

Summary Report



Supports for Success

A project of [Wellesley Institute](#)

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Acknowledgement of Traditional Land

We would like to acknowledge this sacred land on which the Wellesley Institute is situated. It has been a site of human activity for millennia. This land is the territory of the ancient Iroquoians, the Huron-Wendat Confederacy, the Seneca Village near High Park, and most recently, the guardians of the land are the Mississaugas of New Credit First Nation. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee Confederacy and the Anishnabek Nation and allied Nations to peaceably share the land and care for the resources around the Great Lakes.

Today, the meeting place of Ontario is still the home to many Indigenous peoples from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.

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Forward

In 2016, Wellesley Institute embarked on a journey to investigate how youth in Ontario could have the best chance to reach their potential. The motivation behind this was the fact that not all children and youth receive the supports they need to get a fair shot in life – especially not racialized, Indigenous, immigrant or low-income youth. When youth are supported to reach their full potential the economy improves, crime rates go down and our communities grow stronger.

It was clear Ontario needed to change something because the most vulnerable youth were falling through the cracks in a system that was supposed to support them. But changing social support systems is difficult. Wellesley explored internationally successful models for systems change including [Collective Impact](#), positive deviance, [Cradle to Career](#), and a UK-based study [Connected Communities](#), we consulted with experts from across the world and closer to home, discussed the situation with communities and multiple stakeholders, and convened a youth advisory group to shape the mission and principles of our project.

This led to the development of the Supports for Success (SFS) model and a partnership in fall of 2017 with the Ministry of Training, Colleges and Universities (MTCU) — previously called the Ministry of Advanced Education and Skills Development — to implement a new approach to improving outcomes for Ontario’s young people.

With the development of the SFS approach complete, the next stage was to identify communities that would be possible pilot sites, engage them and to collect foundational data that would be used in the implementation of Supports for Success. We worked with MTCU as well as the Ministry of Children, Communities and Social Services (then, the Ministry of Child and Youth Services) to select four pilot communities that aligned with existing provincial initiatives and reflected the complex needs of different parts of the province.

This report summarizes what we found and demonstrates the need for change in each of the communities but also their strengths and their engagement. This foundational work indicates that adopting Supports for Success could improve the lives of all children, families and youth especially those most vulnerable.

Thank you to the MTCU for their support. We look forward to continuing our collaboration with the Province and our community partners.

Executive Summary

The experiences of young people growing up in Ontario can be markedly different from each other. Some youth have all the resources and supports they need to do well in school and to get a good job when they become adults. For others this is not the case.

Children and youth rely on our public systems for support. Ontario has made considerable investments in support programs and services in addition to educational programs, and yet the outcomes are variable. For example, in Ontario nearly 30 per cent of children are entering Grade 1 with low scores on Early Developmental Indicators such as physical health and well-being, communication skills and social competence; one in four of Ontario's Grade 3 students are below the provincial standard in test scores; 16 per cent of adolescents report low self-rated mental health, and approximately one in ten youth are not in education, employment, or any kind of training that would help them to achieve employment. Despite the myriad of initiatives and programs in place too many are falling through the cracks. We have hard working and extensive child and youth support services that are less than the sum of their parts.

To change this reality, we need to explore a new approach to ensure that all children and youth, especially those who are most at risk, get the best chance for success. Collective impact is a leading strategy to facilitate structured collaboration across different sectors to achieve common goals and outcomes. When different actors come together and align their goals, coordinate their actions, and evaluate their progress, transformation is possible.

Supports for Success (SFS) uses three approaches to create an expanded collective impact strategy. It uses a strengths-based model to build on the strengths of community and of young people; it is based on a life-course approach that aims to create a continuum of support from cradle to career; and it is developed from understanding the experiences of diverse and marginalized youth and what has worked for these youth in the past.

This report offers foundational evidence that is needed to implement an initiative that will improve outcomes for children and youth. The evidence collected came from four research activities. In our community profiles, demographics and social and developmental statistics were collected to help identify needs as well as community strengths. A program inventory was produced to offer an assessment of the services and supports available from cradle to career. A social network analysis was done to see how well programs and organizations were connected. Finally, we engaged youth, families and service providers to ensure that recommendations were based on an understanding of the community priorities, strengths, challenges and strategies for success.

The findings demonstrate the need for a modified collective impact approach like Supports for Success.

Community Profiles

Supports for Success carried out research in four different Ontario communities:

- **Brant County**, a rapidly growing region in Western Ontario, with a large rural/urban divide.
- **Kingston, Frontenac, Lennox and Addington (KFL&A)**, a large region in Eastern Ontario, with a high number of correctional institutes and a strong military presence.
- **Kingston-Galloway-Orton (KGO)**, a neighbourhood located in East Scarborough, Toronto with a predominantly racialized, immigrant and newcomer population.
- **Thunder Bay**, a city in Northern Ontario with a large Indigenous population.

These sites were chosen in conjunction with the province to align with ongoing provincial initiatives and reflect the complex needs of different parts of the province.

Social and Developmental Indicators

Key social and developmental indicators were gathered for each site, according to each of the five early life-stages from cradle to career. These indicators are known predictors of successful educational and employment outcomes later in life and provide a picture of the needs and strengths in each community.

In each of the four regions, patterns emerged showing that many children and youth are not achieving successful outcomes. Compared to the province, infants in most sites were less likely to receive an 18-month well-baby visit – a visit with a family physician or other health care provider to ensure the child is meeting developmental milestones. Children in each region were more likely than the provincial benchmark to be vulnerable in one or two domains of the Early Developmental Indicators, suggesting low levels of school readiness. Grade 3 and 6 students were less likely to meet the provincial standard in reading, writing, and mathematics compared to Ontario as a whole; math was the subject where the greatest number of students did not meet the provincial standard. Adolescents in most of the four project locations also tended to have poor self-rated health – although a stronger sense of community – than the whole of Ontario. They were also less likely to have completed post-secondary education, and more likely to have poor mental health compared to the province.

The results can help guide future collective impact initiatives by understanding what social and developmental areas may need improvement, and which ones represent strengths to build on.

How complex barriers affect outcomes

Social and developmental outcomes were compared for Indigenous, racialized, low-income and immigrant youth, and compared to youth who did not identify with these groups. Results showed that the complex barriers many of these youth experience translate into poorer

outcomes for children and youth in these groups. For example, Indigenous youth as well as youth living in low-income households had lower scores on self-rated health and mental health, employment and the attainment of a post-secondary education. While immigrants and racialized groups are more likely than non-immigrants, and non-racialized groups to have a post-secondary certificate, employment rates across Ontario for these groups are lower (16 per cent lower and 20 per cent lower respectively) than those who do not identify as an immigrant or racialized person.

The results show that vulnerable youth experiencing complex barriers tend to have worse outcomes than those who do not experience these barriers. There is a need for our public systems to improve supports for these groups.

Community Assets

Community perspectives on programs and services

The programs and services that exist to support children and youth were mapped in all four sites. Knowledge about the strengths of this support system as well as opportunities for its improvement were shared by parents, youth, service providers and local leaders through focus groups and interviews.

The success of the hub model was a resounding theme across sites. The hub model (co-locating different services in a single office) works well to reduce the number of service visits, improves coordination between providers, and improves continuity of support across life transitions.

Racialized and Indigenous communities emphasized the lack of culturally safe and appropriate services, leaving many of these communities with a mistrust of services and unmet needs. Solutions for improving services for different ethnocultural and Indigenous populations included dedicating resources to creating culturally diverse, appropriate and targeted programming, emphasizing relationship development in the system of service delivery and fostering culturally diverse representation throughout the social support system.

Transitions between life-stages, or between programs and institutions, were identified as points of vulnerability in an individual's development, where additional program supports are needed to ensure successful transitions. Community members suggested looking to transitional support models developed for people with developmental challenges to improve this aspect of the support system.

These ideas and perspectives of community are critical for identifying high impact opportunities for service improvement as well as successful support strategies that could be scaled up.

Connections between programs and services

Connections that services share with one another are important resources for supporting youth and improving access to programs and services. The referrals between different programs and services were mapped to better understand the gaps and strengths in this system. Using a social network survey, program and service staff listed programs that they made ‘referrals’ to by any definition of the word, and then were asked to say what kind of referral method they used.

Promoting awareness and sharing information about other programs and services were the most common forms of referral. In these cases, clients are made aware of a new program, but left to their own devices to connect with it. These ‘weak’ types of referrals are often ineffective and present an opportunity to improve the continuity of service provision by increasing the use of more effective referral strategies, such as warm hand-offs and formal referrals processes.

The number of programs serving young adulthood were often fewer than those serving adolescence, and many referrals passed into young adulthood from adolescence. Taken together with what the community said, this suggests a ‘bottleneck’ where many young people could fall through the cracks, presenting another opportunity for system improvement by increasing supports for adolescents transitioning into young adulthood.

Some service sectors never referred to one another, most notably childcare-focused organizations never gave or received referrals to employment-focused organizations, or organizations that provided food, shelter, or clothing. Such ‘holes’ in the network present opportunities for strengthening access to supports by strengthening the relationships between sectors.

Other sectors received many referrals, indicating that they act as hubs of connectivity. These included multiservice organizations, health and education. These highly connected sectors are important assets for collective impact and offer a channel for mobilizing many types of organizations.

Conclusions and Recommendations

This research adds to the foundation of evidence supporting the need for collective impact work in Ontario. The regions we considered in this study span a range of contexts where young people can grow up in Ontario, and the information gathered can serve to guide initiatives that span the province.

The next step is to invest in a dedicated program that develops the expertise, processes and tools needed for collective impact in Ontario. To spearhead such a program, we have the following recommendation for the province:

Building on the foundation of evidence presented in this report, develop a collective impact model by piloting a life-course based collective impact approach in Thunder Bay, Brant, KGO and KFL&A.

