

Community Report

# Brantford and Brant County



# Supports for Success

A project of [Wellesley Institute](#)

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**Acknowledgment of Traditional Land**

We would like to acknowledge this sacred land on which Supports for Success has been hosted. \_\_\_\_\_

Brantford and Brant County are situated on the traditional land of the Neutral, Anishnabek Nation, and Haudenosaunee Confederacy. Today, Brantford and Brant County are home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this territory.

We would also like to recognize the contributions that all First Nations, Métis and Inuit peoples have made in building and strengthening this community.

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## Introduction

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

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

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

For instance, in Brantford and Brant County there is a wide and integrated set of services that support families, children and youth throughout their life-stages. Despite these investments 10.5 per cent of youth in Brantford and Brant County were not in education, employment or training (NEET)<sup>1</sup> and 37.7 per cent of Brantford’s children (29.1 per cent in Brant County) were entering school with low scores on Early Developmental Indicators such as physical health and well-being, communication skills and cognitive development in 2015<sup>2</sup>.

Low EDI scores when entering school and NEET rates in adolescence are known indicators of poverty,<sup>3</sup> and in Ontario more than 30 per cent of children and youth living in poverty are from vulnerable populations such as Indigenous groups and racialized backgrounds<sup>4</sup>.

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

### Improve coordination

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

## Create a continuum of care

Another important strategy is to focus on a healthy start to life and then ensure that supports are created to address the needs of people at critical periods throughout their development<sup>5</sup>. 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. Evidence strongly suggests that a life-course approach to child and youth development will help bridge gaps at key transitional stages and lead to healthier and more successful adults<sup>6</sup>. Examples of this include ‘Cradle to Career’ support models and programs that span from infancy through to young adulthood, such as [Harlem Children’s Zone](#) in Harlem, NY.

## Increase access points

Another strategy is to have a diverse group of supports and services to ensure different points of access and to reflect the complexities of communities. The Mental Health Commission of Canada has shown that programs and services that are culturally-adapted and reflect diversity produce better outcomes for clients and increase overall program satisfaction<sup>7</sup>.

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

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

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

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

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

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

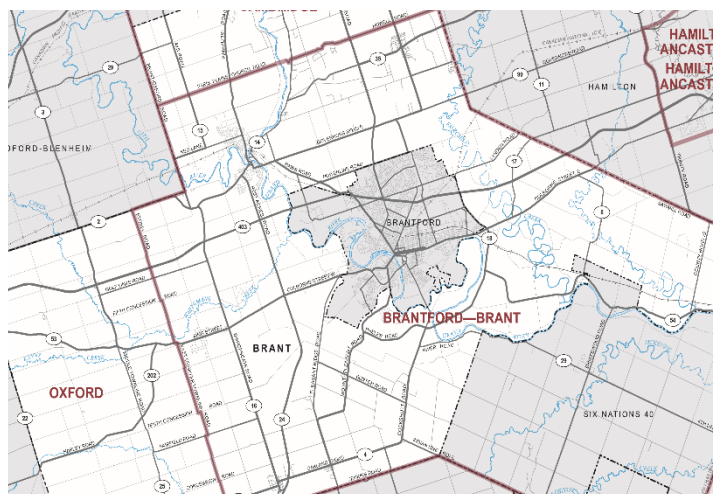
**Table 1. Description of SFS research activities**

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

## Brantford and Brant County Community Profile

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

**Figure 1. Map of Brant County electoral district. Source: Elections Canada online, Maps of Ontario**



## Historical context

Brantford and Brant County are located 60 miles west of Toronto and 30 minutes north of Lake Erie. The City of Brantford has a population of 98,874 and County of Brant has population of 36,707. The City of Brantford is encircled by the County of Brant. Both communities have seen rapid growth in certain areas as people move out of Toronto and the Golden Horseshoe in search of more affordable housing and less hectic lifestyles. The area is noted for excellent recreational opportunities, including the Grand River, and proximity to larger communities such as Hamilton, London, Kitchener and Toronto (GTA). A new chapter in the history of Brantford began in 1999 with the opening a campus of Wilfrid Laurier University. By 2015 there were 2,625 full-time students. Recently, Conestoga College has announced an expansion to Brantford that will see several thousand students attending programs in Brantford.

Indigenous peoples have a long history in both Brantford and Brant County. The Iroquoian-speaking Attawandaron, known in English as the Neutral Nation, lived in the area before the 17th century. In 1784, Captain Joseph Brant and Haudenosaunee people settled in the area. After the American War of Independence millions of acres of their land was lost to the upstate New York, becoming American territory<sup>8</sup>. As a result of this loss and as a reward for their loyalty to the British Crown, they were granted a portion of land, referred to as the Haldimand Tract, on the Grand River<sup>9</sup>. The original Mohawk settlement was on the south edge of the present-day city at a location favourable for landing canoes. Brantford's crossing (or fording) of the river gave the original name to the area: Brant's ford. Today, both Brant County and Brantford are home to a large First Nation, Métis and Inuit population.

## Demographics

Demographic characteristics of Brantford and Brant County, as well as differences in characteristics between Brantford and Brant County are important to consider when planning for collective impact.

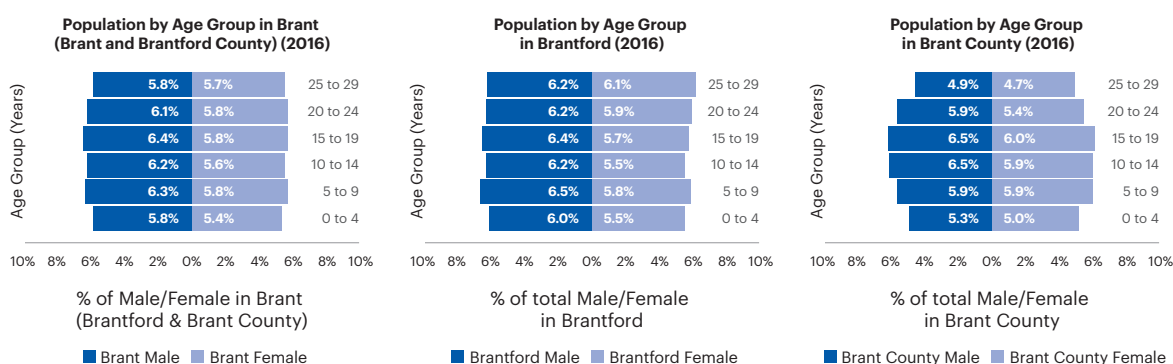
All demographic information presented here is derived from the 2016 Census<sup>10</sup>. Information was collected for Brantford and Brant County census subdivisions (CSD) and in consultation with local staff was combined to represent the region of Brant. Below we present demographic data for Brant and highlight the demographic variation between Brantford and Brant County.

