



Oxford County Canadian Index of Wellbeing Survey 2025

Key Findings from Priority Domains

Technical Report

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Background

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

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

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

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

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

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

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

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

Key Findings

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

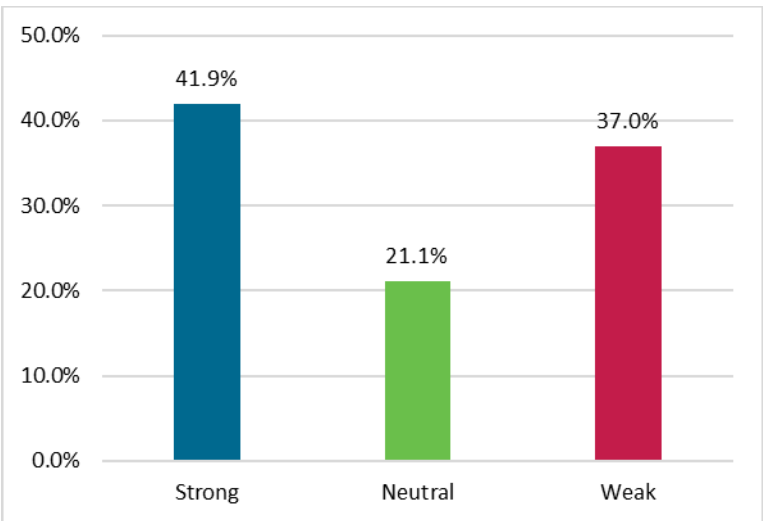
Community Vitality

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

Sense of belonging to the community

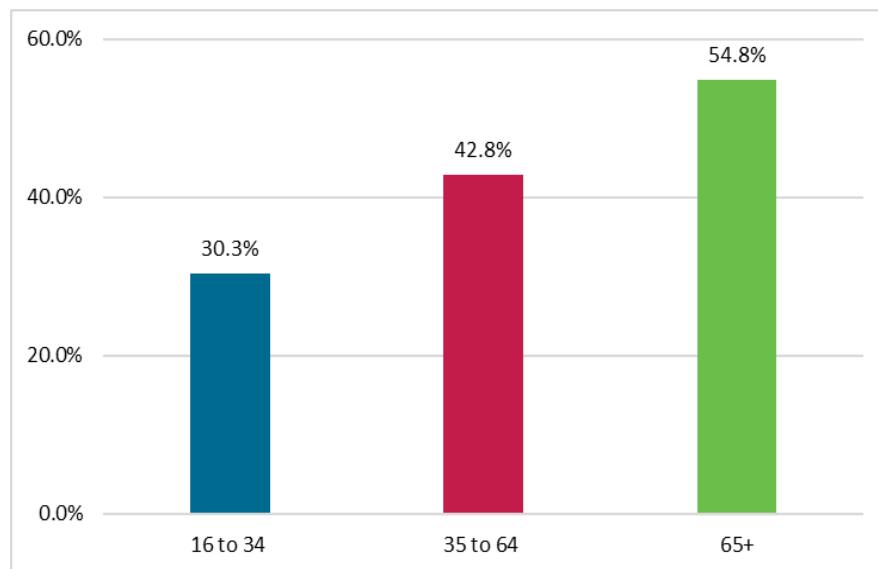
Sense of belonging reflects how connected residents feel to their community. In Oxford County, about 4 in 10 residents (41.9%) reported a strong sense of belonging, while more than one-third (37.0%) reported a weak sense of belonging. (Figure 1).

Figure 1: Sense of belonging among Oxford residents



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

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

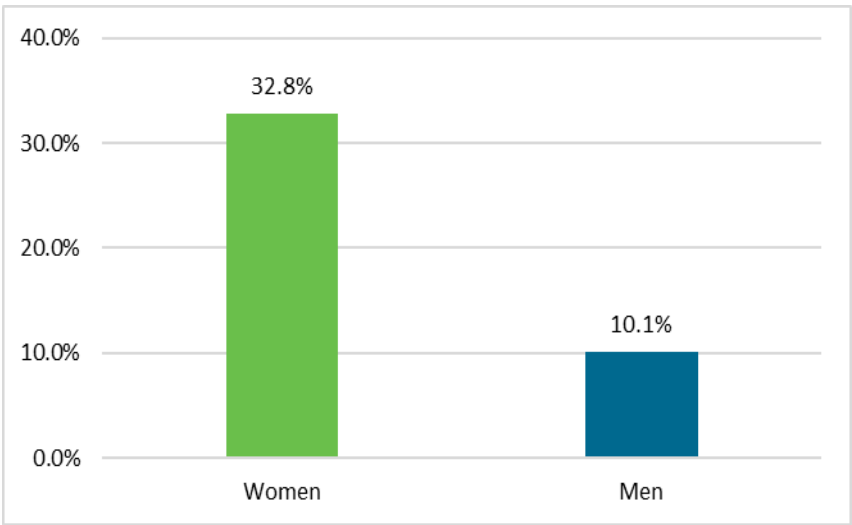


Experience of intimate partner violence (IPV)

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

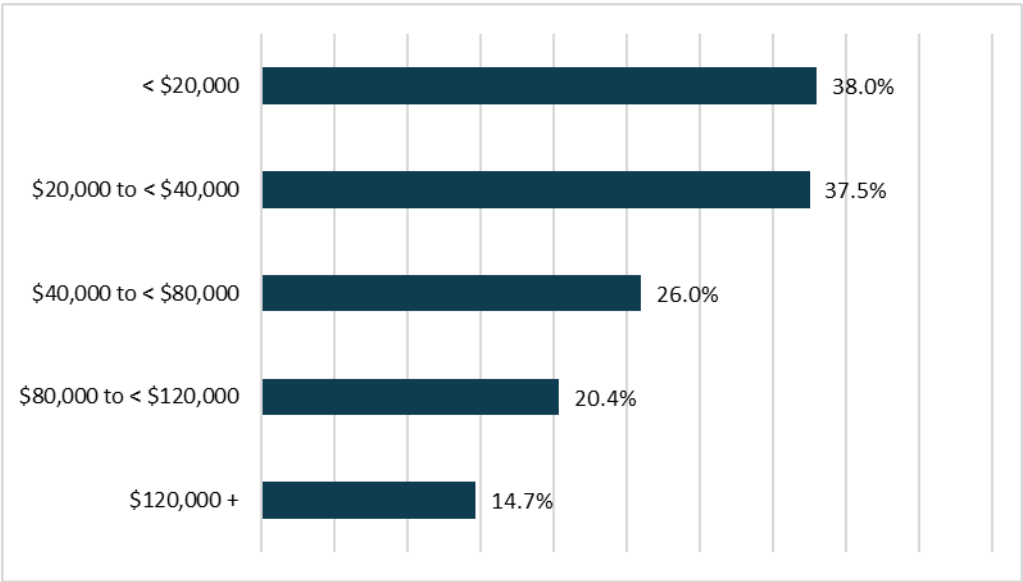
Overall, about 1 in 5 residents (21.6%) reported having ever experienced controlling or abusive behaviours in an intimate relationship. Women were particularly affected, with nearly one-third (32.8%) reporting these experiences, compared with 10.1% of men (Figure 3).

