



Weyburn

COMMUNITY SAFETY & WELL-BEING PLAN



December 2025

FUNDER ACKNOWLEDGEMENT

The Weyburn Community Safety and Well-Being (CSWB) Plan was possible due to the support of the Ministry of Justice, Community Safety and Well-Being Branch. The branch works with communities across Saskatchewan to provide a variety of supports around community safety and well-being planning and development.

The department contracted the Saskatchewan Economic Development Alliance (SEDA) to implement a rural pilot project in 2023. The success of this pilot project has resulted in Community Safety and Well-Being plans being facilitated throughout our province.

In its role as the exclusive non-governmental organization dedicated to provincial community and economic development in Saskatchewan, SEDA empowers communities and organizations with the necessary skills, knowledge, resources, and programs to foster a sustainable future. SEDA actively pursues a mandate of accelerating generational prosperity and well-being. The most resilient economies are those that adopt a solutions-based approach and work to address complex issues using an inclusive lens that transcends sectors and systemic bias.

LAND ACKNOWLEDGEMENT

The City of Weyburn acknowledges that it is located on Treaty 4 Territory, the traditional lands of the Cree, Saulteaux, Dakota, Nakota, and Lakota peoples, and the homeland of the Métis Nation. We recognize and honour the First Peoples who have lived, cared for, and built community on this land for many generations.

In the spirit of community safety and well-being, we commit to fostering relationships built on respect, trust, and understanding among all who call this region home. As we work together to strengthen Weyburn and area, we do so with gratitude for the knowledge, resilience, and stewardship of Indigenous peoples, and with a shared responsibility to create a community where everyone feels safe, valued, and included.

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Introduction

Nestled in southeast Saskatchewan, the city of Weyburn—often dubbed “The Opportunity City”—boasts a dynamic blend of prairie roots, modern growth and regional influence. Founded in 1898 and incorporated as a city in 1913, Weyburn has grown into a vibrant regional hub. Strategically located at the junction of Highways 13, 35 and 39 and along the Souris River, Weyburn serves as a service centre for both agriculture and the energy-sector, underpinning its economic resilience. With its combination of opportunity and prairie-town charm, Weyburn offers both long-standing community roots and growth potential—making it a strong anchor for regional social, economic and community safety and well-being initiatives.

The Weyburn and Area Community Safety and Well-Being (CSWB) Plan 2025 represents a collaborative effort to build a safer, healthier, and more inclusive community where everyone has the opportunity to thrive. Guided by the Saskatchewan Ministry of Corrections, Policing and Public Safety and facilitated through the Saskatchewan Economic Development Alliance (SEDA), the plan reflects extensive input from residents, local organizations, and service providers across sectors including health, education, policing, social services, and community development.

Community engagement was strong, with 709 survey responses—representing approximately 6.4% of Weyburn’s population—providing statistically reliable insight into local perceptions of safety, well-being, and inclusion. Residents expressed pride in Weyburn’s sense of community and overall safety while identifying clear challenges in three key areas: Health Care, Community Cohesion, and Public Safety and Well-Being.

Access to health care, including mental health and addictions support, emerged as the most significant concern. Residents cited long wait times, physician shortages, and confusion about where to find services. Community cohesion findings revealed a desire for stronger belonging and inclusion, more opportunities for youth and seniors, and the creation of accessible transportation and volunteer networks. Public safety remains high overall, though concerns about property crime, drug activity, and nighttime safety were noted.

The CSWB Plan outlines coordinated strategies to address these priorities through awareness campaigns, integrated service hubs, volunteer and engagement initiatives, and youth- and family-focused recreation. By strengthening partnerships and aligning local efforts, Weyburn aims to build on its community pride to create a more connected, resilient, and inclusive future.

CSWB Plan Priorities



The Way Forward

Weyburn and area’s Community Safety and Well-Being Plan was developed by an Advisory Committee that brings together a variety of local stakeholders from various sectors to provide strategic direction guided by community consultation.

The following organizations participated in the Advisory Committee:

- City of Weyburn
- Envision Counselling and Support Centre
- The Salvation Army
- Southeast Advocates
- Canadian Mental Health Association Weyburn
- The Family Place
- Saskatchewan Health Authority (Primary Health, Mental Health, Senior Population Health, Medical Health Officer)
- Holy Family Roman Catholic Separate School Division No. 140
- South East Cornerstone Public School Division No. 209
- Weyburn Police Service
- Southeast College
- Weyburn Chamber of Commerce
- Weyburn Economic Development

Leadership and Coordination:

Co-Chairperson - Kellie Sidloski - Councilor, City of Weyburn

Co-Chairperson - Devon Dempsey, Superintendent of Schools, South East Cornerstone School Division No. 209

Coordinator - Mathew Warren - City Manager, City of Weyburn

To further direct this process and keep the Advisory Committee focused on what is needed to be accomplished, the group determined a mission, vision, and guiding principles.

VISION

To be a thriving, inclusive community where everyone feels safe, supported, valued, and empowered to live, learn, play, and grow with dignity and purpose.