Note that in this report, the term Brant will be used to refer to Brantford CSD and Brant County CSD combined. Brant is the primary geography for which all data was analyzed, unless specified otherwise.

## Age Demographics

Brant’s child and youth population makes up 36.6 per cent and 34.1 per cent of the male and female populations in the region, respectively. The population is evenly spread out across child and youth age groups in the region of Brant for both males and females. Brantford has a similar distribution to the region of Brant, however, in Brant County more of the child and youth population is concentrated in the 10-14 and 15-19 age groups. Noting the larger middle year and adolescent population in Brant County may be important in addressing prevalent health and social issues in specific life-stages.

**Figure 2. Population pyramids for children and youth in Brant, Brantford and Brant County using 2016 Census data**



## Income and Basic Needs

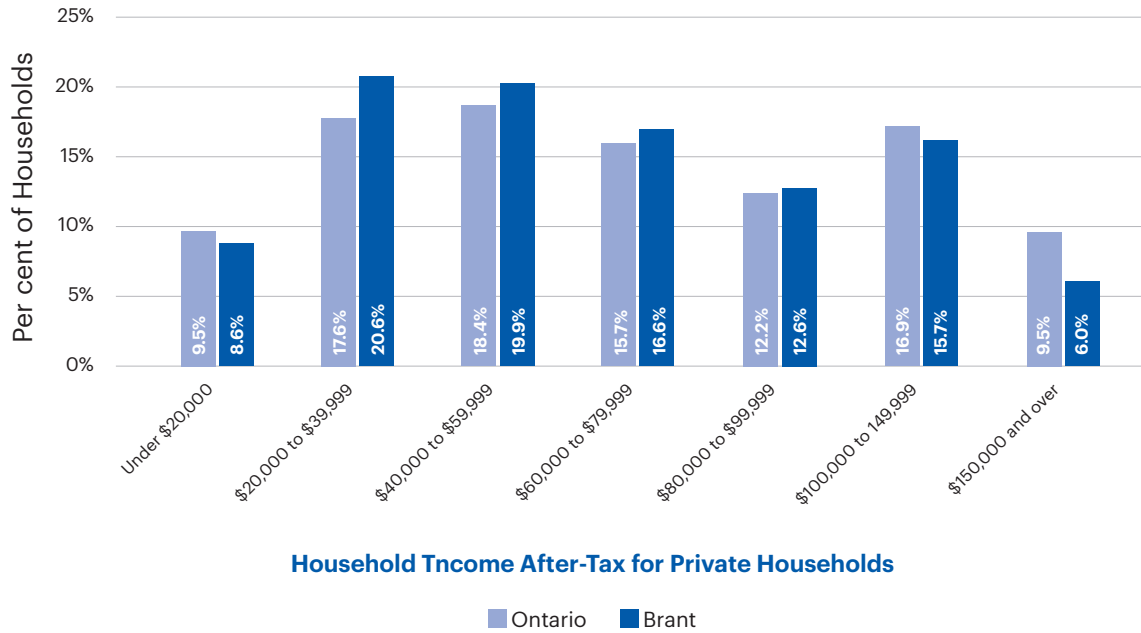
Poverty is an important issue in the region of Brant. In 2015, 8.6 per cent of households (4,515 households) had an after-tax income of less than \$20,000 per year. Moreover, 17.4 per cent (4,945 children and youth) of children and youth aged 0-17 were living in low income households, using the Low-income measure, after tax (LIM-AT) as a measure of low income<sup>a</sup>.

The per cent of children and youth aged 0-17 living in low income households varies significantly by sub-region. Brantford has more than two times as many children and youth living in low income households (20.8 per cent) compared to Brant County (8.1 per cent). It also has a higher per cent of children and youth living in low income households when compared to the province (18.4 per cent). This is important to consider when thinking about access to and affordability of programs and services in Brant region.

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



**Figure 3. Percentage of households in \$20,000 income groupings in the region of Brant versus Ontario using 2016 Census data**



### Visible Minority<sup>b</sup> Populations

In 2016, 7.8 per cent (10,240 people) of the population in the region of Brant identified as part of a visible minority group, nearly 22 per cent lower than Ontario (29.3 per cent). The top three visible minority groups in the region of Brant are those who identify as South Asian origin (3,310 people), Black<sup>c</sup> (2,235 people), and Southeast Asian origin (1,070 people). Brantford is much more diverse than Brant County. Nearly 10 per cent of the population in Brantford identifies as a visible minority whereas only 2.2 per cent of the population in Brant County identifies as a minority.

Four per cent of the population in Brant speaks a non-official language most often at home (i.e. a language other than English or French). Echoing the visible minority trends, Brantford has a more diverse speaking population compared to Brant County. In Brantford, 4.9 per cent of the population speak a language other than English or French in the home with the most common languages being Punjabi (945 people), Polish (585 people) and Vietnamese (470

