

June 2021

# Community Safety & Well-Being Plan

Townships of Central Frontenac, North Frontenac, South Frontenac and Frontenac Islands



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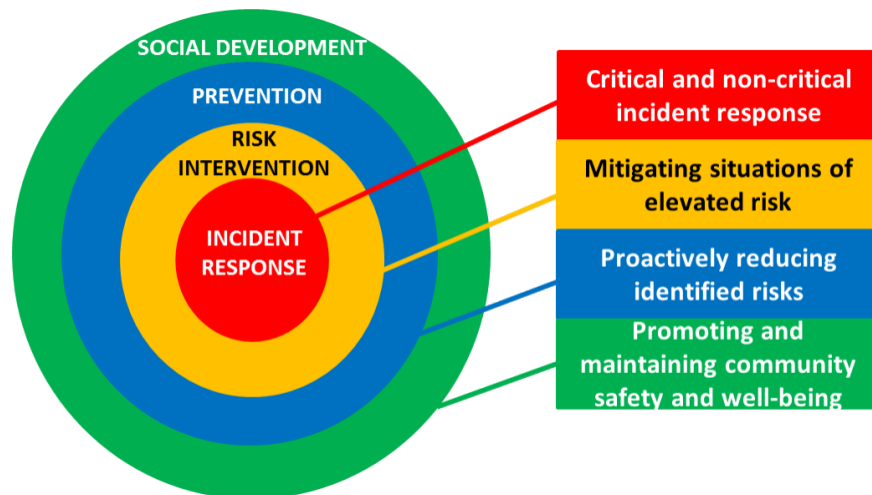
## Executive Summary

The Townships of Central Frontenac, North Frontenac, South Frontenac and Frontenac Islands have been working with their community partners since October of 2019 to develop a Community Safety and Well-being Plan, as mandated by legislation under the *Police Services Act*. More than 80 individuals, groups, organisations and agencies have been consulted in this process.

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

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

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



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

### Social Development

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



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

#### Prevention: Proactively reducing identified risks

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

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

Beyond the legislative requirement, this Community Safety and Well-being Plan is an



opportunity for the community to work together on a plan to enhance health and well-being across all Townships in the County of Frontenac. Many residents, community partners and organizations are already doing tremendous work to contribute to well-being, safety and a sense of belonging in Frontenac. It is important to continue to build and strengthen partnerships across sectors, and the Community Safety and Well-being Plan is a great opportunity to accomplish shared goals.

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

- **Substance Use**
- **Mental Health**
- **Violence against persons (physical, emotional, sexual, domestic)**
- **Health and well-being (basic needs, neglect, parenting, specialized supports)**
- **Poverty (lack of employment)**
- **Housing (emergency, affordable, supportive)**
- **Transportation**
- **Cultural (Indigenous)**
- **Geographic/social isolation (rural realities, service delivery, stigma/self-awareness, staff retention, equity of opportunity)**

We will group the risks into a themed approach for implementation:

- **Rural Economic and Community Development:** Poverty, Income, Employment, Staff Retention; Housing and Homelessness, Affordable Housing, Transportation, Indigenous Services, Rural Service Delivery, Equity of Opportunity
- **Health, Mental Health and Substance Use:** Health and Well-being (basic needs, neglect, parenting, specialized supports); Mental Health and Substance Use
- **Violence Against Persons:** Against Persons (physical, emotional, sexual, domestic)

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

Everyone has a role to play in community safety and well-being. The four Townships, working collaboratively alongside the community, can accomplish these shared goals and keep residents safe and thriving.

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

*Stephanie Gray*  
*Jane Torrance*



# 1. Introduction to Community Safety and Well-being

## 1.1 Background

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

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

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

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

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

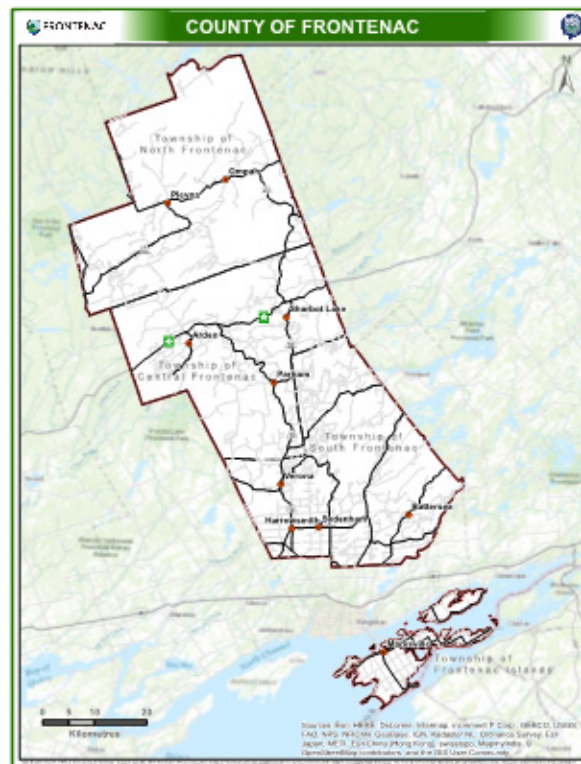
Developing a Community Safety and Well-Being Plan is about working together to ensure the right services get to the right people at the right time. It involves an integrated approach to service delivery by working with a wide range of agencies and organizations, and to build on the many successful efforts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

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



## 1.2 Environmental Scan

Frontenac County is located on unceded Algonquin Territory, and the Shabot Obaadjiwan First Nation and Ardoch Algonquin First Nation call this area home. The four municipalities of North Frontenac, Central Frontenac, South Frontenac and Frontenac Islands make up the County of Frontenac, with a combined area of almost 4000 square kilometres.



Frontenac County is served by:

- Kingston General Hospital, Hotel Dieu Hospital, Perth and Smiths Falls District Hospital, Lennox and Addington Hospital (Napanee)
- Two Family Health Teams (Sharbot Lake Family Health Team, Lakelands Family Health Team with clinics in Northbrook and Denbeigh serving North Frontenac)
- Three Medical Clinics (Verona Medical Clinic, Wolfe Island Community Health Clinic, Sydenham Medical Centre)
- Police services are supplied by the OPP: Frontenac OPP has detachments in Sharbot Lake and Hartington; Lennox and Addington OPP has a detachment in Napanee
- Frontenac Paramedic Services has seven ambulance stations serving people in Frontenac and Kingston with a mix of Advanced Care Paramedics and Paramedics. There is one ambulance station in each of North, Central and South Frontenac and Frontenac Islands. Community Paramedicine provides wellness



- check clinics in Arden, Glenburnie, Ompah, Plevna, Sydenham, and Wolfe Island.
- Two publicly funded school boards serve Frontenac – the Limestone District Schoolboard (LDSB) and the Algonquin Lakeshore Catholic District School Board (ALCDSB)
- Library services are provided by Kingston Frontenac Public Library (KFPL). There are 11 library branches in Frontenac, located in Arden, Cloyne, Hartington, Howe Island, Mountain Grove, Parham, Plevna, Sharbot Lake, Sunbury, Sydenham and Wolfe Island.
- Community (children, youth, family, and senior) support services are provided by Rural Frontenac Community Services in Sharbot Lake, Southern Frontenac Community Services in Sydenham and Land O’ Lakes Community Services in Northbrook
- An abundance of social and human service agencies are generally located in Kingston but also serve the rural townships
- Various service collaboratives
- Social Services offer services to the townships but are managed out of Kingston

The 2016 Census provides a profile of the four townships:

<b>2016 Census Data</b>	<b>North</b>	<b>Central</b>	<b>South</b>	<b>Islands</b>
Population	1898	4373	18646	1760
Median age	59.5	53.5	46.9	55.9
- 0-14	185	530	2990	205
- 15-24	95	435	2040	135
- 25-54	470	1345	6950	510
- 55-64	450	890	3345	375
- 65+	700	1155	3320	530
Total dwellings (includes seasonal)	2966	3726	9213	1273
Dwellings by usual residents (year-round)	923	1885	7186	783
- Single Family	910	1785	6880	770
- Semi-detached	5	25	40	5
- Other (row, apt, mobile)	10	80	240	5
- Owner	92.4%	88.1%	92.1%	88.1%
- Renter	7%	11.9%	7.9%	11.9%
- 1 person/house	30.4%	25.5%	16.5%	22.9%
- 2 person/house	52.7%	45.6%	42.6%	51%
- 3+ person	16.9%	28.3%	40.9%	26.8%
- Average household size	2.0	2.3	2.6	2.3
Shelter Costs Owner \$	838	89	1271	1047
Shelter Costs Rental \$	664	897	954	1116
More than 30% on mortgage	22.6%	19.2	13.6	10.3
More than 30% on rent	53.8%	47.8	45.9	53.8
Median income	48,064	56,550	89,457	80,512
Prevalence LIM after tax	19.9%	19.1%	7.7%	10%





Employed	625	1695	9670	915
Unemployed	75	170	450	20
Not in labour force	1005	1875	5480	620
Employment Rate	36.8%	45.3%	62%	59%
Unemployment Rate	10.7%	9.1	4.4	2.1%
English as first language	97.6	98.5	97.8	98
Indigenous	3.8%	9.8%	3.6%	2.6%

## Central Frontenac

The Township of Central Frontenac has an area of 1,025 square kilometres and has a permanent population of 4,373 that more than doubles in the summer. Central Frontenac was amalgamated in 1998 and is made up of four former townships, including Kennebec, Olden, Oso and Hinchinbrooke. The municipal office is located in Sharbot Lake. Central Frontenac straddles Highway 7 with easy access to Perth and Kingston.

The people of Central Frontenac enjoy a unique character and quality of life with homes spread between the village of Sharbot Lake and the hamlets and crossroad communities of Parham, Mountain Grove, Arden, Tichborne, Piccadilly, Godfrey, Henderson, Elm Tree and Crow Lake.

There are 3,726 dwellings with 1,885 permanent residences and 1,841 seasonal homes. The majority (1,785) are single-family homes with an average household size of 2.3 people. With a 9.1% unemployment rate, the median household income is \$56,550 and 19.1% of the population live below the low-income measure. The majority (98.5%) of residents speak English as a first language, and 9.8% identify as Aboriginal. Thirty percent of the Central Frontenac population is aged 25 to 54 (the working years) and the median age of resident is 53.5.

Central Frontenac has the largest number of Indigenous people of the four townships, and the Shabot Obaadjiwan First Nation band office is located in Sharbot Lake.

## North Frontenac

The Township of North Frontenac has an area of 1,165 square kilometres and is home to more than 1,898 permanent and 7,000 seasonal residents. North Frontenac was amalgamated in 1998 from the former Townships of Barrie, Clarendon and Miller, Palmerston and North and South Canonto. The municipal office is located in Plevna.

The people of North Frontenac have a very rural lifestyle, with homes spread between the villages of Cloyne, Plevna and Ompah, the crossroad communities of Ardoch, Harlowe, Mississippi Station, Fernleigh, Coxvale, Myers Cave, Snow Road Station and Robertsville, and lots of rural properties.

There are 2,966 dwellings, of which 923 are permanent and 2,074 are seasonal homes. The majority (910) are single-family homes and have an average household size of two



people. With a 10.7% unemployment rate the median household income is \$48,064 and almost 20% of the population lives below the low-income measure. The majority of residents speak English as a first language, and 3.8% identify as Aboriginal. North Frontenac has an older population, with a median age of resident at 59.5.

North Frontenac is the largest (by area) of the townships and has the largest number of seasonal residents, who are attracted by the pristine lakes and wilderness, the sparse population and the beautiful four-season recreational activities. It is also the most remote and has the highest unemployment rate, and the highest rate of single occupant households.

### **South Frontenac**

The Township of South Frontenac has an area of 941 square kilometres and is home to 18,646 permanent residents. South Frontenac was amalgamated in 1998 and is made up of four former townships: Bedford, Loughborough, Portland and Storrington. The municipal office is located in Sydenham. South Frontenac is 20 minutes from the 401 and the City of Kingston.

South Frontenac is home to families, farmers, artisans, self-employed tradespeople, entrepreneurs and professionals who contribute to this vibrant community spread between numerous villages and hamlets, crossroad communities and rural properties nestled around 75 lakes.

There are 9,213 dwellings, including 7,186 permanent and 2,027 seasonal homes, with a majority (6,880) comprised of single-family homes and an average household size of 2.6 people. With a low 4.4% unemployment rate, the median household income is \$89,457, but still 7.7% of the population live below the low-income measure. The majority of residents speak English as a first language, and 3.6% identify as Aboriginal. South Frontenac has a fairly young population, and the median age of resident is 46.9.

South Frontenac has the closest proximity to Kingston, the highest employment, the highest income in the county, as well as the highest mortgage costs.

### **Frontenac Islands**

The Township of Frontenac Islands has an area of 175 square kilometres and is home to 1,760 permanent residents. Frontenac Islands was formed in 1998 by the amalgamation of Wolfe Island, Howe Island and Simcoe Island, which are accessed by ferry, as well as Arabella, Bayfield, Black Ant, Garden, Goose, Hickory, Horseshoe and Simcoe Islands, which can only be accessed by private boat.

The people of Frontenac Islands have a mixture of agricultural and rural lifestyles. Only Wolfe Island has a recognizable concentrated settlement, the village of Marysville, with around 400 inhabitants.



There are 1,273 dwellings (including 783 permanent and 490 seasonal homes, with a majority (770) comprised of single-family homes and an average household size of 2.3 people. With a low unemployment rate of 2.1% (only 20 people), the median household income is \$80,512, although 10% of the population lives below the low-income measure. The majority of residents speak English as a first language, and only 2.6% identify as Aboriginal. Frontenac Islands has a middle-aged population, and the median age of resident is 55.9.

Frontenac Islands is the smallest of the townships with the lowest population, the lowest unemployment rate, the most stable population across the age groupings, as well as the highest rents.



### 1.3 Objectives

The overall purpose of the plan is to examine assets in the community, assess gaps and develop strategies to enhance the community safety and well-being for residents of the four townships in Frontenac.

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

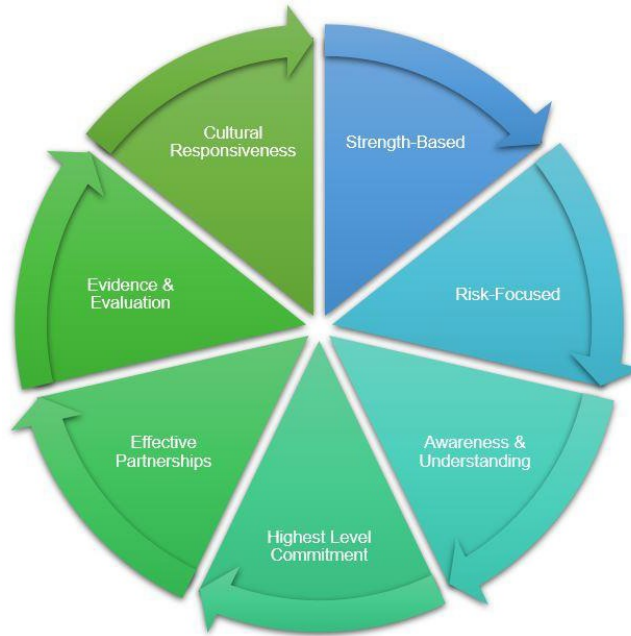
- Enhanced communication and collaboration across sectors, agencies and organizations
- Effective alignment of resources and responsibilities to better address local priorities and needs
- Better understanding of local risks and vulnerable groups
- Increased awareness of and access to services for community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

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

Seven critical success factors

- Strength-Based: Leverage existing resources, programs and services in the community
- Risk-Focused: Risk-based planning rather than incident-driven
- Awareness and Understanding: Ensuring all understand the benefits of, and their role in, CSWB planning
- Highest Level Commitment: Commitment from local government, senior public officials, and leadership through multi-sectoral agencies/organizations
- Effective Partnerships: Creating meaningful, integrated partnerships across multiple sectors
- Evidence and Evaluation: Using research, data, and performance measures throughout the planning process, and working collaboratively across sectors to identify and address local priority risks to safety and well-being
- Cultural Responsiveness: Effectively collaborating with, and responding to, the needs of diverse groups of people in the community





*(Community Safety and Well-being Planning Framework)*

## **1.4 Approach and Methodology**

The professional services of Stephanie Gray and Jane Torrance were retained by the Townships of Central Frontenac, North Frontenac, South Frontenac and Frontenac Islands to facilitate, advise and guide the municipality in establishing a structure and process to develop a community safety and well-being plan to be implemented locally. The consultants were contracted to:

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

Mayor Fran Smith (Central Frontenac) was identified as the municipal government liaison, willing and assigned to lead the advisory committee and champion the community safety and well-being planning process along with Deputy Clerk Cindy Deachman (Central Frontenac) providing administrative support.

