



Community Foundation
for Kingston & Area

KINGSTON & AREA'S

VitalSigns®

2016

A Smart and Caring Community Checkup



x 12,605

Hotel Dieu Hospital, Division of Child and Adolescent Psychiatry: **12,605** patient visits between April 1, 2015 – March 31, 2016 Source: Hotel Dieu Hospital



4 out of 10

Canadians and Ontarians volunteer

3 out of 10

Kingstonians volunteer Source: Statistics Canada

Over **8%** of households in the Kingston, Frontenac, Lennox & Addington area live with food insecurity.

1 in 12 homes do not know if there will be enough food next week or next month.

Sources: KFL&A Public Health and Partners in Mission Foodbank



1 in 3

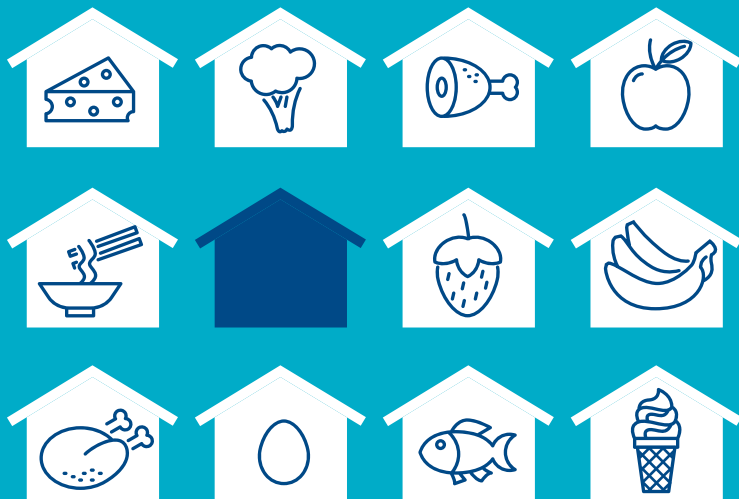
users of Partners in Mission Foodbank is a **child**.



39 tons

(the equivalent of 10 elephants) of fresh and preserved foods sourced by Loving Spoonful in KFL&A in 2015 for distribution to those in need.

Source: Loving Spoonful



\$ = \$\$\$\$\$\$\$\$\$\$
\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

One dollar **spent** on enriched child care **saves** 17 dollars in future criminal justice costs.

Source: Crime Prevention in Ontario: A Framework for Action



Our Smart and Caring Priorities focus on ...

Getting Started: Giving children, youth and newcomers a strong start to life in our communities.

- This section features early childhood development, child and youth mental health, improving the efficacy of the transition to adult services and our communities' reception of newcomers.

Food Security: Ensuring everyone has access to healthy food to fuel their bodies and minds; providing education for food choices and preparation.

- How are we doing relieving food insecurity in KFL&A?

Community Engagement: Inspiring everyone to be active participants in our communities; enriching our society.

- We look at community safety, integrated initiatives to prevent crime, and philanthropy and volunteerism. We report briefly on the state of democratic engagement reflecting voter participation in recent federal elections.

We do not see these priorities as isolated silos; there are resonances and connections between them. This is most evident with the community safety and child and youth mental health sections where cross-sector community partners are coming together to improve individual and community wellbeing.

Investing in the early years of a child's development has a huge positive benefit to society; not investing in a child's early development has a huge long-term cost. Optimum future economic and social progress depends on society's investment in children's early development.

An economic analysis of *Better Beginnings, Better Futures*, an early childhood prevention study, shows the "overall cost per family for 19 government services was at least \$7,560 less for Better Beginnings families than families from the comparison sites. Therefore, based on the average of \$2,991 spent per family for participation in Better Beginnings programs, the government has saved approximately \$4,569 per family by Grade 12 on other services, including education and social services."

Source: Investing in Our Future: Highlights of Better Beginnings, Better Futures Research Findings at Grade 12. (2010).

However, it is not all about economics and government savings: It is about providing the best conditions for young children to begin rich emotional and social lives, leading to effective community engagement as young adults and thereafter.

Vital Signs 2016 updates indicators published in 2015, documenting the trends. Look for the ▲, ▼ and ► symbols throughout and in the Dashboard to see how our communities are doing.

Getting Started

Giving children, youth and newcomers a strong start to life in our communities.

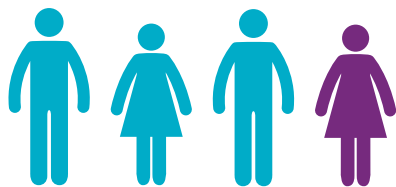
From Infant to Adult: Mental Health

A mental health strategy that starts with children and youth offers significant benefits:

- Early identification and intervention lead to better health outcomes, improved school attendance and achievement, contributions to society and the workforce, and cost-savings to the health care, justice and social service systems;
- Unaddressed mental health issues can lead to poor academic achievement and higher drop-out rates, unemployment, poverty and homelessness, and increased risk of criminal behaviour.

Source: Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy: 2011.

1 in 4 children in Canada will experience a mental health issue by the time they are 18