MISSION

To collaborate in building a unified community where all share the responsibility for safety and well-being, promoting a culture of care, respect and resilience.

ADVISORY COMMITTEE GUIDING PRINCIPLES

Evidence-Informed Practice

Guided by data, research, and community input to ensure meaningful, sustainable outcomes that evolve with the ever-changing needs of our community.

Shared Responsibility

Everyone has a role to play in fostering a safe and supportive environment – this work is collective, not individual.

Prevention and Proactivity

Prioritize proactive and preventative approaches to promote well-being and reduce harm before it occurs.

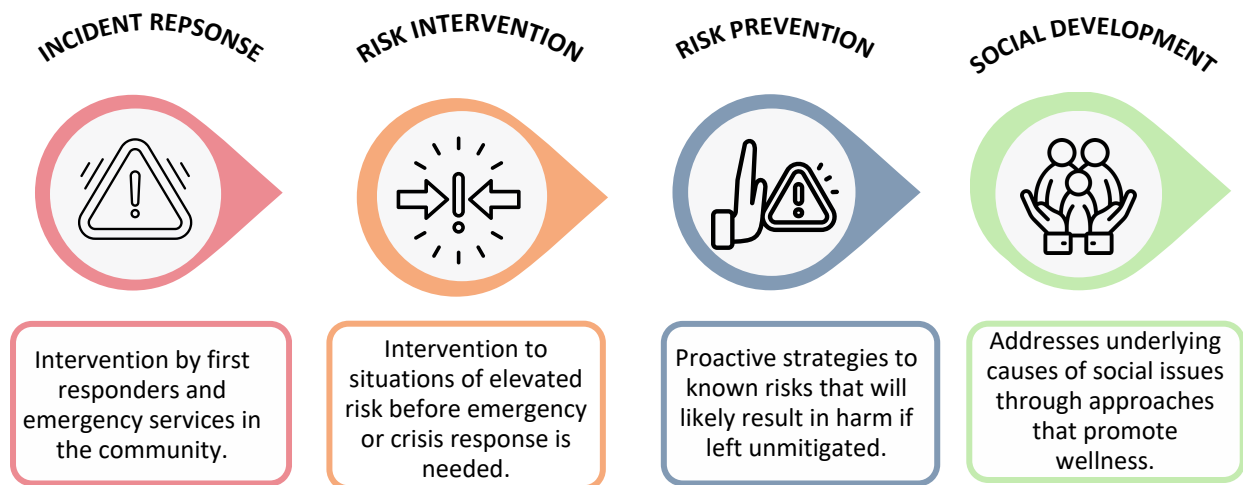
Respect and Inclusivity through Empowerment

Every voice matters. Diversity is valued, and all community members feel seen, heard, and respected.

Community Safety & Well-Being

The aim of Community Safety and Well-Being plans is to ensure all residents in the community feel safe, have a sense of belonging and can meet their needs for education, healthcare, food, housing, income, and social and cultural expression.

Community Safety and Well-Being Plans support safe and healthy communities through a community based approach to address root causes of complex social issues. Planning seeks to achieve a proactive, balanced and collaborative approach to community safety and well-being across four key areas: **social development, risk prevention, risk intervention, and incident response.**



CSWB planning should address each category, but priority should go to social development, risk prevention, and intervention to reduce incidents and minimize response needs. The main goal is to target root causes and risk factors to prevent harm before it occurs.

Root causes are broad family, community, or societal conditions—such as poverty, limited education, and unemployment—that raise the likelihood of risk factors. Risk factors are negative influences like addiction or victimization that make harm or crime more likely.

Inherent to the CSWB planning process is understanding the relationships between existing organizations operating within the community and how they collaborate, communicate, or share strategies to address local needs. Mapping these connections helps reveal both strengths and gaps in coordination, ensuring that existing strategies are aligned, resources are leveraged effectively, and collective efforts are directed toward the most pressing community priorities.

By gaining a clear understanding of community needs, developing strategic, multi-sectoral approaches, and effectively mobilizing resources, communities can work together to shape safer, healthier environments. This collaborative effort ensures that individuals and families have access to the right support and services—at the right time—creating the kind of community where everyone can thrive.