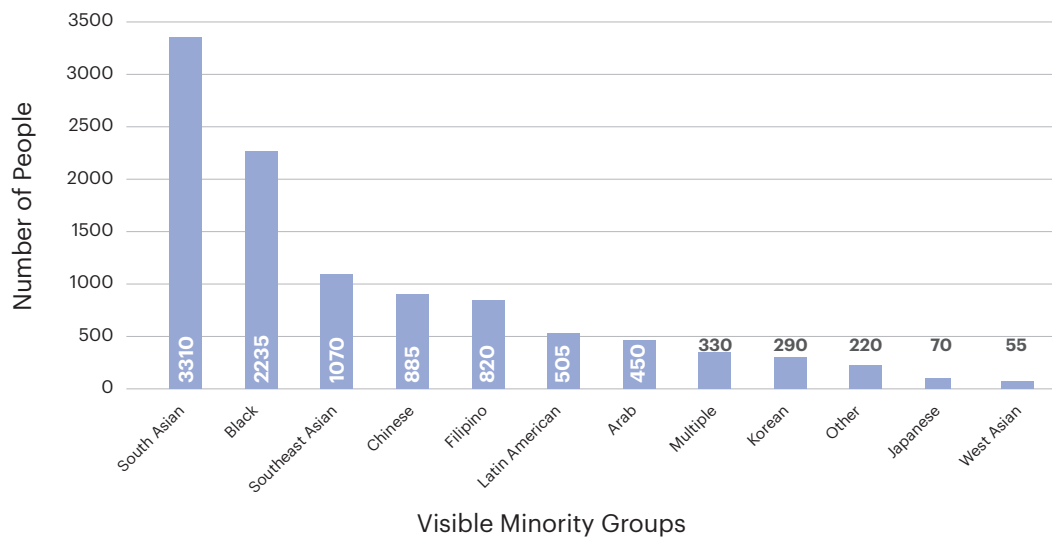
<sup>b</sup> The term “visible minority” is used throughout this report as this is the terminology utilized in the Census 2016. However, Wellesley Institute recognizes that this term does not capture the complexity of discrimination experience based on racialization and needs to be replaced by a more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

<sup>c</sup> 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.

people). In Brant County, 1.6 per cent speak a non-official language most often at home, with the most common languages being Polish (80 people), Portuguese (60 people) and Dutch (50 people).

Less than 1.0 per cent of the population in Brant region speaks French most often at home (0.2 per cent). In Brantford, 0.3 per cent of the population speaks French most often at home (245 people) and in Brant County, 0.2 per cent of the population speaks French most often at home (55 people).

**Figure 4. Visible minority populations in the region of Brant using 2016 Census data**

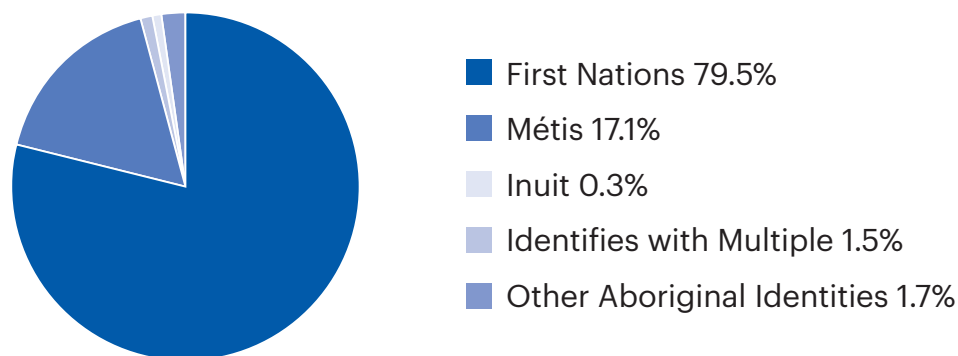


## Indigenous Identity<sup>d</sup>

According to the 2016 Census, 4.8 per cent of the population in the region of Brant identified as Indigenous. While this is greater than the 2.8 per cent that identify across Ontario, there are significant concerns regarding data limitations for Indigenous communities. For instance, there is evidence that the Canadian Census underestimates the number of Indigenous people in Toronto by an estimated factor of two to four<sup>11</sup>. Quality issues as well as issues of undercounting leave us without accurate data on Indigenous communities. As a result, the data that currently exists in Ontario provides us with little understanding of the size of the Indigenous population in the region of Brant as well as the status of important health, economic and employment indicators we have collected in this report.

<sup>d</sup> While the term “Indigenous” is used throughout this report as it is the preferred term, we note that the data source for the above demographic data is termed Aboriginal identity as per the 2016 Census.

**Figure 5. Distribution of identities for Aboriginal identifying individuals in the region of Brant using 2016 Census data**



Indigenous identity varies by sub-region in Brant. A larger per cent of the population in Brantford identifies as Indigenous (5.6 per cent; 5,395 people) compared to Brant County (2.6 per cent, 935 people). Brantford has a larger per cent of the Indigenous population identifying as First Nations (81 per cent in Brantford, 72 per cent in Brant County), whereas a larger per cent identifies as Métis in Brant County (25 per cent in Brant County, 16 per cent in Brantford).

The differential distribution of Indigenous identities across Brantford and Brant County can inform the provision of culturally appropriate services and should guide the inclusion of more culturally appropriate supports and access to lands for ceremony.

### Activity Limitation<sup>e</sup>

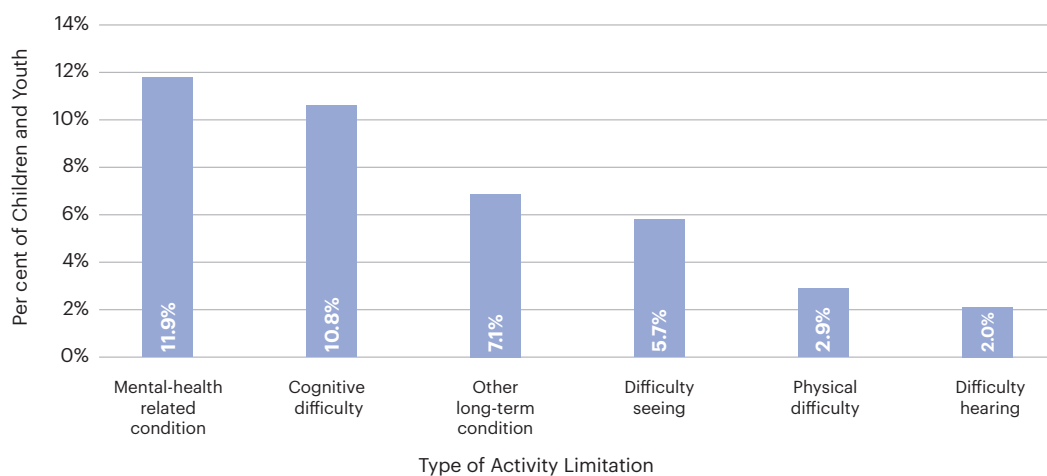
In Brant 5.7 per cent of children and youth aged 0-29 report difficulty seeing and 2.0 per cent report difficulty hearing, even with the use of aids such as glasses, contacts or hearing aids. Approximately 3.0 per cent of children and youth report difficulty engaging in physical activity such as walking or using their hands, and 10.8 per cent have difficulty learning, remembering or concentrating. In addition, 11.9 per cent report having an emotional, psychological or mental health condition (e.g. anxiety or depression) and 7.1 per cent report having another health problem or long-term condition, all of which may limit the kinds of activity they can engage in at home, school, work or other leisure activities.