1 in 5 children with mental health needs will access services

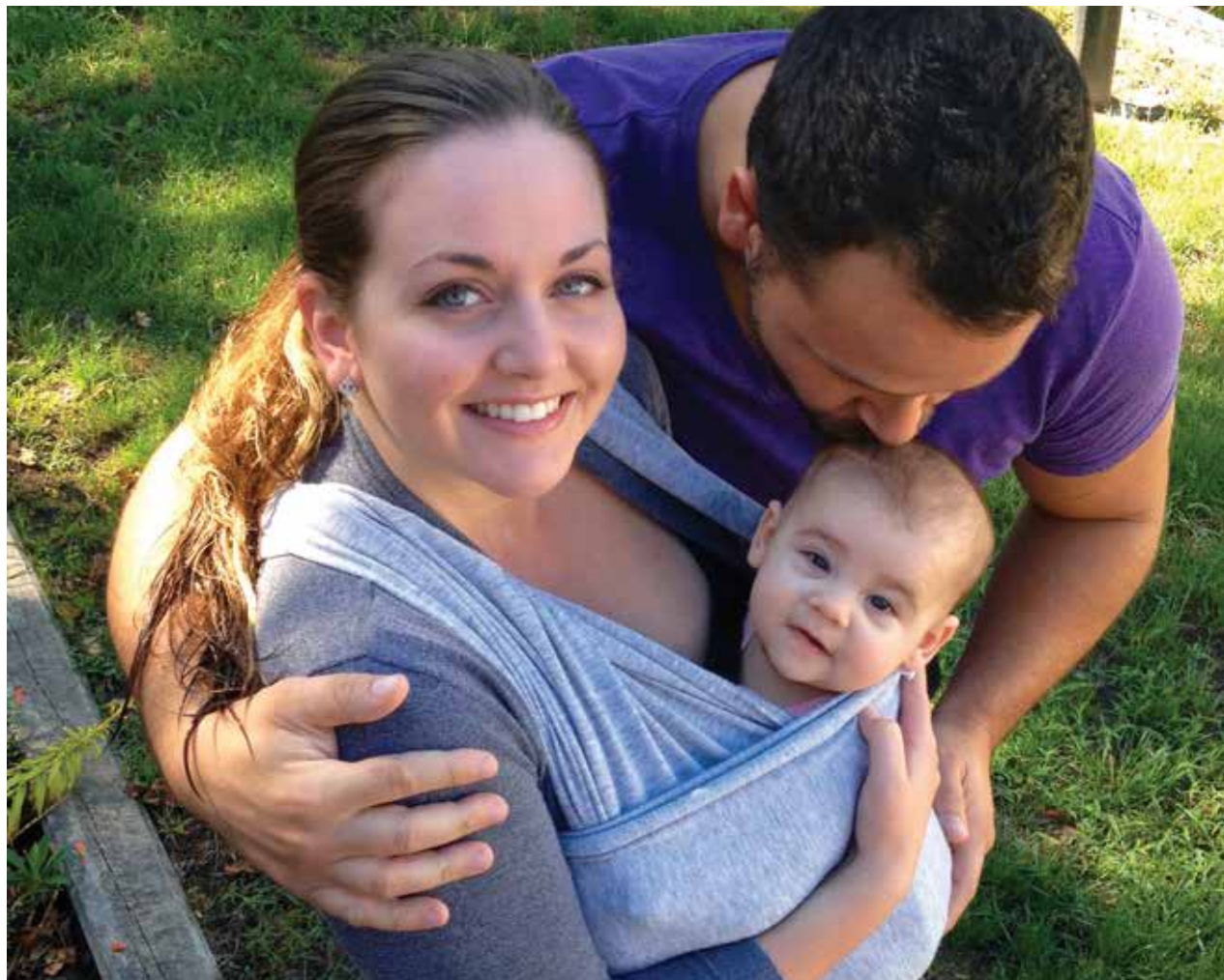


Source: Children's Mental Health Ontario, 2016

First steps to youth mental health

Many factors can influence a child's mental health from a young age. The social determinants of health and children's broader family and community environments can help or hinder a child's mental wellbeing. Intervention to modify negative factors is critical to optimize a child's mental health.

It is important that supports are in place in our community to promote healthy childhood development from a young age. Data is limited in KFL&A regarding mental and emotional wellbeing in children younger than school age.



Community Supports for Parents

Positive parenting and supportive family and community environments are important predictors of a child's mental wellness. Forty-four agencies of the 91 surveyed by KFL&A Public Health in 2013 reported that they provide 138 activities, including parent skills training or approaches to improve supportive environments. Other findings include:

- There are many more activities covering age groups 0-3 and 4-7 than older children or the prenatal period;
- There are few supports for single parents, parents new to Canada and families living in rural parts of KFL&A; and
- 83.2 per cent of the positive parenting activities using interventions or parent skills training as strategies were provided at no cost.

In 2013, of 564 parents surveyed in KFL&A:

- 29.6 per cent felt that all of their parenting needs were being met;
- 47.2 per cent reported that most of their needs were being met; and
- As their children got older, parents in KFL&A were less likely to state that all or most of their parenting needs were being met.

Having supports available to all parents, and helping all parents feel supported in their parenting journey, is critical for parent and child physical and mental wellbeing. For example, **KFL&A Public Health's Healthy Babies Healthy Children (HBHC)** free home visiting program screens and identifies risks, provides supports for new parents and facilitates connection with other community resources.

Emma Nagy, Foundational Standard Specialist,
Family Health Division, KFL&A Public Health

"Make early childhood development a high priority. This is the highest payoff investment we can make in our long-run prosperity." (Roger Martin and Richard Florida, Ontario in the Creative Age:2009.)

Mental Health in the Early Years

Early Development Index (EDI) Update – Cycle 4, 2015

There is no other period of brain development that is as critical to setting the stage for human growth, development, and positive or negative mental health as the first six years of a child’s life. Fewer than five per cent of babies were born with any limits on their ability to develop, but by school age, according to the 2015 Early Development Instrument, 30.1 per cent of children age 5 in KFL&A were considered to be vulnerable in one or more domains; this was an increase from 28.6 per cent in 2011. ▼

Experiences in the early years strongly influence social and emotional development and help young children form relationships, manage their emotions and adapt to the world around them. Research and growing evidence shows that positive early experiences lead to improved

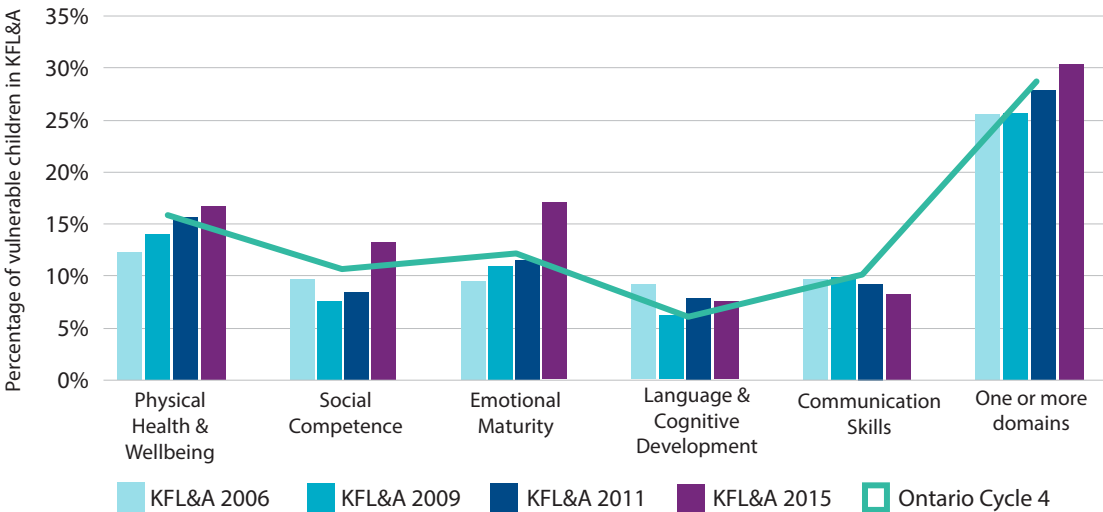
determinants of health, resulting in fewer instances of depression and better health outcomes throughout life.

Within KFL&A there has been a steady increase in vulnerability in one or more domains over the last four cycles of the EDI. In particular, vulnerability in Emotional Maturity and Social Competence has significantly increased from the previous EDI cycle in 2011. ▼

There has been an increase in the number of children who exhibit anxious, fearful or aggressive behaviour. These children are also showing difficulties in cooperation, self-confidence, problem solving, eagerness to try new experiences, knowledge of acceptable public behaviour, and appropriate respect for authority and for rules.



Percentage of Vulnerable Children in KFL&A by Domain



The prevalence of children with vulnerabilities and growing evidence reinforces the importance of investing in infant and early childhood mental health. It requires being able to see the importance of positive early experiences and the link between children, families and communities to support optimal early childhood development.