These pilot projects should:

1. include three levels of coordination and action: 1) between local service providers; 2) between community members (including youth and parents); 3) between funders.
2. employ a 'cradle to career' life-course approach and create working groups to establish shared goals at each of the five early life-stages from infancy to young adulthood.
3. Carry out a developmental evaluation process that allow us to build expertise about the best strategies for carrying out collective impact across different communities in the province.
4. should be convened by an institution outside government with expertise in evidence-based systems intervention.

Introduction

Supports for Success (SFS) is a model intervention which helps public systems improve economic and social outcomes for marginalized children and youth in Ontario.

Young adults face steeper barriers than previous generations to getting started in life. Young people are disadvantaged by inadequate incomes, high stress and mounting debts. The path to success can be even more demanding, unpredictable and challenging for young people who are Indigenous, racialized, living in poverty, living with disabilities or living in rural settings. These youth must contend with multiple systemic barriers and this can lead to poorer social and developmental outcomes.

The evidence for childhood and youth initiatives is clear: the earlier we invest in our children and youth, the better positioned they are to succeed in school and gain meaningful employment¹.

In Ontario, we make significant investments in healthcare, education, employment and creating healthy communities. There are dedicated organizations, programs and funding that offer supports to help children thrive from cradle to career.

Despite these investments – and while many young people benefit from the supports we have in place – too many young people are still not thriving. In 2015, 29.4 per cent of Ontario’s children were entering school with low scores on Early Developmental Indicators (EDI) such as physical health and well-being, communication skills and social competence², and 8.9 per cent of youth were not in education, employment or training (NEET)³.

Low EDI scores when entering school and NEET rates in adolescence are known indicators of poverty,⁴ and in Ontario more than 30.0 per cent of children and youth living in poverty are from vulnerable populations such as Indigenous groups and racialized backgrounds⁵.

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

Improve coordination

Currently, multiple sectors support children and youth, resulting in siloed operations. Children and youth from marginalized groups are more likely to fall through the gaps created by this system. Developing an integrated and inclusive system of support can help improve

outcomes, especially if these systems also align their efforts towards achieving common goals.

Create a continuum of care

Another strategy has been to focus on a healthy start to life and then ensure that supports are created to address the needs of people at critical periods throughout their development⁶. For instance, transitioning between life-stages can be a particularly difficult and vulnerable time, and is further exacerbated when children and youth ‘age out’ of systems of care. A life-course approach aims to provide gap-free services to create a continuum of support throughout development.

Increase access points

Having a diverse set of supports ensures different points of access to services and addresses the complex needs of communities. The Mental Health Commission of Canada has shown that programs and services that are culturally-adapted and reflect diversity produce better outcomes for clients and increase overall program satisfaction⁷.

In 2016, Wellesley Institute funded an initial phase of work to build an approach aimed at improving:

- coordination between services;
- care across the life-course;
- access for diverse populations; and
- health outcomes for children and youth.

This initial phase involved learning about successful international initiatives, including [Collective Impact](#), positive deviance, [Cradle to Career](#), and [Connected Communities](#).

The collective impact approach is a leading strategy to facilitate structured collaboration across different sectors to achieve common goals and outcomes. When different actors come together and align their goals, coordinate their actions, and evaluate their progress, transformation is possible.

Cradle to Career programs, such as [Harlem Children’s Zone](#) in Harlem, NY, use a life-course approach that spans from infancy through to young adulthood. These programs strive to break the cycle of poverty by bringing together education, community and health care organizations to set shared goals and ensure youth are seamlessly and holistically supported from cradle to career. Evidence strongly suggests that this life-course approach to child and youth development helps bridge gaps at key transitional stages and leads to healthier and more successful adults^{8,9}.

Positive deviance is a strengths-based approach that fosters positive youth development and self-efficacy in communities¹⁰ by using the knowledge and experience of those who have succeeded. Moving towards a strengths-based approach shifts the focus upstream towards prevention, to support youth in sustaining successful outcomes, rather than taking remedial measures to address negative outcomes after they manifest. Our Youth Advisory Group, made up of youth from marginalized communities, has advised us on how services can be improved based on what has worked for them.

Connected Communities is a UK-based project that promotes the assets and strengths of communities by taking a systems level approach to existing social networks, creating opportunities for social inclusion. Connected Communities emphasize the use of strategies to promote community participation, and social network mapping techniques to better understand how people and organizations are connected^{11,12,13}.

There were international field trips to help understand the implementation of the above initiatives; focus groups and discussions with youth, communities, local and international experts; and conversations with stakeholders and government to test the viability of the approach.

The conclusion was that to have a transformative impact that prevents children and youth from falling through the cracks, we need a well-designed life-course strategy that breaks siloes, builds on strengths and embraces diversity.

Inspired by the above approaches, Supports for Success (SFS) aims to ignite an expanded collective impact process that includes three levels of coordination and action:

- between local service providers;
- between community members (including youth and parents);
- between funders.

At each life-stage, we need to focus and coordinate efforts around a few collectively-chosen, shared goals, build on the strengths of community, build community connectedness and drive strategies that match the diversity of needs. By working together, we can achieve effective and sustainable improvements in our ability to support children, youth and their families.

In this report, SFS presents evidence to inform this modified collective impact strategy across Ontario. The evidence was collected in a four-part research process:

In our community profiles, demographics and social and developmental statistics were collected to help identify needs as well as community strengths. A program inventory was produced to offer an assessment of the supports available from cradle to career. A social network analysis was done to see how well programs and organizations were connected.

Finally, we engaged youth, families and service providers to ensure that recommendations were based on an understanding of the community priorities, strengths, challenges and strategies for success (a detailed methodology table can be found in Appendix A).

Community Profiles

A community has a distinct set of characteristics, strengths and challenges that form an ecosystem within which some children and youth thrive, and some do not.

The following sites were chosen in conjunction with the province to align with ongoing provincial initiatives and reflect the various needs of different parts of the province.

1. Thunder Bay City,
2. Kingston-Galloway-Orton, East Scarborough (KGO),
3. Brantford and Brant County (Brant), and
4. Kingston, Frontenac, Lennox, and Addington (KFL&A)

A community profile of each site was developed. Community profiles are a compilation of demographic information and social and developmental indicators. The purpose of the community profiles is to provide information that can help the province understand the unique characteristics of each community, as well as where children are doing well and where there may be opportunity for growth and improvement.

Context and Demographics

The context and geography of Thunder Bay, Brant, KGO and KFL&A vary significantly. Thunder Bay is a city in Northern Ontario with a large Indigenous population. Brant is a rapidly growing region in Western Ontario, with a large rural/urban divide. KGO is a small neighbourhood in East Scarborough, Toronto with a racialized population of nearly 70 per cent, and KFL&A is a large region in Eastern Ontario with a high number of correctional institutions and a strong military presence. The demographic information for each site is derived from the 2016 Census and presented in Table 1 below.

The Census geography of each site is specified in Appendix B.

Table 1. Comparing the demographic composition of Ontario, Thunder Bay, Brant, KGO and KFL&A using 2016 Census data.

Indicator	Ontario	Thunder Bay	Brant	KGO	KFL&A
Total Population	13,448,495	107,910	134,200	31,865	193,350
Visible Minority ^a Population (%)	29.3	4.5	7.8	69.7	6.9
Top 3 Visible Minority Groups (%)	1) South Asian, 8.7	1) South Asian, 0.9	1) South Asian, 2.5	1) South Asian, 23.6	1) South Asian, 1.44
	2) Chinese, 5.7	2) Chinese, 0.7	2) Black ^b , 0.6	2) Black, 22.3	2) Chinese, 1.42
	3) Black, 4.7	3) Black, 0.6	3) Southeast Asian, 0.8	3) Filipino, 8.8	3) Black, 1.1
Indigenous Population (%) ^c	2.8	12.8	4.8	1.7	4.0
Households with total after-tax income under \$20,000 (%)	9.5	10.9	8.6	19.3	9.7
Ages 0-17 in low income based on the Low-income measure, after tax (%)	18.4	21.5	17.4	41.6	16.0
Unofficial language spoken most often at home (%)	14.4	3.4	4.0	21.9	2.8
Top 3 languages spoken most often at home (excluding English and French) (%)	1) Mandarin, 1.7	1) Italian, 0.8	1) Punjabi, 0.7	1) Tamil, 3.9	1) Mandarin, 0.41
	2) Cantonese 1.5	2) Finnish, 0.4	2) Polish, 0.5	2) Tagalog, 2.5	2) Portuguese, 0.37
	3) Punjabi, 1.0	3) Polish, 0.2	3) Vietnamese, 0.4	3) Bengali, 1.9	3) Arabic, 0.2

Needs and Strengths: Social and Developmental Outcomes

Social and developmental outcomes were measured at all four sites and compared against the provincial average^d. These social and developmental outcomes are predictive indicators for achieving positive employment, educational and social outcomes. The evidence-base for

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- a The term “visible minority” refers to persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour. It is used throughout this report as this is the terminology utilized in the Census 2016. However, the Wellesley Institute recognizes that this term does not capture the complexity of discrimination experience based on racialization and needs to be replaced by a more nuanced understanding of the experiences of different racialized groups.
 - b The term “Black” is used throughout this report as this is the terminology utilized in the Census 2016. However, the Wellesley Institute recognizes that this terminology is problematic. Unlike the other visible minority categories included in the Census, the term “Black” does not refer to a region of origin. It is a racial category and needs to be interpreted with caution as it aggregates people from many different origins, including those of African and Caribbean descent.
 - c The Indigenous population is likely to be higher than reported. Evidence indicates that the Canadian census underestimates the number of Indigenous people by an estimated factor of 2-4.
 - d The threshold for comparing each site to the province was selected by Wellesley staff to be one or more per cent above or below the province.

choosing each indicator is summarized in Appendix C. The level of geography each indicator is presented at is specified in Appendix D^e.