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



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

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



Behaviours Experienced from Intimate Partners

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

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

Figure 5: Proportion of behaviours experienced from intimate partners

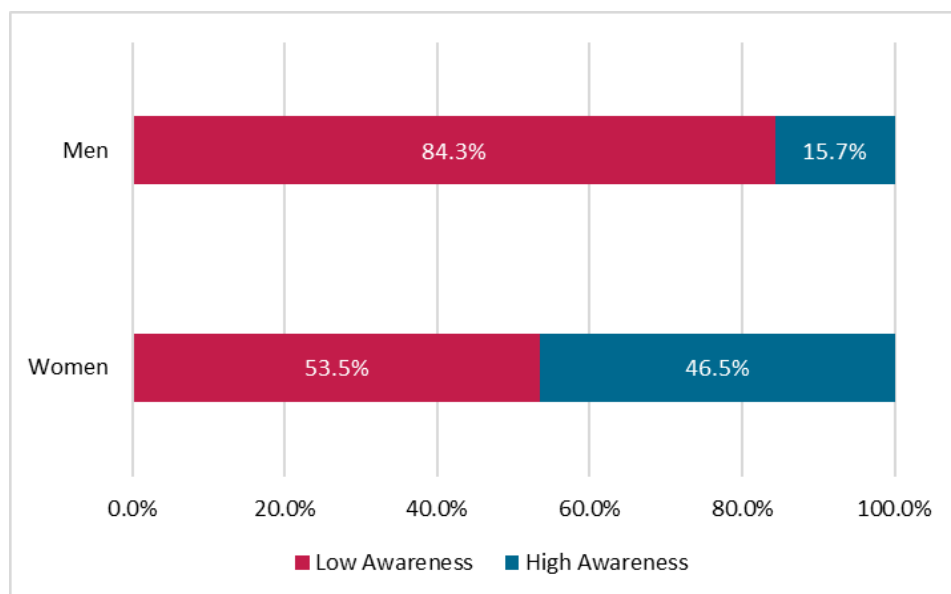
Behaviours Experienced from Intimate Partners	Proportions
Using emotional abuse (e.g., puts down/calls names; humiliates/makes feel ashamed/guilty)	81.2%
Minimizing, denying, and blaming (e.g., does not take concerns seriously; denies abuse/blames you)	77.5%
Coercing or threatening behaviour (e.g., makes/carries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

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

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

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

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



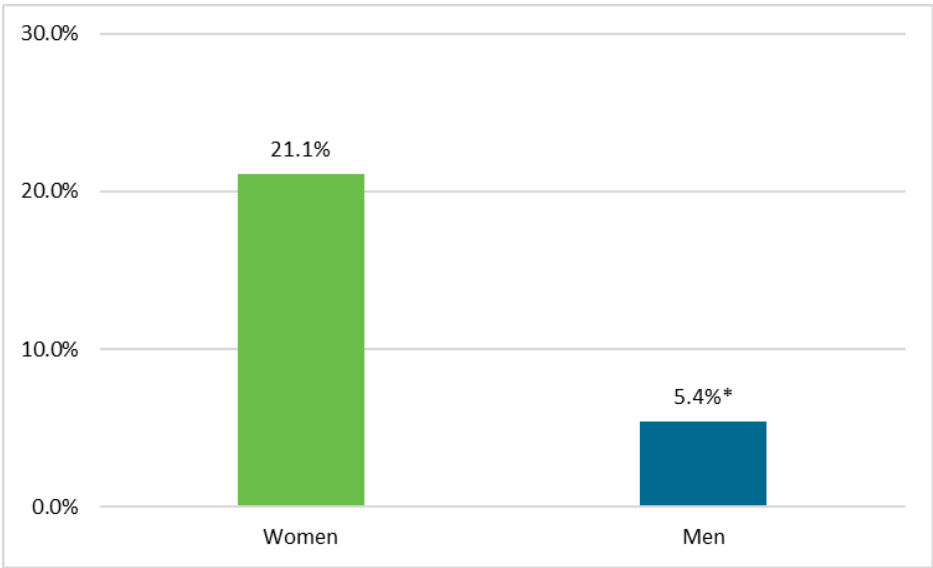
High awareness generally increased with age, from 28.6% among residents aged 16 to 34 to 46.4% among those aged 65 and older. A similar pattern was observed by household income, with high awareness increasing from 30.1% among residents with household incomes below \$20,000 to 52.1% among those with household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

Use of Intimate Partner Violence (IPV) Support Services

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

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

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

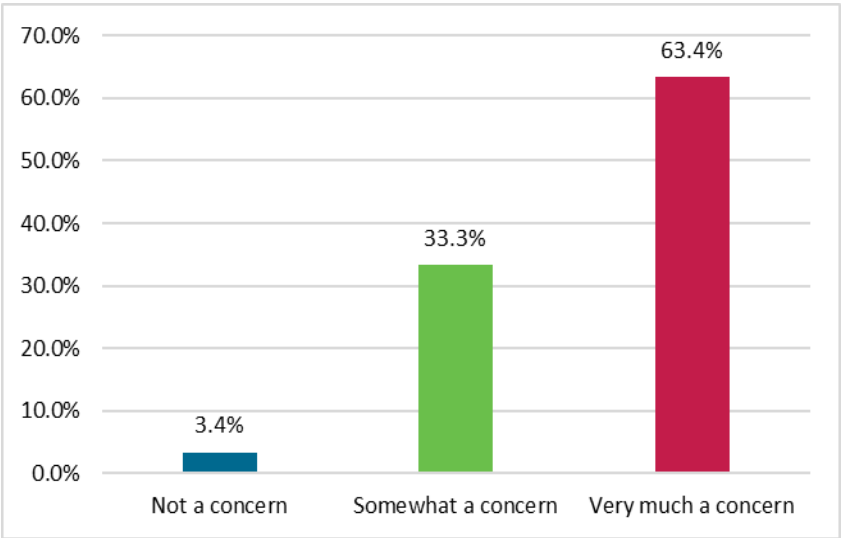


**: Results for men should be interpreted with caution due to the small number of respondents who reported using services.*

Perception of Intimate Partner Violence as a Community Concern

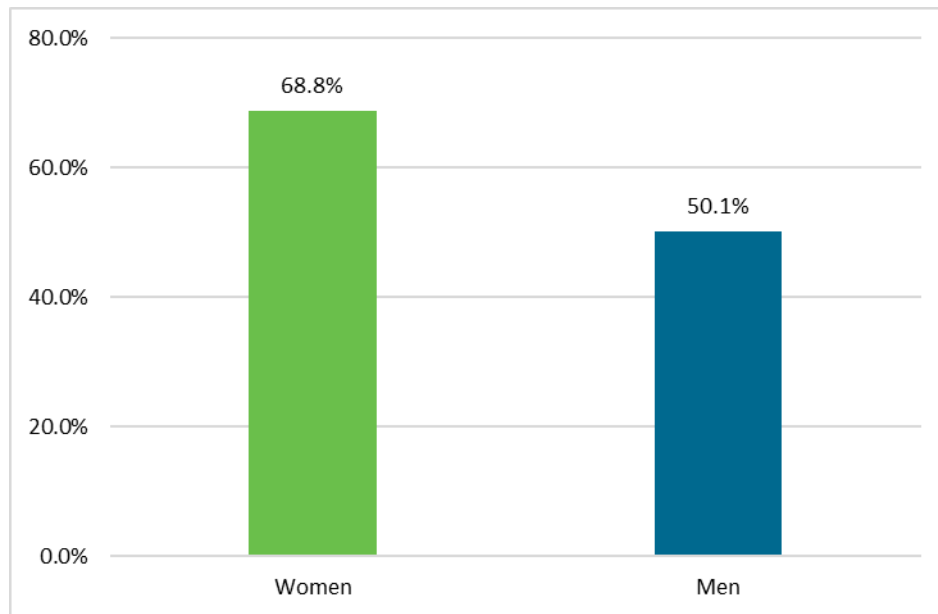
Most residents viewed intimate partner violence (IPV) as a concern in their community. Overall, 63.4% of residents reported that IPV was very much a concern (Figure 8).

