

Thunder Bay Counselling

Environmental Scan and Community Needs Assessment

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The Current Situation

Prologue

This report has been prepared for the Leadership team and Board of Directors of Thunder Bay Counselling to provide an up to date view of the issues and challenges facing our community. Information has been collected from a variety of reliable sources to ensure we have the most current and accurate data. The report is divided into two sections: section one contains environmental and community needs information on topics related to the services being provided by Thunder Bay Counselling as it relates to people seeking support through our programs and services. This section also includes intersections points on how Thunder Bay Counselling is involved in local solutions. Section two is about Thunder Bay Counselling including our programs and services, the demographic profile of our clients, client satisfaction survey results and outcomes. I want to thank the Leadership team (current and past) for their input into the report.

Population and Density

Thunder Bay is the largest community on Lake Superior. With a census metropolitan area population of 108,359 (Census 2016), it is the most populous municipality in Northwestern Ontario. The population of the District of Thunder Bay declined 7% in the years between 2011 and 2016.

Population (2011 Census Thunder Bay)	108,359
Population Change (%) 2006 to 2011	-0.7
Population Density per Square Km	330.1
Land Area (Square km)	328.24
Median Age of the Population	43.3
% of the Population aged 15 and over	85.2

Ethno-Cultural Diversity

A city with deeply rooted European and Aboriginal cultures, Thunder Bay is the sixth most culturally diverse community of its size in North America. Some of the most represented ethnic backgrounds include Finnish, Italian, Scottish, Ukrainian, Polish, French, Aboriginal Canadian, Chinese and Croatian.

According to the 2011 National Household Survey (NHS), 10,895 (9.1%) of the population of the Thunder Bay census metropolitan area were foreign-born (immigrants), 107,965 (90.6%) were Canadian-born (non-immigrants) and 285 (0.2%) were non-permanent residents. In comparison, the proportion of the population of Ontario who were immigrants was 28.5%, 70.4% were non-immigrants, and 1.1% were non-permanent residents.

The Vanier Institute of the Family reported that population projections suggest that the proportion of foreign-born Canadians will continue to grow. While Canada has been multicultural, multi-linguistic and multi-religious, the nature of the population has shifted with sustained levels of immigration from increasingly diverse source countries. Increasing diversity challenges how we

understand families – how they operate and how we collectively support them in navigating language, culture and a hostile labour market.

The growing visible minority population is challenging governments and communities to identify and remove barriers to equitable participation in social and economic life. Immigration has opened the question of what constitutes family and how it is defined.

Religious and cultural practices governing family formation and dissolution as well as child custody have into conflict with Canadian law and tradition. The rising rate of intermarriage between individuals from visible minority groups and non-visible minority groups is an indicator of Canada's changing family life.

First Nations, Inuit and Metis

First Nations is a term used to refer to the first peoples of Canada (excluding Inuit and Metis) recognized under the federal Indian Act of 1876. The use of the term First Nations came into common usage as a result of political advocacy for the rights of Aboriginal peoples in Canada. Aboriginal identity' includes persons who are First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who are Registered or Treaty Indians (that is, registered under the *Indian Act* of Canada) and/or those who have membership in a First Nation or Indian band. Aboriginal peoples of Canada are defined in the *Constitution Act, 1982*, section 35 (2) as including the Indian, Inuit and Métis peoples of Canada.

In 2011, 12.4% (13,490) of the population of Thunder Bay had an Aboriginal identity. Of those, 75.3% reported a First Nations identity only, 23.60% reported a Métis identity only, and 0.22% (30) reported an Inuit identity only.

In general, the Aboriginal population in Canada is younger than the non-Aboriginal population.

In Thunder Bay, Aboriginal children aged 14 and under represented 26.4% of the total Aboriginal population and 17.1% of all children in Thunder Bay. Non-Aboriginal children aged 14 and under accounted for 13.9% of the non-Aboriginal population.

Family Structure

The 2016 Census data shows that, today, proportionally fewer households are composed of a nuclear family and more people are living alone, as part of a couple without children, or as part of a multigenerational family.

According to Statistics Canada, these changes are the result of demographic shifts, such as population aging and increasing ethnocultural diversity, as well as social and economic changes. These shifts also have consequences, such as impact on the housing market, on caregiving and care receiving and on intergenerational relationships.

The Vanier Institute of the Family reported that while the proportion of Canadians living alone is growing, 28.2% of Canadian households according to the 2016 Census, the majority of Canadians still live in families. Family life is diverse and dynamic. A notable change is how families come together and the ways in which they care for and support each other.

The Vanier Institute identified the changing trends of family structure. The percentage of married couples with children declined (38.7%); married couples without children increased (29.9%); lone parent families increased (15.9%); common-law couples without children increased (8.5%); and common-law couples with children increased (6.9%). In contrast, in 1981, 60.9% of the population aged 15 and over were married.

From 2011 to 2016, the number of couples living without children rose faster (+7.2%) than the number of couples with children (+2.3%) (Census 2011, Census 2016). In the 2016 Census, Ontario has the third highest (54.5%) proportion of couples with children after Nunavut (76.5%) and the Northwest Territories (61.0%). The national average was 51.1%.

The number of families in Thunder Bay was 34,545 in 2011 (Census 2011), which represents a change of -1.5% from 2006. In Thunder Bay, 67.6% of families were married couples in 2011, while 13.7% were common-law-couples and 18.7% were lone-parent families. However, the 2016 Census saw a slight increase to 34,945 families from 34,545 in 2011.

The age at first marriage continues to increase. This delay is the result of the transition to adulthood and economic independence occur over a longer period of time as individuals complete their education, pay down the debts incurred and establish themselves in the labour market. Young adults continue to live with their parents into their 20s and beyond.

Young people are choosing different routes to commitment and are more likely to cohabit as a substitute for or precursor to marriage. Women are having fewer children and family size is decreasing.

The Vanier Institute of the Family reported that the average family size has been declining which reflects the declining fertility rate and the aging population. As of 2006, for the first time among all households, the proportion of couples without children was larger than the proportion of couples with children. Smaller family size spreads available family resource among fewer people, which is particularly relevant in the context of care giving and population aging.

Marital Status

Married couples remain the majority in Canada, however couples living in common-law relationships have seen a significant increase over the past 35 years. The percentage of common-law couples has more than tripled from 6.3% in 1981 to 21.3 % in 2016.

The Vanier Institute of the Family survey on family life identified the main reason for separation and divorce; couple growing apart (difference values, interests and goals); physical/emotional abuse; substance addiction; infidelity; and the pressures of balancing work and family life.

Separated and divorces individuals are more likely to experience depression in the year after separation than those who remain in a relationship; women tended to live in households with an income ranking far below that of their male counterparts and people who experience a break-up were more likely than those who remained married to report a decline in social support (especially men). In working through these transitions, 56/8% used at least one program or service; 48% used at least one legal or alternative service to negotiate the terms of their separation; and 29.8%

used at one social support service (counselling for adults and children, parent education/information sessions, community resource centres, support groups).

The dissolution of marriages and common-law relationships is difficult for those directly involved and for their children, family members and friends. This change impact living arrangements, income, social support, work status, residence, neighborhood and one's sense of self. The care and support that individuals have access to, can make a significant difference in navigating these transitions and in their long-term well-being.

According to the Vanier Institute, the majority of Canadians re-partner after a divorce or separation and many (particularly younger adults), are choosing a common-law union. Women are more likely than men to state that they did not want to remarry and more divorced individuals with children are choosing not to remarry. With the growing popularity of cohabitation, the rate of remarriage has remained constant.

Child, Youth and Family Services Act, 2017

CYFSA - The new *Child, Youth and Family Services Act, 2017* (CYFSA) will come into effect on April 30, 2018. MCYS *Policy Directive CW 003-17 Protection Services for 16 – 17 Year Olds* came into effect January 1, 2018. The expansion of services to include protection for 16 and 17 year olds has implications for ADR and YITWP services. Additionally, across our community, there are areas of consideration being identified around independent housing needs for 16 and 17 year olds, trusteeships for youth funds where appropriate, and enhanced need for independent life skills programming to support youth to achieve positive outcomes. As the CYFSA takes full effect, additional considerations will likely be revealed.

Alternative Dispute Resolution (ADR)

The complexity of cases being referred to the program, and the interest from child protection agencies for ADR to resolve a wider array of issues, has resulted in changes in service provision and growing demands on program capacity. Child protection agencies have experienced the benefits of using ADR to resolve complex family issues and determine alternate family-led solutions to meet child protection needs. We are seeing increases in the number of cases, both in FGDM and CPMed, where multiple formal interventions (family meetings and mediation sessions) are involved to resolve the issues presented by child protection. This is resulting in cases being open longer and requiring greater numbers of service hours. At the same time, we have seen greater interest this year from all of the child protection agencies we support for the use of ADR. With ADR being recognized as a valuable service for addressing a multitude of child and family needs, not simply being an alternative to court or an option to expedite the court process, provincial planning tables are endeavoring to work with the Ministry to identify their priorities around ADR, and the corresponding funding need if the mandate is broader than originally intended.

Young Adults

In 2016, the Canadian Census looked at the prevalence of young adults remaining in the family household. The Census found that 34.7% of young adults aged 20 to 34 were living with at least one parent in 2016. This percentage is slightly higher in Ontario where 42.1% of young adults live

with their parents, Ontario has the highest rate of any province or territory. This is a 20.3% increase since 2001.

The Census reports that “young adults may be living with their parents because they never left home or because they returned home. Living with one’s parents may have temporary benefits in terms of logistical, emotional, or financial support while pursuing studies or finding full-time work. It may also be the result of cultural preferences, or a strategy adopted by young adults and their parents to deal with low employment earnings or the high cost of living in some areas of the country.”

Local Youth Initiatives

Supports for Success

Supports for Success aims to improve educational, economic and social outcomes for children and youth. There is a wide range of programs and services across sectors that support youth throughout different stages of their lives: from infancy, to early and middle childhood, to adolescence and adulthood. However, many youth, especially those from marginalized groups, can become lost in the transitions between support services as they age and move between life stages.

Supports for Success aims to help connect these services. Much of the available research and data on children and youth offers snapshots for each life stage rather than a holistic picture. Supports for Success aims to fill this gap by building on existing knowledge to identify gaps, assets, and milestones at key transition points throughout the life course. The project methods are focused on identifying, mapping, and assessing existing programs and services, and understanding how to strengthen this system to improve outcomes for children and youth. The research and knowledge translation initiatives will inform a third phase, which involves co-developing interventions with stakeholders and community partners, leveraging a collective impact approach to design interventions that draw on successful models and demonstrate measurable impacts on education, employment, social, and health outcomes for young people.

Youth Wellness Hubs

In February 2017, the Ontario government announced funding for up to nine integrated service hubs province-wide to address the gaps in the province’s youth service system. These hubs will specifically target the needs of youth aged 12-25 as fully integrated “one-stop-shops” for mental health, substance use, primary care, education/employment/training, housing and other community and social services. These new hubs will also include peer services, outreach, and system navigation services. Services will emphasize quality and will be timely, integrated and co-located.

Youth Inclusion Program

The project is aimed at working with youth at risk providing them with opportunities for recreation, social interaction and cultural learning, while at the same time helping to connect youth to services in the community. The City will be hiring youth navigators that will work across a number of sites

and will provide support as needed to help the youth to connect to resources and services (which could include transporting them, etc.). Public Safety Canada is funding the project with an intended outcome of reducing contacts with police, knowing the additional benefit includes social development.

Smart Cities Challenge

The City of Thunder Bay, in partnership with Fort William First Nation and other partners including Thunder Bay Police, Tbaytel and Thunder Bay Hydro, is submitting an application to the Smart Cities Challenge to be shortlisted for a \$10 million prize. The proposed focus areas for the initiative are: Youth empowerment and inclusion; and Public safety and security. The draft proposal considers specific smart technology infrastructure investments such as enhanced multi-use trails with LED lighting on smart poles and cameras along waterways, and technology to support youth in connecting to their home communities and each other.

Child Victim Witness Program (CVWP)

In 2014, to correspond with funder needs, the program database was amended to allow us to track the nature of the crimes involved in each case, distributed among four categories: Domestic Violence, Physical Abuse / Assault, Sexual Abuse / Sexual Assault, and Other. Since 2014, we have seen a dramatic increase in the number of Sexual Abuse / Sexual Assault cases, from 48% of all cases in the program in 2014-15 to almost 70% for both 2016-17, and 2017-18. This does not include cases that by criminal code offense are categorized as “Other” in the program which would include sexual interference, invitation to sexual touching, etc.

Another trend in the program, is the increase of cases for child victims from outside of the City of Thunder Bay being brought to trial in Thunder Bay to allow child victims to utilize testimonial aids, specifically Closed-Circuit Television (CCTV). This has resulted in a need for program staff to be innovative and flexible in their services, supporting clients at a distance through various modalities, and often engaging in preparation outside of conventional office hours (weekends and evenings) when witnesses arrive in Thunder Bay the day prior to testifying.

Children in Family Transitions

The Vanier Institute reports that the experience of divorce/separation is a profound life transition for children. Regular exposure to parental conflict and the decline in the financial security and parental resources that often accompany family breakdown is harmful to children. Redefining family relationships post-divorces is a challenge.

Separating from a partner is a major life stressor and almost 40% of marriages end in divorce before the 30th anniversary. With the increased rate of cohabitation, the number of conjugal relationships that end is underestimated.

Parenting through and after a separation/divorce is particularly demanding, as parents and children adapt to changes in family relationships, living arrangements and financial circumstances. Although recently separate/divorced mothers have high levels of education and strong attachments to the work force, they are more than twice as likely as separated/divorced fathers to have annual incomes of less than \$30,000 (44% of mothers compared with 19% of

fathers). After the initial change of residence, the future mobility of separated and divorced people is almost double that of married couples and move are likely to reflect downward income mobility for lone parent families. This increases the family's disruption and stress.

Children experience feelings of loss that are different from the parents. Harm to children of broken homes increases with the level of conflict between their parents, adversely impacting their emotional, social and academic adjustment.