Table 2 presents a snapshot of social and developmental indicators across all four project sites (Thunder Bay, Brant, KGO, and KFL&A).

Trends across the province

In the **prenatal and infancy life-stage (ages 0-2)**, the majority of sites have babies that were more likely to be born at a healthy weight, in comparison to the province. This is important as a healthy birth is a significant predictor of children's future health and is also indicative of good maternal health. However, infants in most sites were less likely than the rest of the province to receive an 18-month well-baby visit, an important primary care visit to assess infants developmental progress. For example, in Thunder Bay, the rate of 18-month well-baby visit is 44.7 per cent; 10 per cent lower than in the rest of the province. The low rates of this visit suggest increased barriers to accessing primary care in these sites.

In the **early childhood life-stage (ages 3-6)**, children in the SFS sites were more likely to be vulnerable^f in 2 or more domains of EDI such as physical health and well-being, social competence, language and cognitive development, communication skills and general knowledge, and emotional maturity, in comparison to the province. For example, in physical health and well-being, children were 6 to 8 per cent more likely to be vulnerable in Thunder Bay, Brant and KGO. Vulnerability in these domains suggests students may not be ready for school or have the supports and services they need to do well in school. Children who experience vulnerabilities early are also more likely to experience vulnerabilities in later life.

In **middle childhood (ages 6-12)**, students in the SFS sites do not perform as well on many of the province wide assessments of academic achievement (i.e. EQAO). English-speaking students in grades three and six are less likely to meet the provincial standard in reading, writing in mathematics, compared to students in the rest of Ontario. Mathematics is the subject where the greatest number of students do not meet the provincial standard. For example, in KFL&A, English-speaking students in grade three are 11 per cent less likely to meet the provincial standard in mathematics. In regard to immunization, all SFS sites are doing well. Thunder Bay, Brant and KFL&A have similar or higher immunization rates than the rest of the province.

e Where possible, data was obtained for Thunder Bay City, Brant (Brantford and Brant County), KGO and KFL&A. However due to issues related to sampling, this was not always possible, and it was necessary to report at a slightly altered level of geography (e.g. Thunder Bay District instead of Thunder Bay City).

f Vulnerable children are children who score low (below the 10th percentile cut-off of the comparison population) on age-appropriate developmental expectations in any of the five domains. The 10th percentile cut-off is based on data from the Ontario Baseline Assessment (Cycle 1).

In adolescence (ages 13-18), youth vary widely in 5-year graduation rates both across and within sites. For example, in Brant, Grand Erie District School Board has a graduation rate that is 8.9 per cent lower than the provincial rate, whereas Brant Haldimand Norfolk Catholic District School Board has a graduation rate that is 2.4 per cent higher than the province.

In young adulthood (ages 19-29), all SFS sites have a similar rate of young adults not in education, employment or training (NEET rate) as the province (8.9 per cent). However, young adults in most sites are less likely to have completed post-secondary education (i.e. have post-secondary diploma, certificate or degree) compared to young adults in the province. Young adults in the majority of sites were also more likely to have poorer self-rated mental health, compared to young adults in Ontario.

Table 2. Comparing social and developmental indicators in Thunder Bay, Brant, KGO and KFL&A to the province.

LEGEND: ● 1% or more above the province ● less than 1% above or below the province ● 1% or more below the province

Prenatal and Infancy					
Ages 0 to 2					
Indicator	Ontario	Thunder Bay	Brant	KGO	KFL&A
Low birth weight	6.8%	●	●	●	●
Rate of 18-month well-baby visit	55.2%	●	●	●	●
Early Childhood					
Ages 3 to 5					
Indicator	Ontario	Thunder Bay	Brant	KGO	KFL&A
Vulnerable in Physical Health /Well-being+	16.1%	●	●	●	●
Vulnerable in Social Competence+	10.7%	●	●	●	●
Vulnerable in Language/ Cognitive Development+	6.7%	●	●	●	●
Vulnerable in Communication Skills/ General Knowledge+	10.2%	●	●	●	●
Vulnerable in Emotional Maturity+	12.3%	●	●	●	●

Middle Childhood					
Ages 6 to 12					
Indicator	Ontario	Thunder Bay	Brant	KGO	KFL&A
Grade 3 School Achievement for English School Boards	R: 76%	●	●	●	●
	W: 76%	●	●	●	●
	M: 64%	●	●	●	●
Grade 3 School Achievement for French Schools++	R: 84%	●	●	●	●
	W: 80%	●	●	●	●
	M: 78%	●	●	●	●
Grade 6 School Achievement for English School Boards	R: 83%	●	●	●	●
	W: 81%	●	●	●	●
	M: 51%	●	●	●	●
Grade 6 School Achievement for French Schools++	R: 93%	●	●	●	●
	W: 85%	●	●	●	●
	M: 83%	●	●	●	●
Measles Immunization Coverage	91.8%	●	●	N/A	●
Meningococcal Immunization Coverage	80.6%	●	●	N/A	●
Adolescence					
Ages 13 to 18					
Indicator	Ontario	Thunder Bay	Brant	KGO	KFL&A
Grade 9 School Achievement for English School Boards	App: 46%	●	●	●	●
	Acad: 84%	●	●	●	●
Grade 9 School Achievement for French Schools++	App: 44%	N/A	N/A	N/A	N/A
	Acad: 85%	●	N/A	N/A	●
Grade 10 School Achievement for English School Boards	81%	●	●	●	●
Grade 10 School Achievement for French Schools++	95%	●	N/A	N/A	●
5 Year Graduation Rates by English School Board+++	86.5%	Pubic SB ●	●	N/A	●
		Catholic SB ●	●	N/A	●
Employment Rate	34.5%	●	●	●	●
Excellent or Very Good Self-rated Health	73.5%	●	●	●	●
Median Amount of Physical Activity	540min	●	●	●	●
Excellent or Very Good Self-rated Mental Health	73.5%	●	●	●	●
Strong or Somewhat Strong Sense of Belonging	81.3%	●	●	●	●

Young Adult Ages 19 to 29					
Indicator	Ontario	Thunder Bay	Brant	KGO	KFL&A
Employment Rate	70.1%	●	●	●	●
Excellent or Very Good Self-rated Health	70.3%	●	●*	●	●*
Excellent or Very Good Self-rated Mental Health	68.2%	●*	●*	●	●*
Strong or Somewhat Strong Sense of Belonging	62.3%	●	●*	●	●*
NEET Rate	8.9%	●	●	●	●
Post-Secondary Educational Attainment	56.9%	●	●	●	●

+Vulnerability is determined by the Early Development Instrument (EDI), a population-level assessment of children's ability to meet developmental expectations in five general domains. The 10th percentile cut-off point for vulnerability is based on data from the Ontario Baseline assessment (Cycle 1).

++French school achievement indicators are based on results from French-language schools belonging to a French school board. They do not include results from French Immersion programs.

+++French school graduation rates are not included as they are not available by school level, and the board level includes schools outside the geographic boundaries of many SFS sites.

R/W/M indicates reading, writing, and mathematics respectively

"App": Indicates applied stream for mathematics

"Acad": Indicates academic stream for mathematics

N/A: Indicates that the data was suppressed or that the data was not able to be compared across sites

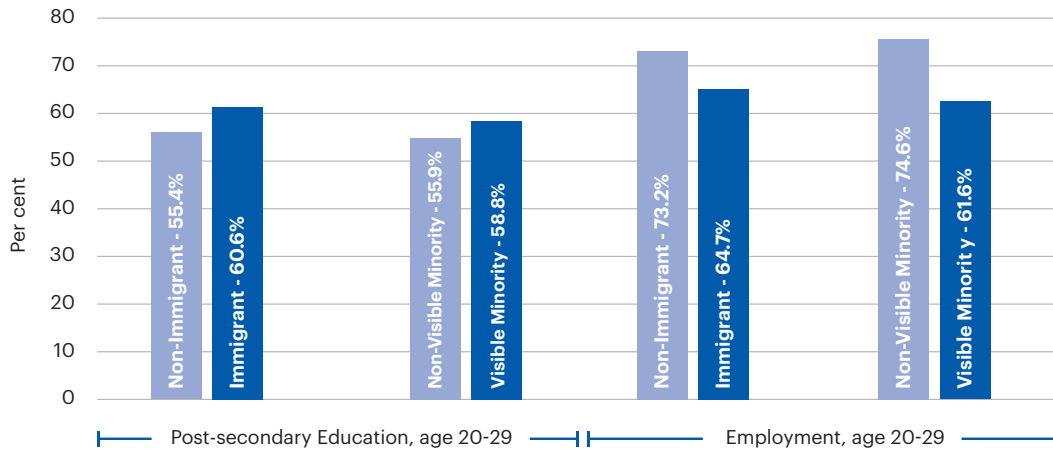
*Estimate had a coefficient variation between 15.0% and 35.0%. This indicates that it is not a very precise estimate and should be interpreted with caution.

Comparing outcomes for immigrant, racialized, Indigenous, and low-income youth

Comparing social and developmental outcomes for vulnerable youth (such as racialized, recent immigrants, Indigenous, or low-income), shows how such factors can affect important social and developmental outcomes.

Immigrants and Visible Minorities. Throughout Ontario, immigrants are more likely to have post-secondary education, and visible minorities are more likely to have post-secondary education than those who are not visible minorities. However, on average, visible minorities and immigrants have lower rates of employment. Figure 1 summarizes this for Ontario, and results were similar across all four sites. The results could indicate discrimination in hiring practices and the need for targeted employment supports for these groups. Immigrants and visible minorities may also be more likely to acquire their post-secondary education out-of-country, and their credentials may not be respected in Canada.