The CSWB Advisory developed terms of reference with the stated purpose being “to collaborate across sectors to build a sustainable and endorsed Community Plan for



Safety and Well-being for the Townships of Central Frontenac, North Frontenac, South Frontenac and Frontenac Islands that is part of risk-driven, community safety model that evolves as social needs change. The overall purpose of this plan will be to examine the assets in the community, assess gaps and develop strategies to enhance the community safety and well-being for residents of the Townships.”

Members of the cross-sectoral CSWB Advisory include a political representative from municipal government, Rural Frontenac Community Services, South Frontenac Community Services, OPP, South Frontenac Police Service Board, Social Services, Housing Services, KFLA Public Health, Limestone District School Board, Algonquin and Lakeshore Catholic District School Board, Maltby Centre, FLA Family and Children’s Services, KFLA United Way, Addictions and Mental Health Services KFLA and the Shabot Algonquin First Nation, as well as administrative support from Central Frontenac.



## 2. Risks to Community Safety and Well-Being

Local priority risk factors have been identified in consultation with the Advisory Committee and through agency surveys, interviews and input through a Partner Day, as well as through researching multiple sources of data, including Statistics Canada and local sector-specific information. The individual risk areas have been grouped into theme areas in order to support future implementation plans.

### 2.1 Rural Economic and Community Development: Poverty, Income, Employment, Staff Retention; Housing and Homelessness, Affordable Housing, Transportation, Indigenous Services, Rural Service Delivery, Equity of Opportunity

**Objective: Economic Development – sustainable and continued economic development; increased meaningful employment environment and opportunities for all residents of Frontenac County.**

**Rationale: Prosperity, economic health and equity.**

**Objective: Community Development – sustainable and continued community development; increased connection to service, support and social opportunities for all residents of Frontenac County.**

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

The County of Frontenac has many assets to assist in economic and community development. There are lots of jobs and training opportunities available, and unemployed or underemployed people can get help through drop-in resource centres, job-search assistance programs and job-skills workshops. Connections Adult Learning helps with purchasing equipment and cellular data plans to loan to clients while they are taking courses.

Food security is managed with food banks, local food production, Meals on Wheels, and many social dinners. There is an abundance of active community and support programs and dedicated services, and the two multi-service rural agencies, Rural Frontenac and South Frontenac Community Services, provide hub models of incredible community support. Lots of agencies offer mobile services in Frontenac – youth, mental health, counselling, employment – many with a wrap-around approach to support people. A gateway to human services for individuals and planners, 211 is the helpline and website that provides information on and referrals to community, social, health-related and government services – a free 24/7 confidential phone call away.

Income support (social assistance) is delivered by Social Services through administration of Ontario Works benefits. Social Services also supports people in financial emergency situations and provides referrals to help people get employment, addictions, mental health services, etc. Social Services is located in Kingston. Once a week a caseworker has office hours in Sydenham, and four days a week in Sharbot Lake, with extended hours to try to meet need. Application for Ontario Works can be made online, and ongoing management



of social assistance through the “My Benefits” portal can help reduce the stigma of unemployment.

A rural lifestyle often means that a sharing economy helps people get what they need, and in the County of Frontenac the sharing or bartering of goods and services between people is second nature. The people are proud and resilient, and often resistant to urban solutions and standards.

The agency survey conducted for this plan in early 2021 identified the risk factors encountered in client service:

**Frontenac - CSWB Plan - Agency Survey (January 2021)**  
**Risks Encountered**

Answer Choices	Responses
Housing/homelessness - person does not have access to or is at risk of losing appropriate housing	76.47%
Poverty - person living in less than adequate financial situation	76.47%
Basic needs - person unable or unwilling to have basic needs met	70.59%
Unsafe living conditions	64.71%
Lack of transportation affecting ability to connect to services, employment, school	52.94%
Social isolation - person does not have access to family or social supports	52.94%
Negative social environments/neighbourhoods	47.06%
Unemployment - person temporarily or chronically unemployed	41.18%
Fire safety - residence poses a fire hazard to itself and/or neighbours	29.41%
Geographic isolation leading to victimization or self-harm	23.53%
Unemployment - caregivers temporarily or chronically unemployed	17.65%

**Poverty**

Poverty is almost always seen as the number one, overarching social determinant of health. All human-service partner organisations recognize that poverty is a risk to community safety and well-being, and removal of this barrier would allow people to access appropriate services and fully engage in the community.

*Living in poverty means there is not enough money for the basics of a healthy life. Poverty imposes hard economic choices — between shelter and medicine, nutritious food and transportation, childcare and employment opportunities, moving towards a self-sufficient future versus just getting through today. Collectively, we need to change these circumstances, so all residents can live without worrying about their next meal or a roof over their heads. (United Way, Poverty Reduction Report, 2018)*



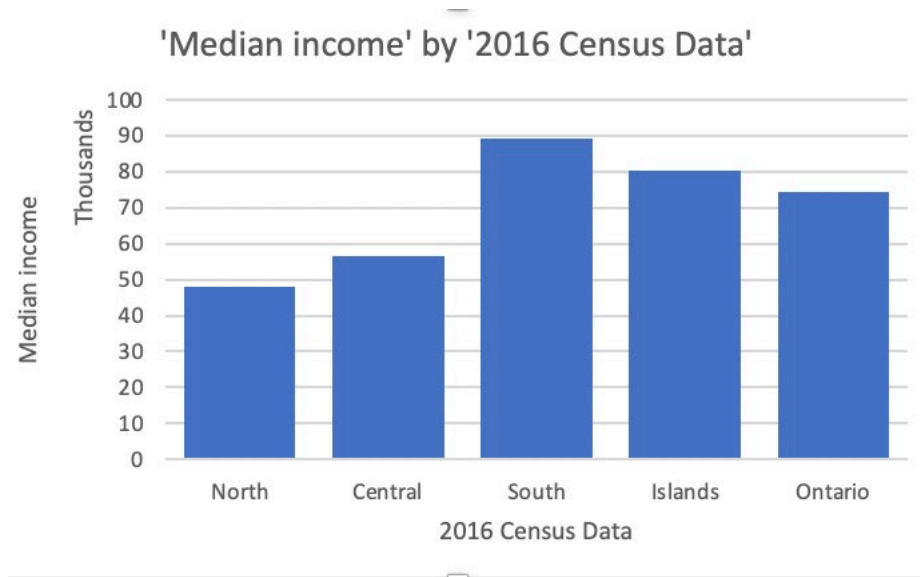


The County of Frontenac participates in the development and delivery social services from the City of Kingston through a Local Service Realignment (LSR) agreement. This agreement ensures fair access to social programs and services. Not all people who live in poverty are on social services or are connected to service provision.

## Income

The distribution of household income is where we start to see the disparity between the North and South of the county.

With a provincial median household income of 74,287, both North and Central Frontenac fall below the provincial average, while South Frontenac and Frontenac Islands, with a close proximity to Kingston, are above provincial average.



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

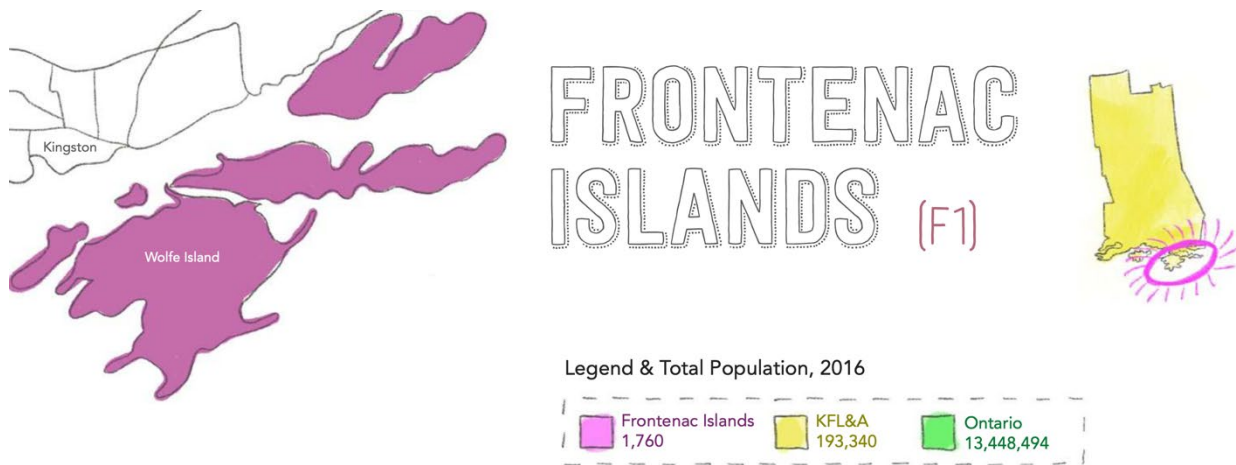
*Under the LIM, a household has low income if its income is substantially below the average. The LIM is calculated at 50 per cent of the national household median income. Using “equivilisation factors,” incomes are adjusted to account for the household size (because a couple would need more income than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



society (either typical today using the variable LIM or, with the fixed LIM, what was typical in the recent past) (Maytree, 2017).

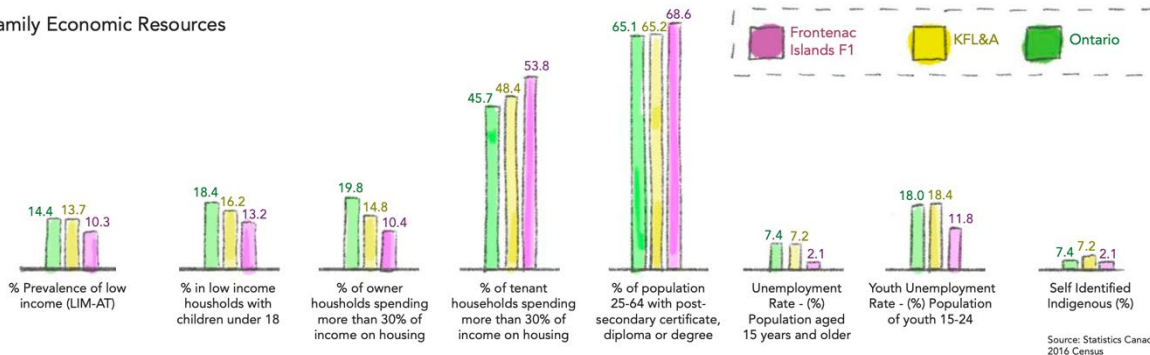
The LIM-AT, as defined by Statistics Canada, refers to a fixed percentage (50%) of median adjusted after-tax income of private households. The household after-tax income is adjusted by an equivalence scale to take economies of scale into account. This adjustment for different household sizes reflects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

In the Community Profiles 2020, as prepared by the United Way KFLA, a picture of poverty begins to emerge. With a provincial average of 14.4%, the prevalence of low income-after tax is measured at 24.3% in North Frontenac, 17% in Central Frontenac, 9.1% in South Frontenac, and 10.3% in Frontenac Islands (United Way Kingston Frontenac Lennox & Addington, Community Profiles, 2020).



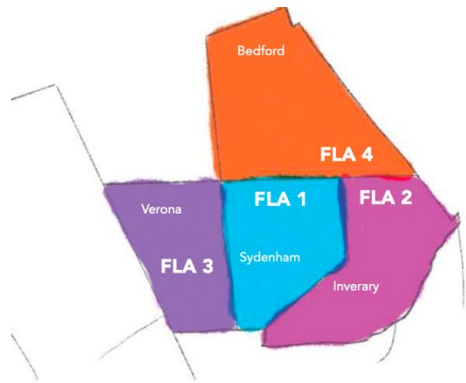
(United Way Kingston Frontenac Lennox & Addington, 2020)

**Family Economic Resources**



(United Way Kingston Frontenac Lennox & Addington, 2020)





# SOUTH FRONTENAC

(FLA 1-4)

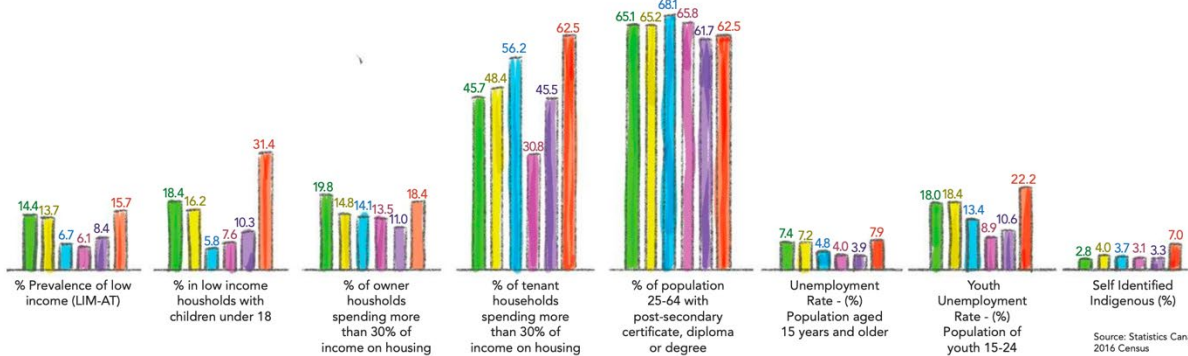


Legend & Total Population, 2016



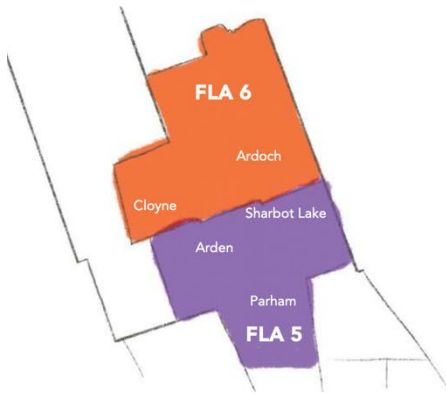
(United Way Kingston Frontenac Lennox & Addington, 2020)

Family Economic Resources



(United Way Kingston Frontenac Lennox & Addington, 2020)





# CENTRAL & NORTH FRONTENAC (FLA 5-6)

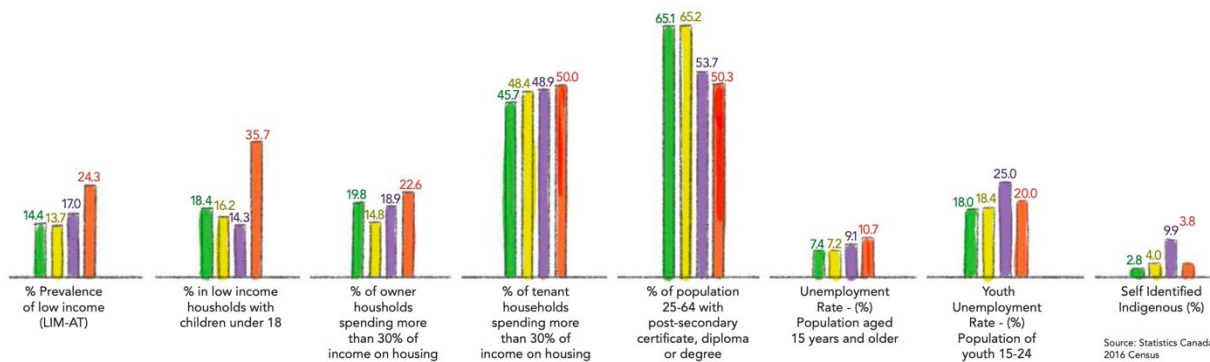


Legend & Total Population, 2016



(United Way Kingston Frontenac Lennox & Addington, 2020)

Family Economic Resources



(United Way Kingston Frontenac Lennox & Addington, 2020)

## Employment

The data tells us that Frontenac County as a whole does not have a high unemployment risk; however, much of the employment is seasonal and at times near to minimum wage. The anecdotal information gathered suggests that training does not match the jobs available, transportation is a barrier to reach employment, and Internet connection is a barrier to working from home.



2016 Census Data	North	Central	South	Islands	Ontario
Unemployment Rate	10.7%	9.1	4.4	2.1%	7.4%

(Statistics Canada, 2016)

In a recent 2020 *Frontenac County Population, Housing and Employment Projection Study* by economists Watson and Associates, historical employment growth trends across Frontenac County were recorded by local municipality. Key observations include the following:

- Between 2001 and 2006, all Frontenac County townships experienced positive employment growth, with South Frontenac growing by the largest increment.
- South Frontenac continued to demonstrate strong employment growth over the 2006 to 2011 period, with only Frontenac Islands experiencing negative growth.
- As previously discussed, Frontenac County and the Kingston CMA was hit relatively hard by the 2008/2009 economic downturn. In particular, South Frontenac experienced the greatest number of job losses, with North Frontenac also declining in total employment. Across all three of the previous Census periods, Central Frontenac has been the only township to continually experience positive employment growth.
- It is important to note that while Frontenac County’s employment base during the 2011 to 2016 period declined, more recent employment data provided by Employment Modelling Specialists International (EMSI) suggests that the county’s employment base has increased by approximately 50 jobs between 2016 and 2019. During this most recent period, employment growth has been observed in South Frontenac, Frontenac Islands and North Frontenac (Watson & Associates, 2020, pp. 3-12).