Laurie Dixon, Data Analysis Coordinator, Kingston and the Islands, Limestone Advisory for Child Care Programs



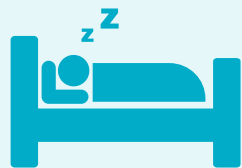
The Benefits of Investing in Full-Day Kindergarten (FDK)

The Ontario Government has reported that, in every area, students improved their readiness for Grade 1 and accelerated their development. Comparisons of children with two years of FDK instruction and children with no FDK instruction showed that FDK **reduced** risks in:

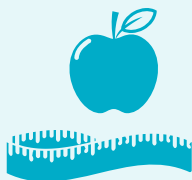
- Social competence development from 10.5 per cent to 5.8 per cent; ▲
- Language and cognitive development from 15.8 per cent to 4.3 per cent; and ▲
- Communication skills and general knowledge development from 10.5 per cent to 5.8 per cent ▲

How will I know if my child or youth is struggling with mental health?

Physical



Difficulty sleeping or sleeping too much



Changes in appetite, weight, or eating pattern



Loss of interest in appearance



Attempts to injure oneself

Anxiety & Mood



Worrying that gets in the way at home, at school or with others



Lack of energy or motivation



Avoiding friends or family



Not doing things that were once enjoyed



Frequent, unpredictable mood swings

Behaviour



Highly impulsive



Drug or alcohol use



Rebelling and arguing with authority



Becoming aggressive or bullying



Hard time attending or focusing

If you are worried about how your child is doing:

Ask Yourself

Am I seeing persistent signs of distress, like those described above?

Are there other significant changes or challenges that my child may be coping with?

Ask Your Child

I've noticed something seems different. Are you doing okay?

You don't seem to enjoy going to school lately. Is there anything going on that you want to talk about?

Check In

Talk to familiar people who are active in your child's life – a trusted teacher, a coach, a friend, or a family member.

Are they noticing the same signs of distress?

Reach Out

Talk to someone you trust or call Pathways for Children and Youth to get more information on mental health and the services offered in our community.

Moving on Mental Health with Pathways for Children and Youth

What is child and youth mental health?

When we talk about mental health, we are talking about the way our brains and bodies are designed to help us learn, work, play and handle difficulties.

All children and youth may experience brief problems with mood, anxiety, anger, aggression, or difficulties

paying attention, but when the problem persists and starts to interfere with school, family, or everyday living, this may be a sign of mental health problems—time to seek help. Pathways for Children and Youth is the lead agency for child and youth mental health in KFL&A.

Why is the mental health of children and youth in our community important? When children and youth grow up with their mental health needs cared for, they are:

- Less likely to suffer from mental illnesses when they are older;
- Less likely to have chronic health problems when they are older;
- More likely to set and meet goals that improve their lives, and accept who they are;
- More likely to contribute to their community; and
- More likely to have healthy relationships.

Pathways for Children and Youth—Our Clients

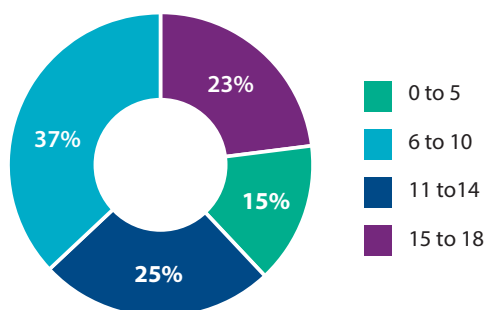
Did You Know? 1 in 4 of grade 9 to 12 students in the South East and Champlain Local Health Integration Network reported at least one mental health care visit in the last 12 months. This is significantly higher than the provincial rate of 1 in 5. ▼

1 in 3 of grade 9 to 12 students reported an unmet need for mental health support.

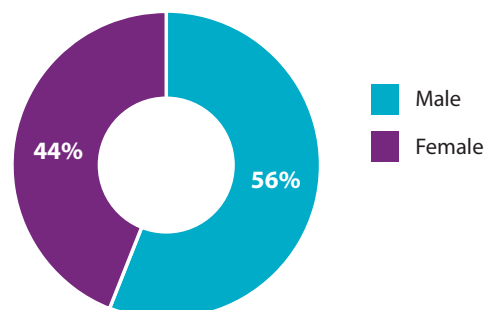
Source: Boak, Hamilton, Adlaf, Henderson, & Mann, 2016

1902 clients April 1, 2015 – March 31, 2016

Percentage of Pathways Clients by Age Group

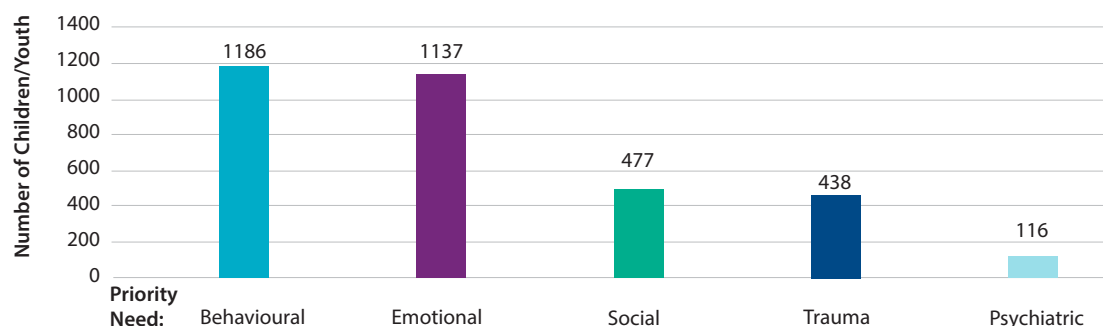


Percentage of Pathways Clients by Gender



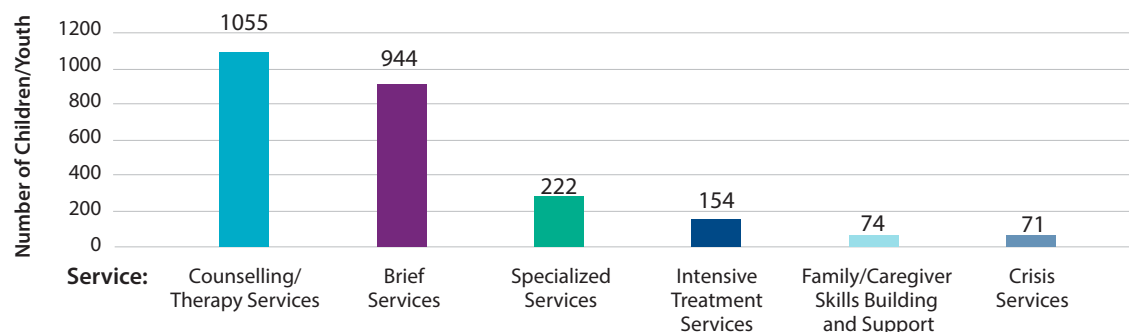
We identify priority needs (as clients may have more than just one need).