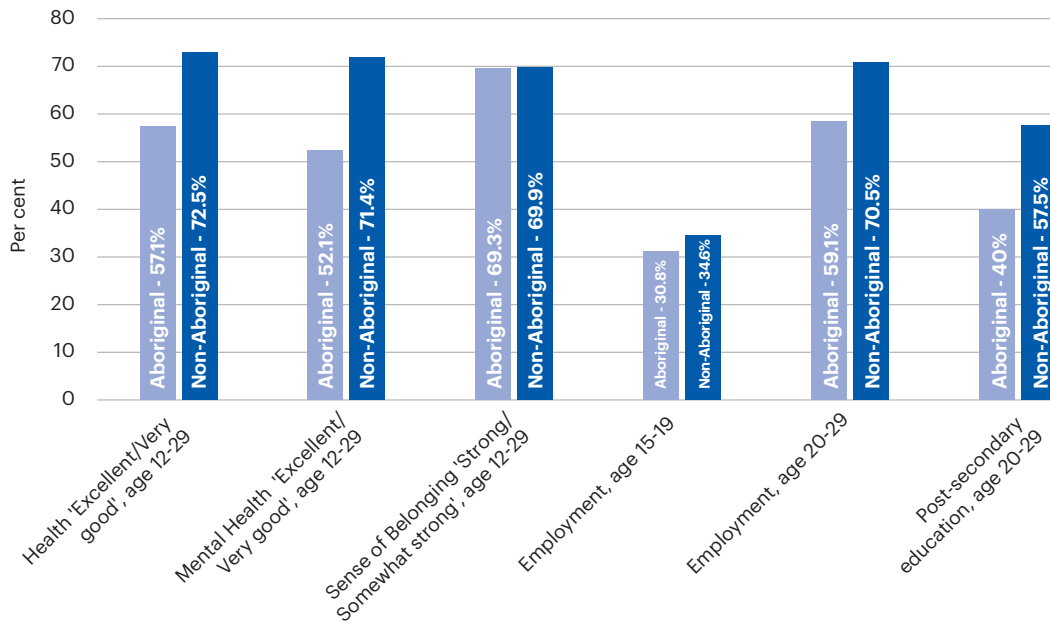
Figure 1: Immigrants and members of visible minorities are more likely to have post-secondary education, but less likely to be employed.



Indigenous groups. Indigenous people across the province were less likely to report good physical health, mental health, be employed in their teenage years or in young adulthood, and less likely to have a post-secondary education. There were no differences between Indigenous and non-Indigenous persons in terms of sense of belonging. Figure 2 below summarizes inequities faced by Indigenous persons in Ontario. The poorer state of health and well-being experienced by young Indigenous people in Ontario is cited as being a direct result of past and present policies of the Canadian government¹⁴. Policies related to residential schools, disruption of families and elimination of land and livelihood have negatively influenced social determinants of health and have had long-lasting, intergenerational impacts on the health and well-being of Indigenous people¹⁵.

Figure 2: Aboriginal persons have lower levels of health, mental health, employment and education.

Note: The term 'Aboriginal' is used here since it is the term used in the data used to construct this figure; Census 2016 and CCHS.



Income. Considerable gaps exist in each region according to income. People under the Low-Income Cut-Off (LICO) report worse outcomes in terms of physical health, mental health, and sense of belonging (see Figure 3). Those below LICO also report fewer minutes of physical activity per week (Below LICO: 420 minutes; Above LICO: 585 minutes). Furthermore, young people with low income are also less likely to be employed, or to have any post-secondary education that might give them some advantage on the job market (Figure 4). These findings point to the widespread barriers created by poverty and low-income and stress the need for supports that ensure the inclusion of low-income families.

Figure 3. Persons living in families below LICO have lower levels of physical health, mental health, and sense of belonging.

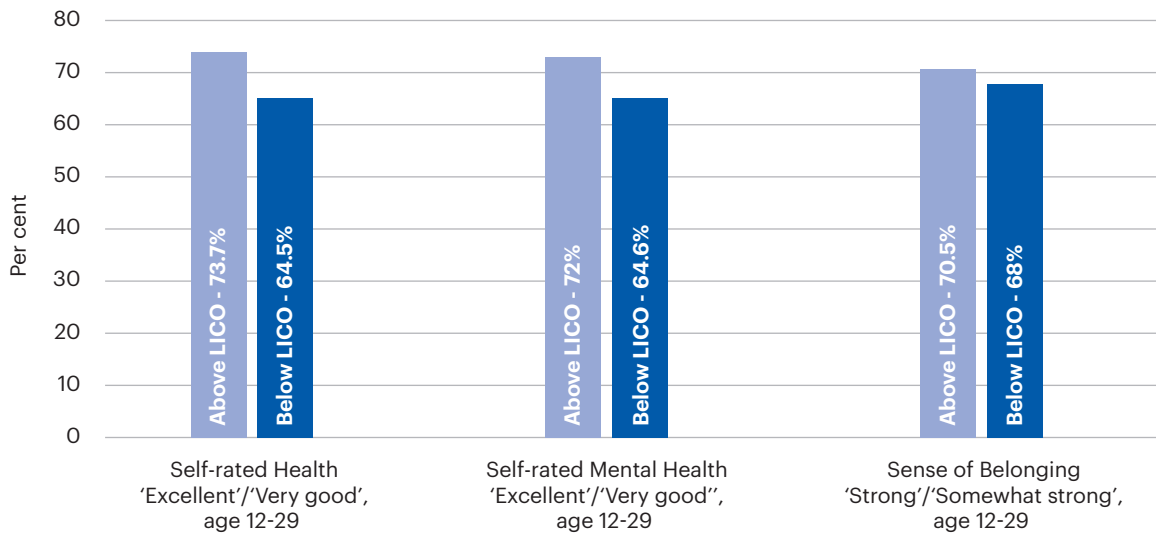
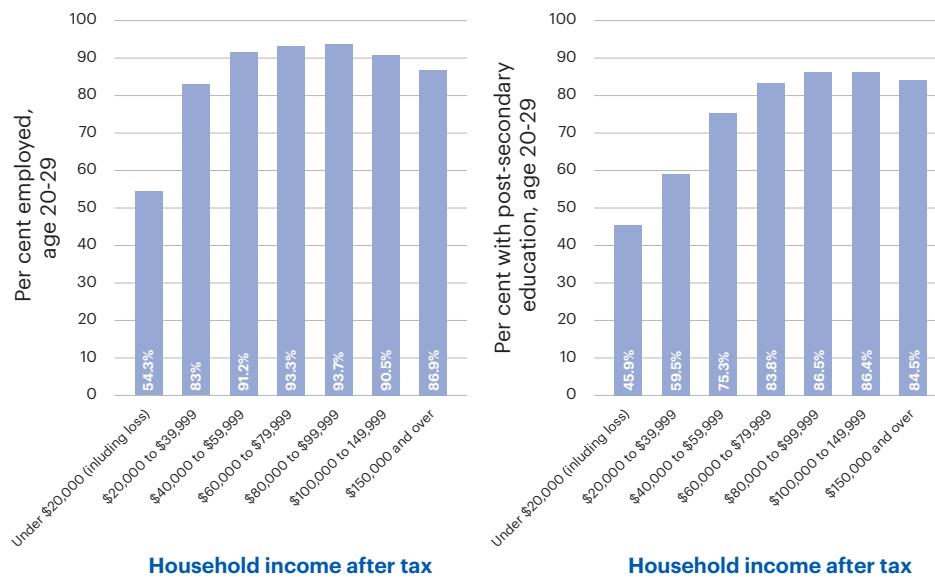


Figure 4. Youth with lower household income are less likely to be employed, and less likely to have post-secondary education.



Community Assets

Community Perspectives on Programs and Services

The perspectives of parents, youth, service providers and local leaders were shared through interviews, focus groups and consultations. The main themes of these conversations are presented below.

Community Hubs work well

People in every region agreed that the hub model (i.e. co-locating many kinds of services in a single office) works well for both service providers and service users. Parents and youth told us that having multiple services in one place helped them reduce the number of service visits required and improved their ability to get connected to the supports they need. Service providers also conveyed that service hubs helped facilitate coordination and integration, resulting in less service duplication, and better supports that are aligned to meet needs.

The hub model was especially significant for communities in rural settings who face the unique challenge of traveling long distances to reach the services they need. For those without vehicles, the distance between their homes and services is a significant barrier to accessing support.

Communities said that children and youth with complex needs benefit from the community hub model. Complex needs such as mental health and addiction issues, developmental disabilities, or experienced interactions with the justice system create a unique need that require specialized and sometimes multiple services. Families with complex needs indicated they experienced barriers in getting the array of services that they need which was often because those needs are rarely met by a single service or program. Having services that work together in one location improved their user experience immensely.

Service providers also shared that the co-location and coordination between services helped young people make transitions through different stages in their life course. They expressed that the community hub model allowed them to better prepare their clients for different stages as well as share special considerations among multiple service providers to ensure a more successful transition.

Culturally Appropriate Supports

Across all four sites, racialized and Indigenous communities emphasized the lack of culturally safe and appropriate programs and services. This has led to several inequities including a restricted political voice and institutional capacity, racism and discrimination within services and programs and limited access to culturally affirming programs and

services. Many youth and parents discussed how systemic and institutionalized racism has manifested into mistrust, and in some cases, fear of support services. As a result, racialized and Indigenous children, youth and their families are often reluctant to access available services. We need targeted approaches to reach out to racialized and Indigenous communities. Suggestions from the community included:

- Create dedicated resources and community spaces for different ethnocultural and Indigenous populations. Language programs are considered particularly important to the preservation of cultures. Such programs should be community-based, and community-driven. This means designing programs, policies and services that are developed, implemented, and evaluated by the members of the community it serves.
- Build relationship development into the system of service delivery. Strong interpersonal relationships between youth and service providers keep youth engaged in service. Building positive and healthy relationships with children, youth, and their families can help reduce mistrust and fear while increasing chances that youth get the services they need.
- Develop a more inclusive landscape by fostering culturally diverse mentors. Youth described that when they feel represented they are able to relate to programs, have better self-esteem and are more engaged. The lack of positive role models that looked like them was, in some cases, described as a reason for not accessing services. Identifying local leaders and mentors that represent the diversity of their community was therefore an important aspect of building culturally competent programming, trust, positive relationships and keeping youth engaged.

