

Connecting the Dots

Community Safety and
Well-being Plan for
the City of Kingston
June 2021



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Land Acknowledgement

The City of Kingston acknowledges that we are on the traditional homeland of the Anishinaabe, Haudenosaunee and the Huron-Wendat, and thanks these nations for their care and stewardship over this shared land.

Today, the City is committed to working with Indigenous peoples and all residents to pursue a united path of reconciliation.

Dedication

This poignant poem was written upon the tragic passing earlier this year of Robert Cummings, aged 51. This plan is dedicated to Robert, and all those in our community who have experienced trauma and its impact on their lives; especially those we have lost.

Dear Robert

Under the stairwell's crumbs through the lobby feet on the chair, it became quite a hobby.

Such a gentle soul, quick witted, not broken just bent. Just a hot coffee and smile, made for a day of content.

So fragile, yet so hardened, weathered and so weak. A kind and tender soul, a smile ever so meek.

A humble man, to hear his words, you'd need to truly listen when he'd speak. Sometimes broken by soft weeping or exhaustion, lack of sleep.

Witty, oh so clever, but that you may not know, unless you took the time to really sit with him, get low.

His kind eyes told his story, tales of strength not just defeat. A life with times much simpler back before the struggles he would meet.

This world, we surely failed him and what's worse, he's not the last. This world is filled with brave, tired souls, slipping through our societal cracks.

Well dear Robert, let me tell you that I'm glad that we could meet. I hope I brought some light to you, whether by snack or lighter feet.

For this I know for sure and it will always remain a fact, you brought a light to our lives that we never will get back.

Your soul no longer weighs you down from all the hope you kept so deep, no need to lay awake at night and fear what may happen while asleep

Your memory lives on in what we do to help a fellow, even if all we have to give is a kind smile or genuine "hello"

Rest easy, Dear Robert

Written by and shared with the permission of Ashleigh Rider

Thank you

The City of Kingston would like to thank the more than one thousand members of our community including first responders, frontline workers, and residents who provided diverse perspectives into this process.

Thank you to Erik Lockhart from Queen's University Executive Decision Centre, Smith School of Business, who led the facilitation of the life course and Indigenous community discussions with local service providers, as well as the Advisory Committee discussion on the identification of the key recommendations for actions in April 2021.

The City would like to thank all the senior leaders from across the community who provided insight and expertise throughout the process as members of the Advisory Committee (Appendix 1).

Special thanks to the United Way KFL&A for their leadership, administration, and logistic support during the creation of this Community Safety and Well-being Plan.



Message from Mayor

Part of our role as a municipality is to do what we can to ensure that everyone in our community has an opportunity to thrive. We want to make sure everyone's basic needs are met and that they feel heard, welcome, valued, loved, and safe. We know that the obstacles that stand in the way of these goals, and community well-being, are often complex. The key issues identified in our community are mental health; housing and homelessness; and addictions/substance misuse. To address these complex issues and meet the needs of our community will require collaboration and innovative ideas and approaches.

That's why I'm so proud of the incredible work that went into establishing the Community Safety and Well-being Plan. This report is the result of hard work among various partners and is a data driven document. This guiding document sets the foundation for moving forward in a way that harnesses the various strengths of community organizations, will help build capacity and collaboration, and will utilize novel ways of thinking to address complex issues. I want to thank everyone who worked to get us to this point and I look forward to the incredible things we will accomplish towards the shared goal of community well-being.

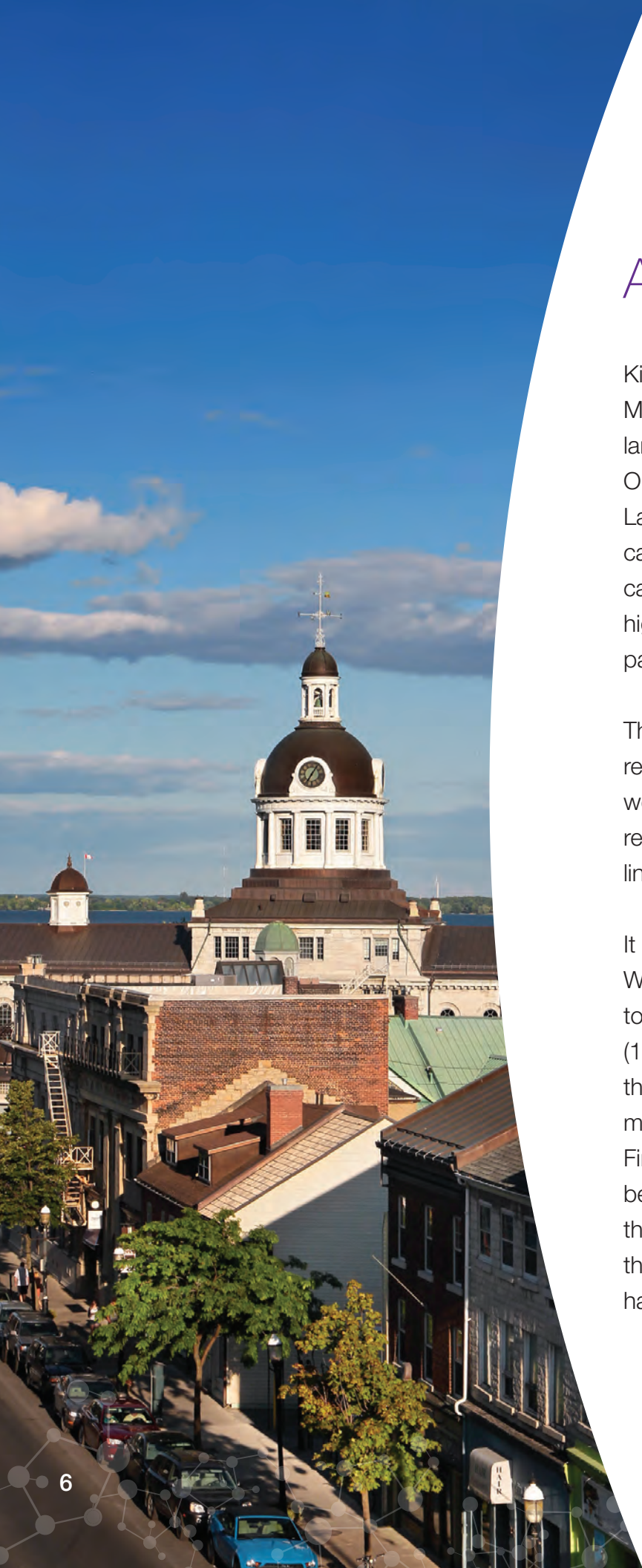
Mayor Bryan Paterson



Message from Chief of Police

We are fortunate to live in a community such as Kingston, one that strives to follow the ideal of “it takes a village,” whether it’s to raise a child or to look after those less fortunate. The Kingston Police have long benefited from their community partnerships, for it is through these partnerships that we truly solve problems and make Kingston not just a place in which to live but rather a home, a safe place where you know you always have someone you can count on. This plan’s title, “Connecting the Dots,” is particularly appropriate, for the plan enumerates several valuable safety and well-being initiatives already established in our community. Our task for the future is to expand on them by continuing and increasing collaborative efforts so that no one in our community is left behind. Completing our first plan during the unprecedented circumstances of the past year drove home the need to have an adequate social infrastructure in place so that community agencies can adapt to emerging challenges. While the concerns outlined in this plan existed well before the current pandemic, it exponentially magnified cracks within our tenuous social support system. The Kingston Police look forward to working with the City, our partner agencies, and the citizens of Kingston in ensuring the safety and well-being of our community now and for the future.

Antje McNeely, MOM, MPA, Chief of Police



About Kingston

Kingston is located halfway between Montreal and Toronto, Canada's two largest cities, on the north shore of Lake Ontario where the lake flows into the St. Lawrence River. Ottawa, the nation's capital, is less than two hours away by car. Highway 401, which is the major highway linking Toronto and Montreal, passes through the city.

The history of Indigenous Peoples in this region is complex and pre-dates how we think of geography today in terms of regional, provincial, or national boundary lines.

It is known that communities of Late Woodland people (approximately 1200 to 1450) and the St. Lawrence Iroquois (16th century) were known to occupy this region and later developed or merged into their modern descendant First Nations. When the first Europeans began to arrive in the 17th century, the north shore of Lake Ontario and the area originally known as Katarokwi had continued to provide a home base



for the Huron-Wendat Peoples and the Five Nations/St. Lawrence Iroquois. In the Mohawk language, the name Katarokwi means a place where there is clay or where the limestone is. The Algonquin term, Cataracoui, means great meeting place and was translated by the French into Cataracoui – a name that can be found all over Kingston today. Please see the City’s website for more detail on the history of the region and its indigenous people.¹

Today, Kingston is one of the most historic cities in Canada with numerous churches, notable buildings, pictorial neighbourhoods, and 19th century fortifications. Kingston is the resting place of Sir John A. Macdonald, Canada’s first Prime Minister. Kingston is nicknamed the “Limestone City” because of the many historic buildings made from the local limestone.

The “new” city of Kingston came into being on January 1, 1998. The new city boundaries resulted from the amalgamation of all portions of the former City of Kingston and the Townships of Kingston and Pittsburgh. Approximately one half of the total population (123,798) lives in the former City of Kingston area, although the total land base is predominately rural. The amalgamated city is comprised of 52,772 hectares of land, water, and wetlands.

Based on 2016 Census data, and similar to the rest of the country, the population of Kingston is aging with 20 per cent of the population over the age of 65. The population is also well educated with 29 per cent of those over the age of 15 having a university degree. The median household income after tax is approximately \$60,000 and 14.8 per cent of population lives under the Low-Income After-Tax threshold. The population is becoming more diverse with immigrants comprising 12 per cent of the population. Recent immigrants (arriving after 2011) account for nine per cent of the immigrant population. Just over half of recent immigrants were born in Asian countries. Similarly, Chinese, South Asian and Black people are the top three groups of racialized persons in Kingston.²



Located at the gateway to the 1000 Islands and the UNESCO-designated Rideau Canal, the Kingston region is known for its recreational facilities, leisure activities and naturally attractive features. It is renowned as the fresh water sailing capital of North America. Natural beauty surrounds Kingston, and the city itself boasts one of the largest ratios of per capita green space areas in Ontario.

Kingston is the home of two universities, Queen's University and Royal Military College, and one college, St. Lawrence College. Along with tourism, these educational institutions, and the students they attract, provide much to the city's local economy.

Executive Summary

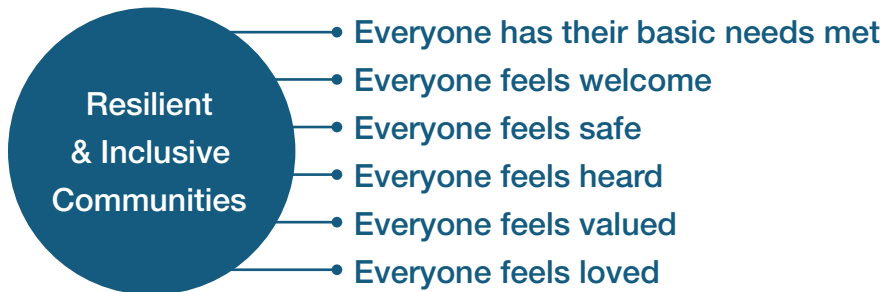
Build a resilient community that can respond and adapt to change in ways that foster cooperation, build capacity, increase connectedness, and ensure essential needs are met.

Community safety and well-being plans are provincially legislated to be prepared, adopted, and implemented by municipal councils in Ontario under the Safer Ontario Act, 2018. The aim of the plan is to support safe and healthy communities through a community-based approach to address root causes of complex social issues.

The creation of Kingston's Community Safety and Well-being (CSWB) Plan began two years ago when Council approved the terms of reference and membership for the CSWB Advisory Committee. This committee held its inaugural meeting on May 13, 2019.

Over the past two years, backbone administrative support and co-ordination for the process has been provided by the United Way KFL&A. During this time, the Advisory Committee developed the vision statement noted above, guiding principles, and identified theories that framed the plan's development and recommendations for actions moving forward (Appendix 3). The entire process has been evidence-informed and as inclusive as possible within the time frames and changing health restrictions due to the COVID-19 global pandemic.

Guiding Principles:



The engagement process that was originally envisioned was altered due to the COVID-19 pandemic restrictions and shutdowns. To identify the issues in the community, there were some preliminary focus groups held, surveys of first responders and front-line staff as well as the community at large. From this input the key issues of **mental health; housing and homelessness; and addictions/substance misuse** were identified.

It was important at this point to take a “snapshot” of all the current planning and action tables that exist in the community and their mandates knowing that work on these issues was already occurring and to ensure that the plan was built to support and enhance this work and to identify any gaps in planning or programs. (Appendix 2)

The next step in the process was to apply a life course lens to the key issues, looking at relevant data and current work for each of the five age cohorts and to host facilitated virtual “community conversations” with community partners working with those age cohorts to provide additional insights based on their experiences and expertise. An additional session was held with representatives of the Indigenous community to gain their perspective. (Appendix 4)

Following these sessions, all ideas were then sorted through the lens of the four pillars contained in the vision: foster cooperation; build capacity; increase



connectedness; and ensure essential needs are met. These were then presented to the Advisory Committee through a facilitated session where they were able to prioritize the most impactful ideas in each pillar to identify the final recommendations for action.

It is important to state that the ideas collected through the life course discussions and the key recommendations by the Advisory Committee will be shared with the appropriate planning tables and organizations to assist in their future work (Appendix 5). The intention is to ensure this valuable information is not lost but also to focus the work of the CSWB plan going forward on the key recommendations.

The twenty ideas were discussed and the key recommendations for the City of Kingston's Community Safety and Well-being Plan are:

- **Create a housing development action plan for the full housing continuum.**
- **Support and encourage engagement to include those with lived experience in both the planning and implementation of programs and services.**
- **Enhance 24/7 community-based addiction and mental health services.**
- **Support the establishment of an Indigenous cultural and gathering space.**
- **Provide training and education across the service system on trauma-informed care including raising awareness of Adverse Childhood Experiences.**
- **Provide resources and training to support agencies in incorporating equity, diversity, inclusivity and indigenous partnership principles in all aspects of their organization.**
- **Address community and household food security through supporting all aspects of the food eco-system.**
- **Coordinate specific issue work groups and committees with cross sector representation to respond to critical gaps in planning and community supports.**

These recommendations and the concepts within the plan are complex and include a broad range of critical issues that are interconnected. It is important to recognize that this plan is both a foundational strategy and a long-term journey that will address existing community safety and well-being issues and is intended to be a living document that can respond to emerging issues that arise in the future. Many of the recommendations contained in this report have already begun to be addressed in the community. This plan is intended to highlight and support that work and ensure community collaboration across service sectors.

Given the deadline of July 1, 2021 for the submission of the Plan, detailed work on creating an implementation plan for each of the key recommendations, including actions with time frames and success measurements has not yet been completed. The Advisory Committee has committed to continuing to meet in the fall of 2021 to create this implementation plan under the City's leadership.