Understanding Weyburn and Area

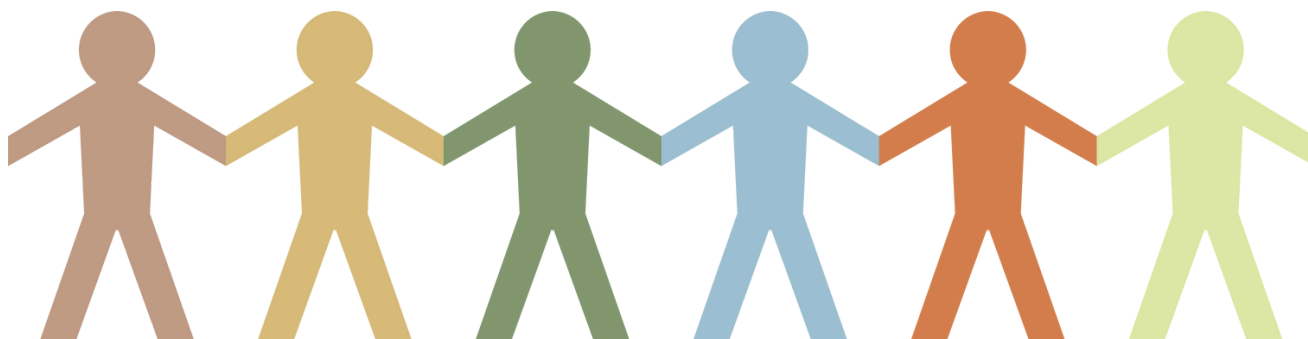
DEMOGRAPHICS

Weyburn’s population shows a strong balance of age groups, with a growing proportion of older adults and seniors. Approximately 21% of residents are aged 65 or older, reflecting an aging demographic that influences health care and housing needs. The community’s population remains predominantly of European descent, but there is gradual diversification through newcomers and Indigenous residents. Roughly 3.8% of respondents identified as newcomers, and 2.1% identified as Indigenous, indicating increasing cultural diversity in the region. This mix contributes to a shared sense of local identity while highlighting the importance of inclusion, cultural awareness, and equitable access to services.

Age Breakdown and Comparison

	Weyburn	SK	Canada
TOTAL - Age Groups of Population	11,580		
0 - 14 Years	2035		
15 - 64 Years	6,675		
65 Years and Over	2,310		
85 Years and Over	560		
TOTAL - Distribution (%)	100%	100%	100%
0 - 14 Years	18.5	19.7	16.3
15 - 64 Years	60.6	62.8	64.8
65 Years and Over	21	17.5	19.0
85 Years and Over	5.1	2.5	2.3

Source: Statistics Canada



Ethnic or Cultural Origin

German	3,145
English	2,530
Scottish	1,925
Irish	1,535
Canadian	1,510
Norwegian	1,085
Ukrainian	1,010
French	935
Filipino	560
Polish	555
Swedish	430
Dutch	365
Hungarian	300
Russian	275
Métis	235
Indian (India)	205
Belgian	205
Romanian	200
Welsh	195
American	160
Danish	155
British Isles	150

Austrian	150
Caucasian (White)	120
Icelandic	95
Italian	90
Cree	80
Northern European	80
European	70
First Nations	65
Chinese	60
Sikh	60
Saskatchewanian	60
African	55
North America Indigenous	55
French Canadian	50
Greek	40
Asian	40
Eastern European	40
Christian	35
Czech	35
Spanish	30
Pakistani	30
Hindu	30

South Asian	30
Yoruba	30
Cherokee	30
Jamaican	25
Korean	25
Lebanese	25
Mennonite	25
Finnish	25
North American	25
Swiss	20
Japanese	20
Black	20
Latvian	20
Thai	20
Portuguese	15
Jewish	15
Arab	15
Yugoslavian	15
Ojibway	10
Slavic	10
Blackfoot	10
Pennsylvania Dutch	10

Source: Statistics Canada

HOUSEHOLD INCOME

Weyburn demonstrates relatively strong economic stability compared to many rural communities. The median household income is approximately \$80,000, higher than the provincial average, suggesting a moderate level of financial well-being. The prevalence of low income is 4.3% under low income cut-offs (LICO) and 1.5% under the Market Basket Measure (MBM), indicating a small portion of residents experiencing poverty. While overall economic conditions are positive, a subset of households continues to face affordability pressures, particularly related to housing and cost of living increases. Ensuring access to affordable essentials and maintaining economic inclusion are key to sustaining community well-being.

	Weyburn	SK
Total - Income Statistics for Private Households (2020 data)		
Median total income of household	80,000	82,000
Median after-tax income of household	70,500	73,000
Median total income of 1 person households	42,800	42,400
Median total income of 2+ person households	104,000	103,000

	Weyburn	SK
Prevalence of low income based on the Low-income cut-offs, after tax (LICO-AT) (%)	3.1	4.3
0 - 17 Years	3.5	4.3
0 - 5 Years	3.4	4.3
18 - 64 Years	3.4	4.7
65 Years and over	1	1.6

