list-style-type: none"> • Advocate collectively for sustainable funding to support equitable access to basic needs and support across the lifespan. • Align messaging across organizations to increase public knowledge of the complex factors that can contribute to criminal involvement (e.g., systemic inequities, marginalization, trauma, and poverty). • Identify opportunities to increase knowledge and capacity across system partners to close systemic gaps and support coordinated, informed decision-making. • Strengthen institutional programming and social safety nets, with a focus on communities experiencing the greatest need. • Support investment in community advisory groups to ensure service delivery is informed by local voices, lived experience, and community expertise. • Enhance access to school-based prevention initiatives to support the development of healthy coping strategies (e.g., conflict resolution, resilience, character development, emotional awareness, social media literacy, etc.). 	<ul style="list-style-type: none"> • Bring together community partners, including those with lived experience, to co-design and implement place-based prevention and healing programs that reflect the unique needs and strengths of each community. • Collaborate to ensure prevention programming is trauma-informed, strengths-based, and culturally responsive, by integrating community insights and lived experiences. • Support inclusive outreach and engagement strategies to ensure programs reach equity deserving populations. • Work with partners to strengthen access to protective factors such as education, job training, and recreation. 	<ul style="list-style-type: none"> • Work together to strengthen referral pathways for individuals at high risk of justice system involvement, improving access to timely and appropriate supports (e.g., trauma informed, culturally responsive). • Establish a collaborative, multi-sector Situation Table (Durham Connect) to connect individuals to resources and supports in the community. • Enhance wraparound supports for individuals transitioning out of the justice and child welfare systems, including case management, life skills development, mental health care, and employment support. • Support initiatives that leverage lived experience, such as violence interruption models, and expand access to diversion and community-based rehabilitation programs. • Support collaborative investment in diversion programs, including those for youth, that promote accountability, healing, and reduced recidivism through restorative justice approaches. 	<ul style="list-style-type: none"> • Work in partnership with community policing and service providers to co-create navigation tools and resources (e.g., referral lists) that build trust and improve access to services. • Build capacity for community-led healing and de-escalation focused incidence response (e.g. through community ambassadors, educators, mentors, family members, youth outreach workers etc.).

Risk factor data points

- Crime severity index
- Property crime rate per 100,000 people
- Violent crime rate per 100,000 people
- Number of auto thefts



Experiences of Racism: Roadmap for Collective Impact

If we continue to plan and work together as a community to...

Social development

- Strengthen partnerships and opportunities for collective action to embed racial equity into policies, planning, training, evaluation, and data governance across public and private sectors.
- Work across systems to remove systemic barriers and expand equitable access to social and economic opportunities for racialized and Indigenous community members.
- Collaborate with culturally responsive, community-based organizations to support their sustainability and capacity through long-term investment strategies and partnership opportunities.
- Co-create inclusive public facing narratives by engaging diverse communities in communication strategies that reflect cultural diversity and actively challenge harmful stereotypes.
- Support opportunities to strengthen data sharing practices with First Nations, Métis, and Inuit partners to ensure alignment with Ownership, Control, Access and Possession (OCAP®) principles, ensuring respectful and community-led data governance.

Prevention

- Co-create multi-faceted public awareness campaigns to foster community dialogue to challenge racism and shift social norms.
- Work in partnership with service providers, community members and persons with lived experience to expand equitable access to culturally safe spaces and programs that foster inclusion and belonging.
- Collaboratively identify opportunities to strengthen equity-informed policies and practices across sectors.
- Coordinate efforts to enhance pathways to civic participation and leadership for racialized and Indigenous community members, ensuring diverse voices shape prevention and response efforts.

Risk intervention

- Collaborate with service providers and persons with lived experience to identify opportunities to reduce experiences of racism and improve sense of safety among racialized and Indigenous communities (e.g., tailored programs, peer networks, hate reporting and advocacy).
- Work across systems to improve coordination among service providers to ensure seamless supports for individuals and families impacted by hate, racism, and discrimination.

Incident response

- Coordinate efforts to improve access to safe, timely, culturally responsive, trauma informed supports (e.g., counselling, crisis response services, advocacy) for individuals and families impacted by hate, racism, and discrimination.
- Co-create accessible, multilingual, and community-based hate crime reporting systems and protocols to address non-criminal hate incidents.

We expect to see change for our community members and service providers...

- Systems and institutions consistently deliver equitable services and outcomes.
- Increased sustainability and capacity of community members, volunteers, and organizations to address experiences of racism in culturally responsive, trauma informed ways.
- Increased leadership from racialized and Indigenous community members in policy and program development, including representation in formal leadership roles.
- Increased participation of persons with lived experience and equity deserving groups in the development and delivery of community services.
- Increased sense of safety and belonging among racialized and Indigenous community members.
- Increased awareness and understanding of diversity, equity, and inclusion.

Leading to community-wide outcomes of:

- Increased public commitment to diversity, equity, and inclusion.
- Reduced incidents of racism, discrimination and hate.
- Enhanced social and economic well-being of racialized and Indigenous community members.

Ultimate impact:

Durham Region is a place where everyone feels safe, has a sense of belonging, and where individuals and families can meet their needs for education, health care, food, housing, income, as well as social and cultural expression.



Proposed Key Actions and Risk Factor Data Points: Experiences of Racism

Proposed Key Actions by CSWB Risk Mitigation Level

Social development	Prevention	Risk intervention	Incident response
<ul style="list-style-type: none"> • Collaboratively identify opportunities to embed racial equity into planning, evaluation, and data practices, such as co-developing and consistently applying equity-focused tools across budgeting, policy design, and service planning. • Work together to identify and address inequities in access to employment, housing, health care, child care, and education, through coordinated strategies and shared response plans. • Advocate for and help secure stable, long-term funding and practical supports for organizations leading racial equity efforts. • Work in partnership with racialized and Indigenous communities, as well as culturally responsive organizations, to increase public education and shift narratives toward empathy, shared values, and inclusion. • Work collaboratively to identify opportunities to expand racialized and Indigenous representation in leadership roles (e.g., boards, councils, senior management) across public and for-profit services. • Co-develop inclusive engagement and communication strategies (e.g., outreach, community events) that emphasize shared values, build empathy, and encourage reflection. • Strengthen race-based data practices and implementation of First Nations principles of Ownership, Control, Access and Possession (OCAP®), including data collection, disaggregated data analysis and reporting, community-led research, and the development of community-informed data governance strategies. 	<ul style="list-style-type: none"> • Co-design and deliver multi-platform campaigns, intergroup dialogue opportunities, and educational initiatives that promote empathy, solidarity, and belonging. • Collaboratively identify ways to strengthen investment in and expansion of culturally responsive, community-led initiatives which build positive identity and foster inclusion, including youth-focused programs. • Work across sectors to integrate anti-racism tools into planning, budgeting, and evaluation processes so disparities are identified early and mitigated before they escalate and cause harm. • Work with system leaders to strengthen professional learning pathways in anti-racism and equity across public services. • Work with partners to develop accountability measures to ensure appropriate responses to acts of racism, discrimination, and hate. • Collectively identify opportunities to support mentorship, governance training, and leadership development programs so that diverse voices are represented in civic decision-making, and prevention efforts are community-led. 	<ul style="list-style-type: none"> • Alongside community partners, identify opportunities to support investment in and expansion of community-led initiatives that address both systemic and immediate impacts of racism, discrimination, and hate. • Collaborate to address racism and harassment in public transit settings and other prioritized public spaces (e.g., libraries, parks, schools, etc.). • Work proactively with faith communities to better understand the unique challenges they are facing and identify opportunities to support their safety and well-being. • Co-develop and implement toolkits for community response and healing in the aftermath of a hate-motivated incident. 	<ul style="list-style-type: none"> • Work together to deliver safe, timely, culturally relevant, and trauma-informed wraparound supports for victims of hate-motivated activities (e.g. hate crimes and incidents). • Enhance hate crime and hate incident reporting systems by co-designing accessible, multilingual platforms that are community-based and responsive to diverse needs.

