

Community Report
East Scarborough



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. Scarborough is located on the traditional land of the Huron-Wendat Confederacy, the Anishnabek Nation, Haudenosaunee Confederacy and the Mississaugas of the Scugog, Hiawatga, and Alderville First Nation and the present-day guardians, the Mississaugas of the New Credit First Nation. Today, Scarborough is 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, East Scarborough has a wide and integrated set of services that support families and children and youth throughout their life stages. The Kingston Galloway/Orton Park (KGO) community has taken a lot of action and used the collective efforts of residents, government, and social organizations to improve outcomes for children and youth in the community. The KGO community is a diverse community made up of many racialized newcomer groups. The community has struggled with delivering programs and services that meet their diverse needs. In fact, in 2010 KGO was designated as one of Toronto's priority neighbourhoods due to its lack of resources to address diverse community needs¹. Despite these investments KGO had 12.5 per cent unemployment in 2016 (as compared to 8.2 per cent in Toronto)², and 36.7 per cent of children were entering school with low scores on Early Developmental Indicators (EDI) such as physical health and well-being, communication skills and emotional maturity in 2015³.

Low EDI scores when entering school and NEET (Not in Education, Employment, or Training) rates in adolescence are known indicators of poverty,⁴ 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 backgrounds⁵.

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 KGO 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 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 would 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 adults⁷. 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 satisfaction⁸.

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 KGO. The evidence was collected in a four-part research process, detailed in Table 1, below.

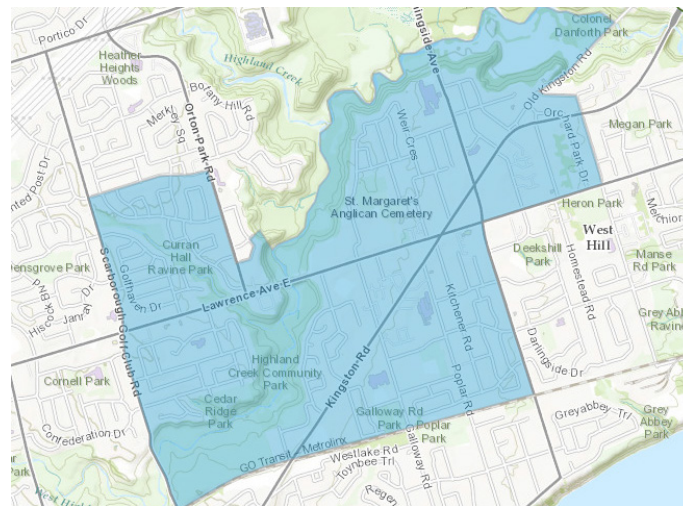
Table 1. Description of SFS research activities

Research Activities	Description	Purpose
Community Profiles	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.
Programs Inventory	An up to date list of programs and services that are available for children and youth in each SFS site.	To provide a robust list of programs and services as a tool for community members and policy makers.
	This inventory includes information from existing provincial databases like 211 as well as other sources.	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	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.
Interviews, Focus Groups, and Indigenous Talking Circles	Interviews were conducted with service providers and community leaders across all four sites.	To better understand the experiences, success strategies, and challenges of families, children, youth, and service providers.
	Focus groups and Indigenous Talking Circles were conducted with parents and youth across all four sites.	To ensure community members and users of the system have a voice in shaping policy recommendations.

KGO 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 when shaping a collective impact approach. This community profile is meant to inform collective impact in KGO by providing a brief account of KGO’s historical context, demographics, and social and developmental outcomes.

Figure 1. The Kingston-Galloway Orton area (KGO)



Historical Context

In 2004 the City of Toronto and United Way launched the Strong Neighbourhoods Strategy, which developed Neighbourhood Action Partnership tables (NAPs). The NAP for East Scarborough identified the disconnect between Kingston-Galloway and neighbouring Orton Park as a source of tension among residents, and especially youth. As a result, the partnership table advocated with the City to expand the boundaries of the City's focus to include Kingston-Galloway and Orton Park (KGO); and KGO was developed⁹. Today, the Kingston Galloway/Orton Park is a vibrant and culturally diverse inner suburb located in East Scarborough.

The KGO area has been profiled as a low-income area¹⁰. In 2006, the City of Toronto and United Way Toronto identified it as a priority neighbourhood due to its high level of poverty, a lack of social services, and few local economic opportunities¹⁰. In more recent years however, this community has experienced changes with action and collective efforts of residents, government, and social organizations¹⁰. Building on these efforts, SFS aims to support community, government, providers and funders to establish a unified voice that advocates for all children and youth across the KGO area.

Demographics

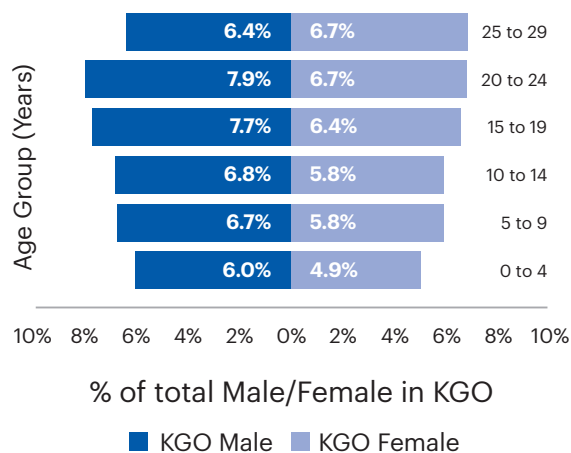
KGO Demographics

Characteristics of the KGO population are important to consider when planning for collective impact. All demographic information presented here is derived from the 2016 Census¹¹. Information was compiled from six census tracts in the Scarborough region and in consultation with local staff was combined to represent KGO.

