

June 2021

Community Safety & Well-Being Plan

United Counties of Leeds and Grenville
and the Town of Prescott



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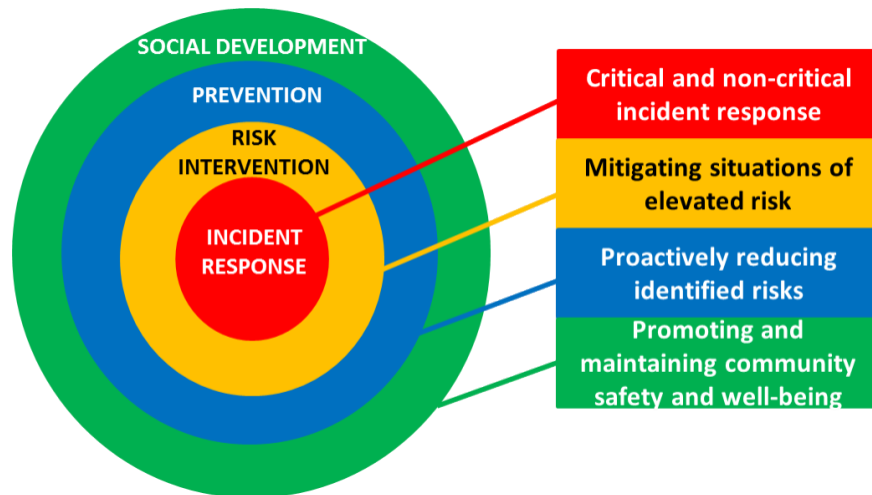
Executive Summary

The United Counties of Leeds and Grenville and the Town of Prescott have been working with their community partners to develop a Community Safety and Well-being Plan, as mandated by legislation under the *Police Services Act*. More than 150 individuals, groups, organisations and agencies have been consulted in this process.

The Ministry of Solicitor General has provided a framework to help municipalities undertaking the community safety and well-being planning process. A critical element of this framework is understanding the importance of planning in the following four areas “to ensure local plans are as efficient and effective as possible in making communities safer and healthier”:

- social development
- prevention
- risk intervention, and
- incident response

Consequently, this Community Safety and Well-being Plan will work mostly within the Social Development and Prevention rings of this diagram.



(Community Safety and Well-being Planning Framework, 2019)

Social Development

Social development requires long-term, multi-disciplinary efforts and investments to improve the social determinants of health (i.e., the conditions in which people are born, grow, work, live, and age such as education, early childhood development, food security, quality housing, etc.) and thereby reduce the probability of harm and victimization. Specifically, social development is where a wide range of sectors, agencies and organizations bring different perspectives and expertise to the table to address complex social issues, like poverty, from every angle. The key to successful social development initiatives is working together in ways that challenge conventional



assumptions about institutional boundaries and organizational culture, with the goal of ensuring that individuals, families and communities are safe, healthy, educated, and have housing, employment and social networks that they can rely on. Social development relies on planning and establishing multi-sectoral partnerships. To work effectively in this area, all sectors need to share their long-term planning and performance data, so they have a common understanding of local and systemic issues. Strategies need to be bolstered or put into place that target the root causes of these issues. Social development in action will be realized when all community members are aware of services available to them and can access those resources with ease. Knowing who to contact (community agency versus first responder) and when to contact them (emerging risk versus crisis incident) allows communities to operate in an environment where the response matches the need. Communities that invest heavily in social development by establishing protective factors through improvements in things like health, employment and graduation rates, will experience the social benefits of addressing the root causes of crime and social disorder (Community Safety and Well-being Planning Framework, 2019).

Prevention: Proactively reducing identified risks

Planning in the area of prevention involves proactively implementing evidence-based situational measures, policies or programs to reduce locally identified priority risks to community safety and well-being before they result in crime, victimization and/or harm. In this area, community members who are not specialists in “safety and well-being” may have to be enlisted depending on the priority risk, such as business owners, if the risk is retail theft, and property managers, if the risk is occurring in their building. Service providers, community agencies and organizations will need to share data and information about things like community assets, crime and disorder trends, vulnerable people and places, to identify priority risks within the community in order to plan and respond most effectively. Successful planning in this area may indicate whether people are participating more in risk-based programs, are feeling safe and less fearful, and that greater engagement makes people more confident in their own abilities to prevent harm. While planning in this area is important, municipalities, First Nations and their partners should be focusing their efforts on developing and/or enhancing strategies in the social development area to ensure that risks are mitigated before they become a priority that needs to be addressed through prevention (Community Safety and Well-being Planning Framework, 2019).

Risk Intervention is where tools such as situation tables (an intervention table that provides wraparound support for individuals at acutely elevated risk) are called into play, and Incident Response is when the police and other emergency responders get involved.

Beyond the legislative requirement, this Community Safety and Well-being Plan is an opportunity for the community to work together on a plan to enhance health and well-



being across all of Leeds and Grenville and the Town of Prescott. Many residents, community partners and organizations are already doing tremendous work to contribute to well-being, safety and a sense of belonging in Leeds, Grenville and Prescott. It is important to continue to build and strengthen partnerships across sectors, and the Community Safety and Well-being Plan is a great opportunity to accomplish shared goals.

Through the many months of consultation and development of this plan, three themed areas, and 13 priority risks have been identified as impediments to Community Safety and Well-being. Strategies have been developed to mitigate risks specific to these areas:

- **Community Development:** Collaboration of Partners; Poverty, Basic Needs and Food Security, including Income and Unemployment; Transportation; Rural Inclusion and Population-specific Risks, including Early Years, Youth, Seniors and Indigenous People
- **Population Health:** Physical Health, Mental Health, Substance Use
- **Safety:** Domestic Violence, Sexual Assault, Human Trafficking

This planning framework and approach can be embedded into the work of all partnering organisations across the county and can be used to guide future activities and inform planning and prioritization. It is dynamic and will evolve and adapt over time as response to emerging issues emerges, and innovative ways to improve systems are found.

Everyone has a role to play in community safety and well-being. The United Counties of Leeds and Grenville and the Town of Prescott, working collaboratively alongside the community, can accomplish these shared goals and keep residents safe and thriving.

We sincerely thank the many community partners who serve the entire area and have come together to develop this Community Safety and Well-Being Plan.

Stephanie Gray
Jane Torrance



1. Introduction to Community Safety and Well-being

1.1 Background

The *Police Services Act* requires that municipalities in Ontario prepare and adopt a community safety and well-being plan by July 1, 2021. The Act outlines requirements for an advisory committee, consultation and establishing priority risks. A CSWB plan must show outcomes and measurables with strategies to meet them. The framework for planning was provided by the Province.

Municipalities are required to engage with partners to develop the plan and are required to consider data from multiple sources across the broad range of issues and factors. The CSWB plan must include the following core information:

- Local priority risk factors that have been identified based on community consultations and multiple sources of data including data from Statistics Canada as well as local sector-specific information.
- Evidence-based programs and strategies to address those priority risk factors.
- Measurable outcomes with associated performance measures to ensure that the strategies are effective, and the outcomes are being achieved.

A CSWB plan identifies risks and proactively develops evidence-based strategies and programs to address local priorities related to crime and complex social issues. These strategies can then be implemented.

The vision is to work together to support and promote sustainable communities where everyone feels safe, has a sense of belonging, access to services, and where individuals and families can meet their education, health care, food, housing, income, social and cultural needs.

Developing a Community Safety and Well-Being Plan is about working together to ensure the right services get to the right people at the right time. It involves an integrated approach to service delivery by working with a wide range of agencies and organizations, and to build on the many successful efforts that contribute to a strong sense of safety and well-being in our community.

A Community Safety and Well-Being Plan is about preventive action and identifies areas to promote and maintain community safety and well-being through social development, and proactively reduces risk through prevention programs and activities.



1.2 Environmental Scan

Leeds and Grenville is located on the traditional territory of the Anishnabek, Huron-Wendat, Haudenosaunee (Iroquois), Oneida and Haudenosaunee (St. Lawrence Iroquois) peoples. This territory is covered by the Upper Canada Treaties.

The 10 member municipalities of the United Counties (Augusta, Athens, Edwardsburgh/Cardinal, Elizabethtown-Kitley, Front of Yonge, Leeds and the Thousand Islands, North Grenville, Rideau Lakes, Merrickville-Wolford and Westport) are joined by three separated towns of Brockville, Gananoque and Prescott to make up Leeds and Grenville.

Stretching from the shores of the St. Lawrence River to the banks of the Rideau Canal and including 24 inland lakes, Leeds and Grenville has a combined area of almost 3,350 square kilometres. Located in eastern Ontario between Kingston and Ottawa, and bordered by Frontenac County in the west, Lanark County and the City of Ottawa in the north, and the United Counties of Stormont, Dundas and Glengarry to the east, most of Leeds and Grenville is rural agricultural land and forests, with urban settlements located throughout.

The Town of Prescott is located on the St. Lawrence River, near Highways 401 and 416, and close to the International Bridge. The Townships of Augusta Township and Edwardsburgh-Cardinal border Prescott to the north.

The combined population of Leeds and Grenville, as counted in the 2016 census, was 100,545, a 1.2% increase from the 2011 census. The 10 member municipalities of the United Counties of Leeds and Grenville accounted for 69,815 residents, a 2% increase from the 2011 census. The population of the Town of Prescott was 4,225, a 0.7% decrease from the 2011 census.

North Grenville is the fastest growing member municipality, accounting for 9.1% of the growth, followed by Merrickville-Wolford with a gain of 7.6%. Edwardsburgh/Cardinal, Elizabeth-Kitley, Leeds and the Thousand Islands, and Rideau Lakes also grew in this time period, while Augusta, Front of Yonge, Westport and Athens were in decline, along with Brockville and Gananoque.

This Community Safety and Well-being Plan is specific to the United Counties of Leeds and Grenville and the Town of Prescott. The Towns of Gananoque and Brockville have developed their own plan.





There is two-tier governance with the United Counties of Leeds and Grenville being the upper-tier level. Counties Council is made up of mayors from each of the member municipalities.

The Counties provides numerous services for its member communities and some to its partner municipalities. Among these are Paramedic Service, Community Paramedicine, Provincial Offences Act (POA) Administration and Court, Administration and Planning, Corporate Services, Economic Development, Public Works and Roads, Human Services (Community and Social Services – Housing, Ontario Works and Children’s Services), Integrated Program Delivery, Forestry Management and subsidized housing and long-term care homes for seniors. The Counties also operate the Leeds and Grenville Ontario Early Years Centres in Brockville, Kemptville, Prescott and Gananoque. A Joint Services Committee includes all mayors and includes the separated towns.

The Town of Prescott is governed by an elected seven-member Town Council comprised of the mayor and six councillors representing the town as a whole. Prescott is a separated town and works with the United Counties through representation on the Joint Services Committee to determine service levels, policy and budgets relating to the provision of Ontario Works, Social Housing, Child Care, Land Ambulance and the Provincial Offences Act administration.

Leeds and Grenville is served by:

- Brockville General Kingston, Kemptville District Hospital and the Perth and Smiths Falls District Hospital, as well as hospitals in Ottawa and Kingston.
- Family Health Teams located in Athens, Brockville, Gananoque and Prescott.
- Medical Clinics and Community Health Centres located in Mallorytown, Kemptville, Brockville, Portland, Landsdowne, Merrickville, Prescott, Newboro, Seeley’s Bay, Cardinal and Gananoque.
- Police services are supplied by the OPP in the United Counties. Grenville Detachment has offices in Prescott and Kemptville, and Leeds Detachment has offices in Rideau Lakes and the Thousand Islands. Brockville and Gananoque



- have municipal police services.
- Leeds Grenville Paramedic Service has six permanent stations located in Brockville (two stations), Johnstown, Kemptville, Elgin and Gananoque.
- The United Counties is serviced by four school boards: Upper Canada District School Board, the Catholic District School Board of Eastern Ontario, the Conseil des écoles catholique du Centre-Est and the Conseil des écoles publiques de l'Est de l'Ontario)
- There are 24 public library branches located throughout Leeds and Grenville.
- The Counties' long-term care home, Maple View Lodge, is set to expand from 60 to 192 beds.
- An abundance of social and human service agencies are generally located in Brockville and throughout the counties.

1.3 Objectives

The overall purpose of the plan is to examine assets in the community, assess gaps and develop strategies to enhance the community safety and well-being for residents of the United Counties of Leeds and Grenville and the Town of Prescott.

There are many positive benefits of developing a CSWB plan, including:

- Enhanced communication and collaboration across sectors, agencies and organizations
- Effective alignment of resources and responsibilities to better address local priorities and needs
- Better understanding of local risks and vulnerable groups
- Increased awareness of and access to services for community members, including vulnerable groups
- An opportunity to keep the municipalities safe and ensure residents enjoy a high quality of life

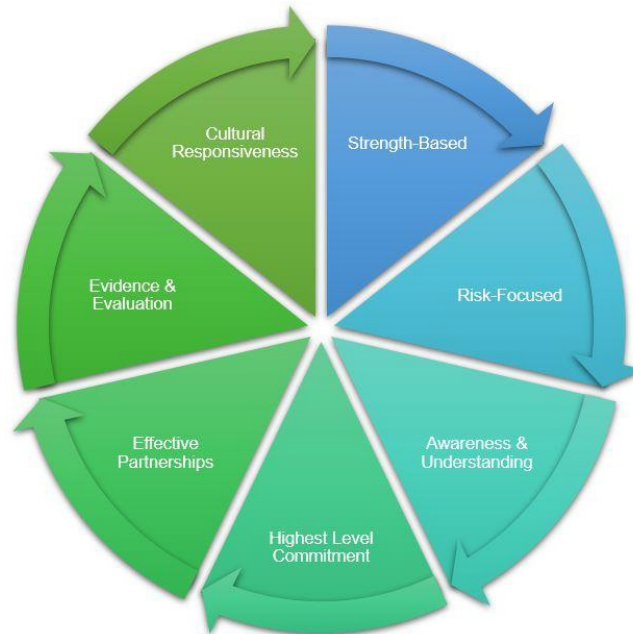
Multi-sectoral collaboration is a key factor to successful Community Safety and Well-Being planning, as it ensures an integrated approach to identifying and addressing local priorities. The Province of Ontario identifies seven critical success factors required for CSWB planning. These include:

Seven critical success factors

- Strength-Based: Leverage existing resources, programs and services in the community
- Risk-Focused: Risk-based planning rather than incident-driven
- Awareness and Understanding: Ensuring all understand the benefits of, and their role in, CSWB planning
- Highest Level Commitment: Commitment from local government, senior public officials, and leadership through multi-sectoral agencies/organizations



- Effective Partnerships: Creating meaningful, integrated partnerships across multiple sectors
- Evidence and Evaluation: Using research, data, and performance measures throughout the planning process, and working collaboratively across sectors to identify and address local priority risks to safety and well-being
- Cultural Responsiveness: Effectively collaborating with, and responding to, the needs of diverse groups of people in the community



(Community Safety and Well-being Planning Framework)

1.4 Approach and Methodology

The professional services of Jane Torrance and Stephanie Gray were retained by the United Counties of Leeds and Grenville and the Town of Prescott to facilitate, advise and guide the municipalities in establishing a structure and process to develop a community safety and well-being plan to be implemented locally. The consultants were contracted to

- Identify local champions who will gain commitment from local government; to obtain multi-sectoral buy-in, to communicate effectively with potential partners; and to engage the community
- Conduct local research to support identification of risks and to prioritize those risks
- Establish a multi-sectoral advisory committee that will map community assets and identify gaps in service for prioritized risks
- Identify strategies that can be enhanced and implemented; to write a community safety and well-being plan
- Assess, evaluate the plan, and to help form an implementation team.