Children and youth in Brantford are more likely to report an activity limitation, across all measures compared to children and youth in Brant County. For example, 6.4 per cent of children and youth in Brantford have difficulty seeing, compared to 3.6 per cent of children

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

and youth in Brant County, and 13.2 per cent of children and youth report having an emotional, psychological or mental health condition in Brantford, compared to 8.2 per cent in Brant County.

**Figure 6. Percentage of children and youth aged 0-29 who report an activity limitation in Brant using 2016 Census data**



## Social and developmental indicators

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

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

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

We present the success indicators for Brant alongside the provincial average. This will allow comparison and can help highlight opportunities for growth and improvement in the region. The threshold for comparison was selected by Wellesley staff to be one or more per cent above

or below the province. As whole, the community profile provides an informative snapshot of children and youth’s well-being across the life-stages in Brant.

**Table 2. Comparing social and developmental indicators in the region of Brant 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	Definition	Brant	Ontario	Compared to Province
Low birth weight	% of babies born <2.5 kg (5.5, pounds), regardless of gestational age per 100 live births	5.9%	6.8%	●
Rate of 18-Month Well-baby visit	% of children registered for healthcare that have been assessed by a physician for key areas of development	47.6%	54.7%	●
Early Childhood				
Ages 3 to 5				
Indicator	Definition	Brant	Ontario	Compared to Province
Vulnerable in Physical Health / Well-being+	% of Kindergarten children scoring below the 10th percentile for physical health/well-being	22.1%	16.1%	●
Vulnerable in Social Competence+	% of Kindergarten children scoring below the 10th percentile for social development	11.9%	10.7%	●
Vulnerable in Language/ Cognitive Development+	% of Kindergarten children scoring below the 10th percentile for cognitive development	8.5%	6.7%	●
Vulnerable in Communication Skills/General Knowledge+	% of Kindergarten children scoring below the 10th percentile for communication skills	12.6%	10.2%	●
Vulnerable in Emotional Maturity+	% of Kindergarten children scoring below the 10th percentile for emotional development	13.5%	12.3%	●
Middle Childhood				
Ages 6 to 12				
Indicator	Definition	Brant	Ontario	Compared to Province
Grade 3 School Achievement for English School Boards	% of Grade 3 students in English school boards that have achieved the provincial average in reading, writing and mathematics assessments	R: 67%	R: 76%	●
		W: 65%	W: 76%	●
		M: 52%	M: 64%	●
Grade 3 School Achievement for French Schools++	% of Grade 3 students in French schools that have achieved the provincial average in reading, writing and mathematics assessments	R: 50%	R: 84%	●
		W: 50%	W: 80%	●
		M: 33%	M: 78%	●
Grade 6 School Achievement for English School Boards	% of Grade 6 students in English school boards that have achieved the provincial average in reading, writing and mathematics assessments	R: 76%	R: 83%	●
		W: 71%	W: 81%	●
		M: 42%	M: 51%	●
Grade 6 School Achievement for French Schools++	% of Grade 6 students in French schools that have achieved the provincial average in reading, writing and mathematics assessments	R: 94%	R: 93%	●
		W: 94%	W: 85%	●
		M: 100%	M: 83%	●
Measles Immunization Coverage	% of 7 year old children at school who received required ≥2 doses of the measles vaccine or are exempt for evidenced immunity	95.3%	91.8%	●
Meningococcal Immunization Coverage	% of 12 year old children at school who received required ≥1 doses of the MCV4 vaccine	88.6%	80.6%	●

Adolescence Ages 13 to 18				
Indicator	Definition	Brant	Ontario	Compared to Province
Grade 9 School Achievement for English School Boards	% of Grade 9 students in English school boards that have achieved the provincial average in mathematics for applied or academic streams	App: 50%	46%	●
		Acad: 81%	84%	●
Grade 10 School Achievement for English School Boards	% first-time, eligible Grade 10 students in English school boards who achieved the provincial average on Ontario Secondary School Literacy Test (OSSLT)	73%	81%	●
5 Year Graduation Rates by English School Board+++	% of adolescents that graduate with a secondary school diploma from English secondary school within 5 years of starting grade 9	Grand Erie 77.6%	86.5%	●
		BHN Catholic 89.0%	86.5%	●
Employment Rate	% of 15-19 year old adolescents that are employed	42.4%	34.5%	●
Self-rated Health	% of 12-19 year old adolescents who rate their own health as either excellent or very good	64.5%	73.5%	●
Physical Activity	The median amount of minutes per week 12-17 year olds are engaged in moderate-to-vigorous physical activity	720min	540min	●
Self-rated Mental Health	% 12-19 year old adolescents who in rate their own mental health as either excellent or very good	56.9%	73.5%	●
Sense of Belonging	% of 12-19 year old adolescents who rate their sense of belonging to a community as very or somewhat strong	86.9%	81.3%	●
Young Adult Ages 19 to 29				
Indicator	Definition	Brant	Ontario	Compared to Province
Employment Rate	% of 20-29 year old young adults that are employed	74.2%	70.1%	●
Self-rated Health	% of 20-29 year old adolescents who rate their own health as either excellent or very good	68.0%*	70.3%	●
Self-rated Mental Health	% 20-29 year old young adults who rate their own mental health as either excellent or very good	61.4%*	68.2%	●
Sense of Belonging	% of 20-29 year old young adults who rate their sense of belonging to a community as very or somewhat strong	53.9%*	62.3%	●
NEET Rate	% of population aged 15-24 who are not in education, employment or training (NEET)	8.6%	8.9%	●
Post-Secondary Educational Attainment	% of 20-29 year old young adults that have obtained a post-secondary certificate, diploma, or degree	47.1%	56.9%	●
<p>+ 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).</p> <p>++ 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.</p> <p>+++ French school graduation rates are not included as they are not available by school level, and the board level includes schools outside the geographic boundaries for this site.</p> <p>R/W/M indicates reading, writing, and mathematics respectively</p> <p>*App*: Indicates applied stream for mathematics</p> <p>*Acad*: Indicates academic stream for mathematics</p> <p>* 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.</p>				

## Community Assets

Before engaging in a collective impact process, it is important to take stock of all the programs and services that make up the system supporting children and youth. Existing networks are also important assets that can help provide the seeds of a collective impact group. Lastly, referral processes are vital pieces of community infrastructure that determine how children and youth navigate and access the system. In this section we present an analysis

of programs and services, networks and referral processes that support children, youth and their families. This information will help us gain a better understanding of the strengths and weaknesses of the system supporting children and youth and can help inform future interventions and implementation strategies.