The same report also projects a positive growth forecast:

- **It is expected that job growth within Frontenac County will be steady over the next 30 years, with employment growth in retail and tourism services to serve the growing permanent and seasonal population base.** Local job growth within the county is expected to be in response to permanent and seasonal population growth within the county and surrounding area.
- **The number of residents within the county who work from home or have no fixed place of work are expected to steadily increase.** This increase is anticipated to be primarily driven by the transition of the economy towards the service sector and “knowledge-based” economy, combined with continued improvements to telecommunications and communication technology.
- **The county is expected to experience modest employment growth in the industrial sector.** Potential industrial sectors include utilities and construction, small scale manufacturing and energy.
- **Over the 2016-2046 period, the county’s employment base is forecast to increase from approximately 5,400 in 2016 to 7,000 by 2046.** This represents an increase of approximately 1,600 employees from 2016 to 2046, of which almost

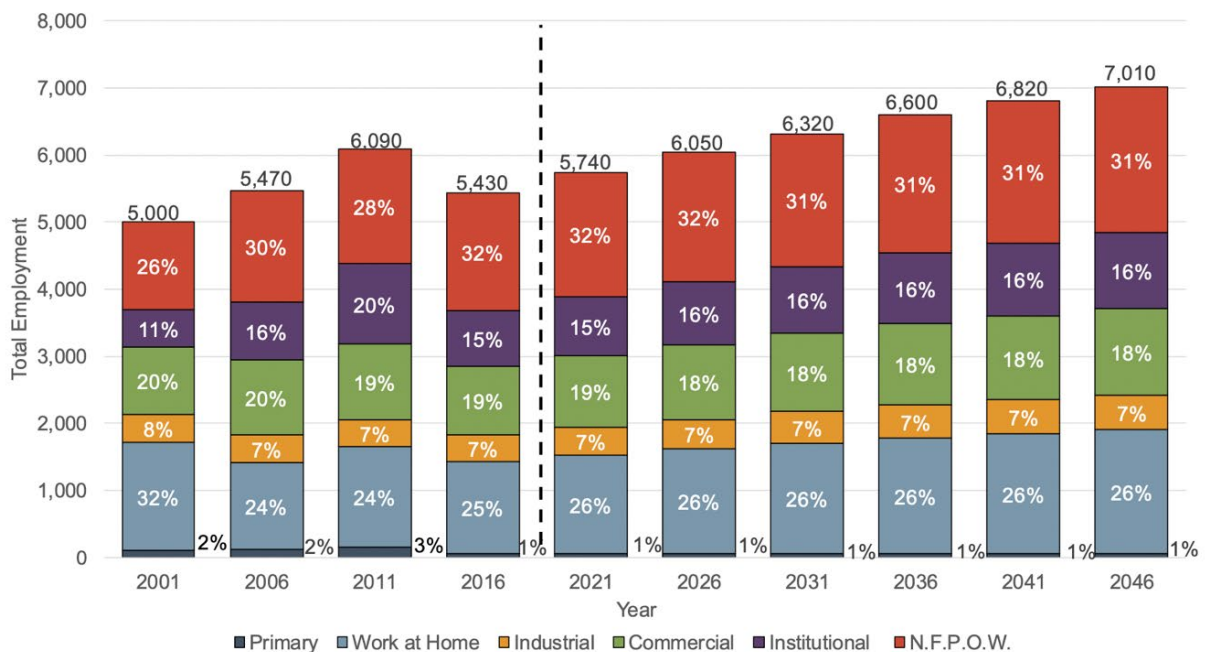


56% of job growth is forecast in the “work at home” and “no fixed place of work” employment categories. Remaining county job growth (approximately 700 employees) is forecast within the commercial sector and, to a lesser extent, the industrial and institutional sectors.

Specific occupational needs are also forecasted in this report:

- Over the long-term the county’s employment activity rate is anticipated to slowly increase from approximately 20% in 2016 to 22% by 2046 (refer to Figure 8-4). This moderate increase is anticipated to be largely driven by local employment opportunities within the County’s export-based employment sectors (e.g. transportation, wholesale trade, construction, small-scale manufacturing and agri-business) as well as population-related employment sectors such as retail, accommodation and food, professional, scientific and technical scientific services and health care. A large percentage of forecasted job growth is anticipated to be accommodated through home occupations, home-based businesses and off-site employment (pp. 8-4).

Figure 8-4  
Frontenac County  
Incremental Employment Growth, 2001 to 2046



Source: Historical Employment from Statistics Canada 2001 to 2016. Forecast is estimated by Watson & Associates Economists Ltd., 2019.  
Note: Statistics Canada defines no fixed place of work (N.F.P.O.W.) as “persons who do not go from home to the same work place location at the beginning of each shift.”

(Watson & Associates, 2020)

The recent 2020 *Blackline Service Delivery Review of Economic Development in Frontenac County* outlines a clear statement of economic development objectives for the county, including to “set the objectives of sustaining residents and businesses, increasing



the supply of living wage employment and completing your communities,” and to “Create a working group that allows the County, member municipalities and the Frontenac CFDC to collaborate on ED” (Blackline, 2020).

In 2016, a Rural Summit community process was led by Northern Frontenac Community Services (NFCS) to respond to issues of poverty and homelessness. One of the strategic directives of the City of Kingston's 10-year plan to eliminate homelessness is to develop a rural homelessness strategy (more on this later) and strategies were developed at this summit, including the creation of a rural poverty coalition.

With these two studies in mind, the strategies to mitigate the risk of poverty and unemployment come full circle and address the gaps noted through the consultation and research for this community safety and well-being plan.

### Strategies to Mitigate the Risk

Action	Create a regional employment plan that includes a cross-sectoral staff attraction, retention and development component
Evaluation	<ul style="list-style-type: none"> <li>• Increase in employment rates and full-time employment.</li> <li>• Increase in household income and decrease in LIM-AT.</li> <li>• Reduced staff turn-over.</li> <li>• Positive service outcomes.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Employment opportunities are increased to meet future employment need projections and participation raises income.</li> <li>• Full-time and fairly compensated employment increases income and health.</li> <li>• Qualified staff is hired and remains in the position allowing for positive job placements for employee (job satisfaction).</li> <li>• Employer is not in constant state of recruit/hire/train/separate (staff retention).</li> <li>• Stable service levels for community (service satisfaction).</li> <li>• Trusted relationships can develop with clients for stronger outcomes (client satisfaction and growth).</li> <li>• Collaborative relationships possible between cross-sectoral partners.</li> <li>• Employment and service stability builds trust in rural clientele.</li> <li>• Relationships are nurtured, service delivery is sensitive to rural realities.</li> <li>• Hiring processes are competitive as rural service delivery is seen in positive light.</li> </ul>



Steps Needed	<ul style="list-style-type: none"> <li>• Create a working group that allows the county, member municipalities and the Frontenac CFDC to collaborate on economic development.</li> <li>• Set the objectives of sustaining residents and businesses, increasing the supply of living wage employment and completing your communities.</li> <li>• Explore and expand training opportunities for rural youth – ready to meet job opportunities as projected.</li> <li>• Explore and advocate for rural transportation options so people can travel for work.</li> <li>• Advocate for digital access and equity through Eastern Ontario Warden’s Caucus to increase access and affordability for training and projected increased work-from-home (and no-fixed-place-of-work) employment opportunities.</li> <li>• Monitor COVID impact – successfully working virtually, impact on families and schools, people relocating to rural areas.</li> <li>• Invite community service organizations, municipalities, and others interested to work together and develop staff attraction, retention and development component.</li> <li>• Share best practices of staff recruitment and retention.</li> <li>• Determine if any collaborative hiring, housing or supervision is possible.</li> <li>• Involve colleges – Kingston and Perth.</li> <li>• Work with multiple partners, including municipalities, to share hiring notices to local job candidates.</li> <li>• Consider hub model of service delivery to create place-based network of service providers who support each other.</li> <li>• Encourage cross-sector mentoring relationships to build rural network.</li> </ul>
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<b>Action</b>	<b>Create a rural poverty coalition to act collectively to break the cycle of poverty and health inequity.</b>
Evaluation	<ul style="list-style-type: none"> <li>• Coalition members meet and develop annual work plan that includes advocacy.</li> <li>• Caseworkers in newly transformed OW system are able to work with partners to quickly navigate a networked system.</li> </ul>





Outcomes	<ul style="list-style-type: none"> <li>• Increased understanding of service delivery in a rural model that is not a simple duplication of an urban service; rural people and lifestyle are acknowledged.</li> <li>• Stigma is reduced.</li> <li>• Coordinated food strategy across the four townships.</li> <li>• System navigation is strengthened.</li> <li>• Continued and enhanced coordination and referrals within Social Services.</li> <li>• Municipalities could be more involved in helping create change.</li> </ul>
Steps Needed	<ul style="list-style-type: none"> <li>• Find a champion, a catalyst.</li> <li>• Determine which partners are also interested in the work.</li> <li>• Build on past successes – poverty summit, plus Ardoch Algonquin First Nation project.</li> <li>• Work in a collective impact model.</li> <li>• Determine best time to approach this work – when there is time and energy post-COVID.</li> <li>• Food Security: Develop a comprehensive and coordinated food strategy across the four townships to address food insecurity.</li> <li>• Stigma: Work within the newly transformed social services model and reduce stigma where possible; consider continuing digital meetings between client caseworkers beyond pandemic.</li> <li>• Rural Issues: More conversations between partners about issues to improve understanding and to develop solutions; education around eligibility; volunteers to help with system navigation and financial management; social services transformation for OW.</li> <li>• Shared Economy: Acknowledgement and support of shared economy with promotion of available tools (freecycle, rideshare, carshare, buy nothing, etc.).</li> <li>• Advocate for Universal Basic Income, including education and resulting long- term impact on regional economy and community development.</li> <li>• Consider a managed volunteer bank for bartering/sharing of services.</li> <li>• Review current social services model, delivered out of Kingston, provides a challenge in applying some recommendations in existing plan to rural work; are programs in city right ones for county; need to look at regional approach.</li> </ul>



## Housing and Homelessness

The City of Kingston manages the social housing for the County of Frontenac. Social housing units located in the county include two seniors' apartment buildings in Sydenham, built and managed by Loughborough Housing Corporation; non-profit housing in Sharbot Lake managed by North Frontenac Non-Profit Housing; and the recently fire-damaged McMullen Manor apartment building in Verona that will be rebuilt, managed by Kingston and Frontenac Housing Corporation.

Frontenac County is rich in services in the area of housing and homelessness. Social Services offer formal housing supports in terms of intensive ongoing case management, as well as rent subsidies. The Portable Housing Benefit (PHB) is a portable rent subsidy; the Homelessness Prevention Fund/Discretionary Residency Benefit provides financial assistance to aid in maintaining/obtaining housing; Prevention Diversion and Housing First programs support people at risk of or experiencing homelessness; Kingston Frontenac Renovates Program is a financial assistance to make homes more accessible or for emergency repairs; KFHC pilot program is a Tenant Support Services provided to assist with managing tenancy; a Hoarding Coalition was recently re-established; and there is also a homelessness prevention worker in rural Frontenac.

Social Services and Housing is managed out of Kingston. There are four main streams: housing assistance and emergency shelters (Kingston only); prevention and diversion (helping people at imminent risk of homelessness maintain housing or newly homeless to get back on feet); rapid rehousing and Housing First (distinct programs for adult and youth); Homelessness Prevention Fund (financial assistance to secure and maintain housing – similar to discretionary housing through ODSP but meant for those who can't access it).

City of Kingston is currently undergoing review of homeless services: a youth - family mediation program (through Kingston Youth Shelter funded by United Way) helps youth in KFLA and families mediate to prevent youth from becoming homeless; Kingston Youth Shelter is available for youth in Frontenac for emergency homelessness situations; Transitional Housing for youth is also available for youth in Frontenac; Kingston Pen Tours are funding the youth homelessness initiative.

There is a *10-Year Housing and Homelessness Plan for the City of Kingston and County of Frontenac* that plans for and documents change in the social housing sector. The plan builds on the Municipal Housing Strategy of 2011 and was developed in partnership with community organisations and has been guiding change since 2013, with a midpoint update in 2019 (City of Kingston, *10-Year Housing and Homelessness Plan*, 2013).

This plan has identified twelve strategic directions. The first five are consistent with the strategic directions identified in the Municipal Housing Strategy (2011) and relate to housing. The plan further identifies seven additional strategic directions related to ending homelessness to end homelessness in Kingston and Frontenac by 2023:



1. **Managing the Housing Agenda:** This strategic direction relates to creating a clear, visible direction for housing that aligns efforts.
2. **Creating a Complementary Regulatory Environment:** These recommendations involve establishing a conducive environment that creates opportunities and minimizes barriers.
3. **Leveraging Resources and Tools:** These recommendations encourage using and maximizing available resources to help generate positive housing-related outcomes.
4. **Building Housing Capacity:** This strategic direction seeks to increase knowledge, resources and support to better respond to the needs of the community.
5. **Cultivating Partnerships:** These recommendations involve building and harnessing the strengths of stakeholders.
6. **Systems Reorientation: Leadership, Integration & Coordination:** This strategic direction focuses on aligning the efforts of homeless serving agencies, the Service Manager, and other community partners.
7. **Strengthening Homelessness Prevention & Diversion:** These recommendations relate to improving the effectiveness of existing homelessness prevention efforts and implementing shelter diversion policies where applicable.
8. **Redefining the Role of Emergency Shelters:** This strategic direction includes recommendations that reframe emergency shelters as “Housing Assistance and Emergency Shelter Services,” which assist clients to quickly obtain housing assistance.
9. **Increasing Housing Options for Those with Highest Needs:** This set of recommendations focuses on increasing the quantity and range of housing units available for individuals and households with higher needs.
10. **Improving Housing Stability for the Most in Need:** This strategic direction focuses on implementing Housing First and Rapid Re-Housing programs within the Kingston and Frontenac area.
11. **Developing a Rural Homelessness Strategy:** These recommendations revolve around providing more affordable housing in rural areas and improving access to services.
12. **Measuring Outcomes & Report Successes of the Strategy to End Chronic Homelessness:** These recommendations encourage effective data collection and analysis in order to provide more effective, targeted services and track progress towards ending homelessness.



It is in Strategic Direction #11 that the County of Frontenac might have the most interest:

- Expand housing options for low-income and homeless individuals in rural areas.
  - Promote secondary suites within existing structures without compromising safety or the character of the older buildings.
  - Consider rent supplements as a vehicle for promoting housing access in rural areas rather than extensive new construction.
- Improve access to services in rural areas.
  - Promote online resources that can be accessed to assist with housing security.
  - Increase outreach programs to better connect at risk households with available services.
  - Investigate options to address the transportation issue in rural areas.
- Enhance targeted prevention in rural areas.
  - Increase awareness of resources within and across the broader region.
  - Assess needs of presenting households and exercise diversion as much as possible to connect people with natural supports first, rather than system supports.
- Promote local leadership in ending homelessness.
  - Identify a “glue person” to improve local service delivery
  - Identify a “champion” to raise public awareness of rural homelessness.

In the five-year midpoint update, *10-Year Municipal Housing and Homelessness Plan for the City of Kingston and County of Frontenac – Five-Year Review: Environmental Scan and Needs Assessment*, no progress was shown in this area. This update proposes that “the next steps will involve another round of consultations to review and refine the proposed new goals, targets and associated actions. Ideally the updated plan will be focused around the three suggested overarching strategies, articulate clear outcomes and targets (to monitor progress) and either consolidate, remove or replace some of the more detailed actions” (City of Kingston, *10-Year Municipal Housing and Homelessness Plan for the City of Kingston and County of Frontenac – Five-Year Review*, 2019).

## **Affordable Housing**

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



services is also in short supply and presents perhaps a far greater risk to a wider population.

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

The cost of housing has escalated across the country in past years and Frontenac is no exception. Purchase and rental costs are skyrocketing. People are employed for the most part, but in lower-paying occupations with little income to manage mortgages or rent, or to repair or upgrade current housing.

The 2016 census showed that, on average, 16.5% of owner households spend more than 30% of income on housing, and 50.3% of tenant households spend more than 30% of income on housing. These figures were captured before the current housing boom.

<b>2016 Census Data</b>	<b>North</b>	<b>Central</b>	<b>South</b>	<b>Islands</b>
Total dwellings (includes seasonal)	2966	3726	9213	1273
Dwellings by usual residents (year-round)	923	1885	7186	783
Shelter costs owner households \$	838	89	1271	1047
Shelter costs tenant households \$	664	897	954	1116
Owner households spending more than 30% of income on housing	22.6%	19.2	13.6	10.3
Tenant households spending more than 30% of income on housing	53.8%	47.8	45.9	53.8

*(Statistics Canada, 2016)*

Most communities have a wide range of housing types that are appropriate for a wide range of income levels. In Frontenac County, housing stock is almost exclusively single-family, owner-occupied dwellings.