Statistics Canada reported that young children of parents heading for divorce tended to develop mental health problems. Children whose parents eventually divorces showed higher levels of depression and anti-social behaviours than children whose parents remained married. Parents who divorce reported higher levels of depression and family dysfunction. Nearly one in two divorces in Canada involved dependent children.

According to the Vanier Institute growing numbers of children are experiencing change in their family situations. Parents may go on to form new unions, creating new living arrangements and familial relationships. Within 3 years of separation, 33% of fathers and 25% of mother had remarried or started living with another partner.

Some children experience several transitions. Children born to common-law parents were much more likely to experience change than those born to married parents. The situation for children born to parents who were living apart at their birth was much more fluid. Stepfamilies are more commonly being formed after the dissolution of a marriage or common-law union. Almost half (46%) of all stepfamilies are blended families (at least one child from a previous union plus one created in the current relationship). It can take years for these families to establish a solid identity as a family.

The 2016 Census, found that 1.4% (83,145) children are not living with one or both of their parents. They were living in one of the three following situations. 39% of these children (32,505) were living with one or two grandparents without a parent a "skip-generation" family. Approximately, 27% (22,610) were living with other relatives excluding grandparents, such as an older sibling, an aunt, an uncle or a cousin. And another 34% (28,030) were living as foster children in private homes.

Gender Roles

According to the Vanier Institute gender roles are converging. Women now participate in the labour force in large numbers and men have gradually increased their involvement in child care and, to a lesser degree, housework.

A significant trend is the rising labour market participation of women. Among men aged 25 – 54, participation in the labour market remains high at 91%. Labour force participation has climbed among older workers who are staying in or returning to the labour force. In 2009, 68% of men and 56% of women aged 55 – 64 were in the labour force.

Women's increasing involvement in paid work has profoundly changed the economic status of women and the earning capacity of families. However, economic realities are such that more

than one income earner is necessary to achieve family economic security. As a result of converging labour force participation rates, the division of labour within families continues to change. Parenting has become a more complex process with more role ambiguity, more emphasis on negotiation of roles and more fluidity in the way that parents respond to the demands of everyday life.

The time available for household work has diminished. Roles, responsibilities and expectation around the sharing of domestic labour have changed, although women continue to carry the majority of this work.

Issues of work-life balance are an important concern for dual-earner families. Men (24%) and women (38%) experience severe time stress and may not feel able to sacrifice financial security for personal or family well-being. Increase absences from work are due to high levels of work-family conflict arising from pressures related to problems with child care, elder care or mental and emotional fatigue. Employees reporting high and moderate interference from work on family (66%) are at risk of burnout, depression, high levels of stress and poor physical health. Demanding work situations push workers to the limits, resulting in high stress, poor coping skills and insufficient time with family and friends, which, in turn, undermines work performance.

Aging Population

The Vanier Institute noted that the aging population is growing as a result of the drop-in fertility and the steady increase in life expectancy. The Institute noted that there will be a dramatic impact on society, as the “baby boom” generation moves into retirement (adequacy of income programs, availability of home care and supported housing, and the potential future demand on the health care system). These shifts will impact the capacity of families to provide for seniors across generations. The “Baby Boom generation” will feel increasing pressure to delay retirement or will combine part-time employment and retirement income.

The population pyramid for the North West LHIN illustrate the ageing of the population between 2015 and 2025. The population projections were derived from the Ministry of Finance data, based upon the 2011 census. It is expected that by 2015, approximately 24.1% of our population will be seniors, compared to the 2015 project of 17.3%

Mental Health & Addiction

Mental health and addiction issues affect many Canadians at some point in their lifetime. According to the Institute for Clinical Evaluative Sciences’ (ICES) 2017 Scorecard, more and more young people are reaching out for help with mental health and addiction issues. Up to 70 percent of mental health problems begin in childhood or adolescence. As many as one in five people in Ontario between the ages of four and 16 experience some form of mental health problem at any given time, yet fewer than one in six children and youth receive the specialized treatment services they require. The findings show that youth who are reaching out are not finding the support they need in their community (through primary care or other community services).

It also outlined that the demand for mental health and addiction services among Ontarians under the age of 25 has increased significantly in recent years. Between 2006 and 2014, there has been a 25% increase in the rate of mental health and addictions-related outpatient physician

visits, a 21% increase in visits to psychiatrists, and a 56% increase in the rate of mental health and addictions-related hospital admissions.

In the same report, the North West Local Health Integration Network (NWLHIN) in particular was found to have the highest rates of neonatal abstinence syndrome (almost nine times higher than the provincial rate), emergency department visits for deliberate self-harm (three times higher than the provincial rate) and deaths by suicide (almost six times higher). The overall rates for mental health hospitalization and substance abuse were also higher than the provincial rates for the NWLHIN yet wait times are the longest and rates of mental health visits by all physician types are the lowest.

When services are not available when they are needed individuals may access alternate services that may not be appropriate or may now be necessitated due to elevated circumstances. ICES and Public Health Ontario (PHO) outlined in their 2012 report that the burden of mental illness and addiction is one and a half times that of all cancers combined and seven times that of infectious disease. This can be seen particularly in Thunder Bay where 17.4% of individuals accessing the emergency department for MH condition have repeat visits within 30 days and 53.4% of people accessing emergency room for substance use conditions have repeat visits within 30 days.

The burden and harm of substance use and its changing legal context necessitate an examination of substance use trends. The Canadian Centre on Substance Use and Addiction (CCSA) indicated in their 2017 report that alcohol, cannabis, and opioids are among the top substances used in Ontario.

As outlined in the Thunder Bay District Health Unit's 2015 Report on Alcohol, alcohol is the most used substance (second to only tobacco) with 48.2% of adults over the age of 19 in the Thunder Bay District reporting drinking in excess of Canada's Low Risk Drinking Guidelines and 20% report heavy drinking (provincial average of 16.8%). Men overall drink more than women, however, women's consumption rates are growing. Alcohol is therefore ranked second only to tobacco as the leading risk factor for disease, disability and death. These harms do not necessarily necessitate significant substance use, as at least half of Canadians who drink are estimated to be legitimate targets for risk-reduction strategies.

Alcohol is also the most commonly used drug among youth. The Ontario Student Drug Use and Health Survey in 2013 showed students in Northern Ontario have higher rates of alcohol use, binge drinking within the past month, harmful drinking, and drunkenness before grade 9.

Cannabis is the second most used recreational drug after alcohol and the most commonly used illicit substance in Canada. In 2015, the Canadian government committed to legalizing, regulating and restricting access to cannabis and subsequently began its consultative process. In their steps towards developing a legalization framework for cannabis, they compiled a discussion paper titled *Toward the Legalization, Regulation and Restriction of Access to Marijuana* where they indicate 11% of Canadians over 15 years of age (25% of youth 15 to 24 years of age and 8% of adults) reported using cannabis at least once in 2013.

Given its current legal status and rate of use it is not surprising that it is the most trafficked drug in the world. Possession represented over half of all police reported offenses in 2014 in Canada. The criminal records that result from these charges have serious implications for the individuals involved. Legalization of cannabis is intended to reduce criminal role in the market.

Changes in drug policy can also increase or decrease risks of harm. For example, opioid prescribing rates are closely associated with opioid-related deaths. Canada has the second highest per capita consumption of prescription opioids and one in eight people in Ontario were dispensed an opioid for pain according to the Ontario Drug Policy Research Network. In 2016, 16.1% of residents in the Thunder Bay District were prescribed an opioid to treat pain (among the highest rates) and 2% to treat opioid use disorder (the highest rate across the province). Overall findings across the province were that women and the elderly were more likely to be prescribed an opioid for pain and men and young adults, especially those in lower socioeconomic brackets, were more likely to be prescribed an opioid to treat a substance use disorder.

The risks associated with illicit and medical use of opioids have heightened provincial and local responses. The local Opioid Surveillance and Response Task Force was developed and recently released a report titled *Opioid Use and Impacts in Thunder Bay District*. The report indicates the rate of overdose/poisoning continues to increase and is higher than the provincial average. The crude rate of emergency department visits for opioid overdose between 2012 and 2016 remained almost double the provincial rate. The Thunder Bay District also has the highest rate of opioid related deaths in the province.

The potential harms and complex nature of substance use necessitate the widespread application of harm reduction. The provincial and national landscapes are rapidly changing, and we've seen a shift from very stringent exemption processes for supervised injection services to temporary funding for pop-up supervised consumption sites in areas of need (such as the model developed in Moss Park in Toronto). Although there have been no pop-up sites in Thunder Bay, local organizations are pursuing three safe consumption sites based on the results of a 2016 feasibility study conducted by the Ontario HIV Treatment Network and the Thunder Bay Drug Strategy where it was recommended that we have at least 2 sites in our community.

Recent funding through the Ministry of Health and Long-Term Care has also focused on emerging treatment solutions to the current opioid situation and has been distributed hastily across LHINs. For example, Rapid Access Addiction Medicine (RAAM) clinics that provide easy access to medically supported substance use treatment were outlined in opioid funding guidelines. Locally, St. Joseph's Care Group, in partnership with Thunder Bay Counselling, Dilico Anishinabek Family Care, Norwest Community Health Centres, Alpha Court and People Advocating for Change through Empowerment recently opened a RAAM Clinic as a result.

In 2014, the provincial government established the Mental Health and Addictions Leadership Advisory Council (MHALAC). The Council has made recommendations to the Ministry of Health and Long-Term Care that include a focus on promotion, prevention and early intervention across the lifespan; closing critical service gaps related to youth services, psychotherapy and supportive housing; and building the foundation for system transformation through data, core services, quality improvement driven frameworks and ensuring equitable access to services. These

recommendations have resulted in positive government response including the implementation of structured psychotherapy, increase in supportive housing units and the establishment of integrated youth service hubs.

Finally, Local Health Integration Networks across the province are developing sub-region planning tables to focus on population health needs at the local level. This framework brings together representatives from the various health and related sectors to plan for an integrated and responsive health system and to implement LHIN-wide priorities. The City of Thunder Bay Sub-Region Planning Table has identified chronic disease management, mental health and addiction and seniors care as priorities moving forward. The Thunder Bay District Mental Health and Addiction Network has collaboratively identified 4 key priorities to the NWLHIN:

- A. Supportive Housing: a continuum of options from affordable and safe spaces to high support living options
- B. Transitions in Care: a system of services that is able to adequately support the unavoidable transitions that occur in the client's service experience. Examples include
 - a. crisis to service
 - b. child to adult & adult to seniors
 - c. hospital to community
 - d. mental health to addictions
 - e. mental health & addictions and primary care
 - f. treatment to follow-up to recovery
- C. High Quality Treatment Services: treatment is provided within the system of care is
 - a. evidence informed
 - b. outcome-based
 - c. supported by standardized tools
 - d. trauma-informed
- D. Community – based Crisis Clinic: an all ages mental health/addictions crisis clinic that is
 - a. low threshold access
 - b. open 24/7
 - c. supported by the system of care providers

In addition, the NWLHIN is in the process of seeking community member engagement on the development of their next Integrated Health Services Plan (IHSP V). The IHSP is the guiding document for the NWLHIN and therefore health service providers. It is important to ensure that voices of people with lived experiences are heard in the process. The consultation period ends May 7, 2108.

Violence against Women

Violence against women can take many forms. It may include physical, sexual, psychological, emotional, verbal, financial and/or spiritual abuse. Criminal harassment and stalking are also examples of violence against women.

One in 4 women will experience relationship violence in their lifetime and those statistics are even higher for aboriginal women, women of colour, immigrant women, young women and women living with a disability. In 2013, Statistics Canada released a report *Measuring Violence against Women: Statistical Trends* that identified Thunder Bay as having the highest rate of intimate partner violence against women in Canada. Statistics Canada further reported that Thunder Bay's domestic violence rate doubled in the last year as compared to the average among Canadian

cities of a similar size. In 2012, there were 1171 total charges laid against 672 accused. This rate has been maintained for the past three years. The rate per 1000 population in Thunder Bay is more than double the provincial rate.

According to the 2016 Canadian Family Violence Report Thunder Bay still has the highest overall rate of persons accused of family violence (240 per 100,000), as well as the highest rate of male accused. Further to this Thunder Bay has the highest rate of intimate partner violence in all of Canada (496 victims per 100,000 population). In 2015, Thunder Bay Police reported close to 2430 incidents of domestic violence in the city, 589 individuals (488 men; 101 women) were charged with a total of 1040 charges being laid (Crime Statistics provided TBPS). Of those charged with a DV offense more than two-thirds had prior charges for DV offenses. (Thunder Bay Crime Prevention 2016 Snapshot in Time Report)

Aboriginal women aged 15 years and older are 3.5 times more likely to experience violence than non-Aboriginal women. Rates of spousal assault against Aboriginal women are more than three times higher than those against non-Aboriginal women. Eighty-six percent (86%) of sexual violence against Indigenous women is committed by non-Indigenous men.

The Vanier Institute stated that the data collected underestimates the problem of family violence because it only represents incidents reported to police. Studies have shown that only 1 in 3 women report intimate partner violence to the police and even less aboriginal women report to authorities. A woman's experience in reporting previous violence or retribution may be reasons for not reporting. Abusive partners may use coercion and control instead of physical assault, which may prevent women and service providers from identifying violence.

There are many reasons why women stay in abusive relationships, such as fear, belief that it is her fault, fear of repercussions, (deportation, job loss, harassment, stalking, being hurt or killed) wanting to provide a two-parent family or hope of change. Wage inequity contributes to why many women must choose between staying in an abusive relationship and raising their children in poverty. Women still make 60% of what men do for the same job. Twenty-one per cent (21%) of single parent mother are poor versus 7% of single fathers and 38% of these women live in absolute poverty where they cannot meet their basic needs for food, shelter, clothing, transportation for themselves and their families.

Human Trafficking

Human trafficking involves recruiting, transporting, transferring, receiving, holding, concealing or harbouring a person, or exercising control, direction or influence over the movements of a person, for the purpose of exploiting them or facilitating their exploitation. Obtaining statistics on human trafficking and sexual exploitation is challenging as many victims do not go to police. Statistics available are based on police-reported cases. While human trafficking is known to be under-reported, Ontario is believed to be a major centre for human trafficking in Canada, with over two thirds of reported cases originating in Ontario. Thunder Bay has been identified as a hub, a community with high rates of human trafficking.

