A project of Wellesley Institute

COMMUNITY REPORT

KINGSTON, FRONTENAC, LENNOX & ADDINGTON
Funded by the Ministry of Training, Colleges and Universities

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Land Acknowledgment

Supports for Success operated in Kingston, Frontenac, Lennox & Addington (KFLA) which is situated on the traditional lands of the Anishnabek Nation and Haudenosaunee Confederacy. The KFLA region is still home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this territory. We would like to recognize the contributions that all First Nations, Métis and Inuit peoples have made in building and strengthening this community.

Introduction

Supports for Success (SFS) is a model for improving educational, economic and social outcomes for marginalized children and youth in Ontario.

Education and employment can boost economies, reduce poverty, help communities thrive and ensure future growth. The earlier we invest in our children and youth, the better positioned they are to succeed in school and gain meaningful employment. In Ontario we make significant investments in healthcare, education at all levels, employment and creating healthy communities. There are dedicated organizations, programs and funding that offer supports to help children thrive from cradle to career.

Despite all this – and while many young people benefit from the supports we have in place – too many are still not thriving.

For instance, in Kingston, Frontenac, Lennox & Addington (KFL&A) there is a wide and integrated set of services that support families, children and youth throughout their life-stages. In 2013 there were 44 agencies providing 138 services to parents and caregivers aimed at creating supportive environments for children and youth[1]. Despite these investments 9 per cent of Kingston's youth were not in education, employment or training (NEET)[2] and 30.1 per cent of children were entering school with low scores on Early Developmental Indicators such as social competence and emotional maturity in 2015[3].

Low EDI scores when entering school and NEET rates in adolescence are known indicators of poverty,[4] and in Ontario more than 30 per cent of children and youth living in poverty are from vulnerable populations such as Indigenous groups and racialized backgrounds[5].

Complex and intersecting issues, such as public transit, housing, employment and racism, affect how children and youth respond to programs and interventions. However, it is possible to improve the adaptability of programs and services, so that all children and youth benefit, despite systemic barriers. We need to explore new approaches that improve our support system so that all children and youth in KFL&A get a fair shot at success. There are many ways to improve the reach and quality of supports:

Improve coordination

Currently, multiple sectors support children and youth, resulting in siloed operations. Children and youth from marginalized groups are more likely to fall through the gaps created by this system. Developing an integrated and inclusive system of support can help, especially if these systems also align their efforts towards achieving common goals.

Create a continuum of care

Another important strategy is to focus on a healthy start to life and then ensure that supports are created to address the needs of people at critical periods throughout their development[6]. For instance, transitioning between life-stages can be a particularly difficult and vulnerable time, and is further exacerbated when children and youth 'age out' of systems of care. A life-course approach would provide gap-free services to create a continuum of support throughout development. Evidence strongly suggests

that a life-course approach to child and youth development will help bridge gaps at key transitional stages and lead to healthier and more successful adults[7]. Examples of this include 'Cradle to Career' support models and programs that span from infancy through to young adulthood, such as Harlem Children's Zone in Harlem, NY.

Increase access points

Another strategy is to have a diverse group of supports and services to ensure different points of access and to reflect the complexities of communities. The Mental Health Commission of Canada has shown that programs and services that are culturally-adapted and reflect diversity produce better outcomes for clients and increase overall program satisfaction[8].

To have a transformative impact that prevents children and youth from falling through the cracks, we need a well-designed life-course strategy that breaks siloes and mobilizes diverse stakeholders.

For this to work, we need shared goals and outcomes. The collective impact approach facilitates structured collaboration across different sectors towards achieving common goals. When different actors come together and align their goals, coordinate their actions, and evaluate their progress, transformation is possible.

Supports for Success (SFS) aims to ignite a collective impact process that includes three levels of coordination and action:

• between local service providers;

• between community members (including youth and parents);

• between funders.

At each life-stage, we need to focus and coordinate efforts around a few collectively-chosen, shared outcomes. By working towards common goals, we can achieve effective and sustainable improvements in our ability to support children, youth and their families.

In this report, SFS presents evidence to inform a collective impact strategy for KFL&A. The evidence was collected in a four-part research process, detailed in Table 1, below.

Table 1. Description of SFS research activities

Research Activities	Description	Purpose
Community Profiles	• A compilation of demographic information and key indicators of social, economic, educational and health markers that are predictive of success later in life. These indicators are presented at each of the five early life-stages of development.	• To provide data that can offer potential direction for future initiatives, such as specific outcomes that various actors will work to improve.
Programs Inventory	• An up to date list of programs and services that are available for children and youth in each SFS site. • This inventory includes information from existing provincial databases like 211 as well as other sources.	• To provide a robust list of programs and services as a tool for community members and policy makers. • To identify strengths in the support systems serving children and youth, as well as service sectors or life-stages that need more programs.
Social Network Analysis	• An analysis of how programs and services are interacting with one another to refer children and youth to the supports they need.	• To gain an understanding of the connections between organizations that serve children and youth, including referral processes and potential gaps in service connectivity across the life-course.
Interviews, Focus Groups, and Indigenous Talking Circles	• Interviews were conducted with service providers and community leaders across all four sites. • Focus groups and Indigenous Talking Circles were conducted with parents and youth across all four sites.	• To better understand the experiences, success strategies, and challenges of families, children, youth, and service providers. • To ensure community members and users of the system have a voice in shaping policy recommendations.

KFL&A Community Profile

A community has a distinct set of characteristics, strengths and challenges that form an ecosystem within which some children and youth thrive, and some do not. Understanding the strengths, needs and context of a community is critical when shaping a collective impact approach. This community profile is meant to inform collective impact in KFL&A by providing a brief account of KFL&A's historical context, demographics, and social and developmental outcomes.

Historical Context

The KLF&A region is in eastern Ontario and includes the City of Kingston, Frontenac County, Greater Napanee and the County of Lennox and Addington. Kingston, Frontenac, and Lennox & Addington (KFL&A) amalgamated into a single health region that accounts for more than 190,000 residents.

Before this land was colonized in the 1600's, first by the French, then by the British, it was known as Katarokwi and was home to the Huron-Wendat Peoples and the Five Nations/St. Lawrence Iroquois. Today, KFL&A has a shared history with Indigenous communities who contribute to its strength, vibrancy and culture.

Part of what makes Kingston so unique is its storied British military history. The city sits where the St. Lawrence and Cataraqui Rivers meet - the gateway to the Great Lakes. As a result, there has been a strong military presence which has had major influences on the city's design, culture and economy. Kingston is home to the Royal Military College of Canada, which continues to curate a strong military presence. Being home to both the Royal Military College of Canada and Queen's University has created a population that has the highest number of PhDs per capita in Canada[9].

Another unique aspect of KFL&A that has shaped its economy, outcomes and design is that it is home to the largest concentration of federal correctional facilities in Canada. The presence of correctional facilities has shifted the employment landscape as well as impacted the structural design and created a more diverse makeup of communities, including a large makeup of families of the incarcerated.

There is a strong sense of pride in KFL&A and its history is very much celebrated in local culture and tourist offerings today.