<b>2016 Census Data</b>	<b>North</b>	<b>Central</b>	<b>South</b>	<b>Islands</b>
Total dwellings (includes seasonal)	2966	3726	9213	1273
Dwellings by usual residents (year-round)	923	1885	7186	783
- Single Family home	910	1785	6880	770
- Semi-detached	5	25	40	5
- Other (row, apt, mobile)	10	80	240	5
- Owner	92.4%	88.1%	92.1%	88.1%
- Renter	7%	11.9%	7.9%	11.9%

*(Statistics Canada, 2016)*



The population of Frontenac County is aging, and a significant amount of housing stock is seasonal. As these seasonal residents retire, there has been a trend to convert the cottage to a year-round dwelling, as noted in the Watson report, and much of the modest population growth is realized through these additional permanent senior residents.

Opportunity and risk will co-exist in this likely scenario as an increase of more affluent senior residents sell their primary residence, renovate and inhabit their season residence in Frontenac. It frees up housing stock in another community, but puts more pressure on the already stretched services here.

Household size is decreasing, with the burden of household bills falling more and more to single people, and we know that this will continue as the population ages.

<b>2016 Census Data</b>	<b>North</b>	<b>Central</b>	<b>South</b>	<b>Islands</b>
Total dwellings (includes seasonal)	2966	3726	9213	1273
Dwellings by usual residents (year-round)	923	1885	7186	783
- 1 person/house	30.4%	25.5%	16.5%	22.9%
- 2 person/house	52.7%	45.6%	42.6%	51%
- 3+ person	16.9%	28.3%	40.9%	26.8%
- Average household size	2.0	2.3	2.6	2.3

*(Statistics Canada, 2016)*

### Strategies to Mitigate the Risk

<b>Action</b>	<b>Develop a rural affordable housing and homelessness strategy (as proposed in 10-Year Housing and Homelessness Strategy)</b>
Evaluation	<ul style="list-style-type: none"> <li>• 2016, 2021 and 2026 census data prove trends.</li> <li>• Continued/enhanced coordination and referrals to Social Services where appropriate.</li> <li>• Affordable housing policies developed and embedded in planning documents.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Acknowledgement that rural housing issues are different than urban, and solutions may be different as well.</li> <li>• Expanded housing options for low-income and homeless individuals in rural areas.</li> <li>• Working in alliance with regional economic development working group to determine best practice for affordable (attainable) housing opportunities through policy direction.</li> <li>• Improved access to services in rural areas.</li> <li>• Enhanced targeted prevention in rural areas.</li> <li>• Local leadership in ending homelessness.</li> </ul>



Steps Needed	<ul style="list-style-type: none"> <li>• Rural Affordable Housing Working Group Post-pandemic review of housing and homelessness in Frontenac County with eye on senior housing, service delivery and social service transformation plans, wait lists, RGI subsidies, portable benefits, landlord/tenant rights education, transportation, definitions of substandard/legal housing, eligibility of working poor, cottage conversions, uptake of renovate Kingston and Frontenac in rural areas to improve substandard housing, increasing house evaluation and tax implication, property standards, rigidity of rules, lack of housing options that force people out of their communities.</li> <li>• Conduct a County and lower-tier municipal policy and planning review with eye to affordable (attainable) housing; Review housing types – encourage conversion of larger homes or secondary homes on property as recommended in the 10-year Housing and Homelessness Plan.</li> <li>• Look at vacant land inventory and determine if partnerships with not-for-profit housing provider is possible to build affordable housing units.</li> <li>• Devote more resources to planning and expediting processes, communications and by-law enforcement.</li> <li>• Create Housing Hub with services for all ages and include service navigation, shelter/transitional housing, second-stage options, computers, health services, etc.</li> <li>• Address staffing retention and change. In rural communities, relationship building is so important; if a caseworker changes it is a step back in relationship building; Limited staff and homelessness means less service for rural areas. In Kingston two primary homelessness programs: prevention diversion (at imminent risk of homelessness) and Housing First in county funded for only two full-time staff to run everything.</li> <li>• Supportive Housing – demand for supportive housing is greater than supply; existing supportive housing programs have very long wait lists and there is no appropriate housing for clients in the interim; end up living in environments where the needed supports do not exist, or they remain homeless.</li> <li>• Opportunity for home-sharing/room rental in existing stock of houses.</li> <li>• Senior Housing options to address the tsunami that is coming</li> <li>• Partner with not-for-profit housing providers where possible to increase stock of rural senior housing, affordable housing, supportive housing: Kingston, SFCS, Salvation Army, Central Housing Corporation, North Frontenac Housing Corporation, Aboriginal Housing.</li> <li>• Work with landlords to advocate regarding long wait times for hearings and tribunals (Landlord and Tenant Board) to help reduce barriers to landlords supporting housing programs.</li> </ul>
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## Transportation

Transportation was identified as a risk to community safety and well-being for a variety of reasons, both from an economic development (transportation to access work) standpoint as well as a community development barrier (transportation to access service and reduce isolation).

Transportation services do exist for seniors or for medical transportation, and Frontenac Transportation Services and South Frontenac Community Services have Seniors Volunteer drivers to give rides to people in the county with a cost attached. Many rides are covered through ODSP or OW (there is a limited amount of money Social Services can spend on client transportation), and Veterans Affairs, EarlyON and some agencies set aside funds to pay for transportation. Subsidy is often available with fundraised dollars.

For the general population, these services are not available.

There is no taxi service or public transit available north of the 401. The result is that transportation is a huge barrier for residents to get to appointments, school, employment, any programming or training. Youth feel trapped and unable to get away, they can't participate in after-school work or recreation or in co-op placements, and there is no free bus pass for Kingston transit for county students, a service available to Kingston students.

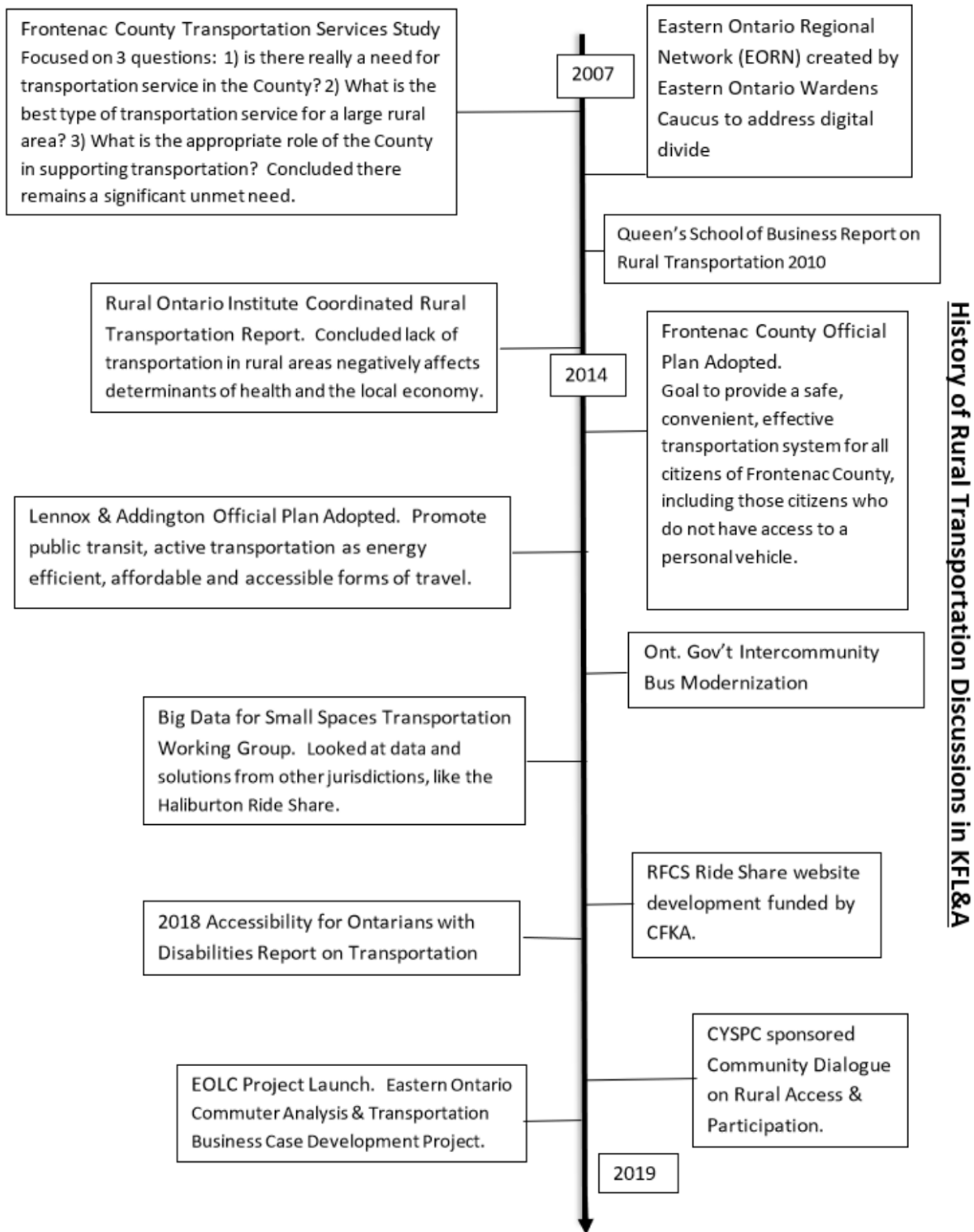
The coordination of transportation is overwhelming.

A Ride Share service (<https://www.communitycarpool.ca>) was prepared to launch before the pandemic and is currently on hold and untested.

The 2020 *KFLA Rural Transportation Project Final Report* prepared by the Child and Youth Service Planning Committee (The Table) offers excellent insight into the details of need in rural Frontenac. Beginning with the 15-year history of discussions and planning on the topic:







*(Child and Youth Service Planning Committee, 2020)*

This multi-year discussion has focused both on transportation as well as alternatives to service delivery. The pandemic has hastened the rapid delivery of virtual services. The need for transportation services for rural residents still exist to participate in their



communities and meet their basic needs. To address gaps and inefficiencies in the current system, the following actions were suggested:

- Explore option for extending funding for transportation programs from Frontenac County.
- Speak to Ministers and MPPs about rural transportation and lobby Ontario government to redefine “Public Transit.”
- Lobby school boards to offer late bus option at every rural high school that allows students to use for all purposes, with late bus stopping at local Youth Hubs after the school pick-up.
- Allow students to bring infant and pre-school siblings/children on the bus to attend childcare at or near their school.
- Lobby funders to relax age limitations for programs to allow economies-of-scale ride shares and resource sharing between programs.

Reliable digital access and affordability was also determined to be a critical companion to transportation to allow for full participation and access to services. Knowing that the Eastern Ontario Regional Network (EORN) Cell Gap Project and Gig Project, as endorsed by the Eastern Ontario Warden’s Caucus, continue to advocate for project funding and have a high likelihood of success, the Table will work on the affordability of digital service. They have purchased wifi hubs for placement across the county to help those who otherwise would not have access:

*The Table agreed to purchase four extreme weather, outdoor wifi hubs. A call went out to agencies through the CYSPC network to solicit partners to host the hubs, offering free Internet to the public at these four sites. This pilot project successfully partnered with North Frontenac Council and Limestone District School Board to install free wifi hot spots at the following locations:*

- ✓ Clara Mills Hall in Plevna
- ✓ North Addington Education Centre in Cloyne
- ✓ Tamworth Public School in Tamworth
- ✓ Mountain Grove or Parham (still to be determined)

The Table further agreed that, based on the success of the pilot, a funding proposal would be developed and submitted for more wifi hubs to be installed across the region.

### Strategies to Mitigate the Risk

Action	Continue the work started by the Child and Youth Planning Committee to move transportation and digital strategies forward.
Evaluation	<ul style="list-style-type: none"> <li>• Participation and access are expanded.</li> <li>• Alternate system delivery systems is achieved and residents have no barrier to receiving service – choice is made on personal preference.</li> </ul>



Outcomes	<ul style="list-style-type: none"> <li>• Participation in employment and training opportunities.</li> <li>• Participation in community.</li> <li>• Access to food and basic needs.</li> <li>• Access to medical and other services.</li> </ul>
Steps Needed	<ul style="list-style-type: none"> <li>• Coordination of transportation services.</li> <li>• Explore option for extending funding for transportation programs from Frontenac County.</li> <li>• Speak to Ministers and MPPs about rural transportation and lobby Ontario Gov't to redefine "Public Transit."</li> <li>• Lobby school boards to offer late bus option at every rural high school that allows students to use for all purposes, with late bus stopping at local Youth Hubs after the school pick-up.</li> <li>• Allow students to bring infant and pre-school siblings/children on the bus to attend childcare at or near their school.</li> <li>• Lobby funders to relax age limitations for programs to allow economies-of-scale ride shares and resource sharing between programs.</li> <li>• Use volunteer drivers to drive kids who can't get into town to job placement or to a spot to hop on bus to get to placement.</li> <li>• Advocate for digital access and equity through Eastern Ontario Warden's Caucus to increase access to services/supports and social connection.</li> </ul>

## First Nations Indigenous Culture

Long before European settlers arrived in Frontenac, First Nations people, mostly Algonquin, lived on this land. The Ardoch Algonquin First Nation and the Shabot Obaadjiwan First Nation continue work to be self-governed and self-sustaining to better meet community needs in Frontenac and beyond.

2016 Census Data	North	Central	South	Islands
Population	1898	4373	18646	1760
Indigenous	3.8%	9.8%	3.6%	2.6%

*(Statistics Canada, 2016)*

The band office of the Shabot Obaadjiwan First Nation is in Sharbot Lake in Central Frontenac and the Ardoch Algonquin head office is in Westport. With a provincial average of 7.4% of Indigenous population, Central Frontenac boasts almost 10% of its population as self-identified Indigenous. The vibrant culture and community is kept active through an annual pow-wow, training on traditional culture (field dressing, birch bark canoes, harvest, dream-catcher), fishing derbies, healing circles, sweat lodges, fish fries and numerous community dinners and meetings. A Food Bank for the Algonquin people of Shabot Obaadjiwan has been established.



In recognition of the harm caused by colonial practices to Indigenous children and families, historically and presently, the child welfare sector has been undergoing a transformative truth and reconciliation process. Currently, 30% of kids in care in Ontario are Indigenous, a vast over-representation that continues long past the days of residential schools.

Family and Children's Services of Frontenac, Lennox and Addington is working with members of First Nations, Metis and Inuit (FNMI) communities in this area and has formed an advisory group. The Kewaywin Circle initiates and fosters support, guidance and connections to community and cultural knowledge for families, children and youth working with the agency who self-identify as Indigenous, as well as caregivers who have self-identifying Indigenous children/youth living in their homes. The Circle further assists and guides agency staff to provide services to Indigenous families, children and youth, and to the Board of Directors, who hold the agency accountable to commitments made, work being done and policies/procedures in place. The Circle also offers input with an Indigenous lens regarding services FCSFLA provides and makes recommendations for change. The FNMI service team includes a cultural advisor as part of the team to help build support into the culture of organisation, including equity training and examining white privilege and systemic racism.

The Kewaywin Circle vision is to reignite and ground children, youth and families Indigenous to Turtle Island in their culture and to make connections, with opportunities for sharing knowledge, while ensuring that those children and youth grow up healthy and integrated within their families, cultures, and communities.

The KLFA Children and Youth Planning Committee has collated an Indigenous e-resource library, and has created a virtual learning circle that is helpful to all service providers: <https://kflchildrenandyouthservices.ca/indigenouslearningcircle/>

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

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



*Grandfathers told him, “Be true in everything that you do. Be true to yourself and true to your fellow man. Always speak the truth.”*

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

### Strategies to Mitigate the Risk

Action	Support First Nation people in Frontenac County in efforts to be self-sustaining, to increase understanding of shared history and to support well-being and truth and reconciliation efforts.
Evaluation	<ul style="list-style-type: none"> <li>• Indigenous children, youth, and families are connected to their culture, with opportunities for sharing knowledge.</li> <li>• Children and youth grow up healthy and integrated within their families, cultures, and communities.</li> <li>• Indigenous First Nation people in Frontenac are well connected to appropriate services.</li> <li>• Progress in meeting Truth and Reconciliation Commission Actions.</li> <li>• Reduced number of Indigenous children in care.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Appropriate service is offered to a large population of Indigenous youth.</li> <li>• Trust in 211 system that includes First Nation support.</li> <li>• Social and digital connection – pandemic has meant remote assistance and people cannot be connected with Elders or hold socials, healing circles, sweat lodges, etc., creating communication issues.</li> <li>• Increased financial supports to help families hit hardest by pandemic.</li> <li>• Capacity is built by Shabot Obaadjiwan First Nation, Ardoch Algonquin First Nation and partners.</li> </ul>
Steps Needed	<ul style="list-style-type: none"> <li>• Follow the Seven Grandfather teachings in all relations with Indigenous First Nation people in Frontenac County when providing service.</li> <li>• Increase education and appreciation in community of trauma and harm of colonial history.</li> <li>• Work with community and local government to implement Truth and Reconciliation Calls to Action that includes statements on appropriate protocols.</li> </ul>



	<ul style="list-style-type: none"> <li>• Capture the recommendations of the TRC in all actions of this report, woven throughout.</li> </ul>
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**Rural Community Development:** Geographic/social isolation, rural realities, service delivery, stigma/self-awareness, staff retention, equity of opportunity

Frontenac County is a large geographic area with thousands of square kilometers and a relatively small number of people. The challenges to service the community are many and the geography becomes both an asset and a risk to community safety and well-being.