While the Plan is the responsibility of the municipal government to implement, it is expected to do so in a continued collaborative way with community partners. The draft provincial regulations for CSWB specifies that the Plan needs to be reviewed and appropriately updated at least every four years from the date of adoption to ensure it continues to be relevant to the needs within the community.



Background

Introduction

Community safety and well-being plans are provincially legislated for municipalities in Ontario under the Safer Ontario Act, 2018. The aim of the plan is to support safe and healthy communities through a community-based approach to address root causes of complex social issues.

The goal 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. Through the creation of this plan, a holistic approach in addressing local issues is developed and adopted in partnership with a multi-sectoral advisory committee, and with the continued engagement of the community.

While the responsibility for the creation, adoption, and implementation of the CSWB rests with the municipal Council, the legislation stipulates that plan must be created in consultation with a prescribed advisory committee. A local community safety and well-being advisory committee for Kingston was established to meet this requirement and ensure that the plan is based on locally identified risk factors through community consultations, multiple perspectives, and research through the exploration of local service and demographic data.

This plan is intended to reflect on the service delivery model in all sectors and focus on a collaborative service delivery model that leverages the strengths of partners in the community. With collaboration in mind, the local advisory committee outlined the



various organizations, programs and committees that are already addressing these key areas of concern, in some capacity, to identify foundational work that can foster synergies and identify gaps to be able to increase collaboration and partnerships moving forward.

Community safety and well-being plans seek to achieve a proactive, balanced, and collaborative approach to community safety and well-being through a provincial framework that focuses on four key areas: social development, prevention, risk intervention, and incident response.³

Community Safety & Well-being Planning Framework - Ministry of the Solicitor General



Timeline

April 2019 -
March 2020

Initial Planning -
Community Engagement & Data Collection

COVID-19 Pause

July 2020
- December
2020

Continued Community Engagement
& Data Collection

February
2021

Interim Engagement Report to City Council

April
2021

Connecting the Dots –
Community Partner Discussions

June
2021

Submit Report CSWB Report to Council
and the Province

September
2021

Moving Recommendations into Action

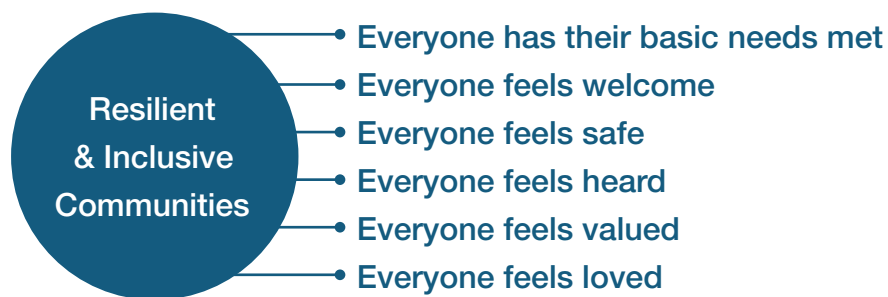
2025

Review and Update the CSWB Plan

Vision & Guiding Principles

Build a resilient community that can respond and adapt to change in ways that foster cooperation, build capacity, increase connectedness, and ensure essential needs are met.

This vision, along with guiding principles, will support the promotion of collaborative and coordinated work to address complex social issues and to further understand the issues that contribute to community safety and well-being. The overall framework of this plan will also apply an equity- and trauma-informed lens across all areas of focus to recognize and better understand the impact of systemic barriers faced by individuals.



This plan is both a foundational strategy and a long-term journey that will address existing community safety and well-being issues and is intended to be a living document that can respond to emerging issues that arise in the future. The concepts within the plan are complex and include a broad range of critical issues that are interconnected. It is important to continually re-visit the vision and guiding principles to help guide the implementation of the plan and ensure the plan is responsive, flexible, and people-centred in finding collective solutions to address critical issues, as well as their root causes.

Theories that Frame the Plan

Throughout the planning process, it was critical to keep in mind some of the underlying theories that guided both the process and the recommendations of the plan. The background theories that were the basis of this work include: social determinants of health; life course; mattering and marginality; trauma-informed care and adverse childhood experiences; and intersectionality. For more details on these theories please refer to Appendix 3.

Social Determinants of Health

The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping their daily life such as political systems and social policies.⁴

In Canada, as noted by the Canadian Mental Health Association, the social determinants of health include: aboriginal status; disability; early life; education; employment/working conditions; food insecurity; health services; gender and gender identity; housing; income/income distribution; race; sexual orientation; social safety net; and unemployment and job security. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health.⁵

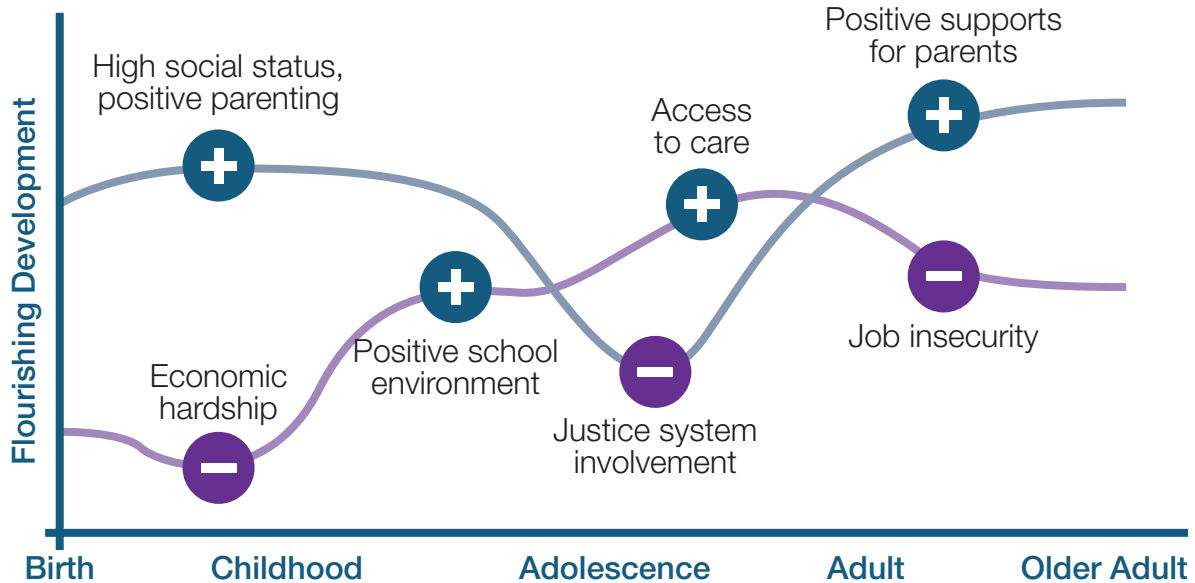
Life Course

A life course approach is based on a model that considers a broad number of social, economic, and environmental factors that impact an individual across all stages of their life. It acknowledges that all stages of a person's life are intertwined with each other, their families, and others in society and that an individual's health and well-



being are dependent on the protective and risk factors they experience. Life course theory speaks to focusing on the early years to ensure the best start in life.⁶

Epigenetic life-course perspective: Preconception to Older Adult ⁷



Mattering and Marginality

A person’s experiences across the life course, most notably at times of transition, can make people feel marginal and that they do not matter. Theories around “Mattering” speaks to the importance of feeling one is noticed; one is cared for; one is needed; one’s efforts are appreciated; and that someone else will be proud of one’s successes and sympathize with one’s failures.

Within Marginality theories, it is understood that there are many things that divide us: ethnicity, age, gender, social class, sexual preference, religion, and politics to name a few. These polar themes of marginality and mattering speak to those things that connect us.⁸

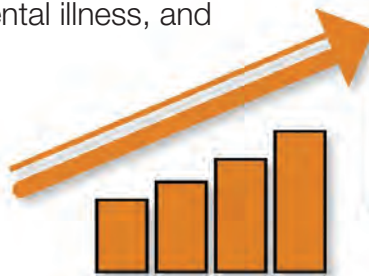
Adverse Childhood Experiences (ACEs) and Trauma-informed care

ACEs research shows that trauma experienced early in life has long term adverse impacts on a person's health and well-being and their ability to be resilient when faced with adversities across the life course.

Trauma-informed care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs of clients who have experienced ACEs and toxic stress. Beginning with a very simple shift in thinking, from "What is wrong with you?" to "What has happened to you?" Through a trauma-informed lens, this question starts to better understand past experiences and helps to build physical and emotional safety; trust between providers and clients; client-centred and evidence-based care; provider and client collaboration; and care that is sensitive to the client's background.

Adverse Childhood Experiences⁹

"ACEs" stands for "Adverse Childhood Experiences." These experiences can include things like physical and emotional abuse, neglect, caregiver mental illness, and household violence.



The more ACEs a child experiences, the more likely he or she is to suffer from things like heart disease and diabetes, poor academic achievement, and substance abuse later in life.



Intersectionality

Intersectionality is defined in the dictionary as “the interconnected nature of social categorizations such as race, class, and gender regarded as creating overlapping and interdependent systems of discrimination or disadvantage.”

It is the acknowledgment and recognition that everyone has their own unique experiences of discrimination and oppression and it is important to consider everything and anything that can marginalizes people – race, gender, class, sexual orientation, physical ability, etc.

These theories grounded the work in the development of Kingston’s Community Safety and Well-being Plan and how the work on the key issues identified should be addressed. Noting that:

- The issues identified through this planning process are interconnected and interdependent
- The impact of trauma in early childhood impacts the rest of life
- Examining the priority areas across the life course recognizes both the uniqueness and the connections through each life phase
- All through life people should feel they belong, they matter, and they count
- Stigma plays a critical role in life experience and addressing these issues
- Everyone has their own unique experiences based on multiple identities that can lead to many forms of discrimination and oppression
- Collaboration and communication are key to ensuring that one approach on one issue doesn’t undermine efforts of those working on a different but intersecting issue

Keeping these theories, the vision and guiding principles in mind, community engagement was carried out to identify the key issues of **mental health; housing and homelessness**; and **addictions/substance misuse** in the community and then to identify impactful ideas to build recommended actions to address them.

Engagement Summary

Community safety and well-being cannot be addressed by one organization, sector, or individual group. It requires a holistic approach which includes all voices. Collective community insight is needed to better understand safety and well-being risks, issues and concerns that face the residents of Kingston. These insights provide the foundation for creative solutions and foster the innovative ideas needed to tackle complex issues. Throughout the planning process, the thoughts and ideas of various service providers, organizations, communities, and the public, have been used to shape this plan's key issues and recommendations for actions.

Data Collection

An initial scan of local service data and demographic data helped guide initial discussions in exploring the scope of work for this plan. Information was gathered to provide a snapshot or baseline for this work and help establish a path. Various data sets helped identify initial issues/risks and the geographic areas of need, to focus the plan's efforts within Kingston. This data included a scan of available Statistics Canada demographic, social survey data and local service data, and was used to inform the overall community safety and well-being plan.

In addition to the scan of multiple data sets, the local advisory committee explored organizations and committees that are already addressing, in some capacity, the key issues identified for Kingston. This plan will further build on the foundational work in the community to avoid duplication, as well as identify gaps that need additional focus. This process will help to enhance and create new synergies to avoid duplications and create stronger partnerships to solve complex community issues. The snapshot of community networks, projects, and planning tables from earlier in 2021 is available in Appendix 2.



Focus Groups

Prior to COVID-19 emergency closures, focus groups were implemented with local youth organizations. Data was collected in March 2020 through five focus groups. A total of 55 youths participated, with 80% aged 12 – 20. There was a relatively even split between female (56%) and males (44%) participating. The intention was to hold focus groups with other stakeholders and age groups other than youth, but COVID prevented this from occurring as planned.

The majority of participants agreed that addictions, mental health, and violence were all issues that should be focused on by the community. Other themes or suggestions identified were:

- homelessness
- human trafficking/kidnapping
- lack of access to/coordination of services

Many felt that there needed to be more education around mental health (media, training for teachers, increased promotion of supports) and more intent listening to youth voices to help youth and reduce stigma.

Surveys

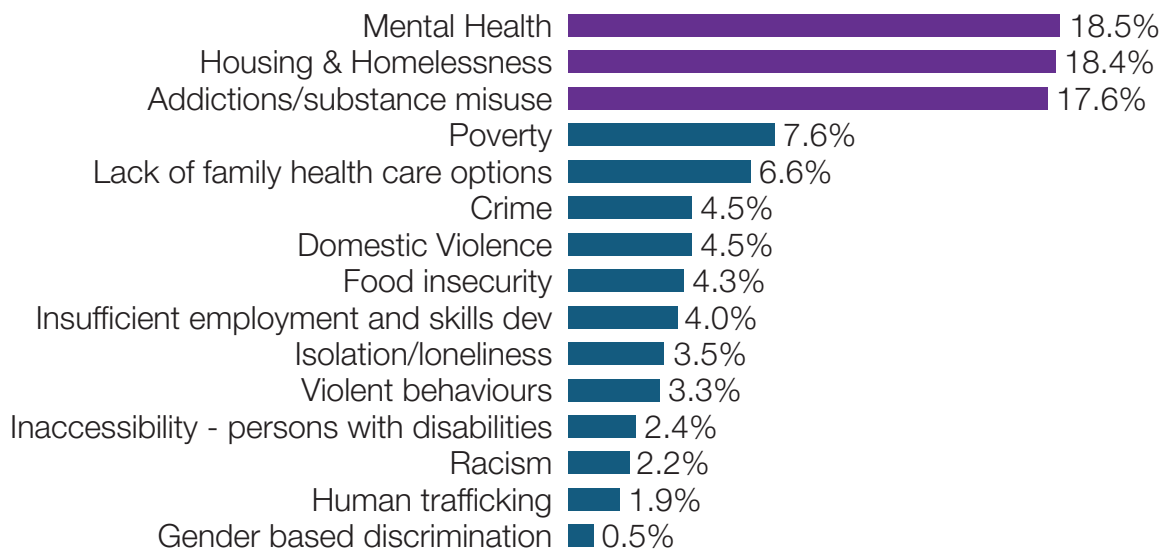
A community consultation process was implemented in the fall 2020 to ensure that Kingston residents had an opportunity to provide input on the identification of issues they felt were most prevalent in the community. This feedback assisted in the generation of ideas needed to address root causes related to crime and complex social issues.

Data was first collected through a survey aimed at gathering the experiences faced by first responders and frontline workers within Kingston from Sept. 14 to Oct. 15, 2020. Feedback and insights were received from 350 first responders and frontline workers based on their work experiences related to community safety and well-being.

A similar survey was conducted through an engagement process with the public later in the fall 2020. The survey was open from Oct. 27 to Nov. 30, 2020. It aimed to capture residents' experiences in relation to community safety and well-being. Data was received from 342 residents through the City of Kingston's 'Get Involved' online engagement platform, as well as through direct email links and available hard copies sent to community organizations to directly connect with clients.

Identified Key Issues

Through the community engagement process, key issues became evident. The feedback and insights provided by approximately 1,000 first responders, frontline workers, senior managers, and residents through the community engagement process are the foundation of this plan. Making sure that everyone who wanted to contribute had the opportunity to provide thoughts, ideas, and opinions throughout this process is central to the success of this plan. The feedback provided on the issues that were most prevalent, as well as to suggestions on where there may be gaps that need to be further addressed, has been critical to building a holistic plan that ensures residents feel safe, secure, and welcome. The complete community consultation engagement report can be found on the CSWB page of the City's site (<https://www.cityofkingston.ca/resident/community-services/community-safety>).