Mayor Nancy Peckford (North Grenville in Leeds County) and Mayor Robin Jones (Mayor of Westport in Grenville County) are the chairs and champions of the CSWB Advisory, with administrative support from Melissa Langlais (North Grenville). The Town of Prescott is included in this Community Safety and Well-being Plan. The Town of Brockville and the Town of Gananoque have already undertaken their independent plans.

The CSWB Advisory developed terms of reference with the stated purpose being “to collaborate across sectors to build a sustainable and endorsed Community Plan for Safety and Well-being for Leeds and Grenville and the Town of Prescott that is part of risk-driven, community safety model that evolves as social needs change. The overall purpose of this plan will be to examine the assets in the community, assess gaps and develop strategies to enhance the community safety and well-being for residents of the Counties.”

Members of the cross-sectoral CSWB Advisory include a political representative from municipal government, an Indigenous representative, OPP Leeds, OPP Grenville, Police Services Board, Social Services, Upper Canada District School Board, Conseil des écoles catholiques du Centre-Est, Public Health, Rideau Community Health Services, Country Roads Community Health Centre, Children’s Mental Health, Family and Children’s Services, Mental Health Services and Addictions, Interval House, Every Kid in our Communities, United Way, Ecumenical Ministerial Liaison, Kemptville Stress Release, Kemptville Community Association, and a Westport Senior Services representative.



2. Risks to Community Safety and Well-Being

Local priority risk factors have been identified through community consultations and are demonstrated by multiple sources of data. Based on these risks, three objectives have been identified in this plan, and actions developed to be implemented in the coming years:

- **Community Development:** Collaboration of Partners; Poverty, Basic Needs and Food Security, including Income and Unemployment; Transportation; Rural Inclusion and Population-specific Risks, including Early Years, Youth, Seniors and Indigenous People
- **Population Health:** Physical Health, Mental Health, Substance Use
- **Safety:** Domestic Violence, Sexual Assault, Human Trafficking

2.1 Community Development: Collaboration of partners and rural inclusion, Poverty (Income, Unemployment, Basic Needs and Food Security,) Transportation, Housing and Homelessness, Population-specific Risks (Youth, Seniors, Indigenous Families, Specialized Support)

Objective: Community Development – sustainable and continued community and economic development; increased connection to service, support, employment opportunities and social opportunities for all residents of the United Counties of Leeds and Grenville and the Town of Prescott.

Rationale: Social connection, community and economic health, and equity.

The risks to community safety and well-being identified in this section are social determinants of health. Mitigation of the risks is social planning, and when needs are met, residents can engage in what is important to them. The core of community development is the belief that all people should have access to health, wellbeing, wealth, justice and opportunity. When all residents do well, the community thrives.

A survey of agencies conducted in Winter 2021 asked service providers to identify risks they encounter with their clients. The chart below shows risks related to community development categories.

UCLG - CSWB Plan - Agency Survey (Winter 2021)

Risks Encountered

Poverty - person living in less than adequate financial situation	80.60%
Lack of transportation affecting ability to connect to services, employment, school	80.60%
Housing/homelessness - person does not have access to or is at risk of losing appropriate housing	77.61%
Social isolation - person does not have access to family or social supports	70.15%
Basic needs - person unable or unwilling to have basic needs met	68.66%
Unsafe living conditions	65.67%
Unemployment - person temporarily or chronically unemployed	62.69%



Unemployment - caregivers temporarily or chronically unemployed	53.73%
Geographic isolation leading to victimization or self-harm	53.73%
Cultural considerations, settlement issues (new immigrants), racism	50.75%
Gender issues	49.25%
Lack of supports for elderly person(s)	43.28%
Language/communication barriers affecting ability to access services	41.79%

Poverty (Basic Needs and Food Security, Income, Unemployment)

Poverty is universally seen as the overarching social determinant of health, and removal of this barrier would allow people to access appropriate services and fully engage in the community. Poverty was indicated in the community survey as the largest risk (80.6%) to community safety and well-being.

Residents who live in poverty experience significant marginalization. Poverty includes income, employment and access to basic needs, housing and food security. The community partners in Leeds and Grenville offer some great services to help their clients, including a Volunteer Tax Clinic run by the Volunteer Centre, where volunteers complete 2,500 to 3,000 annual returns and have returned almost \$24 million back into the pockets of residents over the years, as well as a financial literacy effort including 3,400 participants to set up savings accounts, pay off credit cards and be prepared to meet significant financial pressures such as the purchase of dentures. Big Brothers Big Sisters organizes mentors who are the role model to “plant seeds of what do you want to be when you grow up.” They help their mentees envision education, employment and career opportunities, and to set a higher bar for themselves and their lives. The Health Unit offers an abundance of programs to people of low income, including Sexual Health clinics with low or no cost, a Healthy Babies effort and promoting a living wage. A “Getting Ahead” program is offered by partners (Social Services, Interval House and others), and a pilot “Wheels” program offers no-interest loans to Ontario Works clients to purchase a car for transportation to employment. A Youth in Transition worker at the Employment and Education Centre helps youth find employment and supports, and Girls Inc. combines long-lasting mentoring relationships, a pro-girl environment and research-based programming to equip girls to navigate gender, economic and social barriers to grow up healthy, educated and independent.

A Leeds and Grenville Poverty Reduction Alliance meets regularly and works collaboratively to address “the roots and impacts of poverty through a community-driven common agenda and action plan.” One of their joint efforts is the promotion of the Canada Learning Bond.

The United Counties of Leeds and Grenville provides social assistance and administers Ontario Works. There are three parts to Ontario Works:

- Financial support for your basic needs (e.g. food) and housing
- Employment support to help you get ready for, find, and maintain work
- Benefits for yourself and your family, including drug and dental coverage



The United Counties also runs a LEAP program – Learning, Earning and Parenting. “LEAP helps young parents aged 16 to 21 years old finish school and become independent. If you are 16 to 17 years old, a parent and have not finished high school, you must take part in the LEAP program. As a LEAP participant you will take part in three activities: Attend school, attend a parenting program and take part in a work-related activity” (Leeds and Grenville, Learning Earning and Parenting Program, 2021).

The United Counties of Leeds and Grenville also supports a childcare system and acts as the Children’s Municipal Service Manager to support families, children and licensed childcare programs by providing:

- Childcare fee subsidy to eligible families
- Wage enhancement to childcare providers
- Special needs resource funding to support the inclusion of all children in licensed childcare
- EarlyON Child and Family Centres

An abundance of employment service options is located in or serve Leeds and Grenville, including:

- CSE Consulting - North Grenville Employment Resource Centre in Kemptville
- CSE Consulting - South Grenville Employment Resource Centre in Prescott
- KEYS Job Centre in Elgin
- KEYS Job Centre in Gananoque
- ontrac Employment Services Centre in Smiths Falls
- Adecco Employment Services Ltd. Brockville
- Employment and Education Centre in Brockville
- Manpower Temporary Services in Brockville
- CSE Consulting – Brockville Employment Resource Centre in Brockville
- Algonquin Community Employment Services in Perth

There is incredible basic needs and food security support in Leeds and Grenville, available across the counties, including the Athens Food Bank and Crisis Fund, Country Roads Community Health Centre Good Food Box and What’s Cooking Program, the Delta Food Bank, the Elgin Food Bank and Thrift Store, the Portland Food Bank, the Rideau Community Health Services Emergency Food Cupboard and the Good Food Box program, the Salvation Army Helping Hands Good Food Box in Prescott, the Salvation Army Rideau Lakes Community Church Family and Community Services, Salvation Army Kemptville Community and Family Services, the ROLL Aid Centre Food Bank at the Seeley’s Bay Legion, Seniors Support Services (CPHC) Emergency Food Packages, the South Grenville Food Bank (Prescott, Cardinal and Spencerville), the Thousand Islands Baptist Church Food Cupboard and the Westport Food Bank

Additional supports are available in Brockville and Gananoque and in neighbouring Counties.



Income

How do we measure poverty? Maytree, a respected foundation committed to advancing systemic solutions to poverty and work on research and public policy, advocates for using the Low-Income Measure as the yardstick for measuring poverty.

Under the LIM, a household has low income if its income is substantially below the average. The LIM is calculated at 50 per cent of the national household median income. Using “equivilisation factors,” incomes are adjusted to account for the household size (because a couple would need more income than a single person to reach the same living standard, but not double) so the poverty threshold can be adjusted to fit any household composition. The LIM is the most overtly relative measure of poverty. In theory, it is a measure of inequality, not between the bottom and the top but between the bottom and the middle. With LIM, the concept of poverty is having substantially less than what is typical in society (either typical today using the variable LIM or, with the fixed LIM, what was typical in the recent past) (Maytree, 2017).

The LIM-AT, as defined by Statistics Canada, refers to a fixed percentage (50%) of median adjusted after-tax income of private households. The household after-tax income is adjusted by an equivalence scale to take economies of scale into account. This adjustment for different household sizes reflects the fact that a household’s needs increase, but at a decreasing rate, as the number of members increases. The prevalence of low income is the proportion or percentage of units that fall below the LIM-AT.

General Population				
	Total Population	Median after tax income of all households	# in Low Income (LIM-AT)	% in Low Income (LIM-AT)
Ontario	13,448,495	62,285	1,898,975	14
Leeds and Grenville	100545	60569	12850	13
Edwardsburgh/Cardinal	7095	62405	870	12.3
Augusta	7355	69212	550	7.5
Prescott	4225	42624	1055	25.7
Elizabethtown-Kitley	9850	68873	935	10
Front of Yonge	2610	64811	280	10.9
Leeds Thousand Islands	9465	67152	815	8.7
Westport	590	45483	110	18.6
Rideau Lakes	10325	63264	1210	11.8
Athens	3010	63648	310	10.5
Merrickville-Wolford	3070	63795	325	11.1
North Grenville	16450	77279	1155	7.1
Brockville	21345	46473	4405	20.9
Gananoque	5160	49536	820	16.4

(Ottawa Social Planning Council, 2020)



The introductory data tells us that the majority of people in Leeds and Grenville (excluding Brockville and Gananoque) are, in fact, not living in poverty and are, for the most part, doing better or much better than their Ontario counterparts. The median household income for most municipalities is above the provincial median household after-tax income of \$62,285. The exceptions are the Town of Prescott, with 25.7% of the population with income below the LIM-AT, and the Town of Westport, with 18.6% of residents with income below the LIM-AT.

If we break the income down by age grouping, we start to see the age groups actually affected by poverty and we can then start to see the risks to these populations. The children and youth in Prescott and the children in Edwardsburgh/Cardinal and in Westport are at risk based on this poverty measure. Seniors are generally living above the provincial low-income measure, with the exception of Front of Yonge, with 65 senior residents living at the provincial average, and 80 senior residents in Athens living below the provincial average.

Living in Low Income Age Groups											
	Children 0-14		Children 15-19		Youth 20-24		Youth 25-29		Seniors 65 and over		
	#	%	#	%	#	%	#	%	median	#	%
Ontario	412690	18.7	132435	16.3	156025	17.4	122440	14	27149	254725	12.1
Leeds and Grenville	2370	16.9	785	13.8	610	12.2	685	15.3	29076	2270	10.3
Edwardsburgh/Cardinal	215	20.6	55	12	60	15.8	40	11	26170	150	10.6
Augusta	65	6.2	60	13.2	25	6.5	30	8.8	29936	85	5.5
Prescott	190	31.4	70	35	65	33.3	45	24.3	26041	120	11.8
Elizabethtown-Kitley	185	14.2	70	11.4	25	4.9	50	13.7	28900	185	9.8
Front of Yonge	40	11.1	10	6.3	15	14.3	10	8.7	29454	65	12.1
Leeds Thousand Islands	70	5.3	55	11.6	30	7	15	4.4	29552	170	8.2
Westport	15	23.1	0	0	0	0	0	0	29599	15	7.7
Rideau Lakes	215	17.2	55	10.7	30	6.3	55	13.4	30015	320	11.5
Athens	65	14	20	10	0	0	0	0	26254	80	12.9
Merrickville-Wolford	0	0	10	5.7	10	9.1	0	0	27706	70	10.6
North Grenville	270	10.1	25	2.5	50	6.1	70	9.7	33153	200	7.3
Brockville	850	30.6	290	25.3	255	21.4	330	29.3	28467	655	12.1
Gananoque	185	27.4	60	21.8	50	20.8	35	13.7	27560	160	13.2

(Ottawa Social Planning Council, 2020)

The Market Basket Measure (MBM) is another measure of poverty and is based on the cost of a specific basket of goods and services representing a modest, basic standard of living. It includes the costs of food, clothing, shelter, transportation and other items for a reference family. If we look at the MBM in Leeds and Grenville, specifically in families with young children, we see that 30.8% of these families in Prescott cannot afford a modest standard of living.



Low Income Measure After Tax					
	Families with children 0 to 5		Median after-tax income	Lone Parent Families	
	# families in low income (MBM)	% families in low income (MBM)		#families in low income LIM-AT	% families in low income LIM-AT
Ontario	114,675	18	50	167,940	26
Leeds and Grenville	525	14.6	46328	1200	27.9
Edwardsburgh/Cardinal	50	16.9	48384	70	25.5
Augusta	10	4	54272	50	24.4
Prescott	40	30.8	39104	105	40.4
Elizabethtown-Kitley	20	6.3	49600	70	21.2
Front of Yonge	20	17.4	51072	30	42.9
Leeds Thousand Islands	25	6.4	49920	45	14.5
Westport	0	0	48640	0	0
Rideau Lakes	25	9.4	46976	100	26.3
Athens	0	0	49152	30	25
Merrickville-Wolford	0	0	53120	10	11.1
North Grenville	85	12.8	56883	95	16.4
Brockville	195	24.5	40624	470	35.3
Gananoque	45	26.5	42005	115	35.9

(Ottawa Social Planning Council, 2020)

If we look at just lone-parent families, we can see that more than 25% in Edwardsburgh/Cardinal, Augusta, Prescott, Elizabethtown-Kitley, Front of Yonge, Rideau Lakes and Athens are living in poverty.

Child poverty and lone-parent families are the true risks to community safety and well-being.

Child poverty has a negative and long-lasting impact on a child's ability to learn, build skills, find employment and avoid poverty. It is well understood that children who experience poverty and lack of educational opportunities often grow up to become adults who experience poverty and low education levels. A lack of healthy food, health care, and a stimulating environment lowers a child's ability to learn for the rest of their lives. A child's experience during the early years of development (prenatal to 8 years of age) sets a critical foundation for their entire life course. All aspects of Early Childhood Development (ECD) - including physical, social/emotional and language/cognitive domains – strongly influence basic learning, school success, economic participation, social citizenry and health. The environments where children grow up, live and learn – with parents, caregivers, family, and teachers – have the most significant impact on their development.