Assessed Needs of Pathways for Children and Youth Clients from April 1, 2015 to March 31, 2016



We provide services. Note: A client can use more than one service.

Number of Children and Youth who Accessed Pathways for Children and Youth Services from April 1, 2015 to March 31, 2016



“The waiting time to see a counsellor was short. The process was one of discovery which led to helping us get emergency care at Hotel Dieu. My son got the acute support he needed in the short term. We are now looking for longer term treatment and plan to reach out to Pathways again.”
- Mental Health Client in KFL&A

Pathways for Children and Youth offers mental health services in six different categories:

- 1. Counselling/Therapy Services:** Focus on reducing the severity of emotional, social and behavioural problems;
- 2. Brief Services:** Quick access therapeutic encounters to address presenting needs of a child or youth;
- 3. Specialized Services:** Clinical consultations and diagnostic services;
- 4. Intensive Treatment Services:** Targeted to children and youth with significant mental health disorders;
- 5. Family/Caregiver Skills Building and Support:** Aim to enhance parent/caregiver capacity to support and understand their child/youth; and
- 6. Crisis Services:** Immediate services delivered in response to a mental health crisis.

Our Community Working Together to Improve Mental Health

Organizations that provide child and youth mental health services across different sectors are working together to build a better system. Pathways for Children and Youth is the lead agency helping to coordinate this work. The Moving on Mental Health Task Force will:

- Set priorities for improving mental health services for our children and youth;
- Ensure youth and parents have a voice in shaping services;
- Make it easier for children, youth and families to access the right services at the right time; and
- Collaborate and network effectively to use resources wisely.

For further information contact Amber McCart, Clinical Director, Pathways for Children and Youth: amccart@pathwayschildrenyouth.org

Caillin Mulvihill, Mary Jo Dowker, Amber McCart, Pathways for Children and Youth

Mental Health and Hotel Dieu Hospital

At Hotel Dieu Hospital, the Division of Child and Adolescent Psychiatry provides comprehensive psychiatric services to children and adolescents up to 18 years of age who are suffering from mental health disorders. There are five clinics:

- Eating Disorders;
- Mood and Anxiety;
- Neuro-Developmental;
- Family Court;
- Urgent Consult.

From April 1, 2015 to March 31, 2016, the clinics had 12,605 patient visits. Referrals are made by a physician (e.g., family doctor, pediatrician), school boards and community health agencies.

Each clinic is staffed by a multidisciplinary team comprised of a psychiatrist, psychologist/psychological associate, social worker, behaviour therapist and, in some cases, a nurse or nurse practitioner.

The Urgent Consult Clinic provides a one-time consultation for assessment of youth at risk to themselves or to others, or for behavioural crisis.

Limestone District School Board

Schools are an ideal place to teach children and youth about mental health and wellness, stigma around mental illness, and who can help when you or a friend is not okay. Student wellness has been made a key pillar in Ontario's renewed vision for education, Achieving Excellence. Mental health is as important as physical health and needs to be something we take care of everyday. Teaching students skills to cope with stress and to be resilient is as essential as teaching students reading, writing and arithmetic.

The Limestone District School Board has a mental health strategy that focuses on the following:

- Implementing evidence-based school and board wide initiatives to teach students the skills they need to recognize and cope with stress.
- Providing all staff with knowledge around mental health in order to help them identify early that a student is struggling.
- Providing counselling and clinical staff who work directly with students who are struggling and also with our educators in understanding how to best support student mental health.
- Working collaboratively with our community partners in connecting students and their families with mental health supports. This includes protocols that help students in crisis access mental health services quickly.

The Limestone District School Board Mental Health Strategy: http://limestone.on.ca/Special_Education/Mental_Health/

Dr. Jennifer Davidson-Harden, Chief Psychologist and Mental Health Lead, Limestone District School Board



Métis Nation of Ontario

The Métis Nation of Ontario (MNO) offers a variety of person-to-person supports and group educational services for all Indigenous communities in KFL&A through Healing and Wellness programs at our Kingston site.

These programs are designed to assist clients and participants in a holistic way – taking into account personal strategies to provide for their physical, emotional, mental and spiritual needs.

Clients learn how to incorporate their own cultural connections into their goal planning and ensure that they have sufficient support and follow-up to succeed with their plans.

Two MNO programs provide support to children, youth and their families:

- The Community Wellness Program facilitates the development of safe, violence-free and healthy families/communities through, for example, crisis intervention, peer counselling and the innovative age-related “Suit Up” Program for children and youth.
- Métis Healthy Babies Healthy Children Program supports families with children aged 0-6 years to ensure equitable access to knowledge, resources and cultural mentoring.



The Métis Sash represents the importance of culture. The Infinity Strands looks at our clients' healing journey and signifies strength and resilience.

Of particular interest, the “Suit Up” Program provides 12 one-on-one single hour sessions and is designed to get youth to set goals and to strengthen their identity by examining who they are, the roles they play, and ensure they are connecting to themselves, their culture and their community. This is expressed through journaling or by creating their own comic book (graphic journal). Each week focuses on a different topic – the importance of education, establishing balance on the ‘wellness wheel’, the effects of moods and behaviours – which they can then relate to their hero who can be a real person or movie character.

Samantha Alkenbrack, Community Wellness Coordinator, Métis Nation of Ontario

Students taking responsibility

KFL&A Public Health has worked with local schools to start student-led wellness programs within schools.

At Regiopolis-Notre Dame Catholic High School, students analyzed different health aspects and then chose to focus on mental health since mental health connects the other kinds of health. Physical health can affect mental health and having poor mental health can lead to substance abuse, drinking and smoking.



Refugees Welcomed...

Since July 2015, approximately **100 privately sponsored refugees** were welcomed from Syria and other countries around the world. Over the next year, Kingston will also be receiving government sponsored refugees under the Kingston Community Refugee Reception Project funded by the Federal Government.

With assistance from their sponsors, volunteers, and a network of community agencies, Kingston has demonstrated it truly embraces the goal of creating a welcoming community. The refugees are integrating within the community: Making connections, obtaining employment, developing skills and navigating resources.

Success stories include:

- Two refugees who worked in agriculture in their home countries, working on local organic farms;
- Two professional architects employed or on work placement with local architecture firms;

- A youth building skills with a work placement at the Kingston Community Health Centres with the support of Arabic-speaking volunteers; and
- Three offered permanent full time supported employment by a local construction company.

More information on how you can help with the settlement of refugees can be found at: <https://www.cityofkingston.ca/residents/community-services/housing/refugees>

CFKA provided an initial grant of \$5,000 in support of the settlement of Syrian refugees. In addition, CFKA accessed \$20,000 from the Community Foundations of Canada Welcome Fund for Syrian Refugees to add to Kingston Community Refugee Relief Fund.

KFL&A Intersections

Intersections is an evidence-informed, early intervention program focused on navigation and coordination of services for young people who are at risk of becoming justice-involved. It has the ability to strengthen family relationships, improve wellbeing, reduce future contacts with the justice system, enhance community support and improve outcomes at school.