Community Partner Conversations

Following the initial consultation phase for the development and identification of the key issues, additional community consultation was implemented in April 2021 to gather input from service providers and community planning groups.

Six facilitated community partner discussions engaging 35 organizations and planning tables, and approximately 75 individuals spoke to current initiatives and offered success stories, lessons learned and ideas based on their work experiences.

Discussions focused on a life course approach and looked at how each stage is impacted by the key issues identified in the first phase of this work. This helped to better understand gaps and establish ideas to address concerns. Each of the sessions explored a range of ideas that covered what can be done right now and what are long-term issues for planning. In addition, a facilitated session was held with representatives of the Indigenous community to seek their experiences, observations, and ideas. Highlights from each of the age-specific discussions and the Indigenous session were brought together to provide a robust, multifaceted perspective that was shared for further discussion with the CSWB Advisory Committee. The Advisory Committee filtered this information through the original vision statement and the pillars contained within it, namely: fostering cooperation; building capacity; increasing connectedness and ensuring essential needs. Recommendations were then identified that would be the most impactful on moving the community toward this vision. The ideas and recommendations identified through this process will be highlighted throughout this report.

Although other data collection activities were planned, these were paused due to onset of the COVID-19 pandemic in March 2020. Due to the physical distancing measures put in place to protect the health and safety of our community, all in-person activities were cancelled. The engagement process was revised to accommodate for various ways of reaching and engaging with as many people and voices as possible

given COVID-19 restrictions. It is also important to remember that this data reflects the new realities and the many challenges faced during the COVID-19 pandemic.

The ongoing COVID-19 response underlines the importance of having a comprehensive and robust community safety and well-being plan to support the community. The plan is intended to be flexible and respond to future emerging issues through shifting to meet the needs of the community, such as those seen during the pandemic.

Given the deadline of July 1, 2021 for the submission of the Plan, detailed work on creating an implementation plan for each of the eight key recommendations, including actions with time frames and success measurements has not yet been completed. The Advisory Committee has committed to continuing to meet in the fall of 2021 to create this implementation plan under the City's leadership.



Life Course

Prenatal/Early Childhood (0-6 years of age)



“It’s impossible to overestimate how important the early years are.”

– Dr. Jack Shonkoff, Centre on the Developing Child, Harvard University¹⁰

Why this is important?

As outlined in the 2017 KFL&A Public Health “Call to Action” on healthy child development, early childhood development is the most important developmental phase throughout the lifespan as it is critical for positive physical, social, emotional experiences to support healthy brain development.¹¹ Positive experiences in early childhood set the foundation for lifelong learning, behaviour, health, and well-being. Healthy infants and children have a greater chance of being healthier adults. They enjoy, for example improved mental and physical health outcomes, greater success in school and employment, and a decreased chance of criminality in adulthood.

Brain development begins before birth and continues through life, although the most rapid development occurs during the first 5 years of life. More and more research demonstrates that experiences during this critical phase of human life have a lasting impact on future learning, behaviour, and health. Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture, with negative effects lasting into adulthood.¹²

The trajectory of a child’s health and development is complex and can be shaped by several interconnecting factors, such as the environment in which children live



and learn, as well as the quality of the relationships in their lives. Positive early interventions and connections are key to improving outcomes for children.

Key Facts

Less than 5%	Of children in Canada were born with limitations to their development. ¹³
34%	<p>Of 5 year-olds in Kingston and Frontenac were considered to be vulnerable in one or more developmental domains according to the 2018 Early Development Instrument.¹⁴</p> <ul style="list-style-type: none"> • This percentage has been steadily increasing since 2006.
20%	<p>Of children 0 to 12 years of age in the Kingston area were accessing licensed childcare in 2019.¹⁵</p> <ul style="list-style-type: none"> • 30% of children aged 0 to 4 accessed EarlyON child and family programs in Kingston area in 2019. • Access to high quality, positive early childhood experiences is a key preventative factor in changing the trajectory of children’s lives.
64%	<p>Of open protection files at Family and Children Services in Frontenac, Lennox & Addington involved children age 0-6 (2018/2019)¹⁶</p> <ul style="list-style-type: none"> • Of these cases, 54% were opened for primary concerns related to Caregiver Capacity (caregiver history of abuse/neglect/exploiting, inability to protect, caregiver with a problem, caregiving skills).
3.6%	<p>Of women reported alcohol or drug use during pregnancy in the KFL&A area¹⁷, which was higher than the Ontario average (2.5%) in 2018.</p> <ul style="list-style-type: none"> • 26.7% mothers expressed mental health concerns during pregnancy, compared to the provincial average of 19.2%.

Examples of Local Work

ACEs Community Network (Core team - ACT)

This small, active working group has been formed by committed individuals from a variety of organizations with the shared desire to work together as a community to address the impact of Adverse Childhood Experiences (ACEs) and build resiliency in children, families, and community. It was established after a community meeting in February 2020, that there was a strong interest in further exploring the topic of ACEs within the community. The working group is currently developing a proposed strategy/workplan to coordinate the delivery of trauma-informed training within the community.

“A Collaborative Approach to Embedding the Science of Infant Mental Health & Enhancing Infant Mental Health Services (2019)” – Community network project led by Infant Mental Health Promotion (IMHP)

In July 2018, IMHP met with the Prenatal to Six Working Group to build a foundation for the community to strengthen infant and early mental health services through collaboration. The table brought together a diverse group of professionals, including representation from local physicians, researchers from academic institutions, and Indigenous community partners. With this strong level of cooperation and commitment among the partners, a vision for improving services for children and families was acknowledged. The group created a final report, intended to be roadmap for further community engagement and implementation. Although, there has been a pause due the COVID-19 pandemic, the Prenatal to Six committee has recently re-convened to re-visit the implementation of the roadmap.



Ideas Developed through Community Conversations

1. Continue to promote the foundational aspects of early brain development and simple ways to nurture connection, attachment, and development for caregivers with infants and early years children.
2. Provide community-wide training focused on infant mental health, attachment, trauma-informed and culturally competency.
3. Promote awareness of existing services and programs to avoid duplication and explore ways to better integrate and collaborate.
4. Introduce parent education programs and enhanced system navigation supports for families.
5. Collect consistent and relevant data that can be shared and used for system wide planning and stronger referral pathways at times of transitions (i.e. kindergarten registration data).
6. Increase individualized supports and enhance home visiting services to families.
7. Develop a workforce capacity strategy for the attraction and retention of Registered Early Childhood Educators in the community.
8. Advocate for greater support and prioritization of funding for early years interventions and programs.

Middle Childhood (7-12 years of age)

“Every child deserves a champion—an adult who will never give up on them, who understands the power of connection, and insists that they become the best they can possibly be.”

– Rita F. Pierson

Why this is important?

Middle childhood is a time of enormous physical, emotional, and cognitive growth, accompanied by changes in peer and adults' relationships, at both home and school environments. Research shows that a child's overall health and well-being during this critical period of development affects their ability to concentrate and learn, develop, and maintain friendships, and navigate thoughtful decision-making.¹⁸

As the school years progress, it is common to observe declines in a child's self-reported confidence, self-concept, optimism, empathy, satisfaction with life and social responsibility. As these early indicators of mental health and behavioural and learning challenges become more visible, the opportunity for early interventions can make a significant impact on long-term outcomes.

Although middle childhood is a time of risk, it is also a time of opportunity. There is mounting evidence to suggest that positive relationships with adults and peers during this critical time act to increase a child's resiliency and school and life success.¹⁹ This evidence illustrates that children who have healthy, supportive experiences in their middle years are better prepared to develop into healthy, happy, hopeful, and thriving young adults. A key intervention is connection to a positive, caring adult to help support positive social and emotional competencies and lifelong patterns of behavior that will help them thrive.



Key Facts

8%	<p>Of Kingston's population was 7 to 12 years of age in 2016.²⁰</p> <ul style="list-style-type: none"> This was a 5% growth from the previous census in 2011 and is estimated to growth by another 8% in 2028.
20%	<p>Of children are living in low income households in Kingston.²¹</p> <ul style="list-style-type: none"> 18% of families in Kingston were lone-parent families in 2016. 67% of lone parent families with children under 17 were in low income.
20%	<p>Of school-age students have access to high quality licensed before and after school programs.²²</p> <ul style="list-style-type: none"> 2,350 licensed school-age childcare spaces available in 2019. This has been dramatically reduced and impacted by COVID-19, as well as lack of available registered Early Childhood Educational staff.
39%	<p>Of Grade 4 students in Algonquin and Lakeshore Catholic District School Board (ALCDSB) indicated low well-being, according to the 2019 MDI.</p> <ul style="list-style-type: none"> 41% of those in Grade 7 scored within the range of low well-being. Evidence suggests this is linked to stress and anxiety, poor sleep patterns and a lack of self-regulation strategies.
41%	<p>Of Grade 7 students in ALCDSB were not able to identify a caring adult in their school community (2019 MDI).</p> <ul style="list-style-type: none"> This age group tends to have a large focus on peer connections, although the connection to a caring adult is also critically important.
19%	<p>Children were identified as having a mental health or emotional problem and did not know where to turn.²³</p> <ul style="list-style-type: none"> 13% of children were feeling hopeless.
16%	<p>Of the homeless population identified in the 2018 Point-in-Time count were children under the age of 14.</p> <ul style="list-style-type: none"> 12% were identified as part of a family unit.

Examples of Local Work

Road Map to Wellness – Child, Youth and Family Mental Health Task Force

Maltby Centre is leading this local task force, formerly named “Moving on Mental Health”, which includes membership of 30 community leaders from across KFL&A that provide mental health services to children, youth, and their families. The role is to provide a forum focused on improving the mental system and improving the delivery and coordination of service to increase access and equitable service to families. Several sub-committees of this task force are actively working on several initiatives such as:

- The creation of a family engagement assessment tool to help agencies identify what they are doing well in terms of family engagement and where there may be service gaps.
- A partnership with the Kingstonist to promote services, raise awareness of available resources and services, as well as help finding reliable information to support a child’s well-being.

Children and Youth Services Planning Committee (CYSPC) – Middle Years

The Middle Years Committee is a sub-committee of the CYSPC Planning Table and consists of agencies serving children 6-12 years old and their families. The main goal is to address the needs and concerns of clients, and address ways to best serve children and their families through increased collaboration and building capacity of frontline staff. The impacts of COVID-19 have shifted the focus to fostering clients’ positive mental health and resilience, as well as sharing information regarding programs and services currently available.



Ideas Developed through Community Conversations

1. Promote awareness of supports to help parents navigate mental health and school expectations, including peer-to-peer and positive parenting supports.
2. Offer more supports within the school system for children.
3. Support teachers to be more open about discussing mental health wellness to help reduce stigma and increase awareness. This would help give children the language and strategies to support self-regulation.
4. Ensure there are adults, i.e. teachers, counsellors, coaches, etc., in a child's life who reflect their individual identities and can help them feel connected, safe, and welcome.
5. Offer trauma-informed training to all staff and/or persons working with this age group, with a particular focus on schools.
6. Learn by listening – reaching out to the children and getting from them what they need and actively engage. We need their voices in this process.
7. Establish wrap-around supports for complex cases and ways to easily navigate supports. There is a mental health and substance misuse crisis happening within this age group, with referrals increasing and more complex cases on the rise.
8. Offer access to social recreational opportunities that are low to no cost for children in this age group located in the communities where they reside.

Youth (13-24 years of age)

“Adolescence is a stage of development in which teens have superb cognitive abilities and high rates of learning and memory because they are still riding on the heightened synaptic plasticity of childhood. These abilities give them a distinct advantage over adults, but because they are so primed to learn, they are also exceedingly vulnerable to learning the wrong things.”

- Dr. Frances E. Jensen, University of Pennsylvania -
Department of Neurology

Why this is important?

The definition of youth is dynamic, and youth have been categorized in many ways. It is important to understand that throughout this age cohort, in which ever way it is defined, each age range has very different needs. For those that are 13-18 years old may be navigating new schools, new relationships, first jobs, and for the most part remain dependent on their caregivers. This period of early adolescence is a critical developmental phase of life, and a growing body of evidence is showing this phase of life is the second critical window of brain development that can help set individuals on a path to increase health and well-being as adults.²⁴

For those who are 18 years or older, they are beginning to navigate the transition into adulthood. They are facing similar, but also very different barriers regarding employment, education, a lack of affordable and accessible housing and social service supports. This time-period in their lives is tumultuous, as they deal with heightened emotions and finding their own place in society.

As adolescents face new challenges, pressures, stressors, and choices, it is important to offer positive opportunities that empower and support them as their



bodies and brains are developing. Positive experiences and environments, combined with genetics shape the brains of adolescents, and protective factors such as safe and secure environments, and the presence of a caring adult – can help them navigate the changing world around them and lay the stronger foundation they need to thrive as adults.

Key Facts

15%	<p>Of the population in the City of Kingston was between the ages of 13 and 24 years in 2016.²⁵</p> <ul style="list-style-type: none">• This does not account for the thousands of post-secondary students in our service population.
#2	<p>After accidents, suicide is the second leading cause of death for people aged 15-24.²⁶</p> <ul style="list-style-type: none">• First Nations youth die by suicide about 5 to 6 times more often than non-Aboriginal youth and are considered to be among the highest in the world.²⁷
70%	<p>Of mental health problems begin during childhood and adolescents.²⁸</p> <ul style="list-style-type: none">• 75% of children & youth with mental disorders do not have access to specialized treatment services.
83%	<p>Risk Watch/situation table discussions in 2018-2019 involved youth aged 12-17 with acute elevated risks.²⁹</p> <ul style="list-style-type: none">• 56% of these referrals were from FACSFLA.• 40% of the high-level risks were mental health & substance misuse.
40%	<p>Of homeless youth shared that they were under the age of 16 when they first experienced homelessness.³⁰</p> <ul style="list-style-type: none">• 85% were experiencing a mental health crisis.• 42% reported at least one suicide attempt.
63%	<p>Of homeless youth shared that they had experienced childhood trauma or abuse.³¹</p> <ul style="list-style-type: none">• 58% also had previous involvement with child welfare.
42%	<p>Of grade 7 to 12 students in Ontario reported drinking alcohol in 2019 – with 15% reporting binge drinking (5+ drinks, past month).³²</p> <ul style="list-style-type: none">• 22% of high school students have used cannabis – with the average age they report first start using cannabis being 15 years.