Figure 8: Perception of IPV as a Community Concern



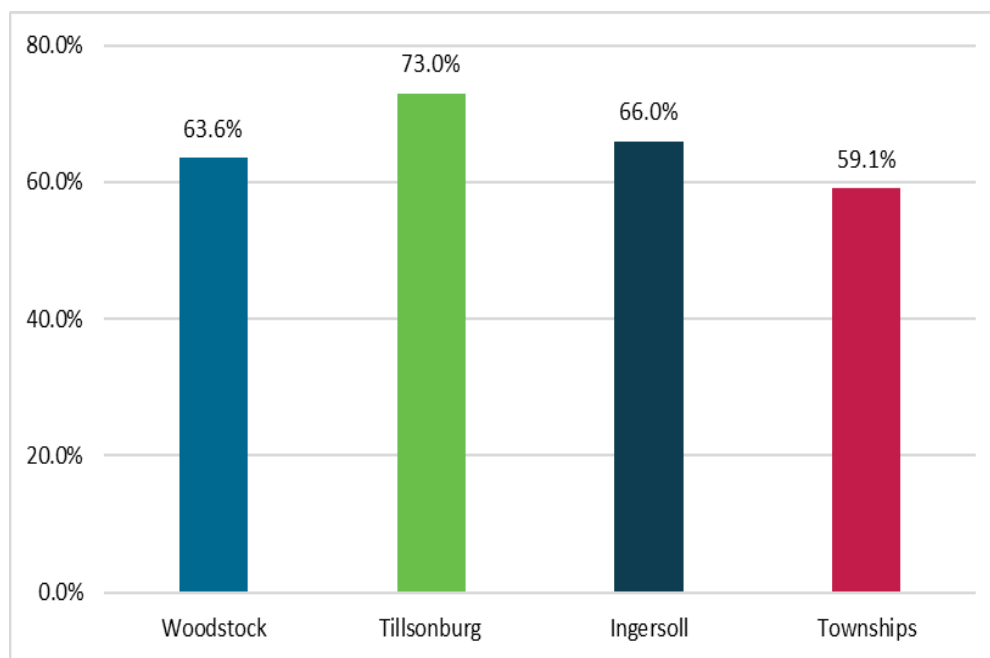
Women were more likely than men to report that IPV was very much a concern in their community (68.8% vs. 50.1%).

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



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

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



Sense of Community Scale

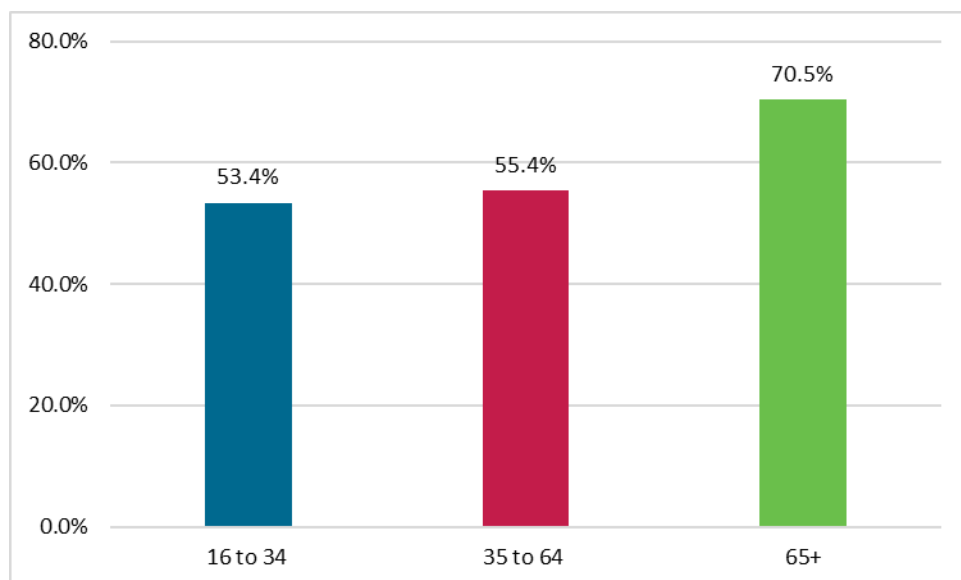
The Sense of Community Scale measures different aspects of community life, including social support, social connection, access to social opportunities and resources, and feelings of loneliness.

Social Support in the Community

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

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

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

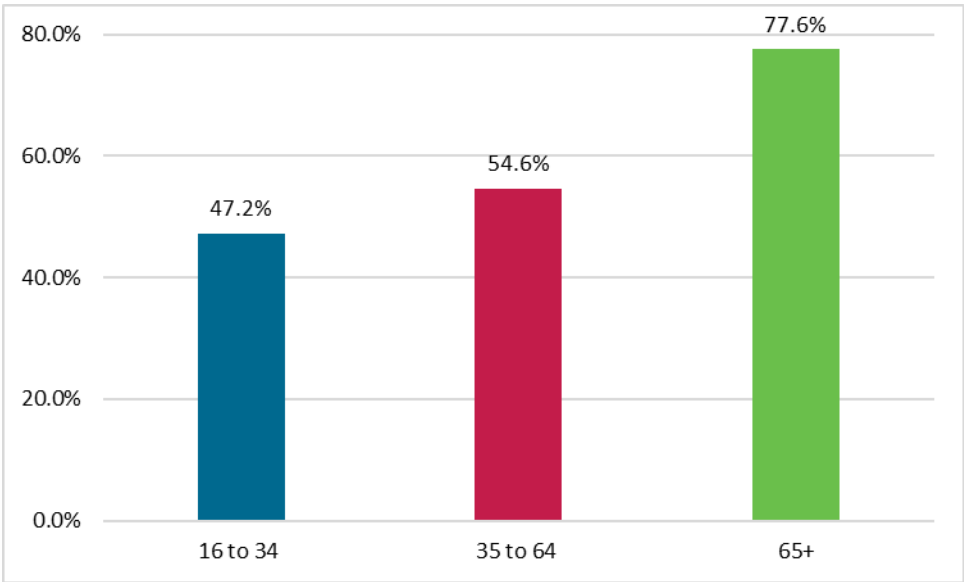


Social Connection in the Community

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

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

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



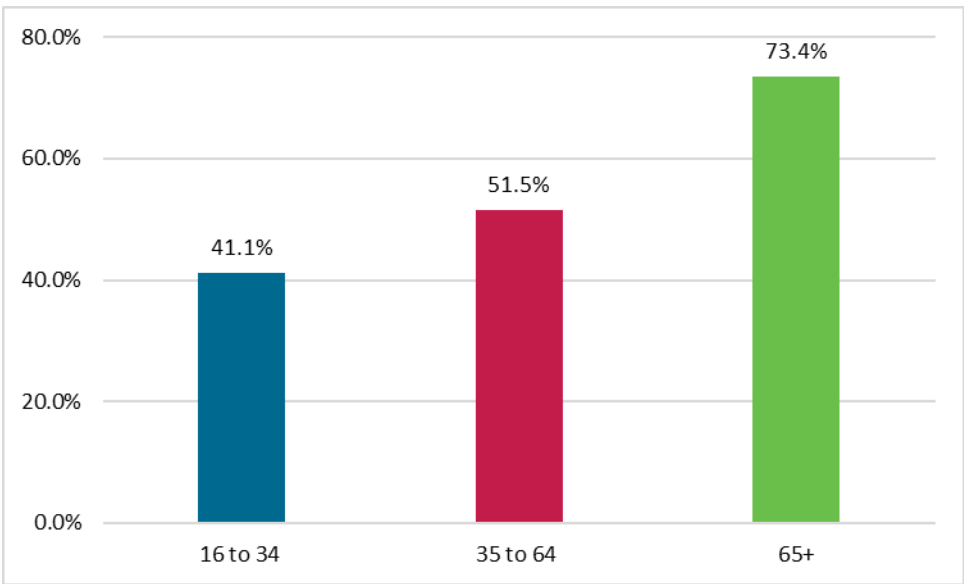
Lower-income residents were also less likely to report positive social connections. Among residents with household incomes below \$20,000, only 25.6% reported feeling at ease with people in their community, compared with 63.3% of residents with household incomes between \$80,000 and \$120,000.