A number of risk factors have been associated with human trafficking. Most people who are trafficked for sex are women and girls, but boys, men and people who are LGBTQI2S are also

targeted. In Canada, between 2009 and 2014, there were 396 victims of police-reported human trafficking. 93% of the victims were female. Indigenous women and girls are at higher risk and are overrepresented in the trafficking statistics. The age of recruitment is as low as 12 or 13. Among victims, on a national basis, reported between 2009 and 2014, 25% were under the age of 18. Homeless and marginalized youth are targeted by sex traffickers. Youth who struggle with low self-esteem, bullying, discrimination, poverty, abuse, isolation and other social or family issues may be targeted. Indigenous women and girls are especially likely to be trafficked. Addiction, mental health issues and developmental disabilities are also risk factors.

There is evidence to suggest that youth in and leaving society care are more vulnerable to human trafficking. We know anecdotally that a history of abuse, the trauma of coming into care, physical distance from friends and family, emotional vulnerability, a lack of housing stability and poverty, are all factors that put these youth at higher risk for human trafficking.

Traffickers lure and recruit potential victims by promising a better life. They may offer them employment, housing or food. They may develop romantic relationships, giving gifts to demonstrate their affection. Once a relationship has developed, traffickers exploit the victims' vulnerabilities, such as their need for approval, attachment, and love. Traffickers isolate, disempower, and control their victims, limiting their movement, threatening violence, and denying them access to basic necessities. Traffickers often addict their victims to drugs and alcohol.

Ontario launched its Strategy to End Human Trafficking in 2016. The strategy includes funding for additional targeted supports for highest risk populations, and for victim survivors. Out of this strategy, TBC received funding for an additional Youth-in-Transition Worker to enhance the program's support for youth who are victims of or at risk of becoming victims of human trafficking. A number of our programs support victim survivors of human trafficking. We have supported victims long before their issues were recognized in our community and supported through program initiatives. Anecdotally, we know that presenting issues identified by women in our programs, and the risk factors, are closely connected to human trafficking although we have not specifically collected the data in this way. Workers report an increasing incidence of disclosure of what is now being recognized as human trafficking, when in the past women and girls may not have self-identified or even recognized the nature of their victimization. In many of our programs and services. Our victim services for persons vulnerable to human trafficking value a culture-based gender perspective that recognizes pervasive stereotypes blaming or stigmatizing women and girls, and the impact of the historical trauma they have experienced. We understand the need to support victims to develop supportive connections to prevent luring and relapse into exploitation out of fear or need. In Thunder Bay, current initiatives are underway to link service providers to create a community response to human trafficking, to enhance supports for victims and to increase community awareness. TBC will actively participate in the community response to ensure that victims receive the supports needed when they need them.

Environmental Stressors

A significant number of people are experiencing high levels of stress. The growth in hours of employment has come at the expense of time with family and friends. Studies find relatively high

levels of time stress and dissatisfaction with the quality of work-life balance among dual-earner families, especially those with dependent children.

Across all age groups, women are more stressed than men. The degree of stress peaks among persons aged 35 – 44 (the age group most likely to be juggling multiple responsibilities) and the demands of paid and unpaid work is one of the most common sources of family stress. Seniors report the least stress.

In today's economic climate, families continue to worry about finances and people are worried about their ability to support themselves in their retirement years. Individuals experience the impact of stress in negative health consequences. Family members experience stress in impaired family functioning. While membership in social networks is health enhancing, several indicators (i.e. the increasing single person households and the decrease in family size) indicate a decline in the size of social networks.

Equifax Canada reported in December 2014 that Canadian consumers tipped the scales setting a new benchmark of over \$1.513 trillion in debt. Comparatively, consumer debt was \$1.488 trillion in Q2 2014 and \$1.409 trillion a year earlier: an increase of 4.5 percent and 7.4 percent. Auto loan and installment loan sectors showed the most significant increases, at 6.8 per cent and 5.8 per cent year over year respectively. The average debt held by Canadians, excluding mortgages, has increased by 2.7 percent to \$20,891. While debt numbers increase, the delinquency and bankruptcy rate inch down each quarter.

Somewhere down the road we could see a rise in interest rates. For a lot of people this could tip the scales in a bad way with snowballing effect that could negatively impact job markets.

Poverty Reduction

Almost 5 million, or one in seven, Canadians live in poverty (Statistics Canada. 2015. Canadian Income Survey). The rate of poverty in Canada is among the highest of the world's richest countries (Conference Board of Canada. 2013. Working-Age Poverty). Many of these individuals have poorer health outcomes, lack access to healthy food, and do not live in safe, adequate, and affordable housing. Many cannot access jobs that provide a living wage, pension plans, predictable schedules, or opportunities for advancement. Better jobs are often out of reach due to the barriers many living in poverty face related to accessing post-secondary education and training. Poverty rates are higher among women, children, and Indigenous populations.

Approximately 15,100 individuals (12.8%) in Thunder Bay live in poverty. There are significant housing pressures in Thunder Bay: vacancy rate is trending downward, increasing households are on wait list for social housing and emergency shelters are at full capacity. There is a lack of employment opportunities for youth 15 – 24 years, particularly for youth without certificates, diplomas or degrees.

The Government of Canada does not have an official measure of poverty. Statistics Canada has three indicators of low income, including (1) the Low-Income Cut-off, (2) the Low-Income Measure and (3) the Market Basket Measure. However, existing low-income measures rely on different methods and produce different results which causes confusion. Consultations reflect the need

for more complete measures that reflect the multiple dimensions of poverty. Prosper Canada supports the information received by the government in consultations that suggests that the definition of poverty needs to be broader than just income and should include asset poverty.

At this point, the government is working on a Canadian Poverty Reduction Strategy. Consultations took place across the country in 2017. Next steps and timelines have not been defined.

Food Insecurity and Food Bank Use

A person or family is “food insecure” when they worry they won’t be able to afford enough food; eat suboptimal food because they can’t afford better; or they skip meals because they are unable to purchase enough food.

Poverty is the key driver of food insecurity, and food insecurity is the key driver of food bank use. However, not everyone who is food insecure will want, need or be able to access charitable food assistance. It is critical to understand that food bank use is just one aspect of the larger problem of household food insecurity: approximately 1.7 million Canadian households, encompassing 4 million people, experience food insecurity each year. Of these 1.7 million households, 340,000 experience severe food insecurity. In other words, they are quite literally not eating enough food to meet normal energy requirements. These are the households most likely to access food banks.

In March 2016, 863,492 people received food from a food bank in Canada. This is 1.3% higher than the same period in 2015 and 25% higher than in 2008. The unacceptably high need for food banks is driven by short-term economic disruption and long-term failure of governments to provide adequate supports to Canadians who have fallen on hard times.

More than one-third of individuals are children and youth and more than 40% of households receiving food are families with children. While people under the age of 18 account for 19% of the Canadian population, they make up 36% of individuals receiving food.

Single people living alone who face a very high risk of living in poverty have grown as a proportion of households helped. A large number of households accessing food banks are on some form of government assistance including pensions or disability-related incomes and support.

The high cost of housing is a key driver of food bank use. Sixty-six per cent of Food bank users pay market level rental. Since the recession, food bank use increased dramatically from 314,000 in 2008 to levels that have not dipped below 370,000 in recent years. Unstable employment conditions, unsustainable wages and rising costs on essentials like food, transportation, hydro and gas are forcing a growing number of Ontarians to have to choose between paying their bills and putting food on the table.

From January 1, 2017 to December 31, 2017, 361 individuals received groceries from our agency food bank. The 361 individuals accessing the food bank included 295 adults and 66 children. The highest demographic was in the age range of 18 to 35 years and they accessed 204 times.

The majority of these households (225) reported their primary source of income was from social assistance or disability related benefits while 64 households reported no income of any kind.

Housing

Housing is a crucial element to health and well-being. The National Housing Strategy released in late 2017 declared housing a human right and outlines new legislation that requires the federal government to have a strategy that works toward creating and sustaining more affordable housing and reporting on related outcomes.

The Homelessness and Hidden Homelessness in Rural and Northern Ontario report released in 2017 outlines the discrepancy between income and the costs of housing that is often exacerbated by the cost of food, transportation and utilities. Hydro costs were identified as being a particular barrier in northern and remote areas with lower population density. The rental stock shortages were also identified as an issue as they force rental rates to increase, allow landlords to rent properties in poor condition and to discriminate on the basis of race, domestic circumstances, or source of income.

The continued effects of colonialism and inter-generational trauma put Indigenous peoples at higher risk for homelessness and lead to over-representation in the populations of homeless people in northern Ontario. In the 2016 Point in Time Count conducted in Thunder Bay, 289 individuals who identified as being homeless were surveyed within a 24-hour period. Approximately 74% (or 213 people) of those surveyed identified as being Aboriginal.

In addition, 80 individuals surveyed indicated they were new to Thunder Bay within the past year, 41.6% listed Ontario Works as their source of income and 25.7% listed ODSP (disability benefit) as their source of income. The most commonly reported reason for losing housing by all participants was substance use. This identifies the need for supportive housing with a harm reduction framework.

Other groups to note of those surveyed in the Homelessness and Hidden Homeless in Rural and Northern Ontario, are women who experience intimate partner violence, members of the LGBTQ2S community and people living with disabilities as they often experience various forms of homelessness. Relationship breakdown for people with low incomes and job loss were both identified as risk factors for homelessness. According to Statistics Canada, in the Thunder Bay District in 2016, 13.8% of households were classified as low income and 19.9% of children under 18 years were living in low income households.

Next Point in Time Count is to take place in the spring of 2018 will be in combined with the 20,000 Homes Campaign Registry that will require individuals to register and fill out information to determine their acuity of risk. Preliminary work is underway to house individuals who register in Thunder Bay.

Financial Literacy

The report on Managing Money and Planning for the Future presents the results of the 2014 Consumer Financial Capability Survey on two focus areas: managing money and debt wisely; and planning and saving for the future. It provides a benchmark of how Canadians are doing.

The report speaks to the different types of knowledge, skills and behaviours that contribute to the financial literacy of Canadians: 1) knowing how to track expenses and budget effectively, which contributes to people being able to live within their means and feel in control of their finances; 2) the importance of a budget in helping people to achieve financial goals, and to enable them to better adapt to financial challenges; 3) checking bank account balances regularly contributes to greater awareness of and caution with spending and can help with financial planning; and 4) planning is essential for achieving financial goals. The report found that over 2/3 of Canadians are keeping up with bills and bill payments and almost half of Canadians have a budget, and the majority of those with a budget stay within it. It also found that 2/3 of Canadians check their bank account balances frequently (weekly or daily) and mortgages, credit cards and lines of credit are the most common types of debt held by Canadians. In spite of these results, too few Canadians have a budget. Indigenous people living off reserve and low-income earners are under higher financial stress than other groups studied. Canadians are not doing enough to secure their retirement. Higher income earners have the highest debt levels, and don't struggle to pay bills. The results further demonstrated that completing post-secondary education goes hand-in-hand with better financial management and well-being.

Financial Empowerment

Household finances fall along a spectrum from deep vulnerability, or crisis, at one end to financial well-being and opportunity at the other.

Financial instability and stress contribute to poor mental health, employment instability, housing instability, and recurring homelessness.

Prosper Canada defines financial empowerment as a set of proven financial interventions that helps people move along the spectrum from crisis and deep vulnerability to stability and opportunity. Financial empowerment focuses on strengthening financial inclusion, knowledge, behaviours and opportunities, all key building blocks of financial security and well-being. Through building peoples' broader financial well-being, not just their incomes, we help them to have more financial stability, improved resilience, and greater opportunities, thereby, reducing poverty.

Financial Empowerment interventions help families with low incomes to boost their incomes, build emergency savings, reduce debt, build their financial capability, and access safe and affordable financial products, services and advice that meets their needs. Enhanced financial stability supports individuals to move from poverty to possibility. Financial empowerment is a component of poverty reduction that focuses on improving the financial security of low-income people.

Another emerging issue in financial well-being is income volatility. Individuals who experience income volatility are more likely to report feelings of financial stress and lower overall financial health. They are also significantly more likely to see themselves falling behind financially and much less likely to feel confidence in their financial future. This has led to suggestions of a broader focus than poverty to include income volatility.

Accessing savings plans for post-secondary education and training for children is included in the financial empowerment interventions. There is an emerging body of evidence that shows that children from low-income households with education savings accounts are more likely to enroll in

and successfully graduate from post-secondary education, contributing to prevention of inter-generational poverty.

Data provided by Employment and Social Development Canada ahead of its 2017 statistical report indicates Thunder Bay has a total of 6,657 Canada Learning Bond (CLB) eligible children at December 31, 2017 who have never received the CLB. This represents a tangible opportunity to support families to enroll children across our community and contribute at a local level.

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THUNDER BAY COUNSELLING

Programs, Demographics, Feedback

Program Planning Principles and Guidelines

Mission, Vision and Values

The service activities in which Thunder Bay Counselling engages are grounded in and flow from the Centre's Vision, Mission and Values.

With a vision to enhance people's quality of life by overcoming barriers and maximizing potential, the mission of the agency is to strengthen and support people's quality of life through the provision of responsive mental health services.

All of our programs and services are guided by the values set by the board and implemented through program planning processes.

We believe:

- in the principles of integrity, justice and excellence;
- in solutions that honour our unique community diversity;
- in the strengths, self-determination and potential of all people;
- that all actions shall be guided by compassion, dignity, and respect;
- in personal growth and healing; and,
- in working together in realizing people's potential.

Our mission is further interpreted into two strategic goals:

- a) Improving the capacity of people to function within their lives at home, at work and in the community by:
 - Improving people's understanding and awareness of mental health issues interfering with functioning
 - Strengthening people's ability to cope in positive ways
 - Supporting people in making positive change
 - Increasing people's social capacity to function in relationships
 - Improving people's mental and social well-being
- b) Increasing community capacity to respond to mental health and social needs by:
 - Strengthening the community to support people's quality of life
 - Improving mental health services through leadership in system planning and reform
 - Increasing awareness of mental and social well-being
 - Reducing community barriers to mental health services

Principles

Program planning is congruent with the achievement of the mission and strategic directions as set by the Board of Directors. Attention to the agency's areas of expertise and competence is an equally important determining factor in planning evidence informed programs and services.