Intersections supports youth, family, caregivers and police in finding the right services for youth and families early to avoid further engagement with police services after an initial contact. Many of these youth and families are much more appropriately supported by community support and health care services at this stage in youth development.

There are three key steps to the Intersections program:

1. The child/youth has early contact with police due to non-criminal and/or problematic behaviour; police offer a voluntary referral to Intersections.
2. The Intersections Worker engages the child/youth and family to assess their needs and strengths.
3. The Intersections Worker supports the youth and family during engagement and referral to community services.

KFL&A will be the sixth community in Ontario to implement Intersections.

The local team from the Centre for Addiction and Mental Health will work closely with cross-sector community partners to launch Intersections in 2017.

Heather Lackner, Regional Implementation Coordinator, CAMH

What Can You Do?

Resilient children are better able to cope with, or adapt to, stress, challenges, and changing environments. How can you help children and youth build resilience as a parent, teacher, coach, or friend? Here are a few ideas:

- **Provide a caring, stable relationship.**

Example: Give attention and affection, ask and actively listen, show empathy.

- **Focus on strengths and build confidence.**

Example: "Great job, you were so close! You are such a great swimmer you will make it to the end soon!"

- **Talk about feelings.**

Example: "It's okay that you feel mad at your brother. Sometimes mommy gets mad too. Maybe you could ask if you could take turns instead of getting angry in a way that is hurtful."



Improving Service Transitions from Youth to Adult Services in KFL&A

The Youth Transitioning Protocol (YTP) clarifies the preferred clinical transition pathway from child and youth services into adult services. As a result, professionals in KFL&A are now better equipped to help youth move into adult mental health and/or addiction services thanks to the new YTP process.



The YTP was created in collaboration with cross-sector community partners from KFL&A and the help of the Provincial System Support Program at the Centre for Addiction and Mental Health (CAMH). The protocol is for youth who are:

- Aged 16-24;
- Experiencing mental health and/or addiction issues;
- In need of specialized, complex care; and
- Transitioning between youth and adult services.

Using Evidence to Inform Practice

International research on transitions and local experiential knowledge combined to become the evidence base for the YTP. The protocol recommends the use of a transition team and key action steps for youth and adult services to initiate and follow. The community also developed a Youth Toolkit which helps youth communicate with their transition team.

"Now that the YTP is out in the field, we are able to start transition planning sooner and with the support of a transition team," – Heather Cota, a Community Counselor from Pathways for Children and Youth.

Intersections and the YTP are products of CAMH's Systems Improvement through Service Collaboratives initiative under Ontario's *Open Minds, Healthy Minds: Comprehensive Mental Health and Addictions Strategy*, launched in 2011.

Chris Sullivan, Provincial System Support Program, CAMH



Food Security

Ensuring everyone has access to healthy food to fuel their bodies and minds.

Poverty and Food Insecurity Are Closely Linked. Is BIG The Solution?

The City of Kingston was the first elected body in North America to endorse the Basic Income Guarantee! If people had sufficient money to buy their own food, food insecurity would be wiped out. Since Kingston took the lead, over 40 municipalities have endorsed the concept.

Food Banks Canada recommends: “Dismantle existing social assistance bureaucracies and create a basic income, administered through the tax system. Ensure that basic income has a logical relationship to the level of earnings offered through work.”

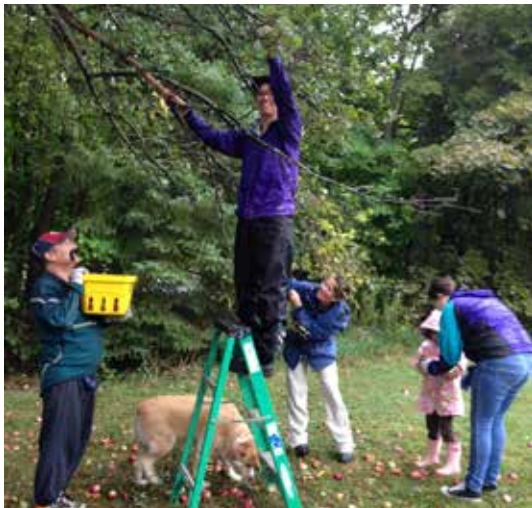
Robinson Community Garden

The Robinson Community Garden began as a partnership between Bernie Robinson, a local businessman, Justice Brian Abrams, and the Salvation Army in 2012. It is a private initiative that is paying large public dividends. Located just west of Westbrook, the Garden’s mission is “to provide fresh produce, at no cost, to those in need in the Kingston community through a combination of donated farmland, farm staff, and a community of dedicated volunteers.”

The five-acre garden produced 10 tons of vegetables last year. Healthy recipes and tips for eating well on a budget are provided on the Garden’s website: <http://www.robinsongarden.com>

In 2015, Loving Spoonful:

- **Collected:** 15 tons of fresh food (Grow a Row);
- **Reclaimed:** 20 tons of fresh food from grocery stores, restaurants, caterers and bakeries;
- **Preserved:** 2.3 tons of fresh food for distribution in 2016;
- **Gleaned:** 4.25 tons of fresh food from all over the region in 2015;
- **Taught:** 525 students in classrooms and school gardens about healthy food; and
- **Taught:** 142 people basic cooking skills in Community Kitchen programs.



Keeping Track... 2013 – 2016 Point In Time Food Assistance Count

On an average day in May 2016 agencies record their food providing activities. The table below shows the numbers of snacks and meals served and includes the Food Sharing Project (FSP) implemented in the area schools.

The teachers’ labour action in the fall of 2015 affected the 2016 FSP count, with number of meals served reduced and the number of snacks increased.

	2013	2014	2015	2016	Trend	
Number of snacks and meals for children and youth served in all programs (including FSP) on that day	5072	5742	6345	6324	▼	Fewer students received meals.

A WIN-WIN...

Long term fresh food preservation in volume is a challenge. Loving Spoonful and the Cataraqui Region Conservation Authority (CRCA) joined forces in 2015 to pilot a cold storage project to make fresh vegetables available out of season.

The CFKA provided a grant to the CRCA in 2016 to upgrade the insulation and the functional capability of the tree seedling storage building to build upon the success of the pilot project.

Fresh food rescue meets the 21st century with Loving Spoonful’s Fresh Food Inventory mobile app.

Chefs at participating agencies will simply run the app on Monday mornings to see what Loving Spoonful has in cold storage and can deliver for the week.



Partners in Mission Food Bank

Food Banks Canada compiled data from food banks across Canada showing the service provided during March, 2015. Kingston’s Partners in Mission Food Bank provides local data for this national survey.

The comparable results for Kingston, Ontario and Canada are shown in the following table:

	Canada	Ontario	Kingston
Users	852,137	358,963	5,600
Increase since 2008	26.1 %	14.2 %	26 %
Number of Children	35.8 %	33.6 %	33 %

Content prepared with the assistance of Paul Elsey, Project Team, Mara Shaw, Executive Director, Loving Spoonful, Tom Beaubiah, Biologist – Lands Lead, CRCA, and Susan Belyea, Queen’s University

Food for You, Food for Two

Food for You, Food for Two is a KFL&A Public Health Program, funded by the Public Health Agency of Canada, that has just celebrated its 20th anniversary.