Examples of Local Work

Risk Watch/Community Situation Table

The Kingston-Frontenac Risk Watch Situation Table project began as a joint initiative between the Kingston Police, Human Service and Justice Coordinating committees. This collaborative integrated multi-agency team is striving to build safer and healthier communities through rapid mobilization of resources and service connections to meet the immediate needs of individuals and families experiencing acutely elevated levels of risk. Between February 2018 and January 2019, there were 27 discussions of cases that were experiencing acute elevated elevated risk. Of these, 83% were youth between the ages of 12-17. More information on this initiative can be found here:

<https://www.globalcommunitysafety.com/resources/community/kfla>

Youth Homelessness Steering Committee

United Way KFL&A Chairs and provides backbone coordination on a Youth Collective Impact initiative, Ending Youth Homelessness in Kingston and Area. The initiative is led by the voice of youth, together with a steering committee made up of 20+ youth serving organizations including agencies, school boards, police, labour, and all levels of government. The collective impact approach leverages the great frontline work being done by local agencies and brings youth and partners together to focus on prevention, timely intervention and building a sustainable network of supportive resources and solutions to this important community issue. More information on this initiative can be found here: <https://www.unitedwaykfla.ca/youth/>



Ideas Developed through Community Conversations

1. Promote awareness to existing services, programs and supports to educate youth & families on available resources to help navigate access services, such as mental health, poverty, school expectations, peer to peer supports.
2. Learn by listening. Reach out to youth and ask them how they prefer to access services.
3. Offer trauma-informed training to all staff and/or persons working with this age group.
4. Linking youth to each other for peer support (across agencies) to better support positive personal connections.
5. Support development of life skills for all youth through, both schools and alternate locations to access materials and resources – going to where the youth are.
6. Integrating mental health resources for youth into existing services: need add-on professional supports for those in crisis at shelters.
7. Youth Hub: physical community hub or virtual portal to support one-stop shop format that helps to inform and encourage youth to reach out for services.
8. Advocate for affordable housing for youth.

Adult (24-54 years of age)

“We need to stop pulling people out of the river. We need to go upstream and find out why they are falling in.”

- Desmond Tutu

Why this is important?

In a recently released statement, Dr. Jack Shonkoff from Harvard University, acknowledged that the devastating toll the pandemic has had on everyone and that the ‘immediate effects and long-term impacts of this rapidly changing situation will not be evenly distributed’.³³

The stresses on adults caring for themselves, their children, and other adults is compounding and shining a spotlight on the increased risks that face everyone. Many are already struggling with low-wage work, lack of affordable childcare, and meeting their basic needs while living paycheck to paycheck, and the pandemic has only exponentially increased this stress. When unstable housing, food insecurity, social isolation, limited access to medical care, the burdens of racism, and fears related to immigration status are added, the toxic overload of adversities can also lead to increasing rates of substance abuse, family violence, and untreated mental health problems. We cannot lose sight of the massive consequences that the increase of these risk factors is currently having as well as the impact it will have for years to come.

Within the adversities of the last year, hope has also come out stronger than ever before over. Many passionate and dedicated individuals and organizations came forward to help others overcome barriers through innovative and collaborative solutions—often in the face of their own barriers and risks to health and economic well-being. We need to continue to move forward collaboratively to create and sustain a more resilient and inclusive community for all.



Key Facts

192	<p>Households were known to be experiencing homelessness on the By-Name-List (Jan 2021).³⁴</p> <ul style="list-style-type: none"> • approximately 75% are single adult households. • 1.4% decrease in chronic homelessness compared to Dec 2020.
178	<p>Unique individuals accessed the overnight rest zone at the Integrated Care Hub (ICH) as of end of January 2021.³⁵</p> <ul style="list-style-type: none"> • 70% indicated an interest in being connected to housing, mental health, substance use or physical health supports.
1,493	<p>Naloxone kits have been distributed at ICH consumption treatment site (since Nov 1, 2020).³⁶</p> <ul style="list-style-type: none"> • Harm reduction supplies & naloxone access continues to increase. • Responded to more overdoses in Jan of 2021 than the combined total in 2018/2019.
1,109	<p>Households on the centralized waitlist – waiting for affordable community housing.³⁷</p> <ul style="list-style-type: none"> • Approximate wait times can take up to 8 years. • 39% of those on the waitlist are in receipt of ODSP – which has been steadily increasing over the last 10 years.
78%	<p>Of people experiencing homelessness in the Point in Time count (2018) self-identified as having a mental health issue.³⁸</p> <ul style="list-style-type: none"> • 46% self-identified as having an addiction. • 30% indicated they had been in foster care or a group homes as a child.
15.1	<p>Rate of opioid-related deaths (per 100,000) in the KFL&A Region (2019).³⁹</p> <ul style="list-style-type: none"> • 39% increase from 2018. • Further dramatic increases seen throughout 2020 with the impact of COVID-19.
10%	<p>Of paramedic final calls in 2019 responded to related to behaviour, alcohol intoxication, and drug/alcohol overdoses.⁴⁰</p> <ul style="list-style-type: none"> • 4.2% calls no issues or complaints, most likely an indicator of loneliness, fear or isolation.

Examples of Local Work

Integrated Care Hub & Consumption Treatment program

The City of Kingston, in partnership with HIV/AIDS Regional Services (HARS) established the Integrated Care Hub in response to heightened critical and complex needs during the COVID-19 pandemic. Since opening, at its new location at 661 Montreal Street on October 31st, 2020, the Integrated Care Hub (ICH) operates a 24/7 low barrier, wrap around services in partnership with HARS, KCHC, and multiple other community partners. The services provided offer lifesaving supports and services to Kingston most vulnerable residents. The continuation of this service to the community is vital and it has been acknowledged that in the absence of this service there would be a significant increase in overdoses, hospital visits, people sleeping rough, and increase demand on other services to address critical and complex needs.

Community Drug Strategy Table

Through the collective impact of community partners, develop and implement a community drug strategy that reduces the harms associated with substance use and uses upstream approaches to address the root causes of substance use. Sub-committees of this main overarching table include a focus on low barrier housing, stigma and education related to substance use, and a performance measures sub-group looking to assess the impact through indicators to monitor progress. This group has created a brief providing background information on decriminalization as an alternative regulatory approach to the criminalization of illicit drugs.

Kingston Area Mobile Crisis Rapid Response Team (MCRTT) and Crisis Outreach & Support Team (COAST)

Recently implemented collaborative provides innovative programs that operated in partnership with Kingston Police, AMHS-KFLA Crisis Workers. Specially trained front-line officers from the Kingston Police and paired with a crisis worker to respond to emergency and non-emergency mental health-related calls from within the community as a uniformed response (MCRRT) and plainclothes follow up team (COAST). These teams are dispatched as appropriate to respond and follow up to 911 calls and aim to better support individuals in crisis and divert individuals from emergency rooms where possible. For more information:

<https://www.amhs-kfla.ca/programs-services/crisis/>



Ideas Developed through Community Conversations

1. Review of other cities transitional housing plans. Examples include exploring tiny home communities with a hub model that includes health care and addiction services.
2. Increase supportive and affordable housing options.
3. Ensure community supports/services and health care are equitable and inclusive as possible. Agencies to review policies and procedures to ensure services are low barrier.
4. Wraparound services can be implemented immediately with better coordination and increase integration across service providers.
5. Trauma-informed training for all professional staff (ACEs or other).
6. Improve communication/coordination across services to promote awareness of existing services, programs and supports to help educate adults about available resources, with specific attention at times of transitions (corrections, hospitals, etc.)
7. Providing sustainable resources for the social service organizations to deal with increased service demands in addressing community need.
8. Treatment options for complex mental health and substance use needs.

Older Adult (55+ years of age)

“It has been suggested that one problem of retirement is that one no longer matters; others no longer depend upon us”

- Morris Rosenberg

Why this is important?

For the first time in Canadian history, according to the 2016 census, seniors are outnumbering children and youth under the age of 15 and the population is steadily growing larger. It is estimated that the population over 65 is over 20% of the population of Kingston CMA in 2020. As this population continues to rise so will the pressures on the health and social support sectors in Kingston to better help individuals age well and face complex critical issues.

Everyone wishes to age well and majority wish to age in their own home and be able to care for themselves. They want to be able to choose where they live and the structure of their living arrangements. Far too many seniors are moved into places they did not choose or do not want to be and therefore are not aging well. Many remain in alternative level of care beds in hospitals for long periods and are then placed in long-term care homes.

As the prevalence of chronic diseases and other health conditions increases with age, so does the direct impact on daily living activities, reduce quality of life and increase the risk of social isolation and loneliness. This can also lead to additional challenges, including chronic pain and the use of multiple medications, which in turn has been linked to an increased risk of inappropriate drug use and adverse drug events. Therefore, to help reduce inequities face by older adults it is important to support healthy behaviours through a variety of options, such as the creation of environments that are safe, socially supportive and age friendly.



Key Facts

33%	<p>Of the City of Kingston population was over the age of 55 in 2016.⁴¹</p> <ul style="list-style-type: none"> • 2011 marked the first time in history that there were more older adults than children in the Kingston area. This trend is expected to continue to increase at a rapid rate over the next decade.
18%	<p>Of all households in the Kingston area were single adults over 55 years of age living alone (2016).</p> <ul style="list-style-type: none"> • Of those 55 and over living alone, 26% were renting and 34% were in subsidized housing.⁴²
17%	<p>Older adults in Kingston are a lone parent.⁴³</p> <ul style="list-style-type: none"> • 30% increase in ‘skip-generation’ households in Canada - a growing trend in which grandparents are the primary caregivers of their grandchildren, with no middle generation present in the household.
1 in 4	<p>Seniors in Canada are prescribed 10 or more drug classes.</p> <ul style="list-style-type: none"> • Individuals over the age of 65 had the highest rate (35%) of opioid-related hospitalization in the KFL&A region in 2019. The rate has fluctuated over the ten last years, with a steady increase over the last three years.⁴⁴
69	<p>Individuals over the age of 55 accessed shelters in Kingston during 2020. As the general population ages in Kingston, there has also been an increase in the percentage of seniors that are homeless or in precarious housing.</p> <ul style="list-style-type: none"> • There was a small increase in the number applications for the social housing centralized waitlist that are receiving CPP and Old Age Security/G.I.S – both reflect the aging population in Kingston.⁴⁵
85%	<p>Of Canadian seniors would like to age in their homes.⁴⁶</p> <ul style="list-style-type: none"> • While remaining independent and socially connected in their own homes is ideal, it is not always possible. Many seniors have no choice, having been transferred to an LTC-home directly from hospitals, although an estimated 1 in 9 residents of LTC homes would be capable of returning home with adequate supports.⁴⁷

Examples of Local Work

OASIS Senior Supportive Living Inc.

The OASIS Senior Supportive Living Inc. program is designed to strengthen and sustain healthy communities of older adults by addressing important determinants of healthy aging such as isolation, nutrition, physical fitness, and sense of purpose. It was developed as an innovative solution to support aging well at home. OASIS is founded to serve older adults who, with some support, are able to live independently. It is a concept that recognizes the importance of self-determination and offers programs based on the identified needs and wishes of OASIS members. OASIS seeks to enable seniors to remain at home and age with dignity. OASIS was started as a pilot program eleven years ago by the Frontenac Kingston Council on Aging in Kingston and has now expanded to other communities. For more information on the OASIS program: <https://www.oasis-aging-in-place.com/>

Community Paramedicine Programs

Community paramedicine programs are programs in which “community paramedics provide community-centred healthcare services that bridge emergency care and primary care and undertake expanded roles such as health promotion and disease/injury prevention.”⁴⁸ Within the Kingston Area, Frontenac Paramedics have provided community paramedicine wellness clinics to residents of Frontenac County and Kingston since 2014 and have been integral in helping with the community’s response to COVID-19, and have recently received increase funding to enhance the program to provide diagnostic procedures, assessments, testing, routine monitoring, and medical treatments in the comfort of people’s own homes. Currently, more than half of Ontarians have access to these programs which help the elderly and other patients receive care from home, while reducing unnecessary emergency room visits and hospital admissions. Expanding these programs in Ontario is a key component to the overall health and well-being of our ageing population.⁴⁹ For more information on clinics: <https://www.frontenacounty.ca/en/living/community-paramedicine.aspx>



Ideas Developed through Community Conversations

1. Increase communication of programs in a centralized location. Including promoting social and physical activities to support healthy living options, such as the Senior good food box program.
2. Integration amongst service providers working towards better supporting social isolation and increasing positive connections. Including integrated coordination of community volunteer initiatives, and exploring intergenerational relationship building in delivering services and supports.
3. Increase access to health care options, including access to primary health, home care supports, virtual care and long-term care. Increase in resources to support seniors that may be transitioning from hospital setting, with and emphasize social and independent skills as well as medical recovery.
4. Research and develop an alternative and affordable housing strategy with specific attention to the needs of older adults.
5. Support the Ontario Health Team priority on 'Aging Well at Home'.
6. Virtual hub or phone support for 24/7 access to resources for seniors, including promotion of the Phone from Home program and 211.
7. Organize support and access to internet, technology (laptops, computers, phones) and basic training skills for seniors to better navigate resources and service online, including banking, virtual care, and online bookings.
8. Ensuring older adults have access to virtual and home care services in rural and remote areas of Kingston in order to not have to leave home community.





Connecting the Dots

Connecting the Dots Process

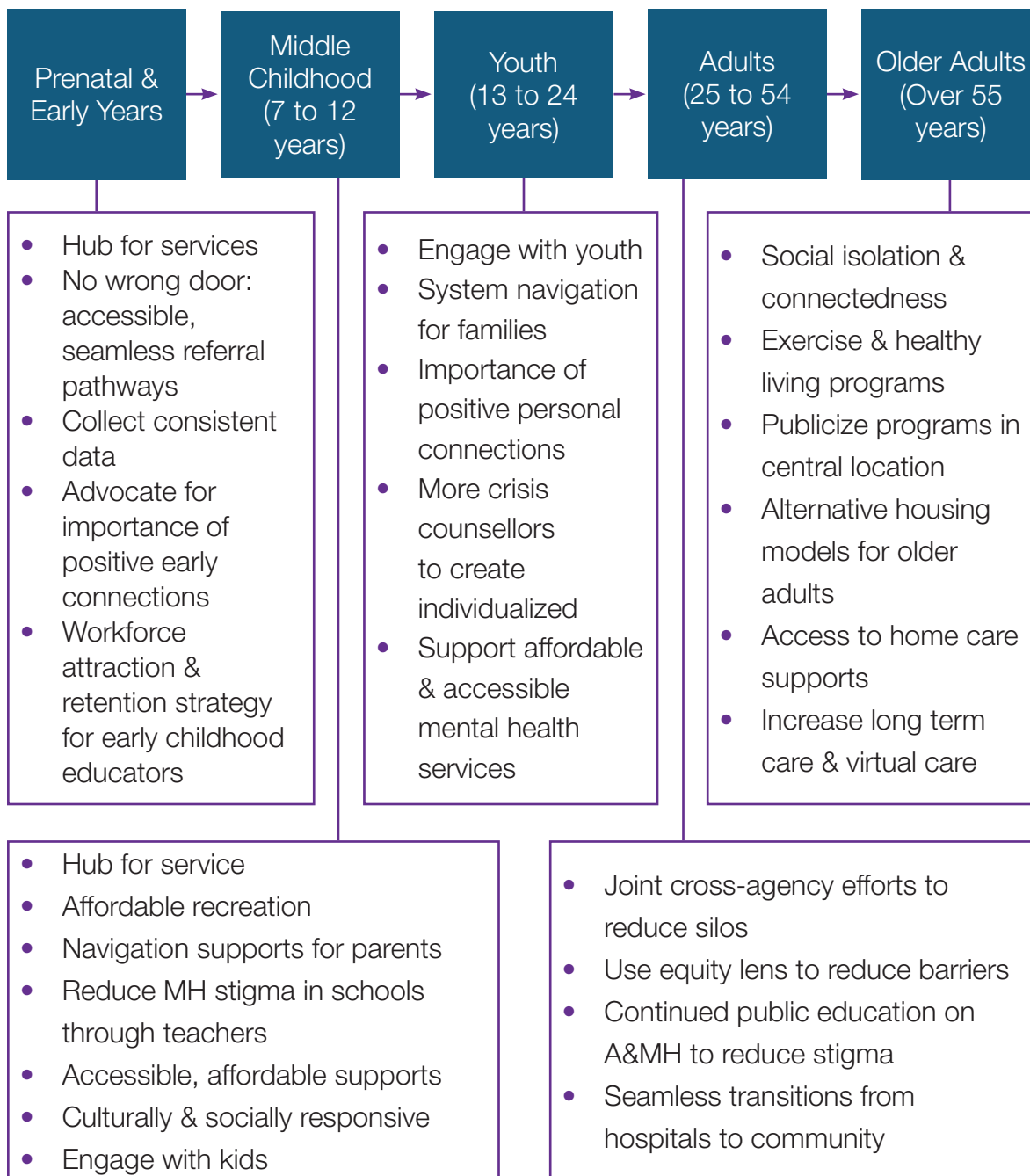
“When you pay attention to the beginning of the story, you can change the whole story.”

