



Grey Bruce Children's Alliance

Measuring and Planning for Child and Youth Health:

Planning Report



Prepared by Glenda Clarke and Associates

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Grey Bruce Children’s Alliance Measuring and Planning for Child and Youth Health Planning Report

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Grey Bruce Children's Alliance: Measuring and Planning For Child and Youth Health Planning Report

Plan Summary

Background

The Grey Bruce Children's Alliance was formed in 2005 as a way for organizations to work together for the benefit of children, youth and their families. In 2007 the Alliance identified the need for comprehensive planning across the very complex mix of services. In 2008 the Ontario Trillium Foundation agreed to support the Alliance to undertake this work with a 2 year grant.

Through the Measuring and Planning for Child and Youth Health Project, the Alliance prepared a Profile indicating how healthy children, youth and families are now, and worked with service provider representatives, parents and youth within the two Counties to prepare a plan for Grey Bruce. These products will inform decision-making and will guide the work of the Children's Alliance over the next few years.

Measuring Child, Youth and Family Health

A number of factors contribute to children and youth being able to thrive and reach their full potential. These factors are referred to as the determinants of health and include social and economic factors, the physical environment, individual behaviours and living conditions. Through the development of the Profile on Child, Youth and Family Health, the impact of these determinants was examined and areas of strength and vulnerability were identified in the target population in Grey and Bruce Counties. Opportunities for the Children's Alliance to work with its community partners to respond to areas of vulnerability were also identified.

Planning for Child and Youth Health

The Planning Framework

A planning framework was developed to guide the process of building and implementing a service system plan. The key concepts within the framework are:

Child, youth and family focus. A family-centred model of planning and service delivery to ensure that the focus is on the needs of the child or youth and their family.

A systems approach that can respond to the full range of needs that people have. Planning will consider the autonomous organizations that are responsible for certain services, the collaborative service initiatives where organizations work together to

deliver specific services or supports, and the environments the organizations and initiatives operate within.

Collaboration. Planning will focus on communication and building relationships between organizations to support the achievement of common goals.

Many factors will influence the relative importance of problems within the children's service system in Grey Bruce, the opportunities that emerge to address the problems identified, and the capacity of the Children's Alliance to take action. Accordingly, the planning undertaken by the Grey Bruce Children's Alliance will be iterative in nature. Efforts will be taken to monitor and evaluate how well the selected action strategies are working and to consider any new priorities that emerge.

The Inter-organizational System Supporting Children, Youth and Families in Grey Bruce

Through the Project, inventories were developed of organizations that provide services and supports to children, youth and families, inter-organizational groups where multiple organizations work together on matters related to children, youth and families, and, existing collaborative initiatives that support children, youth and families.

The inventories indicate that there are over sixty different organizations in Grey Bruce that offer services and supports to children, youth and families. There are approximately thirty inter-organizational groups whose work focuses on children and youth and another eighteen groups whose scope includes children youth and families. A number of collaborative strategies are in place in Grey Bruce where organizations work together to deliver specific services or supports.

The Research and Policy Environment

Government policy directions and research findings provide an important context for children's services planning. Service providers participating in the consultations identified five key documents considered particularly relevant to the Measuring and Planning Project.

- ***Breaking the Cycle, Ontario's Poverty Reduction Strategy*** Cabinet Committee on Poverty Reduction, 2009
- ***With Our Best Future in Mind*** Dr. Charles Pascal's Report, June 2009
- ***Review of the Roots of Violence*** by Honourable Roy McMurtry and Dr. Alvin Curling, 2008
- ***Realizing our Potential: Our Children, Our Youth, Our Future*** The Ministry of Children and Youth Services, Spring 2008
- ***Building the Case for Change: Rehabilitation Services for Children and Youth*** The South West Local Health Integration Network Report of the Children and Youth Priority Action Team, 2008

A review of these documents was conducted and considered in the identification of collaboration opportunities.

Conversations with Parents, Youth, and Service Providers

In 2009, conversations were held with parents, youth and service providers in Grey Bruce. The results of those conversations were analyzed by categorizing responses into common themes. These common themes were validated and priorities were identified by service providers through a structured priority setting process at a consultation meeting on September 21, 2009.

Through the engagement of service providers, partners and youth, the Children's Alliance has developed an extensive list of stakeholders interested in the work of the Alliance. This stakeholder list has become a valuable vehicle for communicating with, and engaging a broad and diverse group of stakeholders in the activities of the Alliance.

Priorities for Action

The Alliance partners reviewed the results of both the measuring and the planning processes. In their analysis the partners actively considered the question "What are one or two issues that are currently not being adequately addressed, particularly orphan issues?"

It was noted that action on several of the opportunities for collaboration that were identified as priorities through the consultation process, is already underway. It was also noted that a great deal of collaborative work to support child and youth health is currently taking place in Grey Bruce and as a result, the service system's capacity to take additional collaborative action is limited.

The Alliance considered whether other organizations are already involved in an activity and the value added to the service system of selected actions, when setting out the following priorities for future action.

Over the next few years the Grey Bruce Children's Alliance will plan to:

1. Continue to work to enhance the service system's capacity to effectively support children, youth and families experiencing challenges associated with poverty including:
 - facilitating communication and networking among the participants in the Bridges Out of Poverty Certification training to support the development of a "community of practice";
 - examining opportunities for further action based on Bridges out of Poverty strategies that have been successfully implemented in other communities;
 - working with the Grey Bruce Integrated Health Coalition to inform the health care sector about the impact of poverty in Grey Bruce on health status and health care needs of local residents , and;

- continuing to develop new partnerships with the Economic Development Corporations.
2. Work to enhance the accessibility of services for children, youth and families by supporting efforts by community partners to expand the availability of service hubs.
 3. Work to enhance prevention services for school aged children (6 – 13 years) and their families, including:
 - enhancing the service system’s capacity to support young children suspected of/or diagnosed with FASD and their families;
 - enhancing the service system’s capacity to provide affordable recreation;
 - enhancing the service system’s capacity to offer inclusive, culturally appropriate services for children in this age group with unique cultural needs, and their families.
 4. Work to enhance the equity of and local access to specialized services for children and youth and families in Grey Bruce including:
 - the services available from CPRI;
 - in-patient child and youth psychiatric services.
 5. Work to enhance the supports for youth at risk of not prospering as young adults as a result of injuries, mental health issues, family violence, unique cultural needs, employment, housing, or other challenges including:
 - engaging these youth directly in identifying and developing needed enhancements to existing support networks;
 - continuing to monitor challenges for youth as they transition to adulthood, and enhance the required supports.
 6. Work with the United Way of Bruce Grey to monitor the impact of the 211 service in improving access by families, youth and service providers to the information they need.
 7. Work with the Grey Bruce Health Unit to monitor and/or update data and/or enhance current education and awareness activities or programs related to:
 - the effects of drinking during pregnancy;
 - healthy birth weights, particularly high birth weights;
 - the prevalence of injuries among children and youth, and;
 - exposure to environmental threats including poor air and water quality.

Grey Bruce Children's Alliance

Measuring and Planning for Child and Youth Health

Planning Report

1.0 Introduction

1.1 The Measuring and Planning for Child and Youth Health Project

There are many organizations in Grey and Bruce Counties that provide various human services to children, youth and their families. There are a variety of policy frameworks that guide how these services are funded and delivered. This complex mix of services does not currently operate as a well integrated system and the only apparent means for truly achieving that integration is by working together at the local level.

The last time a comprehensive children's services plan was completed for Grey Bruce was in 1994. In 2007 the Grey Bruce Children's Alliance identified the need for comprehensive planning across the very complex mix of services. In 2008 the Ontario Trillium Foundation agreed to support the Alliance to undertake this work with a 2 year grant.

Through the Measuring and Planning for Child and Youth Health Project, the Alliance prepared a report indicating how healthy children, youth and families are now and worked with service provider representatives, parents and youth within the two Counties to complete a plan for the Grey Bruce Children's Alliance. These products will inform decision-making and will guide the work of the Children's Alliance over the next few years.

The consulting firm, Glenda Clarke and Associates provided professional support to complete the project.

1.2 The Grey Bruce Children's Alliance

The Grey Bruce Children's Alliance was formed in 2005 as a way for organizations to work together for the benefit of children, youth and their families. The following are the mission, vision, shared principles and values, and shared goals of the Grey Bruce Children's Alliance.