Age Demographics

KGO's children and youth, aged 0-29, make up nearly 40 per cent of the population of KGO. Of that per cent, young adults aged 20-24 represent the largest age group and children aged 0-4 represent the smallest age group. Some age groups in KGO have a fairly even distribution of the population by sex whereas other age groups, such as the 15-19 and 20-24 age groups, have slightly more males. The distribution of population by age group and sex in KGO can be seen in Figure 2.

Figure 2. Population pyramid for children and youth in KGO using 2016 Census data

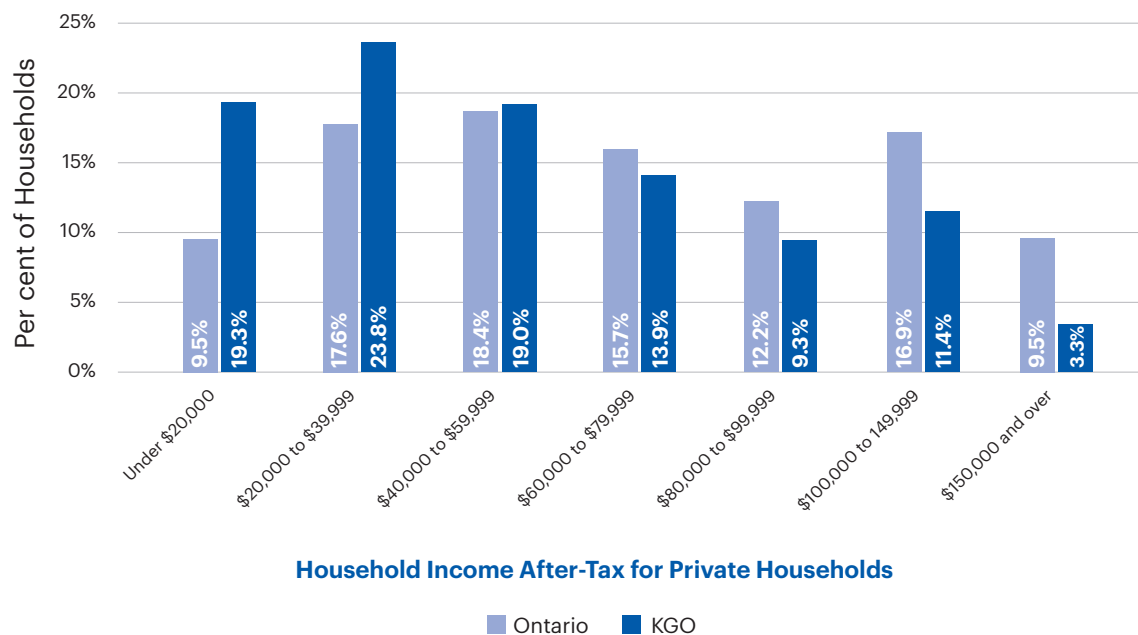


Income and Basic Needs

The ability to meet basic needs such as clothing, food and shelter was one of the priority issues identified by the community in KGO. In 2015, 19.3 per cent (2,225 households) of households in KGO had an after-tax income of less than \$20,000 per year and the highest per cent of households fell within \$20,000-\$39,999 income range (23.8 per cent). In addition to having a large per cent of households in low income ranges, many children and youth in KGO live in low-income households, using the Low Income Measure, After-Tax (LIM-AT) as a measure of low income^a. According to the 2016 Census, 41.6 per cent (2,880 children) of children and youth aged 0-17 in KGO were living in low income households. This is more than two times greater than the per cent of children and youth living in low income households in the province (18.4 per cent).

a 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/fam021-eng.cfm>).

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



Visible Minority^b Populations in KGO

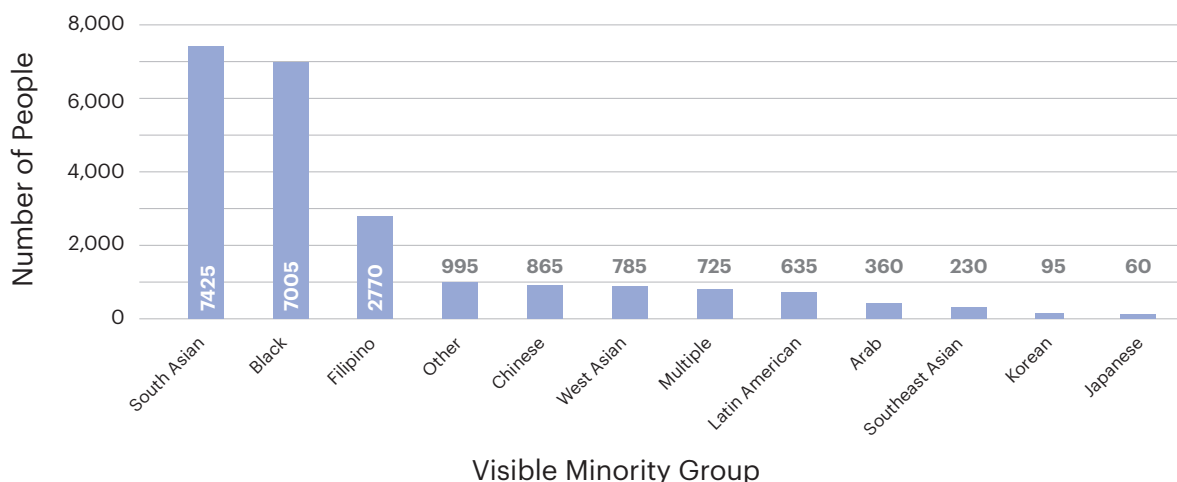
The diversity of KGO is an important part of its character and vibrancy. According to the 2016 Census, 69.7% (21,940 people) of the population in KGO identified as a visible minority. This is more than two times the per cent of the population who identified as a visible minority in Ontario (29.3 per cent). The largest visible minority group in KGO is of South Asian origin (23.6 per cent). This is followed by people who self-identify as Black^c (22.3 per cent) and people of Filipino origin (8.8 per cent).