- Raffi Cavoukian, singer, and founder of Canada’s Centre for Child Honouring⁵⁰

In the first phase of Kingston’s Community Safety and Well-being plan, key issues were identified through engagement with front-line workers, first responders and the residents of Kingston. Top issues identified included concerns around services and supports for mental health, housing and homelessness, and addictions and substance misuse.

To further explore these issues, the second phase of this process included taking a life course approach to further engage with community service providers to explore local service delivery of the key issues and concerns. This process provided robust, multifaceted feedback into the local service system and built a stronger understanding of the identified key issues in relation to specific age cohorts, and the overall impact on population health and life trajectories. The insight provided from those working with and within the social service sector, in specific age population, revealed current practices with opportunities for partnerships and increase collaborations, as well as identified barriers and service gaps. Pulling this all together provided potential solutions for moving forward in developing a framework for addressing priority issues that were identified in phase one of the CSWB work.

In reviewing the feedback received from each life course sessions, as noted in the previous sections, the diagram below highlights key themes identified for each of the five sessions. The complete list of impactful ideas generated are listed in Appendix 4.



In pulling together these diverse perspectives, common themes that emerged across each the life course engagement session included:

- Advocate for the importance of positive personal connections throughout life
- Accessible 24/7 addictions and mental health supports and services outside of the police and hospital services
- Wrap-around and hub type services at every age level
- Access to primary health care
- Increase supportive housing options
- System coordination and collaboration
- Education and awareness of trauma-informed approaches
- System planning that is equitable and culturally responsive

Indigenous Perspectives

“There is a longing among all peoples and creatures to have a sense of purpose and worth. To satisfy that common longing in all of us we must respect each other.”

- Chief Dan George

In addition to viewing the key issues through the life course lens, it was important to ensure an Indigenous lens was applied to the critical issues identified, as well as the opportunity to explore specific barriers faced by the Indigenous community. It is essential to recognize the City of Kingston is home to a diverse group of First Nation, Inuit and Métis peoples who come from many different Nations and communities across Canada, and that these perspectives are captured within this plan.

Acknowledgment of Indigenous ancestry, practices, and ways of knowing is a first step towards respect and recognition. To try to capture these insights an additional facilitated discussion was held with representatives of the Indigenous service sector community.

Key barriers identified through the discussion with service agencies that delivery services to the Indigenous population include:

- Not having access to ceremony and elders who are actual elders and not appointed by a colonial institution
- Finding mainstream mental health services that incorporate traditional healing practices, including ceremony
- Safe places for homeless individuals who identify as Indigenous and are COVID-19 positive as well as consistent access to safe spaces and healthy food
- Affordable, reliable internet & technology access
- A stable and consistent place to gather as an Indigenous community, and not having to transfer equipment, resources, and materials from place to place
- No rehabilitation in the areas, long wait times and restrictions on access to available services, i.e., 3 months wait and requirement to be sober for admission
- Limited access to space in colonial settings to practice traditions i.e., smudge, pipe ceremony, sacred fires

Examples of Local Work

Kewaywin Circle (Family and Children's Service - Indigenous Advisory Group)

The Kewaywin Circle initiates and fosters support, guidance, and connections to community and cultural knowledge for families, children, and youth working with the agency who self-identify as Indigenous and caregivers who have self-identifying Indigenous children/youth living in their homes. The Circle further assists and guides agency staff providing services to Indigenous families, children, and youth, and to the Board of Directors (who hold the agency accountable to commitments made, work being done, and policies/procedures in place). The Circle also offers input via an Indigenous lens regarding services FACSFLA provides and makes recommendations for change. The Kewaywin Circle vision is to reignite and ground children, youth, and families indigenous to Turtle Island in their culture, connections, and opportunities for sharing knowledge, while ensuring that those children and youth grow up healthy and integrated within their families, cultures, and communities. For more information: <https://www.facsfla.ca/programs/kewaywin-circle>

NAADAMAAGEWIN PROJECT: COVID RESPONSE TABLE

An Indigenous COVID Response Table which has been created to explore the profound impact on the indigenous community in relation (but not limited to) food security and cultural well-being. This recurring virtual circle has provided an opportunity to communicate, collaborate, better align, and strengthen support to address community needs. This initiative is an Indigenous community development project sponsored by Apagidiwag in collaboration with Ardoch Algonquin First Nation, the Indigenous Health Council, Loving Spoonful, Humber College, Queen's University, Indigenous Diabetes Health Circle and Kingston Indigenous Language Nest. This project aims to increase access to emergency provisions including: food baskets, cleaning supplies, drinkable water etc.; Provide inspiring, accessible, and culturally safe online spaces that support holistic health physically, spiritually, emotionally, and mentally; Celebrate everyday acts of strength, resilience, and mutual support in response to COVID-19.



Ideas developed through the Indigenous Community Conversation

1. Local land-based camp/outdoor space that could be used for a variety of things – growing & harvesting (supporting food security); rehabilitation; learning traditional practices of conservation to help reclaim culture.
2. Allocate an indigenous multi-use building with space for housing community activities, office space for elders and practitioners, a large commercial kitchen for community gatherings.
3. Ensure 24/7 continuous support services with an Indigenous focus.
4. Finding more ways to enable the practice of indigenous traditions in colonial settings – smudge, pipe ceremonies, sacred fires.
5. Design an Indigenous peer helper model to assist those in the indigenous community navigate mental health and addictions resources and connect with agencies.
6. Advocate for stable, consistent funding for indigenous programs and service, including supportive and affordable housing.
7. Indigenous component to support victim services.
8. Internet and tech supports are made available across the region.

Pillars of CSWB Vision

Through the analysis of the community engagement discussions, four central themes or pillars emerged that align with the overarching CSWB vision to address key critical issues through supporting a resilient and inclusive community that can respond and adapt to change in ways that:

- Increase connectedness
- Foster collaboration
- Build capacity
- Ensure essential needs are met

Ideas generated through each of the age cohort and Indigenous discussions, all of which focused on the critical issues identified in phase one, were placed within these four pillars and shared with the Advisory Committee to discuss further.



<p>INCREASE CONNECTIVENESS</p> <ul style="list-style-type: none">• Provide resources and training to support agencies in incorporating equity, diversity, inclusivity and indigenous partnership principles in all aspects of their organization.• Support and encourage engagement to include those with lived experience in both the planning and implementation of programs and services• Improve cross agency case management for the most complex and vulnerable adults• Improve awareness and use of 211 as a reliable and available information and referral source• Improve access to services through virtual service delivery and outreach programs	<p>FOSTER COLLABORATION</p> <ul style="list-style-type: none">• Coordinate specific issues work groups and committees with cross-sector representation to respond to critical gaps in planning and community supports• Establish ways to share program information across the system to avoid duplication and maximize resources• Encourage agencies to provide services where appropriate through a “hub model”.• Identify opportunities for organizations to enhance collaboration through shared space and backbone supports• Improve the transition between the youth and adult service systems through enhanced collaboration
<p>BUILD CAPACITY</p> <ul style="list-style-type: none">• Provide training and education across the service system on trauma-informed care including raising awareness of Adverse Childhood Experiences• Establish a plan to address the need for a local residential treatment facility• Reduce stigma toward populations experiencing homelessness, mental health issues and substance misuse• Supporting decriminalization recognizing that substance misuse and mental health are health issues• Build on existing child and family programming to support healthy development and strong attachment	<p>ENSURE ESSENTIAL NEEDS MET</p> <ul style="list-style-type: none">• Enhance 24/7 community-based addictions and mental health services• Address community and household food security through supporting all aspects of the food eco-system• Create a housing development action plan for the full housing continuum• Support the establishment of an Indigenous cultural and gathering space• Provide supports to frontline workers to address the impacts of their work on their own mental health

Key Recommendations for Action

The CSWB Advisory Committee reviewed and discussed all 20 impactful ideas generated through the life course community consultation process. Through a facilitated discussion, they further prioritized issues of concern based on data and input gathered through the entire CSWB planning process. The following key recommendations for action were identified as priority ideas to further explore as areas of focus in the next phase of implementation. The complete list of ideas is contained in Appendix 5.

Create a housing development action plan for the full housing continuum.

There is a need to pull together and address the recommendations contained in plans such as the Mayor’s Task Force on Housing and the 10-year Housing and Homelessness Plan to ensure that appropriate action is being taken to address the full continuum of housing needs and that the appropriate community partners (not for profit sector, developers, etc.) are engaged.^{51, 52}

The growing need for a range of housing for the aging population; growing population of one person households; the tension created by trying to address the housing needs of local residents versus our “service population” (including students); and the new reality of remote work and learning are examples of the issues raised. Most notably, in addition to affordability, the needs for a variety of supports from home health care, mental health, to home maintenance and proximity to recreation were raised throughout the CSWB planning process.

There are current activities underway such as a homelessness system review, development of new supportive housing projects, Home Share Kingston, Homes for Heroes tiny home initiative, and the Ontario Health Team’s “Aging Well at Home” project are all examples of positive steps forward.^{53, 54, 55}

By involving a wide spectrum of stakeholders in the action plan that brings together diverse perspectives, the result should be a coordinated approach to respond to existing and future housing needs.



Support and encourage engagement to include those with lived experience in both the planning and implementation of programs and services.

As highlighted throughout this report, the community discussions highlighted the importance of having the voice of those with lived experiences as part of the program and policy cycle. The central theme echoed was to “learn by listening” and reach out to children, youth and adults with diverse life experiences and learning from them on the supports they need. It is critical to have their voices in these processes to co-design solutions that will work best for them. Borrowing from disability justice movements, “nothing about us without us” is an ideology that is often adopted by groups when engaging people with lived/living experience. This approach challenges the status quo by moving away from sector professionals making decisions about projects, programs, and policies that affect people experiencing poverty without their meaningful inclusion.⁵⁶ By actively engaging with people with lived experience and take the time to build trust, we can move beyond advocacy and demystify the assumptions many may have on the challenges and needs of individuals in the community.

There are many examples within Kingston on some incredible connections to individuals with lived experience, including the newly released “Path Home” awareness campaign that aims to help community members understand that the causes of homelessness are complex and different for each individual by sharing personal stories of those with lived experience.⁵⁷ Moving forward, exploring procedures and sharing resources on how to meaningfully engage with people with lived experience will support agencies in being more inclusive and increase understanding in the development of policies and procedures, as well as help to reduce stigma surrounding these complex critical issues.

Enhance 24/7 community-based addictions and mental health services.

Recent data has shown an exponential increase in the number calls to emergency services for mental health and substance misuse, which has only been amplified by the many circumstances brought on by the pandemic over the last year. In response, the City of Kingston, in partnership with HIV/AIDS Regional Services (HARS) established the Integrated Care Hub. Since opening, at its new location at 661 Montreal Street on October 31st, the Integrated Care Hub (ICH) operates a 24/7 low barrier, wrap around services in partnership with HARS, Kingston Community Health Centres and multiple other community partners. The services provided offer lifesaving supports and services to Kingston most vulnerable residents. Although the ICH has begun to fill the critical service gap in the community, there is still work ahead to further address complex needs. As demonstrated earlier in this report, it would also be beneficial to strengthen mental health supports in early childhood and adolescents as this is often when symptoms of mental illness first emerge.

Moving forward, continued support for 24/7 addictions and mental health services would help to further reduce the critical incidents of overdoses, hospital visits, people sleeping rough, and increase demand emergency response services to address critical and complex needs. Next steps should include a data management strategy to coordinate and monitor changing trends in relation to mental health and substance misuse. Through the development of a coordinated strategy through existing tables, such as the Drug Strategy Table, and the Roadmap to Wellness committee, indicator measurement will help support increase accuracy of this changing landscape.



Support the establishment of an Indigenous cultural and gathering space.

The City of Kingston is home to a diverse group of First Nation, Inuit and Métis peoples who come from many different Nations and communities across Canada. During the CSWB planning process, the community spoke to the need for a substantial and systemic change that would see the creation of a community cultural centre/gathering space. This echoes the recommendations included in the “Engage for Change” work that began in 2016.

The “Engage for Change” began with the purpose in Phase 1 to increase cultural competency related to Indigenous issues in Kingston and across Canada and to develop a relationship protocol to guide the City of Kingston in working with the local Indigenous community. Phase 2 in 2018/2019 began work on five identified initiatives including “the development of an actionable plan that would result in the creation of an Indigenous community gathering space”. This work continues into Phase 3 with some short- and longer-term goals toward meeting this vision.⁶⁶

Since the inception of Engage for Change, the City of Kingston has pursued a shared path of reconciliation with the community to the best of its abilities. Reconciliation is a process. It is not something that happens quickly or that can be forced. Nor can it be easily charted into a series of well-understood next steps or prescribed to occur within a set timeline.


There is a need to embed reconciliation and Indigenous knowledge into the training and work of organizations while work continues to achieve a permanent community Indigenous Cultural Centre. Recognizing that the Indigenous population represents a disproportionate number of the most vulnerable in the community, work must continue to address the barriers that lead to this inequity.

Provide training and education across the service system on trauma-informed care including raising awareness of Adverse Childhood Experiences.

Within every conversation and engagement session throughout this process the importance of ensuring frontline staff working with all ages, across all sectors, are trauma-informed and have an awareness of the impact of Adverse Childhood Experiences (ACEs). Trauma and reactions to trauma are different for every person and can impact their sense of safety, self-efficacy, and their ability to regulate daily life events. Having a trauma-informed approach in services helps to create environments where individuals do not experience further traumatization or re-traumatization (events that reflect earlier experiences of powerlessness and loss of control) in order to make decisions about their own treatment needs at a pace that feels safe to them.⁵⁸

As highlighted early in this report, the Community Foundation for Kingston and area has led the conversation around ACEs and trauma-informed care over the last several years. They have initiated and sparked interest across the region to continue this discussion and dive deeper to address the impact of ACEs and help build resiliency in children, families, and the community. Increased awareness, advocacy through screening of several ACEs related films, exploring lessons learned in other community, has led to the formation of a working group early in 2020 to further explore research, develop a community framework, and coordinate community trauma-informed training for the community.