Mission: *Providers of children's services in Grey Bruce, working together as autonomous organizations to achieve a seamless integrated system of supports for children, youth and their families.*

Vision: *We are a rural community that values and supports children, youth and their families living in a healthy community.*

Shared Principles & Values

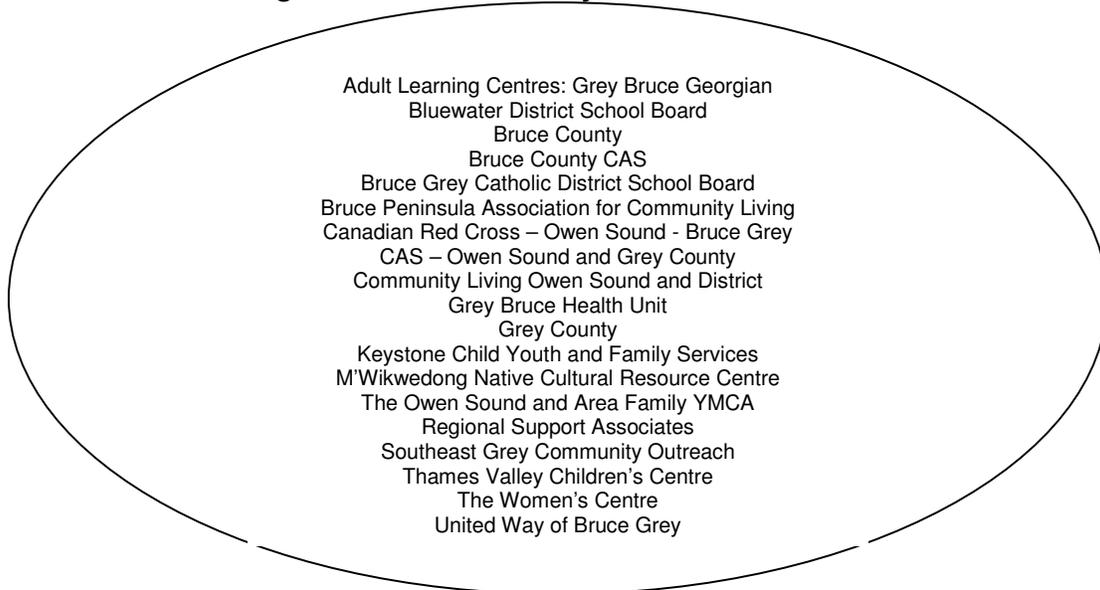
- The Alliance members share a commitment to ensuring a better life for all children and youth in Grey Bruce.
- The Alliance is committed to the belief that promoting healthy development for all children will improve outcomes for children and youth and their families.
- The Alliance respects and supports the work of all participating organizations and their board and staff.
- The Alliance believes in an action-oriented approach to problem-solving and issue resolution.
- The Alliance will advocate for fair and equitable access to primary, secondary and specialized resources (tertiary resources) for children and families in Grey Bruce as compared to other communities in Southwestern Ontario.
- The Alliance will encourage local service delivery approaches (for specialized services) that meet the needs of children and families in our largely rural community.
- The Alliance believes in processes that are inclusive and proactive.
- The Alliance believes that it can strengthen the linkages between different service sectors because of its interdisciplinary and cross-sectoral membership.
- The Alliance believes in sharing their successes with other communities for the benefit of all children and youth and their families.

Shared Goals

- ✦ To expand and improve upon the collaboration that has already been established between the local agencies and provincial ministries responsible for the planning and provision of services for children; the various professionals that provide the services; and the consumers whom they serve.
- ✦ To continue to work towards better coordination and integration of services for children, youth and families in Grey Bruce.
- ✦ To inform and help policy makers to see the opportunities to develop policy that encourages integration.
- ✦ To identify and analyze community needs and support collective action that will improve the well-being of children and youth in Grey Bruce.
- ✦ To advocate for and encourage efforts towards improving the physical health, nutrition, safety, emotional wellbeing, education and optimal development of all children and youth in Grey Bruce.
- ✦ To advocate for resources in recognition of the special challenges of delivering services in a rural area.
- ✦ To identify, develop and support projects and strategies to achieve the above goals.

The Children's Alliance is a made up of nineteen organizations that provide services and supports to children, youth and their families in Grey and Bruce Counties. (See Figure 1) For a list of current Alliance Members please see Appendix A.

Figure 1
The Organizations in the Grey Bruce Children's Alliance



1.3 The Research Questions

The following research questions guided the work to complete the planning project.

1. What influences child and youth health?
2. How healthy are Grey Bruce children, youth and families now?
3. What organizations, inter-organizational groups, and collaborative service system initiatives are in place now to support children, youth and families in Grey Bruce?
4. What priority actions should be taken over the next few years to enhance collaborative initiatives and improve child and youth health in Grey and Bruce counties?

1.4 Purpose and Organization of the Report

The purpose of this report is to synthesize the information collected through the Project. The report:

- provides an overview the measuring component of the project;
- outlines a planning framework developed through the Project to assist the Children's Alliance in its ongoing planning;
- outlines the inter-organizational networks that exist in Grey Bruce and support collaborative action for the benefit of children, youth and families in Grey Bruce;
- summarizes key information from the research and policy environment;
- summarizes what was heard in conversations with parents, youth and service providers, and;
- presents priorities for action by the Alliance.

2. Measuring Child and Youth Health

2.1 Background and Purpose

The value of social reporting is well documented in the literature. McCain et. al. note that “community reporting assesses how well children are doing within their environmental context and the impact of local programs...By measuring, analyzing, and interpreting child development and community-level data, parents and communities can modify outcomes and reduce gaps among different groups of children. Ongoing monitoring indicates if advances are being made.”¹

Through the ‘measuring’ component of the Project a Profile was developed to bring together statistics and research findings about children, youth and families in Grey and Bruce Counties and their health. The purpose of the Profile is to:

- Provide information specific to Grey and Bruce Counties that will assist service providers and parents to identify areas of strength and vulnerability in the population of children and youth;
- Serve as a planning tool for service providers to consider opportunities to respond to areas of vulnerability, and;
- Provide a baseline of information to track changes over time.

2.2 The Development of the Profile

In the summer of 2008 an extensive review of the literature was undertaken to determine what influences child and youth health. The results of that review indicated that being healthy is much more than not being sick. It is an overall state of well-being. A number of factors contribute to children and youth being able to thrive and reach their full potential. These factors are referred to as the determinants of health and include social and economic factors, the physical environment, and individual behaviours and living conditions.

The results of that literature review and preliminary plans for the development of a social report were discussed by Children’s Alliance members and other key community stakeholders in November 2008. It was agreed that the determinants of health would be used as the framework for developing the report.

A Technical Working Group was established to review a suggested list of indicators developed at the community consultation on November 7, 2008 and guide the development of the Profile. The Working Group considered social reports prepared for other communities in Ontario and provincial reports such as the Ontario Poverty Reduction Strategy. (Please see Appendix B for a summary of the indicator selection process and a list of Working Group members.)

¹ Margaret Norrie McCain, J. Fraser Mustard, Dr. Stuart Shanker *EARLY YEARS STUDY 2 Putting Science into Action* March 2007

Statistical data gathered for the Profile was drawn from a number of sources. Where possible, data was requested for at least the three year period 2006, 2007 and 2008, to begin to assess trends over time. In many instances the secondary data was only available in the form and for the time period(s) in which it was originally collected and published.

Where possible, analyses of the statistical significance of variances between the results at local level compared to a benchmark (e.g. provincial results) were included in the Profile. The use of the term “significant” in the Profile refers to those instances where a statistically significant variation has been identified.

Data for Grey Bruce was not readily available for some of the determinants of health. The time required to collect and synthesize the data included in the report was very extensive. These time and data limitations restricted the comprehensiveness of the completed Profile.

The *Profile of Child and Youth Health in Grey Bruce* was released in the form of two documents. One is a detailed technical document which is intended as a resource for service providers. The second product is a summary document highlighting areas of strength and vulnerability in the population of children and youth in Grey and Bruce Counties.

2.3 Summary of Findings from the Profile of Child and Youth Health

2.3.1 *The Child and Youth Population*

There are approximately 35,000 children and youth living in Grey Bruce who range in age from infants through to those 18 years old. The number of children and youth living in the two Counties has decreased by 20% over the past 10 years.