Being home to such a diverse population, language is a unique characteristic of KGO. Approximately 22 per cent of the population in KGO speaks a non-official language most often at home, compared to 14.4 per cent of the population in Ontario. The most common languages spoken at home are Tamil (1,215 people), Tagalog (790 people), Bengali (605 people), Urdu (395 people) and Persian/Farsi (375 people).

^b 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.

^c 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.

Figure 4. Visible minority populations in KGO using 2016 Census data



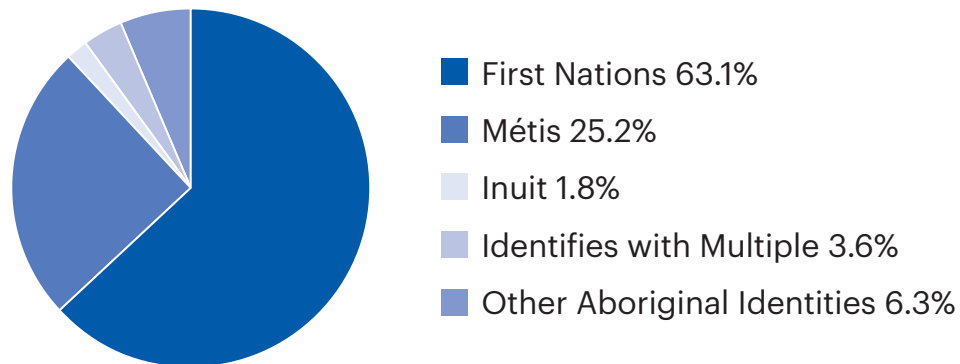
Indigenous Identity^d

In 2016, 1.7 per cent (535 people) of the population in KGO identified as Indigenous, which is slightly less than the 2.8 per cent that identify as Indigenous across Ontario. Of those that identified as Indigenous in KGO, 63 per cent (350 people) identified as First Nation, 25 per cent (140 people) identified as Métis, 2 per cent identified as Inuit (10 people) and 10 per cent (55 people) identified as other or multiple Indigenous identities. Figure 5 gives a visual representation of the Indigenous distribution in KGO.

However, it is important to note that the Indigenous population in KGO and across the province is likely to be higher than reported above. There is evidence that, in Toronto, the Canadian Census underestimates the number of Indigenous people by an estimated factor of two to four¹². Quality issues as well as issues of undercounting leave us without accurate data on Indigenous communities. The data that currently exists provides us with little understanding of the true size of the Indigenous population in KGO, as well as the status of important health, economic and employment indicators that we have collected in this report.

^d 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 KGO 2016 Census data

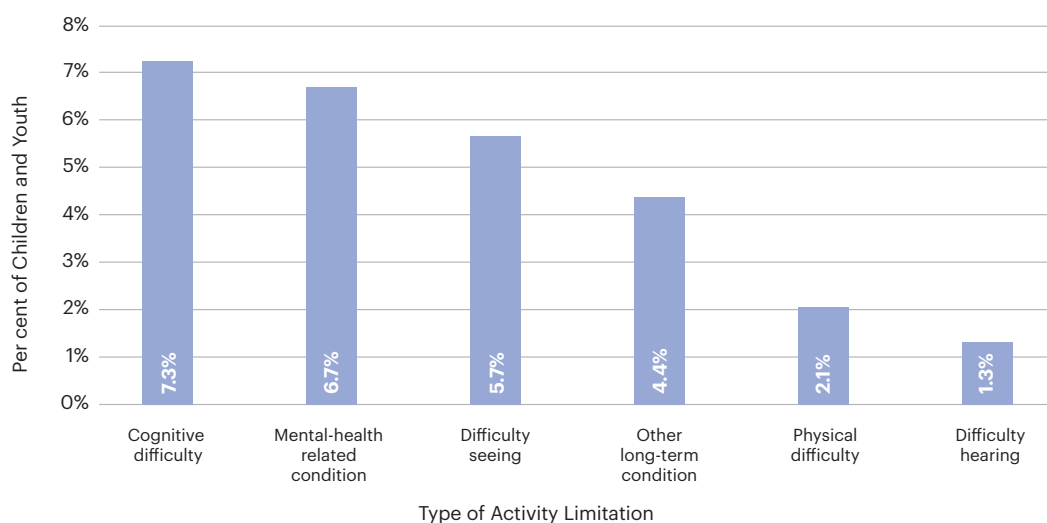


Activity Limitation^e

In KGO, 5.7 per cent of children and youth aged 0-29 report difficulty seeing and 1.3 per cent report difficulty hearing, even with the use of aids such as glasses, contacts or hearing aids. Approximately 2.1 per cent of children and youth report difficulty engaging in physical activity such as walking or using their hands, and 7.3 per cent experience difficulty learning, remembering or concentrating. In addition, 6.7 per cent report having an emotional, psychological or mental health condition (e.g. anxiety or depression) and 4.4 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.