## Programs and services that support children, youth and their families

Brant has a wide array of programs that support families, children and youth throughout their development. Our programs and services inventory found that there are over 393 programs and services provided by over 262 organizations. See Table 3 for a descriptive overview of the kinds of programs and services available to people in Brant at each life-stage.

**Table 3. Programs and services that serve families, children and youth in Brant**

Prenatal / Infancy (Ages 0-2)	Early Childhood (Ages 3-5)	Middle Childhood (Ages 6-12)	Adolescence (Ages 13-18)	Young Adulthood (Ages 19-29)
Childcare	Childcare	Childcare	Cadet corps	Cadet corps
Child development	Childhood development	Childhood development	Domestic violence support	Developmental programs
Domestic violence prevention and support	Day camps	Day camps	Family health	Employment assistance
Employment	Dental Services	Dental services	Food bank	Family and caregiver workshops
Family support	Domestic violence support	Domestic violence support	Mental health and counselling	Food bank
Good bank	EarlyON	EarlyON	Parenting support	Health services
Health services	Family health	Family health	Pregnancy and resource center	Indigenous services
Mental health and counselling	Food bank and lunch program	Food bank and lunch program	Recreation subsidy	LGBTQ+ services
Nutrition	Mental health and counselling	Mental health and counselling	Religious Services	Mental health and counselling
Parent courses	Parenting classes	Religious services	Special needs	Religious services
Religious services	Religious services	Sexual assault services	Sports, art, and recreation	Special needs
Special needs	Special needs	Special needs		Sports, art, and recreation
	Sports, art, and recreation	Sports, art, and recreation		Subsidy programs
				Victim services
				Workplace safety

## What people are saying about programs and services in Brantford and Brant County

In our interviews and focus groups (See [“Voices from the Community: Priority issues and opportunities in Brant”](#) for a description), we heard from community members about the strengths and opportunities of the services serving the five life-stages in Brant. Here are some of the things we learned. Note that throughout this section, we are providing the perspectives of service providers and service users, and we do not carry out our own independent analysis to show the actual relationship of service to need. The aim here is to provide a sense of peoples’ satisfaction with the services offered, which may be different from what we would see if examining quantitative indicators.

## Early Years

Communities reported that they felt the early years are well-resourced in Brant. In both infancy and early childhood, government funded child and family centres were noted as an important strength for both parents and children. Community indicated that these centres provide an inclusive space for parents to learn new skills and to interact with each other.

The community also noted the co-location of services as an important strength. Programs such as Ontario Works, childcare registration and housing services – that are located at one multi-service office – were pointed to as important in reducing the number of visits and increasing supports. While effective, the community noted a need to increase the availability of these multi-service hubs to provide more supports.

In Brant, the community also expressed that recently the number of childcare spaces has increased and that there is no longer a wait list for childcare subsidies. They felt that these changes have made it easier for parents to access quality childcare and makes it easier for parents to work or to attend school. However, parents communicated a need for short-term, drop-in childcare programs, particularly for infants. Parents who do not have someone who can watch their infant for a short-period of time (e.g. a family member, spouse or baby-sitter) indicated that short-term childcare programs would provide them with respite and make it easier for them to do the things they need to do, such as run errands.

*“Well I think there are many benefits, so we always try to bring the philosophy it takes a village to raise a child to life, so neighbours are connecting with other neighbours, so they’re connected system is growing.” - service provider in Brant*

## Middle Childhood

The community voiced that both Brantford and Brant County have excellent opportunities for sports and recreation, especially for middle childhood. The sports and recreation programs are provided through a mix of publicly operated programs, volunteer-based organizations and some for-profit programs. While the community expressed that the costs of accessing these programs can be significant, they indicated that there are financial supports available through local foundations and national foundations which has made them more accessible.

Despite availability of these programs, service providers felt that in recent years much of the focus of government funding has been on the early years (0 to 6) and the transitional years (16 to 21), making programming for middle childhood less of a focus for new funding. Issues that present themselves in infant or early childhood age groups are not always resolved when a child enters the middle childhood, and dedicated funding and service providers held that



programming is needed to prepare children and youth for their next stages. The community suggested developing a service continuum to ensure an ongoing system of support.

## **Adolescence**

The community identified the increasing recreation and social opportunities for youth as a strength for the adolescent life-stage. The community reported that community centres and other recreation hubs not only provide social/recreation opportunities but also provide opportunities for other services to provide programming, creating youth hubs. Residents expressed a desire for a service hub in the core of Brantford and possibly in Paris, where multiple services are co-located.

The community also stated that programs, especially mental health services, are providing better options regarding care for adolescents, which supports their transition to adult services. Although the participants have seen an increase in outreach services, they felt that more outreach is still needed, especially in rural areas, so all adolescents and their families have better access to programs and services.

## **Young Adulthood**

Like the adolescent group, the community voiced a need for a service hub that provides a youth-friendly environment and access to multiple services including health, education and employment. They suggested at this stage, the hub should also assist in navigating the larger service systems. The community also expressed the need for more youth housing options, such a shelter or transitional housing, to serve what has been described as the “hidden homeless” population. This population has been defined as youth who either have no housing, who are moving from one friend’s couch to another or youth who have housing that is unstable or at risk.

Young adult programming that provides a non-judgemental environment and that is easily accessible was identified as a strength in Brantford/Brant County. For example, a youth drop-in program in Brantford was identified as a core service for young adults. The community indicated that the youth drop-in program provides a safe environment for young adults who may be having issues at home or who are out on their own and struggling.

Finally, the community expressed that while there have been some advances in the development of Transitional Age Services (services that help youth move from child/youth services to adult services) there remains a need to increase the availability of these services. For some youth, including those with ongoing issues, such as developmental disabilities, mental illness or addictions, or other issues, the needs for supports/services does not end when they reach the age of 18. There is a need to assist these youth, and their families, by

developing transition plans which clearly define how services/supports will be provided when the youth becomes an “adult.”