Program priorities are determined in response to the ongoing and emerging needs of our community in consultation and collaboration with key stakeholders and other community service providers. The agency focuses on the efficient and effective use of resources with an emphasis on prevention, accountability, equity, cultural safety, involvement of people with lived experience and collaboration in service delivery.

Program priorities are considered within the framework of available resources.

Program evaluation measures are developed in the program planning processes and are utilized to demonstrate the ability of the program to achieve its stated goals.

Guidelines

1. Utilization of evidence informed and promising practice to assist individuals, couples, families and workplaces to make positive life changes through understanding the issues they face.
2. Recognition of client values and goals in service provision.
3. The importance of growth and development to enhance quality of life by overcoming barriers and maximizing potential.
4. Services are informed by strength-based and client-centred practices and interventions and are congruent with Thunder Bay Counselling Centre's vision, mission and values.
5. Founded in the belief in the self-determination and potential of all people and guided by compassion, dignity and respect for those we serve and by a desire to help change lives.
6. Services are committed to engaging clients in their treatment and are trauma-informed.

Our programs recognize that an individual's social determinants of health can result in inequalities, impact their ability to meet their basic needs and ultimately result in poorer health status and outcomes. In order to take clients' social determinants of health into account when providing services, we have taken measures to meet some of their basic needs such as food, clothing, transportation and safety.

Programs and Services

Thunder Bay Counselling has been providing community-based solutions to individuals, couples, families and workplaces for over 50 years. We offer both personal and workplace support services to help people make positive changes in their lives. We provide programs and services to Thunder Bay and environs. In many cases we have a District or Regional mandate.

Addiction Services

Alcohol and Other Drugs Program (AOD)

The Alcohol & Other Drugs Program provides entry services, initial assessment and treatment planning, case management and community treatment services. Generally, the services provided under this program support individuals and families with substance use, mental health and related issues.

Hope Place Programs

This program is for women who are pregnant or parenting children 0 - 6 years of age and have substance use and mental health issues. The program is designed to support women's health

during pregnancy by building collaborative, community-based responses which recognize community diversity, improve the effectiveness of existing services, share resources, and enhance both community and system responsiveness to women's needs.

Addiction Services Initiative (ASI)

The initiative provides assistance to recipients of Ontario Works who have self-identified that addiction to alcohol and/or drugs (illicit or prescribed), poses a barrier to employment. The primary goal of ASI is to provide intensive outreach and support services and creatively maximize and expand local capacity by addressing gaps in and barriers to the addiction service system faced by ASI participants. Services provided include assessment, outreach, case management, stabilization, facilitating access to integrated addiction services, providing support services, and developing and/or coordinating services for mental health, women, aboriginal people and families.

CHOICES Program

CHOICES is a prevention and early intervention program for youth age 12 -17 who are beginning to experience difficulties with their families, schools, and/or with the law. The objective is to have participants leave the program with a positive attitude, improved problem-solving skills, a better understanding of self and others, and the realization that they are responsible for their behaviour.

Back On Track: Ontario's Remedial Measures Program for Impaired Drivers

For offences that take place on or after September 30, 1998, the Highway Traffic Act requires convicted impaired drivers, or "roadside suspension" warn range" drivers with more than one suspension, to successfully complete Back on Track, Ontario's Remedial Measures Program, before their licences can be reinstated. Thunder Bay Counselling provides the assessment component of the program.

Youth Outreach Counsellor Program

As part of the UTURN system, the Youth Outreach Counsellor (YOC) program provides interim, short-term counselling and support services to help higher risk and hard to reach youth who require a more intensive intervention. Youth in this program may be experiencing a number of life issues, along with such issues as addiction, mental health, school and housing.

Clinical Services

Psychosocial Counselling

The program supports individuals, couples and families to find solutions to issues such as anger, grief and coping, separation and divorce, depression and anxiety, parenting, stress and trauma. Therapeutic Groups are offered in areas where participants will benefit from a group modality.

The **Walk in Counselling Clinic** is provided in partnership with Children's Centre Thunder Bay. The intent of the Clinic is to provide immediate access for children, youth, adults and older adults to counselling services through a single-session, solution-focused model. Any issue facing a person's life can be brought to the walk-in clinic. However, the main presenting issues include: depression, anxiety, substance use, relationship issues, parenting and grief/loss.

Support Services for Male Survivors of Sexual Assault/Sexual Abuse Program

The Male Survivors Program provides counselling support to men, 14 and over, who have experienced sexual abuse or assault, as a child or as an adult. The program provides stabilization, coping skills and trauma recovery in an individual or group format.

Violence against Women (VAW) Program

The Violence Against Women program provides free counselling services to women, 16 and over, and their children who have experienced or are experiencing emotional, physical and/or sexual abuse, including historic sexual abuse in childhood. The program supports women in their decisions and provides safety planning that reflects the woman and her children's immediate needs in order to live free from violence.

VOICES

Voices is a group for children and youth aged 4-16 years who have been exposed to woman abuse in their home. Mothers and women caregivers are also supported to understand how abuse has impacted children and youth and how to help them heal from violence.

Trauma Response Services are provided by a trained Trauma Response Team for businesses that have purchased an Employee Assistance Program through TBC, through the FSEAP network, Fee for Service or in response to community tragedies.

Online Counselling is offered by Addiction and Clinical Services as a stand-alone service modality or as an adjunct to face-to-face service.

Education and Support Services

Alternative Dispute Resolution (ADR) Services

ADR Services supports families who are involved in child protection services to have an active role in the planning and decision making for their children and families. Families may use ADR to work out a plan for their family that is acceptable for both themselves and the child protection agency. If there is legal involvement, ADR may occur in addition to, or instead of court. There are two ADR options offered through the Centre:

a) Family Group Decision Making (FGDM)

FGDM is a process that brings together the family circle with services providers, including Child Protection Services, to put together a plan that meets the needs for safety and well being of the child and the family as a whole. The family circle can include parents, children, relatives, friends and anyone else who the family feels is important. Families can successfully work together to participate in the decision making and planning that ensures the safety and well being of their child(ren).

b) Child Protection Mediation

Child Protection Mediation is a process where a mediator, who is an impartial third party, will work with a family and Child Protection to resolve issues and develop a plan for the child(ren) that addresses concerns raised by Child Protection Services. The mediator will work with the participants and the worker to address the issues raised and to assist the parties to develop a plan for the children that is satisfactory to everyone.

Financial Counselling Program

The program supports people from all income levels to achieve financial goals, reduce financial stress, and achieve long term financial wellness. Services include: one-on-one financial counselling and ongoing support to achieve personal goals; assistance to access banking and income supports; credit counselling and debt management plans; financial literacy education; Registered Education Savings Plan (RESP) information and support; and guidance to access tax clinics. Educational groups are available on a wide array of personal financial topics.

Child Victim Witness Program

The Child Victim Witness Program (CVWP) is designed to reduce the impact and trauma of providing testimony and participating in the judicial process on children and youth. The CVWP strives to ensure that children and youth feel safe and supported throughout their experience with the judicial system.

This program provides support to children and youth under the age of 18, or who were under the age of 18 at the time of the incident, who are called to testify in court as a result of being a victim or witness of a crime. The program provides sensitive, informed and effective assistance to child victims and witnesses to lessen the trauma of providing evidence to the court. Children are assessed with regard to their individual situation, special testimonial needs/support and personal concerns related to testifying. Services include court orientation and preparation of children including court procedure and etiquette, learning about the child / youth's roles, listening skills, providing effective testimony, legal terminology and learning to manage court related stress and anxiety.

Youth In Transition Worker (YITW) Program

This program provides support to young people between the ages of 16 – 24 as they move out of care from child protection services. Youth-in-Transition Workers work one-on-one with individuals to help them to: access health and mental health services; secure stable housing; obtain education and training information; connect to employment services; identify and access life skills support; access legal support and victim services; and develop social support networks. The program provides intensive support to youth who may be at risk of human trafficking or are survivors of human trafficking.

Public Education

The community is educated about the services available through us through a variety of means, including but not limited to:

- Social media platforms, including a web-site, Facebook, Twitter, Instagram, YouTube;
- The Solution Source quarterly newsletter providing helpful information on issues people may face;
- Presentations to various community groups;
- Displays at community events;
- Printed promotional materials.

Corporate Services

Employee Assistance Programs (EAP)

Thunder Bay Counselling is a member of the FSEAP network which is a national partnership of community-based family service agencies providing Employee Assistance Programs (EAP). EAPs are provided on a contract for service basis to various business and employers so that they can offer employees and their family members assistance for a broad range of concerns which may affect workplace performance.

Corporate Training & Workshops

Workshops are available to businesses and groups to assist in building skills and increasing awareness and knowledge about issues that affect all aspects of our lives.

Administrative Services

Where appropriate, Thunder Bay Counselling provides administrative services for other

organizations, such as acting as a transfer payment agency and taking a lead role in community projects and initiatives.

Clients Served 2016-17

2016-17 CLIENTS SERVED

Thunder Bay Counselling Centre is the leading provider of counselling support to individuals, couples and families. In 2016-17, we answered the challenges of our clients and the community, and continued to provide direct client support through our core services.



	2015-2016	2016-2017
Addiction and Mental Health	1,935	2,219
Financial Counselling	939	660
Child & Youth	420	512
Counselling	796	971
Violence Against Women	463	684
Total Cases Served	4,553	5,046

Demographic Profile of Clients

January 1 to December 31, 2017

For the reporting period, data was collected on 2142 unique cases. Programs not included in the tables below include the financial counselling program and some of the child and youth programs that have provincially mandated data collection systems. Collection of demographic material is a two-phase process. The first involves providing basic demographic information at initial contact which may be by phone. The second phase includes self-reported information by completing a demographic data questionnaire prior to the first appointment. Collection of demographic material does not impact the ability of someone to access service.

Age

Age is collected and identified through date of birth provided at initial contact. For the 12-month report period, the majority of clients served were between the ages of 25 and 44 with the next highest age group being 16 to 24 years of age. The youth and young adults are underrepresented in this report due to the use of other data systems.

AGE in Years	2014	2017
0 – 15	16.8	17.8
16 – 24	19.9	20.4
25 – 44	42.1	43.3
45- 65	19.4	17.5
Over 65	1.7	1.0
TOTAL CASES	2054	2142

Gender

Individuals are asked how they identify their gender rather than through a list of prescribed categories. Gender was identified in a majority of cases for the period. The number of male and female clients accessing service showed a difference of less than 7% for female identified clients.

GENDER	2014	2017
Female	53.5	52.4
Male	46.4	45.7
Other	0	.25
Transgender	0	.25
Unknown	.1	1.3
TOTAL CASES	2054	2142

Education

Education is collected in both phases. Approximately 14% of respondents did not identify their level of education which attests to the improvement in our data collection. A majority of clients appear to have some high school education or college and we are experiencing an increase in the per cent of clients who have attended university.

EDUCATION	2014	2017
n/a client is a child		2
Community College – Some or Completed	12.1	24.6
Elementary	5.6	10.0
Highschool – Completed	7.6	10.5
None	1.1	.1
Some Highschool	32.7	24.4
University – Some or Completed	6.4	14.4
Unknown	34.9	14.0

Ethnicity

A majority of clients provided their ethnicity which is an improvement from previous reporting periods. Clients identified themselves as Canadian with First Nations being the second highest group being served.

ETHNICITY	2014	2017
Aboriginal – Non-Status	1.1	1.4
First Nations	20.2	19.7
Metis	.5	2.2
Canadian	27.2	59.0
French-Canadian	.7	.7
Other	16.4	3.3
Unknown	33.9	13.6
TOTAL CASES	1520	2142

Relationship Status

Most clients are single or never married followed by those in a relationship that they define as married, partnered or common law. Data collection was improved by adding a category to capture children who would not report in this section.

RELATIONSHIP STATUS	2014	2017
n/a client is a child		17.0
Married/Partnered/Common Law	19.0	25.3
Not in a Relationship	17.8	.8
Separated or Divorced	6.1	10.9
Single (never married)	16.1	32.6
Widowed	.6	1.0
Unknown	40.3	12.3
TOTAL CASES	2054	2154

Employment Status

In 2014 we were only able to collect data on 872 cases which lead us to connect with clients to find out why this was such a difficult category to complete. As a result, the categories were changed making our comparative data skewed. A majority of people served report working full-time or looking for work.

EMPLOYMENT STATUS	2014	2017
n/a client is a child		18.3
Employed Full-time	27.1	22.3
Employed Part-time	13.0	8.8
Not in Labour Force	13.0	5.9
Unemployed – Looking for work	17.6	13.8
Student - retraining	14.7	6.1
Disabled – not working	10.7	8.3
Retired	2.15	2.1
Unspecified		14.6
TOTAL CASES	872	2154

Family Income

A largest percentage of clients (29%) have either no income or an annual gross income under \$23,000. This supports the need for most of our programs to be provided without a fee for service.

\$	2014	2017
n/a client is a child		19.3
No income		9.2
Less than \$23,000	43.6	29.5
\$23,001 to \$45,000	18.1	12.0
\$45,001 to \$60,000	10.6	7.3
Over \$60,001	13.5	8.0
Unspecified	14.1	14.7
TOTAL	564	2154

Do You Have A Place To Live?

Most of our clients have a place to live and a majority of those clients are renting or boarding.

DO YOU HAVE A PLACE TO LIVE	2014	2017
No	3.4	3.3
Yes	96.6	85.5
Not entered		11.5
TOTAL CASES	763	2154

Housing Status

HOUSING STATUS	2014	2017
n/a client is a child		19.9
Other	22.7	12.2
Own	28.7	20.9
Rent	48.6	33.1
Not entered		13.9
TOTAL CASES	693	2154

Presenting Problems

Individuals receiving service determine their presenting problems in consultation with their counsellor. People may, and in fact often, list more than one problem area. In the reporting period, the most common presenting problems were addiction and substance use; mental health issues including anxiety and depression and relationship issues.