^e 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).

Figure 6. Percentage of children and youth aged 0-29 who report an activity limitation in KGO 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 KGO. However, due to issues related to sampling this was not always possible, and it was necessary to report data at a larger level of geography (e.g. City of Toronto).

We present the success indicators for KGO 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 a whole, the community profile provides an informative snapshot of children and youth’s well-being across the life-stages in KGO.

Table 2. Comparing social and developmental indicators in KGO 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	KGO	Ontario	Compared to Province
Low birth weight	% of babies born <2.5 kg (5.5. pounds), regardless of gestational age per 100 live births	7.8%	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	46.7%	54.7%	●
Early Childhood				
Ages 3 to 5				
Indicator	Definition	KGO	Ontario	Compared to Province
Vulnerable in Physical Health / Well-being+	% of Kindergarten children scoring below the 10th percentile for physical health/well-being	22.4%	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	7.5%	6.7%	●
Vulnerable in Communication Skills/General Knowledge+	% of Kindergarten children scoring below the 10th percentile for communication skills	15.5%	10.2%	●
Vulnerable in Emotional Maturity+	% of Kindergarten children scoring below the 10th percentile for emotional development	14.9%	12.3%	●
Middle Childhood				
Ages 6 to 12				
Indicator	Definition	KGO	Ontario	Compared to Province
Grade 3 School Achievement for English Schools	% of Grade 3 students in English schools that have achieved the provincial average in reading, writing and mathematics assessments	R: 73%	R: 76%	●
		W: 76%	W: 76%	●
		M: 57%	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: 86%	R: 84%	●
		W: 86%	W: 80%	●
		M: 73%	M: 78%	●
Grade 6 School Achievement for English Schools	% of Grade 6 students in English schools that have achieved the provincial average in reading, writing and mathematics assessments	R: 80%	R: 83%	●
		W: 82%	W: 81%	●
		M: 45%	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: 93%	R: 93%	●
		W: 100%	W: 85%	●
		M: 93%	M: 83%	●
Measles, Mumps, Rubella Vaccination Compliance	% of children aged 4 - 17 year who are known to be complete for age for vaccination against Measles, Mumps and Rubella (MMR)	84.6%	85%*	●
Meningococcal Vaccination Compliance	% of children aged 12 who are known to be complete for age for vaccination against Meningococcal disease (MC4)	85.2%	81%*	●

Adolescence

Ages 13 to 18

Indicator	Definition	KGO	Ontario	Compared to Province
Grade 9 School Achievement for English Schools	% of Grade 9 students in English schools that have achieved the provincial average in mathematics for applied or academic streams	App: 28%	46%	●
		Acad: 77%	84%	●
Grade 10 School Achievement for English Schools	% first-time, eligible Grade 10 students in English schools who achieved the provincial average on Ontario Secondary School Literacy Test (OSSLT)	80%	81%	●
5 Year Graduation Rates for English Schools+++	% of adolescents that graduate with a secondary school diploma from English secondary school within 5 years of starting grade 9	West Hill CI 77.4%	84.9%**	●
		Woborn CI 89.4%	84.9%**	●
Employment Rate	% of 15-19 year old adolescents that are employed	18%	34.5%	●
Self-rated Health	% of 12-19 year old adolescents who rate their own health as either excellent or very good	76.3%	73.5%	●
Physical Activity	The median amount of minutes per week 12-17 year olds are engaged in moderate-to-vigorous physical activity	485min	540min	●
Self-rated Mental Health	% 12-19 year old adolescents who in rate their own mental health as either excellent or very good	74.5%	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	84.5%	81.3%	●

Young Adult

Ages 19 to 29

Indicator	Definition	KGO	Ontario	Compared to Province
Employment Rate	% of 20-29 year old young adults that are employed	61.8%	70.1%	●
Self-rated Health	% of 20-29 year old adolescents who rate their own health as either excellent or very good	74.0%	70.3%	●
Self-rated Mental Health	% 20-29 year old young adults who rate their own mental health as either excellent or very good	71.4%	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	56.4%	62.3%	●
NEET Rate	% of population aged 15-24 who are not in education, employment or training (NEET)	8.2%	8.9%	●
Post-Secondary Educational Attainment	% of 20-29 year old young adults that have obtained a post-secondary certificate, diploma, or degree	53.2%	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.

+++Catholic and 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.

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

"App": Indicates applied stream for mathematics

"Acad": Indicates academic stream for mathematics

* Rate is for the City of Toronto as Ontario level data is not available from the data source

** Rate is for the Toronto District School Board (TDSB) as Ontario level data is not available from the data source

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 inventory 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

KGO 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 500 programs and services accessed by people, provided by over 102 organizations. Note that all the organizations are not located within geography of KGO, but rather, have been identified by community as places that serve the population of KGO. See Table 3 for a descriptive overview of the kinds of programs and services available in KGO at each life-stage.