### **Indigenous-specific services**

Community feedback suggested that a strength for Indigenous communities is that existing Indigenous services in Brantford do a good job at providing services and linking individuals to services not only in Brantford but also to the Six Nations of the Grand River or Mississauga’s of the New Credit First Nation services. It was also noted that there has been an increase in Indigenous based services in Brantford through work done with the provincial government. Finally, respondents expressed a notable increase in self-pride among Indigenous people and an increased openness to discuss past issues and the impact it has had.

However, there are only two Indigenous agencies in Brantford/Brant County. The community indicated there is a need to increase the number of services as well as the capacity of the existing services to provide culturally competent care. Most communities in the surrounding area have Native Friendship centres which provide services and service linkages. The community indicated that the addition of another Indigenous community hub would be a significant addition to the service continuum including for children, youth and young adults.

### **Organizational networks and hubs**

Brantford and Brant County are locally recognized for their strong ability to collaborate, create community conversations, and work together to build a functional landscape of networks. This requires the dedicated efforts of many across multiple service sectors including health, education, child welfare, police, mental health, addictions, municipal, government, and business.

*“we have been thoroughly impressed with the generosity from local services providers! There is a great willingness to work together to better the health of the children in Brantford – Brant.” - service provider in Brant*

With a multi-tiered approach to their network groups, anchor tables, and committees, the communities work together collaboratively to ensure efficient use of resources to maximize impact, to develop strategic plans and create better outcomes for their residents.

There are over 20 formal networks, 6 community Hubs (with plans to develop more), and well over 15 unique collaborations developed to meet the distinct needs of the community.

The community hubs have been well received by residents and plans to continue their development across Brantford and Brant County are underway to continue providing localized services that foster natural networks of social connectedness and support, develop local leadership capacity, connect people to services, and create healthier lifestyles.

Community leaders continue to work together to further develop working relationships, partnerships, and networks to meeting the ongoing and unique needs of the community. This includes engaging community members, children, youth and families to share their voice and co-develop solutions and ideas to ensure success.

*“we come and we have a conversation about who should apply, what are the gaps, what are the needs and so we do it without an in-depth analysis of what’s needed so we’re taking stats from you know the crisis stats or our own stats that we would bring to the table so I think that we play well together and that our core values are all the same that when we do the planning it is for the children and youth of this community that it’s not ego driven and we’ve got some strong committed people in this community that have great work ethics and wanting to make things better”*  
- service provider in Brant

## **Referral networks between programs and services**

When seeking services, a person receiving services may need to find their way from their first point of contact to other service providers. This can be a daunting process especially as individuals age, potentially losing their eligibility for some programs, and becoming eligible for others. This can be further exacerbated especially if their current service providers are not connected to the service they need next. Needs can also change over time, and clients often rely on their service providers to find new and appropriate sources of support. Because of this, it is important to understand the connections within service provision for children and youth, and specifically which providers refer their clients to one another. Specifically, any future collective impact must be aware of places in the network where the referrals between programs seem to be in need of strengthening. This insight would be key to find places where young people may be in danger of falling through gaps in the network of referrals.

To create this map of services for children and youth, SFS undertook a social network survey of program staff in Brantford and Brant County. Our sampling list was produced through a combination of administrative data (i.e. 211 community and social support helpline) and consultations with our local partners and stakeholders to provide us with a sense of what programs and organizations needed to be sampled.

We identified 262 organizations in Brantford and Brant County that had programming serving children and/or youth in some capacity and sought to recruit program staff to answer the survey through relationships to our local partners, as well as direct contact. Ninety-six out of 262 (36.6 per cent) of these organizations had at least one program that was represented in the survey, either as a participant or a contact mentioned by a participant. One hundred and forty-two unique programs were represented in the survey. Where possible, programs mentioned in the survey were matched to publicly available data about each program.

## Strength of referral connections between programs

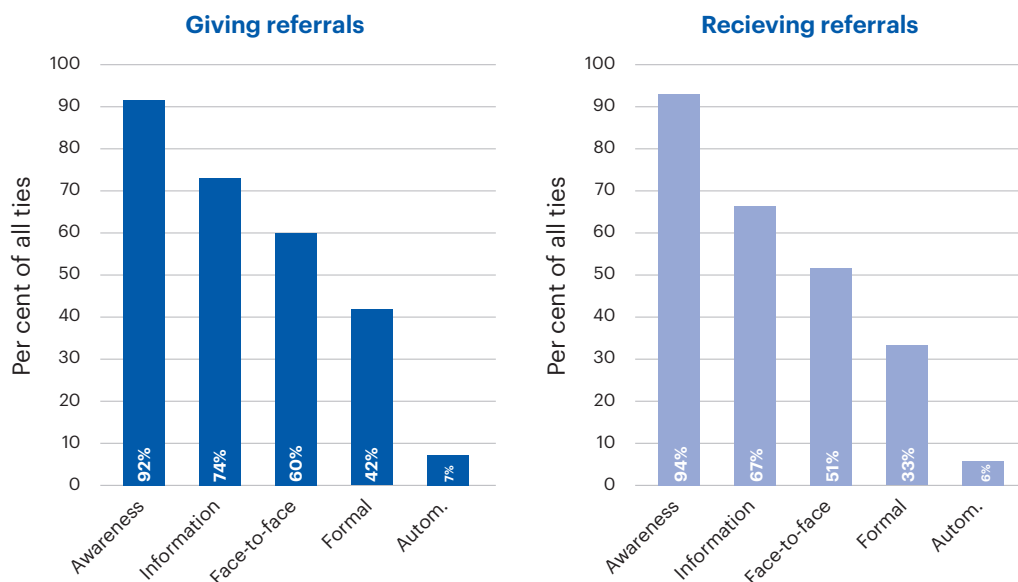
Participants in the SFS social network survey listed programs that they made ‘referrals’ to by any definition of the word, and then were asked to say what kind of referral method they used. Many these referrals included promoting awareness of other programs, without any formal mechanism, or face-to-face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

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

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

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

**Figure 7. Informal methods of referring clients to other programs (e.g. promoting awareness) were the most common type of referral**