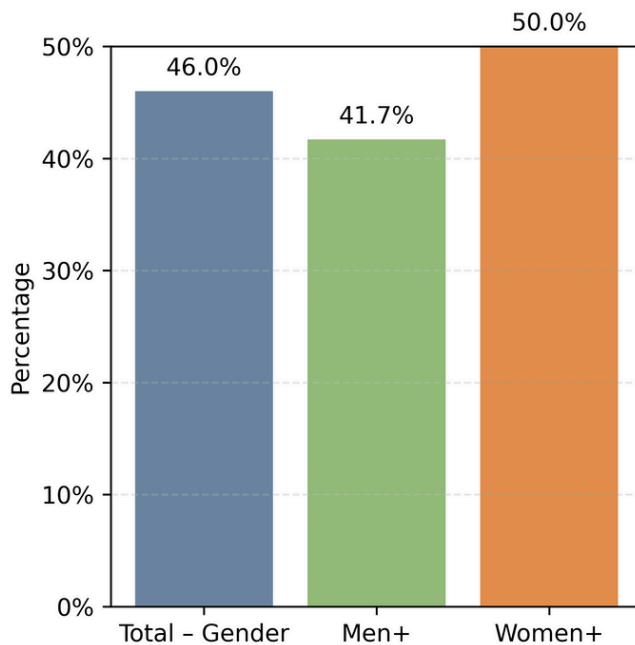
Source: Statistics Canada

EDUCATION PROFILE

Educational attainment in Weyburn is relatively high, with 51.4% of residents holding a postsecondary credential (college, trades, or university). This level of education supports a stable local workforce and contributes to community resilience. However, the distribution of qualifications indicates a continued reliance on trades and technical skills, aligning with Weyburn’s regional employment sectors such as energy, health services, and agriculture. Opportunities remain to strengthen adult learning, continuing education, and youth postsecondary engagement to meet future workforce demands and diversify local skills.

Postsecondary Attainment, 2021

Proportion of the population who have attained a postsecondary certificate, diploma or degree.



National and provincial comparison

Weyburn

- 46%
- 3,935

Saskatchewan

- 49.7%
- 438,600

Canada

- 57.2%
- 17,339,045

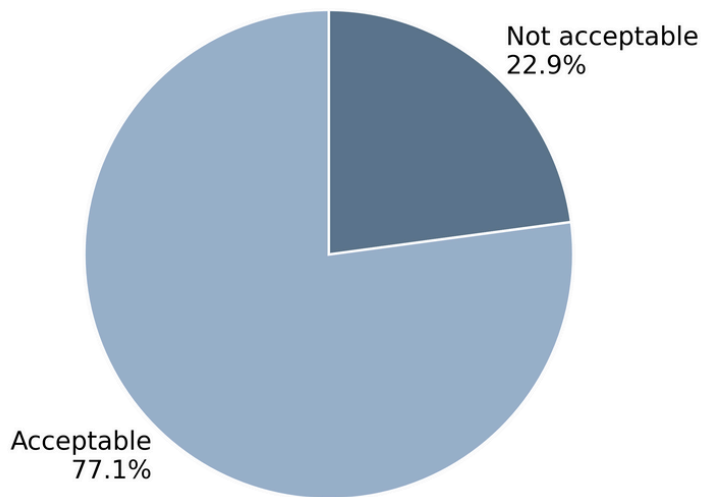


HOUSING

Housing in Weyburn is largely stable, with 83.2% of households being owner-occupied and 5.2% identified as in core housing need. This suggests that while most residents enjoy secure housing, affordability and accessibility challenges persist for some groups, particularly seniors, single-parent families, and lower-income renters. Rising maintenance costs and limited housing diversity—especially for those requiring supportive or transitional housing—were noted as ongoing challenges. Continued investment in affordable, accessible, and age-friendly housing options will be critical to maintaining community stability and supporting Weyburn’s aging population.

Core Housing Need by Tenure, 2021

Percentage of households in acceptable housing, Total – Tenure



National and provincial comparison

Weyburn

- 77.1%
- 3,590

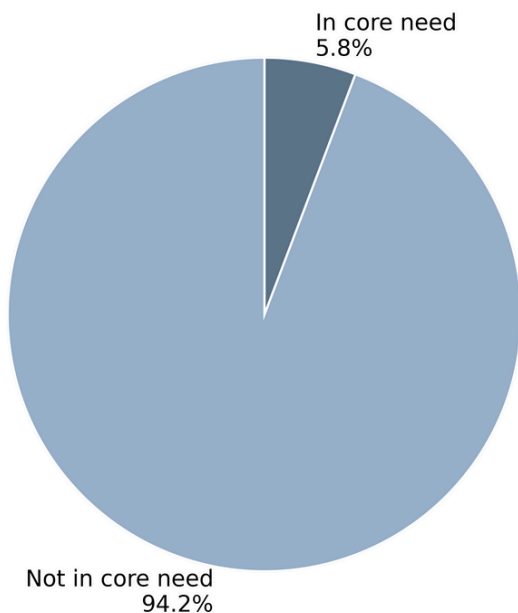
Saskatchewan

- 73.6%
- 331,105

Canada

- 70.8%
- 10,599,520

Percentage of Households in Core Need, Total - Tenure



National and provincial comparison

Weyburn

- 5.8%
- 265

Saskatchewan

- 10.3%
- 41,895

Canada

- 10.1%
- 1,451,025

CRIME SEVERITY INDEX

Weyburn’s Crime Severity Index (CSI) remains moderate compared to other Southeast Saskatchewan communities, indicating relatively low overall crime levels but a few emerging areas of concern. The community’s CSI value is below the provincial average, which reflects strong local policing, community engagement, and effective prevention programs.

When compared with similar-sized municipalities, Weyburn performs favorably, with fewer violent and property crimes per capita. Communities such as Estevan and Yorkton report higher CSI scores, largely due to increased property crime and substance-related offenses. In contrast, Weyburn’s rate suggests stability and consistent enforcement presence through the Weyburn Police Service.