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

Prenatal / Infancy (Ages 0-2)	Early Childhood (Ages 3-5)	Middle Childhood (Ages 6-12)	Adolescence (Ages 13-18)	Young Adulthood (Ages 19-29)
Child development programs	Academic development and enrichment	Before and after school program	Before and afterschool services	Adult programs
Day care centres & preschools	Before and after school programs	Child development program	Career development	Educational services
Drop in recreational programs	Child development and wellness	Child education	Child and youth services	Employment services
EarlyON	Child mental health and counselling	Childcare	Cooking and nutrition	Food bank
Family recreation	Child mental health and counselling	Cooking and nutrition	Day camp	Healthcare services
Food box and meal programs	Cooking and nutrition workshops	EarlyON	Development	Housing services
Health services	Daycare programs	eCare	Driving	Legal services
Home visit during pregnancy and infancy	Dental services	Family support and education	Drop in health	Mental health and counselling
Housing assistance	EarlyON	Food box	Early intervention	Newcomer youth
Infant nutrition	Family time	Health services	Food bank	Probation and parole services
Legal services	Food box and meal programs	Home visits	Healthcare services	Sexual health services
Mental health and counselling	Food box and meal programs	Housing assistance	Homelessness intervention	Social services
Midwife services	Healthcare services	Housing assistance	Immigration programming	Sports, art, and recreational programs
Parent employment	Housing assistance	Mental health and counselling	Leadership	Transitional age
Parental support groups	Housing assistance	Mentorship	Legal services	Volunteer programs
Parenting workshops	Language development program	PA day programs	LGBTQ+ services	Youth drop-in
Playgroups	Legal services	Parent and caregiver education	Mental health and counselling	
Prenatal workshops	Mentorship	Sexual wellness	Mentorship	
Special needs services	Parent workshops	Special needs services	Sexual health services	
Toy libraries and toy drives	Playgroups	Sports, art, and recreational programs	Social services	
Trauma treatment	Pre-k programs	Summer camp	Special needs	
	Social services	Summer camp programs	Sports, art, and recreational programs	
	Special needs services	Summer camp programs	Transitioning youth	
	Sports, art, and recreational programs	Toy lending	Tutoring	
	Summer literacy program	Tutoring	Youth drop-in	
	Toy lending	Youth drop-in	Youth services	
	Tutoring services			

What people are saying about programs and services in KGO

Each life stage across the life course has areas of strength and areas that need improvements. In our interviews and focus groups (See “Voices from the Community: Priority issues and opportunities in KGO” for a description), community members told us about the strengths and opportunities of the services serving the five life-stages in KGO. Here are some of the things we learned.

Prenatal, Infancy and Early Childhood

KGO is well resourced with several large organizations in or close to the KGO area providing prenatal and early childhood services. However, we heard from community that access to services may be challenging depending on the location of the organization. Some prenatal and early childhood organizations are located on the other side of a major highway, while others are located just outside or on the edge of the KGO neighbourhood. A person living in KGO may therefore find some resources relatively close to home, but if their child requires specialized services, access may be more challenging. For new parents who need to coordinate care for a child, the challenge of transportation could be particularly difficult, making the location of services an essential component to getting support.

Middle childhood programs/services

There are several community resources with programs and services geared towards middle childhood. The most common programs for middle childhood in and around KGO are focused on health and wellbeing, sports, arts, and recreation. Some organizations also offer camps and after school programs which help to support children in their learning, growth and development. However, despite the various types of programs and services available to children in the middle years, the community noted that there was much less programming available for children in this age group compared to the programming for adolescents.

Adolescence and young adult programs/services

The community informed us that there is a highly active group of organizations providing services for youth in KGO. However, we also heard that many of these programs struggle with promoting awareness of their work, often having capacity that goes unused, even though there are still unmet needs in the community. Recently, there has been a push for resident-led and youth-led initiatives in the area, which has given rise to several new initiatives around literacy, education, arts, sports, and advocacy.

Several of the organizations that serve young children also provide services for youth and adolescents. There are also unique youth-specialized organizations in the KGO area. There is one large youth-serving organization that works in a wide range of areas from trauma treatment, to HIV prevention, to media literacy and violence prevention. There is also an identified ‘community backbone organization’ in KGO that facilitates access to programs and services for young people through a 40-agency community hub.

Although there are several prominent organizations in the area, such as those described above, it is important to note that many smaller programs and services – as well as people doing informal work – are constantly working to create community supports. We repeatedly heard that many key supports are provided informally, and therefore have no program or organization that they operate through. Much of the sector would not be able to carry out its work without these often-unrecognized contributions.

Organizational networks and hubs

Organizations in and around KGO have created a range of formal networks, to facilitate coordination and pool community resources to create change. These formal networks have a wide range of specializations, including civic engagement (e.g. Cross Community Organizing), employment and training (e.g. East Scarborough Works), literacy (e.g. the KGO Literacy Improvement Collective), and mental health (e.g. 4175 Mental Health Group). Some networks, like the [Scarborough Civic Action Network](#), which encourages civic participation, are not networks that emerged from KGO-based organizations but connect with the community in order to carry out their work.