Risk factor data points

- Number of hate-motivated incidents based on race/ethnicity



Homelessness & Basic Needs: Roadmap for Collective Impact

If we continue to plan and work together as a community to...

Social development

- Work in collaboration with leaders to strengthen system coordination across mental health, substance use, and housing services, to address interconnected challenges.
- Join efforts to reduce poverty and strengthen income security through housing stabilization programs (including low-barrier options), employment initiatives, and advocacy for sustainable provincial and federal supports.
- Support efforts to build a resilient food security network through coordinated programs, partnerships, and community-led initiatives.
- Work with partners to identify ways to enhance equitable access to basic needs (e.g., life stabilization) for priority populations.
- Work collaboratively with the Homelessness and Housing System Manager and community partners to enhance housing affordability by expanding rent supplements, housing benefit programs, and innovative housing development partnerships.
- Advance strategies that enable service providers to deliver person-first and culturally affirming care through targeted capacity building.
- Support compassionate approaches for addressing encampments, including the implementation of the Region's Encampment Strategy.

Prevention

- Work collaboratively with partners and direct service providers to expand stabilization and pre-employment programs beyond Ontario Works recipients to support low-wage workers and those at risk of housing loss.
- Help advance integrated approaches to embedding prevention messaging and referral pathways in schools, health centres, and workplaces.
- Collaborate with partners to provide specialized support to youth, especially during transitions from child welfare.
- Work collaboratively with the Homelessness and Housing System Manager and community partners to provide and bolster support to maintain and secure new housing (e.g., landlord mediation, eviction prevention, rent and utility arrears support, moving expenses, tax filing, etc.).
- Support ongoing programs that supplement income and help individuals afford stable housing, such as employment and rent supplement initiatives.
- Advance coordinated data collection and distribution to improve planning processes and standardize training across partner organizations.
- Work with partners to improve system navigation by exploring the feasibility of centralized consent and intake processes.
- Advance public facing education and awareness activities about the complex root causes of homelessness to shift perceptions and reduce stigma.

Risk intervention

- Work collaboratively with the Homelessness and Housing System Manager and community partners to support the expansion of transitional and supportive housing options.
- Advance integrated approaches to deliver short-term basic needs support (e.g., food, hygiene, clothing).
- Advance wraparound transition supports for individuals exiting institutional facilities.
- Work across sectors to support intensive case management as well as income, employment, and capacity-building support.

Incident response

- Support the advancement and continuation of low-barrier, long-term wrap-around supports for those experiencing homelessness, including emergency shelter, primary health care, and mental health care (e.g., Homeless and Addiction Recovery Treatment Hubs (HART Hubs)).
- Support advocacy efforts to increase available shelter space and essential amenities (e.g., showers, indoor spaces, bathrooms, beds).
- Support advocacy efforts to increase shelter capacity and broaden eligibility criteria to support individuals with complex needs.

We expect to see change for our community members and service providers...

- Stronger collaboration and resource sharing across service providers in responding to homelessness and poverty.
- Improved data quality and consistency across the homelessness response system.
- Increased capacity to prevent and respond to immediate needs of people experiencing homelessness or housing instability.
- Increased equitable and timely access to:
 - Affordable housing options
 - Stable and sufficient income
 - Emergency services that meet the immediate needs of people in need of shelter
 - Supports to secure and maintain housing
 - Support for other basic needs (e.g. food, health care, transportation).

Leading to community-wide outcomes of:

- Increased housing stability, food security, and capacity to meet other basic needs (e.g., clothing, transportation).
- Consistent and coordinated transition supports.
- Improved physical and mental health.
- Greater engagement in education, employment, and community life.
- Reduced stigma and increased compassion for people experiencing homelessness.

Ultimate impact:
Durham Region is a place where everyone feels safe, has a sense of belonging, and where individuals and families can meet their needs for education, health care, food, housing, income, as well as social and cultural expression.



Proposed Key Actions and Risk Factor Data Points: Homelessness & Basic Needs

Proposed Key Actions by CSWB Risk Mitigation Level

Social development	Prevention & Risk intervention	Incident response
<ul style="list-style-type: none"> • Work in collaboration with leaders and people with lived experience to strengthen systems coordination across mental health, substance use, and housing services, to address interconnected challenges. • Join efforts to reduce poverty and strengthen income security through housing stabilization programs, employment initiatives, and advocacy for sustainable provincial and federal supports. • Support efforts to build a resilient food security network through coordinated programs, partnerships, and community-led initiatives. • Work collaboratively with the Homelessness and Housing System Manager and community partners to enhance housing affordability by expanding rent supplements, housing benefit programs, and innovative housing development partnerships. • Increase public education and awareness to reduce stigma and increase compassion for people experiencing homelessness. 	<ul style="list-style-type: none"> • Work in collaboration with system leaders and service providers to enhance cross-sectoral coordination and performance through collaborative governance. • Promote education and awareness to improve equitable access to housing and homelessness supports and services across the Region. • Support the advancement of coordinated, data-driven planning and equity-informed research to guide decision-making and strengthen efficiencies (e.g., tracking housing indicators, wraparound service utilization, and collecting equity-focused, community-based data). • Collaborate with the Homelessness and Housing System Manager and community partners to identify and implement strategies that expand Housing First initiatives and enhance supportive services for individuals facing complex challenges. • Support advocacy efforts for deeply affordable and supportive housing options. • Advance integrated approaches to expand access to stabilization and wraparound supports (e.g., case management, life skills development, mental health care and help managing income) for individuals during and beyond transitions (e.g., from institutional facilities). • Explore opportunities to invest in early intervention strategies to prevent homelessness and food insecurity before it starts (e.g., youth transitions, family/caregiver supports, school-based free meal programs). • Establish a Situation Table (Durham Connect) in Durham Region as a collaborative, multi-sectoral effort to connect individuals to resources in the community. 	<ul style="list-style-type: none"> • Support the Homelessness and Housing System Manager to work collaboratively with community partners to assess the feasibility of expanding access to targeted financial supports to prevent housing loss (e.g., eviction prevention, one-time assistance). • Advocate for the expansion of direct outreach services and supports, such as Mental Health Outreach Program (MHOP), Primary Care Outreach Program (PCOP) and Regional Street Outreach Program to meet rising demand. • Strengthen system navigation supports and reduce barriers to access services (e.g., operating hours, requirement to have a fixed address, overlapping intake processes, etc.) • Support the Homelessness and Housing System Manager to co-create solutions with partners to increase availability of amenities for people living unsheltered (e.g., indoor spaces, bathrooms, showers). • Support advocacy efforts to increase shelter spaces for families, single young men, seniors, and those not eligible for hospital care. • Support advocacy efforts to strengthen shelter supports to better serve individuals with complex needs (e.g., unmanaged mental illness, substance use) seeking shelter.

Risk factor data points

- Per cent of Durham Region households experiencing food insecurity (Stats Can).
- Number of people who accessed the shelter system.
- Number of people experiencing homelessness from Durham Region's By-Name List who moved into housing.
- Average number of people on Durham Region's By-Name List experiencing homelessness per month.