The number of births in Grey and Bruce Counties has remained stable over the period 2000- 2007. The size of the Grey Bruce birth cohort in 2007 was similar to that of the “mainly rural”² health unit areas in the South West and considerably smaller than that for the Middlesex London Health Unit.

Population projections suggest that the total number of children and youth aged 0 to19 will decline slightly over the next 15 years (from 36,569 to 34,880). The older age groups (0-19 years) are expected to decline and the number of younger children (aged 0-9 years) are expected to increase.

In 2006 children and youth aged 0-18 years represented 22% of the population of Grey Bruce. Persons over age 65 represented 18-19% of the population. The number of older persons is expected to grow and there is a risk that more health and social resources will go to meeting the health needs of older persons, neglecting the needs of children and youth.

² Public Health Division, Ministry of Health and Long-Term Care *Initial Report on Public Health*, August 2009 p. 78

2.3.2 Family Life

Socio-economic status and the character of family relationships are critical to healthy child development.

Strengths within the socio-economic situations of families in Grey Bruce that can be expected to have a positive impact on the health of children and youth include the following.

- Improvements in the education level of adults over the past 10 years.
- Historic unemployment rates below provincial rates.
- In 2006 the majority of Grey Bruce residents owned their own homes and lived at the same residence as they did in 2005
- Rent-Geared-to-Income housing is available to families in both Grey and Bruce Counties.
- Adults report a strong sense of belonging to the community, statistically higher than the rates for Ontario or Canada.

Vulnerabilities that can be expected to pose risks to the health of children and youth include the following.

- Moderate income levels, lower than the median incomes for all families in Ontario and lower income levels for female lone parents when compared to provincial levels.
- Lower education levels among adults when compared to provincial levels.
- In 2005, approximately 2,400 or 7% of Grey Bruce children and youth were living in poverty.
- A substantial recent increase in the number of people unemployed and receiving Employment Insurance or receiving financial assistance through Ontario Works.
- The demand for affordable housing exceeds the supply that is available.
- Homelessness is a challenge for some youth and families in Grey Bruce.
- First Nations families living on or off reserves, at risk of marginalization, discrimination, and limited access to culturally appropriate services.
- Small proportions of the population who are visible minorities, recent immigrants, or Mennonite/Amish at risk of isolation, marginalization, discrimination and limited access to culturally appropriate services.

The socio-economic vulnerabilities in Grey Bruce identified above suggest that considerable emphasis should be placed on enhancing the service system's capacity to support children, youth and families experiencing challenges associated with low socio-economic status and/or unique cultural needs. The high proportion of families identified as 'at risk' should be examined in greater depth.

2.3.3 Births

Babies born prematurely and/or with low birth weight (less than 2,500 grams) are at risk for poor health and development. High birth weight infants (greater than 4,000 grams) are

at increased risk for many immediate and long-term health concerns including obesity. The effect of the social environment on brain development and function in early life contributes to physical and mental health problems throughout life. Smoking during pregnancy is a known risk factor for unhealthy fetal growth and development. Drinking alcohol during pregnancy can result in serious health and development problems for children as a result of Fetal Alcohol Spectrum Disorder (FASD) – a preventable life-long disability.

Strengths related to births in Grey Bruce include the following.

- The low birth weight rates for Grey Bruce over the period 2000 to 2003 remained relatively stable, and for 3 of 4 years was similar to the rate for all of Ontario.

Vulnerabilities related to births in Grey Bruce that can be expected to pose risks to the health of children and youth include the following.

- The rates of high birth weight babies are higher in Grey Bruce compared to Ontario (all differences are statistically significant).
- The rate of Grey Bruce residents reporting heavy drinking has increased. These results were significantly higher than rates in Canada, Ontario and other health regions.
- A study completed in Grey Bruce in 2004/05 found that the rate of fetal alcohol exposure in this neonatal population was estimated to be a minimum of 2.5% compared to the estimated national rate in Canada of 1%.
- Families are assessed at the time they give birth for various risk factors including violence, substance misuse, social isolation and mental health issues. They are then linked with community resources as appropriate. Over the period 2006 to 2008 about 450 families per year were identified as ‘at risk’ and were referred to the Healthy Babies Healthy Children ongoing home visiting program. In Grey and Bruce Counties this number represents 40% of families screened, above the Ministry of Children and Youth Services standard of 25% of families.

2.3.4 The Early Years (from Birth to Age 6)

“A child’s development before birth and during the early years affects health, resilience, learning and behaviour throughout that child’s life. Experiences in childhood influence how nerve cells form pathways in the brain which, in turn, affect language, literacy, memory, behaviour (including violence), mental health, and the capacity to learn throughout a child’s life.”³ The Early Development Instrument is a survey that is administered by senior kindergarten teachers across Ontario to assess a child’s readiness to learn when entering school.

Strengths related to the development of young children aged 0-6 in Grey Bruce include the following.

³ The Health Council of Canada, *Their Future is Now Healthy Choices for Canada’s Children and Youth* June 2006 p.8

- Available licensed child care.
- Increases over time in the numbers of children participating in early learning opportunities through the Ontario Early Years Centre Programs.
- Access to early kindergarten registration where children receive growth and development screening and referrals to available services if interventions are suggested.
- Improvements over time in early child development measures (EDI scores).
- Parents and young children in Grey Bruce considered at risk have access to targeted supports including the Canada Prenatal Nutrition Program, Healthy Babies Healthy Children Program, Cradle Link, and Parent Mutual Aid Program.

Vulnerabilities related to the development of young children aged 0-6 in Grey Bruce that can be expected to pose risks to the health of children and youth include the following.

- The 2008 EDI survey identified the following areas where further improvement is needed:
 - Gross and Fine Motor Skills
 - Overall Social Competence
 - Prosocial and Helping Behaviour
 - Advanced Literacy
 - Communication Skills and General Knowledge

2.3.5 School Aged Children and Youth (Ages 6 through 18)

Family relationships continue to influence the health of children and youth as they grow and develop. So too does the physical, social and cultural environment beyond their families including the impact of school and the contributions to their lives made by friends, teachers, neighbours, and community members. Nutrition and physical activity are also important factors influencing health. Youth health is also impacted by their employment opportunities.

Strengths related to the well-being of school aged children and youth include the following.

- In 2008, 77% of youth in Grey Bruce aged 12-19 reported a sense of belonging to the community.
- Trends in the standardized reading, writing and mathematics scores for all Grade 3 and Grade 6 students tested within both the Bruce Grey Catholic District School Board (BGCDSB) and the Bluewater District School Board (BWDSB) over the period 2005/06 to 2007/08 have been similar to the Provincial averages for those years.
- Over the period 2005 – 2008 there was an increase in the number of children supported by Development Service agencies in Grey Bruce from 658 in 2005 to 754 in 2008.
- Over the period Jan 1, 2005 to March 31, 2009 cases with clinical significant improvement after receiving child and youth mental health services through Keystone Child Youth and Family Services were well above the rate for both the Southwest Region and the Province.

- The Owen Sound and Area Family YMCA offers a Youth Employment Program to young people in Grey Bruce between the ages of 16 and 24 years. Over the period April 2007 to September 2009 the YMCA Program supported over 500 young people per year. The majority of the clients (74-77%) were employed three months after leaving the Program, with an additional 5-10% involved in education or training at that time.

Vulnerabilities related to the well-being of school aged children and youth include the following.

- Air or water quality may pose health risks. Systems are in place to alert families when air or water quality is poor and precautions need to be taken.
- The geography of Grey Bruce is such that frequent motor vehicle travel is a necessity in the lives of most families. In 2000/2001 hospitalization rates in Grey Bruce due to motor vehicle collisions in the 0-15 year age group and the 16-24 age group were significantly higher than provincial rates.
- The number one killer of Grey Bruce teens is motor vehicle collisions. From 2000 to 2003, motor vehicle collisions were the cause of 79% (26 of 33) of deaths for youth aged 15-19 in Grey Bruce. This is significantly higher than the Ontario average of 31% and the national average of 35%.
- Studies conducted with students in Grey Bruce found that:
 - only about one in four students typically consume sufficient fruits and vegetables;
 - height and body mass index are significantly greater than expected in this population and the prevalence of overweight is higher in both boys and girls, and;
 - 14% of secondary school students report getting no activity either in school or outside of school and at least one in four students spend 3 or more hours daily in front of a TV, computer screen or on the phone. The national recommendation is for two hours or less of these activities daily.
- In 2000, the results of a “mapping” exercise commissioned by the Ministry of Community and Social Services indicated that the expenditure for children’s mental health services in Grey Bruce was almost half that for Middlesex County. Although 10.6% of the children living in the Southwest Region at that time lived in Grey Bruce, funding for services for Grey Bruce children comprised only 6.3% of the total available funding.
- Youth report that Grey Bruce lacks employment opportunities for their age group.