Moving forward it is critical to continue to link the work around ACEs and support the continued awareness of a trauma-informed approach to human services work in the community to help mitigate risk factors. Ensuring as many staff as possible, across different sectors approach take a compassionate and trauma-informed approach to help the people they interact with everyday and begin to ask, “what has happened to you” instead of “what is wrong with you”, is a critical first step in building a more resilient community.



Provide resources and training to support agencies in incorporating equity, diversity, inclusivity and indigenous partnership principles in all aspects of their organization.

Over the two years of developing this plan, there has been a growing realization of the need to embed an equity, diversity, inclusivity and indigenous partnership principles within the service within the service system and individual organizations. A 2017 survey done by the Kingston Immigration Partnership found almost 90% of Kingston residents felt our community was enriched by having a diverse and inclusive population.⁵⁹

Recent examples include work being carried out through the Children Youth Services Planning Committee (CYSPC) in supporting professional development opportunities and resources to support local agencies in developing policies and processes through a diversity and inclusion lens. Another example is the community's Workplace Inclusion Charter, which was designed for businesses and organizations of all sizes and at all stages of advancing diversity, equity, and inclusion.⁶⁰ City Council recently approved the creation of an an Equity, Diversity and Inclusion committee that will report to Council on the Corporation's EDII efforts as well as a community anti-racism working group.⁶¹ The Kingston Police have incorporated EDII objectives within their 2019–22 Strategic Plan, including the implementation of a working group to engage in community outreach and working towards the development of a Chief's Community Inclusion Council. In 2019, work began on "EDII Community of Practice" with Queen's University, St. Lawrence College, KHSC and the City to support each other in forwarding this work. Building this type of network moving forward will provide support for large and small organizations. In addition, there is a provincial Diversity, Equity, and Inclusion Community of Practice that meet virtually that meet virtually to share resources and information.

As individuals, as service providers, and as a community, there is a need to take swift and deliberate steps to address oppression, racism, hatred, and discrimination. This work is most successful when it involves those directly impacted and is carried out collaboratively across the community. There is training, resources, measurement tools, and expertise within the community and in other communities that can be leveraged to make meaningful systemic improvements in a timely manner.

Address community and household food security through supporting all aspects of the food eco-system.

One of the major teachings of the pandemic has been the fragility of the community relating to community and food security. Prior to the pandemic, it was recognized that a segment (13%) of the population lived with food insecurity and were supported by the community's various food providers.⁶² However, a much greater number have surfaced during the pandemic who could be described as having "hidden" food insecurity. It must be stated that food insecurity exists because of income insecurity and will not be eliminated until income insecurity is addressed. However, locally initiatives are lessening the impact.

On the community level, the Kingston & Region Food Ecosystem Pandemic Recovery Workforce Project is a community-wide, multi-partnered workforce development strategy to develop and deliver innovative, market-driven skills training solutions that respond to the labour market needs in the food sector (Agriculture; Food Processing; and Food Service). The project will create employment opportunities and positive employment outcomes in the food sector (one of the hardest hit pandemic sectors and a sector that experienced significant labour market shortages pre-pandemic), while strengthening the resilience of the local food ecosystem and positioning the community for economic growth. In addition to supporting local food production, food-related businesses, farmers, and food processing businesses (existing in Kingston and those to be attracted), the project will target underrepresented groups who have faced some of the largest economic impacts of the pandemic.

Another example is a new centralized Community Food Redistribution Warehouse will provide the infrastructure for partners to gather and distribute more food to stakeholders who will then share it with clients experiencing food insecurity in KFL&A. It serves as a mechanism for local organizations to efficiently access food for their clients in a cost-effective manner.⁶³

The Food Policy Council for KFL&A initiated Bill 216, "An Act to amend the Education Act in respect of food literacy" which is now passed second reading in the Ontario legislature. It is premised on the understanding that food literacy is critical for making healthy food choices that enable self-reliance and improve human health. It will require school boards to offer experiential food literacy education to equip Ontario students with essential life skills and the knowledge and confidence to grow, prepare and choose healthy food that will support positive health outcomes and help reduce health care costs.⁶⁴

The continued collaborative work of the community in addressing policy and program barriers to reduce food insecurity is the critical next step.



Coordination of specific issue work groups and committees with cross-sector representation to respond to critical gaps through a service solution lens.

2020 was a year like no other and has brought on many new challenges never been faced before. The rapidly changing situation has made devastating impacts in the community, although has not been distributed evenly. For many of the most vulnerable residents within Kingston, the pandemic has exponentially increased the risk factors within their lives. The human service sector, through their passion and dedication have come forward with increased collaboration to provide innovative solutions to overcome many of these barriers.

A recent example was the creation of the Social Services Recovery Task Force (SSRTF) in May 2020, in response to the creation of service “crevasses” or lack of available services created by the pandemic for the most vulnerable residents in Kingston. The United Way KFL&A initiated the task force to explore opportunities for stabilization, collaboration, and coordination across agencies, such as food programs, homelessness, mental health, counselling, and safety in the region. The objective was to address gaps in the system that have been amplified by the pandemic, to explore ways for system-wide collaboration and coordination to ensure ‘no one is left behind’.⁶⁵

Ensuring the human service sector system is resilient and can respond to emerging issues will be essential to ensuring the community is both healthy and safe. Building off the current success and lessons learned through the responses to the pandemic, a coordinated strategy, with cross-sector representation to monitor trends in critical gaps in planning and community supports, will help ensure Kingston is well-positioned to adapt in the future.

Making Connections

After almost two years of research and consultation, this plan serves as a place to begin and continue to make connections. The Kingston CSWB Plan sets a strong foundation to continue to build partnerships and foster cooperation to continue to work together to support the safety and overall well-being of residents. Building off the incredible work that is already happening in Kingston, this plan will further strengthen supports to address root causes of the complex social issues and enhance social development to help mitigate risk situations.

The process of developing this plan has happened at a time of global change, where many new adversities and challenges have been experienced. Since the beginning of this project, in 2019 and throughout 2020, there has been many critical events that have re-defined the ways in which we live and connect within our everyday lives. The COVID-19 global pandemic, widespread street protests against police brutality, anti-Black racism and Indigenous blockades over treaty rights, created new challenges and inspired new action over the past year that will have an everlasting impact on the way in which we work and support those around us. Building off the collective work that was done to respond to critical needs over the past year, this plan provides an opportunity to re-envision and enhance the human service system in Kingston and area.

As noted in the introduction to this Plan, the creation, adoption, and implementation of a CSWB plan is the responsibility of every municipality in Ontario. However, the creation of the CSWB is also required to have the input and expertise of an Advisory Committee, community consultation, multiple perspectives and research on the local services and demographic data.



In Kingston, it is fortunate that the current CSWB Advisory Committee has agreed to continue to support the City in the development of implementation plans for the eight key recommendations beginning in the fall of 2021. Specific additional implementation committees may be established where needed.

The implementation plan will be built based on the foundational work already occurring in the community and provide actionable steps with timelines and appropriate metrics. To ensure an effective implementation plan, it must:

- Be responsive to changing dynamics within the local service system and the community
- Be informed by, and provide support for, reliable data collection and monitoring that builds awareness of emerging trends in the community
- Ensure the focus remains people-centre and trauma-informed
- Be coordinated centrally and build on synergies within the service system and across local networks and planning tables
- Ensure relevant information is easily accessible and interpreted in user-friendly ways
- Be adaptable to changes in legislation, regulation, and funding at the local, provincial, and federal level

While the required review period for CSWB plans is every four years, it is expected that the City of Kingston's CSWB plan will be a dynamic document throughout the next four years. The CSWB implementation process will continually “connect the dots” and engage to guide the creation of an inclusive and resilient community that can respond and adapt to changes in ways that foster co-operation, build capacity, increase connectedness and ensures essential needs are met.







Appendices

Appendix 1:

Advisory Committee Membership

Sector	Member
Health/Mental Health Services <ul style="list-style-type: none"> • Medical Officer of Health - Public Health/alternate • Executive Director - Addictions and Mental Health Services/alternate 	<ul style="list-style-type: none"> • Dr. Kieran Moore / Susan Stewart/ Dr. Samantha Buttemer • Bruce Swan / Carol Ravnaas / Karen Berti
Educational Services <ul style="list-style-type: none"> • Director of Education - Limestone District School Board/alternate • Director of Education - Algonquin & Lakeshore Catholic District School Board/alternate 	<ul style="list-style-type: none"> • Scot Gillam • Terri Slack / Michele McGrath/ Theresa Kennedy
Community Social Services <ul style="list-style-type: none"> • Executive Director - Family & Children's Services KFL&A/alternate • KFL&A Community Risk Watch Table representative/alternate 	<ul style="list-style-type: none"> • Sonia Gentile • Karen Slaughter • Lisa Holmes
Community or Social Services to Children or Youth <ul style="list-style-type: none"> • Executive Director - Youth Diversion (Chair of CYSPC Planning Table)/alternate 	<ul style="list-style-type: none"> • Shawn Quigley
Custodial Services to Children or Youth <ul style="list-style-type: none"> • Executive Director - St. Lawrence Youth Association/alternate 	<ul style="list-style-type: none"> • Diane Irwin / Christine Brook
Municipal Council Member or Municipal Employee <ul style="list-style-type: none"> • Housing and Social Services • Data Analysis Coordinator • Member of Council 	<ul style="list-style-type: none"> • Ruth Noordegraaf • Cheryl Hitchen (Co-Chair) • Laurie Dixon • Councillor Jim Neill
Police <ul style="list-style-type: none"> • Chief of Police • Member of Police Services Board 	<ul style="list-style-type: none"> • Chief Antje McNeely • Councillor Jeff McLaren
Indigenous Community <ul style="list-style-type: none"> • Indigenous Community Development Worker, KCHC 	<ul style="list-style-type: none"> • Kathy Brant
United Way (Ex-officio/Coordinator Role)	<ul style="list-style-type: none"> • Bhavana Varma (Co-Chair) • Kim Hockey (Backbone Support) • Kaitlin Gibson (Backbone Support)

Appendix 2: Kingston & area Networks, Initiatives, and Planning Tables

	Mandate / Purpose	Age Group of Focus	Service Region	Website
ACEs Core Team	Small, active working group formed by committed individuals from a variety of organizations with the shared desire to work together as a community to address the impact of Adverse Childhood Experiences (ACEs) and build resiliency in children, families, and community. Formed after Feb 2020 community meeting in which participants expressed strong interest in community collaboration in this space. The working group is currently developing a proposed strategy/workplan which it will take back to wider group soon.	All ages	KFL&A	
Age Friendly Kingston Community Alliance (AFKCA)	To engage community members to assess how age-friendly the community is within the eight domains defined by the World Health Organization; to build on the age-friendly work done previously through the City of Kingston; to build awareness toward age-friendly priorities and actions; to support age-friendly initiatives in the community.	Over 55	Kingston	
Centralized Food Hub	To create a centralized space for warehousing, storage, packing for distribution	All ages	KFL&A	
Children and Youth Services Planning Committee (CYSPC)	The CYSPC, a collective of over 50 children, youth and family serving agencies in KFL&A, has been in continuous existence for over 25 years. Our mandate as a collective is to work together to plan and promote a seamless network of responsive services and supports for children, youth, and families.	All ages	KFL&A	LINK
Comité local pour l'immigration francophone (CLIF) qui est dirigée par le RSIFEO (Réseau de soutien à l'immigration francophone de l'Est de l'Ontario) (Francophone Immigration Network)	The Francophone Immigration Support Network of Eastern Ontario (RSIFEO) is a program that aims to implement the five objectives of the Strategic Plan to Foster Immigration to Francophone Minority Communities. The strategic plan also aims to promote the reception, settlement, and successful integration of Francophone immigrants to Canada outside of Quebec. The Network does not offer direct services to newcomers. Its mandate is to facilitate a process of local consultation and encourage partnerships to develop projects for the successful integration of Francophone immigrants.	All ages	Kingston	LINK

	Mandate / Purpose	Age Group of Focus	Service Region	Website
Community Drug Strategy	Through the collective impact of community partners, develop and implement a community drug strategy that reduces the harms associated with substance use and uses upstream approaches to address the root causes of substance use.	Youth and adults	KFL&A	
Community Drug Strategy - Low Barrier Housing Sub Committee	Group created to explore current challenges folks with complex, concurrent disorders are facing with respect to housing and to consider options for promoting housing that helps people thrive in KFL&A.	Youth and adults	KFL&A	
Community Drug Strategy - Performance Measures Sub Committee	Group created to assess impact of Community Drug Strategy and various subcommittees. This group will explore existing data sources and develop indicators to monitor progress.	Youth and adults	KFL&A	
Community Drug Strategy - Stigma and Education Sub Committee	Group created in address stigma related to substance use, given the impacts of stigma on people who use drugs. Group likely will be creating an anti-stigma communication campaign, target audience TBD, and promoting education/training opportunities for service providers and public.	Youth and adults	KFL&A	
Community Response to Neighbourhood Concerns (CRNC)	CRNC is a resident-led group established in 1992 as a result of complaints and concerns about community issues. Residents and community members felt there was a need for more community involvement in policing issues. Today, CRNC works with residents, businesses, educators, police, fire, and local organizations to promote and address the concerns and views of the communities, while aiming to foster community cohesion. Also, now a Junior CRNC for younger students to get involved in their community.	All ages	Rideau Heights and Markers Acres	LINK



	Mandate / Purpose	Age Group of Focus	Service Region	Website
CYSPC - Middle Years (6-12)	The Middle Years Committee is a sub-committee of the CYSPC Planning Table. This committee is made up of agency partners serving children 6-12 years old and their families, who gather for professional development and networking purposes. Our main goal is to address the needs and concerns of their clients, and how we can best serve these folks at a community level. The impacts of COVID-19 have shifted the focus for this year to fostering positive mental health and resilience in clients, as well as information sharing regarding programs and services currently available at committee meetings. Any and all middle years children/family serving agencies are welcome to be a part of the committee.	Families of children birth to 12 years	KFL&A	
Early Learning Operators Network - Licensed Child Care	Administrators/operators of licensed childcare agencies to provide information sharing and support to one another.	Families of children birth to 12 years	Kingston Frontenac	
Early Years : Réseau régional de langue française du Sud-Est (RRLFSE) under the umbrella of Aféseo à Ottawa since June 2020.	Establish or strengthen intersectoral collaborations between partners with an interest in early childhood with the objective of facilitating access to a diversity of quality programs and services offered in French. Group focus is on the development and well-being of young children and building the capacity of Early Childhood Professionals working in French in a minority setting.	Families of children birth to 12 years	South East Ontario	
Food Policy Council for KFL&A	To create a more secure, accessible, and sustainable food system in our region.	All ages	KFL&A	LINK
French Language Health Services Network of Eastern Ontario	The Réseau is a Francophone organization that engages and collaborates with the Francophone community in order to better inform the healthcare community of diverse Francophone needs to improve active offers and access to a continuum of quality health care services in French.	Adults	KFL&A	LINK
Frontenac, Lennox & Addington Children's Case Resolution Committee	The cross-sector membership convenes to review and offer suggestions to service agency managers challenged to meet the needs of hard to serve client needs. The function of the committee is long term planning not crisis interventions. The CCR committee may also receive, review, and make recommendations for requests to MCCSS for complex special needs funding.	Children & youth	FL&A	