Demographics

Characteristics of the KFL&A population, as well as differences in these characteristics across KFL&A sub-regions are important to consider when planning for collective impact.
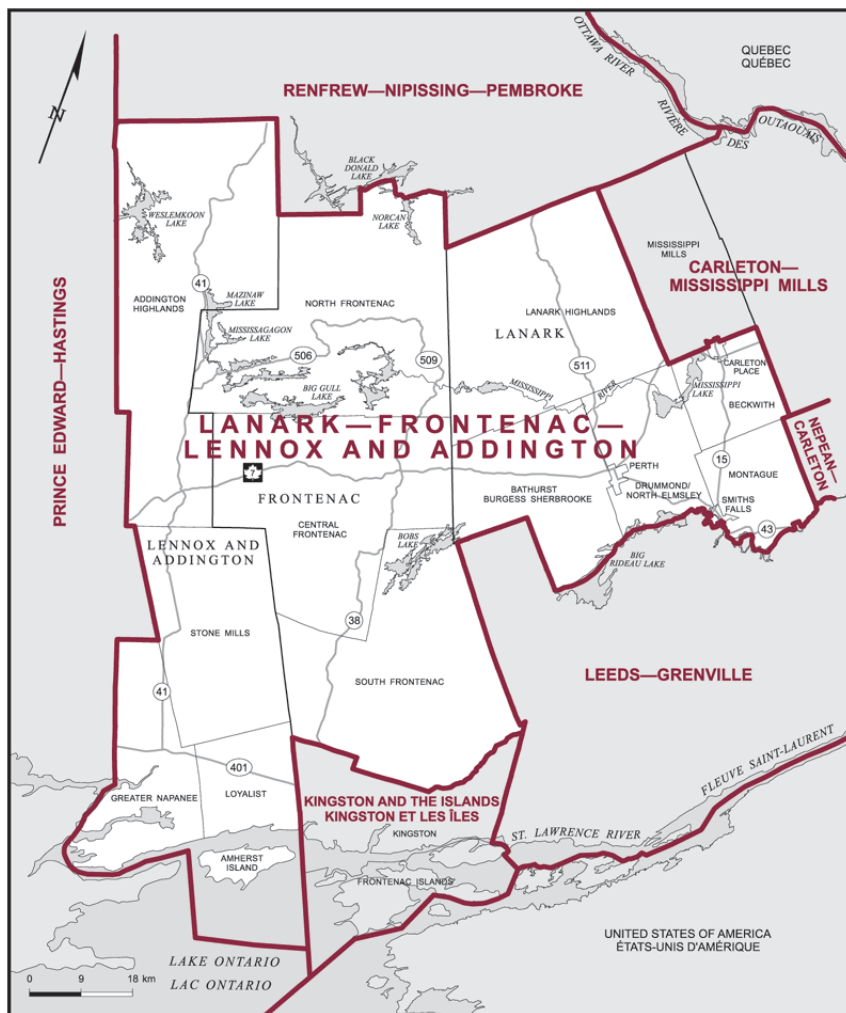
All demographic information presented here is derived from the 2016 Census[10]. Information was collected for each of the nine census subdivisions that comprise KFL&A and later combined into 5 sub-regions in consultation with local staff:

1) Kingston and Frontenac Islands;

2) North Frontenac;

3) Central Frontenac;

4) South Frontenac; and

5) Loyalist, Greater Napanee, Stone Mills, and Addington Highlands.

The demographics of these sub-regions were analyzed individually, in addition to analyzing KFL&A, to allow for a better understanding of the demographic and geographic variation within KFL&A. Some of the greatest variations amongst sub-regions are highlighted below.

Age Demographics

KFL&A's children and youth, ages 0-29, make up 34.5 per cent and 31.9 per cent of the male and female populations of the region, respectively. For the entirety of the region, young adults ages 20-29 make up a large per cent of the population of children and youth, with the smallest age group being infants and children aged 0-4. The distribution of age group differs by sub-region in KFL&A. Some sub-regions have a greater concentration of their children and youth population in the middle years and adolescence age groups (South Frontenac), some have a very even distribution across age groups (Loyalist, Greater Napanee, Stone Mills, Addington Highlands), while others have greater populations in different age

groups that differ by sex, such as North Frontenac and Central Frontenac. An example of these differences can be seen in Figure 2.

Figure 2. Population pyramids for children and youth in KFL&A, North and Central Frontenac using 2016 Census data
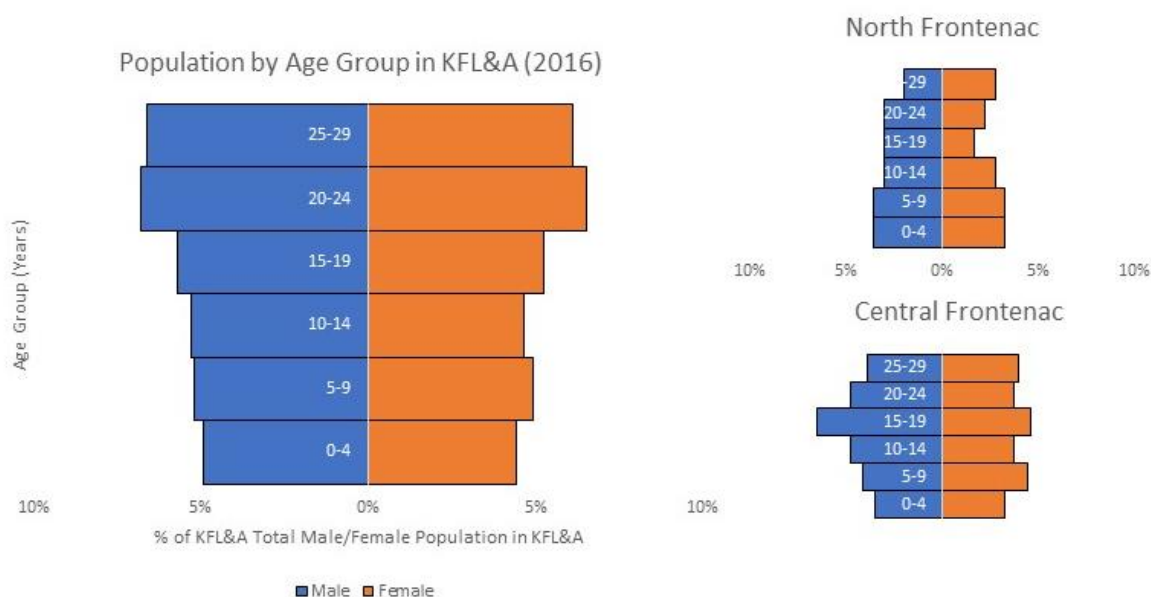

Income and Basic Needs:

Inter-generational poverty is a significant issue in KFL&A, with 7,880 households (9.7 per cent) earning an after-tax income of less than $20,000 per year. In 2015, 16.0 per cent (5,520 children and youth) of children and youth ages 0-17 in KFL&A were living in low income, using the Low-income measure, after tax (LIM-AT) as a measure of low income[a].

The per cent of children and youth living in low income differs by sub-region. Rural North Frontenac and Central Frontenac have the highest per cent of children and youth living in low income households, with 29.3 per cent and 22.9 per cent of children and youth living in low income households, respectively. South Frontenac has the lowest per cent of children and youth living in low income households at 8.4 per cent, although this still equates to 310 children and youth living in low-income situations.

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[a] Statistics Canada emphasizes that LIM-AT and other low-income measures are not measures of poverty and rather reflect a consistent methodology for measuring changes in trends for those living in situations that are substantially worse off than others (https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/pop191-eng.cfm)

Figure 3. Percentage of households in $20,000 income groupings in KFL&A versus Ontario using 2016 Census data
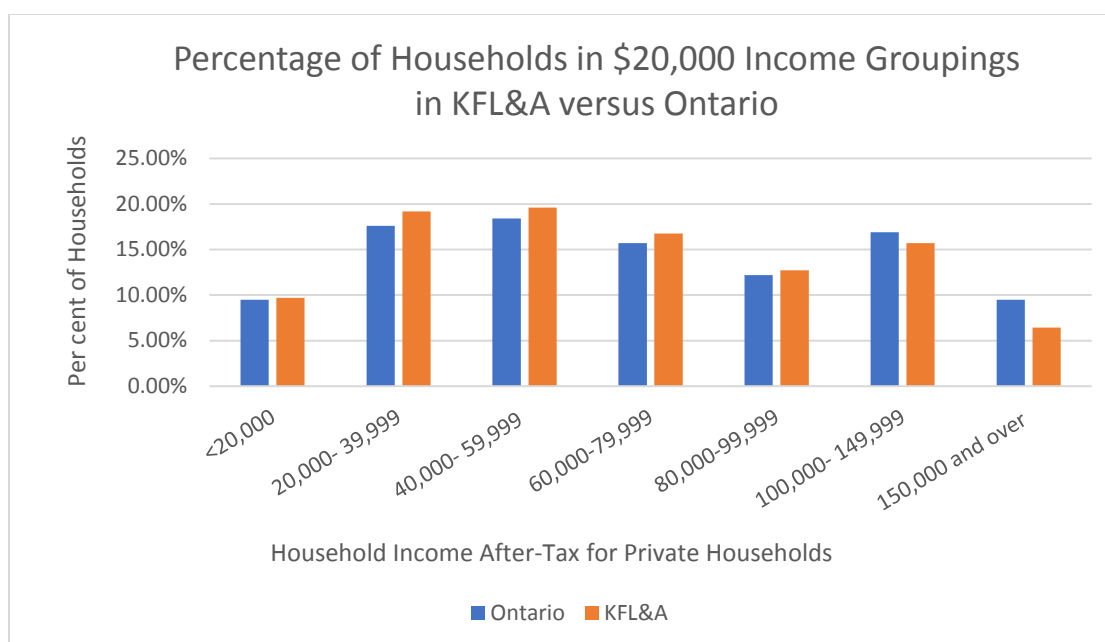
Visible Minority[b] Populations