Children living in poverty show almost 3.5 times the number of conduct disorders, almost twice the chronic illnesses and twice the rate of school



problems, hyperactivity and emotional disorders as children who don't experience poverty. Canadian children that live in poverty often suffer from iron deficiencies, which lead to difficulties in cognitive development. They also have such health, social and cognitive disadvantages compared to other children, that they are generally less equipped - socially, emotionally and physically - to undertake school programs. If their disadvantaged position and different day-to-day experiences are not taken into account by school education, they are unable to benefit fully from the school system. Numerous studies have consistently shown that the strongest single predictor of educational achievement and attainment is the socio-economic status of the student's family. Education - in close co-operation with health care, guidance and counseling services, and income generating activities - is pivotal in breaking the vicious cycle of poverty and social exclusion that is the reality for many families (Homeless Hub, 2021).

Unemployment

The January 2021 findings from the Local Labour Market Planning Report provides some interesting insights into the current labour supply and demand:

Labour Market Supply

- *Labour force participation of males age 45 and older is very low compared to Ontario*
- *3,580 males and 5,350 females age 45 to 64 are not in the labour force*
- *Labour force participation of males age 20 to 44 without a secondary school diploma is very low compared to Ontario*
- *Labour force participation of males age 45 and older with a university degree is very low compared to Ontario. Labour force participation of females age 45 and older with an apprenticeship certificate, college diploma or university credential is very low compared to Ontario*
- *8,455 males and 11,090 females without post-secondary education are not participating in the labour force 6,470 males and 7,940 females with post-secondary education are not participating in the labour force*

Labour Market Demand

- *9 major occupational groups experience labour force participation at 90% or lower and an unemployment rate of 0.0% indicate a high level of labour market demand.*
- *Occupations in Group 32 (wholesale trade) 41, 42 (manufacturing) 52 (finance and insurance) and 62 (healthcare) also experience a high volume of vacancies further highlighting demand.*
- *5 major occupational groups demonstrate high employee turnover with participation rates at 90% or lower and unemployment rates at 6.0% or higher*
- *Occupations in Groups 12, 40 and 75 also experience a high volume of vacancies reinforcing employer dissatisfaction with candidates and/or the need for employee*



The report also tells us that “unemployment rates have doubled since pre-COVID and the number of people on government assistance, in particular Employment Insurance (CERB included), has increased substantially” (p. 11) despite good-paying jobs available in construction and manufacturing. “Employers surveyed believe that there continues to be a labour shortage in the skilled trades. But with other jobs they believe there is a more of a mismatch of skills between what the employer wants and that of the job seeker” (p. 12).

The picture of employment in Leeds and Grenville appears to be divided – jobs in sales and service form the largest occupational grouping, but they come with the lowest wages. Higher paying jobs in the sectors of management, sciences, education and health are also a significant grouping, with an increased demand in health-care services. In the last five years, 42.5% of new job postings have been in North Grenville, which reflects the increased growth of the municipality. Transportation of the workforce is a factor in inter-municipal mobility and may be worsened by this shift in employment focus.

Strategies to Mitigate the Risk

Action	Income: Target strategies for lone-parent families.
Evaluation	<ul style="list-style-type: none"> • Increase in household income and decrease in LIM-AT.
Outcomes	<ul style="list-style-type: none"> • Communication campaign that uses social media, what supports are available, how 211 can help you navigate the service system, stigma reduction.
Steps Needed	<ul style="list-style-type: none"> • Work with Poverty Reduction Alliance. • Communication gap – what supports are available – use 211 more effectively. • More effort needed to help mobilize and empower local neighbourhoods towards a neighbourhood issue. • Reinforce importance of relationships. • All partners stress importance of Learning Bonds, an initiative currently led by Volunteer Centre – include children and youth serving partners • Use of evidence-based parenting support (Triple P); development of literacy skills; access to affordable childcare; access to affordable leisure and recreation programs; resiliency-building programs

Action	Unemployment: Community partners participate in promotion of education, trades, workforce training, retraining and employee development.
Evaluation	<ul style="list-style-type: none"> • Increase in labour force participation. • Decrease in employee turnover with matching of skills and employment.



Outcomes	<ul style="list-style-type: none"> • Residents have access to meaningful and rewarding employment. • Employment opportunities are increased to meet future employment need projections. • Full-time and fairly compensated employment increases income and health.
Steps Needed	<ul style="list-style-type: none"> • Explore and advocate for rural transportation options so people can travel for work. • Advocate for digital access and equity through Eastern Ontario Warden’s Caucus to increase access and affordability for training and projected increased work-from-home employment opportunities. • Encourage students to take up higher-paid occupations.

Transportation

Transportation was identified as a prominent risk to community safety and well-being for a variety of reasons, both from an economic development (transportation to access work) standpoint as well as a community development barrier (transportation to access service and reduce isolation). Lack of transportation was noted by more than 80% of survey respondents as a risk to community safety and well-being.

Residents of Leeds and Grenville and the Town of Prescott rely heavily on private vehicles for transportation. A scant variety and fragmented offering of transportation services do exist, independently of each other, for commuting (Allegiance Transportation Services serves commuters from Kemptville to Ottawa); for seniors or those with cognitive impairment, or for medical transportation (CPHC serves all of Leeds and Grenville, Seniors Community Services serves North Grenville and Lanark Transportation Association serves north Leeds); and taxis, carpools, and ride share services are sometimes available. North Grenville has started to fund a system that is expensive and underutilized. Augusta will be participating in a pilot bus project involving a Brockville bus, and connection to the Brockville transit system.

Service providers have some mandate-specific transport clients. For example, Developmental Services in Leeds Grenville has a fleet of vehicles to assist with medical, appointments, and grocery runs, but this service is under-funded although cost is offset by clients. Other service providers offer rides in their personal vehicles, but this is not good practice from a liability standpoint.

We know that lack of transportation is a barrier for employment, recreational, social, educational, health, community, volunteer and service opportunities. The United Counties is currently running a pilot project to offer interest-free loans to Ontario Works clients who need to purchase a vehicle to access work. In 2014, Leeds and Grenville participated in the “Towards Coordinated Rural Transportation” study with the Rural Ontario Institute, and several models of coordinated transportation were researched. The premise of the 2014 remains the same in 2021:



Municipal governments, along with the county government of Leeds and Grenville, have a vested interest in the development of a comprehensive transit strategy and network that serves their citizens. Increasing accessibility throughout the United Counties of Leeds and Grenville would allow municipal and county services to be reached by all segments of the population (Rural Ontario Institute, 2014, p. 185).

Any solution needs to be integrated, with municipalities working with all service sectors to develop a complementary or coordinated rural service without age or issue focus. An active transportation strategy can be part of that system. Partners are keen to work on this integrated approach, and the results could positively influence community safety and well-being.

Strategies to Mitigate the Risk

Action	Transportation: Develop a coordinated inter-municipal transportation system.
Evaluation	<ul style="list-style-type: none"> • Creation of collaborative working group. • Communication of existing services. • Pilot system and record usage data and route data.
Outcomes	<ul style="list-style-type: none"> • Access to employment and training opportunities. • Social isolation is reduced. • Access to basic needs is possible. • Access to service is possible.
Steps Needed	<ul style="list-style-type: none"> • Create United Counties transportation cross-sectoral working group (plus Brockville, Gananoque and Prescott), including current providers of transportation. • Review the 2014 ROI report and update if warranted. • Enumeration and communication of existing system (private and public) for immediate access, with mandate information and pricing. • Communication of rideshare initiatives. • Advocate for system change to remove strict sector mandates that would free up existing resources for shared use (examples being exclusive funded transportation for education, health, senior). • Include active transportation as an alternative to motorized transportation in infrastructure planning. • Consider a municipal coordinated transportation model and funding sources including gas tax (municipal service) and other streams. • Look at Prescott Russell model (very recent 2021 rural creation based on best practice) and lessons learned in similar geographic area.



- Advocate with EOWC for EORN GiG project. Lobby for strong digital signal and speeds – virtual connection during the pandemic has changed the delivery of and access to employment, program and service delivery. Post-pandemic, a transportation system will still be needed, but alternate program and service delivery will help.

Housing and Homelessness

The United Counties of Leeds and Grenville is the Service Manager for Community Housing and is mandated to supply 987 units. The distributions of units by location and mandate is shown below.

Table 20: United Counties of Leeds and Grenville’s Social Housing Supply by Mandate

	Adult		Seniors		Family	
	# of Units	% of Municipalities RGI Units	# of Units	% of Municipalities RGI Units	# of Units	% of Municipalities RGI Units
Brockville	89	21.4%	152	36.6%	174	41.9%
Gananoque	50	50.5%	18	18.2%	31	31.3%
Prescott	83	54.6%	0	0.0%	69	45.4%
Athens	0	0.0%	10	100.0%	0	0.0%
Augusta	0	0.0%	0	0.0%	0	0.0%
Edwardsburgh/ Cardinal	54	100.0%	0	0.0%	0	0.0%
Elizabethtown-Kitley	0	0.0%	0	0.0%	0	0.0%
Front of Yonge	17	100.0%	0	0.0%	0	0.0%
Leeds and the Thousand	0	0.0%	16	100.0%	0	0.0%
Merrickville	40	100.0%	0	0.0%	0	0.0%
North Grenville	38	97.4%	0	0.0%	1	2.6%
Rideau Lakes	11	44.0%	0	0.0%	14	56.0%
Westport	21	100.0%	0	0.0%	0	0.0%
United Counties of Leeds and	403	45.38%	196	22.07%	289	32.55%

(Community and Social Services, 2019)

Of the community housing units, 667 are owned and operated by the Leeds and Grenville Housing Department, 70 rent-geared-to-income units are supplied by private landlords, and 250 units are owned and operated by local non-profit and co-operative housing corporations.



In addition to Community Housing, Leeds and Grenville has also invested in Affordable Housing (defined as 80% of the average market rent or approved alternate average market rent) with 11 units in Kemptville, 12 units in Delta and 2 units in Oxford Mills.

The Housing Department also offers the Home Ownership and Ontario Renovates programs, along with several Homelessness initiatives, including Emergency System Vouchers, Short-Term Stay Shelter Units with supports, After-Hours Emergency Supports, Emergency Utility Assistance, Homelessness Prevention Benefit, Homeless Response Team/Hoarding Assistance Program and Rent Smart. They have also started to fund a warming centre, in addition to a special project for John Howard Society to provide housing support for those coming out of correctional facilities.

The United Counties completed a mandated 10-Year Housing and Homelessness Plan. The goals of the plan were to maintain current affordable housing services and programs, to enhance services to reflect the changing needs of the community and to involve all stakeholders in the development and implementation of the plan.

In 2020 the *Five-Year Review* of the Housing and Homelessness Plan was completed. This is an excellent and completely thorough examination of the issue of housing and homelessness. Leeds Grenville is committed to the following priorities in the next five years:

- Community housing
- Community housing renewal
- Ongoing contributions to the housing amortization reserve
- Maintaining targets
- Continuing to diversify
- Expanding the number of Housing Allowances
- Advocating for amendments/or to eliminate the rent and utility scales
- Supporting Ontario's Community Housing Renewal Strategy
- Directing projects to the National Housing Co-Investment Fund
- Optimizing program funding to support as many people as possible in the community

In addition to the United Counties, community agencies have client-focused solutions. Connect Youth has five emergency apartments, and a Transitional Home is run by Family and Children Services.

In the survey of community partners, 77.61% saw housing and homelessness as a risk to community safety and well-being. Service providers report that they are seeing more complex family situations as people are housing together (addictions, mental health, violence) and more dangerous housing conditions. During the pandemic it is harder for kids to find housing if they are couch surfing (home-sharing).

The member municipalities are engaged in this issue. Augusta Township is connecting with landowners and developers, reviewing/updating its Official Plan/Zoning By-law/Community Improvement Plan, bringing in speakers/engaging regional partners



about enabling servicing and addressing real or perceived barriers to housing development, meeting with public and private sector stakeholders, conducting surveys about housing options/preferences, and holding public meetings to discuss planning applications for housing development proposals.

Partners say the United Counties does not manage enough housing units in the rural areas of Leeds and Grenville. If someone is impacted by a job loss, divorce or other situation in a rural area, they are expected to go into unsuitable accommodations in Brockville or possibly Prescott that will push them out of their children's school district (and thus school bus district) and very likely further from their workplace, making their bad situation worse.

Attainable Housing

It is clear that the plan is being worked on by an active and committed housing department, and that there are no quick solutions to a complex problem. What has become obvious in the research and consultation for this community safety and well-being plan is that affordable housing that is attainable for people not connected with social services is also in short supply and presents perhaps a far greater risk to a wider population.

In any community there is a wide range of household types and income levels, and affordability is relative to those situations. The province has defined, through the Provincial Policy Statement, that "housing is deemed affordable when annual accommodation costs do not exceed 30% of gross annual household income for low- and moderate-income households" (Provincial Policy Statement, 2020, p. 39).

The cost of housing has escalated across the country in past years, and particularly during the pandemic, and Leeds and Grenville is no exception. Purchase and rental costs are skyrocketing.

The table below is based on 2016 census information, and can no longer be seen as an accurate reflection, but we can see the percentage of households (both tenants and owners) spending more than 30% of their income on shelter costs.



	# private households	#not suitable households	% not suitable households	# tenant households	% tenant households spending 30% or more of income on shelter costs	# of owner households	% owner households spending 30% or more of income on shelter costs	# households spending 6% or more on fuel/ electricity	% households spending 6% or more on fuel/ electricity
Ontario	5,169,175	311,005	6	1,554,940	46	3,557,485	20	1,138,065	22
Leeds and Grenville	42,750	985	2	9,380	49	32,500	16	17,215	41
Edwardsburgh/Cardinal	2920	85	2.9	520	48.1	2310	15.6	1395	49.3
Augusta	2910	75	2.6	255	30	2575	12.3	1340	47.5
Prescott	2015	40	2	890	53.1	1130	16.8	845	41.9
Elizabethtown-Kitley	3740	70	1.9	350	47.9	3220	14.5	1675	47
Front of Yonge	1055	15	1.4	80	52.9	955	13.2	585	56.5
Leeds Thousand Islands	3860	90	2.3	395	38	3315	16.2	1940	52.4
Westport	300	10	3.3	95	27.8	205	21.4	180	60
Rideau Lakes	4420	100	2.3	380	48	3905	18.2	2270	53
Athens	1185	15	1.3	140	33.3	1010	13.9	560	48.9
Merrickville-Wolford	1230	40	3.3	185	43.2	1005	22.5	535	45
North Grenville	6440	95	1.5	820	41.2	5485	15.3	2270	36.1
Brockville	10265	300	2.9	4420	52.4	5850	14.9	2815	27.5
Gananoque	2405	60	2.5	865	46.8	1540	19.5	810	33.7

(Ottawa Social Planning Council, 2020)

Input from Municipal Planners (5 Year Review)

Municipal planners in Leeds and Grenville met to provide input into the Housing and Homelessness Plan Five-Year update. Each municipality in Leeds and Grenville has wording in their official plans regarding “affordable housing”; however, the Planners indicated there is no standard definition of affordable housing that is used in the Plans. Planners brought forward a variety of suggestions for innovative ways to increase affordable housing, such as having municipalities consider encouraging homeowners to rent space in their home to create new rental units. If home prices were lower, the “hidden middle” could purchase homes to increase the rental vacancy rate, and potentially lower rental prices. Lower-tier municipalities in Leeds and Grenville may also consider waiving development charges, or donate land to increase the development of affordable housing. These are all tools that could be considered exclusively by local municipalities. Leeds Grenville, as the Service Manager, supports such projects with information and links to resources.