Mental Health: Roadmap for Collective Impact

If we continue to plan and work together as a community to...

Social development

- Work across sectors to strengthen systems coordination, especially at the intersection of multiple risk factors, by increasing awareness of available supports and associated referral pathways.
- Support efforts to provide coordinated programs, services, and supports (e.g., income assistance, housing-related supports, and access to education) to enhance social determinants of health.
- Collaborate with partners, including people with lived/living experience, to develop a regional care plan that prioritizes primary care capacity, equitable access, cultural safety, trauma-informed and person-centred approaches.
- Advance advocacy to address the underlying factors that contribute to mental health challenges (e.g., housing insecurity, structural discrimination, exposure to trauma).
- Secure sustainable funding to implement strategies across the risk mitigation framework.
- Support the capacity, sustainability, and well-being of direct service providers.

Prevention

- Support efforts to provide mental health programs and supports for children, youth, and families, through both school-based and community-led initiatives.
- Advance integrated approaches to expand tailored supports for individuals with complex needs (e.g., older adults, youth, people with disabilities, newcomers, people living with low income, and Indigenous populations).
- Promote public awareness and education around mental health (e.g., mental well-being, crisis intervention, suicide prevention).

Risk intervention

- Coordinate efforts to expand access to counselling, case management, peer support, and specialized mental health services (including residential and psychiatric care) with an emphasis on underserved populations and geographic areas.
- Work collaboratively with the Homelessness and Housing System Manager and community partners to advance housing-related supports, including Housing First initiatives and transitional and supportive housing programs.

Incident response

- Work in collaboration with police services and other community partners to provide timely, dignified support for immediate mental health needs through primary care and mental health outreach, crisis lines, and mental health safe beds.
- Support advocacy efforts to increase resources for community-based response programs.
- Advance discharge planning, coordination, and support during transitions (e.g., from institutional facilities).

We expect to see change for our community members and service providers...

- Increased collaboration and coordination across sectors (e.g., health, education, housing, substance use/addictions, legal services, etc.) for training, planning, and service delivery.
- Mental health service providers are better supported to deliver coordinated, accessible and appropriate supports that meet individual needs, close gaps in care, and respond effectively to crises.
- Expanded access to early mental health promotion programs, including school-based, community-led, and family-focused activities that foster resilience, healthy relationships, and social development.
- Increased awareness of and improved access to timely, equity-focused, trauma-informed, culturally responsive, mental health supports and services.
- Improved continuity of care during critical life transitions (e.g. from institutional settings to community-based supports).
- Reduced stigma among community members regarding mental health.
- Greater trust and confidence in accessing available mental health resources among community members (e.g., culturally appropriate care).

Leading to community-wide outcomes of:

- Reduced frequency and severity of mental health challenges and crises.
- Greater mental and emotional well-being, with individuals feeling more connected, hopeful, and empowered.

Ultimate impact:

Durham Region is a place where everyone feels safe, has a sense of belonging, and where individuals and families can meet their needs for education, health care, food, housing, income, as well as social and cultural expression.



Proposed Key Actions and Risk Factor Data Points: Mental Health

Proposed Key Actions by CSWB Risk Mitigation Level

Social development & prevention	Risk intervention	Incident response
<ul style="list-style-type: none"> • Work in collaboration with partners to deepen cross-sectoral awareness and coordination of available supports and services. • Collaborate with school boards and other community partners to increase early intervention supports for families, caregivers and schools to support child and youth mental wellness and initiatives that enhance positive social development and relationships. • Collaborate with partners, including people with lived/living experience, to develop a regional care plan that prioritizes: <ul style="list-style-type: none"> ▪ Primary care capacity ▪ Equitable access (e.g., for northern and rural Durham communities, aging populations, etc.) ▪ Cultural safety ▪ Trauma-informed practices ▪ Person-centred approaches ▪ Building systems collaboration mechanisms that allow for collective review of data trends and gaps • Advance integrated approaches to expand tailored, trauma-informed supports for equity deserving populations with complex needs, including case management and housing-related interventions. • Advocate for short- and long-term sustainable funding to implement the proposed key actions. • Deepen support for the capacity, sustainability, and well-being of direct service providers. 	<ul style="list-style-type: none"> • Leverage partnership opportunities across sectors to expand Durham Region’s integrated mental health care system to improve coordination among individuals, service providers, families, and relevant medical professionals. • Advocate for the expansion of direct outreach services and supports, such as Mental Health Outreach Program (MHOP) and Primary Care Outreach Program (PCOP) to meet rising demand. • Collaborate with service providers to strengthen discharge planning, coordination and support (e.g., housing, community supports) during transitions from institutional facilities. • Establish a Situation Table (Durham Connect) in Durham Region as a collaborative, multi-sectoral effort to connect individuals to resources in the community. 	<ul style="list-style-type: none"> • Advocate for increased resources for community-based response programs (e.g., crisis response programs, access to training opportunities, after hours supports, and community stabilization activities). • Collaborate with partners to improve public navigation tools to access mental health supports. • With support from system leaders, work across sectors to advance discharge planning, coordination, and support during transitions (e.g., from institutional facilities).

Risk factor data points

- Per cent of Durham Region adults who are very satisfied with the availability of mental health services
- Per cent of Durham Region adults who rate their mental health as very good or excellent
- Rate of emergency department visits for self-harm per 100,000 population



Social Isolation: Roadmap for Collective Impact

If we continue to plan and work together as a community to...

Social development

- Collaboratively deliver coordinated programs and services (e.g., income assistance, housing-related supports, health care, and access to education and employment opportunities) to enhance social determinants of health.
- Work together to develop strategies to address underlying factors that contribute to social isolation (e.g., systemic inequities, marginalization, trauma, and poverty).
- Collaboratively identify opportunities to increase investments in infrastructure that reduces barriers to social connection (e.g., improved public transit, accessible community spaces, reliable digital connectivity, reduced financial and administrative burdens).
- Co-develop a renewed Age-Friendly Durham Strategy and Action Plan that aligns with local efforts and community priorities.

Prevention Risk intervention

- Work together to increase public awareness of available programs, services, and opportunities, especially among communities most at risk for social isolation.
- Co-design programs with community members, especially those most at risk for social isolation, to ensure cultural relevance and responsiveness to lived experiences.
- Work in partnership to plan and deliver public education campaigns to reduce stigma related to social isolation.
- Co-develop sustained outreach models that proactively support individuals particularly during life transitions, helping prevent social isolation from escalating into crisis.
- Support community members, first responders and medical professionals with relevant tools and training to recognize signs of social isolation and connect individuals to appropriate supports.
- Continue to collaborate with charitable and nonprofit organizations that offer inclusive services, particularly for individuals and communities facing systemic barriers.

Incident response

- Work with first responders and service providers to explore ways to expand crisis support for individuals experiencing social isolation (e.g., connections to mental health services, short-term shelter options for older adults).
- Work with first responders and service providers to explore ways to expand and strengthen non-emergency response pathways to ensure timely and appropriate support.
- Work with first responders and partners to identify opportunities to receive specialized training to recognize and respond to social isolation.

We expect to see change for our community members and service providers...