3. Planning for Child and Youth Health

The mission of the Children’s Alliance is “providers of children’s services in Grey Bruce, working together as autonomous organizations to achieve a seamless, integrated system of supports for children, youth and their families.” Through the “planning” component of the Project, a plan was developed to guide the work of the Alliance in accomplishing that mission over the next few years.

3.1 The Planning Framework

The Project Team undertook an extensive review of the literature to develop a planning framework to guide the process of building and implementing the plan. This framework was reviewed with and validated by the members of the Children’s Alliance. The key concepts within the framework are:

1. **Child, youth and family focus.** The planning process has examined opportunities to improve the ways organizations work together by considering the experience “through the customer’s eyes so that the bureaucratic needs of the organizations don’t supersede the needs of the client.”⁴
2. **A systems approach.** The planning process adopted a systems approach and considered the autonomous organizations that are responsible for certain services, the collaborative service initiatives where organizations work together to deliver specific services or supports and the environments the organizations and initiatives operate within.
3. **Collaboration.** The planning process focused on opportunities to build stronger connections between organizations, while respecting their individual autonomy.

3.1.1 Child, Youth and Family Focus

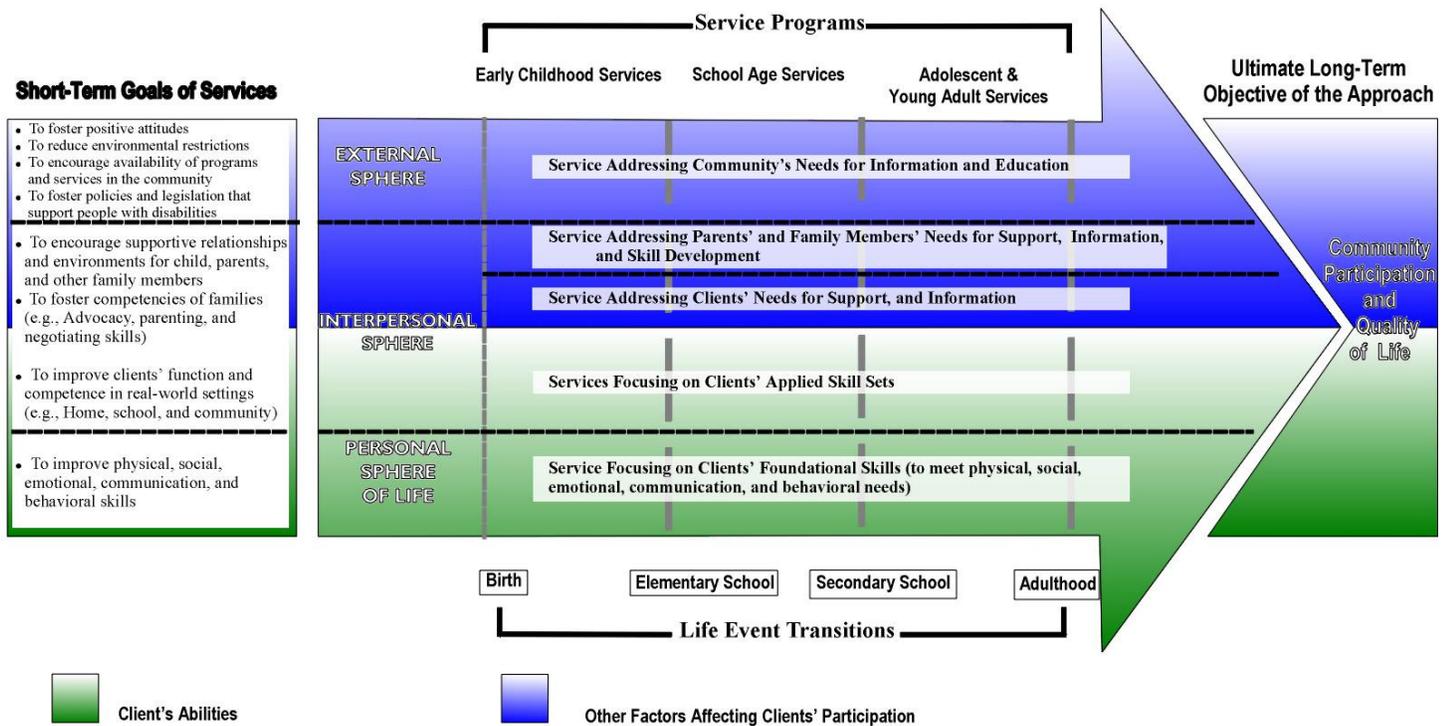
The Ontario Municipal Social Services Association (OMSSA) reports that “individual people are complex bundles of challenges and strengths, needs, hopes, fears, joys and issues. However, we have organized complex bureaucracies and organizations to respond to peoples’ complexities as if they could be dissected and each need treated as if it stood alone. So we have housing programs, we have employment programs, we have income support programs, we have child care programs, we have health programs, we have skills development programs and so on. Our programs were organized based on a narrow range of needs so that we could manage for results, so that we could better control our programs and spending and be accountable to taxpayers. The result has been a complex set of programs that, at least historically, have rarely talked to each other and a group of people served by these programs who often do not have their needs met effectively or in a timely way.”⁵

⁴Payne et al *Bridges Out of Poverty* 2001 p. 174, 179

⁵Ontario Municipal Social Services Association *A Guide to Thinking About Human Services Integration: Making a Greater Difference for People and Communities* September 2007

A “family-centred model” of planning and service delivery can ensure that the focus remains on the needs of the child or youth and their family. The Life Needs Model (LNM) developed by the Thames Valley Children’s Centre, one of the partners in the Grey Bruce Children’s Alliance, offers a valuable approach. (See Figure 2)

Figure 2
A Life Needs Model of Service Delivery
 Service to Support Community Participation and Quality of Life for Children and Youth with Disabilities



The LNM approach emphasizes the importance of supporting children and youth within multiple spheres of their life.

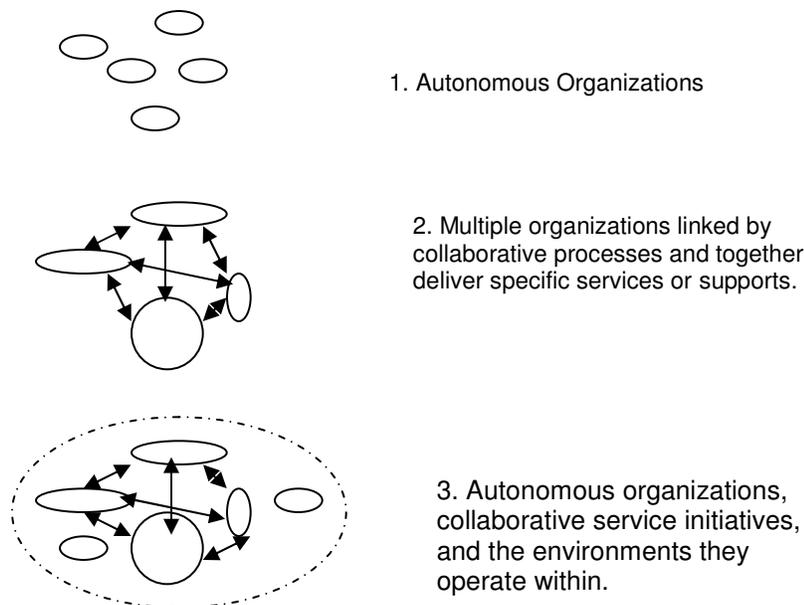
- The personal sphere where services focus on improving the child/youth’s physical, social, emotional, communication and behavioural skills.
- The interpersonal sphere where the services are aimed at:
 - improving the child/youth’s functioning and competence in various settings: at home, at school and in the community.
 - addressing the child/youth’s needs for support and information.
- The external sphere where services are aimed at
 - addressing the parent and family’s needs for support, information and skill development.
 - addressing the community’s need for information and education to positively contribute to the well-being of the child/youth.