However, the report notes a gradual upward trend in certain categories, particularly drug-related activity, theft, and vandalism, which aligns with regional patterns tied to substance use and economic pressures. These increases have influenced residents’ perception of safety—while most feel secure during the day, concerns about nighttime safety and property crime were expressed in survey responses.

In summary, Weyburn’s crime severity levels remain comparatively low and manageable, yet the data underscores the importance of continued investment in prevention, youth engagement, and community policing strategies to sustain public confidence and address the underlying social factors contributing to emerging offenses.

CITY/TOWN	POP	OVERALL	% CHG	VIOLENT	% CHG	NON-VIOLENT	% CHG
Saskatoon Metropolitan Area	317,480	106.7	-8.9%	142.5	+2.7%	93.3	-14.8%
Saskatoon	247,201	117.5	-10.4%	159.8	+1.7%	101.6	-16.6%
Regina	224,996	104.7	-11.3%	136.9	-9.8%	92.8	-12.2%
Prince Albert	36,768	269.0	-19.8%	408.3	-18.3%	215.6	-20.9%
Moose Jaw	32,813	103.9	-11.8%	100.3	-3.8%	106.2	-14.5%
Swift Current	16,304	109.7	-3.9%	97.9	+10.7%	115.3	-8.1%
Yorkton	15,969	169.0	-7.6%	152.1	-26.8%	177.2	+1.6%
North Battleford	13,649	497.8	-16.5%	553.4	-13.6%	479.8	-17.8%
Warman	12,362	31.7	+28.4%	40.2	+36.0%	28.5	+24.5%
Weyburn	10,883	66.1	-25.0%	45.1	-45.8%	75.0	-17.3%
Estevan	10,629	94.2	-19.4%	112.1	-32.3%	87.9	-10.7%
Martensville	10,499	36.1	-6.1%	42.6	+3.2%	33.8	-10.1%
Melfort	5,718	144.0	-7.6%	183.7	+25.6%	129.3	-19.7%
La Ronge	5,317	698.3	-5.3%	1171.7	-10.6%	515.0	+0.1%
Humboldt	5,313	66.9	-4.1%	61.0	-21.3%	69.8	+3.8%
Meadow Lake	5,141	323.9	+10.6%	310.4	-35.3%	332.1	+4.3%
Nipawin	4,147	192.5	+9.6%	146.4	-12.1%	212.5	+17.5%
Melville	4,075	131.7	+56.8%	223.0	+178.8%	96.4	+11.6%
Black Lake	3,266	2292.8	+17.6%	2112.4	+20.5%	2384.3	+16.5%
Kindersley	2,938	95.2	+4.0%	79.7	-12.5%	102.2	+10.6%
Tisdale	2,878	143.6	+2.7%	164.0	+14.7%	136.6	-2.2%
Moosomin	2,478	67.0	+14.9%	51.4	+62.0%	73.8	+6.3%
Unity	2,406	98.3	-2.9%	83.7	-18.4%	104.9	+3.4%
Rosetown	2,384	62.4	+23.2%	49.7	+3.9%	68.0	+30.2%
Assiniboia	2,333	84.3	+31.5%	84.5	+33.7%	84.9	+30.7%
Esterhazy	2,191	60.1	-35.8%	35.6	-80.6%	70.4	+20.1%

HEALTH STATISTICS

Weyburn General Hospital and Mental Health Centre

Type of Hospital: **Community - Small Hospitals**

Number of Acute Care Hospital Stays 1,104 (2023-2024)	Number of Acute Care Beds 25 (2022-2023)	Average Length of a Hospital Stay (Days) 7.9 (2023-2024)	Hospitalized Seniors (65+) at Risk of Frailty 43.2% (2022-2023)	Number of Emergency Department Visits 12,126 (2023-2024)	Patients Admitted Through the Emergency Department 60.9% (2023-2024)
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SOURCE: Canadian Institute for Health Information - CIHI

Southeast 8 Network Highlights

Chronic Diseases:

Heart Disease			Chronic Obstructive Pulmonary Disease			Diabetes		
South East 8	South East	Province	South East 8	South East	Province	South East 8	South East	Province
6.4%	7.3%	7.5%	9.8%	11.5%	10.5%	7.9%	8.6%	8.5%

Mortality:

All Cause			All Cancer			All Respiratory		
South East 8	South East	Province	South East 8	South East	Province	South East 8	South East	Province
990.7 per 100,000	1041.4 per 100,000	815.5 per 100,000	232.3 per 100,000	259.0 per 100,000	206.6 per 100,000	118.0 per 100,000	98.4 per 100,000	72.7 per 100,000

SOURCE: Saskatchewan Health Authority

Acute Care Utilization:

Indicator	Overview	South East 8	South East	Province
Inpatient Ambulatory Care Sensitive Condition	Admissions with health conditions for which adequate management, treatment, and interventions delivered in the outpatient setting could potentially prevent hospitalization (age <75).	4 per 1,000	5 per 1,000	4 per 1,000
Alternate Level of Care Case	Patients occupying an acute care hospital bed but no longer requiring adult care services.	1 per 1,000	3 per 1,000	5 per 1,000

SOURCE: Saskatchewan Health Authority - Discharge Abstract Database, 2022-23

Mental Health and Addictions:

Indicator	Overview	South East 8	South East	Province
Mental Health Inpatient Discharges	Inpatient Discharges with one or more diagnoses codes of Mental and Behavioural Disorders (F00-F99).	9 per 1,000	11 per 1,000	10 per 1,000
Substance Use Inpatient Discharges	Inpatient Discharges with one or more diagnoses codes indicating substance related or addictive disorder (F10-F19, F55, F63).	3 per 1,000	5 per 1,000	4 per 1,000

SOURCE: Saskatchewan Health Authority - Discharge Abstract Database, 2022-23; National Ambulatory Care Registration System, 2022-23

Key Health Takeaways

The Southeast 8 Network, which includes Weyburn and neighbouring communities, reports ongoing shortages of physicians and specialists, leading to extended wait times and limited access to services. Residents face barriers to consistent care, especially in accessing urgent and specialized treatments. This shortage of medical professionals directly contributes to delayed diagnoses and reduced engagement in preventive care, according to conversations with local stakeholders. Stakeholders from the Saskatchewan Health Authority (SHA) highlighted mental health and addictions as a top risk factor. The network emphasized a need for coordinated mental health promotion, expanded community education, and stigma reduction around accessing mental health care.

Survey data revealed that only 46% of residents feel they have adequate access to the health services they need. 21% of the population is 65 or older, indicating increasing pressure on hospital-based geriatric and chronic disease management services. Wait times and the shortage of local physicians are major community concerns. Residents identified gaps in maternity care, walk-in/urgent care, and transitional housing for seniors. These findings suggest that Weyburn General Hospital and local clinics are operating at or beyond capacity, limiting accessibility for non-emergency care. 38% of respondents reported not knowing where to go for mental health or emotional support, despite the presence of hospital-linked and community-based services. The hospital and SHA teams have made progress through mental health QR codes, waiting room information displays, and referral partnerships, yet awareness and navigation remain challenges. Stakeholders report that mental health visits to emergency and primary care facilities are rising, reinforcing the need for early intervention and community-level response models.



"There is no power for change greater than a community discovering what it cares about."

- Maragret J. Wheatley

Community Consultation

Community safety and well-being cannot be addressed in isolation by any one institution, organization, sector, or individual; it requires collective action. Collective community wisdom is needed to better understand individual safety and well-being risks, and to come up with creative solutions and ideas to tackle complex issues.

According to the 2021 Census, Weyburn's population is approximately 11,000 residents. The Community Engagement survey had 709 respondents, representing roughly 6.4% of the total population — a very strong participation rate for a voluntary, open community survey (typical municipal engagement averages 2–5%). Assuming one response per household, and Weyburn's approximate 4,800 private dwellings, participation covers approximately 15% of households, indicating strong community awareness of the survey. Findings can be confidently cited as representative of the general population's views, with a small margin of error.

87.2% of respondents reside in Weyburn, and 12.8% live outside but access community services. This balance ensures inclusion of both residents and service users, providing a broad view of community sentiment. 159 open-ended comments were provided — about 22% of total respondents — a high qualitative engagement rate indicating active civic interest.

Overall, the survey skews toward middle-aged and older adults (ages 41–75, 65%), consistent with engagement patterns in municipal surveys but limits the perspectives of youth and young adults. Equity and Inclusion Indicators are statistically consistent with Weyburn's demographic profile, indicating reasonable inclusion of vulnerable or equity-seeking populations. However, low youth participation and the small proportion of 2SLGBTQIA+ or Indigenous voices suggest further outreach may be needed to ensure full representativeness during implementation.

WHAT WE HEARD

Residents expressed strong concern over limited access to doctors, long wait times, and inadequate medical services despite the construction of a new hospital. Calls were made for more family physicians, walk-in or urgent care clinics, maternity services, and better mental health and addictions support. Several noted frustration that essential care is unavailable locally, forcing travel to Regina or Saskatoon. The community emphasized the need for expanded local health infrastructure and specialist availability.

Respondents repeatedly urged the city to focus on road repair, proper maintenance, and improved snow removal as essential safety and livability issues. The closure of the indoor swimming pool was among the most frequent and emotional responses. Residents described the pool as vital to community health, safety, and inclusion, and many called for its immediate rebuilding. Other frequently mentioned needs included a movie theatre, bowling alley, youth centre, year-round recreation options, and spaces for non-hockey activities. Recreation was tied to safety and cohesion—keeping youth engaged and promoting wellness.

Participants comments referenced the need to target drug trafficking, improve emergency response times, and increase police resources. Others highlighted the importance of prevention—through recreation, youth engagement, and community cooperation—to reduce risks.