ISSUES	2014	2017
Abuse	303	322
Addiction/Substance Abuse	714	721
Alternative Dispute Resolution	475	427
Criminal Justice	184	161
Depression and Anxiety	111	238
Mental Health	210	531
Relationships	115	403
Life Skills		272

Financial Counselling

As mentioned earlier, the financial counselling program collects data through a provincially mandated data collection system. The program supports people from all income levels to achieve financial goals, reduce financial stress, and achieve long term financial wellness. Services include: one-on-one financial counselling and ongoing support to achieve personal goals; assistance to access banking and income supports; credit counselling and debt management plans; financial literacy education; Registered Education Savings Plan (RESP) information and support; and guidance to access tax clinics. Educational groups are available on a wide array of personal financial topics.

Service Data 2017-18	
One-on-one counselling	496
Educational Workshops, open houses, public events	390
TOTAL SERVED	886

Client Feedback & Outcomes

Thunder Bay Counselling provides clients with regular opportunities to provide feedback about their experience(s) with Centre services (i.e. satisfaction and quality) and input into future change and planning. Feedback is ongoingly sought through surveys/questionnaires, in-service goal evaluation and focus groups. TBC also offers clients the opportunity to provide feedback at any point in time to their counsellor or through TBC's website. TBC gathers and analyzes client input and feedback on an individual basis and on a program basis, no less than bi-annually, through feedback surveys. All staff share the responsibility for ensuring quality assurance activities occur and that any quality improvement initiatives based upon suggestions or concerns identified through the client feedback process are implemented.

Outcome Measurements are also utilized to evaluate clinical areas such as: the clients change process, functionality, goal attainment, etc. These measures assist the counsellor/worker and client to assess progress and any required changes to their service plan.

Due to the breadth of service areas within Addiction Services, Clinical Services and Education & Support Services, there are various data collection and evaluation methodologies. Many of these methodologies are provincially mandated outcome measures and satisfaction questionnaires. In most instances feedback and outcome measurement results are shared with Thunder Bay Counselling.

Where a mandated methodology does not exist Thunder Bay Counselling has incorporated universal feedback surveys, pre and post measures and narrative methodologies to meet the programs needs and to ensure clients' needs are being met and quality service is being provided.

For example, clients accessing services within the Psychosocial Counselling program (e.g., EAP, Third Party Payor) have a variety of pre and post tools to demonstrate change over time based on the presenting issue. Due to the variety of tools a global roll-up is not available. Other program and service areas that work with youth and families such Youth Outreach Counsellors, Youth-In-

Transition Workers, Alternative Dispute Resolution and Child Victim Witness are capturing feedback and pre and post results through narrative methodologies such as goal review and direct client feedback/input at three stages pre, during and post service.

Feedback Survey and Outcome Measurement Results & Recommendations

Results

Appointment Feedback Survey

From January 1 to December 31, 2017, ninety-three (94) clients completed the Appointment Feedback Survey. Clients completing the surveys were involved with Addiction Services (67%), Clinical Services (17%), Alternative Dispute Resolution (14%) and Child Victim Witness (2%). Most clients completing the survey were involved in Addiction Services as other program areas have specific tools to provide feedback and/or outcome measures. The results of the Appointment Feedback Summary Report (see Appendix B for full report) are as follows:

- a) 100% of respondents were satisfied with the service they had received
- b) 99% would access the service if needed again
- c) 100% would recommend the service to other people
- d) 97% received information about other helpful resources
- e) 97% participated in the development of their goals
- f) 99% reviewed their progress with their worker/counsellor
- g) 99% reported their strengths were utilized
- h) 98% had a better understanding of the issues that brought them to TBC
- i) 92% reported a significant improvement in their ability to manage their situation
- j) 98% reported that the service had a positive outcome of the quality of their life

Walk-In Counselling Clinic Results

The Walk-In Counselling Clinic has pre and post measures, including client satisfaction, built into each single session with every client. The Clinic has shown consistent results that the individuals, couples and families accessing the clinic are satisfied and change occurs within the single session. Data to date has shown:

- a) 96% of respondents found the Clinic helpful
- b) 96% felt heard
- c) 98% felt welcome
- d) 93% would use again if needed
- e) 100% would recommend to a friend/family member
- f) Pre and post measures show statistically significance in reduction in stress, increased understanding of their situation, increased healthy coping skills, reduction in symptomology

In the summer of 2017, a clinical outcome measurement evaluation of pre-session, post-session and 3-month post-session, will be conducted.

Provincially Directed Feedback and Outcome Measures

Clients accessing the Violence Against Women Program, Male Survivor Program, Conjoint Couples Pilot and Financial Counselling Program complete provincially mandated questionnaires.

1. Violence Against Women Client Satisfaction Survey (VAW CSS)

The VAW CSS is (see Appendix A for report highlights) completed by women accessing all MCSS funded VAW programs, such as counselling services and Shelters. The survey pinpoints women's experiences of entry to service and wait times, service satisfaction and outcomes. 91% of respondents reported accessing counselling services and of those 98% reported being satisfied with those services. The report highlights that wait times vary across the province for counselling services, with a range of 52% not waiting for service to 10% waiting a month or longer. TBC works with all women at the time of initial contact to ensure they receive service at their time of need, services can include accessing a VAW counsellor, accessing the Walk-In Clinic or being provided brief services by Intake Services. The client outcome section of the report indicates that 93% of women are more aware of safety and support options available to them, at TBC 100% of all women and children engage in a safety plan at the time of service initiation and ongoingly throughout service.

2. Male Survivor of Sexual Abuse and Sexual Assault Pre and Post Outcome Measurements

The Male Survivor Program has extremely positive results demonstrated through the administration of provincially mandated pre and post outcome measurement tools. The program has demonstrated consistent change in the lives of the men accessing the program, as well as high satisfaction rates. The provincial data is rolled-up into four regions; North, Central, East and West. The following table summarizes key findings (see Appendix C for the full report) for the North Region for which TBC is the lead agency. The report has significant narrative feedback which is utilized to support and improve program delivery. The most significant programmatic feedback is a) to increase the number of sessions available and b) to ensure the program receives ongoing funding to sustain the program. This feedback is consistent across the four regions and provided to the Ministry of Attorney General through the client surveys but also through advocacy efforts of the region leads.

Area of Measurement	Pre-service	Post-service
Confidence vs Insecurity (Day to Day Functioning)	26% confident	67% confident
Proud vs. Ashamed	20% proud	60% proud
Relaxed vs. Distressed	22% relaxed	59% relaxed
Hopeful vs. Depressed	34% hopeful	73% hopeful
Content vs. Nervous	22% content	64% content

3. Conjoint Counselling Pilot – Pre and Post Outcome Measurements

The Conjoint Counselling Pilot consists of four sites in Ontario, Phase 1 of the initiative engaged 100 couples and Phase 2 engaged 80, a third of the total were seen by Thunder Bay Counselling. The pilot has experienced a 100% completion rate of pre and post measures required for this program. At the time of this report the final results were not available, however results from Phase 1 and the interim report for Phase 2 date have shown statistically significant evidence that the program, a) decreased risk of domestic violence and b) increased couple satisfaction within their relationship.

4. Financial Counselling Feedback Survey

Within the feedback obtained for the Financial Counselling Program, clients reported

- a) an 84% improvement in their stress levels on comparison of pre and post counselling surveys,
- b) 97% of respondents post counselling indicated they had an increased awareness of the impacts of finances on their personal lives (such as health, stress, relationships, job/schooling, living accommodations), and

- c) 99% of respondents post counselling indicated they learned about the financial options and alternatives for their situation.

Recommendations

Regardless of the data collection methodology utilized and differing program mandates all data has consistently indicated that the programs and services being delivered by Thunder Bay Counselling are meeting the needs of those accessing our services and change is occurring. The data further demonstrates that clients have a high satisfaction rate with the programs and services they are receiving.

TBC's analysis of the data also indicated that there are areas for quality improvement within the programs and services. Specific findings were,

1. The correlation between number of individuals accessing service and response rates of surveys/measures suggest that a strategy is required to increase client participation in feedback and outcome measurement processes. TBC to create a client feedback strategy to increase response rates.
2. Most clients accessing programs and services report that they heard about TBC via family and friends or "word of mouth". TBC to look for opportunities to capitalize on informal networks, as well as ensuring clients/community are invited to participate in the Peer Advisory Group that is being initiated at TBC.
3. To target an evaluation of Entry Group processes for Addiction Services to ensure that clients can access services at their time of need balanced with the resources available to TBC.

Appendices

Appendix A: 2017-17 Violence Against Women Satisfaction Survey



2016-17 Violence Against Women Satisfaction Survey HIGHLIGHTS

Ministry of Community
and Social Services

The Ministry of Community and Social Services (MCSS) funds more than 200 Violence Against Women (VAW) agencies across Ontario to provide emergency shelter, counselling and/or transitional housing support services for women and their children. MCSS introduced the VAW Satisfaction Survey in June 2010 to assess women's experiences and perceptions of VAW services.

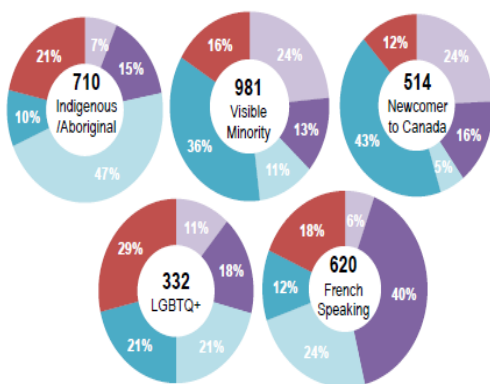
The following highlights from the VAW Satisfaction Survey reflect data collected between April 1, 2016 and March 31, 2017 from a total of 4,736 surveys completed (on paper and online) by women who received services from 191 VAW agencies across Ontario.

DEMOGRAPHIC PROFILE OF SURVEY RESPONDENTS

- 19% of respondents identified as Indigenous/Aboriginal
- 26% of respondents identified as a visible minority
- 14% of respondents identified as a newcomer to Canada in the past five years
- 9% of respondents identified as LGBTQ+
- 14% of respondents reported that they were French-speaking.

REGIONAL BREAKDOWN OF DEMOGRAPHIC PROFILE

West Central East North Toronto



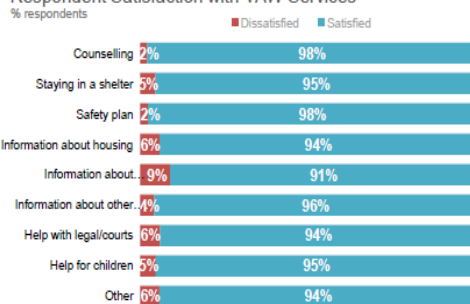
SERVICE USE AND SERVICE SATISFACTION

- 91% of all respondents access counselling services;
- 54% stayed in emergency shelters;
- 75% participated in safety planning;
- 63% received information on housing;
- 40% received information on training/schools;
- 76% received information on other resources in the community;
- 49% received legal help;
- 48% received help for their children; and
- 17% accessed other types of services (e.g. yoga, group therapy, mindfulness training)

Majority of Women Accessed Multiple Services

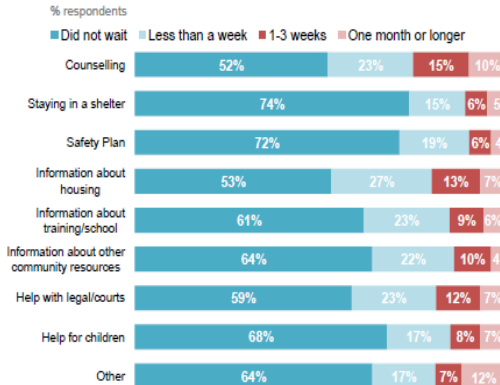
- 9% ➔ one service
- 29% ➔ two to four services
- 39% ➔ five to seven services
- 22% ➔ eight to nine services

Respondent Satisfaction with VAW Services



Eighty-five percent of respondents felt that the agencies always provided services with respect and care. Eighty-six percent of respondents reported that the services they received always supported their cultural and/or spiritual needs. Seventy-eight percent of respondents reported that their agency connected them to the services they needed. Eighty-three percent of respondents indicated that they had no difficulties or challenges getting services in their community.

WAIT TIMES FOR SERVICES



95% of survey respondents indicated they were either "Satisfied" or "Very Satisfied" with the length of time they waited to receive VAW services.

CLIENT OUTCOMES

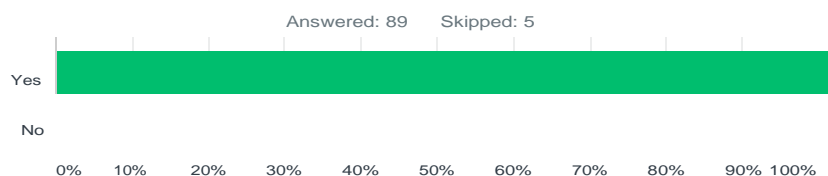
Women were asked specific questions about the outcomes they experienced as a result of receiving VAW services. Positive changes with respect to respondent outcomes were reported by most survey respondents. Since receiving help from the agency:

- 93% indicated they were more aware of the safety and support options available to them
- 92% Indicated they were more aware of where to go to ask for services/supports that they need in their community
- 90% Indicated they have the tools and supports to help them meet the challenges of everyday life
- 89% Indicated they have learned new ways to cope and heal
- 91% Indicated they were more aware of the different aspects of domestic violence and the cycle of violence
- 92% Indicated they can identify a range of abusive behaviour
- 84% Indicated they feel less isolated/alone
- 94% Indicated they feel that the help they received made a positive impact on their life

Appendix B: Appointment Feedback Survey

January 1st to December 31st, 2017

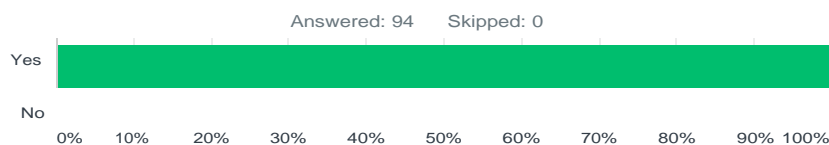
1. My counsellor/worker understood and respected me.