2016 Census Data	North	Central	South	Islands
Population permanent residents	1898	4373	18646	1760
Square Kilometres	1,164.77	1,025.20	971.56	175.04

*(Statistics Canada, 2016)*

As with most rural areas, the larger Frontenac County is the political and census division, but the township (and often the villages or crossroad communities) is the insular, self-supporting and resilient community. These small rural communities are often resistant to the imposition of urban wisdom, program and service. There is no “one size fits all” approach to planning in a rural area. Solutions are place-based, and what works in South Frontenac may not work in Frontenac Islands and what works in Kingston will probably not work in Central or North Frontenac in the same way that policy developed in Toronto may be blind to the needs of Kingston or Frontenac County. The saying in rural community development is that “once you have seen one rural community, you have seen one rural community.”

With this in mind, it is not hard to see why the abundance of programs and services coming from Kingston are so difficult to deliver in rural Frontenac. It is not just the geography that is the challenge, but also the acceptance of service and trust in the relationship with the service provider. There is also a reluctance to accept service, perhaps rooted in pride, fear of stigma, fear of judgment, or a simple forbearance of difficult situations.

Without this relationship, people fall through the cracks because they don’t access the service available when needed, and community safety, health and well-being are put at risk. The four Townships of Frontenac are all beautiful green spaces where you can live without neighbours nearby, but people can be incredibly isolated both physically and socially, especially if they live with other vulnerabilities.

Rural people are friendly, and neighbours may take care of each other. Municipal services are strong with cost-effective delivery of asset management, infrastructure, environmental services, good governance and effective administration, health, recreation, culture and lifestyle, protection and health of natural environment, infrastructure, bylaw enforcement, fire and emergency services.



The community hub models of service that are evident in both South Frontenac and Rural Frontenac Community Health Services have been building on trusted relationships with people over many years. Alternate service delivery (virtual or by telephone) is often easier, both in terms of the burden of service delivery on provider, and acceptance of service by the user.

Traditional service delivery often means that a staff member from a service agency based in Kingston drives to an office in Frontenac once or twice a week to deliver program. Staff retention is difficult, the staff person is isolated from their colleagues, and much of the time is spent in travel. With regular changeover in staffing, trusting and supportive relationships aren't possible with clients or between service providers.

The seasonal population of Frontenac spikes to 67,000 from 26,000 permanent residents, along with a risk and how to protect safety and well-being. Seasonal people don't have the personal connections or knowledge of the community when they need help, and don't know who to call on in Kingston.

Fire services are often first point of contact in emergency situations because the ambulance cannot always get there in time to meet the standards, or police can't respond immediately to a motor vehicle incident. At the same time, the Frontenac Townships struggle with finding and rigorously training volunteer firefighters and retaining these volunteers.

The Limestone District School Board sees equity of opportunity as the biggest challenge with Frontenac, with lots of students moving into the secondary system who can't access extracurricular programming or services because of busing. They try to connect families to services through partners, but without transportation this is often not possible, so the school and staff is being asked to support families who have greater need with less money and staff.



## Strategies to Mitigate the Risk

<b>Action</b>	<b>Serve the rural areas with a variety of program delivery methods to achieve health and service equity.</b>
Evaluation	<ul style="list-style-type: none"> <li>• Increase in service uptake and greater participation in community development opportunities.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Service is available no matter where you live in Frontenac and delivered in an appropriate place-based program.</li> </ul>
Steps needed	<ul style="list-style-type: none"> <li>• Make high schools into community hubs so all members of community can reach service.</li> <li>• Encourage networked approach to service provision so that services are not duplicated.</li> <li>• Improve digital access for alternate service delivery.</li> <li>• Recognize and embrace sharing economy.</li> <li>• Free up space on municipal service delivery; need more support when government downloads services for training and facilitation; streamline reporting requirements so can focus more on service delivery and make it more efficient; address provincial response to aging infrastructure that creates financial pressures for road repairs and maintenance, leaving little for bare essentials or to develop recreation programs or community grant opportunities; embed program at township level if possible.</li> <li>• Encourage congregate living; lower-income people are hard to serve when they are residents who choose to live alone and are not connected.</li> <li>• Include transportation costs for staff and participants in all funding applications serving rural.</li> <li>• Approach rural service provision with an equity mindset.</li> </ul>

## 2.2 Health, Mental Health and Substance Use

**Objective:** Enhance availability and access to health, mental health and substance use supports across the townships.

**Rationale:** Access to needed supports helps residents to live a healthy life and prevents risk.

Elements of physical health, mental health and substance use are integrally tied together to affect a person's overall well-being. This section covers identified risk areas, including general health and well-being (health services, youth, seniors, specialized supports), and mental health and substance use (addictions). Many services are provided throughout the four townships; however, the bulk are centred in Kingston.





211 is available to access help 24/7. Service providers have suggested it is better if a client calls 211 instead of a worker, and that accessing by phone is better than doing so online.

Many agencies have responded to the COVID-19 pandemic by adding virtual services to their complement. While in-person continues to be an important approach for many circumstances, a large number of surveyed agencies have indicated some form of virtual service will continue post pandemic. The success of virtual service has been an increase in accessibility.

**Health**

The agency survey conducted for this plan in early 2021 shows the range of health-related, parenting and demographic risk factors encountered in clients the responding agencies serve. A chart outlining mental health and substance use issues is located later in this section.

**Frontenac - CSWB Plan - Agency Survey (January 2021)**

**Risks Encountered**

Answer Choices	Responses
Health - difficulty meeting nutrition or basic needs	70.59%
Developmental disability - affected by	52.94%
Social isolation - person does not have access to family or social supports	52.94%
Person not providing proper parenting	47.06%
Learning disability - affected by	47.06%
Health - not following prescribed treatment	41.18%
Acquired brain injury - affected by	41.18%
Lack of supports for elderly person(s)	41.18%
Parenting - person not receiving proper parenting; parent/child conflict	35.29%
Cognitive disability - affected by	35.29%
Language/communication barriers affecting ability to access services	35.29%
Gender issues	35.29%
Truancy or chronic absenteeism from school	29.41%
Perpetrator of elder abuse	23.53%
Missing/runaway - with or without parents' knowledge; history of	23.53%
Custody issues/child welfare	23.53%

Rural Frontenac Community Services (RFCS) offers a wide variety of programs and services for all demographics. They have permanent space in Sydenham and Sharbot Lake, and rent space in Arden, Parham, Plevna and Storrington. They provide transportation services for childcare, youth/school and medical appointment, and they offer counselling services with no wait list and no diagnosis required. RFCS rents and shares office space to agencies to work in Frontenac County at Sharbot Lake and Sydenham.



Partners at Sharbot Lake include Community Living, Adult Protective Service Worker, Connections, pre-school speech and language, food bank, income tax clinics, Maltby, Ontario Works, Ontario Disability Support Program, Child and Family Services, Providence Care Occupational Therapy, Addictions and Mental Health, Land of Lakes Community Services, violence against women services, St. Lawrence Employment Services, Family Health Team health and mental health rounds, legal services, libraries and Salvation Army. Services specific to youth and seniors are listed below.

South Frontenac Community Services Centre (SFCSC) also offers specific demographic services (see below), as well as a food bank serving between 50 and 60 households each month, housing listings, telephone reassurance, social and exercise programs, a tablet-lending library and referrals. SFCSC networks and coordinates with other agencies in order to meet community needs. Their Rural Services Worker knows where resources are for various services and aims to connect people to them.

Kingston Frontenac Lennox & Addington Public Health (KFLAPH) also provides numerous programs across all demographics. Based in Kingston, it has offices in Sharbot Lake and Cloyne and concentrates on upstream prevention and health promotion, as well as resiliency. It is willing to work with family health teams.

For adult learners, clients of Connections Adult Learning have been able to access sufficient, affordable Internet service thanks to funders who have stepped up to provide assistance for equipment and data cost coverage for cell-based internet. Online programming has also been developed and is ongoing.

Development of Ontario Health Teams are underway and are designed to streamline services and operate in a patient-centred mobile with access to one team of health-service providers in a variety of disciplines.

## Youth

A United Way Kingston Frontenac Lennox & Addington *Community Profiles* report in 2020 measured contains Early Development Indicators (EDI) for various communities throughout the region. EDI measures early childhood development to assess children's readiness to learn before entering Grade 1. Five core areas scored include physical health and well-being, social knowledge and competence, emotional health/maturity, language and cognitive development, and communications skills and general knowledge. "One of the key measures of the EDI is the percentage of children who are vulnerable or at risk for problems in later childhood, by capturing those that are struggling, but may have not been formally identified" (United Way KFLA, 2020). The chart below shows the most vulnerable in KFLA tracking slightly above the provincial average in the five core areas.



To be vulnerable means that a child is at risk of encountering future challenges in education, health and overall well-being.

**Vulnerable (Not on Track)**

The total group of children who score below the lowest 10th percentile of the distribution of scores.

**Vulnerable on 1 or More Domains**

Children who score in the lowest 10th% (not on track) on 1 or more of the 5 EDI domains.

Data in this EDI report has been grouped by neighbourhood(s) where sample sizes are sufficient to protect student, school and board confidentiality.

Percentage of Children Vulnerable, At Risk and On Track by EDI Domain in KFL&A, 2018



(United Way Kingston Frontenac Lennox & Addington, 2020)

There are several assets to support child and youth development and care throughout the townships:

RFCS has EarlyON programs available for families with children ages 0 to 6. For daycare, there are special needs supports and subsidized spaces for families needing social support. For ages 6 to 12, social recreation program is available, and there is a Youth Hub for ages 13 to 25. They also offer a Home Alone/babysitting course and Northern Rural Youth Leadership program, funded by the United Way.

For families and children, KFLAPH has Child & Baby Talk programming, prenatal classes, breastfeeding support, Healthy Babies Healthy Children, nutritional advice for school food programming, parenting campaigns and vaccinations. There is a visiting nurse in all high schools, and a nurse practitioner with the family health team.

Youth Diversion offers a mentoring program for ages 12 to 17 that matches at-risk youth with positive role models, as well as the Rebound program for the same age group, which is a 10-week Cognitive Skills program.

The Youth Outreach program is a prevention and intervention program that supports at-risk youth to make healthy life choices and is designed to connect youth, 12 to 21 years of age, and their families to services in the community.

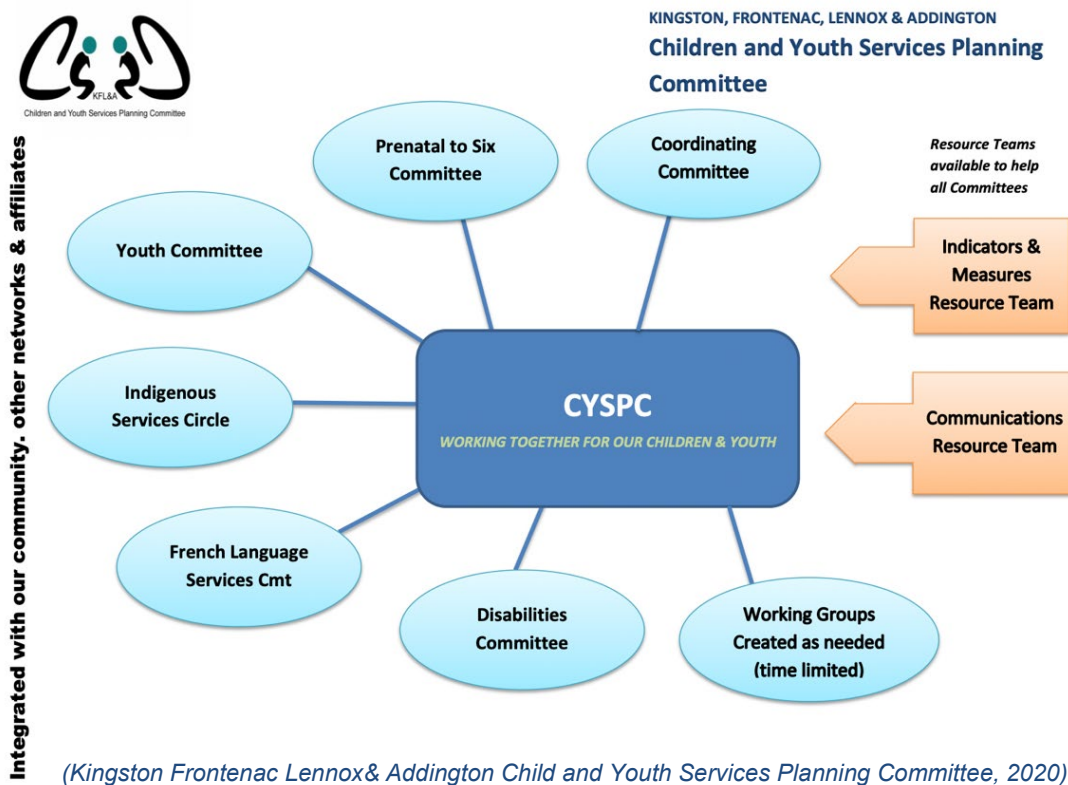
The ACES Working Group is doing community training on resilience.



The Limestone District School Board accepts everyone and is 100% inclusive. Its strategic plan emphasizes and actions wellness, collaboration and innovation. These three mandates mesh together, and activities fall within each with a report back to senior leadership. Limestone seeks ways to support students through co-op and Prior Learning Assessment to help them graduate.

The Maltby Centre is based in Kingston and offers mental health and autism supports for children and youth and their families. They are co-located with Family and Children’s Services in Sydenham and have a total of seven locations in KFLA.

A coordinated approach to service and system planning is taken by the KFLA Child and Youth Services Planning Committee. This children’s planning table is a group of service providers working together to plan and promote a seamless network of responsive services and supports for children, youth and their families in the region. With a networked approach, the CYSPC can engage in collaborative planning, implement initiatives, monitor services and influence policy to ensure that community needs and priorities guide the planning and delivery of children and youth services in the City of Kingston and the Counties of Frontenac and Lennox & Addington. Municipalities can be involved in this collaborative. As well, established inter-agency groups meet monthly (Sydenham and Sharbot Lake) to do some of the collaborative work.



The *United Way Report on Youth Homelessness 2021* contains recommendations that are specific to Frontenac and offers programs. While the report is about youth homelessness, the focus is prevention, which means programs such as Intersections start with young participants – as young as six years old. A steering committee has been working on implementing the plan, and the United Way reports great progress in the last five years. The plan is based on consultation with youth, including 170 this year and a separate consultation with Frontenac youth that received input from more than 100 youth a couple of years ago.

## **Seniors**

Social and geographic isolation tend to be significant factors for the aging population, which has been exacerbated by the COVID-19 pandemic. Many agencies have worked creatively to maintain some form of contact with isolated seniors.

RFCS provides Meals on Wheels and a Diners club, which is a social program for 60+. Home help for seniors to maintain their homes is available at an hourly rate, and there is a senior services transportation subsidy to assist with going shopping, visiting and for medical appointments. Community rounds connects service providers with each other, and there is a geriatric rounds in Sharbot Lake as well. SFCSC provides adult day programs, Meals on Wheels, transportation, home making/maintenance, foot care, volunteer visiting hospice and Diners Clubs.

## **Special Needs/Services**

There is a range of assets available to address specific special needs:

A partnership with ABI Canada/MedicAlert Connect Protect is available through MedicAlert and connected to Frontenac OPP. The Connect Protect program gives emergency responders and healthcare providers quick and secure, 24/7 access to a MedicAlert subscriber's electronic medical profile, helping to ensure successful responses.

The Maltby Centre provides free psychoeducation groups for parents, and a single-session walk-in clinic (which can be used by parents). There are phone, in-person and virtual options.

There are supports for individuals who have suffered an acquired brain injury (ABI) and their families. For qualifying individuals there is an ABI System Navigator and Community ABI Programs (CBIS) with one-on-one outreach supports. This involves travel to Kingston for group services and has been impacted by COVID-19 protocols. Education, system navigation and referrals are available.

Other assets include a Stroke Services Program for stroke survivors through VON Greater Kingston; an online services and support group for caregivers/survivors through Ontario Brain Injury Services, which is not regional but connects people.



Various services providers have identified a need for enhanced developmental disabilities locally. Family and Children’s Services indicates youth are being placed in other parts of Ontario far from family supports in order to meet this need. As well, wait lists for specialized mental health services such as eating disorders are long.

**Primary Care**

Multidisciplinary family health services are offered in Sharbot Lake, but the bulk of primary care is located in Kingston. KFLA has been approved for an Ontario Health Team and more information about pathways of care and client-centred approaches, including primary care, is anticipated. Community rounds are run by the Family Health Team.