Approximately 7 per cent (12,885 people) of KFL&A's population identifies as part of a visible minority group. The top three visible minority groups in KFL&A are people who identify as South Asian origin (1.44 per cent), Chinese origin (1.42 per cent) and Black[c] (1.09 per cent). Diversity differs amongst the sub-regions of KFL&A, with some regions more diverse than others. In North Frontenac, only 0.5 per cent (10 people) of the population identifies as a visible minority, whereas 9.6 per cent (11,665 people) of the population in Kingston and Frontenac Islands identifies as a minority.

According to the 2016 Census, 1.3 per cent of the population in KFL&A speaks French most often at home and 2.8 per cent of the population speaks a non-official language most often at home (i.e. a language other than English or French). The most common non-official languages spoken at home are Mandarin (765 people), Portuguese (700 people), Arabic (460 people), Spanish (400 people) and Korean (250 people). Echoing the visible minority trends, Kingston and Frontenac Islands, has the most diverse

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[b] The term "visible minority" is used throughout this report as this is the terminology utilized in the Census 2016. However, Wellesley Institute recognizes that this term does not capture the complexity of discrimination experience based on racialization and needs to be replaced by a more nuanced understanding of the experiences of different racialized groups. We use this term here to reflect the source of our data.

[c] The term "Black" is used throughout this report as this is the terminology utilized in the Census 2016. However, the Wellesley Institute recognizes that this terminology is problematic. Unlike the other visible minority categories included in the Census, the term "Black" does not refer to a region of origin. It is a racial category and needs to be interpreted with caution as it aggregates people from many different origins, including those of African and Caribbean descent.

speaking population with 4.0 per cent of the population speaking a non-official language most often at home.

Figure 4. Visible minority populations in KFL&A using 2016 census data
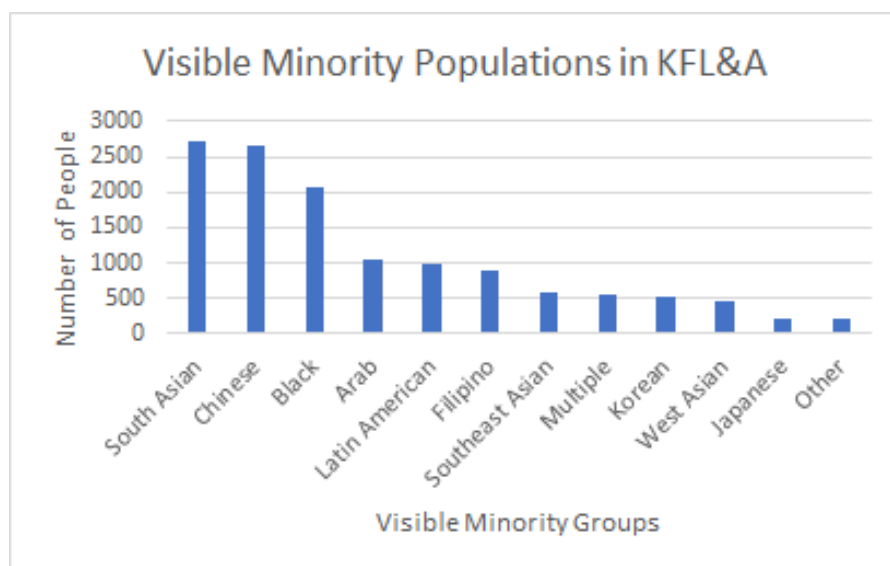
Indigenous populations^d:

In 2016, 4.0 per cent (7,447 people) of KFL&A's total population identified as Indigenous which is greater than the 2.8 per cent of the population that identifies as Indigenous in Ontario. Of those that identify as Indigenous 62 per cent (4,670 people) identify as First Nation, 32 per cent (2,385 people) identify as Métis, 1 per cent (45 people) identify as Inuk and 5 per cent (360 people) identify as other or multiple Indigenous Identities.
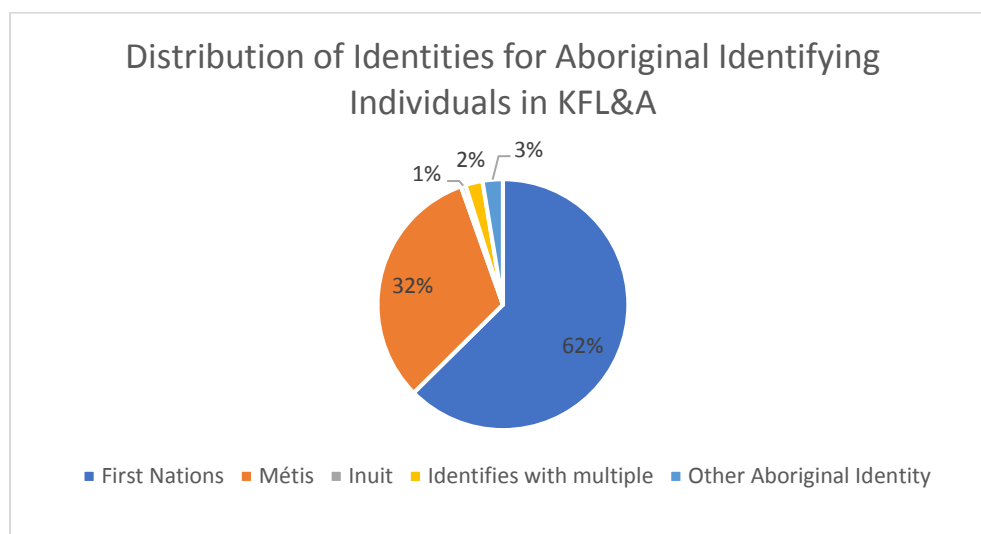
Indigenous identity varies widely by sub-region. Central Frontenac has the largest per cent of Indigenous people for a subregion, with nearly 10 per cent of the population identifying as Indigenous. Kingston and Frontenac Islands has the smallest per cent of Indigenous people for a subregion with 3.5 per cent identifying as Indigenous. When comparing the distribution of identities for Indigenous identifying individuals across sub-regions, North Frontenac has the largest per cent of Indigenous individuals who identify as First Nation (78.6 per cent) South Frontenac has the largest per cent of Indigenous individuals who identify as Métis (38.1 per cent), and Kingston and Frontenac Islands had the largest per cent of Indigenous individuals who identify as Inuk (1.06 per cent).

It is important to note however, that the Indigenous population in KFL&A and Ontario is likely to be higher than reported above. For instance, there is evidence that the Canadian census underestimates the number of Indigenous people in Toronto by an estimated factor of two to four[11]. Quality issues as well as issues of undercounting leave us without accurate data on Indigenous communities. The data that currently exists in Ontario provides us with little understanding of the true size of the Indigenous

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[d] While the term "Indigenous" is used throughout this report as it is the preferred term, we note that the data source for the above demographic data is termed Aboriginal identity as per the 2016 Census.

population in KFL&A as well as the status of important health, economic and employment indicators we have collected in this report.