The goals of the program are to:

- Improve mother and infant health;
- Reduce the incidence of unhealthy birth weights; and
- Strengthen community supports for pregnant women and families with new babies.

Provision of food, improving food skills, and opportunities for peer support are important components of the program. To ensure equitable access, barriers to attending the program are reduced by providing child care and funds for transportation.

From April 1, 2012 - March 31, 2016, Food for You, Food for Two had:

- 184 clients; of whom
- 58.6 per cent of the participating mothers were 25 or under.

Of 26 clients interviewed in 2015-2016:

- 76.9 per cent of mothers reported learning more about healthy eating for themselves and their families;
- 84.6 per cent learned more about breastfeeding from participating in the program;
- 92.3 per cent reported learning more about helpful resources in the community; and
- 88.1 per cent valued the opportunity to socialize with other moms.

The number one reason participants reported for attending the program in 2015/16 was to meet other moms.

Emma Nagy, Foundational Standard Specialist, Family Health Division, KFL&A Public Health

What Can You Do?

What can you do to improve Food Security in your community?

- Volunteer with one of our local non-profit food providers or food advocacy groups.
- Encourage your corner store to stock local fresh produce by purchasing yours there.
- Share your healthy cooking skills with youth.
- Participate in a Community Garden.
- Purchase a food bank package at your local supermarket.

Community Engagement

Inspiring everyone to improve their wellbeing by being an active participant in their community.



Community Safety

Community engagement is at the foundation of community building. We know that our wellbeing is improved by being an active participant in our community: Our community has to be a safe space that encourages everyone to participate.

Our Canadian Index of Wellbeing Survey for KFL&A (2013) established that 8 out of 10 residents in the area are comfortable walking alone in their neighbourhood after dark. We seem to feel pretty safe!

But there is another point of view:

Young people also describe Kingston as a generally safe community. However when asked more specifically about different measures of safety, a contrast emerged in the responses. Almost 75 per cent of young people have seen others bullied, 50 per cent have felt bullied, 41 per cent feel unsafe in particular locations, and 73 per cent have witnessed homophobia or transphobia. (Y2K Kingston Youth Strategy and Community Action Plan, 2013)

Community police are entrusted with the duty to maintain community safety. *The Kingston Police Business Plan 2015-17* outlines the community priorities, objectives and indicators, many of which are conventional: traffic safety and crime prevention and investigation, for example.

However there are two that stand out, related to our Vital Signs themes this year:

- Increased referrals under the Youth Criminal Justice Act to Youth Diversion; and
- Address policing and community issues having an impact on persons with mental health and/or addiction challenges.

Kingston Police Youth Programs

Progress is being made. And further actions are underway to continue to reduce the youth crime rate.

The *Kingston Police 2015-17 Business Plan* identifies youth issues, the value of early intervention, and the need for police to increase outreach and make positive connections as priorities.

To address these priorities, the Kingston Police Youth Programs team is working on several initiatives including:

1. Increasing referrals under the Youth Criminal Justice Act to youth diversion programs; and

2. Promoting police presence and engagement with youth in the community:
 - Camp for at-risk youth (with community partners);
 - Increased involvement in the Youth in Policing Initiative Program; and
 - Youth Police Academy.

The weeklong Youth Police Academy, held at the Boys and Girls Club of Kingston in July 2016, brought in units from Kingston Police to engage with youth and talk to them about their everyday jobs.

Youth Diversion Program

Youth Diversion works with young people between the ages of 9 and 24 who require support to overcome the challenges of adolescence. A range of prevention and early intervention services delivered in groups or to the individual are provided.

Annually, 100+ volunteers provide over 13,000 hours of support to youth, helping to ensure that young people in our community have the opportunity to realize their greatest potential.

Youth Diversion has enjoyed a collaborative partnership with the Kingston Police for over 40 years in working with youth, families, and the community to assist young people in making positive changes and choices in their lives.

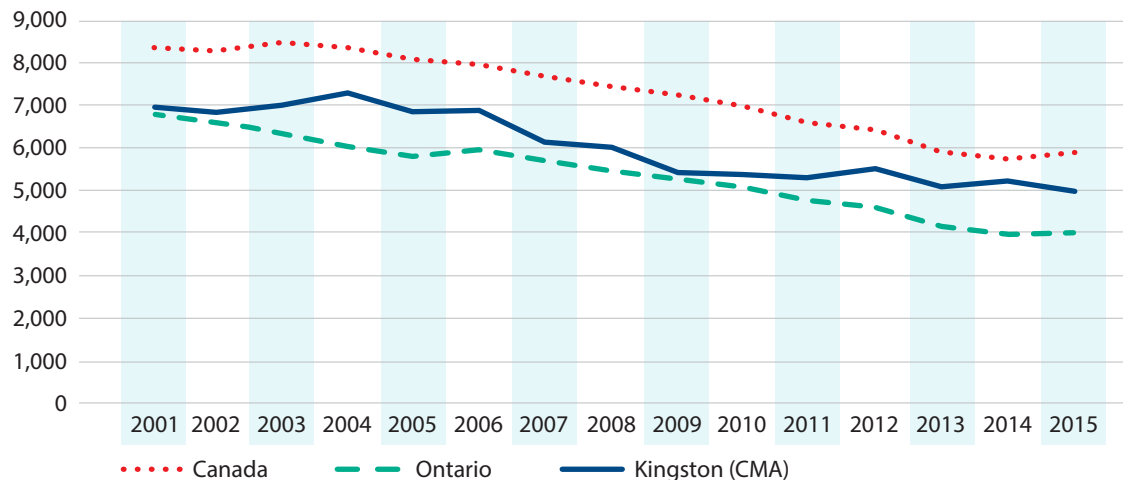


Did you know? The Youth Diversion Program was the beneficiary of \$107,000 raised in the Kingston Police Gala community fundraising event held on May 14, 2016.

How effective is crime prevention in our communities?