(Community and Social Services, 2019)



Strategies to Mitigate the Risks

Action	Housing and Homelessness: Convene Housing Task Force with broader membership for a networked response.
Evaluation	<ul style="list-style-type: none"> • Task force convened. • Partners engaged.
Outcomes	<ul style="list-style-type: none"> • Partners better understand the housing system and municipal responsibility. • Affordable housing policies developed and embedded in planning documents. • Communication of available resources. • Supportive housing for a variety of needs – mental health, mobility • emergency shelter.
Steps Needed	<ul style="list-style-type: none"> • Look at membership of Housing Task Force (as referenced in the five-year review) and increase to include a cross-sectoral representation. • Publish annual survey results (as included in the five-year review). • Publish annual progress reports to communicate success. • Senior Housing options to address the tsunami that is coming. • Place-based approach to housing. • Continued municipal policy and planning review with eye to affordable (attainable) housing. • Examine Housing First model. • Look at creative options from other areas – home sharing.



Rural Inclusion

It is important to understand that the rural voice is very different from the urban one. Brockville is the major service hub in Leeds and Grenville, and many service providers feel the centralization of service negates the rural experience. Exclusion was a common theme in consultation for this plan – exclusion in service planning, service delivery, network development, sector development, community development, decision-making and communication. Exclusion was felt by service providers and municipalities, and by all sectors. An erosion of community connections and engagement was noted, a fragmentation by sector and community interest, and a loss of social capital. Without strong connection to Brockville and Gananoque, municipal services are fragmented, and effort is duplicated.

The pandemic has added to this sense of loss, with sport and other community connectors suspended, an increase in digital program and loss of personal connection. Local news outlets are lost for formal sharing of news, and informal networks are not operational.

While some believe a regional approach to service is an asset, most rural residents and service recipients might not agree. Cost efficiency is often favoured by necessity when trying to work within stretched budgets, and service delivery is simply more expensive in a rural environment when travel and expenses, number of clients served, and staff retention are factored in. The services exist in a regional approach, but are often too far away to be practical, and residents opt for service available closer to home by crossing regional boundaries or to opt out of service, which is the risk to community safety and well-being.

Service delivery becomes a structural problem, and there is a lack of demographic participation with Brockville-centred decision making. The saying in rural community development is that “once you have seen one rural community, you have seen one rural community.” With this in mind, it is not hard to see why the abundance of programs and services coming from Brockville are so difficult to deliver. It is not just the geography that is the challenge, but also the acceptance of service and trust in the relationship with the service provider.

Rural Hubs are an effective way to tackle this issue. In Elgin, Country Roads CHC owns Guthrie House and works in partnership with the United Way to ensure it is staffed. It can also provide free or affordable rent so services can be available to the rural population. The Community Health Centre model of care can be used to improve health and ensure that people have access to the “right” support in one location. This innovative model provides healthcare that promotes community development, good health and system navigation while reducing cost and improving access to primary health.



There is also a rural reluctance to accept service, perhaps rooted in pride, fear of stigma, fear of judgment or a simple forbearance of difficult situations. Without this relationship, people fall through the cracks because they don't access the service available when needed, and community safety, health and well-being are put at risk.

Strategies to Mitigate the Risk:

Action	Include rural residents in service delivery planning, and service the rural areas with a variety of program delivery methods to achieve health and service equity.
Evaluation	<ul style="list-style-type: none"> • Increase in service uptake and greater participation in community development opportunities.
Outcomes	<ul style="list-style-type: none"> • Service is available no matter where you live in Leeds and Grenville and delivered in an appropriate place-based program. • Service needs are more clearly articulated by residents, and service providers are willing to shift their service delivery models. • A hub model of place-based service is considered wherever possible. • A rural communication strategy is established, and includes schools, health centres, pharmacies, faith-based organizations, community-based organizations, clubs and businesses.
Steps needed	<ul style="list-style-type: none"> • Encourage networked approach to service provision so that services are not duplicated, e.g. seniors' services, transportation, youth mental health. • Improve digital access for alternate service delivery; "Drop in" or virtual services. • Ensure transportation to services. • Build on information being gathered from Lived Experience Advisory Network (LEAN) team of Ontario Health Team for Lanark, Leeds and Grenville. • Common calendar development that can be communicated by municipalities, libraries. • Consult rural residents on service delivery models – hours to minimize lost work time, school time, opportunity to access service without needing to identify at place of work (weekly counselling sessions, etc.). Consider are full lunch shutdowns actually necessary? Can breaks be staggered to allow longer service hours and more coverage? Youth centres without weekend access, youth need transportation to come after school. • Consider joint planning with hub model of service; use the library when possible; offer co-coordinated services; partnership programs; offer multiple locations for service. • Establish "first point of contact" and information sharing.



	<ul style="list-style-type: none"> • Create better partnership between agencies and municipalities who can support them – space for program. • Partner identification in rural area so city services know who to call. • Establish a willing communication network to get out information quickly for further dissemination
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Action	Create a Leeds and Grenville Rural Community Developer position.
Evaluation	<ul style="list-style-type: none"> • Community Safety and Well-being Plan is resourced. • Asset-based community development is promoted. • A place-based approach to unique lower-tier municipalities is supported by Community Developer.
Outcomes	<ul style="list-style-type: none"> • Community Developer supports the Community Planning Table so implementation is possible. • Community Developer acts as a service navigator for community programs and services and is on call to all lower-tier municipalities, ensuring that there is “one door” or at least “one informed helper” in the system who can ensure that needs are understood and advocated for. • Community Developer is the human resource that ties the actions cited in this plan together with public, private, community, multi-sectoral lens. • Community Developer works with all levels of municipal service for community safety and well-being.
Steps needed	<ul style="list-style-type: none"> • Approve, recruit and hire a well-connected Community Developer.

Priority Populations

Priority populations are those that have been prioritized during consultation for special consideration because they are deemed to have a higher risk in achieving community safety and well-being include youth and seniors

Early Years

The EarlyON Child and Family Centre – Leeds and Grenville is located in Brockville and delivers regular drop-in programs in Prescott and Kemptville, and outreach programs the rural areas. The Health Unit also offers programs to families in the early years, including prenatal classes, well baby clinics, Baby Talk, and Triple P.

The Early Development Instrument (EDI) is a tool for assessing and reporting on the developmental health (strengths and deficits) of populations of children. It measures children’s ability to meet age-appropriate developmental expectations. Questionnaires are



completed by Kindergarten teachers on their students, and provide an assessment based on five developmental domains. The assessment provides a benchmark for monitoring child development trajectories, and trends can be seen across five cycles.



(Brown, 2019)

Following the 5th Cycle results, Children’s Services Manager Shannon Brown reported in 2019:

- Leeds Grenville has *higher vulnerability rates* than the Province of Ontario in all 5 domains
- We are seeing *increased vulnerability rates* in Low in 1 or more domain
- There are in large *disparities* between the 13 municipalities
- Results are *not necessarily tied to poverty*

To mitigate these risks, the United Counties of Leeds and Grenville has recommended a Community EDI Mobilization Plan and Engagement Strategy.

The Health Unit has also raised the alarm about Adverse Childhood Experience in Leeds and Grenville.

Adverse childhood experiences (ACEs) are potentially traumatic or stressful events occurring in the first 18 years of life. The list of commonly recognized ACEs includes emotional, physical or sexual abuse; emotional or physical neglect; growing up in a household with a parent or caregiver who uses alcohol or substances; has a mental health problem; exposure to intimate partner violence; separation or divorce; and criminal behaviour resulting in incarceration (Public Health Ontario, 2020, p. 2).

Young children have been identified in Leeds and Grenville as being highly susceptible to Adverse Childhood Experiences. A Systematic Review completed in conjunction with the World Health Organization:



- Confirmed that individuals exposed to four or more ACEs were at increased risk of all negative health outcomes compared to individuals with no ACEs.
- This work also suggested that the ACE exposures also represent challenges for the next generation because of problems like family violence, mental illness and substance use.

Strategies to Mitigate the Risk:

Action	Using ACES and EDI as a baseline, work collaboratively to effect positive outcomes; connect with lone-parent strategy.
Evaluation	<ul style="list-style-type: none"> • ACEs and EDI data show positive trending data following intervention.
Outcomes	<ul style="list-style-type: none"> • Young children and their families are connected to positive parenting and childhood experiences. • Young children have protective adult relationships. • Trusted support is available to children and families. • Preschool programming is available and accessible in rural areas; targeted interventions are delivered across Leeds and Grenville and the Town of Prescott by many partners across many sectors. • Community EDI Mobilization Plan and Engagement Strategy is actioned.
Steps needed	<ul style="list-style-type: none"> • Work in collaboration with early years service providers and the EarlyON Child and Family Centre to provide deliberate interventions. • Connect early years work with middle years and youth service provision to strengthen protective factors.

Youth

There is a multitude of youth-serving agencies and youth programs in across Leeds and Grenville. The services are robust and varied and include support (Big Brothers Big Sisters, Children’s Mental Health of Leeds and Grenville, Girls Inc., Family and Children’s Services, Youthab Transitional Aged Youth, Lanark Leeds and Grenville Addictions and Mental Health, RNJ Youth Services), crisis services (Kids Help Phone, 211), recreation and social opportunities (libraries, churches, YMCA, sports teams, service clubs, 4H), education (school boards) and health services (Sexual Health Clinics, Healthy Smiles). There are youth centres in Prescott and Kemptville, and parent-support services (PLEO, Triple-P). Across the counties, youth are supported in employment (Employment and Education Centre) and are engaged and invited to decision making roles in a variety of ways.

Youth-serving organizations come together to connect and work collectively through the network of Every Kid in our Communities with a focus on building resiliency. The North Leeds Youth Coordinating Committee is a group of volunteers, supported by the United



Way of Leeds and Grenville, and dedicated to providing opportunities for the youth of North Leeds.

This incredible system of services and opportunities in place in Leeds and Grenville, with partners working collaboratively, works really well for the majority of youth.

The risk to community safety and well-being is when access is restricted (transportation, Internet access, mental health waiting lists, sustainable funding, wait times for specialized services at CHEO, program space, addictions support), when restrictive mandates and funding models restrict service (autism, FASD), or when services just don't exist or are limited (residential services, specific supports for LGBTQ+).

Opportunities are seen in taking an Icelandic-model approach (Planet Youth) and having more youth centres to offer programs in the critical after-school hours, especially to younger youth in a preventive model. A hub model of place-based service in rural communities should also be considered wherever possible

“If working with municipalities and partners to work on preventive things, it is much, much easier to fulfil the mandate of UCDSB. It is much easier to teach students who are emotionally and psychologically well.”
 Ron Ferguson, Incoming Director of Education, UCDSB

Strategies to Mitigate the Risk:

Action	Examine access, service and program restrictions and determine a cross-sectoral advocacy approach.
Evaluation	<ul style="list-style-type: none"> • Through advocacy, restrictions to access, service and program are changed.
Outcomes	<ul style="list-style-type: none"> • Advocacy is focused and coordinated, with the right lead advocating to the right place. • Advocacy versus action is determined.
Steps needed	<ul style="list-style-type: none"> • Access restrictions – determine which restrictions need what level of advocacy (transportation, Internet access, mental health waiting lists, sustainable funding, wait times for specialized services at CHEO, program space, addictions support). Can change be realized through a simple ask/request for service delivery tweaks, through local/provincial advocacy? • Service restrictions – determine best-placed advocacy (to change the service mandates (autism, FASD) i.e. local/provincial. • Program restrictions – determine reasons why programs are unavailable, make a case for inclusion and develop an advocacy plan. • Take advantage of municipal partners who can advocate for



	partners (through AMO, ROMA, FCM) and can request delegation to provincial ministry.
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Seniors

The newly introduced Community Paramedic Outreach Program is incredibly supportive to seniors. This service offers mobile in-home health care provided by paramedics, including education to clients regarding their health, diagnostics and treatments at home as an extension of primary care, wellness assessments, medical compliance, risk assessments, environmental scans, physical assessments, mental assessments and glucose monitoring.

Otherwise, support services are largely provided by two not-for-profit charitable organizations: Senior Support Services Lanark Leeds and Grenville (formerly CPHC), who provide service across Leeds and Grenville, and Seniors Community Services Kemptville (formerly Kemptville and District Home Support), who provide service in North Grenville. Both organizations provide service to seniors aged 60 and over and to people with physical or cognitive disability 18+; 60+ senior services.

Both organizations have strong, inclusive, and robust programming that work to keep seniors in their homes as long as possible, to keep them safe and out of hospital, and to keep them connected. Both organizations work on a small fee-for-service model and use volunteers where possible. As charitable organizations, both rely on fundraising and grants so they can offer subsidies for the programs.

Supports offered by both agencies include:

In-home services – Meals on Wheels (hot in Brockville, Prescott and Kemptville); frozen in other areas); Friendly Visitor (one-hour volunteer); Home Help, including light housekeeping.

Transportation Services – Volunteer drivers (per-kilometre stipend in Leeds Grenville, set rate by destination in North Grenville) to attend medical, essential service, grocery, appointments (plus specialists as far as Toronto by Leeds Grenville) and transportation to all programs in Leeds Grenville.

Home Safety Services – Telephone checks, home maintenance.

Community Programs – Senior Centre Without Walls (phone-based programming), foot care clinics (Brockville, Prescott, Gananoque, Cardinal, Kemptville), Diners Clubs (throughout Leeds Grenville – 28 per month and weekly in Kemptville at Centre); social/recreational programming – daily Zoom program; exercise and fall prevention class; tax preparation clinic in North Grenville.

Support Services Lanark Leeds Grenville, which serves 7,000 clients, provides transportation to all programs if needed. It also offers coordinating services and works with other organizations for more intensive homecare, so clients get the care they need. Coordinators will do intake and help with stacking, coordination and the wrap-around of services. They also serve on the Lived Experience Advisory Network for OHT, which will inform any future model of service.



Specialized services provided by this agency include:

- Adult day program – Daily in Gananoque, Brockville, Prescott, and Kemptville – can be transported if needed. Cost is \$20 includes meal plus \$6.50 each way for transportation. Target is for socially isolated seniors, as well as respite for caregiver. Clients with physical or cognitive disability welcome. Subsidy is available.
- Summer – Trishaw bike, hire students, across Leeds and Grenville. Connect with seniors or retirement homes and will trailer the bikes there.
- Lifeline – Personal response system – push the button. Also available into Kingston.
- Respite for caregivers in-home throughout Leeds and Grenville.
- Stroke program and support group, plus aphasia group and caregivers delivered in Brockville and Perth; one-on-one counselling; will help with transportation
- COVID food bag – \$60 worth of groceries delivered plus frozen meals at a cost of \$10 for seniors in need; will continue this after COVID; doctors are partners, and will often pay the \$10, over 50 are enrolled across Leeds and Grenville, majority rural.
- Drives to vaccines.
- Grocery shopping and delivery across Leeds Grenville.