ANSWER CHOICES	RESPONSES	
Yes	100.00%	89
No	0.00%	0
TOTAL		89

#	COMMENTS
1	My counsellor understood me but at times seemed kind of mean
2	More than myself
3	Amazing
4	My counsellor makes me feel very comfortable
5	Full Respect
6	More than most
7	Very good connection
8	My counsellor was awesome very supportive

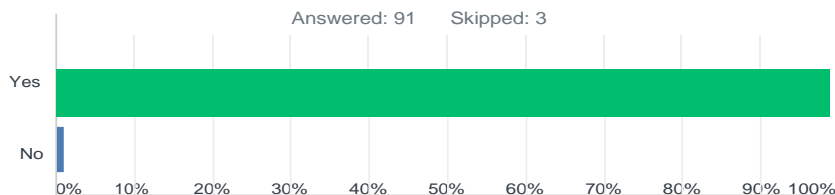
2. Overall, I was satisfied with the service I received.



ANSWER CHOICES	RESPONSES	
Yes	100.00%	94
No	0.00%	0
TOTAL		94

#	COMMENTS:
1	Extremely
2	Absolutely
3	Went above and beyond what was expected
4	My Counsellors services will be sorely missed.
5	Exactly what I needed
6	Perfect
7	Totally

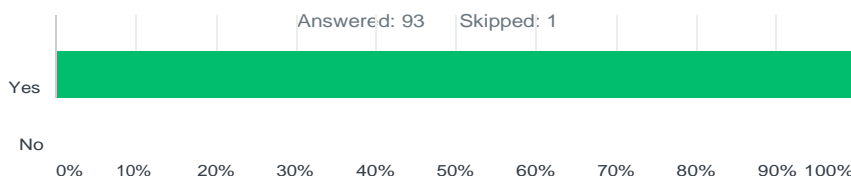
3. If I require help again, I would access this service.



ANSWER CHOICES	RESPONSES	
Yes	98.90%	90
No	1.10%	1
TOTAL		91

#	COMMENTS:
1	Absolutely
2	No question 😊

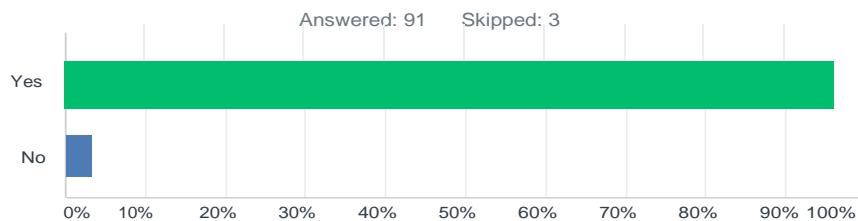
4. Would you recommend this service/program to other people?



ANSWER CHOICES	RESPONSES	
Yes	100.00%	93
No	0.00%	0
TOTAL		93

#	COMMENTS:
1	Already have
2	Depends om what they were looking for.
3	Yes, and I have recommended it
4	Absolutely
5	Always
6	Absolutely
7	I have on many occasions
8	Without a doubt

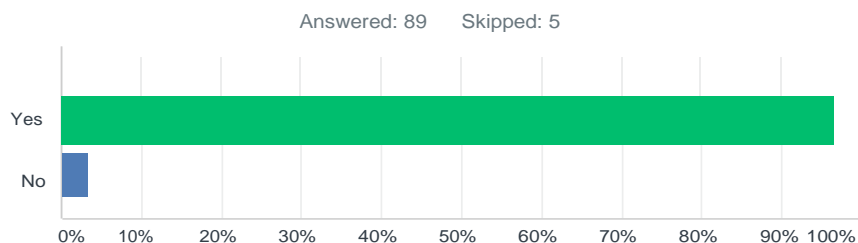
5. I received information about other services or resources that might help.



ANSWER CHOICES	RESPONSES	
Yes	96.70%	88
No	3.30%	3
TOTAL		91

#	COMMENTS:
1	Case Manager
2	It was discussed, but I had already reviewed other resources myself.
3	Financial counselling
4	DBT Training

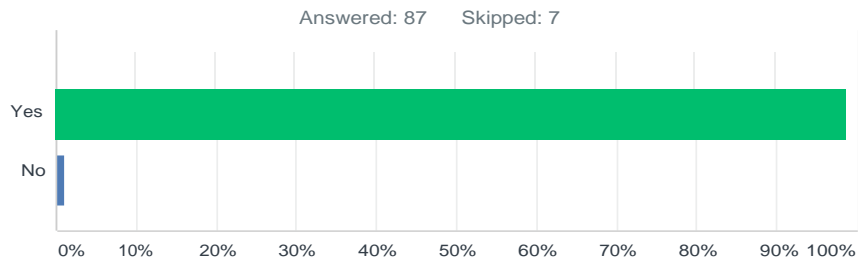
6. I participated in developing my goals/plan with my counsellor/worker.



ANSWER CHOICES	RESPONSES	
Yes	96.63%	86
No	3.37%	3
TOTAL		89

#	COMMENTS:
1	Middle of it.
2	Very hard but yes
3	Still in the works

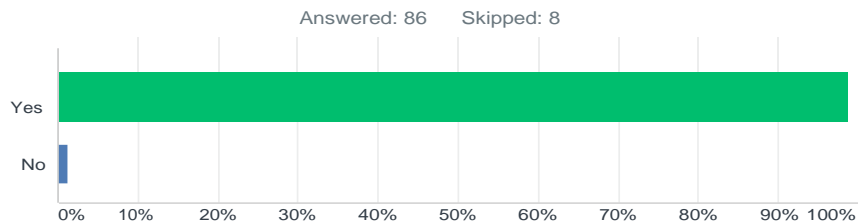
7. We reviewed my progress and I received feedback from my counsellor/worker.



ANSWER CHOICES	RESPONSES	
Yes	98.85%	86
No	1.15%	1
TOTAL		87

#	COMMENTS:
1	Not yet
2	Not yet, only 2nd appointment
3	My counsellor summarizes my issues quite well

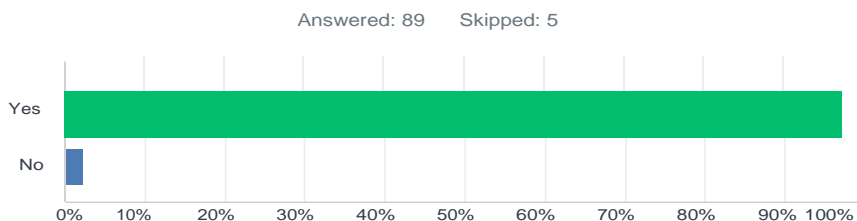
8. My counsellor/worker helped me focus on and utilize my strengths.



ANSWER CHOICES	RESPONSES	
Yes	98.84%	85
No	1.16%	1
TOTAL		86

#	COMMENTS
1	Wonderful guidance and gentle feedback to keep me focused
2	Same
3	Haven't had time, only seen him 2 times
4	Absolutely

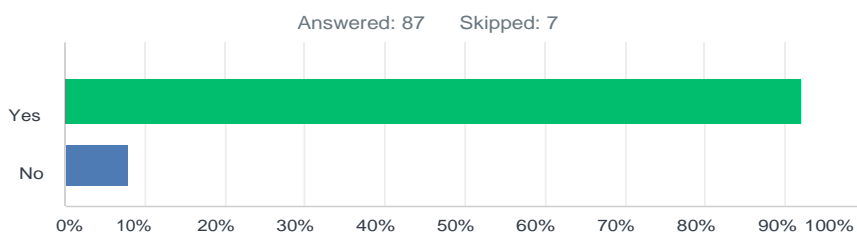
9. I have a better understanding of the issues and problems that brought me here.



ANSWER CHOICES	RESPONSES	
Yes	97.75%	87
No	2.25%	2
TOTAL		89

#	COMMENTS:
1	I already know those
2	Completely, because of my counsellor

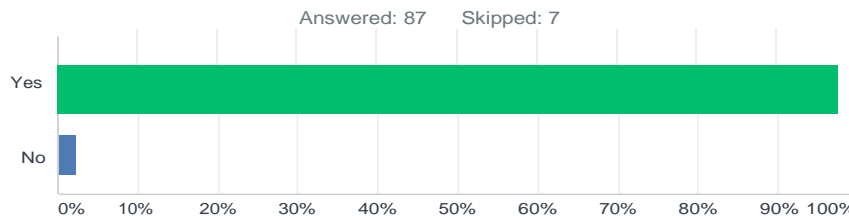
10. My ability to manage the situation that brought me to Thunder Bay Counselling has significantly improved.



ANSWER CHOICES	RESPONSES	
Yes	91.95%	80
No	8.05%	7
TOTAL		87

#	COMMENTS:
1	Sometimes
2	Ability to manage and live with things is well supported and improved skills and
3	I have become stronger and more aware of my strengths. Very grateful for my counsellor's expertise
4	Only been here a short period of time
5	Coping better now I understand - there's 3 of us.
6	Somewhat
7	I have used the tools given to me and have seen improvement
8	Things that happened cause setbacks I think

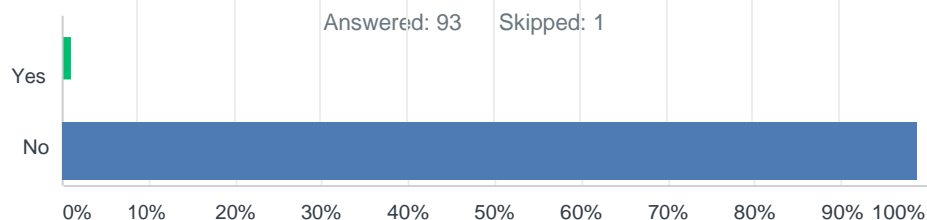
11. Overall, the service I received had a positive outcome on the quality of my life.



ANSWER CHOICES	RESPONSES	
Yes	97.70%	85
No	2.30%	2
TOTAL		87

#	COMMENTS:
1	Life Changing
2	My health condition interrupts
3	Somewhat
4	I believe things are worse but feel on upswing on the mends.
5	Without a doubt

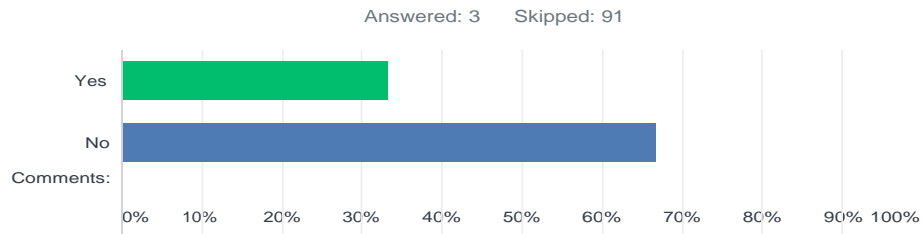
12 (a) Did you receive services in French



ANSWER CHOICES	RESPONSES	
Yes	1.08%	1
No	98.92%	92
TOTAL		93

#	COMMENTS:
1	Not necessary because I am only English
2	No need to. I don't understand it anyway
3	No need to
4	Not necessary

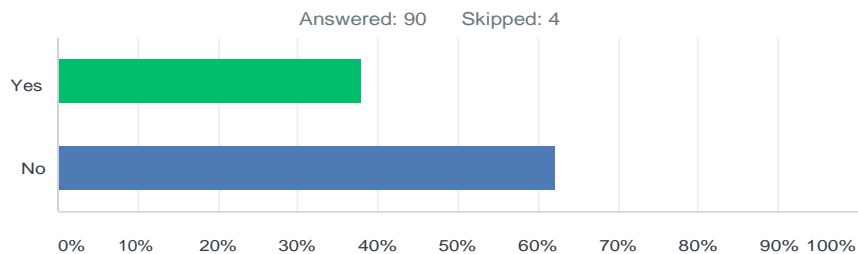
12 (b) If yes, were you satisfied with those services?



ANSWER CHOICES	RESPONSES	
Yes	33.33%	1
No	66.67%	2
Comments:	0.00%	0
TOTAL		3

#	COMMENTS:
	There are no responses.

13. Is there anything else that you would like to tell us?

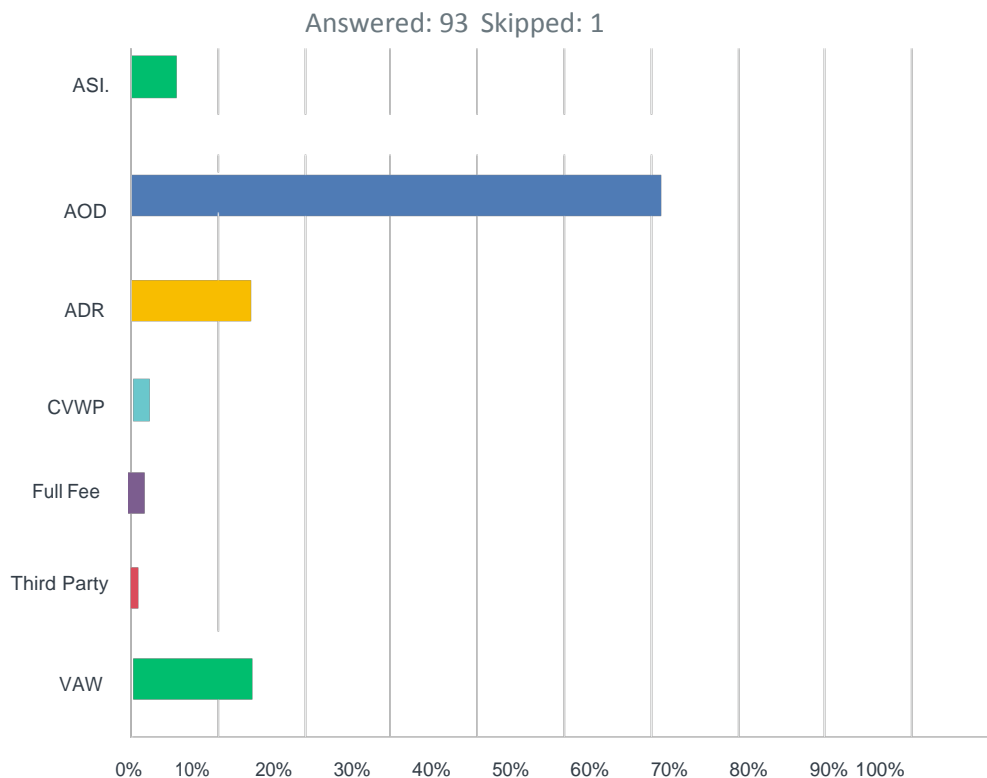


ANSWER CHOICES	RESPONSES	
Yes	37.78%	34
No	62.22%	56
TOTAL		90

#	COMMENTS
1	I think the counselor should not seem so aggressive when getting interrupted and when mediating
2	Great Program
3	I don't know right now.
4	It would be great if the intake groups were more frequent or the process was changed because as someone seeking help, it would be beneficial to receive the help right away rather than waiting a month.
5	My counsellor was the 1st person in 8 years who truly understood the nature of the concerns and had excellent resources and supports to help me. She is an incredibly skilled counsellor and woman
6	Very positive experience with my support worker.
7	Through EMDR it helped me take charge of the trauma I experienced, and my life has greatly improved
8	My counsellor made me feel respected & ok to trust her. Which is hard for me.
9	My counsellor is awesome