3.1.2 A Systems Approach

OMSSA recommends adopting a systems approach so that services can respond to the full range of needs that people have. “When we segment our services, we run the risk of some needs falling between the cracks.”⁶

“A system is a set of related or interdependent parts which work together for a common purpose.”⁷ The system concept applied in this project has been viewed at 3 different levels. (See Figure 3) One level involves the organizations as autonomous entities. The second level considers multiple organizations that are linked by collaborative processes and partnerships and work together to deliver specific services or supports to improve the quality of the experience for the client and the organizations. The third level considers the environments the autonomous organizations and collaborative partnerships operate within. Children, youth and their families are at the core of each level.

Figure 3
An Interorganizational System



A systems approach supports the importance of relationships between organizations such as the partners in the Children’s Alliance, needed to achieve common goals. Planning within a systems framework requires:

- knowledge to uncover opportunities, to streamline and to integrate;
- relationships that give life to the opportunities; and
- communication strategies that create, analyze, package and disseminate information to influence change.

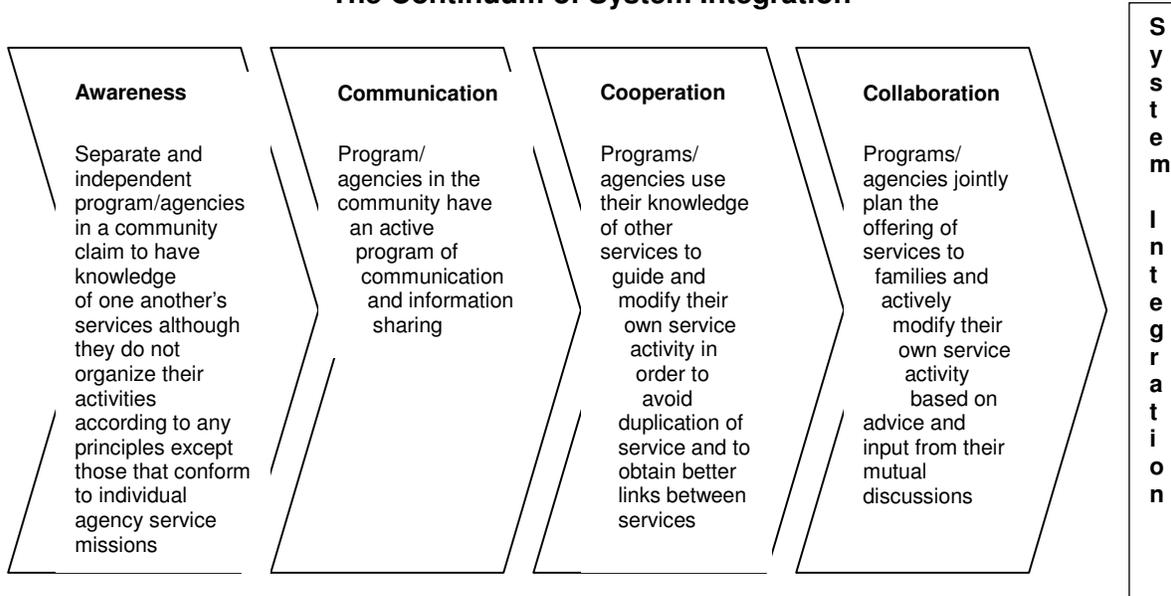
⁶ Ontario Municipal Social Services Association *A Guide to Thinking About Human Services Integration: Making a Greater Difference for People and Communities* September 2007 p. 31

⁷ Ibid p. 28

3.1.3 Collaboration and Integration

For the purpose of this paper collaboration refers to “mutually beneficial and well defined relationships entered into by two or more organizations to achieve common goals.”⁸ Researchers^{9 10 11 12 13} refer to varying states of ‘connectedness’ along a continuum with collaboration and integration at the optimum end of the scale. (See Figure 4)

Figure 4
The Continuum of System Integration



Based on: Ontario Ministry of Children and Youth “Building the Foundation – Moving Forward, Addendum to the Implementation Planning Guidelines for Best Start Networks – System Integration”, London Ontario, November 15, 2006¹⁴

Integration refers to “an ongoing process whereby local service providers and relevant stakeholders engage in progressively greater degrees of joint service activity along an integrated continuum to provide families with better access to services.”¹⁵ Collaboration is considered to be key to developing the relationships and communication strategies that create, analyze, package and disseminate information to accomplish system integration.

⁸Payne et al *Bridges out of Poverty Strategies for Professionals and Communities* 2001 p. 174

⁹Margaret Norrie McCain, J. Fraser Mustard, Dr. Stuart Shanker *EARLY YEARS STUDY 2 Putting Science into Action* March 2007

¹⁰The Duffy Group *Cooperation and Collaboration: Melding Tradition with Innovation* 2003

¹¹Payne et al *Bridges out of Poverty Strategies for Professionals and Communities*, 2001

¹²Child and Youth Network *The Best for Our Children, Youth and Families The First Three Years of London's Child and Youth Agenda to 2015*, September 2008 p. 39

¹³Russ Linden, *Working Across Boundaries*, 2002

¹⁴Child and Youth Network *The Best for Our Children, Youth and Families The First Three Years of London's Child and Youth Agenda to 2015*, September 2008 p. 39

¹⁵Ministry of Children and Youth Services, *Addendum to the Implementation Planning Guidelines for Best Start Networks – System Integration*, November 2006

Integration strategies can be implemented at the system or at the service level as outlined in Table 1.

Table 1
System Integration and Service Integration Strategies

	System Integration Strategies	Service Integration Strategies
Focus	Service delivery for a defined population as a whole	Service delivery for individual clients
Organizational Relationships	Changes are made to the ways agencies share information, resources, and clients	Services are coordinated, but relationships between agencies do not fundamentally change
Possible Strategies	<ul style="list-style-type: none"> ▪ interagency coordinating bodies ▪ strategic planning ▪ identified systems integration staff ▪ pooled or joint funding ▪ cross-training ▪ co-location of services ▪ interagency agreements ▪ interagency management information systems (MIS), uniform application and eligibility criteria ▪ consolidation of program or agencies ▪ provider incentives (e.g., capitation) ▪ centralized authority 	<ul style="list-style-type: none"> ▪ case management ▪ case conferences ▪ individualized service planning ▪ assertive community treatment, continuous treatment teams ▪ "Wrap-around services" ▪ flexible funds at the disposal of the front-line worker ▪ case monitoring, utilization review, outcome monitoring

Sources: D.L. Dennis, J. J. Cocozza, H.J. Steadman. *What Do We Know About Systems Integration and Homelessness?* August 1999 <http://aspe.hhs.gov/ProgSys/homeless/symposium/12-Sysintg.htm>

Colleen Purdon *No Wrong Door Creating a Collaborative Rural Response for Women with Abuse, Mental Health and Addictions Issues* July 2008 p.19

System focused strategies are broad in scope and result in changes in organizational relationships. Service focused strategies are more modest in that existing organizations work together to unite services without changing programs, funding or changing organizational structures.¹⁶

The literature refers to the significant barriers to achieving successful collaboration and integration. These include:

- amount of time and effort required;
- lack of trust among principals;
- different organizational cultures;

¹⁶Martinson, K. *Literature Review on Service Coordination and Integration in the Welfare and Workforce Development Systems.* <http://www.urban.org/url.cfm?ID=408026>, 1999

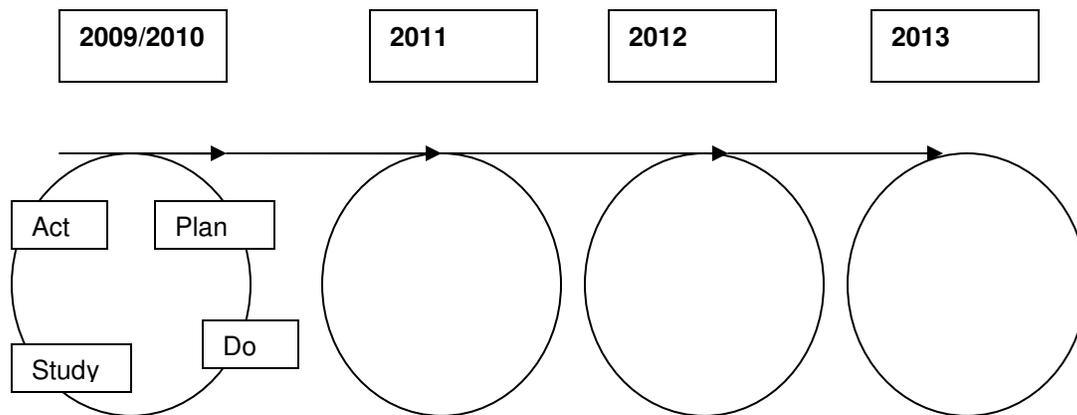
- turf protection, and;
- fear of losing: control, autonomy, quality or resources.¹⁷

3.2 The Planning Process

The purpose of any planning process is to make decisions and design a plan of action so as to resolve a particular problem or take advantage of a particular opportunity. A key outcome of the measuring and planning project is to determine what priority actions should be taken by the Children’s Alliance over the next few years to enhance collaborative initiatives and improve child and youth health in Grey and Bruce counties.