Distribution of Identities for Aboriginal Identifying Individuals in KFL&A

- First Nations 62%
- Métis 32%
- 1%
- 2%
- 3%

■ First Nations ■ Métis ■ Inuit ■ Identifies with multiple ■ Other Aboriginal Identity

Activity Limitation[e]

In KFL&A 6.4 per cent of children and youth aged 0-29 report difficulty seeing and 2.2 per cent report difficulty hearing, even with the use of aids such as glasses, contacts or hearing aids. Approximately 3.0 per cent of children and youth report difficulty engaging in physical activity such as walking or using their hands, and 13.0 per cent report difficulty learning, remembering or concentrating. In addition, 15.2 per cent report having an emotional, psychological or mental health condition (e.g. anxiety or depression) and 8.3 per cent report having another health problem or long-term condition, all of which may limit the kinds of activities they can engage in at home, school, work or other leisure activities.

Children and youth in South Frontenac report the lowest rates of activity limitations, across most measures, compared to other regions. In contrast, the regions of North and Central Frontenac tend to have the highest rates. For example, 11.2 per cent of children and youth have difficulty learning, remembering or concentrating in South Frontenac and 14.8 per cent and 18.4 per cent of children and youth, experience such difficulty in North and Central Frontenac, respectively.

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[e] Activity limitation refers to people who always, often or sometimes have a long-term health, mental health or other health related condition/problem that may affect their ability to engage in daily activities. Note that activity limitation is not an accurate estimation of disability. This is due to the large number of false positive reported (i.e. people who report a limitation but do not have a disability).
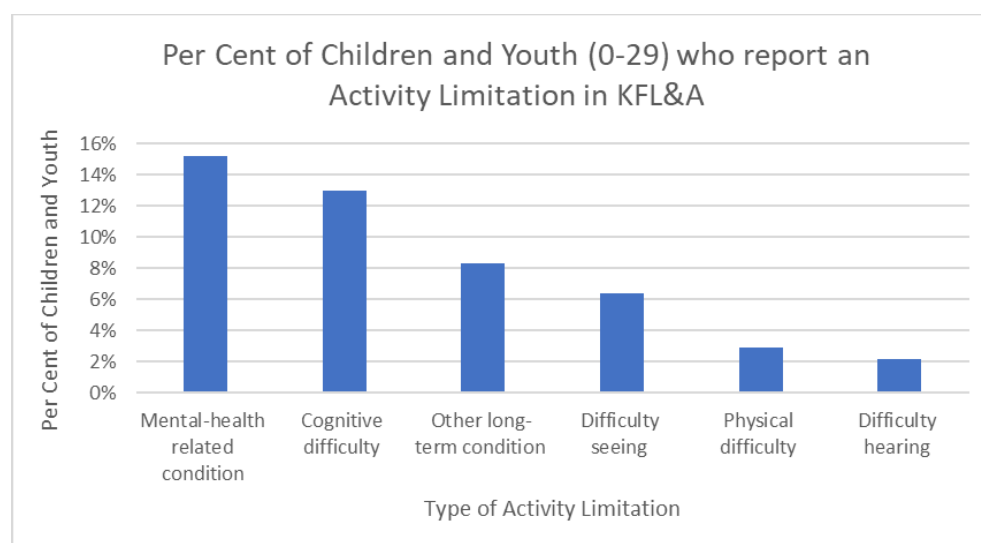
Social and Developmental Indicators

One of the core ingredients of collective impact is the establishment of shared goals and outcomes to rally collaborative action. As part of our research, we have chosen a small set of 'success indicators' at each of the five early life-stages. These success indicators were chosen based on evidence showing their predictive value for achieving positive employment, educational and social outcomes. The evidence base for choosing each indicator is summarized in the Appendix of our Summary Report.

The success indicators for each of the five early life-stages (prenatal and infancy, early childhood, middle childhood, adolescence, young adulthood) are presented below. These statistics are derived from a variety of sources including the Census, Canadian Community Health Survey, Public Health Ontario, Ministry of Health and Long-Term Care, and the Ministry of Education. For a complete list of data sources and indicators, see Appendix A.

Appendix A also indicates the level of geography each indicator is presented at. Where possible, we sought to obtain data for the KFL&A region. However, due to issues related to sampling this was not always possible and it was necessary to report at slightly altered level of geography (e.g. Kingston Census Metropolitan Area).

We present the success indicators for KFL&A alongside the provincial average. This will allow comparison and can help highlight opportunities for growth and improvement in the region. The threshold for comparison was selected by Wellesley staff to be greater than one per cent difference above or below Ontario. As whole, the community profile provides an informative snapshot of children and youth's well-being across the life-stages in KFL&A.

Table 2. Comparing social and developmental indicators in KFL&A to the province

PRENATAL & INFANCY
Ages 0-2

INDICATOR	DEFINITION	KFL&A	ON	COMPARED TO PROVINCE*
Low Birth Weight	% of babies born <2.5 kg (5.5. pounds), regardless of gestational age per 100 live births	7.2%	6.8%	🟡
Rate of 18-Month Well-Baby Visit	% of children registered for healthcare that have been assessed by a physician for key areas of development	58.2%**	55.2%	🟢

EARLY CHILDHOOD
Ages 3-5

INDICATOR	DEFINITION	KFL&A	ON	COMPARED TO PROVINCE*
Vulnerable in Physical Health/Well-Being+	% of Kindergarten children scoring below the 10th percentile for physical health/well-being	16.3%	16.1%	🟡
Vulnerable in Social Competence+	% of Kindergarten children scoring below the 10th percentile for social development	13.3%	10.7%	🔴
Vulnerable in Language/Cognitive Development+	% of Kindergarten children scoring below the 10th percentile for cognitive development	7.5%	6.7%	🟡
Vulnerable in Communication Skills/General Knowledge+	% of Kindergarten children scoring below the 10th percentile for communication skills	8.6%	10.2%	🟢
Vulnerable in Emotional Maturity+	% of Kindergarten children scoring below the 10th percentile for emotional development	16.4%	12.3%	🔴

MIDDLE CHILDHOOD
Ages 6-12

INDICATOR	DEFINITION	KFL&A	ON	COMPARED TO PROVINCE*
Grade 3 School Achievement for English School Boards	% of Grade 3 students in English school boards that have achieved the provincial average in reading, writing and mathematics assessments	R: 69%	R: 76%	🔴
		W: 67%	W: 76%	🔴
		M: 53%	M: 64%	🔴
Grade 3 School Achievement for French Schools	% of Grade 3 students in French schools that have achieved the provincial average in reading, writing and mathematics assessments	R: 87%	R: 84%	🟢
		W: 89%	W: 80%	🟢
		M: 83%	M: 78%	🟢

*Threshold for comparison was greater than 1% difference above or below Ontario
**Rate excludes North Frontenac due to issues of data suppression
+ Vulnerability is determined by the Early Development Instrument (EDI), a population-level assessment of children's ability to meet developmental expecations in five general domains. The 10th percentile cut-off point for vulnerability is based on data from the Ontario Baseline assessment (Cycle 1).