Senior health services are provided by primary care, health centres and hospitals.

Senior social and recreation opportunities and outings are provided by many associations, clubs, faith organizations, health centres, retirement care centres and municipalities across Leeds and Grenville.

Senior residences, from community housing, retirement homes, assisted living, nursing care and long-term care, are provided by both the public and the private sector. The United Counties owns and operates Maple View Lodge as well as several senior community housing apartments.

The population in Leeds and Grenville is aging at above provincial average rate. Seniors are more likely to live in poverty, making even modest payment a barrier to access available services. Rural seniors are more likely to go without than ask for subsidy, even when it is readily available, and so don't access services that charge a fee.

Consultation has told us that seniors are at risk because of income, housing (affordability and suitability), transportation, isolation, food security, and system support in the rural areas.

Strategies to Mitigate the Risk

Action	Coordinated cross-sectoral approach to senior health and wellness.
Evaluation	<ul style="list-style-type: none"> • System is better understood by all partners. • System is more easily coordinated.



Outcomes	<ul style="list-style-type: none"> • PSW recruitment. • Seniors Collaboration (quarterly or biannual meetings) to cross-train and plan together. • Stop hospital discharge on Friday with no supports in place. • Practice community model (prevention and wellness) model versus medical model (illness management) where possible. • Funding source to make available programs universally accessible. • OHT is well-informed. • Caregiver support is available where needed. • Services back each other up when and where needed. • Services are coordinated. • Communication plan. • Improved mental health for seniors and caregivers (in conjunction with geriatric outreach and mental health services, ensure senior supports for cognitive and developmental disabilities). • A hub model of place-based service in rural communities should also be considered wherever possible
Steps needed	<ul style="list-style-type: none"> • Use the OHT tables where possible for this planning. • Work cross-funding model (private, public and volunteer) as well as sector (senior services, ambulance, fire, police, municipal, mental health, addictions, health) for an all-ideas and all-hands approach.

First Nations Indigenous Culture

Located on the traditional territory of the Anishnabek, Huron-Wendat, Haudenosaunee (Iroquois), Oneida and Haudenosaunee (St. Lawrence Iroquois) peoples, Leeds and Grenville and the Town of Prescott has a self-identified population of Indigenous people that is above provincial average.



Indigenous Identity		
	# with Indigenous Identity	% with Indigenous Identity
Ontario	374,395	2.8
Leeds and Grenville	3420	3.5
Edwardsburgh/Cardinal	410	5.8
Augusta	200	2.7
Prescott	175	4.3
Elizabethtown-Kitley	165	1.8
Front of Yonge	120	4.7
Leeds Thousand Islands	320	3.4
Westport	10	1.8
Rideau Lakes	360	3.5
Athens	60	2
Merrickville-Wolford	115	3.9
North Grenville	570	3.5
Brockville	695	3.3
Gananoque	200	4

(Ottawa Social Planning Council, 2020)

In Leeds Grenville’s #ShareYourStoryLG Homelessness Enumeration (2018), 6.7% of survey respondents indicated they identified as Aboriginal. Compared to the 2016 Statistics Canada Census profile for Leeds and Grenville, this is almost double the population that identified as Aboriginal at that time, which may show an overrepresentation of FNMI persons in the counties’ homelessness enumeration results (Leeds & Grenville, #ShareYourStoryLG: Homelessness Enumeration Report, 2018).

Similarly, there is overrepresentation of Indigenous children in care in Ontario. In recognition of the harm caused by colonial practices to Indigenous children and families, historically and presently, the child welfare sector has been undergoing a transformative truth and reconciliation process. Currently, 30% of kids in care in Ontario are Indigenous, a vast overrepresentation that continues long past the days of residential schools. Family and Children’s Services of Lanark Leeds and Grenville recognizes this over-representation of children in its care (17%) and has undertaken a process to become more informed about equity, diversity and inclusion in its protocols and mandates in order to demonstrate cultural competency.

Feedback through the agency surveys, interviews and consultations highlighted the geographic and social isolation experienced by Indigenous people. Transportation and financial issues can make it difficult for people to connect with an elder in the community due to distance. As well, accessing culturally sensitive services (traditional) is not always possible. It is key to inventory services that exist and share the information amongst all relevant service providers so that they may have the opportunity to provide the most appropriate services to Indigenous clients. Encouraging individuals to self-identify will also help with service delivery, as would establishing some coordination around Indigenous service delivery.



Indigenous education has been a priority at the Upper Canada District School Board since 2007 under a framework policy that mandated incorporation of Indigenous content into curriculum and to start making connections. A range of programs are taking place across the board, including an Indigenous leadership program at high schools which pairs an Indigenous student and an ally to learn about the culture, and “Honouring Relationships” gatherings at elementary schools. The board continues to strive to build capacities in teachers, students, librarians, media and technology, and to create cultural competency opportunities.

To note, FNMI is the naming convention right now and seen to be most respectful. First Nation, Metis and Inuit peoples see themselves as a separate cultural group, not a racialized BIPOC (Black, Indigenous, People of Colour) group.

*To take care of the earth and the community of life we need to remember the teachings of the First Elder, who has handed on the gifts of knowledge that he received from the Seven Grandfathers when he was just a boy. Each grandfather gave him a great gift. One gave him the gift of **Wisdom**, and he learned to use that wisdom for his people. Another gave the gift of **Love** so that he would love his brother and sister and share with them. The third offered the gift of **Respect**, so that the First Elder would respect everyone, all human persons and all the things that are created. **Bravery** was the next gift, bravery to do things even in the most difficult times. One grandfather gave the boy **Honesty** so that he would be honest in every action and provide good feelings in his heart. One grandfather gave the boy **Humility**, to teach the boy to know that he was equal to everyone else, no better or no less, just the same as anybody else. The last gift that he received was **Truth**. The Grandfathers told him, “Be true in everything that you do. Be true to yourself and true to your fellow man. Always speak the truth.”*

They told him, “Each of these teachings must be used with the rest; you cannot have wisdom without love, respect, bravery, honesty, humility and truth. You cannot be honest if you use only one or two of these, or if you leave out one. And to leave out one is to embrace the opposite of what that teaching is” (Shabot Obaadjiwan First Nation, The Seven Grandfather Teachings, n.d.).

Strategies to Mitigate the Risk

Action	Support to First Nation people in efforts to be self-sustaining, to increase understanding of shared history and to support well-being and truth and reconciliation efforts
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Evaluation	<ul style="list-style-type: none"> • Indigenous children, youth, and families are connected to their culture, with opportunities for sharing knowledge. • Children and youth grow up healthy and integrated within their families, cultures, and communities. • Indigenous First Nation people are well connected to appropriate services. • Progress in meeting Truth and Reconciliation Commission Actions. • Reduced number of Indigenous children in care.
Outcomes	<ul style="list-style-type: none"> • Appropriate service is offered to a large population of Indigenous youth. • Social and digital connection – pandemic has meant remote assistance and people cannot be connected with Elders or hold socials, healing circles, sweat lodges, etc., creating communication issues. • Cultural competency is built into the Ontario Health Teams process to ensure appropriate service delivery and wraparound supports across sectors. • Follow the grandfather teachings in all relations with Indigenous First Nation people when providing service. • Increased education and appreciation in community of trauma and harm of colonial history. • Work with community partners and local government to implement Truth and Reconciliation Calls to Action that includes statements on appropriate protocols.
Steps Needed	<ul style="list-style-type: none"> • Look to Kewaywin Circle for service information and partnerships (Kingston Frontenac Lennox and Addington FCS).

2.2 Population Health: Physical Health, Mental Health, Substance Use

Objective: Enhance access to health, mental health and substance use supports across the United Counties in an equitable and inclusive manner.

Rationale: Access to supports provide the tools residents need to live a healthy life and prevent risk.

Good health includes a strong combination of all of the social determinants. Building from previous themes in this plan, this section demonstrates ties between physical health, mental health and risks related to substance use. As highlighted in previous sections, ensuring good communication and awareness of services, working in partnership with others, breaking down silos and thinking beyond mandates are key factors in building a strong and cohesive community with good access to the tools people need to live healthy lives.



In each of the following sections, it is apparent the United Counties has abundant services, although many are centred in Brockville.

In terms of communicating information about services, many agencies rely on personal knowledge and internal services. Although 211 is available for accessing help, several agencies reported inconsistencies with updates or a lack of knowledge about the service. Slightly more than half of the agencies responding to the agency survey circulated for this plan in Winter 2021 indicated they contribute information to 211, but more than 60% said they do not use the service with clients to access help, preferring other methods.

The agency survey also shows a range of health-related, parenting and demographic risk factors encountered in clients the responding agencies serve. A chart outlining mental health and substance use issues is located later in this section. Social isolation is a risk encountered in 70% of clients, with health-related risks shown in well over half.

UCLG - CSWB Plan - Agency Survey (Winter 2021)

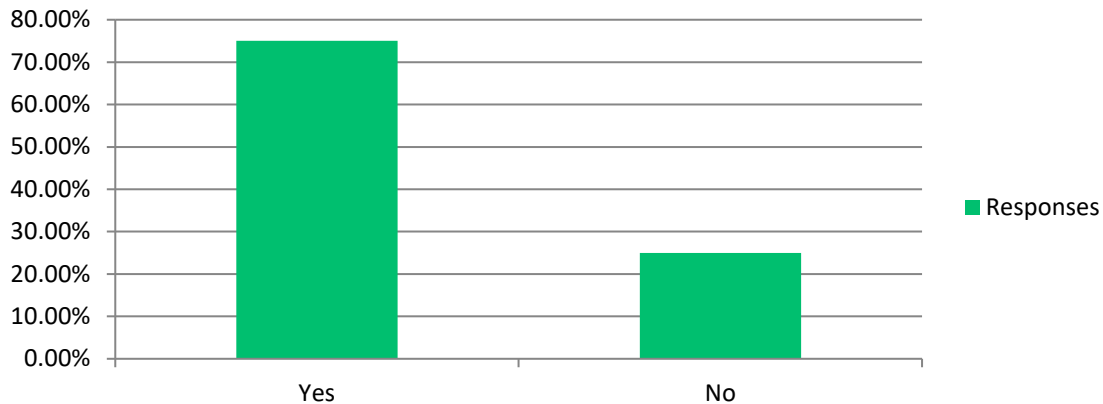
Risks Encountered

Social isolation - person does not have access to family or social supports	70.15%
Health - difficulty meeting nutrition or basic needs	64.18%
Developmental disability - affected by	61.19%
Health-related risks - e.g., pregnancy, physical disability, terminal illness, chronic disease	58.21%
Person being neglected by others	58.21%
Parenting - person not receiving proper parenting; parent/child conflict	58.21%
Custody issues/child welfare	56.72%
Person not providing proper parenting	53.73%
Cognitive disability - affected by	53.73%
Learning disability - affected by	53.73%
Gender issues	49.25%
Health - not following prescribed treatment	47.76%
Lack of supports for elderly person(s)	43.28%
Truancy or chronic absenteeism from school	41.79%
Acquired brain injury - affected by	37.31%

Wait times were repeatedly identified with specific services throughout the agency survey, interviews with key stakeholders and in Partner Day. Although the chart below from the agency survey does not specify the nature of the program or service, it does demonstrate wait times are a frequent service barrier for those responding human service agencies.



In the course of your work, have you ever encountered a situation when a needed program/service was available, but not accessible due to lengthy wait list times?



Physical Health

The Leeds, Grenville and Lanark District Health Unit serves the tri-county area with a prevention focus. Pre-COVID, nurses had been working with municipalities on health and well-being through recreation plans, offering services that align with health unit priorities. In addition to having nurses working with schools, the health unit maintains sexual health clinics; the Healthy Babies, Healthy Children program; official plan and master plan reviews; and its water testing services and regular inspections for community health protection. Specific programs related to substance use are outlined in that section.

Country Roads Community Health Centre is an inter-professional primary care team with community developers that aims to prevent ill health and serves vulnerable populations, including older, low-income, socially isolated people with mental health and addictions. It offers EarlyON for young families and helps to alleviate isolation. Priorities include community development and health promotion, access, outreach, integration as part of the whole health system and leading in system transformation with the Ontario Health Team agenda. CRCHC is one of 85 CHCs in the province and commits to data in order to influence decision makers at the policy level. Community governance is a strength and reflects community need.

Every Kid in our Communities (EKIOC) is a strength-based coalition of 35 organizations in Leeds and Grenville that comes together to ensure children are safe, healthy and valued. It works through a health equity lens and the social determinants of health, and strives for diversity, inclusion, training and support for partners.



Rideau Community Health Services (RCHS) serves a large area that includes Brockville, Gananoque and Athens. It crosses boundaries with Country Roads, providing choice for clients. Primary care is assigned through Health Care Connect; other services are by choice of location. RCHS has multi-site community health centres in Smiths Falls and Merrickville and takes referrals only for primary care. It offers medical and para-medicine services, as well as team-based care planning. Current priorities include improving access for the community, expanding partnerships and relationships, and being creative with the use of technology at a high level. Community partnerships have been increasing through the Ontario Health Teams process. Since the Health Link program was defunded, a community health centre cross-sectoral table has formed that provides multi-disciplinary care plans for high-risk, vulnerable clients. This is a “group of the willing” that has taken it on, and they compare it to the sort of partnership possible through the situation table.

A significant factor in the integration of health services in the counties is the approval of the Ontario Health Team for Lanark, Leeds and Grenville. OHTs strive to achieve a patient-centred model so that all elements of care come from a single team. A collaborative model is mandated. The LLGOHT was granted status in November 2020 and is currently working on implementation pieces. At a presentation to Lanark County Council’s Community Services Committee on May 12, 2021, Dr. Barry Guppy, CEO of the Perth & Smiths Falls Hospital, outlined activities. He acknowledged this is a large area and they are working to have solid bridges with service providers. The composition of the OHT will change over time, but it currently consists of 47 members. Dr. Guppy said the collaborative decision-making framework acknowledges differences across geography while reflecting needs of the population, and a Collaboration Council will decide on investments and steps to improve health of the population. There are currently multi-sectoral committees feeding the council for the north and the south, and after one year it will be determined if this format will continue. Project areas include Communications and Community Engagement, Digital Health, and Lived Experience Advisory Network (LEAN). Project teams include primary care, primary care home and attaching mental health and addictions. Engagement with the LLGOHT will be of critical importance for service providers in Leeds and Grenville in order to achieve the desired streamlined, patient-centred approach and to maximize collaboration. An action related to this can be found later in this section.