Supports During Life- Course Transitions

Children and youth can get lost when they move between different life stages. Whether a child or youth is transitioning from programs because they are aging out or because of a significant life change such as moving, exiting a secure custody facility or leaving foster care, children and youth are especially vulnerable at these times in their lives. For instance, a person can lose eligibility for a program when they turn 16, before becoming eligible for a new program. Without age-eligibilities that bridge this gap, young people can suddenly find themselves without support. There seems to be a clear opportunity to develop new programming that ensures life-course transitions happen smoothly for young people.

Community members suggested looking to what some communities have done to better serve those with developmental challenges. Within this area, transitional planning is incorporated two to seven years in advance of a child aging out from their program, making them more prepared for their next steps. Ensuring transitional supports and programming such as this can help youth engage with the adult system in advance of entering it and ensure continued support, particularly as they become more independent in adulthood. Additionally, there is a need for organizations to work collectively across life-stages as people move through the system rather than in silos, so that they can better support children and youth through difficult transitions.

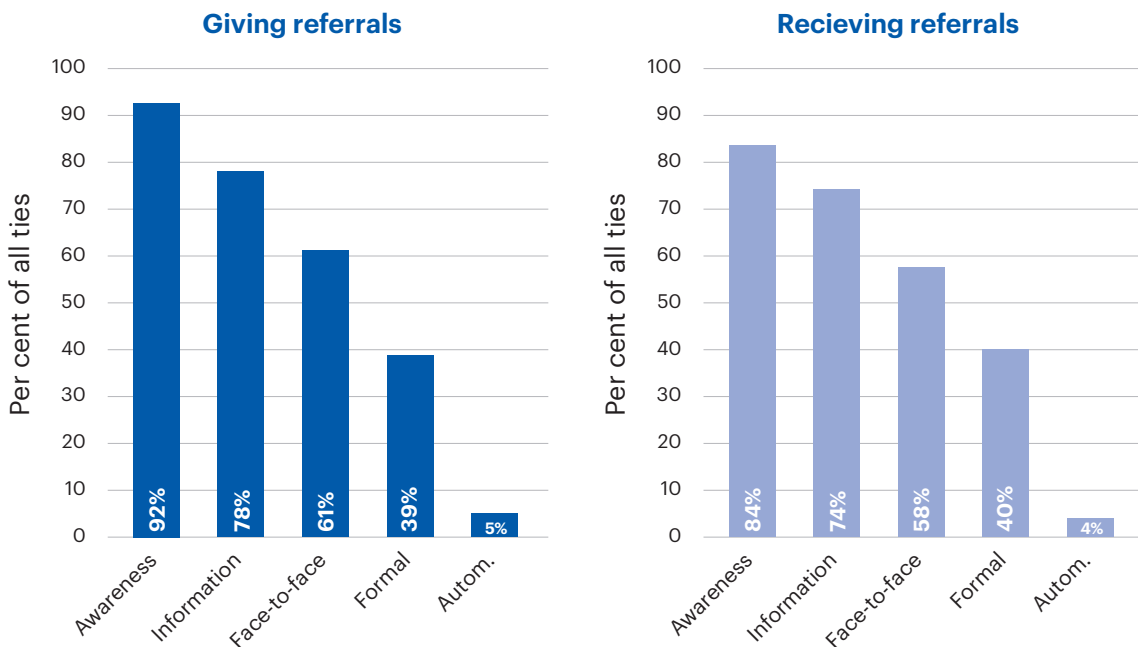
Referral Networks Between Programs and Services

When seeking services, a person will need to find their way from their first point of contact with the system to other service providers. SFS undertook a social network survey that mapped referrals between different programs and services. Our analysis, below, reveals gaps in the system of referrals.

Types of referrals between programs

In the social network survey, program and service staff listed programs that they made ‘referrals’ to by any definition of the word, and then were asked to say what kind of referral method they used. The findings of how often each referral method was used are shown in Figure 5. Creating awareness and giving information about other programs was most common. Face-to-face referrals, also known as ‘warm hand offs,’ were also relatively common, and occurred in approximately 60 per cent of cases. However, 30 per cent of referrals involved no face-to-face, formal written referrals, or automatic referrals (not shown in figure 5). In these cases, clients are made aware of the new program, but largely left to their own devices to connect with it. These ‘weak’ types of referrals are often ineffective and create gaps in continuity of service provision.

Figure 5. Informal methods of referring clients to other programs (e.g. promoting awareness) were the most common type of referral



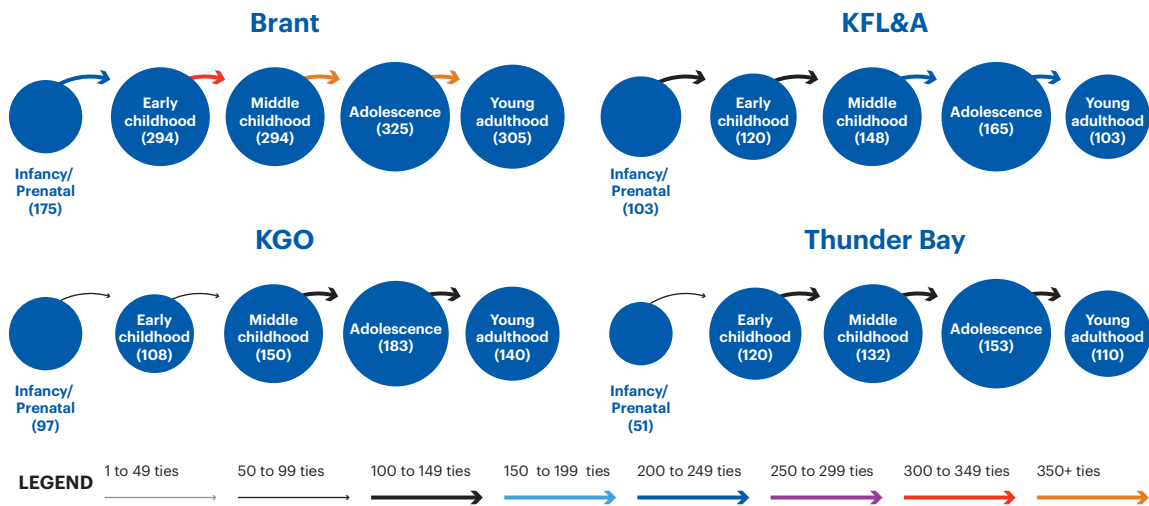
‘Awareness’ refers to providing program name and contact information.
‘Information’ refers to providing program pamphlets and videos.
‘Face-to-face’ refers to arranging face-to-face connections with new services (e.g. ‘warm hand-offs’).
‘Formal’ refers to arranging enrollment opportunities with formal/written referrals.
‘Automatic’ refers to setting up automatic sign-up, opt-out only.

Services for children and youth across the life course

For young people in need of services, continuity across the life course is key to ensuring that they are set up for success later in life. Our analysis of this ‘pipeline’ of services brings together information from the inventory of programs and services, and the social network survey. Pipelines for each region are shown in Figure 6.

A common pattern across sites was that the number of programs serving children and youth increased in adolescence, and then declined markedly in young adulthood (the exception to this seems to be Brant and KFL&A where programs seemed to be more evenly spread across the life course). The decline in programs serving young adults, compared to adolescents, may be indicative of a gap in supports. There are numerous ties from adolescence to young adulthood, appearing to create a large volume of potential clients streaming into a narrower range of services. This pattern corroborates input from communities that reported a lack of service availability at this key stage of transition. The social network survey findings together with the communities’ perspectives on this issue, strongly suggest a need for greater support services that assist with the transition from adolescence to early adulthood.

Figure 6. Pipelines of programs and services for children and youth formed by referral ties between programs



Note on reading this diagram: Size of bubbles is proportional to number of programs that serve that life-course stage. Arrows indicate number of referrals (‘ties’) between programs that serve each life-course stage. Number of programs serving each life-course stage given in brackets with in each bubble. If a program serves multiple life-course stages, it is represented in multiple bubbles, and this counts towards how well-connected the two bubbles are.

Life-course stages are as follows: Infancy and prenatal (ages 0 to 2), early childhood (ages 3 to 5), middle childhood (ages 6 to 12), adolescence (ages 13 to 18), and young adulthood (ages 19 to 29). Note that we do not encourage readers to compare these four diagrams in Figure 6 to each other, since different research teams may have had different approaches for sample recruitment.

Referrals across sectors

Collaboration between different sectors (such as childcare with the sports, arts and recreation sector), is more likely to yield innovative, holistic and effective solutions. We mapped the connections between different sectors in each project site. These maps help to point out areas of weak connectivity and areas where connectivity between sectors is strong. This is key information to guide opportunities for collaboration and partnership in collective impact. Figure 7 shows how each sector is connected to others within each region.