It is recognized that many factors will influence the relative importance of problems within the children’s service system in Grey Bruce, what opportunities emerge to address the problems identified, and the capacity of the Children’s Alliance to take action. Accordingly, the planning and action undertaken by the Grey Bruce Children’s Alliance will be iterative in nature. Efforts will be taken to monitor and evaluate how well the selected action strategies are working and to consider any new priorities that emerge. (See Figure 6).

**Figure 6
Planning as a Rolling Cycle**



Based on Johan Barstad “Iterative Planning Processes; Supporting and Impeding Factors” February 2002 and Michael Rachlis, Prescription for Excellence, 2004, Plan, Do, Study Act Cycles (PDSA)364-366

¹⁷ James Whaley “Collaboration: It’s No Longer Optional” Presentation based on the work of Russ Linden, *Working Across Boundaries*, 2002

4. The Inter-organizational System Supporting Children, Youth and Families in Grey Bruce

For the purpose of this project, the inter-organizational system supporting children, youth and families in Grey Bruce includes:

- the autonomous organizations that provide services and supports to children, youth and families,
- inter-organizational groups where multiple organizations work together to focus on, or consider matters related to children, youth and families, and,
- existing integrated service system initiatives that support children, youth and families.

In the spring of 2009 consultations were held with service providers across Grey Bruce. Participants contributed to the development of inventories of the above noted system components.

4.1 Autonomous Organizations

There are over 60 different organizations in Grey Bruce that offer services and supports to children, youth and families. The current draft of the inventory of organizations is included in Appendix C and includes the type of services and supports offered by each organization.

4.2 Inter-organizational Groups

Organizations in Grey and Bruce Counties have a long history of working cooperatively. Inter-organization groups are those where multiple organizations work together to promote awareness, communication, coordination or collaboration to support the integration of services for children and youth and their families. The following is a list of inter-organizational groups currently operating in Grey and/or Bruce Counties in 2009.

4.2.1 *Groups Focusing on Children and Youth*

- Best Start Quality Assurance Child Care Committee Bruce/Grey
- Community Action Networks (Physical Activity Promotion)
 - Arran-Elderslie
 - Meaford
 - Owen Sound & Georgian Bluffs
 - Saugeen Shores
 - Peninsula
 - South Bruce
 - Brockton/Kincardine
 - Thornbury
 - South Grey Bruce
- Fetal Alcohol Spectrum Disorder Coordinating Committee
- Grey Bruce Children's Alliance
- Grey Bruce FOCUS Project

- Grey Bruce Respite Network for Children
- Grey Bruce Case Resolution Committee
- Grey Bruce LTQ Network for gay/bisexual/transgendered youth
- Grey Bruce Parent Norms Committee
- Lets Grow Interagency Committee and Sub-Committees
- Ministry of Community and Social Services and Ministry of Children and Youth Services Children’s Service Provider Planning Forum
- PLAY in Bruce Grey Committee
- Regional Implementation and Advisory Committee of the Brighter Futures Project
- Special Education Advisory Committees (Bluewater and Bruce Grey Catholic District School Boards)
- Training Partnership
- Transitional Aged Youth Group (TAY) “Working Together for Children and Youth”
- Youth Coalitions
 - Hanover
 - Owen Sound
 - Port Elgin
 - Town of Blue Mountains/Meaford
 - Kincardine
 - Flesherton

4.2.2 Other Groups Whose Scope Includes Children Youth and Families

(Groups with a broader focus, although services do reach children, youth and families)

- Domestic Assault Team Advisory Groups
- Grey Bruce Community Partners
- Grey Bruce Crystal Meth Task Force (Treatment; Prevention Education and Harm Reduction; Enforcement and Community Safety Working Groups)
- Grey and Bruce Developmental Support Network
- Grey Bruce Violence Prevention Coordinating Committee (Sub-Committees: Inclusive Communities Committee; The Mental Health and Abuse Working Group)
- Grey Bruce Dual Diagnosis Committee
- Grey Bruce Employment Committee
- Grey Bruce Funders Forum
- Grey Bruce Health Network
- Grey Bruce Healthy Living Partnership
- Grey Bruce Integrated Health Coalition
- Grey Bruce Mental Health and Addictions Network
- Grey-Bruce Partners in Health
- Human Services and Justice Coordination Committee Grey Bruce
- Interagency Committees within geographic areas
- Lake Huron Zone Recreationists
- Sexual Abuse Advisory Committee

- Interministerial Associations

4.3 Service and Systems Integration Strategies

Organizations in Grey Bruce have developed a number of service and system integration strategies where they work together through collaborative processes to deliver specific services or supports. Examples of some of these strategies are outlined below in Table 2, noting where a system integration vehicle plays some role in the development and monitoring of the system or service integration strategy.

**Table 2
Examples of System and Service Integration Strategies in Grey Bruce**

System Integration Vehicles	System or Service Integration Strategies
<u>Grey Bruce Children's Alliance</u> Target Population: Children and youth aged 0-18 and their families	<u>Poverty Forum and Bridges Out of Poverty Training</u> Hosted October 2008 Forum introducing Bridges out of Poverty approach, beginning local conversations re Poverty and seeing play Danny, King of the Basement. Hosted June 2009 Bridges Training in response to strong community interest.
<u>Lets Grow</u> Target Population; Children aged 0-8 and their families	<u>Lets Learn</u> Ongoing structure and process to plan and implement Early Kindergarten Registration where children are screened for developmental delays.
<u>Developmental Support Network</u> Target Population: Individuals with an intellectual disability from birth to death and their families.	<u>Autism Coordination</u> Following the introduction of the Autism Coordination service funded in part by Ontario Trillium Foundation, multiple agencies are contributing funds to sustain the service for the current year.

5. Research and Policy Environment

The environment or the context which children’s service organizations operate within influences the relative importance of various issues and opportunities and how system integration strategies can be implemented. Government policy directions and research findings are important components of that environment.

During the service provider consultations, participants were asked to identify any policy directions and research findings that they considered relevant to the Measuring and Planning Project. Table 3 presents documents that were identified, and the key messages or themes considered relevant to development of a children’s service system plan. For a more complete summary of the documents reviewed please see Appendix D.

Table 3
Key Messages or Themes from Selected Policy or Research Documents

Policy or Research Document	Key Messages or Themes
<p><i>Breaking the Cycle, Ontario’s Poverty Reduction Strategy</i> Cabinet Committee on Poverty Reduction, 2009</p>	<p>The first Ontario Poverty Strategy focusing on giving children and families the support they need to achieve their full potential. Targets reducing the number of children living in poverty by 25% over the next 5 years. Initiatives outlined include:</p> <ul style="list-style-type: none"> • increasing the number of Parenting and Family Literacy Centres • implementing full day learning for four and five year olds • an After School Program • a Mental Health and Addictions Strategy • enhancing the Crown Wards Success strategy • inclusion of culturally sensitive programs in communities with Aboriginal populations • investing in a Community Opportunities Fund • investing in a Community Hub Program • Stabilizing funding for the Provincial Rent Bank Program • Creating an independent Social Policy Institute • Tracking and publicly reporting on measures related to poverty
<p><i>With Our Best Future in Mind</i> Dr. Charles Pascal’s Report, June 2009</p>	<p>Dr. Charles Pascal was asked by the Premier of Ontario to recommend the best way to implement full day learning for 4 and 5 year olds. Recommended actions include:</p> <ul style="list-style-type: none"> • Full-day learning for 4 and 5 year olds starting in September 2010 with the program available province wide within three years • Before and After School and Summer Programs for school aged children • Quality programs for younger children including a network of Best Start Child and Family Centres • Enhanced parental leave by 2020

Table 3 (con't)
Key Messages or Themes from Selected Policy or Research Documents