Social Opportunities and Resources in the Community

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

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

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

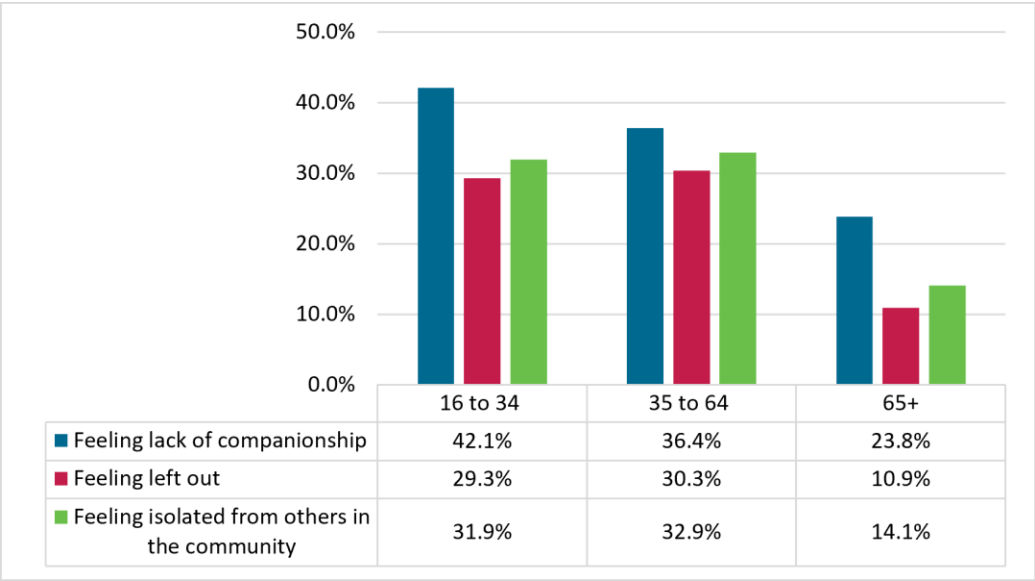


Feeling of loneliness

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

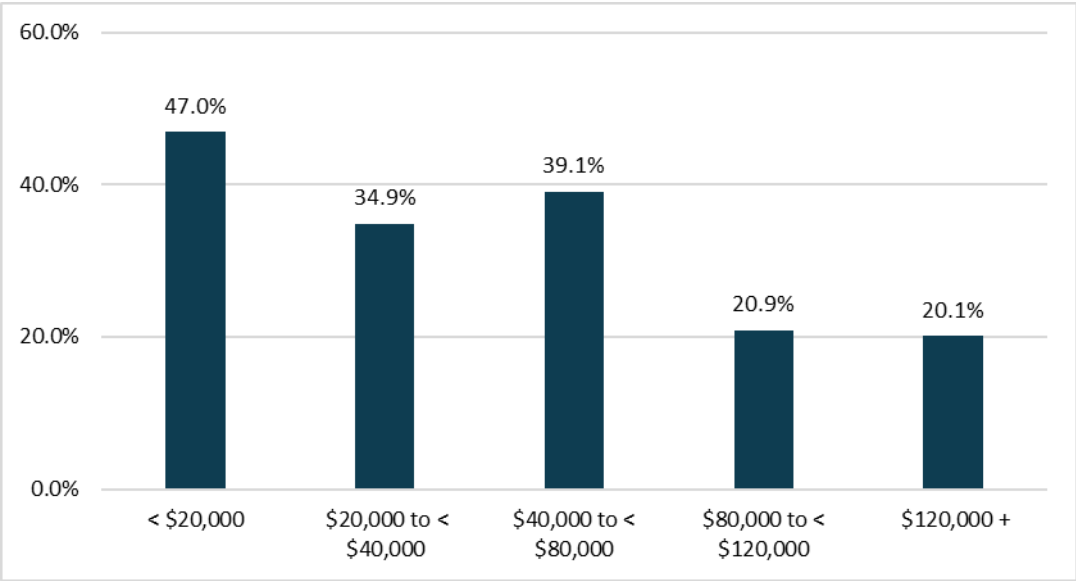
olds said they lack companionship, 29.3% felt left out, and 31.9% felt isolated, compared with much lower proportions among adults 65 and older (Figure 14).