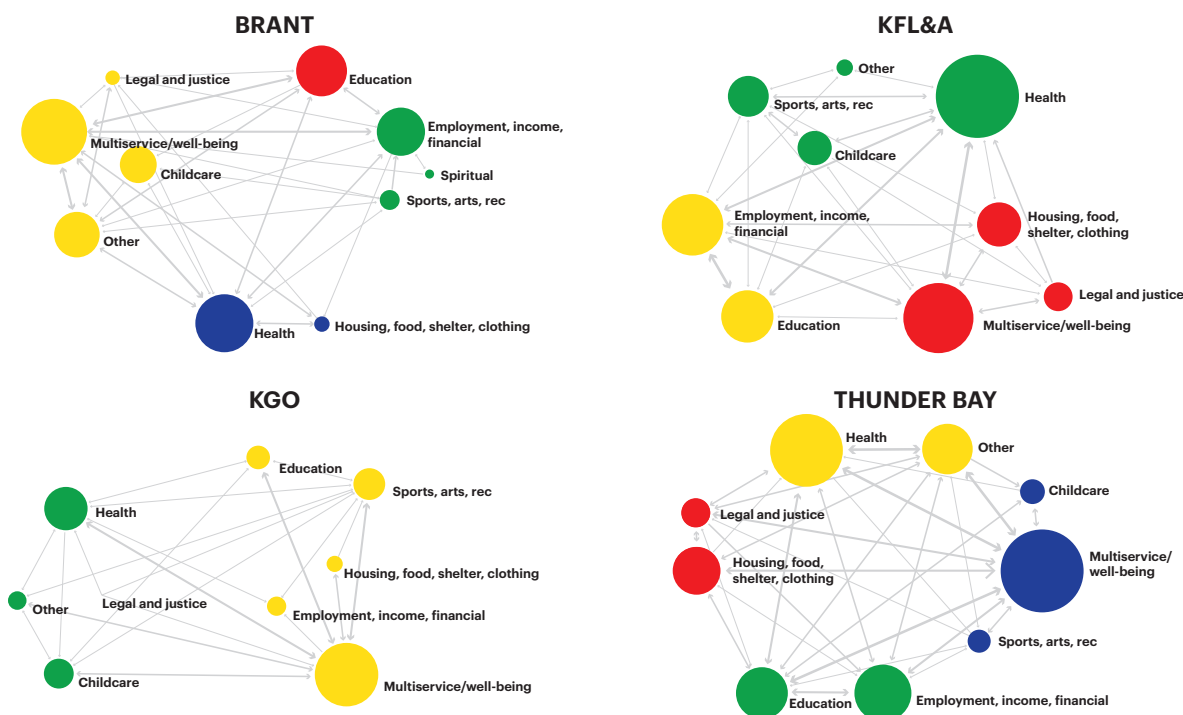
The diagrams show ‘holes’ in the connections between sectors, where a pair of sectors have very few or no ties to each other. For example, there are not many ties between health focused organizations and sports/arts/recreation organizations (with the exception of KFL&A), which is surprising given that both can improve physical wellbeing. Our findings also show that the employment sector never shared referrals with the childcare sector. The housing/food/shelter sector also never shared referrals with childcare. This highlights a missed opportunity for connections with the childcare sector. A parent who is unemployed, and needs basic support like shelter, food and clothing, is also likely to need childcare. Access to child care can be critical for finding and keeping a job, but if support services never refer clients to childcare supports, this might be challenging. The ‘holes’ in the networks are opportunities for further integration to improve access to and effectiveness of supports.

The findings also show sectors with strong connectivity. The multiservice sector is prominent in the networks of all four sites. It receives referrals from many outside organizations. Corroborating this, service providers said that the co-location of services tends to work very well for both clients and service providers. The health sector is also a large ‘connector’ in these networks, but our findings show that health and the multiservice organizations are part of distinct networks. This means that health and multiservice organizations are both highly connected, but not to each other. These findings suggest the important role of multiservice organizations and health organizations can play in future collective impact work. Each tends to be connected to different kinds of services, offering the potential to make new connections in order to build a more cohesive system.

The patterns between sectors also tells us about strengths or weaknesses in each location. For example, in Brant, KFLA, and Thunder Bay, education has strong ties to the employment sector – reflecting the role that education plays for youth transitioning into employment. This is not the case in KGO. Community members in KGO told us about a lack of communication between community organizations and schools. Not very many organizations in KGO reported receiving referrals from education-sector organizations, and those grouped under employment reported none at all. This information can be used in developing

collective impact strategies, as it reveals specific opportunities for improvement based on a community's strengths and weaknesses in inter-sectoral connectivity.

Figure 7. Networks of sectors in each of the four sites researched by Supports for Success



Notes on reading this diagram: bubbles represent 'sectors,' or specializations that organizations can have (categories created in consultation with local community partners). Organizations are grouped into bubbles based on sector. Bubbles are sized by the total number of organizations, across all other sectors, that refer clients to organizations in a bubble's sector. Thickness of ties determined by the number of ties between organizations grouped in each sector. Colour is subgroup, determined by sectors being more connected to other sectors in a subgroup than sectors outside the subgroup, thus displaying sectors that are highly interconnected to each other.

Description of Sectors: *Child care* - Early childhood centres, day care; *Education* - Schools, including elementary, secondary, and post-secondary; *Employment, Income, and Financial* - Employment centres, financial support, career planning; *Health* - Hospitals, CHCs, public health services, telemedicine; *Housing, Food, Shelter, Clothing* - Food banks, shelters, clothes; *Legal and Justice* - Police, correctional services, legal clinics; *Multiservice/wellbeing* - Multi-service hubs that offer services from across different sectors to serve multiple client needs all in one convenient location; *Spiritual* - Religious and spiritual organizations; *Sports, Arts, Recreation*: Sports leagues/clubs, theatre clubs, art galleries; *Other*: All types of programs that did not fit into the above categories, and/or had less than three organizations per sector. Depending on the site this could include public libraries, sexual assault centres, or programs for navigating the range of available programs.

Lessons Learned

The importance of multiple methods

Qualitative data allows us to hear the voices of service providers and users, grounding our interpretations in their experiences. Quantitative data, both administrative and survey data, provided us with a sense of how each community is structured. It tells us about the population, and how different sectors come together to provide services – but that is only one part of the picture. Collecting many kinds of evidence is important for thinking critically about research findings and helps to verify whether a conclusion is really warranted if it is not

supported by multiple kinds of evidence. The value of the mixed methods approach is clear, and a similar approach would enrich future community research with similar aims to affect practice and policy.

Understanding community strengths

This project aimed to identify gaps and areas of improvement, but also identify the strengths that each community has on which to build. An effective collective impact approach starts from strengths that a community already has in order to make change, rather than focusing on what it lacks. This strengths-based thinking spurs community leadership, because it affirms the knowledge, skills, and social connections that are already present – and are already making a difference. The aim should be to amplify these voices further, and provide them with more and better tools, and never hinder that work by introducing projects that fail to build upon previous success.

The Importance of Ownership, Control, Access and Possession (OCAP)

[Ownership, Control, Access and Possession \(OCAP\)](#) is a set of principles for assuring self-determination of Indigenous peoples in research. OCAP guides research so that research about Indigenous people is both by Indigenous people and for Indigenous people.

To ensure that we undertook this project in a manner that was culturally safe, we adopted OCAP principles to organize and carry out this research. In doing such, we sent drafts of community reports to all study participants in order to get input on our findings and ensure that we were offering sound interpretations of their experiences. Furthermore, we carried out community feedback sessions where we presented our findings to participants and community members. Wellesley Institute and Waakebiness-Bryce Institute for Indigenous Health also formed a strong partnership for this research project, to ensure this research was inclusive of Indigenous people and conducted in a way that made space for community self-determination, considering the historical trauma Indigenous communities have faced in the name of ‘research.’

The conventional approach to research – which does not always work with OCAP principles – has produced work that merely records Indigenous voices and allows non-Indigenous researchers to profit from their experiences. In contrast, using OCAP principles means people from Indigenous communities direct the aims and methods of the project, either entirely, or in equal partnership with people from outside those communities. We recommend the use of principles of OCAP to any and all projects whose findings might impact the lives and wellbeing of Indigenous persons in Canada.

Conclusion and Recommendations: Working Together to Make Change

Despite a widespread system of supports, the evidence shows that many children and youth are experiencing poor outcomes across Ontario. Whether it is babies missing a critical 18-month visit with their family doctor, children being flagged as ‘vulnerable’ as they enter grade 1, or a young person not succeeding in education, too many children and youth are not being supported in a way that gives them a good shot at success. For children and youth in marginalized communities, such as those that are racialized, Indigenous, low-income or recent immigrants, complex challenges and systemic barriers result in poorer outcomes than the rest of the population. We heard from community members about the support service models that worked best for them, as well as some opportunities for improvement. The success of the hub model, the need for more culturally diverse, appropriate and targeted programming, and the need for supports during life transitions were three key lessons from communities that we can learn from. Our research also showed that the service system is not as coordinated, integrated and aligned as it could be. Stronger referral methods, improvements in the continuity of services and improving connections between different service sectors could lead to dramatic improvements.

There is a strong evidence base to show that a life-course based collective impact strategy is the best approach to address some of the complex problems that lead to poor outcomes for children and youth. One of the best known and successful collective impact projects has been the Harlem Children’s Zone (HCZ), dedicated to breaking the cycle of poverty by bringing together education, community and health care organizations to set shared goals and ensure youth are seamlessly and holistically supported from cradle to career. Evaluations of this strategy have shown, impressively, that HCZ has been successful in completely closing the racial achievement gap in elementary schools and reducing it by half in middle school⁹.

In addition to collective impact being effective at improving outcomes, focusing all the players in the system on a few strategic goals will be much more effective and economically efficient than a patchwork approach to service delivery and intervention. Collective impact can close gaps in supports, prevent duplication of services and reduce waste caused by ineffective resource allocation. The life-course approach adopted by SFS will also prevent many problems children and youth face before they occur. A preventative approach will help the province save on expensive remedial measures that are necessary when children and youth become homeless, ill, or come into contact with the justice system.

Ontario has already invested in collective impact initiatives across the province. However, insufficient and inconsistent funding, and rushed time-frames leaves many initiatives without the time, resources and expertise needed to carry out the strategy to its full potential. Consequently, many projects often do not achieve the intended impact or simply fizzle out.

We need to invest in a dedicated program that develops expertise, processes and tools for collective impact, so that we can do it right in Ontario, and have a real impact on outcomes for children and youth. In order to spearhead such a program, we have the following recommendation for the province:

Building on the foundation of evidence presented in this report, develop a collective impact model by piloting a life-course based collective impact approach in Thunder Bay, Brant, KGO and KFL&A.