[A recent community mapping exercise by the East Scarborough Storefront](#) identified several priorities that occupy these networks. These included, but were not limited to, improving the communication systems among local organizations, creating a centralized online space to share community data, and designing new collaborative approaches to workforce development pathways.

Referral networks between programs and services

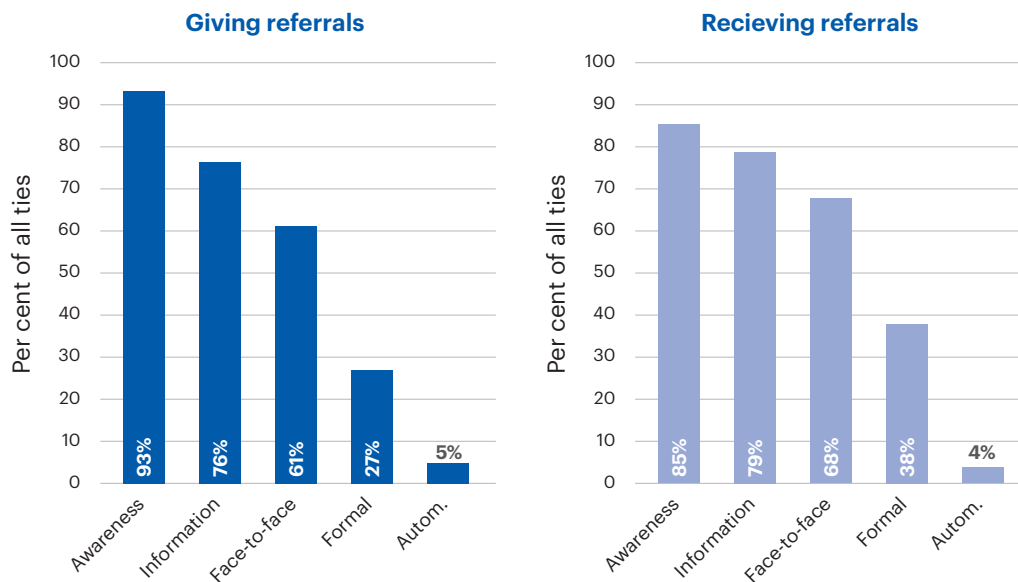
When seeking services, a person receiving services may need to find their way from their first point of contact to other service providers. This can be a daunting process especially as individuals age, potentially losing their eligibility for some programs, and becoming eligible for others. This can 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 need 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 KGO. 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 102 organizations that had programming serving children and/or youth in some capacity in KGO and sought to recruit program staff to answer the survey through relationships to our local partners, as well as direct contact. Note that organizations did not have to be located in KGO to be sampled, only that they were identified as serving KGO residents. Sixty-six out of 102 (64.7 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 thirty-seven 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.

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.

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 referral (whether referrals given, or referrals received) in East Scarborough was promoting awareness and providing information, 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.

Connectivity between organizations

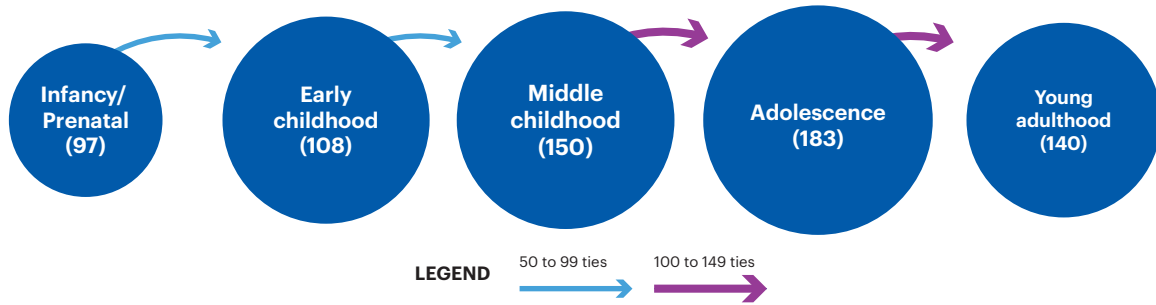
The patterns of referrals revealed that most organizations have relatively few connections to other organizations. Most organizations had few connections to other organizations, while a small number of organizations were very well-connected. While this could indicate a high degree of inequality in the 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.

For a person living in KGO in need of some service, there is no guarantee that this service is located in their neighbourhood, or even in Scarborough. Given KGO's small area, this is not at all unlikely. In fact, only 24.2 per cent (16 out of 66) of the organizations in our sample were located inside KGO itself. Another 31.8 per cent (21) were in Scarborough, but outside KGO, and 43.9 per cent (29) were outside Scarborough entirely. Access to transit, and other barriers to moving around Toronto may therefore significantly impede residents of KGO from accessing services. While it may be tempting to encourage more of these services to relocate to areas like KGO to better serve priority areas, many of these out-of-area organizations are very large and may serve the entire city. Those seeking to improve the lot of people living in KGO may therefore want to turn their attention towards improving access to transportation instead.

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 KGO 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.^f

The resulting picture is therefore of a sector where a relatively large portion of the programs are directed towards adolescents. The flip side of this is that at younger ages, there are relatively fewer programs and services, and these programs are not often connected to one another. This is not necessarily a reflection of poor capacity for serving young children; 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 have to address are relatively few.