In the rural areas, emergency services and volunteer firefighters are covering for medical emergencies until paramedics arrive, creating additional stress on these emergency services. There are mutual aid medical calls when ambulances are unable to meet time requirements for response. This results in increased training cross-over. Municipalities also face recruitment issues in terms of finding volunteers who are employed close enough to service areas to be able to respond to call.

**Substance Use and Mental Health**

Through interviews, Advisory Committee discussions and surveys it became clear that risks in the area of substance use and mental health overlap in numerous ways, particularly when it comes to servicing rural areas, supporting the staff and agencies in order to do so, and helping individuals and families to recognize when they are actually at risk of harm and encouraging them to reach out for or to accept help – a difficult thing in a proud, self-sufficient community where anonymity is difficult due to its small population and close-knit nature.

The agency survey conducted for this plan in early 2021 showed that mental health problems (diagnosed or suspected), made up the vast majority of contacts made with clients – at 88%. The chart below shows the percentage of risk factors this group of agency respondents identified that are related to mental health and substance use issues.

**Frontenac - CSWB Plan - Agency Survey (January 2021)  
Risks Encountered**

Answer Choices	Responses
Mental health problem - diagnosed or suspected	88.24%
Alcohol or drug use/abuse by an individual	70.59%
Grief/trauma	70.59%
Mental health problem affecting others	64.71%
Mental health - not following prescribed treatment	64.71%
Harm caused by someone's use/abuse of alcohol or drugs	52.94%
Hoarding	47.06%
Self-harm - engaged in or threatening to do so	41.18%



Acquired brain injury - affected by	41.18%
Suicide - current or previous risk	35.29%
Individual affected by a suicide	35.29%
Methamphetamine use	35.29%
Problematic opioid use	35.29%

Fortunately, the Kingston and Frontenac area has a wide range of assets to help individuals and families dealing with mental health and addictions issues. The tendency for residents in the more rural areas has, anecdotally, trended towards self-sufficiency and leaning on family, which can result in chronic states of risk. In many cases, families/individuals may not understand the level of risk they are in due to this sustained, often intergenerational, tendency. Agencies report the data shows where demand for service is, but anecdotal evidence may indicate otherwise, making it difficult to find the people who need the services most.

For Frontenac, Lennox and Addington, the Ontario Health Team is pursuing an integrated mental health and addictions process with approximately 20 members taking part and using a rural focus.

**Substance Use**

Addictions and Mental Health Services KFLA indicates it has three case managers and one addictions worker covering this large service area and vast geography, meaning transportation is a significant barrier to getting people to the services they need. Encouraging staff to take on the more isolated jobs in this geography has been deemed challenging. The cost to the agency to offer services in this way (with significant travel time) is also high; one worker may end up doing only one visit in a day, which is a benefit to the client but expensive. Staffing is crucial and there can be a lot of turnover before someone is found who is willing to work in the more rural areas.

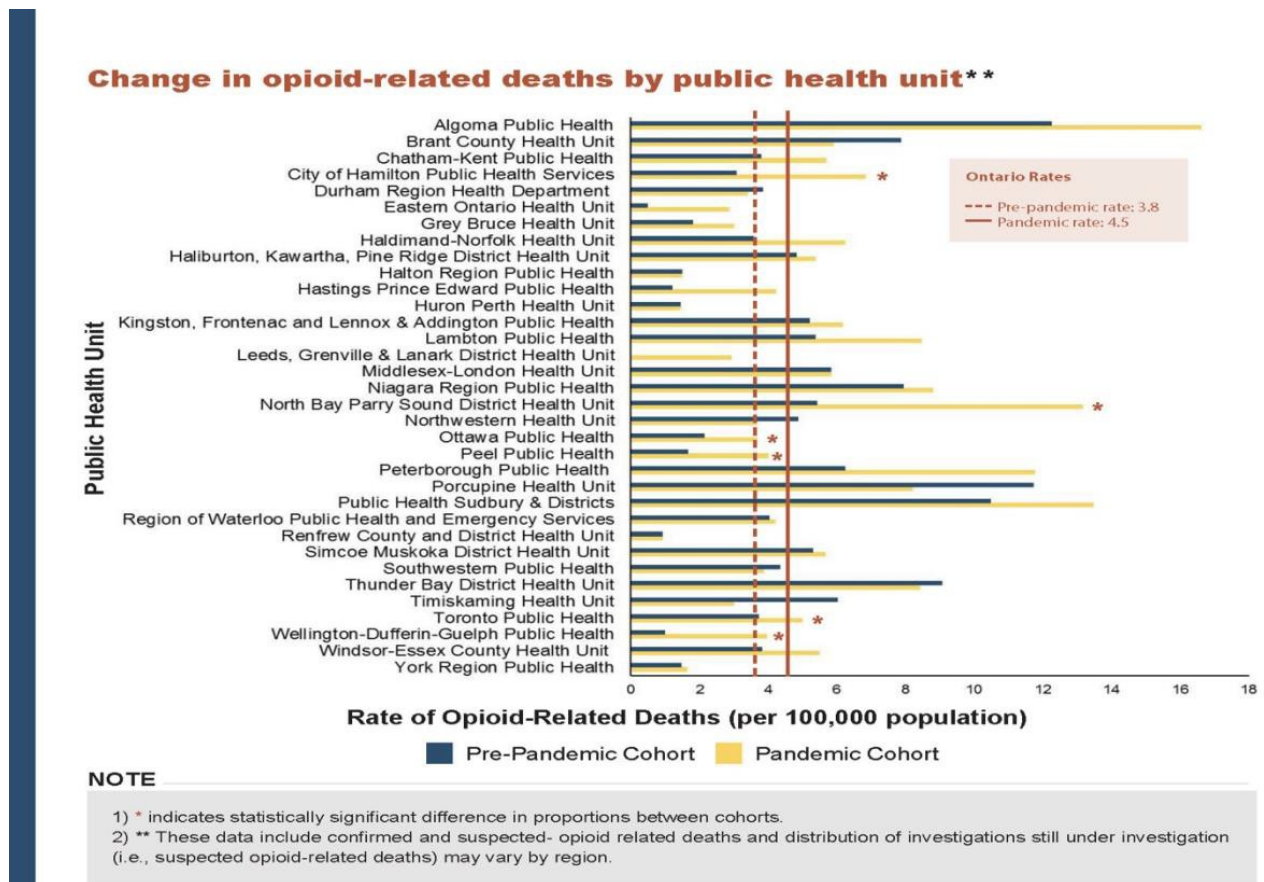
Kairos has a youth diversion program for ages 9 to 24 that includes having counsellors in the high schools and elementary schools. It can offer psychoeducational workshops on substance-use topics for children and youth ages 9 to 18. Youth Diversion deals with addictions.

KFLAPH has programs to support individuals and families around substance use. Its Healthy Babies Healthy Children program is mandated across the province and will support parents with substance use issues. KFLAPH plays a key education and advocacy role, offering various health promotional campaigns, supporting curriculum implementation around substance use for all schools and advocating at the provincial level for change. It notes the glamourization of alcohol in society is creating risk and harm in society and currently has programming on this topic now, along with a targeted media campaign for high school about harm reduction. They advocate to the province about accessibility of alcohol. “This is not just a public health issue, it is a community issue” (Susan Stewart, KFLAPH, Partner Day, 2021).



The opioid crisis continues to accelerate across Canada. KFLAPH issues warnings when toxic drugs are found in the community and has played a key role in the distribution and training on naloxone, which can save lives in the event of an overdose. It is also actively involved with the Municipal Drug Strategy. The KFL&A Community Drug Strategy Advisory Committee has released its Opioid Action Plan to the public. Key commitments include preserving the health and safety of those who use drugs, reducing opioid overdose mortality in the at-risk population and reducing harms associated with licit and illicit use of opioids. The foundation for the strategy is active surveillance. (Kingston Frontenac Lennox & Addington Public Health, Community Drug Strategy, 2020).

Data from The Ontario Drug Policy Research Network shows the increase in opioid-related deaths in KFLA during the pandemic.



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

KFLAPH has a service agreement with Street Health for needle exchange (Kingston Community Health Services). Feedback from Street Health has been there is less anonymity than in larger centres, creating a barrier for residents who might be seen going into the van. Rural Frontenac Health Services is working on a drop-off system, but has found reluctance by agencies to welcome people who are active users, as well as service providers not being able to find capacity.





KFLAPH's annual report for 2019 shows “the proportion of the KFL&A population exceeding either of the two low-risk drinking guidelines continues to be higher than the province, 49% in KFL&A versus 44% in Ontario (2017); however, the rate in KFL&A has decreased from 52% (2015 and 2016)” (Kingston Frontenac Lennox & Addington Public Health, Annual Report, 2019).

Rural Frontenac Community Services is available for substance use support and consultation.

Intersections KFLA is an evidence–informed early intervention program for children and youth who are at-risk of becoming justice-involved. It provides supports to their families as needed. The program covers the KFLA area and helps to identify substance use issues early.

Youth Diversion reports providing addiction services to children and youth is more challenging if they are not in school and the geography is taken into account. Workers identify the complexities are even greater in rural areas; youth in urban areas tend to use substance sometimes for social reasons, but in the north it is “primarily because of family circumstances or other trauma presence in life” and youth in the north may be less likely to engage in social use of substance (Shawn Quigley, Youth Diversion, Partner Day, 2021). For the Granite Ridge Education Centre, an addictions counsellor attends the high schools one day per week and has a float day for emergencies. Regular programs are offered at high schools as needed, and there are usually grade assemblies held at the beginning of the year. Counsellors can attend elementary schools on a sign-up basis and have therapy visits. Youth Diversion will also conduct home visits or go to wherever is most convenient.

With ample real estate in the townships to facilitate the growth or making of drugs, it has anecdotally become a more prevalent coping solution during COVID-19, and access to the CERB made it more affordable. OPP report an “apparent” increase in prevalence of acquiring drugs; not necessarily an increase in people but more regular users have had police contact than before (Sharron Brown, Frontenac OPP, Partner Day, 2021).

Emergency service providers indicate a lack of awareness of overdose incidents when various responders are involved.

## **Mental Health**

Addictions and Mental Health Services KFLA offers case management and diversion. It has locations in Verona, Sharbot Lake and Northbrook. There is a Mobile Crisis Team in Kingston, and the agency is considering a similar service for Frontenac, Lennox and Addington.

The Maltby Centre provides single session and on-going counselling for children, youth and families. In addition, there is support for students at Granite Ridge Education Centre and Sydenham High School through supportive programs. Maltby provides professional



clinical services to children with mental health and autism diagnosis. It strives to engage youth in a number of ways. Maltby makes an effort to ensure services are not just in Kingston; they have seven sites across KFLA and work to bring youth in from the whole region to participate in things that happen in Kingston. Schools are a significant access point for Maltby to see clients.

The Youth Diversion Intersections Program offers temporary clinical supports for children and youth who are coming into contact with police and Family and Children’s Services.

The Hotel Dieu Hospital has a neuropsychiatry focus on Acquired Brain Injury (ABI) as well as system navigation tools, such as “Managing Powerful Emotions specific to ABI: Distress Tolerance group,” which was created by Community Brain Injury Services (CBIS) and accessible for CBIS clients. The wait list for neuropsychiatry, however, is long (reported as a year long in 2021). The KFLA ABI and Addictions/Mental Health Collaborative, which is similar to a risk watch table, provides system navigation when there is confirmed or suspected ABI and addictions/mental health concerns. This is provided for service providers by service providers to address situations of high risk with the client’s consent.

KFLAPH promotes mental health and well-being through school curricula, as well as in the provincially mandated Healthy Babies Healthy Children program. They also provide a mental health way-finding pathway for health-care providers looking for mental health services for a patient. It comes from the “Moving Towards Wellness” table and includes an up-to-date online tool for searching for services and regions.

RFCS has a family counsellor who is often a triage to connect to other mental health services in rural Frontenac. This is funded through United Way and provides the flexibility of not requiring a diagnosis. It can be a one-time meeting. Youth over the age of 16 cannot be served, but RFCS will bridge to the Maltby Centre when possible. Various kinds of counselling, including financial, can be offered. The counsellor attends rounds in Sharbot Lake and can refer and be a warm hand-off if not already counselling the client.

A part-time counsellor is also housed with Sharbot Lake Health Team. The United Way has a family mediation worker serving Frontenac who helps with homelessness prevention, which is often related to addictions and mental health.

Hoarding is a complex issue that involves collaborative support. Housing and Social Services (City of Kingston) can provide financial support to help clean out hoarding situations, but this has strict criteria, which is barrier to housing and mental health support.

OPP have highlighted a number of crisis service gaps, including long wait times when officers bring a mental health patient to hospital. They indicate there is a good working relationship with Kingston General Hospital emergency, which is creating improvements. OPP have established efficiencies in terms of hospitals when they have a mental health apprehension, travelling to Kingston instead of Perth and then Brockville if an individual is formed. There are six safe beds available, but they are in Kingston and this can also



lengthen call times when trying to find a local safe bed for someone. In 2019, an agreement was reached between Frontenac OPP and AMHS-KFLA for a collaborative model to see a member of the AMHS team working in the detachment to provide real-time support for people in crisis, with immediate follow up after police involvement available.

Service agencies from Frontenac take part in the Community Risk Watch Table based in Kingston, which is an intervention table designed to provide wraparound support for individuals they refer who meet a threshold of acutely elevated risk. Discussion has taken place about ways to make better use of this tool to support rural residents.

**Strategies to Mitigate the Risk**

<b>Action</b>	<b>Collaborate with partners to explore ways to increase presence throughout the region and to maximize existing resources and awareness of programs.</b>
Evaluation	<ul style="list-style-type: none"> <li>• Increased number of outreach services available in under-served areas.</li> <li>• Increased number of shared spaces available for meeting with clients/conducting outreach and/or group sessions.</li> <li>• Increased participation by agencies in 211.</li> <li>• Increased use of 211 by residents.</li> <li>• Increased number of residents accessing services.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Residents/clients have increased number of services available to them closer to home.</li> <li>• Increased availability of harm-reduction services/supplies.</li> <li>• Increased awareness of services provided by other agencies and procedures to facilitate referrals for clients.</li> <li>• Warming centre established for day use.</li> <li>• Increased awareness and improved communication across Frontenac regarding services and how to get information.</li> <li>• Increased uptake with 211 system by both agencies and clients.</li> <li>• Increased volunteer base to support program aspects where appropriate.</li> </ul>
Steps Needed	<ul style="list-style-type: none"> <li>• Increase communication about and availability of economical spaces for group/outreach activities (shared spaces).</li> <li>• Increase awareness/education for staff serving rural areas of spaces available for meeting clients.</li> <li>• In addition to 211, have information cards available in various service locations and take advantage of radio outlets to disseminate information.</li> <li>• Explore possibility of shared mobile services and/or home visits.</li> <li>• Support efforts identified in Economic Development strategies for staff retention, particularly in isolated areas.</li> <li>• Advocate for increased human resources and incentives for</li> </ul>



	sustainability/consistency of personnel for mental health and substance use programs in under-served rural areas.
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<b>Action</b>	<b>Enhance or create training, education and communication plan for rural residents to increase awareness of dangers of substance use, tools to help with addictions and mental health, and methods to reduce stigma about accessing help in a small, rural area.</b>
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Evaluation	<ul style="list-style-type: none"> <li>• Strategy developed to support youth adversely affected by family substance use or mental health issues.</li> <li>• Increased number of rural residents accessing addictions/ substance use services.</li> <li>• Decrease in number of individuals exceeding low-risk drinking guidelines.</li> <li>• Decrease in opioid-related deaths.</li> <li>• Increase in number of individuals accessing local services.</li> <li>• Number of presentations provided in schools and to businesses/employers.</li> </ul>
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Outcomes	<ul style="list-style-type: none"> <li>• More residents feel comfortable accessing needed substance use and mental health services in a way that is not stigmatizing (factoring in rural nature of community).</li> <li>• More children and youth are supported in family addictions and mental health situations.</li> <li>• Increased opportunities created for individuals/families to access services, including virtual, sharing resources to reach, e.g. technology.</li> <li>• Communication plan developed with partners to provide education through social media and local traditional media resources.</li> </ul>
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Steps Needed	<ul style="list-style-type: none"> <li>• Consider possible tools for access, e.g. virtual or home visits (explore opportunities to create mobile services).</li> <li>• Continue to advocate on the issue of glamourization of alcohol.</li> <li>• Coordinate with Ontario Health Team to ensure involvement with integrated mental health and addictions process.</li> <li>• Recognize in education planning the definitions of masculinity and its role in stigmatization around mental health, as well as barriers faced in small communities. (Key partners: Addictions and Mental Health, KFLAPH, school boards, Maltby Centre, family counsellors, AA group).</li> <li>• Develop a calendar of articles and topics for publication through local media and social media as part of communication plan.</li> <li>• Communication plan should include presentations to local businesses and employers.</li> <li>• Include people with lived experience in education around reducing stigma.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Determine need for additional study to identify most at-risk peer groups, particularly for rural Frontenac.</li> </ul>
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Action	Increase and raise awareness of after-hours crisis services for addictions and mental health.
Evaluation	<ul style="list-style-type: none"> <li>• Increased use of rural Mobile Crisis Team and subsequent referrals.</li> <li>• Increased resources for rural Mobile Crisis Team.</li> <li>• Increased referrals to service providers.</li> <li>• Increased use of 211 by agencies and clients.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Enhanced Mobile Crisis Team for rural Frontenac to work with OPP.</li> <li>• Establish safe beds in Central and North Frontenac.</li> <li>• Availability of existing after-hours crisis services is well-documented and communicated to agencies and public.</li> <li>• Improved access to local after-hours medical care, mental health and addictions services, social services (e.g. housing supports).</li> <li>• More robust use of 211 by agencies (via updates) to ensure up-to-date crisis information available.</li> </ul>
Steps Needed	<ul style="list-style-type: none"> <li>• Advocate for program enhancements where needed.</li> <li>• Inventory and share up-to-date crisis services information amongst all relevant service providers, including schools.</li> <li>• Increase promotion of agency services through their own websites and social media.</li> </ul>