These pilot projects should be of sufficient length to allow for them to be properly evaluated. We believe this would be for at least three years. They should include following characteristics and activities:

1. include three levels of coordination and action:
 - between local service providers;
 - between community members (including youth and parents);
 - between funders.
2. employ a ‘cradle to career’ life-course approach and create working groups to establish shared goals at each of the five early life-stages from infancy to young adulthood.
3. include funding for service organizations to dedicate time to participating in collective impact, build the infrastructure for collective impact, develop the collective impact model and develop targeted interventions.
4. when co-developing interventions, incorporate the hub model (co-location of services), and focus on implementing culturally diverse, appropriate and targeted programing, and on improving supports during life transitions.
5. carry out a developmental evaluation process that allow us to build expertise about the best tools, processes and strategies for carrying out collective impact across different communities in the province.
6. develop a policy framework for doing collective impact effectively and efficiently in communities across the province.

Appendix A: Description of SFS Research Activities

Research Activities	Description	Purpose
Community Profiles	<ul style="list-style-type: none"> A compilation of demographic information and key indicators of social, economic, educational and health markers that are predictive of success later in life. These indicators are presented at each of the five early life-stages of development. 	<ul style="list-style-type: none"> To provide data that can offer potential direction for future initiatives, such as specific outcomes that various actors will work to improve.
Programs Inventory	<ul style="list-style-type: none"> An up to date list of programs and services that are available for children and youth in each SFS site. This inventory includes information from existing provincial databases like 211 as well as other sources. 	<ul style="list-style-type: none"> To provide a robust list of programs and services as a tool for community members and policy makers. To identify strengths in the support systems serving children and youth, as well as service sectors or life-stages that need more programs.
Social Network Analysis	<ul style="list-style-type: none"> An analysis of how programs and services are interacting with one another to refer children and youth to the supports they need. 	<ul style="list-style-type: none"> To gain an understanding of the connections between organizations that service children and youth, including referral processes and potential gaps in service connectivity across the life-course.
Interviews, Focus Groups, and Indigenous Talking Circles	<ul style="list-style-type: none"> Interviews were conducted with service providers and community leaders across all four sites. Focus groups and Indigenous Talking Circles were conducted with parents and youth across all four sites. 	<ul style="list-style-type: none"> To better understand the experiences, success strategies, and challenges of families, children, youth, and service providers. To ensure community members and users of the system have a voice in shaping policy recommendations.

Appendix B: Census Geographies

SFS Site	Census Geography
Thunder Bay	Thunder Bay (City) Census Subdivision
Brant	Brantford (City) and Brant (City) Census Subdivisions combined
KGO	Six Census Tracts Combined (5350364.01, 5350358.03, 5350358.02, 5350357.02, 5350364.02, 5350359.00)
KFL&A	Nine Census Subdivisions Combined (Kingston, Frontenac Islands, North Frontenac, Central Frontenac, South Frontenac, Loyalist, Stone Mills, Greater Napanee, Addington Highlands)

Appendix C: Indicator Rationales

Prenatal and Infancy Indicators (Ages 0-2)

Indicator	Definition	Why it is important?	Source	Limitations
Low Birth Weight (LBW)	The number of babies born with a low birth weight (less than 2.5kg, 5.5 pounds) expressed as a percentage of all live births.	A Low Birth Weight (LBW) can have both short and long-term consequences on health. LBW can influence motor and cognitive development in early childhood. It can increase the likelihood of childhood illness and the risk of chronic disease in adulthood ¹⁶ .	Public Health Ontario, 2016	This indicator is limited to live births with a known birth weight that were discharged from a hospital ¹⁷ . The indicator also does not consider gestational age or ethnicity, which may affect low birth weight rate ¹⁶ .
Rate of 18-Month Well-Baby Visit	The proportion infants (12-24 months) registered for healthcare that have received the 18-Month Well-Baby Visit	Eighteen months is a milestone in a child's development. As such, the 18-month well-baby visit is an important marker for a child's developmental progress. The visit with a physician is the last for immunizations before they enter school and is an important point for primary health care ¹⁸ .	Ministry of Health and Long-Term Care, 2016-17	This indicator only captures visits to physician that were appropriately billed/recorded ¹⁸ .

Early Childhood Indicators (Ages 3-6)

Indicator	Definition	Why it is important?	Source	Limitations
Vulnerable Physical Health/ Well-being	The proportion of Kindergarten children scoring below the 10th percentile in the Early Development Instrument (EDI), physical health and well-being domain. This domain measures physical readiness for the school day, physical independence and gross/fine motor skills ¹⁹ .	Good physical health and well-being in childhood creates the foundation for physical well-being in adolescence and adulthood. It reduces the likelihood of chronic disease, supports mental health and improves learning outcomes ²⁰ .	Ministry of Education, 2014-15 ⁸	The EDI is a is an assessment completed by a teacher (proxy-reported) and can be biased towards the teacher's knowledge of the student ²¹ . Children also develop at different rates and their ability to perform different skills can be highly dependent of factors that change on a daily basis such as level of sleep ²² .
Vulnerable in Social Competence	The proportion of Kindergarten children scoring below the 10th percentile in the EDI social competence domain. This domain measures overall social competence, responsibility and respect, approach to learning and readiness to explore new things ¹⁹ .	Social competence refers to the social, emotional, and cognitive skills that children require to interact with others. Good social skills are important for building healthy and supportive relationships, which are important for long-term mental health ²³ .	Same as above.	Same as above.
Vulnerable Language and Cognitive Development	The proportion of Kindergarten children scoring below the 10th percentile in the EDI Language and Cognitive Development domain. This domain measures basic and advanced literacy, basic numeracy and children's interest in literacy, numeracy and memory ¹⁹ .	Literacy and numeracy are essential skills for all. Development of these skills in early life provides a foundation for future literacy and numeracy skills. These skills are also important for current and future educational achievement ²⁴ .	Same as above.	Same as above.

g A special request was required for KGO. The data was requested through the Offord Centre for Child Studies.

Vulnerable Communication Skills and General Knowledge	The proportion of Kindergarten children scoring below the 10th percentile in the EDI communication skills and general knowledge domain. This domain measures ability to communicate, storytelling ability, language proficiency, general knowledge ¹⁹ .	Good communication skills and general knowledge are important for understanding and being understood by others. These skills are important for social relationships as well as academic achievement ²⁵ .	Same as above.	Same as above.
Vulnerable Emotional Maturity	The proportion of Kindergarten children scoring below the 10th percentile in the EDI emotional maturity domain. This domain measures prosocial and helping behaviour, anxious and fearful behaviour, aggressive behaviour and hyperactivity/inattentive behaviour ¹⁹ .	Positive emotional development can help children to manage their behaviour, deal with their feelings and respond to the feelings of other in an appropriate way. It lays the foundation for strong coping and social skills ²⁶ .	Same as above.	Same as above.

Middle Childhood Indicators (Ages 6-12)

Indicator	Definition	Why it is important?	Source	Limitations
Grade 3 School Achievement for English School Boards	The proportion of English-speaking Grade 3 students who meet the provincial standard in reading/writing/math. To meet the provincial standard, students must score at a level 3 or above on the provincial-wide Education and Accountability Office (EQAO) assessment ²⁷ .	Achievement of provincial standards in education (EQAO) indicate the possession of core reading, writing, math skills. These skills are the foundation for success in further learning and in life beyond school ²⁸ .	Education Quality and Accountability Office (EQAO), 2016-17	The EQAO is a standardized assessment. As such, it may not be culturally or linguistically relevant to all students. Students also have different learning styles and standardized assessments may not engage students or provide them with the opportunity to demonstrate their knowledge and skills in a way that works best for them ^{29 30} . It is also important to note that standardized assessments are only one measure of educational achievement. To better understand educational achievement, it is important to look at other education indicators as well ²⁸ .
Grade 3 School Achievement for French Schools	The proportion of French-speaking Grade 3 students who meet the provincial standard in reading/writing/math. To meet the provincial standard, students must score at a level 3 or above on the provincial-wide EQAO assessment ²⁷ .	Same as above.	Same as above.	Same as above.
Grade 6 School Achievement for English School Boards	The proportion of English-speaking Grade 6 students who meet the provincial standard in reading/writing/math. To meet the provincial standard, students must score at a level 3 or above on the provincial-wide EQAO assessment ³¹ .	Same as above.	Same as above.	Same as above.
Grade 6 School Achievement for French Schools	The proportion of French-speaking Grade 6 students who meet the provincial standard in reading/writing/math. To meet the provincial standard, students must score at a level 3 or above on the provincial-wide EQAO assessment ³¹ .	Same as above.	Same as above.	Same as above.

Measles Immunization Coverage	The proportion of children aged 7 who have received the recommended number of doses of the measles vaccine ³² .	Children are at the highest risk of disease and severity of illness, and most vaccine-preventable diseases have an age-dependent risk of complications ³² . Vaccinations help prevent both the morbidity and mortality associated with disease and contributes to herd immunity in a population by preventing transmission ³³ .	Public Health Ontario, 2015-16 ^b	Children outside the public/private school system (e.g. home-schooled, dropped out) are under-represented ³² .
Quadrivalent meningococcal conjugate (MCV4) Immunization Coverage	The proportion of children aged 12 who have received the recommended number of doses of the MC4 vaccine ³² .	Same as above.	Same as above.	Same as above.