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) many of the programs and services that are part of the 'pipeline' for children and youth are not close to each other in geographic space, and many are outside of the KGO neighbourhood.

^f Note that most of the continuity across life course stages is actually within programs – 83.3 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, 25.4 per cent are to programs serving the same stage, 40.3 per cent are forward to older stages, and 34.3 per cent are backward to younger stages. The 'backward' ties are primarily to multiservice hubs that often serve every life course stage.

Voices from the Community: Priority issues and opportunities in KGO

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

Three research activities that informed this section:

1. key informant interviews with staff at programs serving children and youth (15 interviews);
2. consultation interviews with community leaders and change-makers who were able to provide a more general picture of constraints and opportunities facing young people in the region (12 interviews); and
3. discussion groups where actual or potential service users could gather to discuss their experiences with getting connected to programs (8 groups; 44 total participants). The participants in the discussion groups were 52 per cent female, 34 per cent male, 13 per cent not providing any information on their gender, and 27 per cent Indigenous.

Basic needs and competing priorities

In KGO, community members talked about how competing priorities among low-income and marginalized families often prevent youth from accessing services. The community told us that many individuals within the region earn an income far below municipal and provincial averages. As a result, parents are often required to work multiple jobs, leaving them with little time to spend time with their children and teach them essential skills. Youth told us about how they struggle to balance family obligations and are burdened with household responsibilities and caregiving duties, while also attending school and finding paid work. This leaves little to no opportunity to engage in extracurricular opportunities or make use of services. This is also evident amongst Indigenous communities in KGO, where the example was given of children not being dropped off to daycare on time due to competing priorities and struggles faced by parents. Members of newcomer households also talked about how engaging in programming and community work becomes secondary to meeting basic needs.

Education, extracurricular activities, mentorship, sports and other services are crucial for the health and social development of children and youth. With these opportunities, children and youth in KGO can benefit from improvements in physical health, social competence, communication skills, and emotional maturity (see Social and Developmental Indicators section). These activities provide gateways to academic success and employment opportunities. Community members in KGO feel that there is a need for flexible and adaptive programming that can allow youth with competing priorities to benefit from and gain these valuable skills and experiences.

One suggestion community members had to help families balance competing priorities was to provide supportive environments that accommodate for the lived realities of families within services. There are GED classes in place for Indigenous adults that acknowledges that family priorities are often a barrier to completing a high school diploma. A significant strength of this program is having a flexible schedule and an environment that encourages learning. Additional suggestions around accommodations included providing honorariums, incentives that meet requirements for daily living, and more home-based and online programming.

Community Voices

“It’s hard - there’s a lot of youth specifically in this community that don’t necessarily have time to be youth. They’re very caught up in having to be the babysitter or the meal cooker or home for their younger siblings, so they can’t come to our program times. And like I know we’ve even had some youth who were very much involved with the program, volunteering but then were - just kind of disappeared. They just kind of fell off the grid, we didn’t know what happened to them, we would attempt to reach out to them. We always like to follow up with people especially if they were very much engaged, we want to make sure everything’s okay.”
- service provider in KGO

Collaboration between schools and community

Members of the KGO community told us that there is a large disconnect between schools and community services and agencies in KGO. Many service providers spoke to their disjointed connection to schools and highlighted the opportunities that would be available if there was improved collaboration, particularly regarding recruitment, and providing a continuum of services.

Many service providers told us about difficulties they face around communication with the school board, and about the reluctance of schools to collaborate due to liability issues and fears of associating with an external organization. Students frequently expressed concerns to service providers about feeling uncomfortable asking teachers for help regarding personal issues as well as help concerning difficulties understanding the curriculum. Many key informants highlighted that increasing coordination and collaboration between schools could help solve these issues by providing a seamless transition of services and improving quality of learning and service.

Youth spend most of their time in schools. As such, many service providers feel that schools are the perfect first point of contact for community organizations that can extend their services to children who need it the most. Community members expressed that increased collaboration between schools and community services could ensure that goals and outcomes align. This could also help the community gain access to important programs and services such as childcare, life skills building, educational supports, and employment opportunities. Local leaders, and local institutions could work directly with schools to shed light on how to better educate KGO children and youth on the issues that affect them. Lastly, community members suggested that involving principals and school staff in community events where youth actively play a role can help them feel valued and appreciated by their teachers. An example of an effective community and school collaboration was the hosting of a dinner at a school in the evening, where families and students had the chance to interact and engage with each other after school hours.

Community Voices

“It’s a plus to have a teacher or a principal even going to one of the student’s house and saying ‘How are you guys doing?’ because it shows how much you care. I hope that these guys can change that. It would make a big difference I think. Because if you come to school tomorrow and you saw your principal walking in your neighbourhood and just hanging out and just having a conversation with your family, you can go to school tomorrow and be like ‘My principal came into my neighbourhood. We talked. ‘He’s actually pretty good’ or ‘My teacher’s pretty good.’”

- service provider in KGO

Support for racialized youth and communities (through mentorship, representation and outreach)

KGO has approximately 70 per cent of its population identifying as visible minorities, with the South Asian and Black population being the two largest visible minority groups. Community members from KGO talked to us about systemic racism and marginalization as predominant issues in their neighbourhood. Racism and marginalization fosters inequities and creates barriers to children, youth and families navigating various services and supports (education, health and labour markets etc.). Youth talked about how they are looking for local leaders and mentors that represent the diversity of their community. Racialized young people, particularly in the Black and Indigenous population, feel that people in their community are under-represented across sectors and positions of influence.