	Mandate / Purpose	Age Group of Focus	Service Region	Website
Homelessness and COVID-19	Time-limited working group resolving issues related to the management of COVID-19 in the homeless population	Youth and adults	Kingston	
Housing and Homelessness Committee	The Housing and Homelessness Advisory Committee works to ensure that there is a comprehensive understanding of housing, affordable housing and homelessness issues, initiatives, and developments. The Committee is mandated to provide advice to Council regarding housing and homelessness related policies, directives, and strategies as well as implementation of the Municipal Housing Strategy and the 10 Year Housing and Homelessness Plan.	All ages	Kingston	LINK
Human Services and Justice Coordinating Committee	To provide collaboration and leadership regarding issues related to Human Justice Services.	All ages	Kingston and Frontenac county	
Integrated Service Pathways Group	Group formed in order to address gaps in services and promote more integrated, coordinated service delivery in KFL&A area with a focus on supporting marginalized individuals. The group is currently looking at alternative models, what other communities are doing, and what services the local community is missing.	Youth and adults	KFL&A	
Intersections Advisory Table	To ensure there is a community voice in the implementation and operation of the Intersections program.	All ages	KFLA	
Katarokwi Grandmothers Council	Supporting Indigenous culture in the community by "returning to our ways".	All ages	Kingston	



	Mandate / Purpose	Age Group of Focus	Service Region	Website
Kewaywin Circle (Indigenous Advisory Group)	The Kewaywin Circle initiates and fosters support, guidance, and connections to community and cultural knowledge for families, children, and youth working with the agency who self-identify as Indigenous and caregivers who have self-identifying Indigenous children/youth living in their homes. The Circle further assists and guides agency staff providing services to Indigenous families, children, and youth, and to the Board of Directors (who hold the agency accountable to commitments made, work being done, and policies/procedures in place). The Circle also offers input via an Indigenous lens regarding services FACSFLA provides and makes recommendations for change. The Kewaywin Circle vision is to reignite and ground children, youth, and families indigenous to Turtle Island in their culture, connections, and opportunities for sharing knowledge, while ensuring that those children and youth grow up healthy and integrated within their families, cultures, and communities.	All ages	KFLA	LINK
KFL&A Food Access Advisory Committee	Working collectively to address food security issues in KFL&A	All ages	KFL&A	
KFL&A Anti-Human Trafficking work group	Create improved services and ongoing training to frontline responders working with client with mental health and addiction issues.	All ages	Kingston Frontenac	
Kingston Economic Recovery Task Force	The Kingston Economic Recovery Team is a community working group that will plan and coordinate short and long-term strategies to respond to the economic impacts of COVID-19 in Kingston. Its objective is to generate recommendations to respond quickly to changing conditions from both public health and economic perspectives.	All ages	Kingston	
Kingston Food Providers Network (aka Vulnerable Sector Table)	Created to address issues relating to COVID for vulnerable sector with a focus on food security	All ages	Kingston	

	Mandate / Purpose	Age Group of Focus	Service Region	Website
Kingston Frontenac Anti-violence Co-ordinating Committee	Group works together at the local level to end domestic and sexual violence. They include agencies providing services to victims of partner abuse and/or sexual violence, their children, their family, and agencies that work with perpetrators. Sector representation from law enforcement, justice, shelter, housing, health, and counselling. Striving to eradicate violence by promoting individual and community awareness.	All ages	Kingston Frontenac	LINK
Kingston Gets Active	To promote, encourage, and support citizens to be physically active on a daily basis and physically literate through collaborative planning, community action, and policy advocacy.	All ages	KFL&A	LINK
Kingston Immigration Partnership	Provide leadership in the community to attract, welcome, integrate and retain newcomers in support of a strong, resilient, and vibrant community, to ensure long-term prosperity in Kingston.	All ages	Kingston	LINK
Limestone District School Board- Mental Health Leadership Committee	Supporting the development and implementation of the Limestone District School Board (LDSB) Mental Health and Well-Being Strategy that identifies evidence-based best practices to address student mental health and well-being. The committee reports to the board through the Associate Superintendent of Education, Learning for All and LDSB Mental Health Lead.	K to Grade 12	KFL&A	LINK
Municipal Accessibility Advisory Committee	Legislated by the Province of Ontario under the Ontarians with Disabilities Act 2001 (AODA) and reports to City Council on accessibility issues faced by people with disabilities. The committee is made up of one City Council representative and 14 volunteers, the majority of whom are residents with disabilities.	All ages	Kingston	LINK



	Mandate / Purpose	Age Group of Focus	Service Region	Website
NAADAMAAGEWIN PROJECT: COVID RESPONSE TABLE	An Indigenous COVID Response Table, that has recently been created and will continue to develop over the next several months. COVID 19 is having a profound impact on our communities in relation (but not limited to) food security and cultural well-being. This recurring virtual circle will provide us an opportunity to communicate and potentially collaborate, align, leverage, and strengthen each of our responses to community needs. This initiative is part of a larger one-year project called Naadamaagewin. Naadamaagewin is an Indigenous community development project sponsored by Apagidiwag in collaboration with Ardoch Algonquin First Nation, the Indigenous Health Council, Loving Spoonful, Humber College, Queen's University, Indigenous Diabetes Health Circle and Kingston Indigenous Language Nest. In addition to the COVID response table, Naadamaagewin will also: Increase access to emergency provisions including food baskets, cleaning supplies, drinkable water etc.; Provide inspiring, accessible, and culturally safe online spaces that support holistic health physically, spiritually, emotionally, and mentally; Celebrate everyday acts of strength, resilience, and mutual support in response to COVID-19.	All ages	KFL&A	
Ontario Education Championship Team	With a focus of increasing awareness, participation, and the success of youth in care at all levels of education, while preparing them for employment. There are 21 teams across Ontario with membership from a variety of sectors. Examples of activities include: Career and lifestyle visioning activities through photo and video projects; Work closely with local employment agencies to assist with job placements and skill development; Implement post-secondary peer-based programs and community based service-learning programs; Work in partnership with local school boards to ensure education success; Support foster families through sharing relevant information.	K to Grade 12	KFL&A, Hastings, and Prince Edward Counties	

	Mandate / Purpose	Age Group of Focus	Service Region	Website
Ontario Health Teams	Ontario Health Teams were established to support, patients and families with access to 24/7 navigation of care and coordination services. This includes further expansion of virtual care for patients to maintain access to care during the COVID-19 pandemic. With the addition of 13 new Ontario Health Teams, the province now has a total of 42 teams which will cover over 86 per cent of the province's population at maturity.	All ages	KFL&A	
Prenatal to six committee (formerly part of CYSPC)	This subcommittee is no longer supported by the CYSPC but continues to operate as a committee of agencies working to support families with children 0-6. Focus is including initiatives such as Infant Mental Health, positive parenting campaigns and supporting well-baby check ins.	Families of children birth to 6 years	KFL&A	
Pressures and Priorities Committees	Community collaborative planning table that meets monthly to review urgent requests for support of children, youth, and adults with developmental disabilities. Committee is comprised of senior management from all agencies funded through the Developmental Services branch of MCCSS. Committee reviews requests for respite, residential and day support needs of children, youth and adults in the Frontenac, Lennox & Addington region.	Youth & Adults	KFL&A	
Risk Watch / Community Situation Tables (Kingston)	A collaborative, integrated multi-agency team striving to build safer and healthier communities through rapid mobilization of resources and service connections to meet the immediate needs of individuals and families experiencing acutely elevated levels of risk.	All ages	Kingston - Frontenac	LINK
Roadmap to Wellness Mental Health Task Force (RTW) formerly MOMH Task Force	Made up of 30 leaders from across KFLA that provide mental health services to children youth and their families. Stewardship provided by Maltby Centre as lead agency for KFLA. Role is to: provide a forum focused on improving child/youth mental health system in KFLA; advise member agencies on improving the delivery and coordination of services; coordinate action to improve timely access and equitable services to children and you.	All ages	KFL&A	



	Mandate / Purpose	Age Group of Focus	Service Region	Website
Social Services Recovery Task Force	The Task Force was started by the United Way in May 2020 to explore opportunities for stabilization, collaboration, and coordination among agencies in the social services sector in KFL&A. This includes programs for food, homelessness, mental health, counselling, and safety from violence in the region.	All ages	KFL&A	
Special Needs Steering Committee	Leadership from KidsInclusive - Kingston Health Sciences Centre as the coordinating Agency to support 'Coordinated Service Planning'. Together with leadership from multiple partners including the South East LHIN, all School Boards, Children's Mental Health, Child Welfare, Early Years, Developmental Services, Preschool Speech and Language and others	birth to transition to adulthood	KFL&A	LINK
Table de concertation des organismes francophones de Kingston (Francophone Organizations Table)	Favoriser la collaboration entre les fournisseurs de services francophones afin d'offrir de meilleurs services à la collectivité francophone de Kingston / Foster collaboration among French-speaking service providers to provide better services to Kingston's Francophone community	All ages	Franco-phone	LINK
Transition from Homelessness Project	Community based participatory research project conducted with aim of collaboratively designing a model of support for individuals experiencing complex issues surrounding homelessness. Research included engaging with individuals with lived experiences of homelessness, as well as staff within mental health and social services sector to gain insight to design collaborative innovative solutions aimed at enabling individuals experiencing mental illness and/or substance use challenges, and are leaving homelessness, to thrive once they have found housing.	Adults 16+	Kingston (and London)	LINK
VAW/CAS Working Group	Ministry mandated committee - current agencies are FACSLA, Resolve, Kingston & Napanee Interval Houses & Land of Lakes Community Centre. To facilitate communication, build and strengthen relationships and problem solve between the two sectors.	All ages	KFL&A	

	Mandate / Purpose	Age Group of Focus	Service Region	Website
Youth Homelessness Steering Committee	United Way KFL&A Chairs and provides backbone coordination on a Youth Collective Impact initiative, 'Ending Youth Homelessness' in Kingston and Area. The initiative is led by the voice of youth, together with a steering committee made up of 20+ youth serving organizations including agencies, school boards, police, labour, and all levels of government. The collective impact approach leverages the great frontline work being done by local agencies and brings youth and partners together to focus on prevention, timely intervention and building a sustainable network of supportive resources and solutions to this important community issue.	Youth 16-24	KFL&A	LINK
Youth Justice Committee	To facilitate a mechanism in which Justices, Crowns, Probation Officers and Police have a venue to voice Youth Justice related pressures before the courts to better inform programming to address gaps.	Youth 12-17	Kingston	
Youth Mental Health Committee	Sub-Committee of the Youth Homelessness Steering Committee – is currently on hold. The focus is to develop plans and strategies that address identified issues in our community related to youth/transitional aged youth struggling with mental health and crisis; and help youth to better navigate and access youth friendly mental health services within the community. Co-chaired by Kingston Health Sciences Centre and United Way KFL&A. Backbone support and coordination provided by KHSC and United Way staff. Includes the voice of youth and families.	Youth 16-24	KFL&A	



Appendix 3: Theories that Frame the Plan (full details)

Social Determinants of Health

Many factors have an influence on health including our own genetics and lifestyle choices as well as where we are born, grow, live, work and age also have an important influence on our health.

Health Canada defines the “determinants of health” as a broad the broad range of personal, social, economic, and environmental factors that determine individual and population health. The main determinants of health include income and social status; employment and working conditions; education and literacy; childhood experiences; physical environments; social supports and coping skills, healthy behaviours; access to health services; biology and genetic endowment; gender; culture and race.

More specifically the social determinants of health refer to a specific group of social and economic factors within the broader determinants of health. These relate to an individual’s place in society, such as income, education, or employment. Health Canada notes, “Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians.”⁶⁷

Health inequities are defined as health inequalities that are unfair, unjust and can be modified. An example of an inequity relates to food insecurity and the limit some households have to nutritious fresh food as a result of living in a more remote location. It was important throughout the creation of the CSWB and going forward with implementation that solutions proposed are implemented in ways that address these inequities.

Life Course

“From the moment we are born, we all begin ageing. This is the start of a complex and varied life course. Each of us live through different events, we make choices, we face the consequences of policies and systems, and intersecting forms of discrimination that influence our lives. As we grow older, the impact on us of these different experiences accumulates.”⁶⁸

A life course approach is based on a theoretical model that takes into consideration the full spectrum of factors that impact an individual’s health, not just at one stage of life (e.g., adolescence), but through all stages of life (e.g. infancy, childhood, adolescence, adulthood, older adulthood). Life course theory shines light on health and disease patterns—particularly health disparities—across populations and over time. Life course theory also points to broad family, social, economic, and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups. Conventionally, the life course approach has been used to study chronic disease epidemiology; however, it is also applicable within the context of general health and well-being.

In 2015, the member states of the European Region of the World Health Organization unanimously agreed that a life course approach was essential toward meeting the targets of the United Nations 2030 Agenda for Sustainable Development. They noted that the earliest years of life set the tone for the whole of the lifespan; that timely action to protect health during life’s many transitions reap dividends down the line; and that no life is lived alone, and all human lives are connected to others in the household, community or nation. The essential components of this approach are defined as follows.⁶⁹



Essentials of the life course approach

Adopting a life-course approach means

- recognizing that all stages of a person’s life are intricately intertwined with each other, with the lives of other people in society, and with past and future generations of their families.
- understanding that health and well-being depend on interactions between risk and protective factors throughout people’s lives.
- taking action:
 - early to ensure the best start in life.
 - appropriately to protect and promote health during life’s transition periods; and
 - together, as a whole society, to create healthy environments, improve conditions of daily life, and strengthen people-centred health systems.

By using a life course approach in the creation of the City’s Safety and Well-being Plan, the important risk and protective factors and interventions in each phase and transitions of life can be addressed.

Mattering and Marginality

This theory was first discussed in the early 1980’s when studying the self-esteem of adolescents.⁷⁰ Since then it has been applied to different age cohorts. There are basically five aspects of “mattering”:

- attention – the feeling that one is noticed
- importance – a belief that one is cared for
- ego-extension – the feeling that someone else will be proud of what one does or will sympathize with failures

- dependence – a feeling of being needed
- appreciation – the feeling that one's efforts are appreciated by others

It is understood that there are many things that divide us: ethnicity, age, gender, social class, sexual preference, religion, and politics to name a few. The polar themes of marginality and mattering speak to those things that connect us.

A person's experiences across the life course, most notably at times of transition, can make people feel marginal and that they do not matter. Entering first grade, high school, or college, starting a new job, or entering retirement are all examples of transitions that can leave a person feeling marginal. Each time a person changes role or experiences a transition, the potential for feeling marginal arises. The larger the change, the more marginal the person may feel. In many of these cases the feeling is temporary and develops into mattering. However, marginality can also refer to a more permanent experience.