The overall crime rate, measuring the number of actual incidents per 100,000 population for Canada, Ontario and Kingston CMA for 2001 to 2015, is depicted in the following graph. The year-over-year trend is declining. ▲

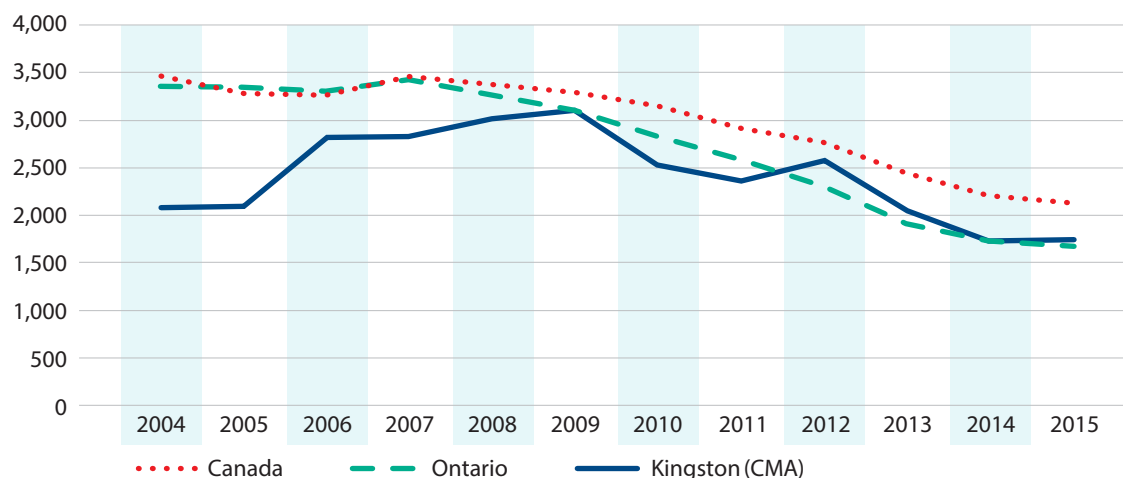
Overall Crime Rate: Number of Actual Incidents per 100,000 Population



Source: Community Foundations of Canada using data provided by Statistics Canada.

Youth Crime per 100,000 Population for Kingston (CMA) is some 20 per cent less than for Canada as is depicted in the following graph. Source: Community Foundations of Canada using data provided by Statistics Canada, 2016

Youth Crime per 100,000 Population



Community Risk Watch in KFL&A: A new initiative

Community organizations from across KFL&A and police have launched a new Community Risk Watch project aimed at building safer and healthier communities.

Through the rapid mobilization of multi-agency resources and service connections, the Community Risk Watch 'Situation Tables' provide support to children/youth, adults and families experiencing acutely elevated levels of risk that would put themselves or others at risk of harm.

These individuals face a composite number of risk factors that cut across multiple human service sectors and in all likelihood will lead to something bad happening and happening soon. They may be at risk of doing harm to themselves or to others, becoming a victim, relapsing on a treatment plan, and/or ending up on the street.

The KFL&A Community Risk Watch concept is modeled after the successful Building Partnerships to Prevent Crime HUB Model developed in Saskatchewan. The aim of this innovative approach to crime prevention is to create a fundamental shift in the way society understands community safety and wellbeing.

Meeting weekly in both Kingston and Napanee, active community-wide partnerships are established between different agencies, sectors and areas of responsibility with the best expertise to rapidly address individual cases.

Participants in the KFL&A Community Risk Watch initiative include many cross-sector community partners. These multi-sectoral collaborations are making police crime prevention more effective.

A video on the KFL&A Community Risk Watch project is available at: <https://vimeo.com/162098861/afa73f5445>

Why?

"Studies confirm that a dollar invested now in crime prevention and early intervention avoids seven dollars spent on incarceration, victim services and other associated costs in the future. Another study found that one dollar allocated for enriched child care saves \$17 in criminal justice costs in the future."

(*Crime Prevention in Ontario: A Framework for Action*, p. 13)

Cross-sector Community Partners

Something we have learned in our consultations for *Vital Signs 2016* is the degree to which many organizations and sectors are working together as cross-sector community partners. For example, the KFL&A Community Risk Watch partners include:

- Addiction & Mental Health Services – KFL&A;
- Algonquin Lakeshore Catholic District School Board;
- City of Kingston;
- County of Lennox & Addington;
- Family and Children's Services of Frontenac, Lennox & Addington;
- Human Service and Justice Coordinating Committee;
- Kingston Police;
- Lennox & Addington Interval House;
- Limestone District School Board;
- Ministry of Children and Youth Services – Youth Justice;
- Ministry of Community Safety & Correctional Services;
- Napanee Area Community Health Centre;
- Ontario Provincial Police;
- Pathways for Children and Youth;
- Prince Edward – Lennox & Addington Social Services;
- Victim Services of Kingston and Frontenac;
- Victims Services of Hastings, Prince Edward, Lennox and Addington Counties; and
- Youth Diversion Program.



There are **Risk Factors** related to individuals, family/peers, community and society as a whole; fortunately there are countervailing **Protective Factors**. For example:

A **Risk Factor** for an individual might be:

- Behavioural problems

A countervailing **Protective Factor** an individual might learn:

- Effective personal coping strategies

(*Crime Prevention in Ontario: A Framework for Action*, p. 13)

Prepared with the assistance of notes supplied by Lisa Holmes, Chair, KFL&A Community Risk Watch.



Source: Elections Canada



Democratic Engagement

Vital Signs 2015 encouraged eligible youth to vote in the 42nd Federal Election.

Nationally, the participation rate of youth showed the highest increase in turnout since the collection of data started in 2004:

- Age 18-24 electors' participation increased from 38.8 per cent in 2011 to 57.1 per cent in 2015. ▲
- Age 25-34 electors' participation increased from 45.1 per cent in 2011 to 57.4 per cent in 2015. ▲
- Nationally, the on-reserve Indigenous turnout was the biggest ever, 14 per cent increase over the 2011 election: #RocktheVote really got the Indigenous vote out! ▲

The overall voter participation rate in the 42nd Federal Election in per cent is very encouraging as is shown in the following table. The participation rate for Kingston and the Islands improved by nearly 11 per cent vv(63.4 to 70.3 per cent).

	2004	2006	2008	2011	2015	Trend
Canada	60.9	64.7	58.8	61.1	68.3	▲
Ontario	61.8	66.6	58.6	61.5	67.8	▲
Kingston and the Islands	60.3	66.0	60.1	63.4	70.3	▲
Lanark, Frontenac, Lennox and Addington	65.8	67.7	61.0	64.6	72.3	▲

Source: Elections Canada On-line.

Philanthropy and Volunteering

The community we build through community engagement is shaped by each of us sharing our time, talent and treasure according our individual means.

Charitable Donations

The per cent of Tax Filers Who Made a Charitable Donation in Kingston (CMA) is gradually declining as shown in the following table. This is a disturbing trend.

	2002	2012	2013	2014	Trend
Kingston (CMA) per cent	29.2	25.7	25.1	24.7	▼

Actual Median Charitable Donations for Kingston (CMA), compared to National and Provincial Medians, is gradually increasing as shown in the following table. These increases are modestly above the inflation rate.

	2002	2012	2013	2014	Trend
Median Kingston (CMA) Average	\$240	\$310	\$320	\$330	▲
Median National Average	\$210	\$270	\$280	\$280	▶
Median Provincial Average	\$260	\$320	\$340	\$350	▲

Do you volunteer? 44% of Canadians and Ontarians volunteered in 2013.

The rate of volunteering is slowly declining. The total number of hours volunteered remains stable even with fewer active volunteers.

33% of residents in Kingston (CMA) volunteered in 2013. The volunteer rate in Kingston is 11 percentage points below the national and provincial average. ▼

What Can You Do?

What can you do to improve Community Engagement in our community?