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

## Connectivity between organizations

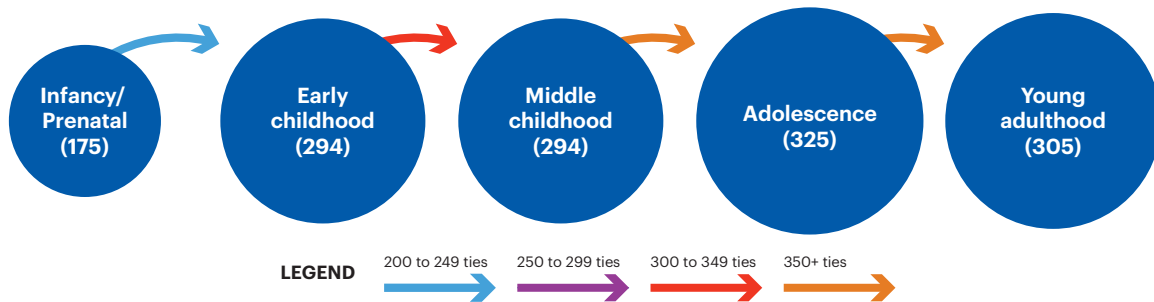
The patterns of referrals also revealed that most organizations have relatively few connections to other organizations. Most organizations had few connections, while a small number of organizations were very well-connected. While this could indicate a high degree of inequality in the sector, with some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

## Program supports and connectivity across the life-stages

Finally, we examine how programs and services are connected to one another by the life-course stage they serve, using a 'network diagram,' which is presented below in Figure 8. This diagram combines information from the network survey and the inventory of programs and services; if a program provides services to multiple life-course stages, it is correspondingly represented in multiple life-course stages in the diagram, and it contributes to the continuity between life-course stages by counting as a connection between the stages. This provides us

with a comprehensive picture of the service continuum across age groups – the ‘pipeline’ of programs and services for young people in the region.

**Figure 8. Pipeline of programs and services for children and youth in Brant, 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 within each bubble.

Life-course stages are as follows: Infancy and prenatal (ages 0 to 2), early childhood (ages 3 to 5), middle childhood (ages 6 to 12), adolescence (ages 13 to 18), and young adulthood (ages 19 to 29).

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

The resulting picture is therefore of a sector with a relatively balanced number of programs across the life-stages, with a slightly larger number of programs directed towards adolescents. Furthermore, these programs seem to be well-connected to each other. Note that the relatively small number of programs serving early childhood is not necessarily a reflection of poor capacity; as people age, their needs may become more diverse as people take a wide range of different paths in their life, necessitating a wider range of programs. A smaller number of programs may be just as effective when the kinds of needs they must address are relatively few, and the number of programs active in each life-course stage may therefore be proportional to need.

Nevertheless, the value of connectivity may not be effective without other supports. According to our qualitative data, programs serving young adults can expect their clients to be more self-

<sup>f</sup> Note that most of the continuity across life-course stages is actually within programs – 59.0 per cent of the ties from one life-course stage to an older stage are within programs, not across. When one only considers ties from one program to another, 22.2 per cent are to programs serving the same stage, 37.8 per cent are forward to older stages, and 40.0 per cent are backward to younger stages. The ‘backward’ ties are primarily to multiservice hubs that often serve every life-course stage.

reliant and be more responsible for their participation in the program, when compared to programs serving adolescents. As one service provider expressed:

*“One of the big gaps I think is youth in particular kind of especially maybe 16 to 22-ish, they’re kind of in this in between place where they’re in between adult and children services, and so the expectations on them for accessing services and kind of maintaining their own care is increased as they transition to adult services, but the services don’t necessarily reflect that completely just in terms of the expectations put on them. And I mean as much as expectations are important to a certain extent, having somebody to go with them and help bridge that gap, a social navigation piece is something that Brantford lacks, not completely but to a reasonable extent. It’s certainly not present in every agency.” – service provider in Brant*

This sentiment was echoed by a young person potentially seeking services:

*“A big gap too right now that I’m feeling is since I’ve turned 18, there’s a gap in transitional - from being a child to being an adult. I feel like once I turned 18 it was like okay, we don’t care about you anymore - you have to go see an adult counsellor. And I was but I don’t feel like an adult yet - like I never connected with the adult counsellors like I did with the child counsellors. So I feel like if there could be an in-between that would be great too.” - youth in Brant*

The transition out of adolescence is potentially fraught with challenges as individuals seek to define themselves as independent adults and acquire skills that serve them as such. Unless programs serving adolescents anticipate these challenges and equip their clients with skills to make the transition, then a referral by itself may not guarantee that the referred person will thrive. In fact, they may suddenly encounter situations they were not prepared for. Service providers for young adults may also find themselves having to rapidly teach new skills to their clients, when it would have been preferable if their clients arrived having already acquired these skills. The numerous ties between programs serving adolescents and youth may therefore be as much an opportunity as a strength, specifically an opportunity to develop programming that ensures this transition happens smoothly and easily for young people.

To summarize this section: We found that

- a. although more than half of referral activity involved a face-to-face handoff, or stronger methods, a substantial portion of referrals are likely to put burden on the clients;
- b. there were strong connections between adolescence and young adulthood in terms of apparent continuity of services;
- c. however, in referrals for young people transitioning to adulthood, clients can face many challenges making the transition.

# Voices from the Community: Priority issues and opportunities in Brant

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

The research that informed this section includes:

1. Key informant interviews with staff at programs serving children and youth (16 interviews);
2. Consultation interviews with people who were able to provide a more general picture of constraints and opportunities facing young people in the region (7 interviews); and
3. Discussion groups where actual or potential service users could gather to discuss their experiences with getting connected to programs (8 groups; 45 total participants). The participants in the discussion groups were 58 per cent female, 29 per cent male, 13 per cent not providing any information on their gender, and 57 per cent Indigenous.



## Location of and access to services

Members of the community expressed that one of the primary factors that helps children, youth, and families access services are the location of services and access to transportation to and from those services. However, the community has highlighted that in Brant County and Brantford there is currently a lack of access to adequate and frequent transportation because the towns in the County are very spread out geographically and there is minimal public transportation. They indicated that while some services provide transportation to and from their services, the majority do not – or are not able to – which has created barriers for those in need. Additionally, community members living on low incomes conveyed feeling stigmatized when they are not able to afford transportation to and from services. When multiple barriers to care are present, including childcare, cost, anxiety about getting help, and issues related to transportation, access can become especially difficult.