Rosenberg (1981) suggested that mattering is a motive and acts as a determinant of behavior. Therefore, it is critical that all through life, people feel they count, they belong, and they matter and therefore they not feel marginal. The service system needs to keep this in mind and create environments that indicate people matter. Special attention needs to be paid to the transitions of life when people are at the greatest risk of marginalization.

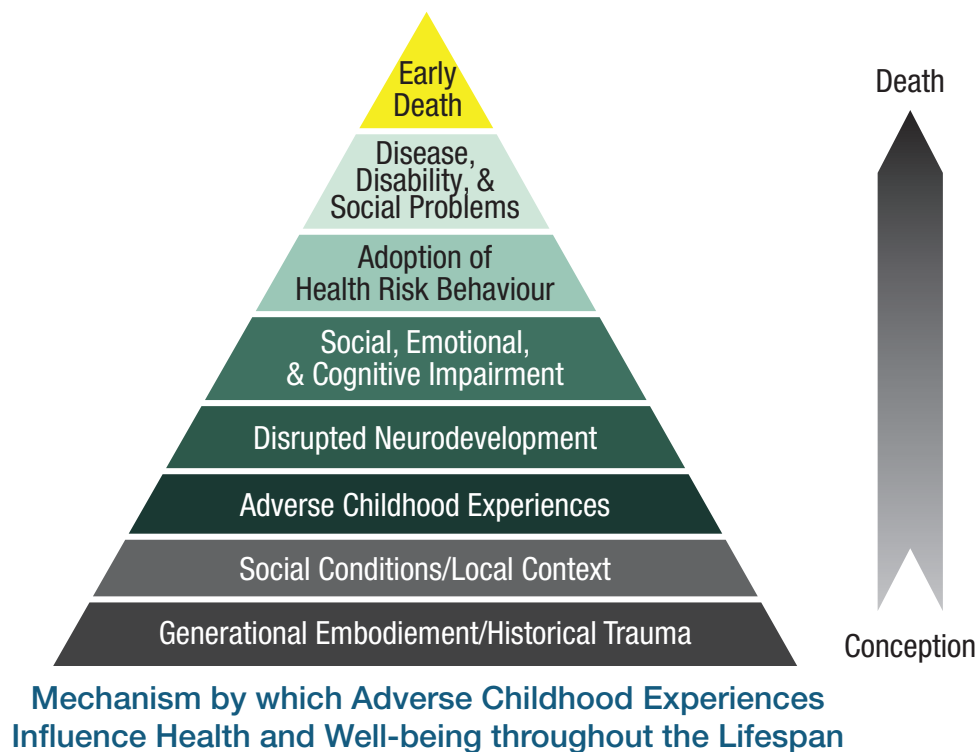


Trauma-Informed Care and Adverse Childhood Experiences (ACEs)

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being.

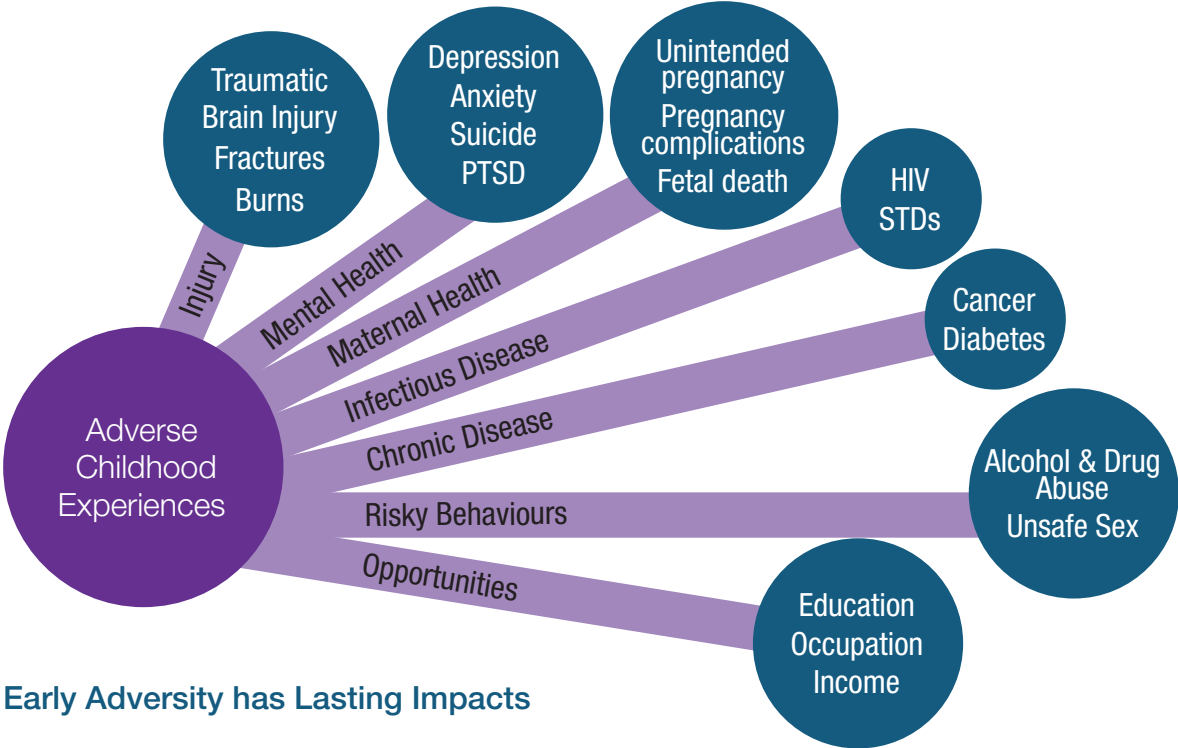
The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.

The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course.⁷¹



The major findings of the research were that ACEs are common across all populations. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs. Some populations are more vulnerable to experiencing ACEs because of the social and economic conditions in which they live, learn, work and play.

The ACE score is the total sum of the different categories of ACEs reported by participants. Study findings show a graded dose-response relationship between ACEs and negative health and well-being outcomes. In other words, as the number of ACEs increases so does the risk for negative outcomes.



Early Adversity has Lasting Impacts

Trauma-informed care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs of clients who have experienced ACEs and toxic stress.⁷²





Trauma-informed care is a framework that involves:

- Understanding the prevalence of trauma and adversity and their impacts on health and behavior.
- Recognizing the effects of trauma and adversity on health and behavior.
- Training leadership, providers, and staff on responding to patients with best practices in trauma-informed care.
- Integrating knowledge about trauma and adversity into policies, procedures, practices, and treatment planning; and
- Resisting re-traumatization by approaching clients who have experienced ACEs and/or other adversities with non-judgmental support.

Principles of Trauma-Informed Approaches to Care

The following key principles of trauma-informed care should serve as a guide for all service providers:

- Establish the physical and emotional safety of clients and staff
- Build trust between providers and clients
- Recognize the signs and symptoms of trauma exposure on physical and mental health
- Promote client-centered, evidence-based care
- Ensure provider and client collaboration by bringing clients into the treatment process and discussing mutually agreed upon goals for treatment
- Provide care that is sensitive to the client's racial, ethnic, and cultural background, and gender identity

Intersectionality

This term was first thirty years ago by Professor Kimberle Crenshaw of Columbia Law School with respect to her work on the intersection of race and gender and the view that these two are not mutually exclusive categories of experience and analysis. She later explained that individuals have individual identities that intersect in ways

that impact how they are viewed, understood, and treated. Black women are both black and women, but because they are black women, they endure specific forms of discrimination that black men, or white women, might not.⁷³

According to the Oxford dictionary intersectionality is defined as “the interconnected nature of social categorizations such as race, class, and gender regarded as creating overlapping and interdependent systems of discrimination or disadvantage.”

It is the acknowledgment and recognition that everyone has their own unique experiences of discrimination and oppression and it is important to consider everything and anything that can marginalizes people – race, gender, class, sexual orientation, physical ability, etc.

When looking at issues of health inequities, historically they have been looked at through a single category of difference such as gender or ethnicity. But doing this fails to look at the multiplicity of people’s identities and social status. While it started with looking at the structures of racism and sexism, the term intersectionality now embraces other forms of discrimination such as “ableism” (discrimination of those with a disability).⁷⁴

There has been recent research on the connection between intersectionality and health-related stigma. These studies show that people’s experience with health-related stigma intersects with other oppressions from the various social inequalities of an individual’s life. These intersectional experiences of stigma related to their health condition and adversities related to social inequalities like poverty can lead to concealment of conditions, social exclusion, isolation, and hamper access to health services, employment, education, and housing.⁷⁵



Appendix 4: Ideas developed through Community Partner Conversations

Prenatal/Early Years	Middle Childhood	Youth	Adults	Older Adults	Indigenous
Continue to promote the foundational aspects of early brain development and simple ways to nurture connection, attachment, and development for caregivers with infants and early years children.	Promote awareness of supports to help parents navigate mental health and school expectations, including peer-to-peer and positive parenting supports.	Promote awareness to existing services, programs and supports to educate youth & families on available resources to help navigate access services, such as mental health, poverty, school expectations, peer to peer supports.	Review of other cities transitional housing plans. Examples, include exploring tiny home communities with a hub model that includes health care and addiction services.	Increase communication of programs in a centralized location. Including promoting social and physical activities to support healthy living options, such as the Senior good food box program.	Local land-based camp/outdoor space that could be used for a variety of things – growing & harvesting (supporting food security); rehabilitation; learning traditional practices of conservation to help reclaim culture.
Provide community-wide training focused on infant mental health, attachment, trauma-informed and culturally competency.	Offer affordable, accessible recreation and school supports.	Learn by listening. Reach out to youth and ask them how they prefer to access services.	Increase supportive and affordable housing options.	Integration amongst service providers working towards better supporting social isolation and increasing positive connections. Including integrated coordination of community volunteer initiatives, and exploring intergenerational relationship building programs.	Allocate an indigenous multi-use building with space for housing community activities, office space for elders and practitioners, a large commercial kitchen for community gatherings.

Prenatal/Early Years	Middle Childhood	Youth	Adults	Older Adults	Indigenous
Promote awareness of existing services and programs to avoid duplication and explore ways to better integrate and collaborate.	Support teachers to be more open about discussing mental health wellness to help reduce stigma and increase awareness. This would help give children the language and strategies to support self-regulation.	Offer trauma-informed training to all staff and/or persons working with this age group.	Ensure community supports/ services and health care are equitable and inclusive as possible. Agencies to review policies and procedures to ensure services are low barrier.	Increase access to health care options, including access to primary health, home care supports, virtual care and long-term care. Increase in resources to support seniors that may be transitioning from hospital setting, with and emphasize social and independent skills as well as medical recovery.	Ensure 24/7 continuous support services with an Indigenous focus.
Introduce parent education programs and enhanced system navigation supports for families.	Ensure there are adults, i.e. teachers, counsellors, coaches, etc., in a child's life who reflect their individual identities and can help them feel connected, safe, and welcome.	Linking youth to each other for peer support (across agencies) to better support positive personal connections.	Wraparound services can be implemented immediately with better coordination and increase integration across service providers.	Research and develop an alternative and affordable housing strategy with specific attention to the needs of older adults.	Finding more ways to enable the practice of indigenous traditions in colonial settings – smudge, pipe ceremonies, sacred fires.





Prenatal/Early Years	Middle Childhood	Youth	Adults	Older Adults	Indigenous
Collect consistent and relevant data that can be shared and used for system wide planning and stronger referral pathways at times of transitions (i.e. kindergarten registration data).	Offer trauma-informed training to all staff and/or persons working with this age group, with a particular focus on schools.	Support development of life skills for all youth through, both schools and alternate locations to access materials and resources – going to where the youth are.	Trauma-informed training for all professional staff (ACEs or other).	Support the Ontario Health Team priority on ‘Aging Well at Home’.	Design an Indigenous peer helper model to assist those in the indigenous community navigate mental health and addictions resources and connect with agencies.
Increase individualized supports and enhance home visiting services to families.	Learn by listening – reaching out to the children and getting from them what they need and actively engage. We need their voices in this process.	Integrating mental health resources for youth into existing services: need add-on professional supports for those in crisis at shelters.	Improve communication/ coordination across services to promote awareness of existing services, programs and supports to help educate adults about available resources, with specific attention at times of transitions (corrections, hospitals, etc.).	Virtual hub or phone support for 24/7 access to resources for seniors, including promotion of the Phone from Home program, 211.	Advocate for stable, consistent funding for indigenous programs and service, including supportive and affordable housing.

Prenatal/Early Years	Middle Childhood	Youth	Adults	Older Adults	Indigenous
Develop a workforce capacity strategy for the attraction and retention of Registered Early Childhood Educators in the community.	Establish wrap-around supports for complex cases and ways to easily navigate supports. There is a mental health and substance misuse crisis happening within this age group, with referrals increasing and more complex cases on the rise.	Youth Hub: physical community hub or virtual portal to support one-stop shop format that helps to inform and encourage youth to reach out for services.	Providing sustainable resources for the social service organizations to deal with increased service demands in addressing community need.	Organize support and access to internet, technology (laptops, computers, phones) and basic training skills for seniors to better navigate resources and service online, including banking, virtual care, and online bookings.	Indigenous component to support for victim services.
Advocate for greater support and prioritization of funding for early years interventions and programs.	Offer access to social recreational opportunities that are low to no cost for children in this age group located in the communities where they reside.	Advocate for affordable housing for youth.	Treatment options for complex mental health and substance use needs.	Ensuring older adults have access to virtual and home care services in rural and remote areas of Kingston in order to not have to leave home community.	Internet and tech supports are made available across the region.





Appendix 5 - Top Twenty Ideas

Create a housing development action plan for the full housing continuum.
Support and encourage engagement to include those with lived experience in both the planning and implementation of programs and services.
Enhance 24/7 community-based addictions and mental health services.
Support the establishment of an Indigenous cultural and gathering space.
Provide training and education across the service system on trauma-informed care including raising awareness of Adverse Childhood Experiences.
Provide resources and training to support agencies in incorporating equity, diversity, inclusivity, and indigenous partnership principles in all aspects of their organization.
Address community and household food security through supporting all aspects of the food eco-system.
Coordinate specific issue work groups and committees with cross sector representation to respond to critical gaps in planning and community supports.
Identify opportunities for organizations to enhance collaboration through shared space and backbone supports.
Establish a plan to address the need for a local residential treatment facility.
Provide supports to frontline workers to address the impacts of their work on their own mental health.
Improve access to services through virtual service delivery and outreach programs.
Build on existing child and family programming to support healthy development and strong attachment.
Improve awareness and use of 211 as a reliable and available information and referral source.
Establish ways to share program information across the system to avoid duplication and maximize resources.
Improve the transition between the youth and adult service systems through enhanced collaboration.
Reduce stigma toward populations experiencing homelessness, mental health issues and substance misuse.
Support decriminalization recognizing that substance misuse and mental health are health issues.
Encourage agencies to provide services where appropriate through a “hub” model.
Improve cross agency case management for the most complex and vulnerable adults.

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