Figure 14: Feelings of loneliness, by age group



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

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

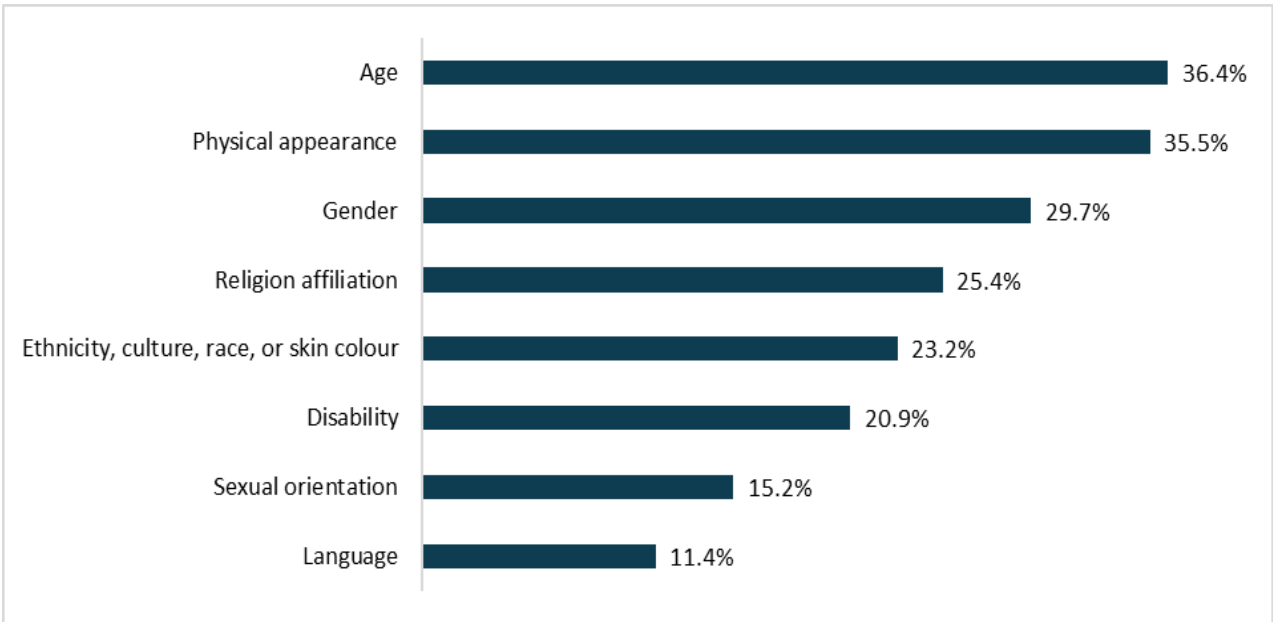


Experiences of Discrimination in the Community

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

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

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

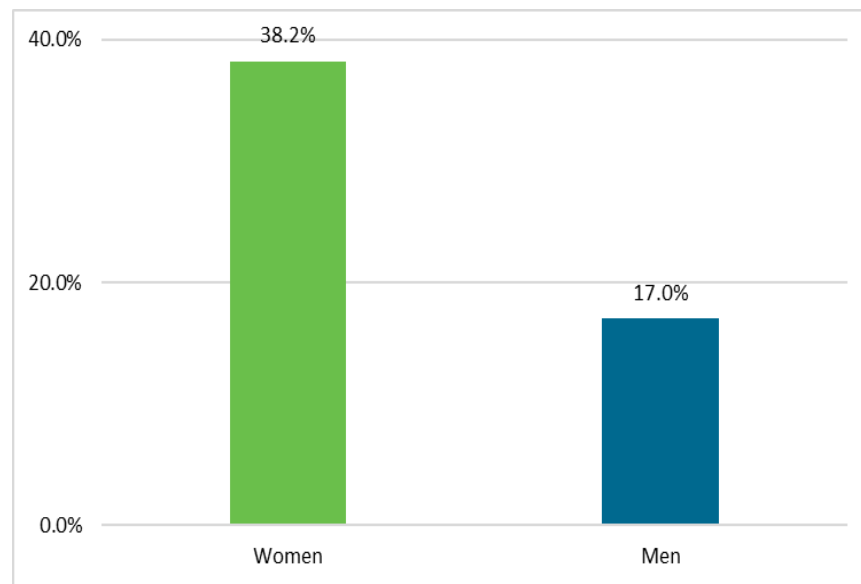


***Note:** Experiences of discrimination were reported at the population level and may not reflect how often specific groups in the community experience discrimination. For example, some groups may experience certain types of discrimination more often than others. Proportions include residents who reported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

Perceptions of Safety

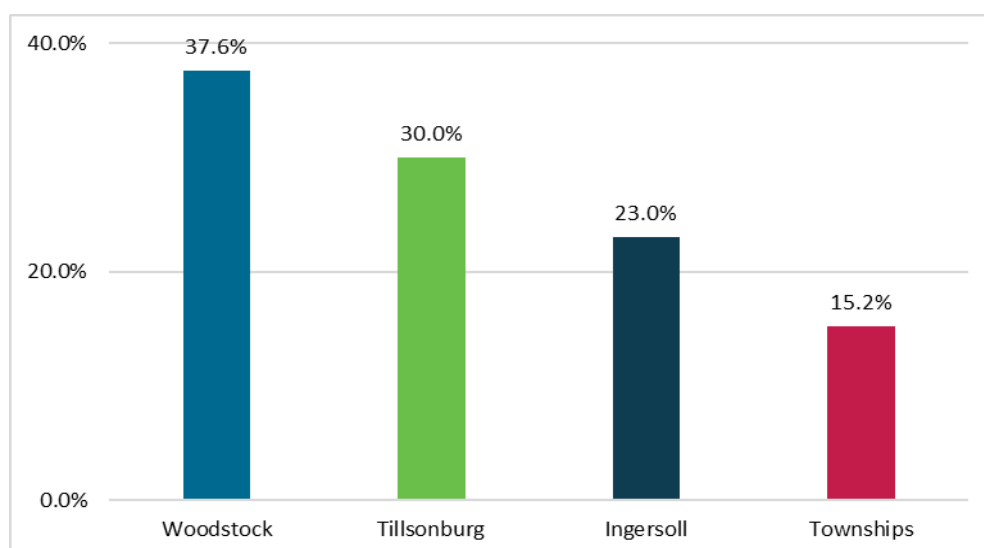
More than one in four residents (27.8%) reported feeling unsafe walking alone near their home after dark. Women were more than twice as likely as men to report feeling unsafe (Figure 17).

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



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

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



Healthy Population

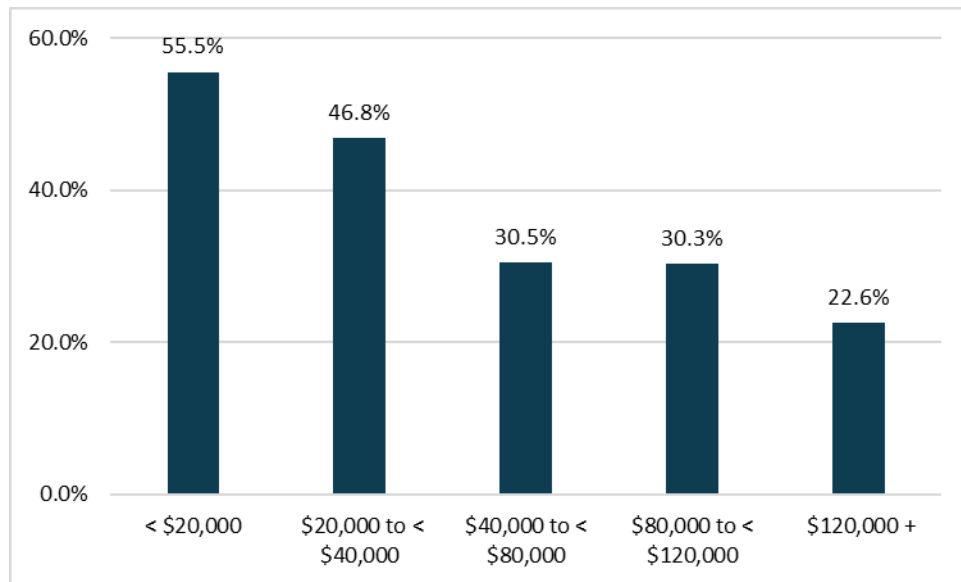
The healthy population section summarizes the questions about the overall health and well-being of residents in Oxford County. It includes residents' self-rated physical and mental health, access to health care providers, and perceptions of the quality and accessibility of health services. This domain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