Action	Enhance programs, services and opportunities to reduce social isolation.
Evaluation	<ul style="list-style-type: none"> <li>• Increased number of participants in programs to connect residents.</li> <li>• Increased number of seniors access home support services.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Increased opportunities for residents to connect in order to reduce social isolation, increase safety and improve mental health.</li> <li>• Increased information and opportunities for seasonal residents to get acquainted with opportunities for social connection and build a connected community.</li> <li>• Advocacy for more personal support workers and home support to enhance services for seniors.</li> </ul>
Steps Needed	<ul style="list-style-type: none"> <li>• Welcome Wagon or similar program created where needed to connect newcomers to programs and services.</li> <li>• Inventory available services and consider alternate delivery methods.</li> </ul>



	<ul style="list-style-type: none"> <li>• Engage faith community to support outreach.</li> <li>• Encourage care providers to consider a “social prescription” that takes such things as social interaction/involvement, physical activity and outdoor time into account.</li> </ul>
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Action	Reduce wait times and improve access to specialized supports.
Evaluation	<ul style="list-style-type: none"> <li>• Reduced wait times for neuropsychiatry appointments</li> <li>• Increased number of individuals accessing ABI/mental health support programs.</li> <li>• Increased access by community ABI programs in long-term care for one-on-one support.</li> <li>• Increased access to Assertive Community Treatment Team for mental health supports.</li> <li>• Increased access to psychoeducational assessments.</li> <li>• Increased number of individuals receiving hoarding supports.</li> <li>• Reduced wait lists for eating disorder clinics.</li> <li>• Increased access to local developmental services.</li> <li>• Increased availability of autism supports.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Advocacy for additional resources for neuropsychiatry and child/adolescent psychiatry, as well as specialized services such as eating disorders.</li> <li>• Improved diagnosis supports for ABI and mental health to improve access to support programs.</li> <li>• Increase ability for programs to work with memory and cognitive impairments of ABI.</li> <li>• Facilitate access by community ABI programs into long-term care to provide one-on-one supports.</li> <li>• Increase service and reduce wait times for child/adolescent psychiatry.</li> <li>• Improve access to Assertive Community Treatment Team for mental health supports.</li> <li>• Improve access to psychoeducational assessments.</li> <li>• Increase opportunities for early identification and support for hoarding situations.</li> <li>• Greater number of clients experiencing hoarding are supported and connected to appropriate services, including mental health services.</li> <li>• More first responders (e.g. by-law, fire services) are confident in hoarding responses and the connections to make to support individuals/families.</li> <li>• Advocacy for increased resources/support for local developmental services.</li> <li>• Advocacy for increased autism supports available locally.</li> </ul>



Steps Needed	<ul style="list-style-type: none"> <li>• Monitor mental health wait lists post-COVID – action may be needed.</li> </ul>
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<b>Action</b>	<b>Increased collaboration in privacy-protective formats to facilitate wraparound supports for individuals and families.</b>
Evaluation	<ul style="list-style-type: none"> <li>• Number of partners involved in collaborative tables.</li> <li>• Number of trainings held for VTRA.</li> <li>• Increased referral numbers to Risk Watch Table from rural Frontenac.</li> <li>• Increased number of referrals with acutely elevated risk lowered from rural Frontenac.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• A large group of partners is routinely collaborating to provide supports to clients before they are at risk of harm.</li> <li>• Increased education and training for community partners to participate or understand referral process for Risk Watch Table.</li> <li>• VTRA training is provided to partners to provide confidence in use of protocol and collaboration opportunities.</li> <li>• Increased number of community rounds opportunities.</li> </ul>
Steps Needed	<ul style="list-style-type: none"> <li>• Provide education or create protocols to clarify how community rounds and community partners can collaborate at various levels of risk.</li> <li>• Explore virtual platforms as venue for sharing threat risk assessments.</li> <li>• Ensure collaboration with Ontario Health Team for FLA regarding integrated mental health and addictions process and wraparound support planning.</li> </ul>

<b>Action</b>	<b>Increase opportunities for a “social prescription” to support mental and physical wellness.</b>
Evaluation	<ul style="list-style-type: none"> <li>• Increased number of recreation opportunities and clubs for residents throughout rural communities.</li> <li>• Increased participation in recreation opportunities.</li> <li>• Increased communication about available opportunities.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• More opportunities are created to share common spaces at low or no cost – partnerships with community agencies.</li> <li>• Volunteer base is increased to facilitate recreation and clubs resulting in increased socialization and decreased social isolation for both volunteers and participants.</li> <li>• Increased sense of community connection created for both long-time and new residents.</li> <li>• Reduced social isolation.</li> </ul>



Steps Needed	<ul style="list-style-type: none"> <li>• Work with schools/school boards to find ways to collaborate and partner on sharing school spaces with community partners at low or no cost.</li> <li>• Work with other community partners on sharing space.</li> <li>• Inventory volunteer base and find ways to increase involvement.</li> <li>• Advocacy for funding support to expand/enhance recreation services and seek collaborative funding or shared resources.</li> <li>• Work with family doctors to encourage support for “social prescription.”</li> <li>• Promote as part of public health wellness campaign.</li> </ul>
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### 2.3 Violence Against Persons (physical, emotional, sexual, domestic)

<b>Objective: To prevent violence against persons across all demographics.</b>
<b>Rationale: Preventing violence reduces victimization and its consequences and increases health and well-being.</b>

Violence takes many forms and affects a person’s physical and mental well-being. In the agency survey conducted in early 2021, respondents identified risk factors they encounter with clients, and half are involved with various forms of violence. Victimization from physical, emotional or sexual violence is a frequent risk, followed closely by social isolation, perpetrating violence, domestic violence and elder abuse.

#### Frontenac - CSWB Plan - Agency Survey (January 2021)

##### Risks Encountered

Answer Choices	Responses
Victim of physical, emotional or sexual violence	58.82%
Social isolation - person does not have access to family or social supports	52.94%
Perpetrator of physical, emotional or sexual violence	47.06%
Domestic violence	47.06%
Victim of crime	41.18%
Victim of elder abuse	41.18%
Human trafficking	35.29%
Bullying; victim of or perpetrator of	35.29%
Perpetrator of elder abuse	23.53%
Geographic isolation leading to victimization or self-harm	23.53%
Gang association or membership	17.65%
Threatened or victimized by gang	17.65%
Homicidal ideation - person has expressed thoughts/ideas about homicide	17.65%
Sex trade	17.65%





The 2019 Progress Report from Frontenac OPP highlights major categories they track for violent crime.

OPP FRONTENAC Detachment 2019 Annual Progress Report

## Crime Data

Violent Crimes				Table 2.1
Offences	2017	2018	2019	Clearance Rate
01 - Homicide	0	0	0	
02 - Other Offences Causing Death	0	0	0	
03 - Attempted Murder	1	0	0	
04 - Sexual Offences	23	21	32	62.50%
05 - Assaults	58	83	64	81.25%
06 - Abduction	0	0	1	100.00%
07 - Robbery	0	0	1	0.00%
08 - Other Crimes Against a Person	27	34	63	52.38%
09 - Total	109	138	161	65.84%

*(Brown, 2019)*

The OPP have specialized investigative training to support specific violent crimes, such as sexual assault, and including training on child interviewing and domestic violence. They also have the benefit of cross-detachment area support, and a wide range of partnerships, including:

- Victim Services for referrals
- Family and Children’s Services
- Harm Reduction Team (HaRT)
- Sexual Assault Centre
- AMHS – KFLA (Mobile Crisis Intervention Team)
- Seniors and Law Enforcement Together (SALT)
- Community Risk Watch Table (Frontenac OPP made four referrals in 2019)

The SALT program provides fraud prevention information specifically for seniors, safety tips and encourages reporting incidents to police. The South Frontenac SALT presentations continued in 2019, and the Central North SALT committee was re-established and organized four presentations in the fall of 2019. Three presentations addressed frauds and scams and more than 200 seniors attended the sessions. Fraud is one of the factors involved with elder abuse (Brown, 2019).

Family and Children’s Services notes it has a strong relationship with police. Courts have started to embrace technology more, which is facilitating more virtual service. The agency highlights domestic violence (particularly in rural areas), housing and addictions as big issues in child welfare. They have been able to maintain in-person service through the pandemic. A continued emphasis on community partnerships has led to successful outcomes; they strive to avoid contributing to the trauma of a child being in the care of the state if there is any way for the child/youth to remain safe at home or with someone they know. KFLAPH can partner in this work in light of Healthy Babies, Healthy Children



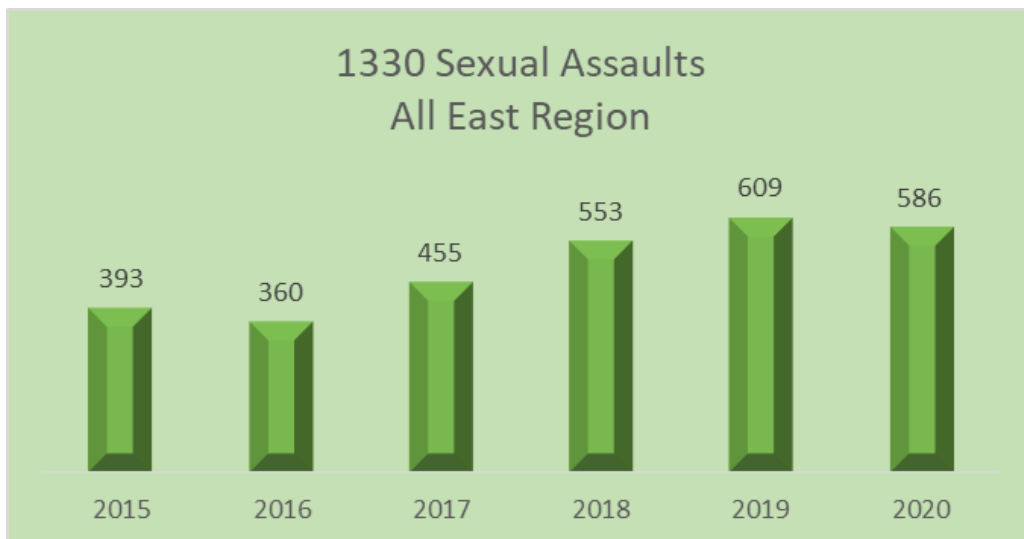
program, Food for You, Food for Two program and Child and Baby Talk program (early interventions). As well, EarlyON is delivering programs at nine sites in a prevention model for families with children ages 0 to 6. The ACES group is active in Kingston and Frontenac.

KFLAPH has begun a literature review on the role of public health in violence prevention. This work has been delayed due to the pandemic, but could provide good guidance upon completion.

Isolation – both social and geographic – has repeatedly been highlighted as a risk for various vulnerable populations and demographics, and this has been exacerbated by the COVID-19 pandemic. Participation in virtual EarlyON services was reduced, and there has been limited observation of children and spontaneous family connections. Sharbot Lake Retirement reports isolation has been debilitating for seniors, with more in-person contact between seniors and various therapists needed. School boards, Family and Children’s Services and violence against women agencies have repeatedly flagged the “lack of having eyes on people” due to pandemic isolation has increased risk of harm in many areas. Seniors are particularly vulnerable to this risk, as social interactions through employment or school are not a given for this demographic. Strategies to mitigate social and geographic isolation are included in previous sections.

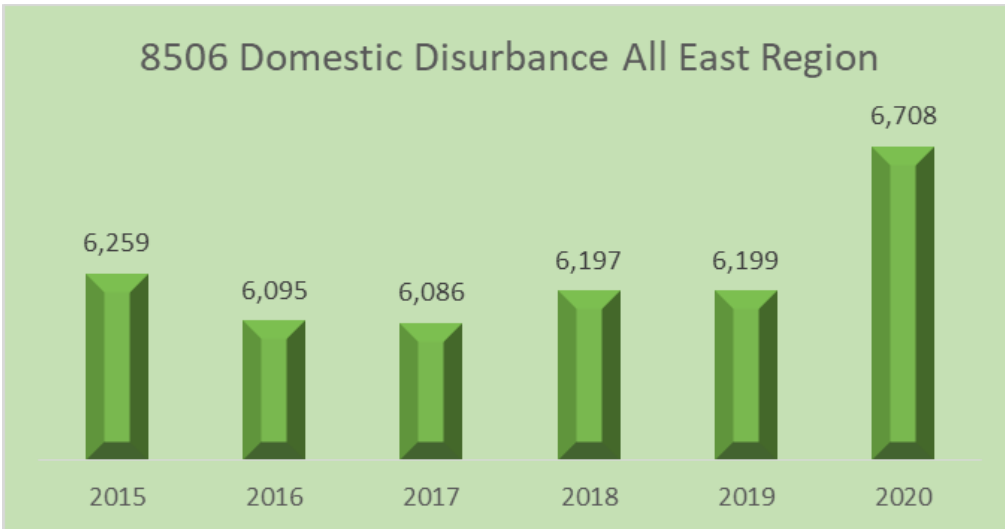
In Frontenac, almost half of the those responding to the agency survey noted “domestic violence” as a risk they encounter.

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

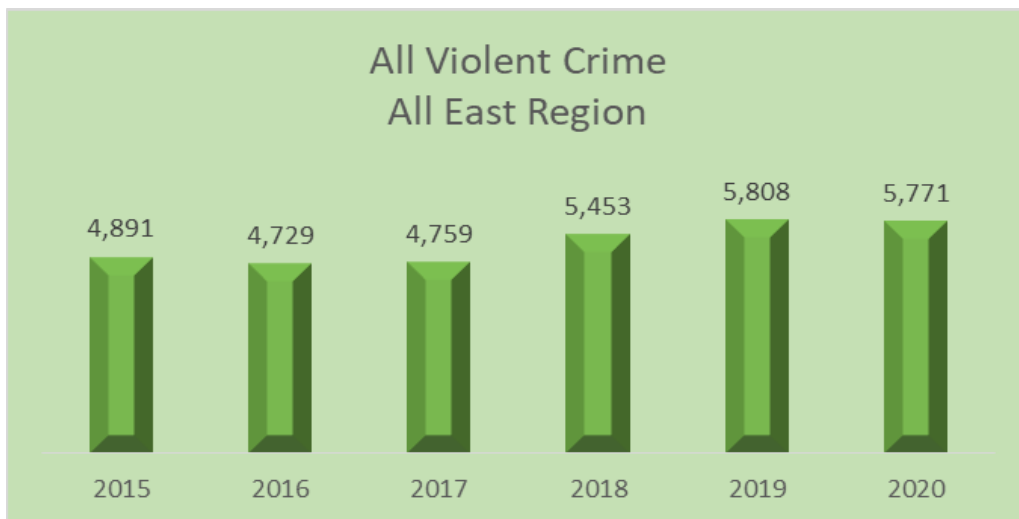


(Ross, 2021)





(Ross, 2021)



(Ross, 2021)

The closest shelters for women and children fleeing violence are located in Kingston and Napanee. The Land O' Lakes Violence Against Women Program will accompany women fleeing violence to Napanee or Kingston and will help with court visits (North Rural Women's Program).

In its 2019 Progress Report, Frontenac OPP indicated it worked with service partners to create a standardized Domestic Violence report for use by all community agencies engaged with victims to provide consistency with support services. It was launched in 2019. As well, a High-Risk Assessment Team meets on an ad hoc basis and is attended by the Community Services Officer to identify and resolve safety issues of victims when an offender is released from custody.



Limestone District School Board strives to offer a climate of support in its schools. Some students, however, are not safe and they are attending school, which creates a conflict between the human right to education and that of keeping staff safe. It is difficult for schools to access alternative services for those students, and they are missing out on good opportunities and supports. The Violent Threat Risk Assessment protocol is a way for schools to respond quickly to threatening incidents and to bring community partners together to initiate supports for students. School is not a healthy place for everyone – bullying, segregation, kids who transfer in are not included.