MIDDLE CHILDHOOD
Continued

INDICATOR	DEFINITION	KFL&A	ON	COMPARED TO PROVINCE*
Grade 6 School Achievement for English School Boards	% of Grade 6 students in English school boards that have achieved the provincial average in reading, writing and mathematics assessments	R: 79%	R: 83%	🔴
		W: 76%	W: 81%	🔴
		M: 42%	M: 51%	🔴
Grade 6 School Achievement for French Schools	% of Grade 6 students in French schools that have achieved the provincial average in reading, writing and mathematics assessments	R: 97%	R: 93%	🟢
		W: 93%	W: 85%	🟢
		M: 92%	M: 83%	🟢
Measles Immunization Coverage	% of 7 year old children at school who received required ≥2 doses of the measles vaccine or are exempt for evidenced immunity	97.4%	91.8%	🟢
Meningococcal Immunization Coverage	% of 12 year old children at school who received required ≥1 doses of the MCV4 vaccine	87.8%	80.6%	🟢

ADOLESCENCE
Ages 13-18

INDICATOR	DEFINITION	KFL&A	ON	COMPARED TO PROVINCE*
Grade 9 School Achievement for English School Boards	% of Grade 9 students in English school boards that have achieved the provincial average in mathematics for applied or academic streams	App: 41%	46%	🔴
		Acad: 79%	84%	🔴
Grade 9 School Achievement for French Schools	% of Grade 9 students in French schools that have achieved the provincial average in mathematics for applied or academic streams	App: N/A	44%	N/A
		Acad: 89%	85%	🟢
Grade 10 School Achievement for English School Boards	% first-time, eligible Grade 10 students in English school boards who achieved the provincial average on Ontario Secondary School Literacy Test (OSSLT)	81%	81%	🟡
Grade 10 School Achievement for French Schools	% first-time, eligible Grade 10 students in French schools who achieved the provincial average on Ontario Secondary School Literacy Test (OSSLT)	100%	95%	🟢
5 Year Graduation Rates by English School Board++	% of adolescents that graduate with a secondary school diploma from English secondary school within 5 years of starting grade 9	Limestone 86.3 %	86.5%	🟡
		Algonquin 89.8 %	86.5%	🟢

*Threshold for comparison was greater than 1% difference above or below Ontario
++French school graduation rates are not included as they are not available by school level, and the board level includes schools outside the geographic boundaries for this site

R/W/M indicates reading, writing, and mathematics respectively
"App": Indicates applied stream for mathematics
"Acad": Indicates academic stream for mathematics
N/A: Indicates that the data was suppressed

ADOLESCENCE
Continued

INDICATOR	DEFINITION	KFL&A	ON	COMPARED TO PROVINCE*
Employment Rate	% of 15-19 year old adolescents that are actively in the workforce	40.1%	34.5%	🟢
Self-Rated Health	% of 12-19 year old adolescents who rate their own health as either excellent or very good	62.4%	73.5%	🔴
Physical Activity	The median amount of minutes per week 12-17 year olds engaged in moderate-to-vigorous physical activity	600min	540min	🟢
Self-Rated Mental Health	% 12-19 year old adolescents who in rate their own mental health as either excellent or very good	65.0%	73.5%	🔴
Sense of Belonging	% of 12-19 year old adolescents who rate their sense of belonging to a community as very or somewhat strong	68.2%	81.3%	🔴

YOUNG ADULT
Ages 19-29

INDICATOR	DEFINITION	KFL&A	ON	COMPARED TO PROVINCE*
Employment Rate	% of 20-29 year old young adults that are actively in the workforce	70.4%	70.1%	🟡
Self-Rated Health	% of 20-29 year old adolescents who rate their own health as either excellent or very good	71.9%***	70.3%	🟢
Self-Rated Mental Health	% 20-29 year old young adults who rate their own mental health as either excellent or very good	57.3%***	68.2%	🔴
Sense of Belonging	% of 20-29 year old young adults who rate their sense of belonging to a community as very or somewhat strong	70.4%***	62.3%	🟢
NEET Rate	% of population aged 15-24 who are not in education, employment or training (NEET)	8.5%	8.9%	🟡
Post-Secondary Educational Attainment	% of 20-29 year old young adults that have obtained a post-secondary certificate, diploma, or degree	56.5%	56.9%	🟡

*Threshold for comparison was greater than 1% difference above or below Ontario
***Estimate had a coeffcient variaion between 15.0% and 35.0%. This indicates that it is not a very precise estimate and should interpreted with caution.

Community Assets

Before engaging in a collective impact process, it is important to take stock of all the programs and services that make up the system supporting children and youth. Existing networks are also important assets that can help provide the seeds of a collective impact group. Lastly, referral processes are vital pieces of community infrastructure that determine how children and youth navigate and access the system. In this section we present an inventory of programs and services, networks and referral processes that support children, youth and their families. This information will help us gain a better understanding of the strengths and weaknesses of the system supporting children and youth and can help inform future interventions and implementation strategies.

Programs and services that support children, youth and their families

A wide array of programs support KFL&A families, children and youth throughout their development. Our programs and services inventory found that there are over 781 programs and services provided by over 184 organizations. See Table 3. for a descriptive overview of the kinds of programs and services available to the people in KFL&A in each life-stage.

Table 3.
Programs and services that serve families, children and youth in KFL&A

Prenatal / Infancy (Ages 0-2)	Early Childhood (Ages 3-5)	Middle Childhood (Ages 6-12)	Adolescence (Ages 13-18)	Young adulthood (Ages 19-29)
Child development programs	Before and after school programs	Babysitting training	Babysitting training	Career center
Day care centres & preschools	Child development and wellness	Before and after school program	Career development	Family resources
EarlyOn	Child mental health program	Child development program	Dental services	Food box
Food box programs	Daycare programs	Dental health	Family support and education	Health services
Home visits during pregnancy and infancy	Dental services	Family support	Food box and hot meals	Housing services
Infant dental care	Food box programs	Food box	Funding program	Legal services
Midwife services	Language development program	Home child care	Health and nutrition programs	Literacy programs
Parental support groups	Parent workshops	Immunization	Legal support	LGBTQ youth group
Parenting workshops	Playgroups	Mental health and counselling	LGBTQ youth group	Mental health and counselling
Playgroups	Sports, art, and recreational programs	Mentorship	Mental health and counselling	ODSP support
Prenatal workshops	Summer literacy program	Parent and caregiver education	Mentorship programs	Sexual assault and domestic violence
Toy libraries and toy drives		Religious programming	ODSP support	Sexual health services
		Sports, art, and recreational programs	Religious education	Sports, art, and recreational programs
		Summer camp	Sports, art, and recreational programs	Subsidy programs
		Toy drives	Transitional services	
			Youth diversion	
			Youth shelters	

What people are saying about programs and services in KFL&A

In our interviews and focus groups (see Voices from the Community for a description), we heard from community members about the strengths and limitations of the services serving children and youth. Here are some of the things that people told us about how they perceive programs and services in KFL&A.

Members of the community noted that programs serving **early years** are well-resourced through public health programming, and government funded child and family programs. However, participants felt that many programs only serve specific geographies, and recent cuts to government child and family programs have created limitations in service access and equity issues. Home visits are no longer a part of the services offered through government programming, which were essential for women with new-borns living in rural areas who could not travel and/or who had several other young children. The community also reported that child-minding services for parenting programs were cut, which creates barriers to participation for parents with young children. As a result, several parents expressed a desire for the government to restore the programs and services that have been cut.

The community recognized one large, multi-location organization as being particularly valuable for children in the **middle years**. This organization offers a variety of day camps and after school programming to support children's learning, health, recreation and development. It also provides financial subsides and offers transportation services, which community members say helps to increase the accessibility of the organization and its programs. The community noted that extra-curricular arts and sports programs offered through schools are also important. However, parents expressed that the options can be limited, and students often must try out to participate in them. Furthermore, parents expressed that they may not be able to afford the costs associated with extracurricular activities, both within schools and in the wider community.

In addition, parents of children in the middle years expressed a desire for more parenting programs and information around the "tween years". They specifically expressed a desire for more information around how to prepare themselves and their children for things such as social media use, drug use and pornography.

For **adolescents and young adults**, the community reported a youth hub as a significant community strength. The hub is a partnership between many youth-serving organizations in the Kingston area who provide a range of services to youth in one convenient location. However, the community expressed that additional locations are needed as it approaches capacity, to facilitate access for youth in other parts of the city and in the rural hinterland. A Napanee-based multi-service youth space was also recently closed due to funding cuts, which goes against the community desire for additional hubs.

Many youth in this age group lamented the quantity and quality of mental health and addictions services. Community members saw a major need for the provision of harm-reduction based services for youth, particularly emergency shelter for substance-users. Police deplore that these youth often end up in jail rather than getting the mental health and addictions care that they need.

In addition, the community described gaps in services for specific demographics in adolescence and young adulthood, specifically for French-speaking families, for military families who tend to have special mental health needs, as well as Indigenous families and youth who feel they are 'invisible' in the community.