Self-Rated Physical Health

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

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

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

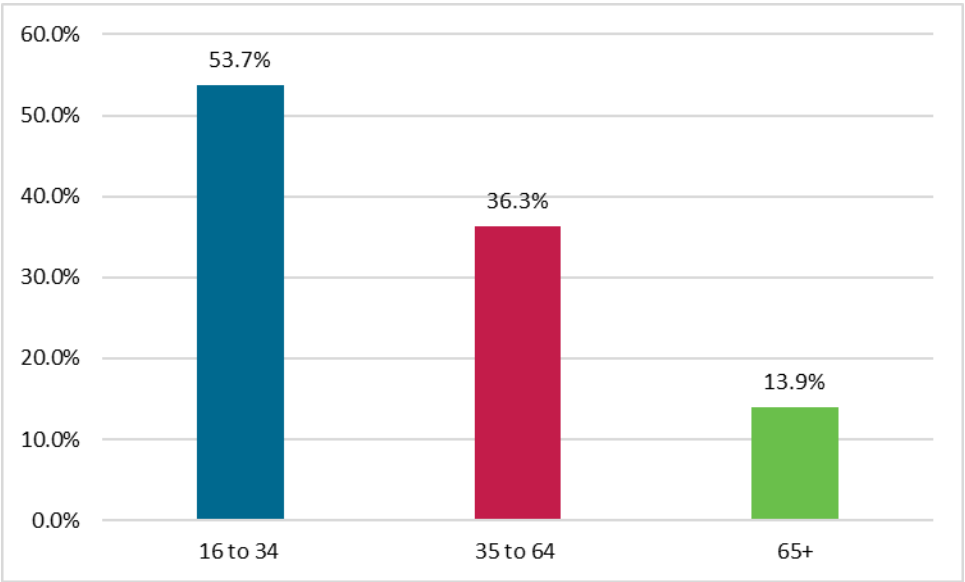


Self-Rated Mental Health

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

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

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

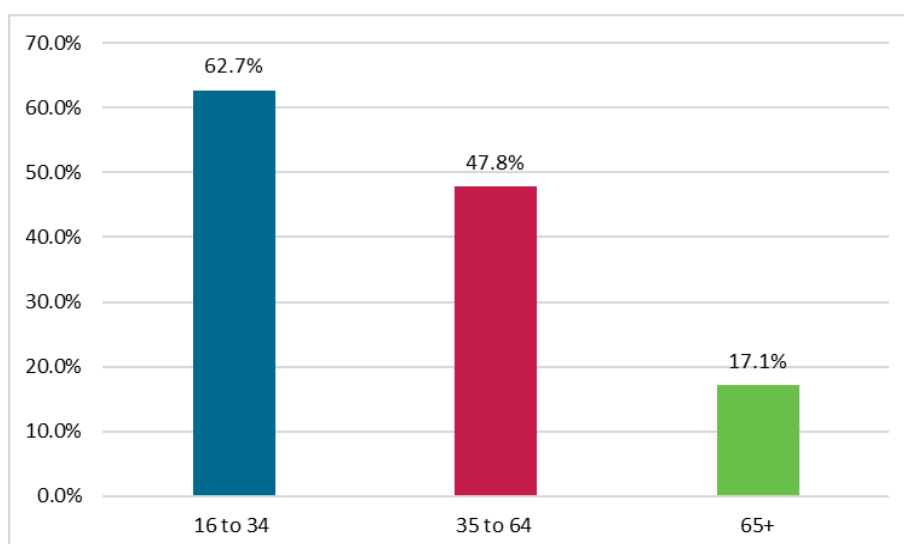


Negative Impact of Mental Health Issues

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

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

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

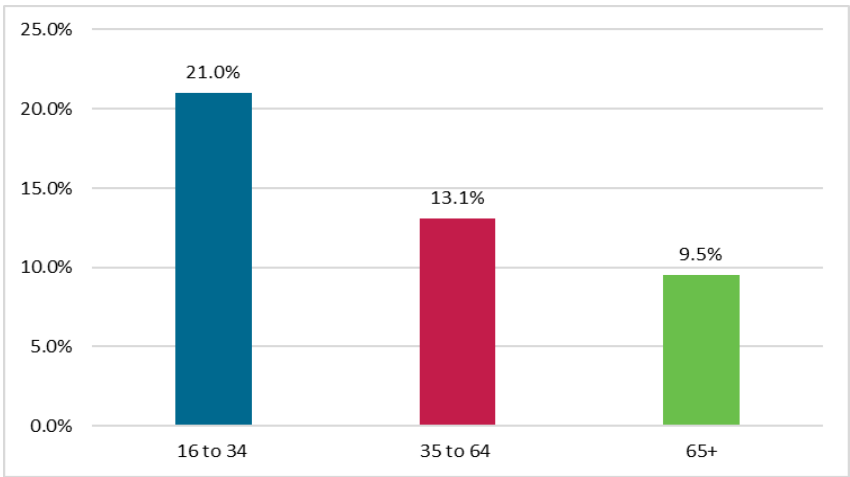


Access to Primary Health Care

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

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

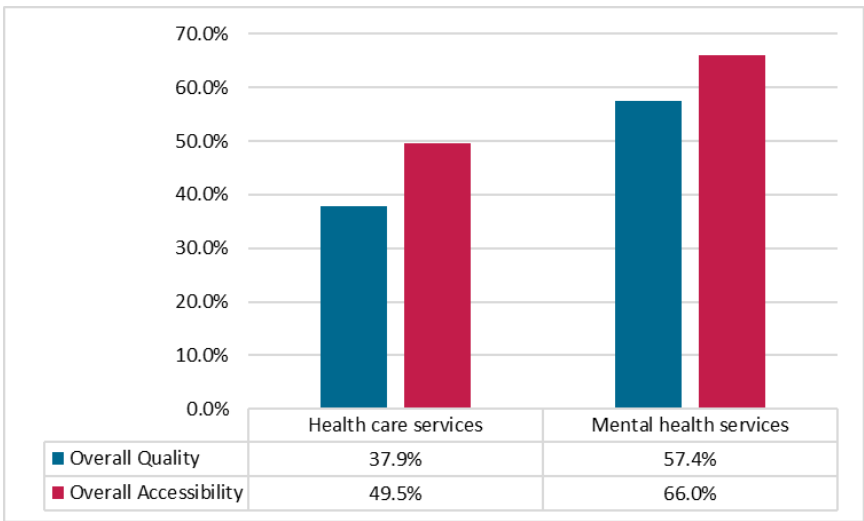
Figure 22. Proportion of residents who reported not having a regular family doctor, by age group