Youth Diversion offers youth justice programs for young people ages 12 to 17. This includes pre- and post-charge diversion. The Intersections programs for youth ages 9 to 17 who come into contact with police or Family and Children’s Services.

Frontenac OPP outlined various education sessions held in partnership with the Sexual Assault Centre in high schools in its 2019 Progress Report, including violent crime (assault, sexual assault, cyber related offences, sexting, etc.). The OPP KIDS program for elementary schools includes lessons on cyber bullying and Internet safety. The Community Services Officer worked with platoon members to deliver the program and, on an ad hoc basis, brought frontline officers into schools to introduce them to students and to deliver short presentations on safety, including cyber safety.

Police have highlighted the limited availability of agency resources in the northern parts of Frontenac. Increasing the supports and access as highlighted in previous sections will also help to provide supports for victims of violence.

**Strategies to Mitigate the Risk**

Action	Enhance system navigation and community collaboration.
Evaluation	<ul style="list-style-type: none"> <li>• Increased referrals to Community Risk Watch Table from across the Frontenac Townships.</li> <li>• Increased number of discussions at Risk Watch Table that demonstrate acutely elevated risk lowered.</li> <li>• Decreased involvement by police with individuals referred to Risk Watch Table.</li> <li>• Increased number of court diversions for individuals with acquired brain injury.</li> <li>• Increased satisfaction for victims of violence in system navigation and referrals.</li> <li>• Increased number of shelter beds available in rural Frontenac (Central, North) for women and children fleeing violence.</li> </ul>

Outcomes	<ul style="list-style-type: none"> <li>• Develop system navigation for acquired brain injury that includes court diversion focused specifically on ABI partnered with mental health.</li> <li>• Victims of violence are supported in court process through system navigation and referral processes.</li> <li>• More individuals and families receive early intervention and wraparound supports through community rounds or Risk Watch Table processes.</li> <li>• Women and children at immediate risk of violence are supported for short stays in Central and North Frontenac (safe house) until a shelter can be accessed.</li> </ul>
Steps Needed	<ul style="list-style-type: none"> <li>• Explore creation of a victim advocate/liaison program through police in partnership with other service providers to support victims of violence in navigating processes, referrals to other services, and the justice system that takes privacy legislation and procedures into account to support wraparound service.</li> <li>• Confirm and promote referral processes to community rounds and Risk Watch Table to encourage more connections.</li> <li>• Enhance inter-agency connections where needed (Land O' Lakes Violence Against Women Program, Interval House, Sexual Assault Centre Kingston, Family Health Team mental health rounds).</li> <li>• Establish and increase number of informal shelter beds available in rural Frontenac (Central, North) for women and children fleeing violence.</li> <li>• Consider establishment of formal shelter beds.</li> </ul>

<b>Action</b>	<b>Children and youth are supported to grow up in their families, communities and cultures.</b>
Evaluation	<ul style="list-style-type: none"> <li>• Increased number of after-school programs and youth centres in rural areas to support staying in community for activities.</li> <li>• Increased privacy-protective collaboration amongst community partners to provide wraparound supports for families and children in crisis.</li> <li>• Reduced instances of stress leave for teachers/school staff.</li> <li>• Increased numbers of youth encountering law accessing diversion/Intersections.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Greater understanding amongst community partners of long-term impact of children being in the care of the state.</li> <li>• Early community partnerships cultivated to help prevent family crisis.</li> <li>• More students who have had encounters with the law supported through education and rehabilitation.</li> </ul>



	<ul style="list-style-type: none"> <li>• Wraparound supports between schools and community partners for children and families also improves support/safety for school staff.</li> </ul>
Steps Needed	<ul style="list-style-type: none"> <li>• Have skill trades program and ways to get students educated and rehabilitated (if they have had encounters with law). Create database of Frontenac employers who would be willing to work with students. The employers would also get supports. This could be for co-ops, jobs or volunteer hours - all pieces of what students need to graduate.</li> <li>• Advocacy for increased special education supports/funding.</li> <li>• Enhance community partnerships to continue to support and promote access to and available of existing early intervention programs.</li> </ul>

Action	Address root causes of violence against persons through education, training and trauma-informed approaches.
Evaluation	<ul style="list-style-type: none"> <li>• Increased trauma-informed care training opportunities offered to all sectors in region (partnership approach).</li> <li>• Increased workplace training for diversity, inclusion and cultural sensitivity.</li> <li>• Number of education programs delivered to address myths about sexual assault.</li> <li>• Decline in intimate partner violence statistics.</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Trauma-informed training and approaches incorporated into human services providing care to victims of violence.</li> <li>• Trauma-informed training and approaches incorporated into human services connected with perpetrators of violence in order to address root causes.</li> <li>• Education programs developed and delivered to address myths about sexual assault and generational stereotypes about violence in women/family relationships.</li> <li>• Increased diversity, inclusion and sensitivity protocols incorporated into workplaces across sectors (public, agencies/ organizations, schools, community groups, etc.).</li> </ul>
Steps Needed	<ul style="list-style-type: none"> <li>• Seek partnerships to assist with provision of identified trainings and education sharing.</li> <li>• Shelter beds available in rural Frontenac (Central, North) for women and children fleeing violence (e.g. safe house for short stays for women/children at immediate risk until shelter can be accessed).</li> </ul>



### 3. Outcomes and Actions and Implementation

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

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

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

An Implementation Team will take over once the Community Safety and Well-being Plan is complete and has been presented to the Township Councils. It is this team that will finalize and prioritize the actions in the plan. The composition of the Implementation Team, reporting frequency, mechanism, and structure has not yet been determined.

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

- **Rural Economic and Community Development:** Poverty, Income, Employment; Housing and Homelessness, Affordable Housing, Transportation, Indigenous Services, Geographic and Social Isolation, rural realities, service delivery, stigma/self-awareness, staff retention, equity of opportunity
- **Health, Mental Health and Addictions:** Health and well-being (basic needs, neglect, parenting, specialized supports); Mental Health and Addictions
- **Violence Against Persons:** against persons (physical, emotional, sexual, domestic)

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



The following is a summary of the themes, objectives, rationale and strategies upon which the implementation plan will be based:

### Rural Economic and Community Development

<b>Objective: Economic Development – sustainable and continued economic development; increased meaningful employment environment and opportunities for all residents of Frontenac County.</b>
<b>Rationale: Prosperity, economic health and equity.</b>

<b>Objective: Community Development – sustainable and continued community development; increased connection to service, support and social opportunities for all residents of Frontenac County.</b>
<b>Rationale: Social connection, community health and equity.</b>

<b>Action</b>	<b>Create a regional employment plan that includes a cross-sectoral staff attraction, retention and development component.</b>
<b>Action</b>	<b>Create a rural poverty coalition to act collectively to break the cycle of poverty and health inequity.</b>
<b>Action</b>	<b>Develop a rural affordable housing and homelessness strategy (as proposed in 10-Year Housing and Homelessness Strategy).</b>
<b>Action</b>	<b>Continue the work started by the Child and Youth Planning Committee to move transportation and digital strategies forward.</b>
<b>Action</b>	<b>Support First Nation people in Frontenac County in efforts to be self-sustaining, to increase understanding of shared history and to support well-being and truth and reconciliation efforts.</b>
<b>Action</b>	<b>Serve the rural areas with a variety of program delivery methods to achieve health and service equity.</b>

### Health, Mental Health and Substance Use

<b>Objective: Enhance availability and access to health, mental health and substance use supports across the townships.</b>
<b>Rationale: Access to needed supports helps residents to live a healthy life and prevents risk.</b>

<b>Action</b>	<b>Collaborate with partners to explore ways to increase presence throughout the region and to maximize existing resources and awareness of programs.</b>
<b>Action</b>	<b>Enhance or create training, education and communication plan for rural residents to increase awareness of dangers of substance use, tools to help with addictions and mental</b>





	health, and methods to reduce stigma about accessing help in a small, rural area.
<b>Action</b>	Enhance programs, services and opportunities to reduce social isolation.
<b>Action</b>	Reduce wait times and improve access to specialized supports.
<b>Action</b>	Increased collaboration in privacy-protective formats to facilitate wraparound supports for individuals and families.
<b>Action</b>	Increase opportunities for a “social prescription” to support mental and physical wellness.

**Violence Against Persons (physical, emotional, sexual, domestic)**

<b>Objective:</b> To prevent violence against persons across all demographics.
<b>Rationale:</b> Preventing violence reduces victimization and its consequences and increases health and well-being.

<b>Action</b>	Enhance system navigation and community collaboration.
<b>Action</b>	Children and youth are supported to grow up in their families, communities and cultures.
<b>Action</b>	Address root causes of violence against persons through education, training and trauma-informed approaches.



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### **Interviews:**

Sharron Brown and Jamie Davis, 2019, Frontenac OPP.

Cindy Deachman, 2019, Central Frontenac.

Scot Gillam, 2019, Limestone District School Board.

Heather Mitchell, 2019, City of Kingston.

Louise Moody, 2019, Rural Frontenac Community Services.

David Townsend, 2019, South Frontenac Community Services.

Bhavana Varma, 2019, United Way.

David Herrington, 2019, South Frontenac Police Services Board

Kieran Moore, 2019, Kingston Frontenac Lennox and Addington Public Health Unit

Fran Smith, 2019, Central Frontenac

Kat Riley, 2019, City of Kingston



## Appendix 1

### **Draft Implementation Plan Community Safety and Well-being Plan North, South, Central Frontenac and Frontenac Islands**

This plan will best be implemented across all of Frontenac unless noted. North and Central do have some different needs than South and the Islands, and “north of the 401” and “north of 7” are common descriptors of the transition points.

This Implementation Plan will be finalized by the Implementation Committee after the adoption of the CSWB Plan by the Townships. It is meant to be dynamic, and the actions listed can change/grow/be modified as the implementation progresses. This is a starting point to Community Safety and Well-being.

With three Strategic Areas – **Rural and Economic Development; Health, Mental Health and Substance Use; and Violence Against Persons** – this implementation plan includes 19 strategic actions that will mitigate the risk to community safety and well-being. These actions are intended to be spread over five years and are prioritized by year for implementation. Where possible, a lead organization has been identified, along with partners willing to help in the work.



## Rural and Economic Development

Poverty, Income, Employment, Housing and Homelessness, Affordable Housing, Transportation, Indigenous Services, Geographic and Social Isolation, Rural Realities, Service Delivery, Stigma/Self-awareness, Staff Retention, Equity of Opportunity

### Economic Development

<b>Objective: Economic Development – sustainable and continued economic development; increased meaningful employment environment and opportunities for all residents of Frontenac County.</b>
<b>Rationale: Prosperity, economic health and equity.</b>

Strategic Actions	Priority in Year 1,3,5	Lead and Partners/Funding
<b>1. Action:</b> Create a regional employment plan.	<b>1</b>	<b>Lead: County Economic Development</b> <b>Partners:</b> Frontenac Business Services, employment agencies (St. Lawrence College), Connections, Townships. Consult Community Living, Pillar Financial Services, Sharbot Lake Business Group, Seed to Sausage and Deans Grocery Store, Lanark/Leeds/Grenville employers or employment groups (CFDCs, eastern Ontario)
<b>2. Action:</b> Develop cross-sectoral rural staff retention plan.	<b>1</b>	<b>Lead: Maltby</b> <b>Partners:</b> municipalities, other service agencies, FCS, Resolve, Colleges – Kingston and Perth
<b>3. Action:</b> Advocate for increased human resources and incentives for sustainability/ consistency of personnel for mental health and substance use programs in under-served, rural areas.		<b>Lead: Implementation Committee</b>
<b>4. Action:</b> Create a rural poverty coalition to act collectively to break the cycle of poverty and health inequity.	<b>Launch in year 1 work in years 3-5</b>	<b>Lead: United Way, RFCS, SFCS</b> <b>Partners:</b> County, Family and Children’s Services, First Nations, RFCS, Salvation Army Frontenac <b>Created for all; implemented North and South</b>



## Community (and Social) Development

<b>Objective: Community Development – sustainable and continued community development; increased connection to service, support and social opportunities for all residents of Frontenac County.</b>
<b>Rationale: Social connection, community health and equity.</b>

Strategic Actions	Priority in Year 1,3,5	Lead and Partners/Funding
<b>5. Action:</b> Develop a rural affordable housing and homelessness strategy (as proposed in 10-Year Housing and Homelessness Strategy).	<b>1</b>	<b>Lead: Kingston and County</b> <b>Partners:</b> SFCS, Salvation Army Frontenac, current housing stock owners (Central Housing Corporation, North Frontenac Housing Corporation, Aboriginal Housing)  Municipalities to ask for prioritization of the rural strategy
<b>6. Action:</b> Review Municipal policy and planning documents regionally, with eye to affordable (attainable) housing.	<b>May be underway</b>	<b>Lead: All Townships</b> North, Central, South Frontenac and Frontenac Islands
<b>7. Action:</b> Continue work started by the KFLA Children and Youth Services Planning Committee to move transportation and digital strategies forward.	<b>ongoing</b>	<b>Lead:</b> <b>Partners:</b> EORN, RFCCS, KF Public Library - digital strategies
<b>8. Action:</b> Support First Nation people in Frontenac County in efforts to be self-sustaining, to increase understanding of shared history and to support well-being and truth and reconciliation efforts.	<b>ongoing</b>	Ardoch Algonquin First Nation and the <u>Shabot Obaadjiwan</u> First Nation, municipalities, FCS (Keewayin); KCHS
<b>9. Action:</b> Serve the rural areas with a variety of program delivery methods to achieve health and service equity.		Current Network tables



## Health, Mental Health and Substance Use

Health and well-being, Basic needs, Neglect, Parenting, Specialized supports, Mental Health, Substance Use

<b>Objective: Enhance availability and access to health, mental health and substance use supports across the townships.</b>
<b>Rationale: Access to needed supports helps residents to live a healthy life and prevents risk.</b>

Strategic Actions	Priority in Year 1,3,5	Lead and Partners/Funding
<b>10. Action:</b> Collaborate with partners to explore ways to increase presence throughout the region and to maximize existing resources and awareness of programs.	ongoing	<b>Lead: Implementation Committee</b> <b>Partners:</b> Current collaboratives – CYSPC, inter-agency groups, rounds; OHT
<b>11. Action:</b> Enhance or create training, education and communication plan for rural residents to increase awareness of dangers of substance use, tools to help with addictions and mental health, and methods to reduce stigma about accessing help in a small, rural area.		<b>Lead: Implementation Committee</b> <b>Partners:</b> Current collaboratives – CYSPC, inter-agency groups, rounds, OHT; Family Health Team; public health
<b>12. Action:</b> Increase and raise awareness of after-hours crisis services for addictions and mental health.		<b>Lead:</b> Implementation Committee <b>Partners:</b>
<b>13. Action:</b> Enhance programs, services and opportunities to reduce social isolation.		<b>Lead:</b> Implementation Committee <b>Partners:</b> Current collaboratives – CYSPC, inter-agency groups, rounds; OHT; Family Health Team; public health
<b>14. Action:</b> Reduce wait times and improve access to specialized supports (Since covid there are now wait lists for many mental health services – <b>this could be a crisis</b> )	Year 1	<b>Lead:</b> <b>Partners:</b>





<p><b>15. Action:</b> Increased collaboration in privacy-protective formats to facilitate wraparound supports for individuals and families.</p>		<p><b>Lead:</b> Implementation Committee  <b>Partners:</b> OHT; Risk Watch Table</p>
<p><b>16. Action:</b> Increase opportunities for a “social prescription” to support mental and physical wellness.</p>		<p><b>Lead:</b> Implementation Committee  <b>Partners:</b> Family docs; rounds</p>



## Violence Against Persons

Physical, Emotional, Sexual, Domestic

<b>Objective: To prevent violence against persons across all demographics.</b>
<b>Rationale: Preventing violence reduces victimization and its consequences and increases health and well-being.</b>

Strategic Actions	Priority in Year 1,3,5	Lead and Partners/Funding
<b>17. Action:</b> Enhance system navigation and community collaboration; promotion of existing services.		<b>Lead:</b> <b>Partners:</b> Land O’ Lakes VAW program – Ally staff in Frontenac, Interval House, SAC Kingston, link with Family Health Team mental health rounds, Interagency
<b>18. Action:</b> Support children and youth to grow up in their healthy families, communities and cultures.		<b>Lead:</b> Family and Children Services <b>Partners:</b> all
<b>19. Action:</b> Address root causes of violence against persons through education, training and trauma-informed approaches.		<b>Lead:</b> <b>Partners:</b> KFLA Public Health

### Leadership of the Implementation Committee

Although a great deal of commitment has been shown at the strategic action level, work remains to be completed by the Advisory Committee members to determine some of the Implementation Team roles, including:

- Co-Chairs of the Implementation Team and team membership (e.g. Advisory Committee members)
- Central coordination for the whole plan
- Administration support for the plan
- Data coordination for the measurement and evaluation pieces
- Possible technical support (e.g. website to host information)
- Funding: E.g. for paid coordination if necessary, particular actions