- Reduced barriers to participation in programs and services (e.g., improved transportation, reduced/no fees, simplified processes, increased accessibility and language supports).
- Increased public awareness of available programs, services, and opportunities to foster meaningful connections.
- Broader community participation in community events and civic life that promote social inclusion.
- Stronger collaboration among community-serving organizations and equity-deserving groups to identify gaps and reach those most at risk for social isolation.
- Enhanced capacity of first responders, service providers, community partners and others to identify and connect socially isolated individuals to supports.
- Decreased number of non-urgent 911 calls related to social isolation.

Leading to community-wide outcomes of:

- Reduced stigma, increased community empathy and social acceptance of those at higher risk for social isolation.
- Reduced incidents of elder abuse.
- Improved quality of life including improved physical and mental health for Durham residents.
- Increased feelings of social connection, inclusion, and emotional well-being.

Ultimate impact:

Durham Region is a place where everyone feels safe, has a sense of belonging, and where individuals and families can meet their needs for education, health care, food, housing, income, as well as social and cultural expression.



Proposed Key Actions and Risk Factor Data Points: Social Isolation

Proposed Key Actions by CSWB Risk Mitigation Level

Social development	Prevention & Risk intervention	Incident response
<p>Building enabling infrastructure:</p> <ul style="list-style-type: none"> Collaborate to invest in infrastructure that reduces barriers to social connection (e.g., improved public transit, accessible community spaces, reliable digital connectivity). Work together to enhance transportation options for Durham residents, particularly in rural/northern communities through coordinated services and user-friendly supports. Support the development of, and reduction of barriers to, broader social service infrastructure that meets basic needs, such as safe, affordable housing, employment opportunities, and poverty reduction. Work together to address financial and administrative barriers to participation in community and recreation programs by exploring opportunities to reduce fees and simplify registration processes. Strengthen partnerships among service providers, community members, post-secondary institutions, and government partners to foster meaningful community connections across the region. Co-develop a renewed Age-Friendly Durham Strategy and Action Plan that aligns with local efforts and community priorities. 	<p>Fostering inclusion and reducing stigma:</p> <ul style="list-style-type: none"> Work with community partners to identify ways to encourage civic engagement and community leadership by supporting grant programs, advisory groups, and opportunities for residents, especially those from equity-deserving communities, to help shape municipal decisions and lead local initiatives. <p>Outreach, engagement, and awareness:</p> <ul style="list-style-type: none"> Collaboratively implement tailored outreach and communication strategies to increase awareness of programs, services, and opportunities among individuals and communities at risk for social isolation. <ul style="list-style-type: none"> Co-develop sustained outreach models, particularly for older adults during key life transitions, using volunteers and/or staff to maintain regular contact and prevent isolation from escalating. Identify opportunities to provide mobile, low-barrier administrative and digital support services (e.g., pop-up clinics in libraries or recreation centres) to assist residents with filing taxes, and computer/technology training. Strengthen informal safety nets and frontline outreach, by equipping community members and first responders with relevant tools and training to recognize signs of social isolation and connect individuals to appropriate supports. Identify risk factors and responsive strategies for equity deserving groups experiencing social isolation in all age groups. Work together to identify and address communication gaps by understanding preferred outreach channels for socially isolated populations. Co-create and maintain a comprehensive inventory of programs and services that support those experiencing social isolation in Durham Region (e.g., ongoing support for the Guide to Community Resources for Seniors and Older Adults). <p>Programs, services, and opportunities:</p> <ul style="list-style-type: none"> Continue to collaborate with charitable and non-profit organizations that offer inclusive services, particularly for individuals and communities facing systemic barriers. Co-design programs with community members, especially those most at risk for social isolation, to ensure cultural relevance and responsiveness to lived experiences. Co-create programs with community members and partners that support relationship-building and inclusion, such as neighbour-to-neighbour initiatives, intercultural events, and safe spaces for dialogue and shared experiences. Work together to identify ways to embed dedicated navigation and case management supports within trusted community settings to help older adults access health care, housing supports, financial assistance, and daily living supports. Work with residents and service providers to explore ways to expand caregiver peer support networks and promote social prescribing to connect caregivers with emotional support and tailored community resources. 	<ul style="list-style-type: none"> Work across systems to investigate ways to expand and strengthen non-emergency response pathways across the lifespan by increasing capacity for timely follow-up (e.g., through community paramedicine) to prevent crises and reduce non-urgent hospital readmissions. Work collaboratively to develop a communication plan that increases public awareness of non-urgent supports available. Work across systems to investigate ways to expand proactive post-discharge programs that support recovery and social connection. Work with the Housing and Homelessness System Manager and community partners to support efforts that work to provide emergency and short-term shelter options for older adults, including designated beds within existing facilities to support individuals facing eviction, hospital discharge, or unsafe living situations.

Risk factor data points

- Per cent of Durham Region adults who have a strong sense of community belonging.
- Per cent of Durham Region seniors who live alone.



Substance Use: Roadmap for Collective Impact

If we continue to plan and work together as a community to...

Social development

- Strengthen collective action and system coordination, especially where substance use, mental health, and homelessness intersect, to ensure individuals receive wraparound supports.
- Support implementation of the Durham Region Opioid Response Plan.
- Advocate for systemic change to address underlying factors that contribute to substance use, including poverty, trauma, and housing instability.
- Support efforts to prevent or reduce adverse childhood experiences through early intervention and family-focused culturally responsive programs.
- Advocate for sustainable funding for treatment services and strengthen health system capacity.
- Raise awareness of the impacts of restrictive harm reduction policies with all levels of government.
- Support advocacy efforts for a provincial alcohol strategy and stronger regulation of cannabis and vaping products.

Prevention

- Work collaboratively across systems to foster equitable access to prevention supports (including mental health and addiction services) across the lifespan, especially for underserved populations.
- Support efforts to deliver public education and awareness campaigns focused on substance use and harm reduction.
- Support school-based and youth-led prevention initiatives using evidence-based approaches.
- Coordinate shared data collection across community partners to inform planning and response.
- Expand awareness of substance use guidelines.

Risk intervention

- Strengthen early intervention supports for underserved populations.
- Provide mobile outreach for mental health and primary care through programs such as Mental Health Outreach Program (MHOP) and Primary Care Outreach Program (PCOP).
- Support community partners in their efforts to deliver harm reduction.
- Collaborate with partners on programs and services that offer low/no-cost treatment services, including stabilization supports such as housing.
- Collaborate with partners to increase awareness of existing data collection systems, including opioid toxicity alerts and local drug trend tracking.

Incident response

- Work in collaboration with police services and other community partners to disrupt illegal drug supply.
- Support ongoing efforts related to transitions from correctional facilities, with a focus on continuity of care and access to supports.
- Work with community partners to support programs that integrate peer support workers in emergency departments to support individuals in crisis.
- Support advocacy efforts to increase resources for community-based response programs.
- Advance discharge planning, coordination, and support during transitions (e.g., from institutional facilities).

We expect to see change for our community members and service providers...

- Increased awareness and access to mental health, addiction, and social support services.
- Safer substance use practices, supported by harm reduction education and resources.
- Enhanced health, life stability, and socioeconomic outcomes, including housing security and employment supports.
- Strengthened cross-sector collaboration, improving service integration and shared care planning.
- Increased public understanding of substance use risk factors and prevention strategies.
- Greater empathy and compassion towards individuals impacted by substance use disorders.
- Reduced stigma around substance use disorders.

Leading to community-wide outcomes of:

- Increased protective factors and reduced risk factors associated with substance use across the lifespan.
- More equitable, person-focused, evidence-based, and timely access to treatment and harm reduction services for individuals affected by substance use disorders.
- Improved coordination across systems of care resulting in more integrated and responsive service delivery.
- Decreased frequency and intensity of substance use among residents.
- Reduced substance use-related harms, including overdoses and infections.
- Strengthened public and institutional support for evidence-informed substance use policies and practices.