Perception of Health Care Services

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

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



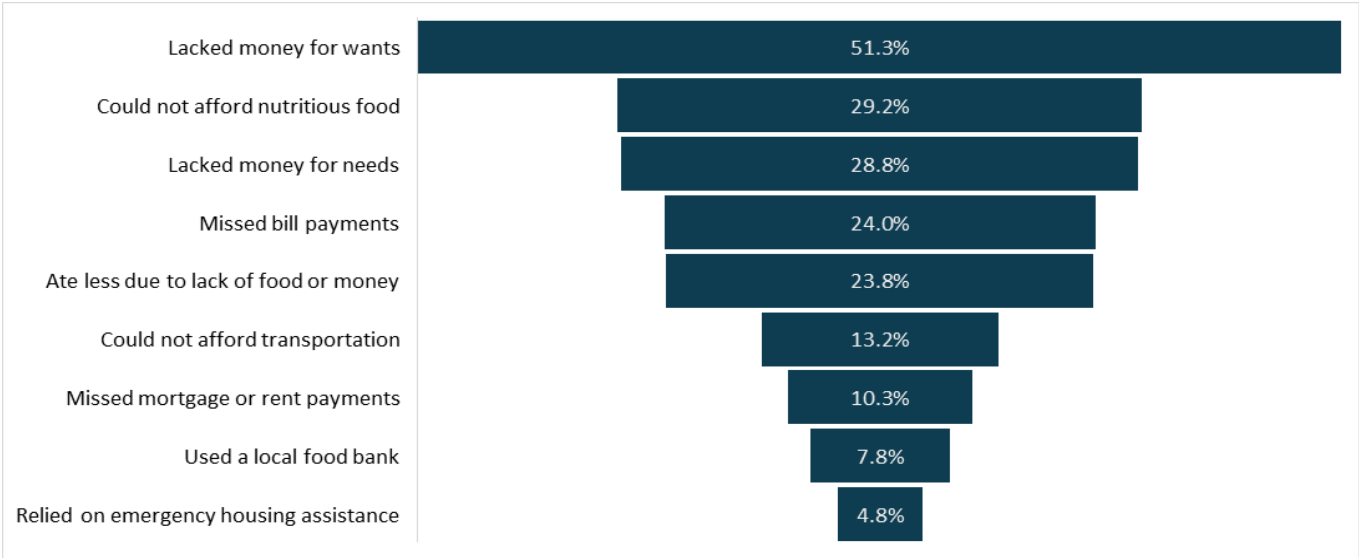
Living Standards

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

Experiences of Financial Insecurity

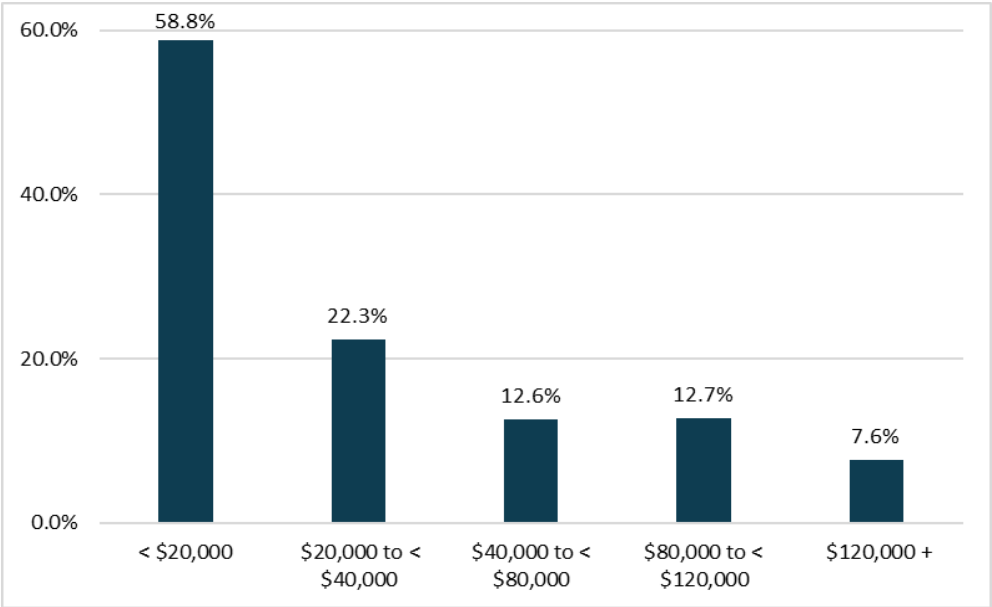
Many residents reported experiencing financial challenges in the past year. More than half of residents (51.3%) reported not having enough money to buy the things they wanted. Nearly three in ten residents reported not having enough money to buy the things they needed (28.8%) or being unable to afford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

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



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

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



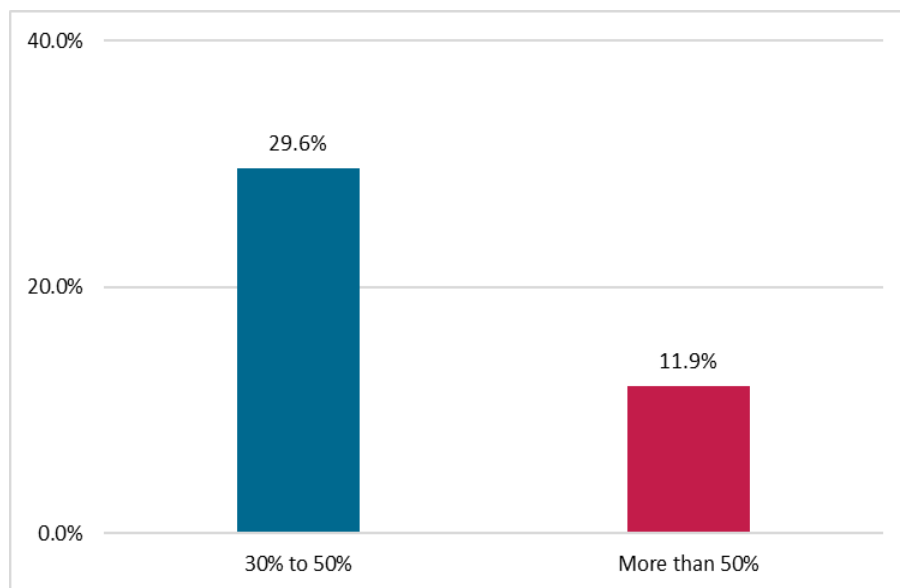
Housing

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

Housing Affordability

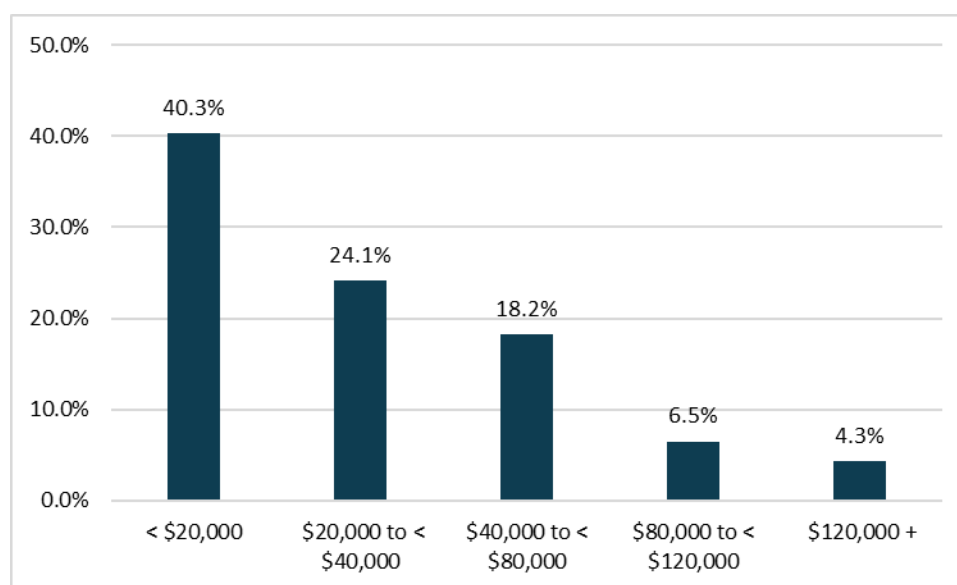
Households that spend 30% or more of their total income on shelter costs are considered to have housing affordability challenges ². In Oxford County, 41.5% of households reported spending at least 30% of their monthly income on housing, including 11.9% who reported spending more than half of their income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

Figure 26: Percentage of monthly household income spent on housing



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

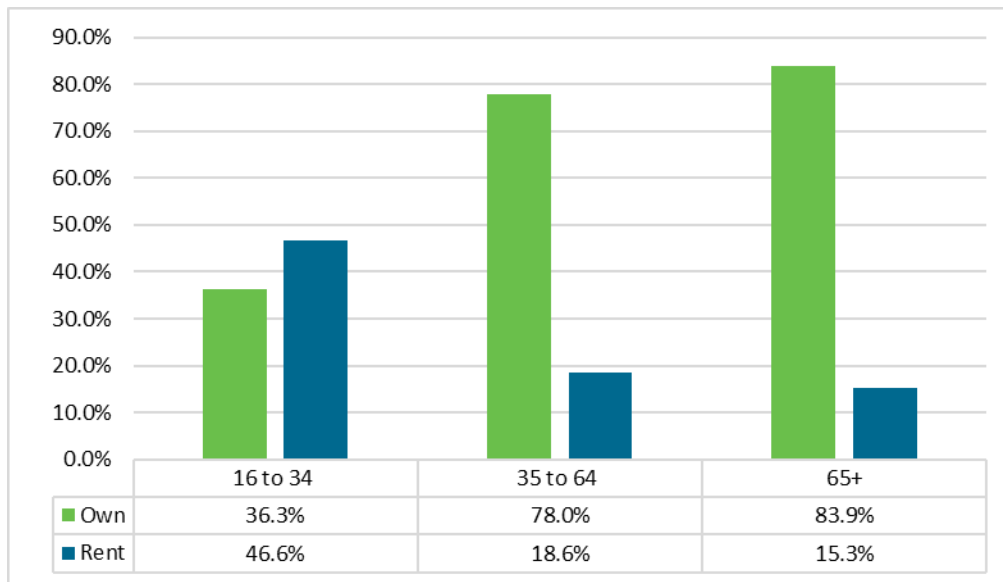
Figure 27. Proportion of households spending more than 50% of monthly income on housing, by income group