There are robust services available to parents of children with complex needs, but wait lists are still too long for many people. Though there is a protocol in place for youth transitioning from paediatric to adult services, youth are reportedly falling through the cracks, or the adult services available are not fully appropriate for the 19 to 25 age group. Many agencies are calling for an extension of youth services to the age of 25 to avoid the risk of children 'aging out' of services altogether.

<u>Organizational networks</u>

Organizational networks play a prominent role in KFL&A, and there is a healthy culture of collaboration between organizations serving children and youth. Many forms of organizational coordination exist in KFL&A ranging from formal networks, hubs and wrap-around services, multi-partner collaborations and collective impact initiatives.

For instance, the [Children and Youth Services Planning Committee](#) (CYSPC) forms an extensive network of service providers and volunteers who promote a seamless network of responsive services for children, youth and their families. Within the CYSPC, collaborative planning takes place in several committees including the Large Planning Table, the Prenatal to Six Committee, the Middle Years Committee, the Youth Committee, the Disabilities Committee, the French Language Services Committee, the Indigenous Services Circle, and the Indicators and Measures Resource Team.

The United Way of KFL&A is the backbone organization for a collective impact initiative called [Plan to End Youth Homelessness](#). This initiative regularly engages with homeless youth and brings together partners and funders to focus their attention and efforts on areas that can have the greatest impact on youth homelessness. The areas they focus on include homeless prevention, system integration, housing options and supports for rural youth.

[The Loving Spoonful](#) works to achieve a healthy food-secure community by facilitating a network committed to fresh food access, skill development and community engagement in a collaborative, empowering and environmentally sustainable manner.

Finally, the [Kingston Community Health Centre](#) (KCHC), is a collaborative model of wrap-around care for the neighbourhood, which has a concentrated level of vulnerable families. Located in Rideau Heights, KCHC also operates Street Health in the downtown core, and the Napanee Community Health Centre serving Lennox and Addington County. This includes primary care, mental health, Indigenous health services, immigrant services, and employment counselling, among others. It is also home to the Pathways to Education after-school program for high school students, and the EarlyON program for parents and children up to age six. More CHCs are needed across the city, but also as service hubs in the rural hinterland to provide wrap-around care more equitably across geographies.

Referral networks between programs and services

When seeking services, a person receiving services may need to find their way from their first point of contact to other service providers. This can be a daunting process especially as individuals age, potentially losing their eligibility for some programs, and becoming eligible for others. This can be further exacerbated especially if their current service providers are not connected to the service they need next. Needs can also change over time, and clients often rely on their service providers to find new and appropriate sources of support. Because of this, it is important to understand the connections within

service provision for children and youth, and specifically which providers refer their clients to one another. Specifically, any future collective impact must be aware of places in the network where the referrals between programs seem to be in need of strengthening. This insight would be key to find places where young people may be in danger of falling through gaps in the network of referrals.

To create this map of services for children and youth, SFS undertook a *social network survey* of program staff in KFL&A. Our sampling list was produced through a combination of administrative data (i.e. 211 community and social support helpline) and consultations with our local partners and stakeholders to provide us with a sense of what programs and organizations needed to be sampled. We identified 184 organizations in KFL&A that had programming serving children and/or youth in some capacity and sought to recruit program staff to answer survey questions. Eighty-seven out of 184 (47.3 per cent) of these organizations had at least one program that was represented in the survey, either as a participant or a contact mentioned by a participant. Two hundred and seven unique programs were represented in the survey. Programs mentioned in the survey by a participant that were not in our original sampling list were matched to publicly available data about the program, where possible.

Strength of referral connections between programs

Participants in the SFS social network survey listed programs that they made 'referrals' to by any definition of the word, and then were asked to say what kind of referral method they used. Many these referrals included promoting awareness of other programs, without any formal mechanism, or face-to-face meeting for assuring that the person would become connected to another program.

Figure 7. Informal methods of referring clients to other programs (e.g. promoting awareness) were the most common type of referral
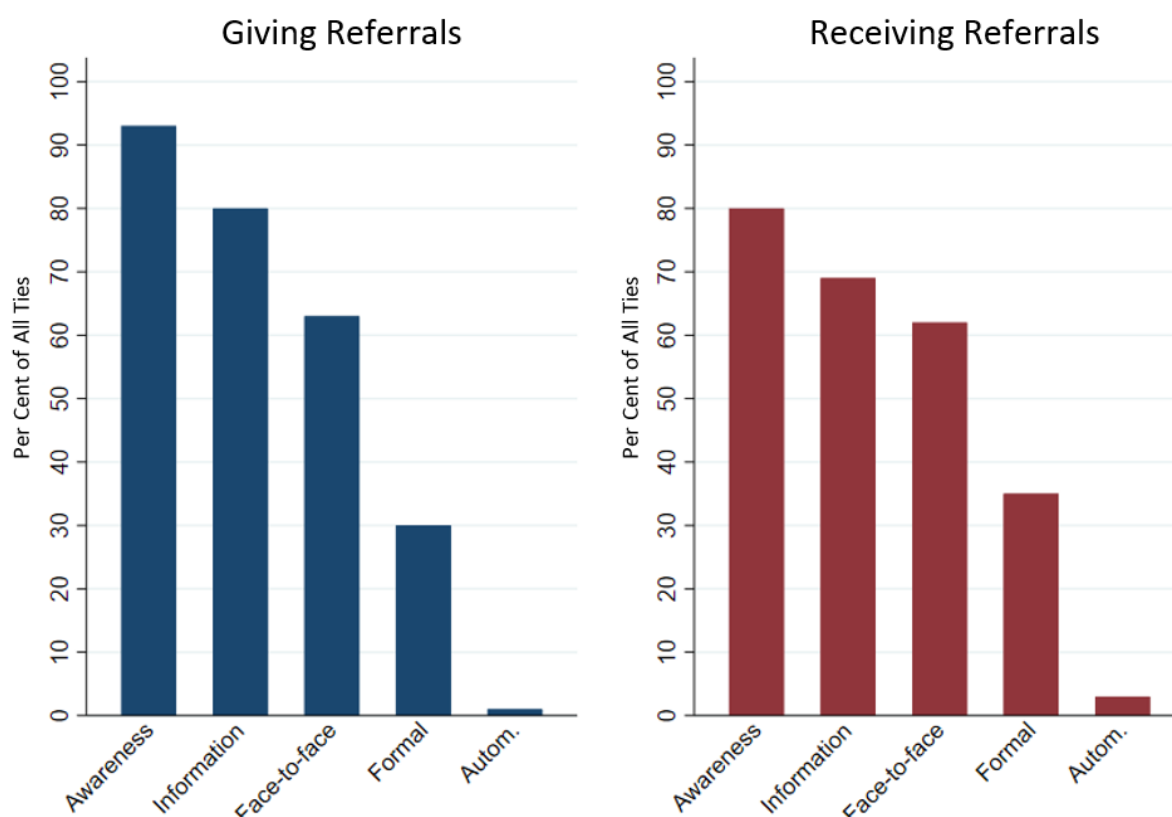
- 'Awareness' refers to providing program name and contact information.
- 'Information' refers to providing program pamphlets and videos.
- 'Face-to-face' refers to arranging face-to-face connections with new services (e.g. 'warm hand-offs').
- 'Formal' refers to arranging enrollment opportunities with formal/written referrals.
- 'Automatic' refers to setting up automatic sign-up, opt-out only.

Our social network analysis found that the most common referral practices are not strong or easy ways for a client to get from one program to another. In other words, the most common ways of connecting a person to a new program were also the ways that placed most of the burden on the client. Simply providing names of programs, or pamphlets, places responsibility on the client to get connected and does little to remove any barriers they may face. Figure 7 demonstrates this pattern: the predominant form of referral (whether referrals given, or referrals received) in KFL&A was promoting awareness of another program, leaving it to the client to make the connection.