Residents emphasized the need for affordable housing, accessible transportation, and programs for seniors, people with disabilities, and low-income households. Some called for diversity education, support for 2SLGBTQIA+ and Indigenous residents, and initiatives to reduce stigma. Comments also pointed to gaps in services for youth, newcomers, and adults aged 20–40 seeking connection and belonging. There were repeated calls for economic revitalization, support for trades and local entrepreneurs, and attraction of new employers to keep youth and families in Weyburn.

In summary, residents envision a Weyburn that maintains its sense of community while investing in health care, infrastructure, recreation, and inclusive services. There is a strong call for visible leadership, transparent decision-making, and tangible action to rebuild trust and enhance community pride.

Priorities for Weyburn and Area



HEALTH CARE

Survey Findings

- Only 46% of residents felt they have adequate access to the health services they need.
- 38% did not know where to go for mental health or emotional support.
- Respondents identified physician shortages, long wait times, and limited maternity and urgent care services as top concerns.
- Addictions were also highlighted, with calls for better recovery programs and stronger responses to drug-related crime.
- Residents emphasized needs for senior health supports and transitional housing options

Supporting Data Beyond the Community Survey

- Stakeholders (SHA, CMHA, Envision, Family Resource Centre) confirmed health system strain and limited local service capacity.
- Data from Saskatchewan Health Authority and community records show chronic disease prevalence, addictions risk, and low physician recruitment as persistent regional challenges.
- Protective factors include active community organizations (CMHA, Envision, Salvation Army, SHA, private clinics, pharmacies) and programs such as AA/NA groups, Meals on Wheels, school food programs, and mental health capacity builders.
- Stakeholders discussed mobile clinics, digital health hubs, and a Medical Home (pod) model to improve access and continuity of care

Existing Bodies

- SHA
 - mental health and addictions
 - 811
- Private Physician Clinic
- Pharmacies
- Police
- Envision
- CMHA
- Salvation Army
- 211
- Southeast College
- Community Support Groups
- Schools
- Dental Health
- Orthodontist
- Steering Committee
- Hub Committee
- Ministerial Assoc
- Doctor recruitment and retention board
- Family Resource Centre
- SE Advocates

Existing Strategies

- Mental Health Capacity Builders
- AA Program
- NA
- Alanon
- NARCAN
- Food Bank
- AED
- Needle Drop offs
- School Food programs
- Door knocks by hub committee
- Response Intervention Committee
- Ministerial - hot meal
- Meals on wheels - SHA
- Service Awareness
- Mental Health QR Code in community
- Powerpoint in SHA clinic waiting room
- Brochures - police station, public health, new residents guide
- Southeast College training programs



HEALTH CARE STRATEGIES

Strategy: Create clear, consistent, and accessible pathways for residents to understand where to go for care, how to access services, and what services are available locally and regionally.	SHORT TERM	MED TERM	LONG TERM
Create a one-page “Weyburn Health Access Overview” for immediate distribution.	X		
Collect consistent service list with descriptions from SHA, CMHA, Envision, Salvation Army, Family Place.	X		
Launch Know Before You Go campaign across clinics, libraries, pharmacies, schools.		X	
Install QR-code posters in high-traffic locations.		X	
Develop the resources and training for a “Talk to a Navigator” program.		X	
Pilot “Talk to a Navigator” drop-in at library or Family Place.			X
Develop MH&A stigma-reduction messaging with service providers.		X	
Launch the MH&A stigma-reduction community campaign.			X





HEALTH CARE STRATEGIES

Strategy: Strengthen Local Health Access and Coordination	SHORT TERM	MED TERM	LONG TERM
Develop a unified advocacy brief based on CSWB data for physician recruitment.	X		
Identify gaps in existing referral pathways (Envision → SHA, CMHA → clinics, etc.).	X		
Host cross-agency “Health Access Roundtable” to finalize shared referral processes.		X	
Implement pilot cross-agency referral pathway (“No Wrong Door”).			X
Plan mobile health days (rural, seniors, vulnerable populations).		X	
Launch the mobile health days schedule			X
Evaluate feasibility of a community pod-model demonstration.		X	
Coordination between SHA/City.	X		
Review annual SHA wait times.			X





COMMUNITY COHESION

Survey Findings

- 32% of respondents felt neutral or disconnected from Weyburn; 41% did not feel valued.
- Equity issues were noted, with some residents citing racism, barriers for Indigenous and 2SLGBTQIA+ individuals, and a lack of supports for newcomers.
- Over 40% felt youth lack opportunities, and similar concerns were voiced about seniors' inclusion and programming.
- Transportation barriers were identified, with strong interest in affordable and accessible local and regional transportation, especially for medical appointments

Supporting Data Beyond the Community Survey

- Stakeholder and session discussions linked social isolation and inclusion gaps to limited volunteerism and loss of community gathering spaces.
- Existing support networks include schools, Family Place, SE Advocates, Inclusion Weyburn, the Library, and the City's recreation and culture teams.
- Current community strategies include Culture Days, truth and reconciliation efforts, settlement workers in schools (SWIS), and provincial accessibility plans to strengthen belonging and equity.
- Participants also emphasized intergenerational programming, faith-based outreach, and a volunteer hub to connect youth, seniors, and newcomers