Housing Tenure (Own or Rent)

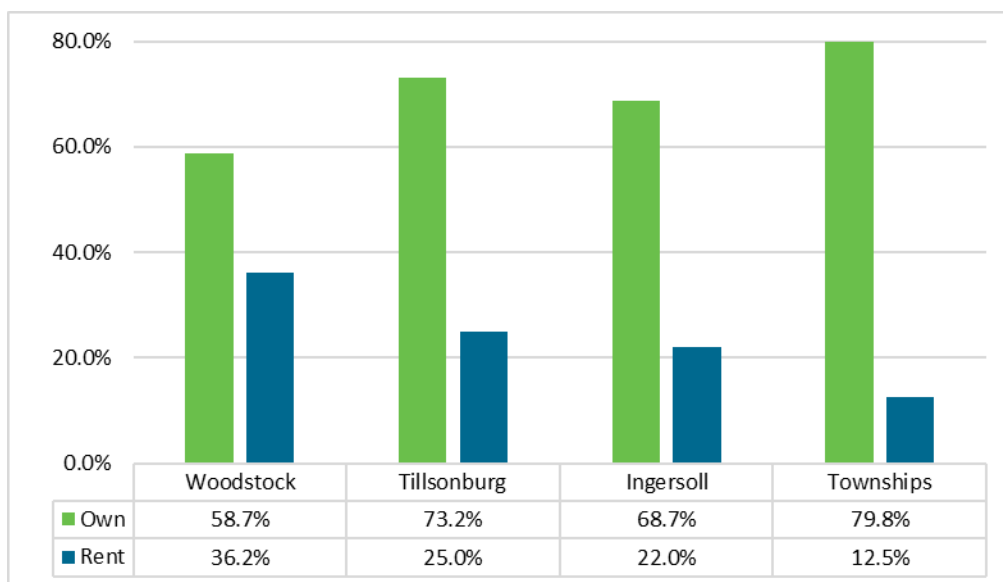
Most households reported owning their home 67.4%, while 25.9% reported renting and 6.7% were in other housing arrangements. Home ownership increased with age, from 36.3% among those aged 16–34 to 83.9% among those aged 65+. Younger adults were much more likely to rent (46.6%) compared to older adults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

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



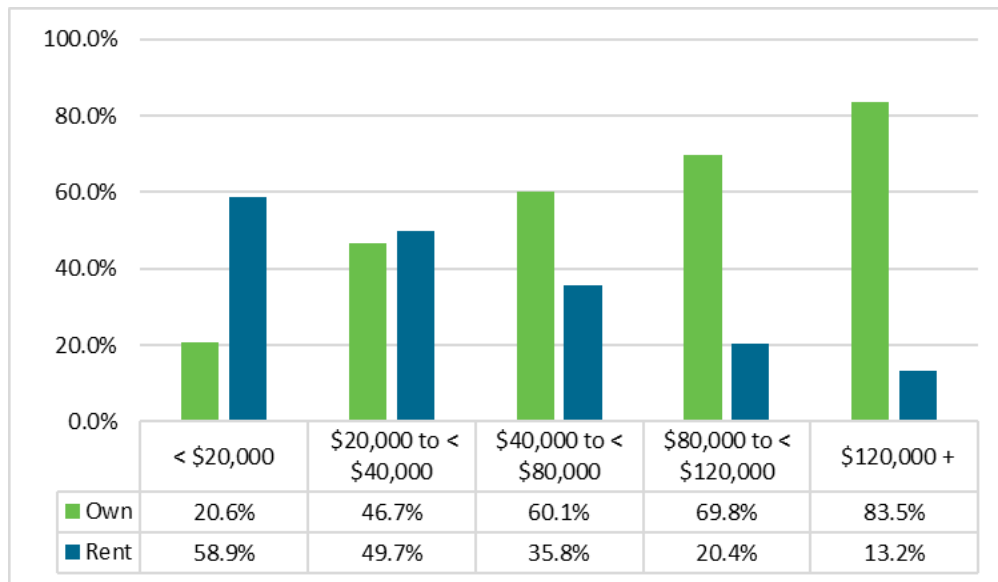
Across communities, ownership was highest in the Townships (79.8%) and slightly lower in Woodstock (58.7%) (Figure 29).

Figure 29: Owning vs renting their home, by municipalities



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

Figure 30: Owning vs renting home, by income groups



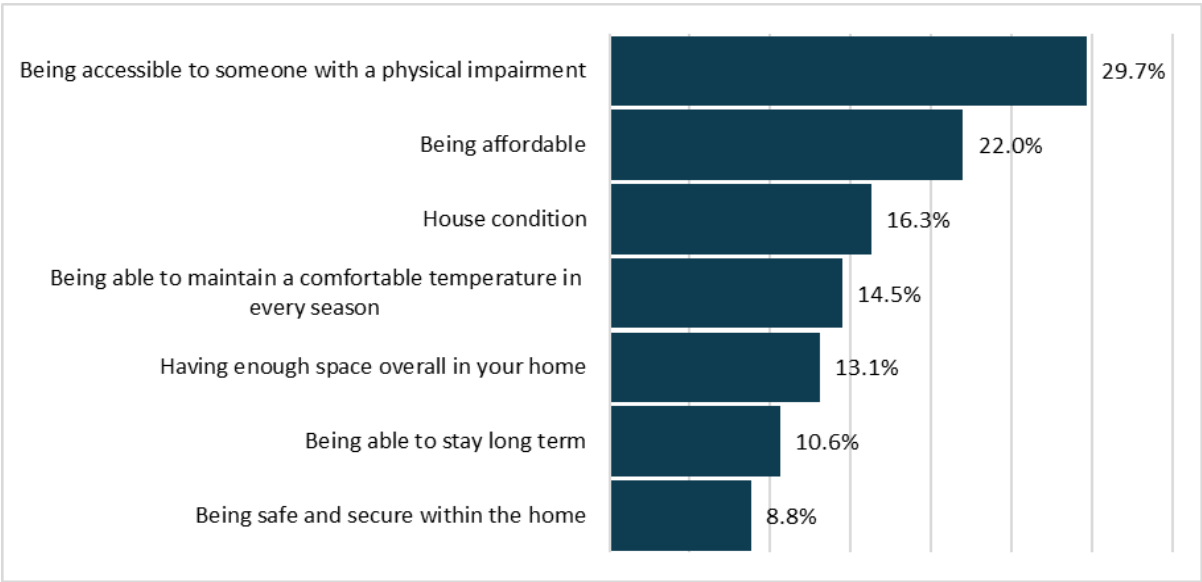
Satisfaction with Current Place of Residence

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

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

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

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



Conclusion

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

Reference

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2. Ontario Ministry of Municipal Affairs and Housing (2022). Report of the Ontario Housing Affordability Task Force, Available from: **Ontario Housing Affordability Task Force**

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