While face-to-face referrals were only moderately common, these 'warm-hand-offs' reached nearly 60 per cent of all giving referrals. This is promising, considering that in some circumstances face-to-face connections may be a stronger form of referral than formal referrals or automatic enrolment from the client's point of view. Automated enrolment was especially rare; less than 10% of all referrals occurred through this method.

It is important to note that marginalized families and individuals may face even more barriers to becoming connected to a new, appropriate program. Without formal and built-in processes to ease transitions, their ability to navigate the system will be even more challenging than those not facing some form of marginalization.

<u>Connectivity between organizations</u>

The patterns of referrals revealed that most organizations have relatively few connections to other organizations. Most organizations had few connections to other organizations, while a small number of organizations were very well-connected. While this could indicate a high degree of inequality in the sector, with some organizations enjoying numerous strong and useful connections, we should proceed cautiously with this interpretation. Not giving out very many referrals might be a sign of quality, since it could mean that the organization can do all that it needs to do by itself. Regardless, whether a sign of prestige or a lack of capacity, referral activity seems to be concentrated among relatively few organizations.

To examine the possible role that formal networks can play in increasing an organization's connectedness to other organizations, we compared organizations that are members of the Children and Youth Services Planning Committee (CYSPC), to those that are not member organizations. Thirty-four percent of our sample was a member of CYSPC (30/87 organizations). We found that 60 per cent of the CYSPC organizations in the sample had ten or more connections to other organizations through referrals. In contrast, only 8.8 per cent of organizations in our sample not in CYSPC had ten or more connections.

Note that there are many different highly-active formal networks in KFL&A and we cannot say that this difference is due to CYSPC alone. However, the evidence here suggests that formal networks have the ability to increase connectivity among member organizations. As discussed above, CYSPC has a large number of different specialized tables, and it may be this focus on regular contact, partnership and information sharing that makes them more effective in building connections with others working in the same area (whether members of CYSPC or not).

<u>Program supports and connectivity across the life-stages</u>

Finally, we examine how programs and services are connected to one another by the life-course stage they serve, using a 'network diagram,' which is presented below in Figure 8. This diagram combines information from the network survey and the inventory of programs and services; if a program provides services to multiple life-course stages, it is correspondingly represented in multiple life-course stages in the diagram, and it contributes to the continuity between life-course stages by counting as a connection between the stages. This provides us with a comprehensive picture of the service continuum across age groups – the 'pipeline' of programs and services for young people in the region.
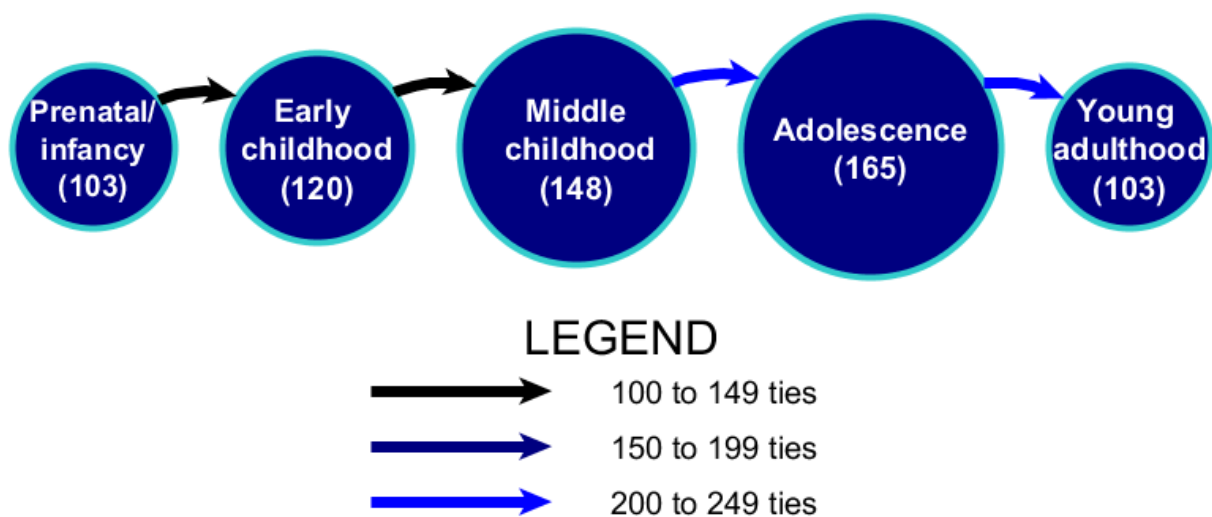
Note on reading this diagram: Size of bubbles is proportional to number of programs that serve that life-course stage. Arrows indicate number of referrals ('ties') between programs that serve each life-course stage. Loops to the same stage indicate number of referrals *among* programs that serve that same life-course stage. Number of programs serving each life-course stage given in brackets within each bubble.
Life-course stages are as follows: Infancy and prenatal (ages 0 to 2), early childhood (ages 3 to 5), middle childhood (ages 6 to 12), adolescence (ages 13 to 18), and young adulthood (ages 19 to 29).

Circles in the network diagram represent programs that serve a life-course stage, sized according to how many programs there are in our data that serve that stage. Ties are thickened and coloured to show how numerous the connections are between programs that serve that life-course stage (see legend). Programs serving adolescents are the most numerous, and have many ties with programs serving middle childhood and young adulthood. Furthermore, adolescent-serving programs tend to have many ties to each other.[f]

The resulting picture is therefore of a sector with a relatively balanced number of programs across the life-stages, with a slightly larger number of programs directed towards adolescents. Furthermore, these programs seem to be well-connected to each other. The number of programs at each life-stage is not necessarily a reflection of the capacity for serving children and youth; as people age, their needs may become more diverse as people take a wide range of different paths in their life, necessitating a wider range of programs. A smaller number of programs may be just as effective when the kinds of needs they have to address are relatively few. At the same time, the relatively fewer number of programs serving

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[f] Note that most of the continuity across life-course stages is actually *within* programs – 59.4% of the ties from one life-course stage to an older stage are within programs, not across. When one only considers ties from one program to another, about equal portions of ties are to the same life-course stage, to younger stages, and to older stages (approximately 33% each).

children and youth may also create a 'bottleneck' as clients seeking services in young adulthood suddenly find themselves without many programs dedicated to serving their age group.

To summarize this section: We found that

a) although more than half of referral activity involved face-to-face handoffs, or stronger methods, a substantial portion of referrals are likely to put burden on the clients;

b) referrals were more common for members of a large formal network (CYSPC), and;

c) adolescent-serving programs have many ties with programs serving middle childhood and young adulthood, however, the number of programs serving young adulthood is relatively few compared to adolescence, possibly creating increased strain upon programs serving young adulthood.

Voices from the Community: Priority issues and opportunities in KFL&A

The following are three core priority issues and opportunities identified by community that aim to better support marginalized children and youth in KFL&A.

The research that informed this section includes:

1. Key informant interviews with staff at programs serving children and youth (17 people);

2. Consultation interviews with community leaders and change-makers selected for their ability to provide a more general picture of constraints and opportunities facing young people in the region (21 people);

3. Discussion groups where parents and youth could gather to discuss their experiences (8 groups; 65 total participants). The participants in the discussion groups were 71 per cent female, 21 per cent male, 8 per cent not providing any information on their gender, and 40 per cent Indigenous.

Outreach and access to services for rural communities

Members of the KFL&A community have expressed that families living in rural areas surrounding Kingston (including Frontenac, Lennox and Addington) often face unique challenges in accessing programs and services compared to their urban counterparts. Issues such as physical isolation, lack of transportation and program infrastructure, and intergenerational poverty have created barriers that lead to health inequities for children and youth growing up in the Frontenac, Lennox and Addington areas. According to the community issues of aggregating data from rural communities with that of urban ones such as Kingston has masked health, social and economic inequities within these rural regions.