10	The best counsellor I have ever seen, no judgments very understanding and supportive
11	Looking forward to working with the staff here.
12	You've changed my life and I now feel stronger than ever and can handle problems in a much more productive way. Thank you
13	I like my counsellor who has a very good rapport, listens well, does not preach or lecture.
14	My counsellor is very supportive and knowledgeable...a great person
15	Sensitive areas of my troubled life were minimized not to be triggered. No relapse in the last 23 days
16	Very welcoming, safe space
17	Professionalism and feedback is excellent
18	My counsellor was honestly the best counsellor I've ever had, he really made an exceptional effort. (I've had many counsellors since I was 10 years old, now 26 years).
19	There are good workers and great support at this facility
20	My counsellor is an asset to the company
21	Excellent counsellor and I feel safe with him
22	Thank you for all your help and guidance.
23	Thank you for all you do.
24	My Counsellor is an amazing counsellor I am very impressed
25	Great help - keep up the valuable work
26	I like the telephone check-in between sessions.
27	My two counsellors are amazing. I love them both :)
28	Wish there were more people like my counsellor. Also, I feel so welcome when I enter the building. Staff very professional welcoming.
29	The sessions were very valuable and helped me gain focus on my life. glad I came here.

14. Program



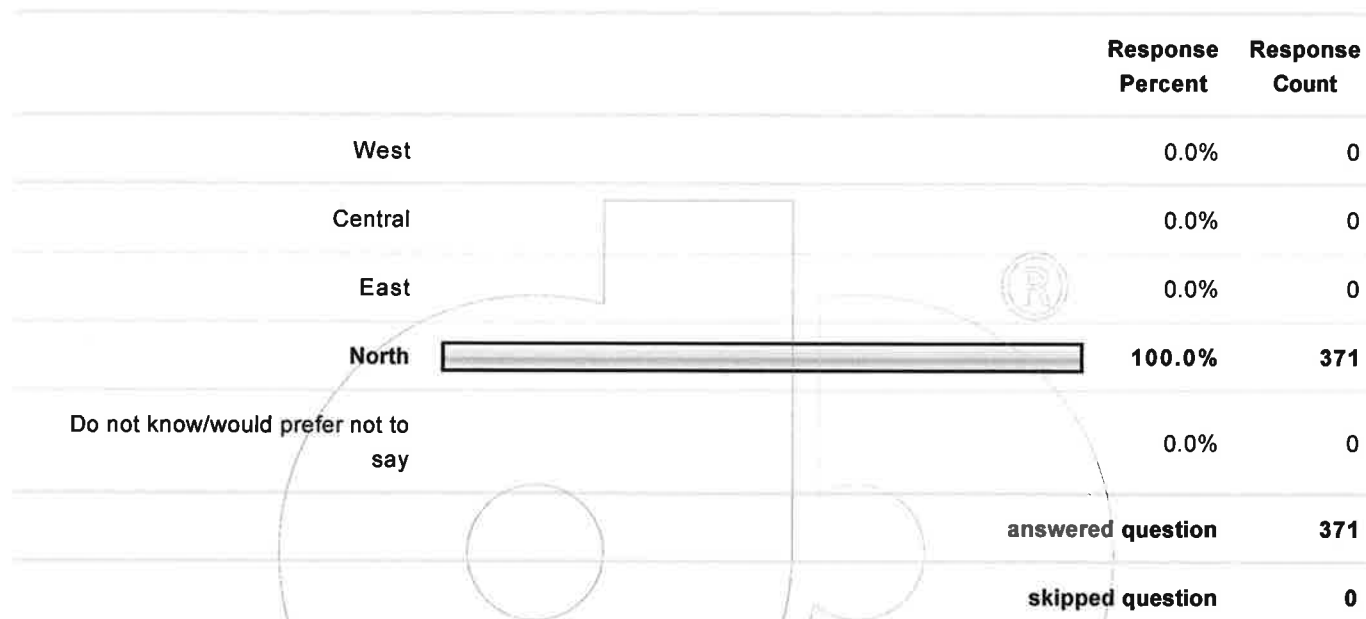
PROGRAMS	RESPONSES	
Addictions Service Initiative (ASI)	5.38%	5
Alcohol & Other Drugs (AOD)	61.29%	57
Alternate Dispute Resolution (ADR)	13.98%	13
Child Victim Witness Program (CVWP)	2.15%	2
Full Fee	2.15%	2
Third Party	1.08	1
Violence Against Women (VAW)	13.98	13
TOTAL		93

Appendix C: Male Survivor Report

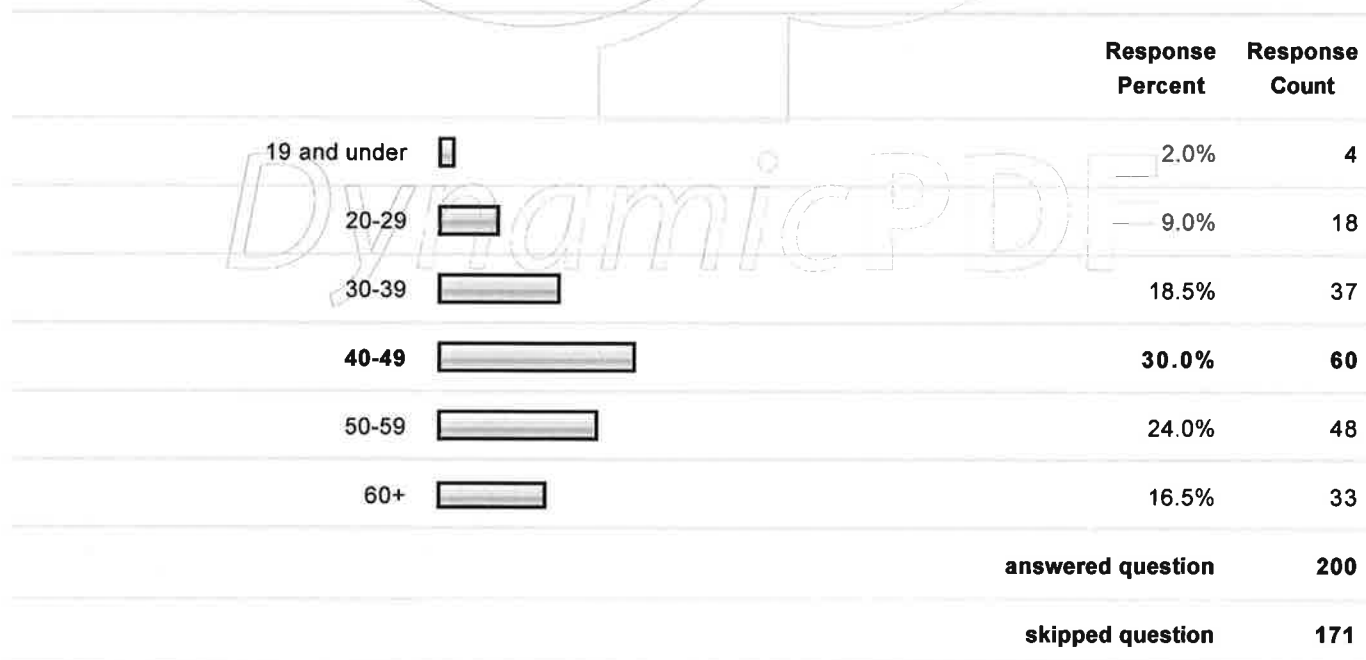
Support Services for Male Survivors of Sexual Abuse





1. Please indicate the region that you are located in.



2. What is your age?



3. Are you completing this survey:

		Response Percent	Response Count
Before receiving services?		73.0%	271
After receiving services?		27.0%	100
answered question			371
skipped question			0

4. For each question, check the circle that best describes how strongly you agree or disagree with each statement.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Rating Count
Doing everyday tasks (for example, going to work, attending school, etc.) is easy for me.	17.4% (46)	26.5% (70)	24.6% (65)	22.0% (58)	9.5% (25)	264
I do things to help me cope with my feelings, for example, exercising, going to social gatherings, volunteering, etc.	14.4% (38)	24.2% (64)	21.6% (57)	30.7% (81)	9.1% (24)	264
I have a good relationship with one or more family members.	10.6% (28)	15.6% (41)	23.2% (61)	36.1% (95)	14.4% (38)	263
I have a good relationship with one or more friends.	12.5% (33)	11.8% (31)	21.3% (56)	40.7% (107)	13.7% (36)	263
When I need help, I know how to access counselling, crisis support and other services in my community.	6.4% (17)	9.5% (25)	26.9% (71)	38.3% (101)	18.9% (50)	264
answered question						264
skipped question						107

5. Please check the circle that best describes how you feel right now.

		Response Percent	Response Count
Very confident	<input type="radio"/>	2.7%	7
Somewhat confident	<input type="radio"/>	23.1%	60
Neither confident or insecure	<input type="radio"/>	26.5%	69
Somewhat insecure	<input checked="" type="radio"/>	30.0%	78
Very insecure	<input type="radio"/>	17.7%	46
answered question			260
skipped question			111

6. Please check the circle that best describes how you feel right now.

		Response Percent	Response Count
Very proud	<input type="radio"/>	3.8%	10
Somewhat proud	<input type="radio"/>	15.7%	41
Neither proud or ashamed	<input type="radio"/>	28.7%	75
Somewhat ashamed	<input checked="" type="radio"/>	33.3%	87
Very ashamed	<input type="radio"/>	18.4%	48
answered question			261
skipped question			110

7. Please check the circle that best describes how you feel right now.

	Response Percent	Response Count
Very relaxed <input type="radio"/>	1.1%	3
Somewhat relaxed <input type="radio"/>	21.1%	55
Neither relaxed or distressed <input type="radio"/>	23.0%	60
Somewhat distressed <input checked="" type="radio"/>	38.7%	101
Very distressed <input type="radio"/>	16.1%	42
answered question		261
skipped question		110

8. Please check the circle that best describes how you feel right now.

	Response Percent	Response Count
Very hopeful <input type="radio"/>	10.7%	28
Somewhat hopeful <input type="radio"/>	23.8%	62
Neither hopeful or depressed <input type="radio"/>	21.5%	56
Somewhat depressed <input checked="" type="radio"/>	32.6%	85
Very depressed <input type="radio"/>	11.5%	30
answered question		261
skipped question		110

9. Please check the circle that best describes how you feel right now.

		Response Percent	Response Count
Very content	<input type="radio"/>	2.7%	7
Somewhat content	<input type="radio"/>	19.0%	50
Neither content or nervous	<input type="radio"/>	22.4%	59
Somewhat nervous	<input checked="" type="radio"/>	35.7%	94
Very nervous	<input type="radio"/>	20.2%	53
answered question			263
skipped question			108

10. What services did you receive at our agency? (Check all that apply)

		Response Percent	Response Count
One-on-one counselling sessions?	<input checked="" type="checkbox"/>	78.8%	41
Group counselling sessions?	<input type="checkbox"/>	15.4%	8
Both one-on-one and group counselling sessions?	<input type="checkbox"/>	23.1%	12
Other (please specify)	<input type="checkbox"/>	0.0%	0
answered question			52
skipped question			319

11. For each question, check the circle that best describes how strongly you agree or disagree with each statement.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Rating Count
Doing everyday tasks (for example, going to work, attending school, etc.) is easy for me.	5.2% (5)	14.6% (14)	21.9% (21)	40.6% (39)	17.7% (17)	96
I do things to help me cope with my feelings, for example, exercising, going to social gatherings, volunteering, etc.	1.0% (1)	10.3% (10)	21.6% (21)	54.6% (53)	12.4% (12)	97
I have a good relationship with one or more family members.	7.2% (7)	9.3% (9)	10.3% (10)	40.2% (39)	33.0% (32)	97
I have a good relationship with one or more friends.	2.1% (2)	5.2% (5)	12.4% (12)	57.7% (56)	22.7% (22)	97
When I need help, I know how to access counselling, crisis support and other services in my community.	0.0% (0)	0.0% (0)	7.3% (7)	49.0% (47)	43.8% (42)	96
answered question						97
skipped question						274

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12. Please check the circle that best describes how you feel right now.