As a solution to transportation barriers, the community proposed developing transportation services that go directly to and from services, such as offering shuttle transportation or providing remote service delivery. As another solution, the community offered the hub model, where multiple services are located in the same geographical area. However, given the layout of Brantford and Brant county, community members found it difficult to decide which town to prioritize for services or where the hub should be. They also reiterated that improved transportation to and from services is fundamental for improving access.

### Community Voices

*“I would say transportation is always a big one. So many services can’t transport, and I can understand all of the different reasons for that, but honestly transportation is one of the biggest barriers to youth actually reaching out and getting the service and for somebody who’s kind of anxious to meet new people and go to a new place and do all of these things, many times they’re looking for any excuse to not do that and, “I have no way there” is one of the easiest ones.” – service provider in Brant*

## Trust between service providers and users

Having strong relationships and trust between service providers and users is identified as a critical driver of success when supporting youth across the life-course. However, community members express that a lack of trust is a significant issue that acts as a barrier for people accessing services in this area. This is especially true for marginalized and Indigenous communities who already lack trust in organizations due to lack of culturally appropriate services or historically poor interactions with services. Youth and service providers both express that services are not necessarily designed in ways that make youth feel comfortable accessing care.

As a suggested solution, community members raised building relationship development into the system of service delivery. According to service providers, strong interpersonal relationships between youth and service providers are often the threads that keep youth engaged in service and therefore keeps them from falling through the cracks. Building positive relationships with children, youth, and their families can help reduce mistrust and fear while increasing chances that youth will be engaged.

The community also highlighted the importance of implementing culturally appropriate services and decolonizing approaches<sup>g</sup> into existing programs. This would ensure safe services that can more effectively serve and engage the diverse community in Brant County and Brantford.

### Community Voices

*“They know it’s not a comfortable process and so they don’t want to go into an uncomfortable place on the other side of the city and sit through this uncomfortable appointment that they’re kind of anxious about and don’t really have the support for, and it sounds weird to say that people need support for the support, but it’s kind of where it’s at right now.” – service provider in Brant*

*“Yeah, it’s great when people are nice and polite, but when people are kind it makes a difference. Like when I come into [organization name], say, I know I’ll come in the door and I’ll see [service providers] sitting at the front desk because they’ve told me their names, they’ve asked me how I’m doing - they know my name off by heart. And so just that is nice; it’s kind to have them do that - I feel special when I come here.” – youth in Brant*

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<sup>g</sup> Decolonizing approaches centre on regaining political, cultural, economic and social self-determination as well as positive identities as individuals, families, communities and nations (Source: Verniest L. *Allying with the Medicine Wheel: social work practice with Aboriginal peoples*, Critical Social Work, 2006, vol. 7.)

## Service navigation for middle years and transitional aged youth

The need for better transitional supports between services emerged as a strong theme from the community in Brant. Transitions between services and life-stages can pose significant challenges for those in the middle years (6-12) and for those in transitional years (16-24). Youth in the middle years must also contend with significant wait times. Wait times often create difficulties navigating the system, with families becoming unsure of when they can access services, and struggle to balance other conflicting demands during this life-stage such as school and extracurricular activities.

Many community members in Brant expressed that youth struggle with transitions. For the middle years, transitions into school often have cognitive, social, emotional and long-term educational impacts. For transition-aged youth, transitions include making significant life changes like graduating high school, starting a career or moving away from home for post-secondary education. Community members indicate that some services do not provide comprehensive transitional planning leading up to adulthood. As described above, this can make the leap into adulthood even more terrifying and can set the tone for future interactions with the service landscape.

As a solution to improve transitional supports, community members suggested looking to what Brant has done with their services for 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 and ensure continued support, particularly as they become more independent in adulthood. Additionally, service providers held that 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.

### Community Voices

*“What’s happening is we’re losing these kids at 18, or 16 sometimes, and then we’re seeing them in crisis because there is nowhere else to go. So, we have all these intensive wraparound services up until they turn 18 and then everybody drops off at 18 because the services don’t exist in adult. So what are we doing with those kids? Because just because they turned 18 on Tuesday doesn’t mean that their needs are any different than they were Monday.”*

– service provider in Brant

*“And things just need to get better for transitional aged youth, because we’re going through just as much as teenagers and children - we’re still not fully developed and we’re trying to get through this where you want to be independent but you also still want to be a child and we’re not sure how to handle it and no-one’s there to help us.”*

– young adult in Brant

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

## Summary of findings

Our analysis revealed that youth in Brantford and Brant County are not doing as well as the rest of the province on:

- a. 18-month well-baby visits;
- b. early developmental indicators in physical health and well-being, social competence, language and cognitive development, communication skills and general knowledge and emotional maturity;
- c. achievement scores in grades 3, 6, 9 and 10 in English school boards;
- d. achievement scores in grade 3 in French schools;
- e. 5-year graduation rate (in one school board);
- f. self-rated health and mental health amongst adolescents;
- g. self-rated health, self-rated mental health and sense of belonging amongst young adults; and
- h. post-secondary educational attainment rates.

Our inventory of programs and services found that in Brant County and Brantford, there are over 393 child and youth programs and services provided by over 262 organizations. Our findings show that although there is a wide breadth of services, there is still a need for more co-located services at each life-stage as well as more targeted funding and programs to support middle childhood.

The relatively common use of face-to-face ‘warm hand-offs’ as a referral practices is promising and, is likely to be especially important when children are transitioning to a new life-stage and new set of programs. Our network analysis also highlighted an opportunity to strengthen the referral structures between programs serving adolescence to young adulthood. Despite a lot of resources allocated to these life-stages, community members expressed a need to strengthen supports during this transition.

Talking to service providers, community members, parents and youth in Brantford and Brant County helped define which issues are priorities for the community. The priorities identified in Brantford and Brant County included:

- location of and access to services;
- trust between service providers and users;
- service navigation for middle years and transitional aged youth

## **The way forward: The Supports for Success collective impact approach**

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

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

The SFS collective impact approach not only creates an opportunity for more coordinated and effective supports that improve outcomes for children and youth but can also encourage more efficient service delivery. The formal relationships between organizations are important assets and can help reduce ineffective care paths and better utilize the resources needed for services. Any door is the right door when services are connected.

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

## **Working together to make change**

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

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

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

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

## Appendix A

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

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