Ultimate impact:

Durham Region is a place where everyone feels safe, has a sense of belonging, and where individuals and families can meet their needs for education, health care, food, housing, income, as well as social and cultural expression.



Proposed Key Actions and Risk Factor Data Points: Substance Use

Proposed Key Actions by CSWB Risk Mitigation Level

Social development	Prevention	Risk intervention	Incident response
<ul style="list-style-type: none"> Collaborate with community partners to strengthen holistic, low barrier, supports to prevent substance use harms (e.g., mental health care, addiction services, housing, poverty reduction, and community stabilization activities). Support collective efforts to enhance service integration across mental health, addiction, housing, and case management through cross-referrals and shared care plans. Continue to foster cross-sector collaboration among local teams and community partners to improve coordination and service delivery. Engage community partners and people with lived experience to advocate for: <ul style="list-style-type: none"> Increased provincial funding for treatment Evidence-informed harm reduction policies A provincial alcohol strategy Stronger regulation of cannabis and nicotine-based vaping products 	<ul style="list-style-type: none"> Collaborate with service providers to improve equitable access to trauma-informed and culturally responsive services and treatment across the lifespan. Expand awareness of substance use guidelines, including integration into school-based education. Co-create solutions with partners to support school-based, and beyond school-based, prevention programs for youth focused on: <ul style="list-style-type: none"> Navigating external or influential pressures (e.g., peer pressure, social media). Accessing health education, social opportunities, and skill-building. Increase harm reduction awareness/education and reduce stigma through targeted training and public education campaigns for local politicians, service providers, community organizations, business owners and residents. Build community and political support for evidence-based prevention strategies. Adopt innovative approaches to monitor and proactively address substance use trends. Support education and awareness initiatives regarding the health impacts of substances (e.g., cannabis, vaping, nicotine patches). Work with partners to develop strategies to address emerging addictive behaviour trends (e.g., online gambling, video games, social media). 	<ul style="list-style-type: none"> Support collective efforts to expand culturally relevant, trauma-informed early interventions for underserved populations (e.g., youth, older adults, individuals with developmental disabilities, dual diagnoses, etc.). Establish a Situation Table (Durham Connect) in Durham Region as a collaborative, multi-sectoral effort to connect individuals to resources in the community. Provide coordinated training for service providers to recognize and respond to signs of substance use challenges. Leverage local knowledge to enhance awareness of existing harm reduction services. Advance efforts through coordinated action to ensure community members have access to adequate, low/no cost treatment options, including culturally responsive care and reduced wait times. 	<ul style="list-style-type: none"> Advocate for the expansion of direct outreach capacity through programs such as Mental Health Outreach Program (MHOP) and Primary Care Outreach Program (PCOP). Advance discharge planning, coordination, and support during transitions (e.g., from institutional facilities). Increase awareness of best practices for supporting community members experiencing a crisis.

Risk factor data points

- Rate of opioid toxicity deaths per 100,000 population
- Rate of emergency department visits for conditions entirely caused by alcohol per 100,000 population
- Rate of emergency department visits for cannabis-related harms per 100,000 population



Victimization: Roadmap for Collective Impact

If we continue to plan and work together as a community to...

Social development

- Strengthen partnerships and collective action across sectors to address all forms of gender-based violence (GBV)¹ (e.g. co-development of GBV and IPV Action Plan that reflects shared priorities, aligned activities, and key indicators/metrics).
- Collaboratively deliver coordinated programs and services (e.g., income assistance, housing support, healthcare, and access to education) that address social determinants of health.
- Advocate together for core and long-term sustainable funding from provincial and federal governments to support prevention and response efforts.
- Work in partnership to advocate for changes to the systems, structures, and cultural norms that reinforce gender and social inequities.

Prevention

- Co-create public education and awareness campaigns/initiatives that deepen understanding of harmful influences of GBV using a coordinated community-based approach.
- Coordinate efforts to integrate GBV education into public health, education, housing, and employment services.
- Leverage shared data to support prevention efforts, identify service gaps, improve coordination, and strengthen advocacy.
- Support economic empowerment and leadership opportunities for women and girls.
- Partner with community members, organizations, and leaders to actively engage men, male youth, and boys in conversations and initiatives that help reshape social norms and promote healthy, respectful relationships.

Risk intervention

- Work in partnership with health and social service providers to integrate IPV screening into routine primary care and service delivery, ensuring early identification and support for individuals at risk.
- Work together to prioritize housing access for survivors at risk of homelessness, including rent supplements and long-term housing supports.
- Support evidence-based programs for individuals who have caused harm to reduce recidivism and promote accountability.

Incident response

- Work together to expand access to inclusive, wraparound services that support individuals and families affected by GBV. These services may include:
 - Trauma-informed and culturally responsive crisis supports and counselling.
 - Emergency shelter and housing supports.
 - Specialized police services and legal assistance.
 - Sexual assault care and coordinated hospital discharge planning.
- Support investment in youth diversion programs that are tailored to the needs of young people involved in GBV, with the goal of preventing future harm and supporting their positive development.

We expect to see change for our community members and service providers...

- Strengthened multi-sectoral partnerships that advance shared priorities and measurable progress.
- Greater awareness and engagement in prevention efforts, with community members demonstrating greater knowledge of resources.
- Improved access to timely, trauma-informed, and culturally responsive care, for survivors and families.
- Reduced recidivism among individuals who have caused harm through effective evidence-based interventions.

Leading to community-wide outcomes of:

- Decreased frequency and severity of all forms of GBV.
- Reduced risk factors and strengthened protective factors that influence both perpetration and victimization.
- Improved mental, emotional, and physical health outcomes for all community members.

Ultimate impact:

Durham Region is a place where everyone feels safe, has a sense of belonging, and where individuals and families can meet their needs for education, health care, food, housing, income, as well as social and cultural expression.

¹ Gender-based violence (GBV) refers to harmful acts of physical, economic (financial), sexual, emotional (psychological) abuse based on someone's gender and unequal power dynamics. It can take many forms such as sexual abuse and/or harassment, exploitation, human trafficking, femicide, stalking, intimate partner violence, family violence, and technology-facilitated violence.