- Volunteer and make a difference with improving our community.
- Make a charitable donation.
- Support implementation of the recommendations of the Truth and Reconciliation Commission of Canada.

The Kingston Indigenous community was in on the act, too!



Traditional Indigenous Talking Circle on Election Issues, October 4, 2015.

Many Indigenous community members noted publicly that they had never voted but were not going to bypass this particular opportunity to have their voice (and ballot) count on the road to change.

An Election Talking Circle was held prior to Election Day in order to meet all the candidates in a more traditional Indigenous way of gathering, learning, sharing and connecting together.

Events such as this could have helped sway a silenced population to be silent no more.



















Terri-Lynn Brennan, Program Coordinator, Cultural Services, City of Kingston

Silence and invisibility were issues that also came to the forefront at the April 27, 2016 CFKA Speaker Series, *Truth and Reconciliation in the Kingston Area: What is your role?* Community Grandmother Laurel Claus-Johnson offered:

"We need a place to reconnect with the Mother... To acknowledge creation as originally instructed. To be on the land, at the water, amongst all the families of life honouring and respecting their sustaining gifts. We need a home."

Community Dashboard

Our Community Dashboard for 2016 updates selected indicators introduced in *Vital Signs 2015* for which new data were available, and adds new indicators that are relevant to the themes of *Vital Signs 2016*.

Vision	Dashboard Indicator	Previous	Most Recent	Goal	Target	Trend
Getting Started	Per cent of KFL&A children who are kindergarten-ready	74.6% in 2006 74.2% in 2009 71.4% in 2011	69.9% in 2015	Increase	100%	
	Number of unique child/youth mental health clients at Pathways for Children and Youth	1900 in 2014/15	1902 in 2015/16	Increase ¹	Increase by 5% per year	
	Overweight/Obesity: Ontario youth (ages 12-17) ²	21% in 2011/12	22.7% in 2013/14	Decrease	15% by 2020	
	Unemployment Rate, total population (Kingston CMA) ³	6.8% in 2014	6.6% in 2015	Decrease	Full employment	
	Unemployment Rate, youth, ages 15-24, (Kingston CMA)	16% in 2014	14.9% in 2015	Decrease		
Food Security	Food Sharing Project: Number of individual students served in KFL&A schools	14,509 in 2015	14,554 in 2016	Support every child who is hungry	Note 4	
	Number of meals served (main meals and light meals) as per the Point in Time survey, excluding the Food Sharing Project	1,278 in 2015 ⁴	1,449 in 2016	Decrease		
	The percentage of households that are moderately/severely food insecure in KFL&A	8.3% in 2011/12 ⁵	10.2% in 2013/14 ⁵	Decrease	6%	
	Vegetable and fruit consumption: Per cent who did not meet Canada's Food Guide (CFG) recommendations: 1. Youth (ages 14-18) 2. Adults (ages 19+)	84.1% in 2011/12 82.5% in 2011/12	77.8% in 2013/14 83.2% in 2013/14	Decrease % not meeting CFG	79% by 2020 77% by 2020	 
	Sense of community belonging, KFL&A, youth and adults (12+)	72.0% in 2011/12 ⁶	67.8% in 2013/14	Increase		
Community Engagement	Charitable donations (median), Kingston CMA	\$320 in 2013	\$330 in 2014	Increase		
	Per cent voter turnout: National – Kingston & the Islands	63.4% in 2011	70.3% in 2015	Increase		
	Physical Activity (KFL&A) – Inactive: 1. Ontario youth (ages 12-17) 2. Adults (ages 18+)	25.1% in 2011/12 39.6% in 2011/12	29.5% in 2013/14 46.0% in 2013/14	Decrease Decrease	22% by 2020 35% by 2020	 
	Active Transportation (KFL&A): Walked or cycled to and from school or work: youth and adults (12+)	24.9% in 2011/12	23.1% in 2013/14	Increase	30% by 2020	
	Public Safety (Kingston CMA): 1. Crime Severity Index 2. Overall Crime Rate (number of actual incidents / 100,000 population)	62.2 in 2010 / 55.2 in 2014 5,391 in 2010 / 5,219 in 2014	56.5 in 2015 4,994 in 2015	Decrease Decrease		 
						⁷

Notes:

- The proportion of children/youth in Canada estimated to experience mental health problems, coupled with an increased demand for treatment of 10% per year as stigma declines, indicates that more children/youth are in need of services than are currently accessing services.
- Calculated using the WHO age-/sex- specific BMI cut-offs for children 5 to 19 years. *Vital Signs 2015* reported overweight and obese rates using the Cole Classification system. Due to concern that the Cole Classification system underestimated overweight and obese rates in children, the WHO system was adopted.
- Kingston CMA: The Kingston Census Metropolitan Area is composed of The City of Kingston, Loyalist Township, South Frontenac Township, and Frontenac Islands Township.
- The Food Sharing Project is growing given the Ontario government's increased funding and the mandate to serve all students without questioning their actual needs (and thereby prevent any risk of stigmatization).
- Use with caution due to small sample size and high variability of the estimate.
- Reported in *Vital Signs 2015* Dashboard as 64.8% in 2014. Revised for consistency with KFL&A Public Health reporting.
- Due to increase in serious crimes in Kingston CMA (homicides, attempted murders, robberies).

We wish to extend our thanks and gratitude to the many who assisted with preparing this report including the following:

Advisory Committee:

- City of Kingston: Terri-Lynn Brennan, Cheryl Hitchen
- KFL&A Public Health: Emma Nagy, Suzanne Fegan
- Kingston Economic Development Corporation: Carey Bidtnes
- Kingston Police: Sergeant Paul Brulé, Constable Josh Conner
- Limestone Advisory for Child Care Programs: Laurie Dixon
- Pathways for Children and Youth: Cailin Mulvihill, Mary Jo Dowker
- Sustainable Kingston: Ruth Noordegraaf

CFKA Working Group:

- Michael Bell, Project Leader
- George Wright, Project Manager
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- Yara Chard
- Paul Elsley
- Andrew Silver

We thank the following sponsors who have generously supported this *Vital Signs*® 2016 report



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for Kingston & Area

The Community Foundation for Kingston & Area is an independent, local charitable organization, founded in 1995. We strengthen our community by connecting charitable giving to community needs. The Foundation encourages individuals and organizations to establish and help grow permanent endowments, which allows us to invest in our community in perpetuity.


Funds are invested and income earned is used to provide charitable grants. The Foundation manages \$16.5 million in assets and has distributed over \$9 million since its establishment.


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Reference sources used in preparation of *Vital Signs* 2016 together with supplementary reports and prior years' *Vital Signs* are available at www.cfka.org/publications/



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Vital Signs® is a community check-up conducted by community foundations across Canada that measures the vitality of our communities and identifies significant trends in a range of areas critical to quality of life. *Vital Signs* is coordinated nationally by Community Foundations of Canada and with special thanks to the Toronto Foundation for developing and sharing the

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Design of report by: BmDodo Strategic Design **www.bmdodo.com**