Adolescence Indicators (Ages 13-18)

Indicator	Definition	Why it is important?	Source	Limitations
Grade 9 School Achievement for English School Boards	The proportion of English-speaking Grade 9 students who meet the provincial standard in academic or applied mathematics. To meet the provincial standard, students must score at a level 3 or above on the provincial-wide EQAO assessment ³⁴ .	Achievement of provincial standards in the grade 9 EQAO assessment indicates understanding of mathematical concepts and possession of problem-solving and critical thinking skills. These skills are the foundation for success in further learning and in life beyond school ³⁴ .	Education Quality and Accountability Office (EQAO), 2016-17	The EQAO is a standardized assessment. As such, it may not be culturally or linguistically relevant to all students. Students also have different learning styles and standardized assessments may not engage students or provide them with the opportunity to demonstrate their knowledge and skills in a way that works best for them ^{29, 30} . It is also important to note that standardized assessments are only one measure of educational achievement. To better understand educational achievement, it is important to look at other education indicators as well ²⁸ .
Grade 9 School Achievement for French Schools	The proportion of French-speaking Grade 9 students who meet the provincial standard in academic or applied mathematics. To meet the provincial standard, students must score at a level 3 or above on the provincial-wide EQAO assessment ³⁴ .		Same as above.	Same as above.
Grade 10 School Achievement for English School Boards	The proportion of first-time, eligible English-speaking Grade 10 students who meet the provincial standard on the Ontario Secondary School Literacy Test (OSSLT). To meet the provincial standard, students must score 300 or above on a scale of 200-400 ³⁵ .	Achievement of provincial standards on the OSSLT indicates students are able to understand and interpret information, connect and order ideas, and develop main ideas with supporting detail. These skills are the foundation for success in further learning and in life beyond school ³⁵ .	Same as above.	Same as above.

- h A special request was required for KGO. The data was requested from Toronto Public Health and the indicator is immunization compliance, rather than immunization coverage. Immunization compliance is the proportion of children who are known to be complete for age for vaccination against the specific diseases.

Grade 10 School Achievement for French Schools	The proportion of first-time, eligible French-speaking Grade 10 students who meet the provincial standard on the OSSLT. To meet the provincial standard, students must score 300 or above on a scale of 200-400 ³⁵ .	Same as above.	Same as above.	Same as above.
5-Year Graduation Rate by English School Board	The proportion of students that graduate with a secondary school diploma within 5 years of starting grade 9.	Secondary school is important for building adolescents' knowledge, skills and ambition. A secondary school diploma provides adolescents with the opportunity to pursue post-secondary education – something that is increasingly required for jobs in today's labour market ³⁶ .	Ministry of Education, 2015-16	No known limitations.
Employment Rate	The proportion of adolescents aged 15-19 who are employed (i.e. actively in the workforce).	Among adolescents, moderate and steady employment can help to improve self-efficacy, build social skills/capital and develop self-regulation skills ³⁶ . There is also strong evidence that employment has positive benefits for health and mental health, including depression ³⁷ .	Census, 2016	Census data undercounts certain groups such as the homeless, young adults and Indigenous groups, including those living on reserves. In censuses, some people are not counted, while others are counted more than once. This can result in net under-enumeration ³⁸ .
Self-Rated Health	The proportion of adolescents aged 12-19 who self-rate their health as excellent or very good.	Self-rated health can be good reflection of actual health ³⁹ . Healthy young people are more likely to participate in opportunities that support their cognitive, social and physical development. Health in adolescence is also associated with health in adulthood ³⁶ .	Canadian Community Health Survey (CCHS), 2015-16	There CCHS does not include certain population groups including people living on reserves or Crown lands, people who are homeless, full time members of the Canadian Armed Forces and residents of certain remote regions ²¹ . The ability to generate stable/precise estimates for children and youth also depends on prevalence of the indicator being examined ²¹ .
Physical Activity	The median amount of minutes youth aged 12-17 spent in moderate-to-vigorous physical activity.	Physical activity supports optimal growth and development. Youth who participate in regular physical activity are more productive, focused at school, and tend to have improved academic achievement ³⁶ .	Same as above.	Same as above.
Self-Rated Mental Health	The proportion of adolescents aged 12-19 who self-rate their mental health as excellent or very good.	Adolescents who are mentally healthy are more likely to be resilient and overcome any challenges and difficult transitions they may experience. They are more likely to perform well at home, school and community and good mental health in adolescence is associated with good mental health in adulthood ⁴⁰ .	Same as above.	Same as above.
Sense of Belonging	The proportion of adolescents aged 12-19 who self-rate their sense of belonging to their local community as very strong or somewhat strong.	When young people feel like they belong, they are more likely to engage in their communities and participate in social/recreational activities. A sense of belonging helps adolescents build a strong sense of self and promotes feelings of inclusion and acceptance ³⁶ .	Same as above.	The same limitations apply as above. Note for sense of belonging: the term "local community" implies sense of belonging to one's geographic community. However, there are many different types of communities for which sense of belonging is important and one's sense of belonging to these communities may differ (e.g. ethnocultural community, organizational community) ⁴⁰ .

Young Adult Indicators (Ages 19-25)

Indicator	Definition	Why it is important?	Source	Limitations
Employment Rate	The proportion of young adults aged 20-29 who are employed (i.e. actively in the workforce).	Evidence indicates that employment contributes to young people's sense of identity, purpose and social connectedness ³⁶ . Employment provides young adults with income and is important for financial security ⁴¹ . It also has positive effects on health and mental health ³⁶ .	Census, 2016	Census data may undercount certain groups such as the homeless, young adults, or Aboriginal people on reserves. In censuses, some people are not counted, while others are counted more than once. This can result in net under-enumeration ³⁸ .
Self-Rated Health	The proportion of young adults aged 20-29 who self-rate their health as excellent or very good.	Self-rated health can be good reflection of actual health. It is associated with morbidity and mortality and is also predictive of help-seeking behaviours and use of health services that help to protect, maintain and restore health ³⁹ .	Canadian Community Health Survey (CCHS), 2015-2016	There CCHS does not include certain population groups including people living on reserves or Crown lands, people who are homeless, full time members of the Canadian Armed Forces and residents of certain remote regions ²¹ . The ability to generate stable/precise estimates for children and youth also depends on and prevalence of the indicator being examined ²¹ .
Self-Rated Mental Health	Proportion of young adults aged 20-29 who self-rate their mental health as excellent or very good.	Good mental health can help young adults cope with the unique challenges they may experience in this life-stage such as the transition out of education and into employment. It is important for enjoyment of life and enables young adults to work productively and contribute to their community ⁴² .	Same as above.	Same as above.
Sense of Belonging	Proportion of young adults aged 20-29 who self-rate their sense of belonging to their local community as very strong or somewhat strong.	A sense of belonging is associated with feelings of inclusion acceptance. When young adults feel like they belong they are more likely to participate and contribute to their community. Sense of belonging is also important for community connectedness, cohesion and safety ³⁶ .	Same as above.	The same limitations apply as above. Note for sense of belonging: the term "local community" implies sense of belonging to one's geographic community. However, there are many different types of communities for which sense of belonging is important and one's sense of belonging to these communities may differ (e.g. ethnocultural community, organizational community) ⁴⁰ .
Post-Secondary Educational Attainment	Proportion of young adults aged 20-29 who have a post-secondary certificate, diploma or degree.	People with higher education tend to be healthier than those with lower educational attainment. Higher education can lead to more employment opportunities and influences one's income, employment security and working conditions – all of which are important determinants of health and well-being ⁴¹ .	Census, 2016	Census data may undercount certain groups such as the homeless, young adults, or Aboriginal people on reserves. In censuses, some people are not counted, while others are counted more than once. This can result in net under-enumeration ³⁸ .
NEET Rate	The proportion of youth aged 15-24 who are not in education, employment or training (i.e. the proportion of non-student youth who are not in the labour force).	It is important for youth to have successful transitions from education to employment. Successful transitions indicate youth are engaged and connected to school and work ⁴³ . Successful transitions help to promote positive labour market experiences and allow youth to utilize and invest in their human capital ^{44 45} .	MCYS Data, 2016	The NEET rate does not include youth who are institutionalized or who live on First Nations reserves ³⁶ .

Appendix D: Geographies Available for Analysis

Indicator	Thunder Bay	Brant	KGO	KFL&A
Low Birth Weight	Thunder Bay District Health Unit	Brant County Health Unit	Toronto Public Health Unit	KFL&A Public Health Unit
18 Month Well Baby Visit	Thunder Bay (City) Census Subdivision	Brant and Brantford Census Subdivisions	KGO Census Tracts	KFL&A Census Subdivisions
EDI Indicators	Thunder Bay Census Division	Brant Census Division	KGO Census Tracts	Frontenac and Lennox & Addington Census Divisions
School Achievement	Schools and School Boards in Thunder Bay	Schools and School Boards in Brant	Schools in KGO	Schools and School Boards in KFL&A
Immunization Coverage	Thunder Bay District Health Unit	Brant County Health Unit	Schools in KGO	KFL&A Public Health Unit
Graduation Rates	School Boards in Thunder Bay	School Boards in Brant	Schools in KGO	School Boards in KFL&A
Employment Rates	Thunder Bay (City) Census Subdivision	Brant and Brantford Census Subdivisions	KGO Census Tracts	KFL&A Census Subdivisions
Self-Rated Health	Thunder Bay District Health Unit	Brant County Health Unit	Toronto Public Health Unit	KFL&A Public Health Unit
Physical Activity	Thunder Bay District Health Unit	Brant County Health Unit	Toronto Public Health Unit	KFL&A Public Health Unit
Self-Rated Mental Health	Thunder Bay District Health Unit	Brant County Health Unit	Toronto Public Health Unit	KFL&A Public Health Unit
Sense of Belonging	Thunder Bay District Health Unit	Brant County Health Unit	Toronto Public Health Unit	KFL&A Public Health Unit
Post-Secondary Educational Attainment	Thunder Bay (City) Census Subdivision	Brant and Brantford Census Subdivisions	KGO Census Tracts	KFL&A Census Subdivisions
NEET Rate	Thunder Bay Census Metropolitan Area	Brantford Census Metropolitan Area	Toronto Census Metropolitan Area	Kingston Census Metropolitan Area

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