Policy or Research Document	Key Messages or Themes
<p><i>Review of the Roots of Violence</i> Honourable Roy McMurtry and Dr. Alvin Curling, 2008</p>	<p>The Premier of Ontario asked the Honourable Roy McMurtry and Dr. Alvin Curling to review the root causes of youth violence and what might be done to address them, in the aftermath of the fatal shooting of a high school student at school. The authors identify factors that place youth at immediate risk of involvement in serious violence. They also identify the following roots of youth violence:</p> <ul style="list-style-type: none"> • Poverty in certain instances • The diminished sense of worth that results from being subject to racism • Poor planning and poor design of the built and the developed natural environment • Elements of the education system • Family issues • Health issues • Lack of a youth voice • Lack of economic opportunity for youth • Issues in the justice system <p>A four pillar response is recommended including:</p> <ul style="list-style-type: none"> • A repaired social context • A youth policy framework • A neighbourhood capacity and empowerment focus • Integrated governance
<p><i>Realizing our Potential: Our Children, Our Youth, Our Future</i> The Ministry of Children and Youth Services, Spring 2008</p>	<p>Presents the Ministry of Children’s and Youth Services (MCYS) strategic framework for improving how it provides services to Ontario’s young people and their families, and works with its partners to improve outcomes for children and youth. The framework includes an overall vision, 5 strategic goals and priority reforms and strategic directions for each goal.</p> <p>Ministry Vision: The Ministry of Children and Youth Services envisions an Ontario where all children and youth have the best opportunity to succeed and reach their full potential.</p> <p>Strategic Goals</p> <ul style="list-style-type: none"> • Every child and youth has a voice • Every child and youth receives personalized services • Everyone involved in service delivery contributes to common outcomes • Every child and youth is resilient • Every young person graduates from Secondary School

Table 3 (con't)
Key Messages or Themes from Selected Policy or Research Documents

Policy or Research Document	Key Messages or Themes
<p><i>Building the Case for Change: Rehabilitation Services for Children and Youth</i> The South West Local Health Integration Network Report of the Children and Youth Priority Action Team, 2008</p>	<p>The Report notes that there are significant challenges with the current rehabilitation system due to the complexity of how services are delivered, funding of services across ministries, limited access and resources across the South West and no common service delivery model or philosophy.</p> <p>It also identifies components of an integrated system reflected as high level recommendations including:</p> <ul style="list-style-type: none"> • Access to an accessible, coordinated and family-focused range of services • A funding model to facilitate and support a local network of services within a regionally integrated system • Support for paediatric rehabilitation expertise with ongoing training and education • Provision of human resources necessary to deliver appropriate services

6. Conversations with Parents, Youth and Service Providers

In 2009, conversations were held with parents, youth and service providers in Grey Bruce as part of the Project's planning process.

6.1 Conversations with Parents

In June 2009, four parent consultation meetings were offered in different communities in Grey Bruce (Markdale, Walkerton, Port Elgin and Owen Sound.) Parents were notified of these meetings through the service provider network. A total of eight people participated in the meetings and one participant who was unable to attend a meeting, responded by e-mail. A structured focus group process, addressing similar questions was used to guide the conversations.

The children that needed help from the service system that the participating parents were caring for included:

- 5 children under 6 years of age;
- 6 children between 7 and 13 years of age, and;
- 6 children between 14 and 18 years of age.

The comments provided by the parents are summarized in Table 4 in terms of what the authors consider to reflect service system strengths, weaknesses, opportunities and threats.

Strengths: The types of things that help parents the most when their child(ren) have a problem and they go to a helper/agency for help, including when there are multiple helpers/agencies involved.

Weaknesses: The types of things that are not helpful to parents when they go to a helper or agency for help, including when there are multiple helpers/agencies involved.

Opportunities: The things that make it easier for parents to get help from a helper or agency, including when there are multiple helpers/agencies involved.

Threats: The things that appear to be outside of the helper's or agency's control that make it difficult for parents to get the type of help they would prefer.

Please see Appendix E for the Focus Group guide and a complete summary of the responses received from parents.

Table 4
Service System Strengths, Weaknesses, Opportunities and Threats
Identified by Parents

Strengths	<ul style="list-style-type: none"> • Case Conferences: When everyone can get together in the same room at the same time; hear what each other has to say and bounce things off of each other • When helpers really take an interest and parents get the help they need • When helpers made sure all needed appointments made on same day and arranged for accommodation when needing service away from home • When helpers manage/broker their services; children able to transition smoothly from one system to next, e.g. transition to school • When helpers translate the language and make it more understandable • When helpers support parents in navigating the system • When helpers work with the parent on strategies
Weaknesses	<ul style="list-style-type: none"> • Not knowing where to go for help • Not trusting people to help • When contacting a person or place, they didn't seem to want to help • Travel/transportation (distances to travel and associated costs; most agencies require you to go to them) • Not having the community based resources that are available elsewhere (e.g. like services available in London) • No evening appointments – have to take time off work • Waiting lists or waiting time • Getting respite – have to find your own worker; would prefer having someone help with that • When youth are between 16 and 19 there is a big gaping hole – nobody to go to • Addictions – no suitable residential service available • Having to phone repeatedly to access service • Not having child's file all in one place so all workers/helpers have same information (particularly reports from medical appointments) • Agencies that pass the buck – "It's not my agency's problem - it's another agency's problem." • Getting mixed messages/directions; multiple opinions about how to approach management of child • When too many people involved it gets very confusing • When there are multiple workers over time • When agencies put boxes around themselves – too many boxes to have to deal with • When agencies are intimidating to parents (e.g. use language that isn't well understood; when child has poor social skills/behaviour problems, helpers often look at/blame parent) • When the helpers don't follow through on the actions parents have recommended • Not understanding what happens after youth with life-long needs leaves school

Table 4 (con't)
Service System Strengths, Weaknesses, Opportunities and Threats
Identified by Parents

Opportunities	<ul style="list-style-type: none"> • Smooth effective transitions for both the young persons 16 - 19 and the parent • Transition planning for transition to high school • When all agencies have a general mandate that they can follow and a common understanding of what is expected • A social worker advocating on behalf of the family – someone who knows what is available and goes with you to appointments • One worker to coordinate all necessary services including transitions • Having all of the child's medical information in one place and organized • Having more support for parents to help them prevent burnout • Having one consent to release information and the parent can list who they are comfortable sharing info with
Threats	<ul style="list-style-type: none"> • Diagnosis not clear, therefore, don't meet agency mandates, lots of trips for testing • FASD children – range of symptoms not always recognized – considered borderline, therefore, can't access some supports • Cuts to valued services • At 16 a child can live on their own and can choose to leave school • Legally can take child to court to go to school but no enforcement – not worth any weight but they can't get a full drivers license until they graduate from high school • When child turns 18 they become a legal adult and can write a note – believe parents should be made aware of young person's activities

6.2 Conversations with Youth

In June 2009, two focus groups were held with youth. One was held in Hanover with nine young people (5 males, 4 females) who had been, or were currently receiving service from the residential program of Keystone Child Youth and Family Services. One was held in Chesley with ten young people who are in the care of the Children's Aid Societies (4 Grey; 6 Bruce). A structured focus group process, addressing similar questions was used to guide the conversations.

The ages of the youth that participated were:

- 5 youth 14 years of age or younger
- 6 youth aged 15
- 4 youth aged 16
- 4 youth aged 17

The comments provided by youth are summarized in Table 5 in terms of what the authors have considered to reflect strengths, weaknesses, and opportunities.

Please see Appendix F for the Consent Form, Focus Group guide and a complete summary of the responses received from youth.

Table 5
Service System Strengths, Weaknesses and Opportunities
Identified by Youth

Strengths	<ul style="list-style-type: none"> • When helpers: <ul style="list-style-type: none"> - really listen to me - are on time for my appointment - “do what they say they will” after my appointment - they make it easier for me to find other people if I need help - they go with me to other appointments (if I want) • When you are at the table when helpers/agencies are talking about you • When you have a trust bond and are able to talk easily with the helpers
Weaknesses	<ul style="list-style-type: none"> • When the helpers say different things; Different workers do different things • When you constantly have to tell your story over and over again • When the helpers get the story wrong – starts to get annoying • When I don’t want to talk to anyone • When someone else is completely running my life – leaving me out • When you sit in a meeting with about 10 people – it is very awkward • When helpers talk about you without you in the picture • When the helpers set appointments without checking with you
Opportunities	<ul style="list-style-type: none"> • If there was one number to call for everything • If I only had to tell my story once • If I could go to one place for help instead of many

6.3 Conversations with Service Providers

Consultations were held with service providers over the period February 2009 through August 2009. The key question posed to service providers in these conversations was: *what suggestions would you make to the Children’s Alliance about important opportunities for organizations to work together in new ways to help children, youth and families in Grey-Bruce improve their health?* In many of the meetings, service providers identified what they felt were important service delivery challenges or issues that impact on child and youth health and that could be addressed if organizations worked together in new ways.