Existing Bodies

- School Divisions
- Family Place
- Library
- Southeast Advocates
- Inclusion Weyburn
- City of Weyburn
- Weyburn Chamber of Commerce
- Southeast College

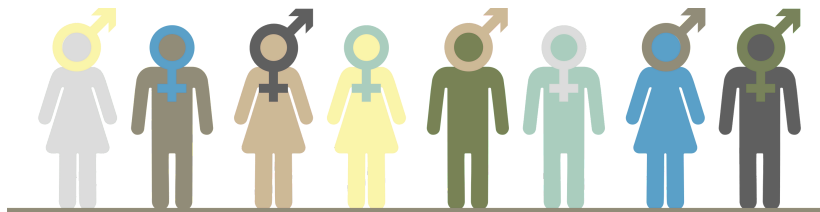
Existing Strategies

- SWIS - Settlement Workers in Schools
- Employment Services
- Southeast Advocates
- Provincial Education Plan
- Provincially mandated accessibility plans
- Truth and reconciliation plans - calls to action
- Culture days
- Southeast College Reconciliation Education Centre



COMMUNITY COHESION

Strategy: Strengthen Belonging and Inclusion and Well-Being Across Generations	SHORT TERM	MED TERM	LONG TERM
Publish list of available gathering spaces (cultural, faith-based, civic).	X		
Community consultation to identify priority inclusion topics (anti-racism, 2SLGBTQIA+ supports, Indigenous engagement).	X		
Co-designing intergenerational programming.		X	
Launch “Belonging Calendar”—monthly community connection opportunities.		X	
Pilot 2–3 new intergenerational programs.			X
Strategy: Build a Volunteer and Engagement Hub			
Identify volunteer sign-up platform & design user intake forms.	X		
Build an organization directory/website.		X	
Launch Volunteer Fair and activate directory/website			X





COMMUNITY COHESION

Strategy: Improve Accessibility and Transportation	SHORT TERM	MED TERM	LONG TERM
Map available services and identify gaps.	X		
Engage local and regional partners to partner with for potential services.		X	
Conduct transportation needs assessment.		X	
Pilot Community Connector Shuttle or volunteer driver program.			X
Strategy: Youth Inclusion, Recreation & Leadership Framework		X	
Youth engagement to assess their wants and needs.	X		
Complete a comprehensive list of community youth activities and organizations to identify potential gaps.	X		
Engage with youth community groups to explore partnerships and additional program development		X	
Co-design youth programs with youth utilizing the City Youth Council.		X	
Launch drop-in recreation (gym nights, arts, esports, social clubs).			X
Launch a youth mentorship through service clubs.			X



PUBLIC SAFETY AND WELL-BEING

Survey Findings

- 93% of residents feel safe during the day, but only 74% at night.
- 25% worry about crime, particularly property crime, drug activity, and vandalism.
- Respondents requested greater police visibility, crime prevention programs, and neighbourhood watch initiatives.
- There was also strong demand for recreation and safe public spaces (pool, theatre, youth centre) as essential to well-being and crime prevention.
- Infrastructure issues (roads, lighting, sidewalks) and emergency service capacity were frequently mentioned

Supporting Data Beyond the Community Survey

- Police and SHA data confirm increasing mental health–related calls and drug activity as key local safety pressures.
- The Weyburn Police Service and community partners identified needs for prevention through engagement, including youth mentorship, recreation, and accessible activities.
- Existing bodies contributing to safety include SHA, CMHA, schools, service clubs (Rotary, Kinsmen, Young Fellows, etc.), and sports organizations.
- Programs such as Kidsport, Jumpstart, and 988 mental health line were noted as important assets.
- Stakeholders discussed opportunities for improved lighting, surveillance programs, and community event collaboration to foster safer, more connected neighbourhoods

Existing Bodies

- CMHA
- SHA
- School divisions
- school sports
- minor sports
- community clubs
- Weyburn concert series
- Kinsmen
- Co-operatives
- Service Clubs
- Oil wives
- Young Fellows
- YF Wives
- Rotary
- Southeast College

Existing Strategies

- 988
- kids sport
- jump start
- grants
- green spaces
- Southeast College Training



PUBLIC SAFETY AND WELL-BEING

Strategy: Increase Public Awareness of Safety Resources	SHORT TERM	MED TERM	LONG TERM
Create Weyburn Safety Network Guide.	X		
Promote camera registry & QR-based safety posters.	X		
Host Safety Town Hall to identify priority neighbourhoods.		X	
Launch a Public Safety Information and Resource Campaign			X
Strategy Description: Engage Residents to Identify Desired Community Events and Facilities			
Launch “What Do You Want to See in Weyburn?” campaign.	X		
Hold targeted focus groups (youth, seniors, newcomers) to identify desired events and facilities.	X		
Publish Needs Report.		X	
Create a list of projects and programming to address the areas identified in the Needs Report.			X

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