Substance Use and Mental Health

The agency survey conducted for this plan in Winter 2021 shows the significant encounters with risks around substance use and mental health in Leeds and Grenville. Alcohol or drug abuse and diagnosed or suspected mental health problems, as well as the harm caused to others by both, were reported in more than 80% of the clients. Suicide was reported as a risk encountered in 64%. Methamphetamine and problematic opioid use were factors in almost half. It is not clear what the geographical breakdown would be, although the Leeds Grenville and Lanark District Health Unit (LGLDHU) has consistently reported on the prevalence of problematic drug use and high overdose rates in Brockville.



UCLG - CSWB Plan - Agency Survey (Winter 2021)

Risks Encountered

Alcohol or drug use/abuse by an individual	83.58%
Mental health problem - diagnosed or suspected	83.58%
Mental health problem affecting others	82.09%
Harm caused by someone's use/abuse of alcohol or drugs	80.60%
Grief/trauma	74.63%
Mental health - not following prescribed treatment	65.67%
Suicide - current or previous risk	64.18%
Self-harm - engaged in or threatening to do so	59.70%
Individual affected by a suicide	55.22%
Hoarding	49.25%
Problematic opioid use	49.25%
Methamphetamine use	44.78%
Gambling causing self-harm	20.90%
Gambling causing harm to others	19.40%

One of the notable assets in Leeds and Grenville is the Lanark Leeds Grenville Addictions and Mental Health (LLGAMH) agency, which demonstrates the link between these two risk areas. LLGAMH offers counselling services for ages 16 and up for mental health, and addictions counselling for ages 12 to 16. This includes rapid access counselling (one session, same day, and can return as many times as needed). Offices are in Brockville and rural offices include Prescott, Delta, Gananoque and Kemptville. Pre-COVID a worker was embedded in Portland. Virtual services have been an asset. There are casework services for individuals on a referral basis, including connecting to resources plus supportive counselling. LLGAMH offers a social recreation program, vocational supports (connection to employment or volunteer opportunities) and a central intake program from third party referrals. It has several unique programs, such as:

- Co-op, supportive community base (shared accommodation sometimes) assistance in medical appointments, reminders to take medications, and a caseworker and rehab (one or two workers) supporting the co-op
- Therapeutic Justice Program: Drug court, mental health court and release from justice supports. These support clients through court proceedings if they are referred by defence counsel or the Crown, and there is a psychiatrist attached to these
- Psychiatrist on staff
- Housing program with four group homes: Mental illness has 10 beds available 24/7), 6 beds for dual diagnosis (24/7 developmental and mental health), 5 beds (related to housing) for transitional like skills, transition to independent living, and 5 beds for individuals coming through the forensic system and moving back to community, which is in partnership with Royal



- Two residential treatment facilities – Brock Cottage has 18 beds for males; Tennant House has 12 beds for females. Both are in Brockville and receive referrals from across province
- Partner Assault Response Program is offered through the Ministry of the Attorney General (MAG)
- Involved with Direct Accountability Program with MAG
- Contract with CAMH for Back on Track program – impaired drivers
- Drop-in centre, part of social recreation
- Transportation program with driver/vans available for group home outings or for medical appointments
- Groups
- Opioid program – supporting those with addiction – staff embedded in Change Health Clinics in Brockville, plus similar company in Gananoque

Additional specific assets are outlined for substance use and mental health below.

Substance Use

The Catholic District School Board Eastern Ontario has a new *Guide for Working Together to Respond to Children and Youth Struggling with Substance Use, Addictions and Mental Health Concerns* to support young people who are struggling with substance use. Prevention efforts begin in Junior Kindergarten with programs, and the board is working with the Ontario Lung Health Foundation to increase education around vaping and cannabis use in youth.

The Conseil des écoles catholiques du Centre-Est (CECCE), is Ontario's largest French-language school board. CECCE has a partnership with le Centre Le CAP (Centre d'appui et de prévention) for residential placements for students from French school board (all of Ontario). Le CAP offers a day treatment program, but it is only available to Ottawa students. Le CAP psychotherapists also go only into Ottawa high schools.

Thrive offers peer support workers through the methadone clinic. The peer support has the boot program, where a team goes out to do emergency work with people actively using, such as distributing naloxone. Thrive works with women who are pregnant and are battling substance use.

The Leeds, Grenville and Lanark District Health Unit (LGLDHU) provides naloxone kits, safe injection supplies and harm reduction-related equipment. It works to help people access support for addictions and has an education program for early intervention with an addiction counsellor for early intervention in the schools. Although work in the schools has been a gap during COVID, the health unit was able to increase mobile outreach services for harm reduction. Change Health is staffed with a public health nurse one day a week to assist with immunization, sexual health services, ODSP applications, etc.



OPP note opioids are found in the rural areas, but tend to be seen more in Brockville. Because they are readily available and tied to mental health issues, risk is high and new types of fentanyl are sometimes reducing the effectiveness of naloxone. While the opioid crisis is a community health issue, it is also a policing issue.

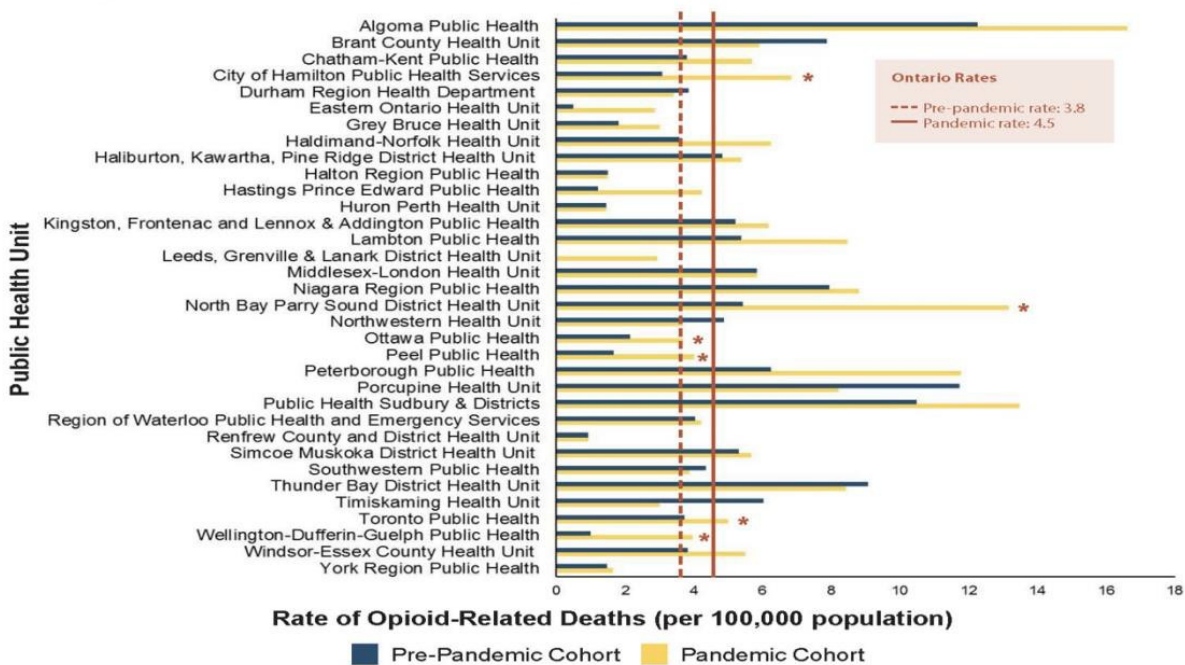
The opioid crisis continues to accelerate across Canada. The LGLDHU provides surveillance reports and issues warnings when toxic drugs are found in the community. It has played a key role in the distribution and training on naloxone, which can save lives in the event of an overdose, and is actively involved with Municipal Drug Strategy committees with municipalities. The health unit has a Community Opioid Plan and an Opioid Overdose Cluster Plan in place with local municipalities and emergency services. Feedback from surveys and through Partner Day indicates a need for specific addictions services to address the rising crisis in overdose and opioid use, including increased non-abstinence-based options for substance use treatment, intensive case management and supportive housing, and services related to withdrawal management, a detox centre, a safe consumption site, a harm reduction approach to addiction services, and drop-in day program where people who use substance can go to get harm reduction-influenced supports. The Brockville and Gananoque CSWB Plan also identifies continued expansion of the Municipal Drug Strategy work.

Currently the closest detox centres are in Ottawa and Kingston. The Brockville General Hospital crisis team cannot admit anyone currently using. The Dave Smith Centre is a youth treatment centre located in Carleton Place.

Data from The Ontario Drug Policy Research Network shows the rate of opioid-related deaths in Leeds and Grenville during the pandemic.



Change in opioid-related deaths by public health unit**



NOTE

- 1) * indicates statistically significant difference in proportions between cohorts.
- 2) ** These data include confirmed and suspected- opioid related deaths and distribution of investigations still under investigation (i.e., suspected opioid-related deaths) may vary by region.

(The Ontario Drug Policy Research Network, et. al., 2020)

Participants at Partner Day highlighted a lack of services for youth under 16 who are using substances. There are many younger youth using drugs and not a lot of services to support them. During lockdown there is a lack of access to resources or regular supports, such as school counsellors. Sometimes youth need to leave the area to access services or have to use adult services, which is not an ideal, comfortable setting.

The LLGDHU, CDSBEO and UCDSB are currently partners in Planet Youth Lanark County, which is a proven approach “to reduce or prevent drug and substance abuse and misuse among youth, while helping to build and strengthen communities” (Planet Youth Lanark County, n.d.). It began in Iceland more than 20 years ago and is now found worldwide. It brings together multiple partners, schools, families and entire communities to make change, and was identified in consultations as a possible approach to consider for Leeds and Grenville. This would also meet several recommendations in the Brockville/Gananoque CSWB Plan around providing activities for youth, developing a “leisure card” for youth, exploring strategies to increase positive parenting/role modelling/adult allies in the community, and partnering with local high schools to teach about positive parenting and role modelling.



Strategies to Mitigate the Risk:

Action	Enhance access to addictions/substance use supports for youth and adults.
Evaluation	<ul style="list-style-type: none"> • More youth accessing local services. • Monitor School-Based Needs Assessment survey. • Monitor School Climate Survey. • Monitor Ontario Student Drug Use and Health Survey. • All municipalities are represented in a Municipal Drug Strategy.
Outcomes	<ul style="list-style-type: none"> • Enhance/create Municipal Drug Strategy across Leeds and Grenville that brings input from all municipalities. • Lessons about drug use are shared and best practices are developed to include both urban and rural areas. • Steps are taken to implement Planet Youth program in Leeds and Grenville. • Enhanced access to detox centres and intensive addictions services for methamphetamine use, withdrawal management and harm reduction-focused treatment. • Increased funding and staffing to address overdose crisis. • Psychotherapist availability expanded across CECCE Board area.
Steps Needed	<ul style="list-style-type: none"> • Explore Planet Youth process implemented in other Canadian communities (e.g. Lanark County). This supports recommendation in Brockville/Gananoque CSWB Plan to explore idea of a “leisure card” for children and youth to increase access to opportunities (A leisure card is a subsidized card that supports access to leisure activities such as sports, music lessons, dance classes, etc.) This is a component of the Planet Youth model. • Evaluate differences between addictions supports for youth and adults to ensure most effective programming and increased capacity for serving youth. • Explore development of detox services and other intensive addictions supports in Leeds and Grenville; partnerships through Ontario Health Teams, including advocacy for funding. • Advocate for increased funds and staffing to address rising overdose crisis. • Explore housing and transitional housing for those being released from fully supported environments (e.g. Brock Cottage and Tennant House) to prevent a return to negative environments and previous habits. • Work with health unit to engage in Municipal Drug Strategy process across whole region. • Evaluate need for increased presence by LLGAMH in Grenville to



	<p>reflect growth at that end of counties.</p> <ul style="list-style-type: none"> • Explore possibility of creating Le CAP day program in Leeds and Grenville
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Mental Health

Children’s Mental Health of Leeds and Grenville is the only children’s mental health agency in Leeds and Grenville. It serves co-morbidity addictions/developmental and facilitates referrals from all child and youth services and refers to others. Core services include targeted prevention, crisis, brief services, counselling therapy, intensive services, specialized services, family caregiving and support and intake service coordination. Service coordination (single plan of care) is a current priority, as well as addictions in partnership with Lanark, Leeds and Grenville Addictions and Mental Health, emergency and primary care service coordination to keep youth in primary communities, and good outcomes with parent and youth engagement.

CDSBEO has Mental Health Counsellors in its schools and a strong partnership with its Mental Health and Addiction Nurse (MHAN). The CECCE has social workers in its schools and are partners with MHAN.

Every Kid in our Communities of Leeds and Grenville (EKIOC) identifies Triple P as a bridge to use for parenting support when there are wait times for mental health support.

Consultations highlighted the Lanark Leeds and Grenville Ontario Health Team’s work on integrated health care for mental health. There is a memorandum of understanding between a number of mental health agencies, as well as partnerships with tele-mental health. A child or youth can see a psychiatrist within 90 days or, for urgent care, within 7 to 14 days. Partners indicated there is a good group of pediatricians in Leeds and Grenville who are comfortable with mental health, and work is being done to ensure all family health practitioners know how to make mental health referrals for children, youth and adults. Brockville General Hospital has a position that helps integrate mental health patients back into community care. Work is underway with private clinicians in the community to ensure that all children and youth who are receiving care have access to psychiatry in a timely manner. Private clinicians will have to agree to the recommendations provided by the psychiatrists in order to participate in this partnership. Children’s Mental Health of Leeds and Grenville is working to better partner with private clinical care in Leeds and Grenville.

The Kemptville Stress Relief Centre is a private-sector operation serving ages 16 and up. They often work with parents and provide individual and couples counselling. They have been using tele-mental health. A barrier is accessibility since it is a full-pay service; however, they do some lower cost or free services. They partner with Leeds and Grenville for mobile sexual assault clinic provision and are working on other partnerships for funding for lower cost counselling.



Schools have mental health services and referral processes. Kids Help Phone is available to all youth across our regions. School Mental Health Ontario is a resource people can use to see what schools are doing to support students and how folks can work together to support mental health. This is available at <https://smho-smso.ca>.

The Parents Lifeline (PLEO) has parents with lived experience supporting other parents who are currently struggling. It is a peer support organization for parents whose children up to age 25 are facing mental health challenges. Services are provided through a Parents' Helpline, Parent Support Groups and Mobile One-on-One Support for more intensive guidance.

CDSBEO also has just released the *Guide for Working Together to Respond to Children and Youth Struggling with Substance Use, Addictions and Mental Health Concerns*, made in conjunction with Children's Mental Health of Leeds Grenville; Lanark Leeds Grenville Addictions and Mental Health, Open Doors for Lanark Children and Youth, Kids Help Phone, the Health Units and Kemptville Hospital.

Faith groups are often a first point of contact for people, and they have been making use of referral processes.