Proposed Key Actions and Risk Factor Data Points: Victimization

Proposed Key Actions by CSWB Risk Mitigation Level

Social development	Prevention & Risk intervention	Incident response
<ul style="list-style-type: none"> • Collaboratively develop and advance an advocacy strategy that engages all levels of government to influence policy and secure core and sustainable funding for preventing and responding to all forms of gender-based violence (GBV) in Durham Region. • Co-create and implement a GBV and IPV Community Action Plan that reflects shared priorities, coordinated activities, and meaningful indicators to track progress. • Continue working together to invest in safe, affordable housing and social development services, recognizing their foundational role in preventing and responding to GBV. 	<p>Data</p> <ul style="list-style-type: none"> • Work collectively with community partners, including DRPS, to enhance data collection, monitoring, analysis and sharing, to deepen understanding of GBV and IPV impacts across the community and inform responsive action. <p>Awareness, Education & Training</p> <ul style="list-style-type: none"> • Co-design the delivery of public education and awareness initiatives that build understanding of GBV and IPV using a coordinated community-based approach. • Work together to provide consistent training, tools, and resources to front-line staff and service providers (e.g., caseworkers, public health nurses, paramedics, early learning and child care professionals) who are often first to recognize and respond to the signs of GBV and IPV. • Continue fostering partnerships with child care and education sectors to expand prevention programming that challenges harmful norms and promotes healthy relationships among children, youth and young adults. • Support inclusive outreach and engagement strategies that centre the voices and needs of diverse and priority populations (e.g., women and girls, Indigenous Peoples, 2SLGBTQI+, Black and racialized people, newcomers, persons with disabilities, older adults/seniors, youth, people living in rural or remote communities). <p>Coordinated Services</p> <ul style="list-style-type: none"> • Engage survivors and community experts in the design and planning of programs to ensure services are responsive, trauma-informed, and culturally responsive. • Work together to strengthen referral pathways so individuals and families impacted by GBV can access timely and appropriate supports. • Establish a Situation Table (Durham Connect) in Durham Region as a collaborative, multi-sectoral effort to connect individuals to resources in the community. 	<ul style="list-style-type: none"> • Collaboratively support investment in diversion programs for individuals who have caused harm, including youth and older adults, to support accountability and reduce recidivism. • Alongside community partners, identify opportunities to coordinate efforts to prioritize housing access for survivors at risk of homelessness (e.g., provide rent supplements and long-term housing supports). • Advocate for the expansion of direct outreach services and supports, such as Mental Health Outreach Program (MHOP), Primary Care Outreach Program (PCOP), Older Adult Safety Advisors (OASA) and Regional Street Outreach Program to meet rising demand.

Risk factor data points

- Number of criminal incidents with an older adult victim/complainant
- Two-year violent intimate partner violence revictimization rate
- Number of identified victims and at-risk individuals of human trafficking
- Number of investigations launched by the human trafficking unit

Appendix B: 2025 CSWB Committee Members List

CSWB Steering Committee

- Co-chair: Elaine Baxter-Trahair, Regional Municipality of Durham
- Co-chair: Chief Peter Moreira, Durham Regional Police Service
- Chief Kelly LaRocca, Mississaugas of Scugog Island First Nation
- Councillor Marilyn Crawford, Regional Council
- Councillor Maurice Brenner, Regional Council
- Alison Burgess, Regional Municipality Durham
- Allison Hector-Alexander, Regional Municipality of Durham
- Amber Crowe, Dnaagdawenmag Binnoojiiyag Child & Family Services
- Andrea Cant, Alzheimer Society of Durham Region
- Anita Longo, Durham Regional Police Service
- Beth Brannon, Lakeridge Health
- Bill Clancy, Durham Regional Police Service
- Chief Troy Cheseboro, Region of Durham Paramedic Services
- Cindy Murray, United Way Durham
- Gill Lock, Durham Regional Police Service
- Dr. Robert Kyle, Regional Municipality of Durham
- Elaine Knox, City of Pickering
- Enez Perkins, City of Oshawa
- Garry Cubitt, Durham Regional Police Service Board
- Helen Giacchetta, Oshawa and Durham Region Métis Council
- Jai Sahak, Northstar
- James Meloche, Community Care Durham
- Janet McPherson, Brock Community Health Centre
- Kayode Akomolafe, Durham Catholic District School Board
- Keishia Facey, RFW Consulting
- Krista MacNeil, Victim Services of Durham Region
- Mary George, Bawaajigewin Aboriginal Community Circle
- Michael Bowman, Durham District School Board
- Mona Emond, North House

- Ramona Chereches, Durham Children's Aid Society
- Sandra Austin, Regional Municipality of Durham, Community Growth and Economic Development Department
- Stella Danos-Papaconstantinou, Regional Municipality of Durham, Social Services Department
- Vivian Curl, Durham Community Foundation

CSWB Area Municipal Working Group

- Chair: Elaine Baxter-Trahair, Regional Municipality of Durham
- Christie McLardie, Town of Ajax
- Mikaela Malcolm, Town of Ajax
- Shane Baker, Town of Ajax
- Michelle Willson, Township of Brock
- George Acorn, Municipality of Clarington
- Justin MacLean, Municipality of Clarington
- Steve Myers, Municipality of Clarington
- Adam Grant, City of Oshawa
- Ron Diskey, City of Oshawa
- Tracey Adams, City of Oshawa
- Elaine Knox, City of Pickering
- Warren Mar, Township of Scugog
- Mark Berney, Township of Scugog
- Mike Matthews, Township of Scugog
- Kristi Honey, Township of Uxbridge
- Matt Gaskell, Town of Whitby
- Renee Dupuis, Town of Whitby
- Sarah Klein, Town of Whitby
- Jennifer Shaw, Durham Regional Police Service

Greater Toronto and Hamilton Area CSWB Working Group

- Chair: Kiersten Allore-Engel, Regional Municipality of Durham
- Jennifer Shaw, Durham Regional Police Service
- Kendra Habing, Regional Municipality of Halton

- Samantha Jackson, Regional Municipality of Halton
- Ashley Lilliman, Halton Regional Police Service
- Amy Manjani, City of Hamilton
- Kristy Tadeson, City of Hamilton
- Mohammad Al Khateb, City of Hamilton
- Rachele Ihekwoaba, City of Hamilton
- Sarah Van Sickle, City of Hamilton
- Jessica Thompson, Regional Municipality of Niagara
- Ingra Pedra, Regional Municipality of Peel
- Jasmine Tung, Regional Municipality of Peel
- Jenny Burgess, Regional Municipality of Peel
- Michelle Johnston, Regional Municipality of Peel
- John Versluis, Peel Regional Police
- Christina Alexiou, City of Toronto
- Clara Ganemtoré, City of Toronto
- Scott McKean, City of Toronto
- Jenna Dolly, Regional Municipality of York
- Jennifer Hancock, Regional Municipality of York
- Jason McIlveen, York Regional Police

Internal Working Group

- Chair: Kiersten Allore-Engel, Regional Municipality of Durham, Office of the CAO
- Allison Hector-Alexander, Regional Municipality of Durham, Office of the CAO
- Andrew Wismer, Regional Municipality of Durham, Finance Department
- Anna Rosquita, Regional Municipality of Durham, Office of the CAO
- Azeez Simisaye, Regional Municipality of Durham, Social Services Department
- Charmalee Harris, Regional Municipality of Durham, Social Services Department
- Christian Closs, Durham Regional Police Service (Regional Municipality of Durham, Social Services Department Department)
- Craig McInall, Durham Regional Police Service
- Danon Morey, Regional Municipality of Durham, Office of the CAO
- Erin Valant, Regional Municipality of Durham, Social Services Department
- Heather Thompson, Regional Municipality of Durham, Social Services Department

- Janisha Kamalanathan, Regional Municipality of Durham, Office of the CAO
- Joanne Iacono, Regional Municipality of Durham, Social Services Department
- Liam Hatch, Regional Municipality of Durham, Office of the CAO
- Lisa McIntosh, Regional Municipality of Durham, Social Services Department
- Lori Talling, Regional Municipality of Durham, Community Growth and Economic Development Department
- Marusia Laschuk, Regional Municipality of Durham, Social Services Department
- Pam DeWilde, Regional Municipality of Durham, Office of the CAO
- Rob Clayton, Regional Municipality of Durham, Social Services Department
- Sandra Austin, Regional Municipality of Durham, Community Growth and Economic Development Department
- Sangeetah Pabla, Regional Municipality of Durham, Office of the CAO
- Stella Danos-Papaconstantinou, Regional Municipality of Durham, Social Services Department
- Tineka Levy, Regional Municipality of Durham, Office of the CAO
- Tracey Tyner Cavanagh, Regional Municipality of Durham, Social Services Department
- Zareen Butt, Regional Municipality of Durham, Health Department