Community members talked about how racialized youth need safe spaces where they can come together, build capacity and where they can freely talk about their experiences in the community. Targeted approaches are needed to reach out to the Black community, while there is mention that backbone agencies in the KGO area can do a better job in their outreach to this group. Many people suggested that culturally diverse leaders and representatives throughout the community can create opportunities for racialized youth to thrive and feel better understood.

Youth in KGO also talked about how they lack positive role models that they can look up to. Individuals who succeed professionally often tend to leave their communities. Many people suggested that bringing mentors from KGO back to the community can be a motivating factor for youth who tend to succumb to negative

Community Voices

“There isn’t the same kind of organization you know and when you look at scores and how Black children are doing across our system you know and how Black families are doing across our system.....often times they’re at the bottom; right so any plan that comes forward to any real degree of programming that’s put in place must consider the diversity of the community and the needs of the different pockets so we can’t just say KGO.”

– service provider in KGO

“We definitely need spaces you know that are going to be for Black families or neighbours so that we can start to really build that trust there and build the capacity; right... Because it gives them an opportunity to talk about the things that are right in their communities and how do you, when you’re talking about racism and how easy it is for you to talk about racism and like you know micro aggressions that you face as a Black person well you know a White person doesn’t have experience with this; right so then you have to explain something to someone or you have to worry about who you’re going to be making uncomfortable within the space; right and so that’s when it becomes unsafe to not just speak freely about your experience without having to explain yourself or prove yourself.”

– service provider in KGO

circumstances. There is a strong need for adult allies to diminish the fear that most youth feel in approaching adults. Allies and mentors can also provide youth with guidance on how to balance competing priorities and create life goals. Providing youth with opportunities to be mentors themselves also keeps them in positive environments and provides them with a strong sense of purpose and leadership. We were also told about instances of successful mentorship programs in KGO that have prevented youth from joining the wrong crowds and have helped them in making significant life changes.

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

Summary of findings

Our community profile analysis revealed that children and youth in KGO are not doing as well as the rest of the province on:

- a) measures of low birth weight, the 18-month well-baby visit;
- b) Early Developmental Indicators in physical health/well-being, social competence; communication skills/general knowledge and emotional maturity;
- c) school achievement scores in grades 3, 6, 9 and 10 in English schools;
- d) time spent engaged in physical activity;
- e) five-year graduation rates (in one out of two schools);
- f) employment, and post-secondary educational attainment; and
- g) sense of belonging in young adulthood.

Our inventory of programs and services found that KGO is serviced by over 500 child and youth programs and services provided by over 102 organizations. Our findings demonstrate that although there is a wide array of programs and services, not all programs are located within KGO's geography, forcing residents to travel further for services. In addition, there is an opportunity to create more services to support middle childhood.

In our social network analysis, we found that 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. The finding that a large percentage of the 'pipeline' of services for children and youth lie outside of KGO and Scarborough, points to interventions aimed at improving transportation access as an important way of improving service access. Our network analysis also showed strong connections between adolescence and young adulthood in terms of apparent continuity of services, but the drop off in programming in adulthood may indicate a bottleneck in the system at a time when youth need more support than ever.

Talking to service providers, community members, parents and youth in KGO helped us learn which issues are perceived as priorities for the community. The priorities identified in KGO included:

- basic needs and competing priorities;
- collaboration between schools and community;
- support for racialized youth and communities (through mentorship, representation and outreach)

The way forward: The Supports for Success collective impact approach

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

The findings presented here about KGO'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 KGO community members have helped us identify 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 KGO.

SFS has received generous support of this work from a number of local KGO 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 KGO community.

Appendix A

Indicator	Source	Geography Available for Analysis
Low Birth Weight	Public Health Ontario, 2016	Toronto Public Health Unit
18 Month Well Baby Visit	Ministry of Health and Long-TermCare, 2016-17 (Special Request)	KGO Census Tracts
EDI Indicators	Offord Centre for Child Studies, 2014-15 (Special Request)	KGO Census Tracts
School Achievement	Education Quality and Accountability Office (EQAO), 2016-17	Schools in KGO
Immunization Coverage	Toronto Public Health, 2015-16/2016-17 (Special Request)	Schools in KGO
Graduation Rate	Toronto District School Board, 2010-15	Schools in KGO
Employment Rate	Census, 2016 (Special Request)	KGO Census Tracts
Self-Rated Health	Canadian Community Health Survey, 2015-16 (Special Request)	Toronto Public Health Unit
Physical Activity	Canadian Community Health Survey, 2015-16 (Special Request)	Toronto Public Health Unit
Self-Rated Mental Health	Canadian Community Health Survey, 2015-16 (Special Request)	Toronto Public Health Unit
Sense of Belonging	Canadian Community Health Survey, 2015-16 (Special Request)	Toronto Public Health Unit
NEET Rate	Collective Impact for Disconnected Youth Partnership Table, 2016 (Special Request)	Toronto Census Metropolitan Area
Post-Secondary Educational Attainment	Census, 2016 (Special Request)	KGO Census Tracts

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