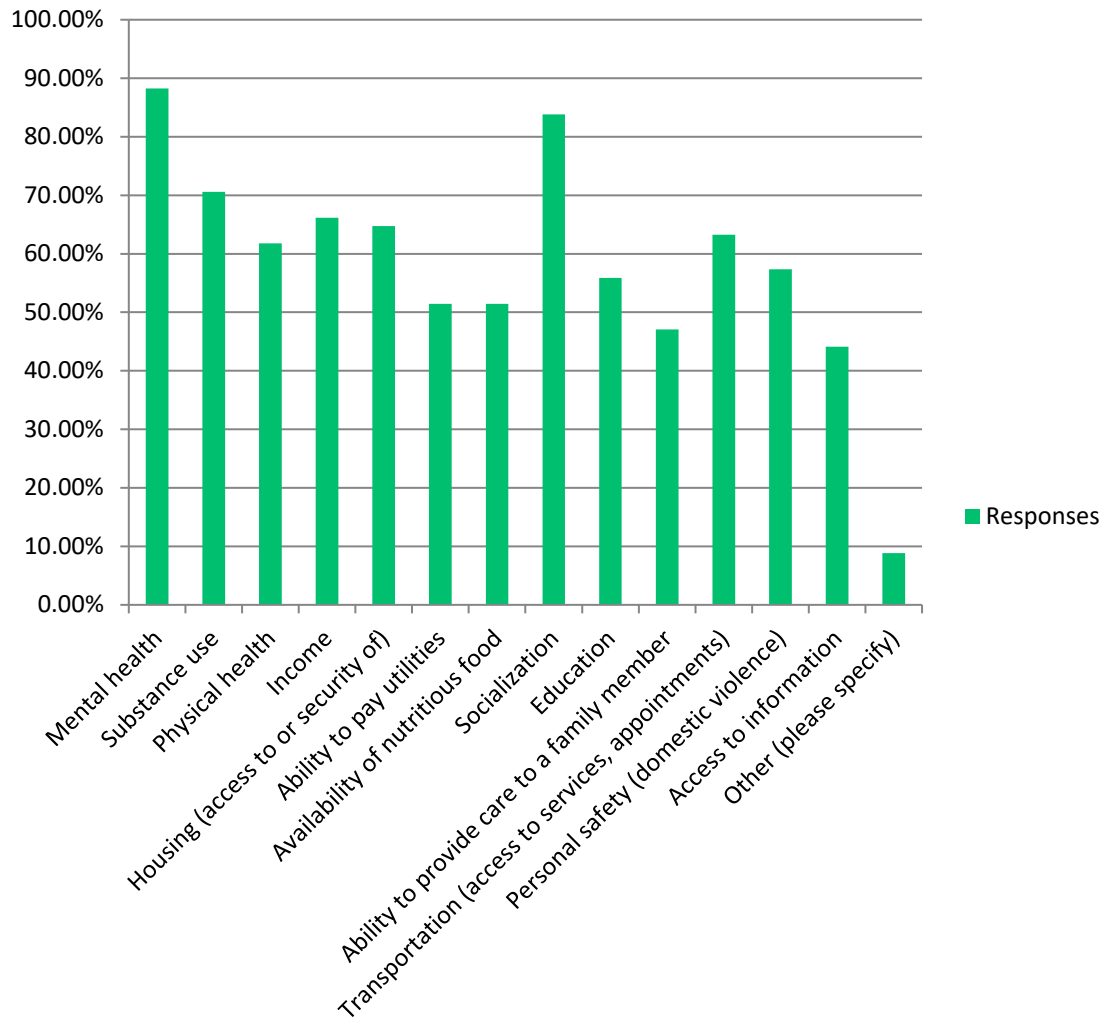
One of Every Kid in Our Communities' priorities is to build resiliency, which focuses on three areas: Providing support for children and their families through programs such as Triple-P and connections to/communication about mental well-being information to families and youth, and mentorship; encouraging constructive use of time through access to recreation; and feeling connected to community.

The OPP has a partnership with Brockville General Hospital to have a full-time nurse shared between Leeds and Grenville Detachments. The Mobile Crisis Response Team consists of police and the nurse conducting live calls and follow up with people in crisis. They try to identify underlying issues and connect individuals with appropriate agencies. The 2019 Progress Update for Leeds OPP indicates success has been demonstrated in this program, as well as with a partnership with the Brockville General Hospital Mental Health Crisis Team. "Our joint community outreach program continues to be an effective and proactive means in our response to mental health issues within our communities" (Francis, 2019). All front-line members in Leeds County continue to receive de-escalation techniques when dealing with people in crisis. This training is delivered by the OPP's In Service Training Unit. Members are also encouraged and supported by detachment to attend various seminars and/or training opportunities held by community partners.

Already, service providers are noting their clients have been negatively affected by the pandemic in a number of ways. The chart below from the agency survey in Winter 2021 show some of the key areas. It is worth noting mental health was at the top at 88%, followed by socialization at 84% and substance use at 71%. The long-term implications of this will need to form part of planning for years to come.



If the pandemic has negatively affected the people you serve, what areas have been affected? (Please click all that apply)



Strategies to Mitigate the Risk

Action	Coordination of efforts related to social determinants of health through Ontario Health Teams process.
Evaluation	<ul style="list-style-type: none"> • Accountability agreements established between OHT and province. • Review of governance process for OHT. • Number of member agencies in OHT. • Monitor work of OHT in integration of mental health to



	ensure projected service delivery (re: psychiatry, timeframes for seeing psychiatrist, pathways with private clinicians) is met.
Outcomes	<ul style="list-style-type: none"> • Agencies are able to achieve efficiencies in service coordination and single plans of care. • Clients are well served with a patient-centred approach that relies on a single multi-disciplinary team; improved system navigation. • Privacy-protective communication within multi-disciplinary team supports Brockville/Gananoque CSWB recommendation regarding communication tool for individuals with mental health issues. • Collaboration and communication reduce duplication in plans and strategies with shared goals. (Ties in with strategy in Brockville and Gananoque CSWB Plan to follow up with KidsInclusive and Children’s Mental Health of Leeds and Grenville to learn more about service coordination and integration.) • OHT’s Lived Experience Advisory Network (LEAN) provides opportunity to meet Brockville/Gananoque CSWB recommendation to involve youth in assessment (to ask why youth use substances), planning, intervention and evaluations. • Greater coordination of existing service plans amongst partners. • Improved referral process that includes a shared database with patient-centred approach. • Modify or establish pathways of care for complex clients not meeting thresholds (e.g. too sick for regular health system, but not sick enough for permanent care). • Improved support for chronic and acute mental health issues across geography. • Increased after hours support for mental health and substance use crisis. • Up-to-date information provided to service providers for after-hours mental health, suicide, addictions resources. • Reduced wait times for specialized services through system coordination.
Steps Needed	<ul style="list-style-type: none"> • Improve communication across all sectors. • In integrated services, consider broad approach to help that includes prevention. • Strengthen other specific collaborations, such as situation table, for specific responses (e.g. crisis intervention). • Consider what system navigation could look like through OHT (e.g. common navigator/coordinator – one call). • Ensure Francophone service availability. • Ensure intake processes and services take culture into account.



	<ul style="list-style-type: none"> • Work with hospitals to ensure transfer protocols are client-centred when police bring mental health patients to hospital.
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Action	Enhance communication about services, both inter-agency and to broader population.
Evaluation	<ul style="list-style-type: none"> • Increased use of 211 by agencies and clients. • Increased number of programs/services listed through 211.
Outcomes	<ul style="list-style-type: none"> • Clarity in system navigation. • Greater understanding between partners and by clients of services availability. • Communication and marketing plan. • Rural communication strategy.
Steps Needed	<ul style="list-style-type: none"> • Work with 211 to create more awareness/training about the service and to ensure timely updates and inclusion of services and programs.

Action	Improved crisis intervention through collaborative partnerships.
Evaluation	<ul style="list-style-type: none"> • Number of interventions at situation table with overall risk lowered. • Number of participating agencies at situation table leading and assisting with interventions. • Number of Mobile Crisis Response Team interactions. • Reduced hospitalizations due to earlier intervention and referral. • More youth diversions from judicial system.
Outcomes	<ul style="list-style-type: none"> • Greater involvement (referrals, leading, assisting) in discussions at situation table by agencies, resulting in more networking and collaboration and increased number of referrals resolved with risk lowered. • Through communication and collaboration, greater support/referrals and safety for families struggling with a member who is mentally ill. • More capacity for Mobile Crisis Response Team to work in rural areas. • Increased support for police-involved complex clients through community treatment outreach program. • Earlier intervention through collaboration prevents young people from becoming involved in judicial system, leaving school, unemployment, etc. Improved communication/knowledge of situations gives agencies ability to fully utilize their available services.



Steps Needed	<ul style="list-style-type: none"> • Advocacy for expanded MCRT program with OPP for rural service. • Continue outreach and training regarding situation table to continue to build capacity an increase involvement by partners. • Work with partners (including Community Paramedics) to evaluate possibilities for increased access to community treatment orders; increase outreach for individuals who are apprehensive about following prescribed treatment for severe mental health issues (police calls increase when medications are not taken). • Provide training opportunities to support early intervention, e.g. by-law officers and firefighters related to property standards/ hoarding and referrals to mental health.
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2.3 Safety: Domestic Violence, Sexual Assault, Human Trafficking

Objective: To prevent violence against persons across all demographics.
Rationale: Preventing violence helps to reduce incidents of victimization and crisis, while increasing feelings of safety and maintaining good health and well-being.

The effects of violence and crime on an individual’s well-being can be deep and pervasive, whether it is in physical manifestation or affecting mental health. Multiple agencies across Ontario and Canada have reported concerns over the rise in domestic violence and child abuse during the pandemic when there are fewer opportunities for victims to be seen and heard due to lockdowns. In the agency survey conducted in Winter 2021, respondents identified risk factors they encounter with clients. The chart below indicates 70% of respondents had encountered clients experiencing domestic violence, with 67% experiencing victimization through physical, emotional or sexual violence. Social isolation was previously noted as a risk encountered in 70%.

UCLG - CSWB Plan - Agency Survey (Winter 2021)

Risks Encountered

Domestic violence	70.15%
Victim of physical, emotional or sexual violence	67.16%
Person affected by negative peers	65.67%
Person affected by antisocial/negative behaviour	64.18%
Criminal involvement	62.69%
Victim of crime	62.69%
Associating with negative peers	62.69%
Exhibiting antisocial/negative behaviour	62.69%
Negative social environments/neighbourhoods	61.19%



Bullying; victim of or perpetrator of	55.22%
Cyber safety - victim or perpetrator of cyber bullying; risky social media activities	50.75%
Human trafficking	50.75%
Perpetrator of physical, emotional or sexual violence	49.25%
Threatened or victimized by gang	35.82%
Sex trade	35.82%
Gang association or membership	31.34%
Victim of elder abuse	25.37%
Homicidal ideation - person has expressed thoughts/ideas about homicide	20.90%
Perpetrator of elder abuse	14.93%
Radicalization	11.94%

The 2019 Progress Reports from Leeds and Grenville OPP Detachments highlight major categories they track for violent crime.

OPP LEEDS COUNTY Detachment 2019 Annual Progress Report

Crime Data

Violent Crimes

Table 2.1

Offences	2017	2018	2019	Clearance Rate
01 - Homicide	0	0	0	
02 - Other Offences Causing Death	0	0	0	
03 - Attempted Murder	0	0	0	
04 - Sexual Offences	32	44	40	40.00%
05 - Assaults	117	103	124	75.00%
06 - Abduction	1	3	6	100.00%
07 - Robbery	2	0	1	0.00%
08 - Other Crimes Against a Person	61	67	86	52.33%
09 - Total	213	217	257	62.26%

(Francis, 2019)



Crime Data

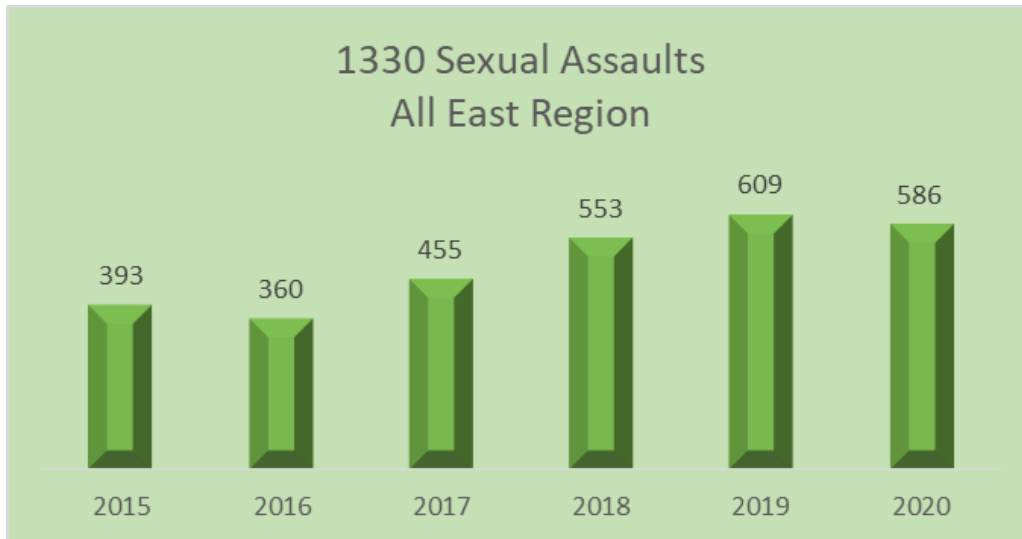
Violent Crimes

Table 2.1

Offences	2017	2018	2019	Clearance Rate
01 - Homicide	0	0	0	
02 - Other Offences Causing Death	0	0	0	
03 - Attempted Murder	0	0	0	
04 - Sexual Offences	24	37	53	64.15%
05 - Assaults	116	139	116	81.90%
06 - Abduction	5	4	0	
07 - Robbery	4	4	1	100.00%
08 - Other Crimes Against a Person	58	76	114	51.75%
09 - Total	207	260	284	66.55%

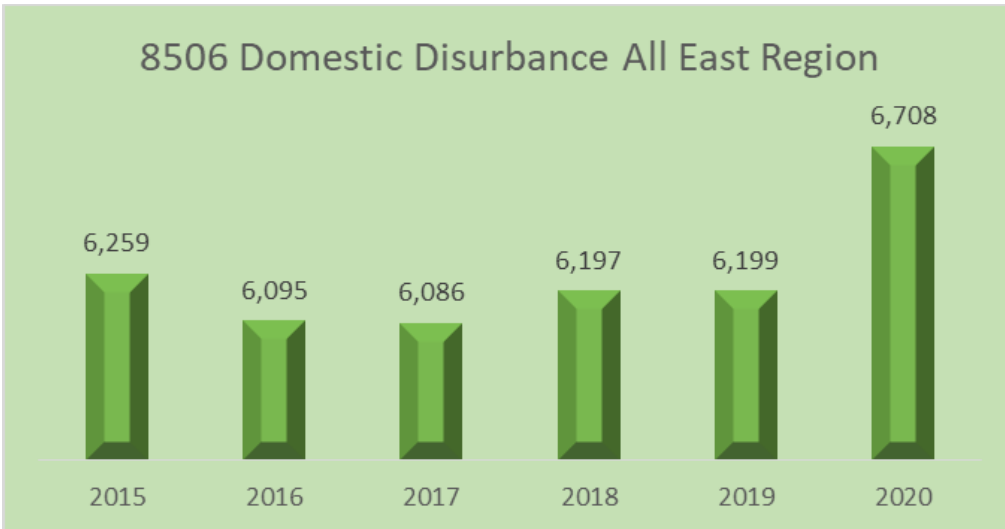
(Dobson, 2019)

OPP statistics for all of East Region, which include Leeds and Grenville, for the last five years up to 2020, show a slight decline in sexual assault occurrences, but an increase in domestic disturbances. Violent crime declined slightly.

