



Community Safety and Well-being Public Consultation Survey

The Townships of Brudenell, Lyndoch and Raglan; Killaloe, Hagarty and Richards; Madawaska Valley; and South Algonquin are working together to create a regional community safety and well-being plan.

The goal of planning is to encourage the growth of communities where people feel safe, have a sense of belonging, opportunities to participate, and their needs can be met. Resident input is necessary to ensure that the plan reflects the lived experiences and desires of community members. Completed surveys should be returned to a participating municipal office by November 30, 2020.

We want to hear from you! Please share your thoughts on living in the local area, and help shape the plan. This survey is for adults aged 16 and older, it is voluntary, anonymous, and will take approximately 15 minutes to complete. If you have any questions, please contact the CSWB Coordinator Dr Meara Sullivan at mearasullivan@hotmail.com or your local municipality.

DEMOGRAPHIC INFORMATION

1. How do you identify?

- Female Male I identify as: _____

2. How old are you?

- 16-24 25-34 35-44 45-54 55-64 65-74 75 +

3. Where do you live?

- Brudenell, Lyndoch and Raglan Killaloe, Hagarty and Richards Madawaska Valley South Algonquin

4. How often do you reside in the area?

- Permanent Seasonal Occasional

5. What type of housing do you live in?

- Owned home Rent Other _____

6. What is your highest level of education?

- Less than high school High school or equivalent Post-secondary

7. How do you identify your racial or ethnic background?

- Black (African/Caribbean) East Asian (Chinese, Japanese) First Nations/Métis
 Hispanic/Latino Middle Eastern Mixed Heritage
 South Asian (Indian, Pakistani) South East Asian (Thai, Filipino) White/Caucasian
 Prefer not to answer Please specify _____

8. What is your total household income?

- Under \$40,000 \$40,000-\$99,999 Over \$100,000

9. How long have you resided in your community?

- Less than 1 year 2-5 years 6-10 years Over 10 years

COMMUNITY SAFETY AND WELL-BEING

10. How would you describe your sense of community belonging?

- Very strong Strong Neutral Weak Very weak

11. What are the top THREE greatest strengths of your community? (Check 3 ONLY)

- Affordability Community collaboration Diversity Friendly
 History/heritage Minimal pollution Nature Peace/quiet
 Programs/services Retail Safety Small town/rural life
 Sports/outdoor pursuits Theatre/arts Other _____

12. What local services did you access in the past twelve months? (Check ALL that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Community transit | <input type="checkbox"/> Employment support | <input type="checkbox"/> Family services |
| <input type="checkbox"/> Food bank | <input type="checkbox"/> Local retail | <input type="checkbox"/> Mental health | <input type="checkbox"/> Municipal (library, community center) |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Police service | <input type="checkbox"/> Religious organization | <input type="checkbox"/> Substance Misuse (drugs/alcohol) support |
| <input type="checkbox"/> Seniors programs | <input type="checkbox"/> Training/education | <input type="checkbox"/> Youth programs | <input type="checkbox"/> None |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other (please specify) _____ | | |

13. What, if any barriers exist that can prevent you from accessing local services?

14. What are the top THREE problems or concerns impacting your community? (Check 3 ONLY)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Childcare | <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Employment opportunities | <input type="checkbox"/> Food insecurity | <input type="checkbox"/> Healthcare access |
| <input type="checkbox"/> Pollution | <input type="checkbox"/> Poverty | <input type="checkbox"/> Public transportation | <input type="checkbox"/> Seniors programs |
| <input type="checkbox"/> Social isolation | <input type="checkbox"/> Substance misuse (alcohol/drugs) | <input type="checkbox"/> Traffic/roads | |
| <input type="checkbox"/> Youth activities/programs | <input type="checkbox"/> No concerns | <input type="checkbox"/> Other (please specify) _____ | |

15. In the past twelve months, how often did you feel safe in your community?

- Always Often Sometimes Rarely Never

16. In the past twelve months, how often did you experience homelessness, or housing insecurity?

- Always Often Sometimes Rarely Never

17. What level of impact has COVID-19 had upon your everyday work and family life?

- A great deal A lot A moderate amount A little None

18. How has the COVID-19 impacted your stress levels?

- Much higher stress Higher stress No change Reduced stress Much reduced stress

19. What are the top THREE (3) services needed in your community? (Check 3 ONLY)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Anti-discrimination | <input type="checkbox"/> Childcare | <input type="checkbox"/> Employment | <input type="checkbox"/> Family programs |
| <input type="checkbox"/> Food security | <input type="checkbox"/> Housing | <input type="checkbox"/> Mental health | <input type="checkbox"/> Physical health |
| <input type="checkbox"/> Police service | <input type="checkbox"/> Public transport | <input type="checkbox"/> Religious | <input type="checkbox"/> Seniors programs |
| <input type="checkbox"/> Sports/outdoor pursuits | <input type="checkbox"/> Substance misuse (drugs/alcohol) support | <input type="checkbox"/> Theatre/arts | |
| <input type="checkbox"/> Youth program | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ | |

If you have any other comments about safety and well-being in your community please let us know.

Thank you for taking the time to complete this survey. Your contribution is important and will help shape our community safety and well-being plan.