Region of Durham Internal Sub-Committees - Subject Matter Experts by Risk Factor

- Chair: Kiersten Allore-Engel, Regional Municipality of Durham, Office of the CAO

Criminal Involvement:

- Anjali Pandya, Regional Municipality of Durham, Health Department
- Christian Closs, Durham Regional Police Service (Regional Municipality of Durham Social Services Department)
- Craig McInall, Durham Regional Police Services
- Dawn Hopps, Regional Municipality of Durham, Social Services Department
- Erin Valant, Regional Municipality of Durham, Social Services Department
- Jennifer Shaw, Durham Regional Police Services
- Vidal Chavannes, Durham Regional Police Services

Experiences of Racism:

- Allison Hector-Alexander, Regional Municipality of Durham, Office of the CAO
- Amanda Thompson, Regional Municipality of Durham, Durham Region Transit

- Ameera Alhiraki, Regional Municipality of Durham, Social Services Department
- Anu Sharma, Regional Municipality of Durham, Office of the CAO
- Caitlyn Paget, Regional Municipality of Durham, Health Department
- Debbie Ellis, Regional Municipality of Durham, Community Growth and Economic Development Department
- Hanna Mohammed-Diallo, Regional Municipality of Durham, Community Growth and Economic Development Department
- Melissa Beaucaire, Regional Municipality of Durham, Social Services Department
- Nabeel Patel, Regional Municipality of Durham, Durham Region Transit
- Nilo Honarbakhsh, Regional Municipality of Durham, Office of the CAO
- Patricia Hines, Regional Municipality of Durham, Office of the CAO
- Zareen Butt, Regional Municipality of Durham, Health Department

Homelessness and Basic Needs:

- Caitlyn Paget, Regional Municipality of Durham, Health Department
- Charmalee Harris, Regional Municipality of Durham, Social Services Department
- Jennifer Bishop, Regional Municipality of Durham, Social Services Department
- Jessica Clark, Regional Municipality of Durham, Region of Durham Paramedic Services
- Jocelyn Siciliano, Regional Municipality of Durham, Social Services Department
- Lisa McIntosh, Regional Municipality of Durham, Social Services Department
- Rachel Hirstwood-Judd, Regional Municipality of Durham, Social Services Department
- Sahar Foroutani, Regional Municipality of Durham, Social Services Department

Mental Health:

- Anjali Pandya, Regional Municipality of Durham, Health Department
- Christine Gianoutsos, Regional Municipality of Durham, Health Department
- Jessica Clark, Regional Municipality of Durham, Region of Durham Paramedic Services
- Katie Hill, Regional Municipality of Durham, Social Services Department
- Rachel Hirstwood-Judd, Regional Municipality of Durham, Social Services Department
- Stacey MacNeil, Regional Municipality of Durham, Social Services Department

Social Isolation:

- Alyssa Skan, Regional Municipality of Durham, Social Services Department
- Daidra Richards, Regional Municipality of Durham, Health Department
- Danielle Pineda, Regional Municipality of Durham, Office of the CAO,
- Jaclyn Fraser, Regional Municipality of Durham, Social Services Department
- Joanne Iacono, Regional Municipality of Durham, Social Services Department
- Kaitlin Bradley, Regional Municipality of Durham, Health Department
- Keith Rew, Regional Municipality of Durham, Health Department
- Morgan Denby, Regional Municipality of Durham, Social Services Department
- Rob Clayton, Regional Municipality of Durham, Social Services Department
- Rosalie Saynor, Regional Municipality of Durham, Health Department
- Sharon Woods, Regional Municipality of Durham, Social Services Department
- Tracey Tyner Cavanagh, Regional Municipality of Durham, Social Services Department

Substance Use:

- Heather Thompson, Regional Municipality of Durham, Social Services Department
- Jessica Clark, Regional Municipality of Durham, Paramedic Services
- Kaitlin Bradley, Regional Municipality of Durham, Health Department
- Michele Brolly, Regional Municipality of Durham, Region Health Department
- Wendy Beales, Regional Municipality of Durham, Social Services Department

Victimization:

- Anjali Pandya, Regional Municipality of Durham, Health Department
- Christian Closs, Durham Regional Police Service (Regional Municipality of Durham, Social Services Department)
- Craig McCabe, Durham Regional Police Services
- Jennifer Shaw, Durham Regional Police Services
- Jessica Clark, Regional Municipality of Durham, Paramedic Services
- Jocelyn Siciliano, Regional Municipality of Durham, Social Services Department
- John Kimmerly, Regional Municipality of Durham, Social Services Department
- Kellie Flynn, Regional Municipality of Durham, Health Department
- Rachel Hirstwood-Judd, Regional Municipality of Durham, Social Services Department

Building Safer Communities Fund Strategic Advisory Group - Community Partner Organizations

- Chair: Kiersten Allore-Engel, Regional Municipality of Durham, Office of the CAO
- Aaron Wood, Durham Regional Police Service
- Audrey Isenor, Community Justice Alternatives of Durham Region
- Candice Correa, Durham Youth Services
- Charmalee Harris, Regional Municipality of Durham, Social Services Department
- Colleen McCulloch, Dnaagdawenmag Binnoojiiyag
- Devon Nation-Williams, Regional Municipality of Durham, Social Services Department
- Dr. Kanika Samuels-Wortley, Ontario Tech University
- Edna Ucanda, Community Development Council Durham
- Gloria Small, Durham Community Action Group
- Irena Kropman, Durham Community Health Centre
- Jai Sahak, Northstar
- Jeff Dart, Durham Community Health Centre
- Jennifer Shaw, Durham Regional Police Service
- Jessica Hanson, United Way Durham Region
- Jill Dallaire, BGC Durham
- Kevin Anderson, Durham Children's Aid Society
- Kim Miller-Sands, Murray McKinnon Foundation
- Krista MacNeil, Victim Services of Durham Region
- Marcy Davis, Durham Community Action Group
- Margaret Parsons, Durham Community Action Group
- Marnie Smith, BGC Durham
- Michael Menheere, Durham District School Board
- Monica Tembo, Community Development Council Durham
- Nicole D'Ornellas, Durham Children's Aid Society
- Nicole Perryman, Ifarada Centre for Excellence
- Paula Sorhaitz, Durham Catholic District School Board
- Pita-Garth "PG" Case, DurhamONE
- Rawle Elliot, Durham Community Action Group

- Sanaaj Mirrie, Afiwi Groove School
- Stacey Beaveridge, Child and Youth Advocacy Centre (CYAC Durham)
- Stephen Linton, Black-Led Engagement Network of Durham (BLEND)
- Sydney Marcoux, Victim Services Durham Region
- Veronica Breen, John Howard Society of Durham Region
- Vidal Chavannes, Durham Regional Police Service



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Appendix C: CSWB Participating Agencies