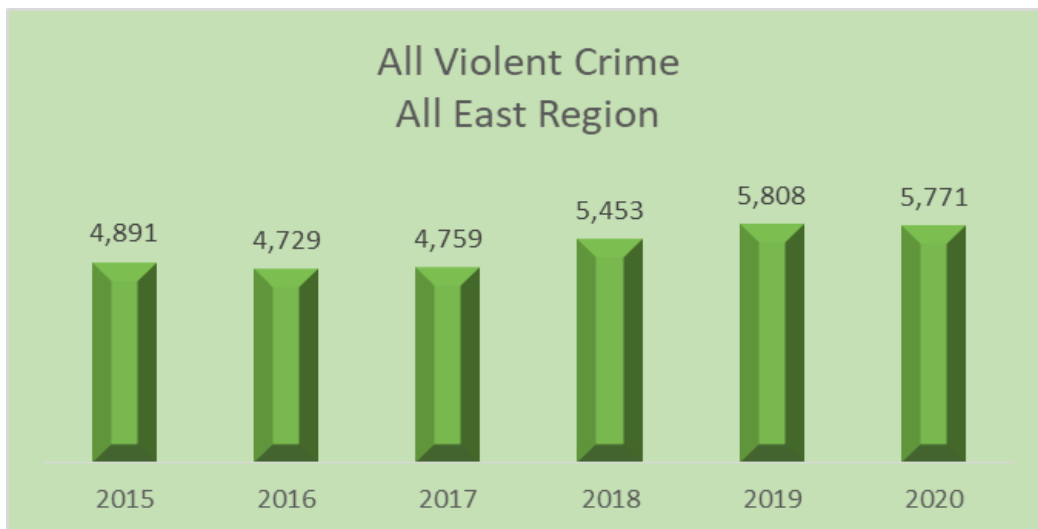


(Ross, 2021)





(Ross, 2021)



(Ross, 2021)

In their Action Plans for 2020-2022, both Leeds and Grenville OPP highlight a number of strategies around victims of crime, including victim-centred and trauma-informed approaches, training, and fostering relationships with partners such as Victim Services, the Victim/Witness Assistance Program and Interval House.

For OPP, supporting victims of crime and reducing victimization are priorities. Reducing victimization is very broad – there are trends, such as online, elderly, cybercrimes, grandparents' scheme, CRA tax schemes – and it is difficult to investigate by the nature of overseas telecentres and the sophisticated technology. As an asset, the OPP offer policing excellence with 24/7 coverage, crisis response, Emergency Response Team for missing persons, etc., canine and provincial special services availability, and detachments can draw on the team in East Region.



Leeds and Grenville Interval House is located in Brockville and shelters women and children who have experienced physical and/or emotional violence. Services include an emergency shelter, counselling, referrals, a children's program, support and advocacy, group programs to support healing of children from their experiences, outreach counselling and support, transition housing support, conflict resolution with landlords and public education. Additional services are coming to Kemptville as well.

The Brockville General Hospital's Assault Response and Care Centre provides services to women, children, teens and men who have been victims of or affected by sexual assault and/or domestic violence.

Victims Services Leeds and Grenville has staff located inside police stations in several areas and its new mobile sexual assault centre is expected to improve accessibility and support for victims and survivors of sexual assault through counselling, peer support, advocacy, and 24-hour crisis support over the phone.

Social services can provide very short-term accommodation for victims of domestic violence as well.

The Anti-Violence Coalition of Leeds and Grenville is a group of agencies working to fill gaps in services for victims, launch anti-violence campaigns and host workshops and anti-violence events.

Family and Children's Services Lanark, Leeds and Grenville (FCSLLG) oversees child welfare in the tri-counties, including referral, maltreatment, family support, children in foster care, support services (parenting, routine, etc.) for intensive intervention, a transition house for kids in care (homeless who have trauma history; provides chance to learn life skills, facilitate more permanent housing option). FCSLLG is mandated to provide child protection and is funded by the Ministry of Children, Community and Social Services. It partners with many agencies, including education, mental health, Connect Youth and Developmental Services. It currently has 150 children in care. Priorities include a child welfare redesign process; prevention, family and community well-being; reducing the number of children coming into care by connecting them in their family home and leaning on existing support networks while preventing maltreatment; seeking family-based options; providing equitable services for marginalized groups (FNMI); understanding who they serve in order to provide culturally relevant care; and strengthening supports for youth aging out of the system by making informal and formal connections, including housing and homelessness.

Every Kid in Our Communities is involved with a youth committee in response to crisis. It has started work to build a common calendar for youth activities, which has evolved into "Stingers." Agencies, in cooperation with police, offer a weekly program after school with free busing, connection and professional support from mental health, RNJ Youth Services and others.



The Upper Canada District School Board works in partnership with police and other community agencies to help students in crisis and has found a major improvement in the past 10 years by looking at the whole child instead of taking a punitive approach, along with continued good communication and protocols. The Violent Threat Risk Assessment protocol used by school boards helps schools to respond quickly when there is a threatening incident and to bring relevant community partners together to initiate supports.

RNJ Youth Services partners with numerous agencies to provide a range of programs for children and youth, as well as their families. This includes prevention and early intervention, help to overcome challenges such as addictions, mental health and involvement with the justice system. Programs include Extrajudicial Measures and Extrajudicial Sanctions, Youth Justice Committee, Youth Mental Health Court Worker, Intersections, Rebound Choices, Connections Program and Direct Accountability Program. They provide service to Lanark, Leeds and Grenville and actively participate in collaborations such as situation tables and VTRA.

The risk of human trafficking has been increasing as a concern in recent years. It was identified as a risk encountered by 51% in the agency survey. The Brockville/Gananoque CSWB Plan notes there are isolated incidents within Leeds and Grenville, but the 401 corridor is major route for traffickers. Increasing education and awareness of how to identify and support victims of human trafficking is important.

A gap highlighted by in surveys, interviews and consultations, as well as in the Brockville/Gananoque CSWB Plan, is the lack of a rape crisis centre in Leeds and Grenville. The closest centres are in Ottawa or Kingston, necessitating travel and, possibly, removal of victims from community supports.

Strategies to Mitigate the Risk

Action	Enhanced supports for victims of domestic violence, sexual assault and human trafficking.
Evaluation	<ul style="list-style-type: none"> • Increased emergency shelter spaces for victims of domestic violence (including males) across the geography of Leeds and Grenville. • Increased number of transitional housing spaces for victims. • Increased inventory of safe spaces for meetings with clients. • Increased number of referrals by hospitals to services for victims of sexual assault (e.g. Assault Response and Care Centre).



Outcomes	<ul style="list-style-type: none"> • Victims of violence are supported with housing close to their community supports. • Victims of violence have access to outreach resources when not in a shelter situation over a longer term in order to help prevent a return to an abusive relationship. • More victims are provided access to deep trauma work. • Increased capacity for violence against women programs, including community-based sexual assault centre for Leeds and Grenville. • More “safe spaces” to meet with victims of violence across the geography. • Increased sensitivity to culture and diversity in programming. • Improved system navigation for victims of violence through appropriate referrals and liaison with partnering agencies.
Steps Needed	<ul style="list-style-type: none"> • Work with partners to strategize possibilities for increased housing supports for victims of violence (emergency temporary shelter, transitional housing). • Work with partners to advocate for increased funding support for VAW programs, including trauma support. • Work with partners to establish safe spaces for agencies to meet with clients in locations in rural areas that are not their homes. • Advocate for funding/resources for a rape crisis centre in Leeds and Grenville to enable victims to stay closer to home for support. • Work with partners to identify gaps in system navigation for victims of violence and establish protocols to improve.

Action	Address root causes of violence against persons through education, training and trauma-informed approaches.
Evaluation	<ul style="list-style-type: none"> • Increased number of training opportunities provided to all sectors (partnership approach). • Increased workplace training for diversity, inclusion and cultural sensitivity. • Education programs developed and delivered to address myths about sexual assault. • Decline in intimate partner violence statistics.
Outcomes	<ul style="list-style-type: none"> • Trauma-informed training and approaches become part of practices by human service agencies caring for victims of violence. • Strategy developed to work with perpetrators of violence in order to address root causes. • Education programs developed and delivered to address generational stereotypes about violence in women/family relationships and myths about sexual assault. • Increased diversity, inclusion and sensitivity protocols



	<p>incorporated into workplaces across public and private sector, schools, organizations and community groups.</p> <ul style="list-style-type: none"> • Increased opportunity for affordable couples counselling (and break down stigma around it) to alleviate stressors on families. • Supportive pro-social development and equity programming to help break the cycle.
Steps Needed	<ul style="list-style-type: none"> • Continue training opportunities with partners for police and community agencies in such areas as trauma-informed care, domestic violence and human trafficking (complements recommendations in the Brockville/Gananoque CSWB Plan).

Action	Support children in care, families and vulnerable/marginalized populations in a culturally responsive way.
Evaluation	<ul style="list-style-type: none"> • Number of training opportunities to increase inclusivity and diversity understanding within agencies. • Increased partnerships with community agencies to support inclusivity and diversity.
Outcomes	<ul style="list-style-type: none"> • Increased emphasis for marginalized groups and collaboration as a community from a cultural identity perspective. • Greater understanding created amongst professionals and broader community about personal bias and racism (e.g. LGBTQ and FNMI). • Municipalities, agencies and community groups have a better understanding of who they are serving, thus improving service delivery (customized as needed). • Coordination with Ontario Health Team as part of equitable health access goals. • Wraparound support strengthened for children/families with complex needs to facilitate keeping children out of care. • Reduced stigma around engaging with FCS; families not engaging due to fear, anxiety or previous negative experiences. • Inventory of and communication about services available to support new immigrants/families to Canada.
Steps Needed	<ul style="list-style-type: none"> • Strengthen connections with Indigenous community to facilitate appropriate supports for FNMI children in care. • Work with partners to support community trainings around racism, bias and inclusivity. • Advocacy for more funding resources to support kin families in order to keep children out of care where possible. Currently temporary benefits, for e.g. for grandparents who do not receive foster care funding. • Coordinate with OHT regarding equitable service delivery. • Work with Rideau Immigration Partnership to establish pathways



	of support for new Canadians and visitors to Canada/temporary foreign workers.
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3. Outcomes and Actions and Implementation

The legislation for Community Safety and Well-being plans indicates that once a municipal council has adopted its plan, it must be published according to regulations, and that the council “shall, in accordance with the regulations, if any, monitor, evaluate and report on the effect the plan is having, if any, on reducing the prioritized risk factors” (Police Services Act, 2018, c. 3, Sched. 1, s. 211 (6)). It must also, according to the Act, provide the Solicitor General with information regarding the adoption and implementation of the plan and its outcomes.

As of April 2021, the only regulations in place pertaining to CSWB plans were the completion deadline and the publication requirement. Public consultation has reflected that community partners would like to work together to follow through on the actions in the plan, and a coordinated approach is most appropriate.

Implementation should include evidence-based programs and strategies to address those priority risk factors.

An Implementation Team will take over once the Community Safety and Well-being Plan is complete and has been presented to the member municipalities. It is this team that will finalize and prioritize the actions in the plan. The composition of the Implementation Team, reporting frequency, mechanism and structure has not yet been finalized, but a draft plan has been developed and exists as a separate document.

Risks will be grouped into a themed approach for ease of implementation:

- **Community Development:** Collaboration of Partners; Poverty, Basic Needs and Food Security, including Income and Unemployment; Transportation; Rural Inclusion and Population-specific Risks, including Youth, Seniors and Indigenous People
- **Population Health:** Physical Health, Mental Health, Substance Use
- **Safety:** Domestic Violence, Sexual Assault, Human Trafficking

In order to achieve the actions within the plan, it will be critical for all partners to ensure good communication between working groups and sectors in relation to the plan’s activities, particularly to ensure goals are met in terms of regional objectives across a range of demographics and sectors.

The following is a summary of the themes, objectives, rationale and strategies upon which the implementation plan will be based, along with the strategic actions that will mitigate the risk to community safety and well-being.



Community Development: Collaboration of Partners; Poverty, Basic Needs and Food Security, including Income and Unemployment; Transportation; Rural Inclusion and Population-specific Risks, including Early Years, Youth, Seniors and Indigenous People.

Objective: Community Development – sustainable and continued community and economic development; increased connection to service, support, employment opportunities and social opportunities for all residents of the United Counties of Leeds and Grenville and the Town of Prescott.

Rationale: Social connection, community and economic health, and equity.

Collaboration of Partners

Action	Convene a Leeds and Grenville (including Brockville and Gananoque) multi-sectoral Community Planning Table to implement this community safety and well-being plan. Schedule sector-focused Partner Days for cross-sectoral knowledge sharing, network development, and assistance in implementation.
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Poverty

Action	Income: Target strategies for lone-parent families.
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Unemployment

Action	Unemployment: Community partners participate in promotion of education, trades, workforce training, retraining and employee development.
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Transportation

Action	Transportation: Develop a coordinated inter-municipal transportation system.
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Housing and Homelessness

Action	Housing and Homelessness: Convene Housing Task Force with broader membership for a networked response.
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Rural Inclusion

Action	Include rural residents in service delivery planning, and service the rural areas with a variety of program delivery methods to achieve health and service equity.
Action	Create a Leeds and Grenville Rural Community Developer position.

Priority Populations: Early Years

Action	Using ACES and EDI as a baseline, work collaboratively to effect positive outcomes; connect with lone-parent strategy.
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Priority Populations: Youth

Action	Examine access, service and program restrictions and determine a cross-sectoral advocacy approach.
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Priority Populations: Seniors

Action	Coordinated cross-sectoral approach to senior health and wellness.
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Priority Populations: Indigenous people

Action	Support to Indigenous people in efforts to be self-sustaining, to increase understanding of shared history and to support well-being and truth and reconciliation efforts
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Population Health: Physical Health, Mental Health, Substance Use

Objective: Enhance access to health, mental health and substance use supports across the United Counties in an equitable and inclusive manner.
Rationale: Access to supports provide the tools residents need to live a healthy life and prevent risk.

Substance Use

Action	Enhance access to addictions/substance use supports for youth and adults.
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Mental Health

Action	Coordination of efforts related to social determinants of health through Ontario Health Teams process
Action	Enhance communication about services, both inter-agency and to broader population.
Action	Improved crisis intervention through collaborative partnerships.

Safety: Domestic Violence, Sexual Assault, Human Trafficking

Objective: To prevent violence against persons across all demographics.
Rationale: Preventing violence helps to reduce incidents of victimization and crisis, while increasing feelings of safety and maintaining good health and well-being.

Domestic Violence, Sexual Assault, Human Trafficking

Action	Enhanced supports for victims of domestic violence, sexual assault and human trafficking.
Action	Address root causes of violence against persons through education, training and trauma-informed approaches.



Action	Support children in care, families and vulnerable/marginalized populations in a culturally responsive way.
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