In our focus groups, both parents and youth expressed that there is an unmet need for services and programming in rural communities. To address this, they suggested the following solutions:

• increase recreational opportunities, beyond sports, throughout the different school boards across KFL&A, with a focus on rural schools;

• improve transportation and access to services by providing regular transportation for children and youth in rural communities to urban areas;

• leverage existing community spaces by repurposing vacant buildings and lots to use as recreational hubs for children and youth, creating more opportunities for rural communities;

• increase access to nutritious food in rural communities. There are significant levels of food insecurity due to lack of access to healthy food and affordable suppliers. Collaborating with local farmers as well as retail giants could be an opportunity to create regional markets.

Family-centred resources and strategies for complex needs

Members of the KFL&A community have voiced that there is a growing number of families who face intersecting issues, and whose needs are not met by a single service or program. The complex issues in KFL&A, presented earlier in this report, are often faced by families of the incarcerated, military families, families dealing with mental health and addictions, developmental disabilities, and/or intergenerational poverty. The community reported that families who face intersecting barriers often do

not have the resources they need to support their health and experience barriers accessing the services that could meet their needs.

The community has offered the following suggestions to better support families and children with complex needs:

- create neighbourhood hubs with services for families that provide 'wrap-around' care. Hubs create a one-stop-shop for families by bringing together critical services in accessible locations and are a great way of providing parallel programming;

- establish harm reduction wrap-around care facilities specifically for homeless youth and young adults with mental health and substance use issues. They suggested that these include a focus on harm reduction and restorative counselling;

- develop programs and supports to help build the capacity and resilience of parents so that they are in a better position to meet their own needs and the needs of their children.

Indigenous community spaces

Members of the KFL&A community have articulated that there is a lack of appropriate services for First Nation, Métis and Inuit (FNMI) populations. FNMI populations have a long history of marginalization in Canada. According to the community, this has led to contemporary issues including a lack of political voice and institutional capacity, racism and discrimination within services and programs as well as limited access to culturally affirming programs and services. Many families are still reluctant to self-identify as First Nation, Métis or Inuit because of systemic racism and oppression by authorities in health, education, child care and judicial systems.

The KFL&A community has expressed a greater need to support FNMI populations in their efforts to develop programs that build upon FNMI knowledge, cultures and values and that support their health and well-being. The community has offered the following as suggestions to improve outcomes:

- create dedicated resources and community spaces for FNMI populations, such as Friendship Centres. Friendship Centres are known to provide appropriate culture-based approaches and interventions for FNMI populations. Language programs are considered particularly important to the preservation of Indigenous cultures. They are generally community-based, and community-driven organizations and their programs, policies, training and research are FNMI designed, developed, implemented, and evaluated.

- incorporate more culturally appropriate and informed educational content into school and education programs that is based on FNMI history and knowledge. This will help create a shared understanding of FNMI history among non-FNMI populations as well as foster a sense of pride in FNMI children and youth.

What have we learned and where do we go from here?

Summary of findings

Our analysis revealed that youth in KFL&A are not doing as well as the rest of the province on:

a) Early Developmental Indicators in social competence and emotional maturity;
b) achievement scores in grades 3, 6 and 9 in English schools;
c) self-rated health, self-rated mental health and sense of belonging amongst adolescents;
d) self-rated mental health in young adults.

Our inventory of programs and services found that in KFL&A, 781 programs and services provided by over 184 organizations. Our findings demonstrate that although there is a wide array of programs and services available, there is still a need for more programs and services to support the middle years as well as greater capacity and outreach in more rural communities.

In our social network analysis, we found that the relatively common use of face-to-face 'warm hand-offs' as a referral practices is promising and, is likely to be especially important when children are transitioning to a new life-stage and new set of programs. Our network analysis also showed the crucial role formal networks play in connecting youth to one another especially when their vulnerability is heightened, such as during the transition between adolescence into young adulthood.

Talking to service providers, community members, parents and youth in KFL&A helped us learn which issues are priorities for the community. The priorities identified in KFL&A included

- expanding outreach and access in rural areas;

- developing family-centred resources and strategies for complex needs;

- creating spaces where Indigenous communities can increase their access to appropriate services and culturally affirming programming.

The way forward: The Supports for Success collective impact approach

The challenges that some KFL&A youth are facing are complex, multi-faceted and cannot be solved with a single intervention or program. We need to work together to help KFL&A's most marginalized children and youth lead a healthy and successful life.

The findings presented here about KFL&A's strengths, assets, community priorities and opportunities, can be used to inform collective action. The demographic information, and the indicators of success highlight potential outcome areas that could be used to drive change and rally collective efforts at each life-stage. The findings of our social network analysis suggest how a collective impact process might improve the continuity of care throughout the life-course by strengthening referral practices. The priority areas that KFL&A community members have helped us identify as potential areas of transformative change and can help guide future intervention and implementation design.

The SFS collective impact approach not only creates an opportunity for more coordinated and effective supports that improve outcomes for children and youth but can also encourage more efficient service delivery. As we've seen in this report, formal networks, such as the Children's and Youth Services Planning Committee, can be highly effective in improving referral systems and connecting parents, children and youth to the services they need. These formal relationships between organizations are important assets and can help reduce ineffective care paths and better utilize the resources needed for services. Any door is the right door when services are connected.

Focusing all the players in the system on a few strategic goals will be much more effective and economically efficient than the current patchwork approach to service delivery and intervention we often see across the province. The life-course approach taken by SFS will also prevent many problems children and youth face before they occur. By taking a preventative approach the province will save on expensive remedial measures that are often necessary after children and youth become homeless, ill, or in contact with the justice system.

Working together to make change

SFS designed a collective impact approach that includes three levels of coordination and action: coordination between local service providers, coordination between community members, and coordination between funders.

Funder participation will ensure their long-term strategic and funding commitments dovetail with the shared outcomes and strategies that emerge out the collective impact process. Providers will offer insight into what barriers exist and how frontline resources can be leveraged to meet collective outcomes. Community participation will ground the collective impact process in the strengths of residents, as well as the needs, gaps and challenges experienced in their daily lives. These three levels of input are important for achieving effective and sustainable system change.

Within these groups it will be important to recognize and foster the contribution of different sectors, as well as key stakeholders such as children, youth, parents, and diverse cultural groups. It will also be important to ensure that people from marginalized communities – such as families experiencing incarceration, racialized, Indigenous, rural and low-income communities, as well as individuals with lived experience of mental illness and addictions – are key players in the process. By leveraging diverse knowledge and experiences, a range of innovative approaches to service provision and community development can be developed to support KFL&A.

SFS has received generous support of this work from a number of local KFL&A networks and service organizations that we look forward to working with to move this work forward. Together, with the diverse voices of community members, children, youth and parents we can improve educational, social and employment outcomes for marginalized children and youth in the KFL&A community.

APPENDIX A

Indicator	Source	Geography Available for Analysis
Low Birth Weight	Public Health Ontario, 2016	KFL&A Public Health Unit
18 Month Well Baby Visit	Ministry of Health and Long-Term Care, 2016-17 (Special Request)	KFL&A Census Subdivisions
EDI Indicators	Ministry of Education, 2014-15	Frontenac and Lennox & Addington Census Divisions
School Achievement	Education Quality and Accountability Office (EQAO), 2016-17	Schools and School Boards in KFL&A
Immunization Coverage	Public Health Ontario, 2015-16	KFL&A Public Health Unit
Graduation Rates	Ministry of Education, 2015-16	School Boards in KFL&A
Employment Rates	Census, 2016 (Special Request for Cross-Tabulation)	KFL&A Census Subdivisions
Self-Rated Health	Canadian Community Health Survey, 2015-16 (Special Request)	KFL&A Public Health Unit
Physical Activity	Canadian Community Health Survey, 2015-16 (Special Request)	KFL&A Public Health Unit
Self-Rated Mental Health	Canadian Community Health Survey, 2015-16 (Special Request)	KFL&A Public Health Unit
Sense of Belonging	Canadian Community Health Survey, 2015-16 (Special Request)	KFL&A Public Health Unit
NEET Rate	Collective Impact for Disconnected Youth Partnership Table, 2016 (Special Request)	Kingston Census Metropolitan Area
Post-Secondary Educational Attainment	Census, 2016 (Special Request for Cross-Tabulation)	KFL&A Census Subdivisions

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