- Mississaugas of Scugog Island First Nation
- Afiwi Groove School
- B.R.A.V.E. (Black Resilient Advocates for Vibrant Empowerment)
- Bethesda House
- BGC Durham
- Big Brothers Big Sisters of South Durham and Northumberland
- Black-Led Engagement Network of Durham (BLEND)
- Blessed Kutz
- Brock Community Health Centre
- Canadian Council of Muslim Women
- CFSD
- Child and Youth Advocacy Centre (CYAC Durham)
- Christian Faith Outreach Centre - Doors of Compassion
- City of Oshawa
- City of Pickering
- City of Toronto
- Clarington Library, Museums & Archives
- Community Development Council Durham (CDCD)
- Community Justice Alternatives of Durham Region
- Community Living Ajax-Pickering Whitby
- Community Living Durham North
- Community Living Oshawa Clarington
- Cultural Expressions for CHANGE
- Dads of Durham
- Dedicated Advocacy Resource Support (DARS)
- Developmental Services Ontario
- Dnaagdawenmag Child and Family Services
- Durham A.C.E.S. Association

- Durham Catholic District School Board
- Durham College, Social Impact Hub
- Durham Community Action Group
- Durham Community Health Centre
- Durham Elder Abuse Network
- Durham Family and Cultural Centre
- Durham Rape Crisis Centre
- Durham Region Transit
- Durham Regional Police Service
- Durham Workforce Authority
- Durham Youth Services
- DurhamONE
- Durham Mental Health Services
- Eastern Basketball Association
- Grandview Kids
- Herizon House
- Ifarada Centre for Excellence
- Impact Over Intention
- John Howard Society of Durham Region
- Keep Ya Head Up
- Kujenga Wellness Project
- Lakeridge Health
- Luke's Place
- Métis Nation of Ontario
- Municipality of Clarington
- Murray McKinnon Foundation
- Muslim Women of Durham Region
- Northstar
- Ontario Shores Centre for Mental Health Sciences
- Ontario Tech University

- Ordered Steps Dance Academy
- Oshawa and Durham Region Métis Council
- Oshawa Public Libraries
- Phoenix All Stars Football Club
- Pickering Public Library
- Prince Albert Basketball Club
- Protect Your Crown Initiative
- Region of Durham - Communications and Engagement
- Region of Durham - Family Services Durham
- Region of Durham - Health Department
- Region of Durham - Income, Employment and Homelessness Supports Division
- Region of Durham - Social Services Department
- Region of Durham
- Revitalized Reintegration Services
- Safety Network Durham
- Salvation Army
- Senior Buddies
- St. Andrew's Youth Group
- Sweet Obsessions by Lyss
- T.H.E. Brotherhood
- Talkin' Tales
- The Barrette Centre
- The Black Girls Society
- The Denise House
- The Nourish and Develop Foundation
- The Participation House (Durham Region)
- Town of Ajax
- Town of Whitby
- Township of Brock
- Township of Scugog

- Township of Uxbridge
- Victim Services of Durham Region
- Violence Prevention Coordinating Council (VPCC)
- Whitby Public Library
- Women's Multicultural Resource and Counselling Centre of Durham (WMRCC)
- YWCA Durham



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Appendix D: Acronyms and Glossary

Acronyms

- **2SLGBTQI+** - Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and Questioning and Intersex and additional gender identities and sexual orientations
- **AER** - Acutely Elevated Risk
- **ASIST** - Applied Suicide Intervention Skills Training
- **BSCF** - Building Safer Communities Fund
- **CSWB** - Community Safety and Well-Being
- **DCAG** - Durham Community Action Group
- **DRPS** - Durham Regional Police Service
- **GBV** - Gender-Based Violence
- **IPV** - Intimate Partner Violence
- **NOR** - Needs Overview Report
- **OSDUHS** - Ontario Student Drug Use and Health Survey
- **SAG** - Strategic Advisory Group
- **VPCC** - Violence Prevention Coordinating Council of Durham
- **YAG** - Youth Action Group

Glossary

- **Advocacy** - Covers a range of strategies and tactics designed to move people to action. Advocacy tools can include communications, research, education, personal influence, persuasion, coalition building and organizing. The ways in which these tools are applied are often adjusted for different audiences or targets of influence.
- **Anti-Racism** - An active and consistent process of change to eliminate individual, institutional and systemic racism as well as the oppression and injustice racism causes.
- **Barrier** - An overt or covert obstacle that prevents a person from fully taking part in all aspects of society, including physical, architectural, information or communications, attitudinal, economic and technological. The obstacle can be in the form of policies or practices.
- **Disability** - An umbrella term covering impairments, activity limitations and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Defining disability is complex and evolving.

- **Discrimination** - Treating someone unfairly by either imposing a burden on them, or denying them a privilege, benefit or opportunity enjoyed by others, because of their race, citizenship, family status, disability, sex or other personal characteristics (note: this is not a legal definition).
- **Equal Access** - Recognizing that “one size does not fit all” in diverse urban/rural communities, equal access to health programs and services for all individuals requires the removal of barriers associated with literacy levels, language, culture, geography, social factors, education, economic circumstance and mental and physical ability.
- **Equity** - Equity is a principle and process that promotes fair conditions for all persons to fully participate in society. It recognizes that while all people have the right to be treated equally, not all experience equal access to resources, opportunities or benefits. Achieving equality does not necessarily mean treating individuals or groups in the same way but may require the use of specific measures to ensure fairness.
- **Equity-Deserving Groups or Equity-Priority Groups** - Communities that endure systemic discrimination; face barriers to equal access, opportunities and resources; and actively seek social justice and reparations. Equity-deserving groups experience exclusion based on characteristics not limited to age, citizenship status, disability, ethnicity, economic status, gender identity, gender expression, sexual orientation and race.
- **Gender-Based Violence (GBV)** - GBV refers to harmful acts of physical, economic (financial), sexual, emotional (psychological) abuse based on someone’s gender and unequal power dynamics. It can take many forms such as sexual abuse and/or harassment, exploitation, human trafficking, femicide, stalking, intimate partner violence, family violence, and technology-facilitated violence.
- **Hate Activity** - Comments or actions against a person or group motivated by bias, prejudice or hate based on race, ancestry, nationality or ethnic origin, language, colour, religion, sex, age, mental or physical disability, marital status, family status, sexual orientation or any other similar factor. Examples are hate crimes, hate propaganda, advocating genocide, telephone/electronic communication promoting hate, and publicly displaying hate in notices, signs, symbols and emblems.
- **Incident Response** - Critical or non-critical incident response commonly involves immediate and reactive responses and primarily involves emergency response services like police, fire, paramedics and other crisis-driven services.
- **Lived Experience** - Knowledge rooted in direct, first-hand involvement in everyday events and experiences rather than through representations constructed by other people.
- **Newcomer** - An inclusive term for immigrants or refugees who have been in Canada for a short time, usually less than five years. Newcomers contribute greatly to a country’s social and economic prosperity.
- **Prevention** - Applying proactive strategies to known and identified risks that are likely to result in harm to individuals or communities if left unmitigated.
- **Risk Intervention** - Identifying and responding to situations of acutely elevated risk of harm and mobilizing interventions before an emergency or crisis-driven response is required.

- **Situation Table** - A collaborative model for responding to Acutely Elevated Risk (AER) cases through coordinated agency action.
- **Social Determinants of Health** - Forces and systems that shape the conditions of people's daily lives (e.g., income, education, employment) and influence their health and well-being outcomes. These include economic, social, and political policies and systems, as well as social norms.
- **Social Development** - Addressing the underlying causes of social issues through upstream approaches that promote and maintain individual and community wellness.
- **Systemic Barriers** - Obstacles that exclude groups or communities of people from full participation in, and the benefits of, social, economic, and political life. They may be hidden or unintentional but are built into the way society works. Existing policies, practices and procedures, as well as assumptions and stereotypes, reinforce them.



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Appendix E: References

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