		Response Percent	Response Count
Very confident	<input type="radio"/>	27.7%	26
Somewhat confident	<input type="radio"/>	39.4%	37
Neither confident or insecure	<input type="radio"/>	16.0%	15
Somewhat insecure	<input type="radio"/>	12.8%	12
Very insecure	<input type="radio"/>	4.3%	4
answered question			94
skipped question			277

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12. Please check the circle that best describes how you feel right now.

answered question	94
skipped question	277

13. Please check the circle that best describes how you feel right now.

	Response Percent	Response Count
Very proud	17.0%	16
Somewhat proud	42.6%	40
Neither proud or ashamed	29.8%	28
Somewhat ashamed	6.4%	6
Very ashamed	4.3%	4
answered question	94	
skipped question	277	

14. Please check the circle that best describes how you feel right now.

	Response Percent	Response Count
Very relaxed	24.5%	23
Somewhat relaxed	34.0%	32
Neither relaxed or distressed	19.1%	18
Somewhat distressed	21.3%	20
Very distressed	1.1%	1
answered question	94	
skipped question	277	

15. Please check the circle that best describes how you feel right now.

		Response Percent	Response Count
Very hopeful	<input type="radio"/>	27.7%	26
Somewhat hopeful	<input checked="" type="radio"/>	45.7%	43
Neither hopeful or depressed	<input type="radio"/>	9.6%	9
Somewhat depressed	<input type="radio"/>	14.9%	14
Very depressed	<input type="radio"/>	2.1%	2
answered question			94
skipped question			277

16. Please check the circle that best describes how you feel right now.

		Response Percent	Response Count
Very content	<input type="radio"/>	22.3%	21
Somewhat content	<input checked="" type="radio"/>	41.5%	39
Neither content or nervous	<input type="radio"/>	24.5%	23
Somewhat nervous	<input type="radio"/>	9.6%	9
Very nervous	<input type="radio"/>	2.1%	2
answered question			94
skipped question			277

17. Check the circle that best describes how strongly you agree or disagree with the statement.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Rating Count
The counselling I received has helped me to deal more effectively with the problems I was having when I sought help.	1.1% (1)	0.0% (0)	2.2% (2)	43.8% (39)	52.8% (47)	89
						answered question 89
						skipped question 282

18. What changes, if any, have you noticed in your life that you think are a direct result of this service?

	Response Count
	76
answered question	76
skipped question	295

19. Is there anything else that you would like to say about the services you received?

	Response Count
	73
answered question	73
skipped question	298



Page 6, Q2. What changes, if any, have you noticed in your life that you think are a direct result of this service?

- 1 More openminded
- 2 Getting and talking through a stressful situation better (learn some better skills of dealing and talking things out) Dealing with the painful memories of the past sexual abuse.
- 3 Open minded of myself
- 4 Self help
- 5 Open minded of myself
- 6 I don't feel bad about myself anymore.
- 7 Feeling less "rattled" about my abuse in the past. A feeling of "connectedness" with the counsellor and group members.
- 8 More aware of myself. More aware how dysfunctional my family was.
- 9 Much better emotional state. Feeling like myself again.
- 10 It helped me be more open with everyone. Great work.
- 11 For me to be able to go on with my life with peace of mind, faith, hope, believe.
- 12 Better understanding
- 13 More positive outlook. Cope better. Unbiased view of progress in life.
- 14 Feeling more normal
- 15 More confidence in daily life. A knowledge that I am not alone in my struggle.
- 16 Coping strategies that were not existent are now apparent hope.
- 17 My depression has gone down.
- 18 I am more relaxed and open. Things that were triggers for me before, no longer are.
- 19 i cope better
- 20 I understand by behavior better.
- 21 I'm more positive and happy with myself and with life in general. I'm setting better goals in my life and turn things around that might be down and building them up. I look forward to each day as a new day and how I might be able to help others and make others feel better. I smile more now than I use to as well.
- 22 When I first started at Counselling I was very upset I wasn't eating, sleeping very well and I am doing better at taking it one day at a time but mind still races too much.
- 23 I'm still alive. And I'm getting better everyday.

Page 6, Q2. What changes, if any, have you noticed in your life that you think are a direct result of this service?

-
- 24 sober
- 25 I am back to work. not overwhelmed
- 26 not so obsessive compulsive. i am not ashamed of what was done to me i am not always on guard
- 27 better relationship with son do not want to kill myself
- 28 Better relationship with my father and brother.
- 29 I will not continue to let my past define who I am
- 30 I live a sober life I feel HAPPY
- 31 better outlook and positive attitude
- 32 My confidence has escalated in a positive way. I feel freer from my abusers. I know boundaries.
- 33 More awareness
- 34 Skills that help me cope and understand what has happened better and being able to finally tell someone about my past.
- 35 I'm a little bit less hard on myself. Has helped me to make better sense of things, or see sense when necessary.
- 36 Found that I feel more comfortable talking about things, issues, or feelings that are coming out or up.
- 37 Opening up to other people.
- 38 I am more able to think before I react and do so in a more positive manner.
- 39 - More prepared - More relaxed - Able to cope better
- 40 To leave the past the past and move forward
- 41 Less anger, better management of life. Ease of talking about my past, better relationship at home.
- 42 More insight starting to cope better with my issues. Improvement in completely maintaining ADL.
- 43 Asking for help sometimes, even I don't want to. Trying to get to social events or gatherings, where I would not go or attend any. Accept that I suffer from childhood events & it may take years to deal with them.
- 44 Has helped me let go of the past and move on. Also to develop better coping skills and strategies in making my life better. If it were not for the services provided I'd not be here and it would not be a better world of services.
- 45 wasn't working when I first came in, very scattered. feeling out of control at
-

Page 6, Q2. What changes, if any, have you noticed in your life that you think are a direct result of this service?

times, confusing for my family. This process helped me and my family. I feel more at peace, no longer having flashbacks and can see myself getting back to work.

- 46 Don't get angry at all
- 47 not feeling as low, seeing a bit of light
- 48 Able to express feelings more freely with others
- 49 Being able to now talk about the abuse
- 50 Different coping ways and the ability to talk to someone openly about my past
- 51 Learning to step back.
- 52 Able to feel very comfortable around other people Able to share feelings with partner
- 53 coping easier little more secure
- 54 More awareness, better able to cope with everything
- 55 Greater insight into relationship otherwise too early in process to offer informed feedback.
- 56 I have gained alot of inisht after going through this program
- 57 A sense of calm that I did not previously have. More rational thinking
- 58 more hopeful and postive attitude for the future
- 59 I am able to take better control of my feelings and thoughts. I understand who I am and why I behave as I do and can take steps to correct my behaviour when I feel angry or upset.
- 60 I leart more about myself. I found out that more men that I thought are going through life in the same aspect as me.
- 61 I can go on- I can go forward
- 62 Huge changes
- 63 Happy, Smiling, Hopeful
- 64 undersand relationships
- 65 I am more confident
- 66 Willing to seek out specific people who can assist me -will talk with partner about honesty -me being up front and strategies
- 67 I want to live now not die

Page 6, Q2. What changes, if any, have you noticed in your life that you think are a direct result of this service?

-
- 68 I am able to think more clearly and problem solve. I am able to forgive myself for past mistakes. I am able to make goals for a future and little by little work towards those goals
- 69 I have been able to look at my own thoughts and behaviours from an alternate perspective. I understand cause and affect and I understand that self-talk is powerful in what I decide to do with my thoughts, actions, and feelings.
- 70 More relaxed, safer, less anxious.
- 71 Some relief from confused thoughts & anxiety. Some what more connected with reality, more peace with myself.
- 72 I was starting to feel like a man until the counselling ended at 8 weeks, I always knew things were not my fault but had no one to care and comfort and guide.
- 73 More patience talking with my wife and more able to deal with my daughter more effectively
- 74 My son being a compulsive liar: that alone has taken a toll on my whole life. Wrongfully accused - my son who's been abused mentally and physically and sexually
- 75 Better mood, more open to talk about the abuse. Now I know I am not alone in this.
- 76 I am relaxed and do try to live in the present moment.
-

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Page 6, Q3. Is there anything else that you would like to say about the services you received?

- 1 The counsellors were excellent Using past members/clients to come in to speak about their experiences.
- 2 Extremely helpful Caring, listing, having someone listen to you and understand.
- 3 Very educational, helpful, kind, understanding. There is HOPE
- 4 Extremely helpful Caring, listening having someone listens to you and understand
- 5 My counsellor has been awesome.
- 6 It is necessary for those who need help. It is great!
- 7 I'm sad that their wasn't much for men years ago. On the other hand, I'm glad that there is finally something for men now!
- 8 Big Thank You!! So lucky to have such services available in our community.
- 9 Great Job.
- 10 The service I received has helped to see that there are people out there who really care and listen. It was hard to open up about my problems to anyone. Since I've been coming to see my counsellor, it has been very uplifting. I've been able to feel more confident with myself. I feel more at ease that I can trust somebody who will listen and understand. For the first time it was nice to know that there is a place to go for men who have been abused all their lives. After 60 years of living with what happened to me and be able to get it off my chest and go on with my life and write about my experience with my twin brother and try to give inspiration to others.
- 11 Very Good!
- 12 Services are great but there needs to be more services available for men.
- 13 Thank you. Great Experience.
- 14 Facilitators were professional and courteous, knowledgeable and validating.
- 15 I have learned that my live is worth living. The counsellors have opened my eyes to the expectations I have as a survivor. Grateful.
- 16 My counsellor [REDACTED] was absolutely amazing! She's compassionate, insightful and creative. [REDACTED] is a real asset to the service.
- 17 I will return when it is time for trial
- 18 i learnt alot about myself
- 19 Amazing
- 20 I would like to give a special thanks for the support and counselling that I received from [REDACTED] and the staff and office at 544 Winnipeg Avenue, Thunder Bay, Ontario P7B 3S7 Canada. And also to my counsellors

Page 6, Q3. Is there anything else that you would like to say about the services you received?

supervisor for allowing an extension with my therapy. Thank you again for services provided as well as the government funding that is provide. As one male survivor, I would like to say how much I appreciate the services, funding and support that is provide, and with all the help and counselling I have received. It has made me a much stronger and solid individual and I look forward to giving back into the community.

- 21 Very thankful it was available to me as things were very bad in my life.
- 22 They saved my life as ell as the lives of several others. And my son still has a FATHER. Thank you.
- 23 it helped me. I can concentrate more. I am not a bad guy.
- 24 I would continue but I am moving. Jessica gave me number to another counseling agency
- 25 group was a life saver I need this!
- 26 not enough sessions available
- 27 Thank you.
- 28 [REDACTED] always got me to think and would ask questions that I would think about long after my appointment ended. I started looking at my part in my self destruction. It helped me alot.
- 29 I received excellent services. Group was incredible. The facilitators do an amazing job.
- 30 service was very helpful
- 31 I am relieved and am happy to report that the rest of my life has a positive aspect in growth and would not have this freedom without the services provided.
- 32 They need to be longer. Thanks so much for the help!
- 33 I found my counsellor was able to help me out tremendously and would like to come back.
- 34 I'm lucky that I got a counellor that I like or I wouldn't have come back. I wouldn't be doing this.
- 35 Like the counceller I had and her approach in helping me out.
- 36 Thank You [REDACTED] for taking the time to listen. Hopefully I have learned from these sessions. If and when I can't cope I will call.
- 37 I am thankful for receiving them.
- 38 Well Done!
- 39 If I can do it again, I will come back.

Page 6, Q3. Is there anything else that you would like to say about the services you received?

- 40 [REDACTED] is a great counsellor. He has helped me tremendously with coping and accepting.
- 41 Sheila has been extremely helpful and supportive. I can be honest and open and trust her, which is not an easy thing for me to do with anyone else.
- 42 Had it not been for the services here in Thunder Bay; particularly 544 Winnipeg Avenue, I may not have been able to manage as far as I am today! I would like to give a special recognize and appreciation to [REDACTED] for the help and counseling. Special Note: I'd strongly encourage the continued services that have been provided for individual like myself the services that have been made available have helped many to take a huge step forward in coping and surviving through the ordeal that I have gone through and making my life more productive
- 43 Wished the service could have been longer, bit frustrating finally open up and have set amount of sessions to "be better". My counsellor told me I can come back and check in as needed, so that helped
- 44 Stacey is a very good listener easy guy to talk to.
- 45 glad it is here
- 46 Very helpful/professional environment. Look forward to continuing.
- 47 Need to have more sessions my work gets in the way
- 48 Helpful in my recovering
- 49 Very informative Very helpful when needed extra help
- 50 counsellor is great and easy to talk to.
- 51 very good service, I liked it
- 52 I enjoy attending my counselling session and find them very helpful.
- 53 It was helpful and I will always go back to my book
- 54 [REDACTED] is wonderful
- 55 its about time that society has addressed male childhood abuse. Keep up the good work
- 56 Everything was great. The services were a truly helpful eye opener. Thank you
- 57 The service was excellent. Provided me with lots of info from the book by Tom Wilken. I really enjoyed my counsellor. Made me feel very comfortable. Eight sessions was no way near enough time to discuss everything. My counsellor gave me some tools to work with definatly need more sessions than just 8.
- 58 It was amazing
- 59 If this wasn't available here I would be dead

Page 6, Q3. Is there anything else that you would like to say about the services you received?

- 60 This was the best thing I've ever done. Thank You
- 61 needs to continue
- 62 This is a service that should have been available years ago.
- 63 Weekend had too much native content. not enough participating
- 64 Very humbled at the help that I got
- 65 I am very grateful for the services I have received and would recommend others to come to the Community Counselling Centre.
- 66 I am still receiving services. My counseling is not yet complete. You guys just never gave me the option of stating that I'm filling this survey out while receiving services.
- 67 Satisfied with services.
- 68 The one on one counselling I received addressed problems that have plagued me all my adult life. Personal areas of pain and fear and shed some light on some pretty dark places. At the same time has offered some hope that my quality of life can actually improve. It was also very encouraging to find out about others who have experienced some of the same childhood situations as I have and yet have progressed out of the grip the past has had on them to a better and fulfilling life. THANK YOU!
- 69 The people I have met and who have taken the time to listen to me when I needed to be listened to and had companion and understanding and knowledge to guide me was a god sent. For the short time I had counselling if I need they will still listen if I have a really bad day. I'd like to take the counselling again for at least another 8 -16 weeks (Till I feel ready) It's my torment and I am the one who knows when I should step aside, possibly give back and make room for the next unfortunate person to finally have a life back to call there own.
- 70 Would of liked if it was longer was able to deal with some things but still having problems with other things.
- 71 Why did it take so long, there is no justice system what-so-ever. My son's getting the help he should have had, when i Continually reported to the children's Aid no investigation was ever done and my lawyer advised me to shred a diary I had on my son' since my son was 3 years of age with occurrences, events, months-dates-years at least my son is getting the help, the tools to at least move on: Hopfully in a rewarding move in life with God's help.
- 72 If it wasn't for these services I don't know where I would be today. It made me realize I am not alone. Every time I go to a session it makes me feel a bit better every time. Just want to say Thank You to you all especially [REDACTED] who is there for me. I never had anyone before to talk to that I can seem to trust, with his help I found who is my friend that are more for me.
- 73 Excellent counselling. I would highly recommend this service.