These consultations took two forms. Over the period February 2009 to April 2009, service providers were invited to participate in any of seven different consultation meetings held in various communities in Grey Bruce (Markdale, Meaford, Hanover, Port Elgin, Wiarton and Owen Sound). A total of 80 service provider representatives participated in these meetings.

The opportunities and challenges that were identified in the consultation are summarized into themes as follows, noting the number of consultation meetings where the ideas were presented.

- Provide services in hub (e.g. schools) (6)
- Rural Needs/Transportation (5)
- Improve Access to Information About Who Does What – for families and for service providers (4)
- Child and Youth Mental Health Services (3)
- Establish/Enhance Geographic Teams (3)
- Parents Need Advocates/Navigators (3)
- Lack of support services for families with school aged children (3)
- Challenge to Ensure Communication Among Organizations to support collaboration/integration (3)
- Challenges for parents to access CPRI services (2)
- Early Learning (2)
- Partnering with business/industry re health of community (2)

When considering how organizations could work together to address the challenge or opportunity the participants in the consultations noted that there is a tremendous amount of collaborative work that already takes place among service providers in Grey Bruce and that any new efforts should build on the strengths of those existing collaborative initiatives.

A summary of the feedback provided in these sessions is included as Appendix G.

To supplement the consultation meetings, key informant interviews were also held with individuals or organizations considered to have valued perspectives on the opportunities for integration within child, youth and family services in Grey Bruce. These interviews were held over the period May 2009 to August 2009. Twenty-four key informants participated.

The key informants also identified a number of collaborative initiatives that are already in place among service providers in Grey Bruce. Opportunities for further collaboration, not noted in the consultation meetings included:

- Enhancements to paediatric rehabilitation services;
 - Collaboration in development of grant proposals/accessing grant funding;
 - First Nations Metis and Inuit as an under-serviced and marginalized group;
 - Supporting families with children with Fetal Alcohol Spectrum Disorder (FASD),and;
 - Joint training to share a learning experience in how to work together in new ways
- (Please see Appendix H for a list of the key informants, and a summary of the feedback provided in these interviews.)

6.4 Summary Analysis

The results of the conversations with parents, youth, and service providers were analyzed by categorizing responses into common themes. A summary of common themes and identified collaboration opportunities is presented in Table 6. These common themes were validated and priorities were identified by service providers through a structured priority setting process at a consultation meeting on September 21, 2009 (See Appendix J).

Table 6
Collaboration Opportunities Ranked September 21, 2009

Collaboration Opportunity	Challenge or Issue Addressed	Rank
Enhance communication and relationships among organizations to support effective collaboration	More strategic focus on partnerships or networking	1
Improve access to information about who does what	Improve the visibility of services and ensure other service providers and families and youth are easily able to find the services they need	2
Improve local access to service by: <ul style="list-style-type: none"> • offering services in hubs (e.g. schools) • delivering services with geographic teams • developing a transportation plan 	Centralized services/regional centres don't work because of transportation and access issues for clients Location sharing to reduce stigma Agencies working in silos/boxes	3
Enhance services and supports for families with school aged children (e.g. School Health Services; FASD; pool resources for children with acute and chronic health needs)	Parents can access a range of services for preschool children and continue to need and request support after children begin school Major gaps in paediatric rehabilitation services in GB Concern re children with FASD	4
Enhance services and supports to address basic needs (i.e. food security and housing)	Ensure children and youth and families have access to healthy food and adequate housing	4
Enhancing access by parents and youth to advocates/navigators/case managers	Ensure that all service providers working with a child or youth and their family work from a common service plan	5
Enhance child and youth mental health services	No psychiatric beds for children and youth in GB Limited access to existing services Challenges for parents accessing CPRI services	6
Enhance services and supports for youth, particularly 16 and 17 year olds	Need services for 16 and 17 year olds that are quick and responsive including residential services for youth with addiction issues	7
Partner with business and industry to promote the overall health of the community	Broader community needs to contribute to supporting healthy children, youth and families	8

7. Implications for Action

7.1 Review of the Possible Priorities for Action

The Alliance partners reviewed the results of the planning process at their October and December 2009 meetings including:

- the priorities identified at consultation held on September 21, 2009, and;
- the summary of findings from the Profile on Child and Youth Health and the implications for planning.

It was noted that action on several of the opportunities for collaboration that were identified as priorities through the consultation process, is already underway. The action being taken related to the identified priorities is summarized below in section 7.2.

It was also noted that the collaborative action currently being undertaken by the Alliance required considerable time and energy from Alliance members and other community partners. This experience is consistent with what has been reported in the literature (See section 3.1.3 page 14). When participants at the September 21st meeting were invited to sign up to become involved in working groups, there was no response.

It was therefore agreed that the original workplan created at the start of the Project would be amended, and that working groups would not be established to develop specific action plans on the priorities that were identified. Instead, the Alliance provided the direction needed to determine future action.

7.2 Current Action on Priorities

7.2.1 Poverty

In the summer of 2008, at the time the Measuring and Planning project was just getting started, the Children's Alliance identified poverty as a priority issue for children, youth and families in Grey Bruce. The Alliance began what has become a highly successful, iterative planning and action process as outlined in section 3.2. This action addresses what was identified through the measuring component of the Project as a critical determinant of health. "The evidence is strong enough to conclude that poverty may well be the most powerful determinant of health."¹⁸ This action also addresses two of the highly ranked priority areas identified through the planning component of the Project:

- Enhance communication and relationships among organizations to support effective collaboration (ranked #1), and;
- Enhance services and supports to address basic needs (ranked #4).

¹⁸ The Ontario Physicians Poverty Work Group "Why poverty makes us sick" Physician Backgrounder" *Ontario Medical Review* May 2008

The following is a summary of that activity and the results achieved to date.

In July 2008, the Alliance participated in the Roundtable on Poverty Reduction, facilitated by the Honourable Deb Mathews, Minister of Children and Youth Services with Carol Mitchell, MPP for Huron-Bruce in Kincardine. A brief was submitted in response to an invitation to community participation in the development of Ontario's Poverty Reduction Strategy.

In October 2008 the Alliance hosted a Poverty Forum where participants could learn about the work of Dr. Ruby Payne who has authored an approach called "Bridges Out of Poverty" and begin a discussion about how the approach could be used in Grey Bruce to better support children and families. Ninety (90) people representing eighteen different local organizations participated in the Forum. The majority of the participants (70) were from Alliance partner agencies and twenty people participated from six non-member agencies.

In the evening, the Alliance sponsored a free showing of the play "Danny, King of the Basement". The play is about a boy whose spirit and imagination triumphs over the challenges of poverty and homelessness. Approximately three hundred community members saw the play and learned about what life in poverty can be like.

The Poverty Forum sparked tremendous interest from both Alliance members and other community partners. The evaluations completed by Forum participants indicated that there was a strong shared interest in learning more about the Bridges Out of Poverty approach. One of the Alliance partners, the County of Grey which provides income support to persons living in poverty through the Ontario Works Program and children's services, was particularly interested in providing more information about the Bridges approach to its Program staff and to County Councillors.

In response to that interest, the Alliance hosted a one day Bridges Out of Poverty workshop in June 2009. The intent of the workshop was to foster a deeper understanding of the challenges and the strengths of people living in poverty, and how Bridges strategies can be used to support families living in poverty to achieve success in various roles such as parenting and finding employment. An extensive list of community stakeholders developed through the Measuring and Planning consultation process was used to advertise the workshop.

One hundred and sixty (160) people attended the Children's Alliance workshop. Participants were from the eighteen partners in the Children's Alliance and from sixteen other organizations: (14 within Grey and Bruce Counties and 2 from neighbouring Simcoe County). The evaluations completed by 62% of workshop participants indicated that the training was found to be very useful and several participants expressed an interest in further training related to the Bridges Out of Poverty approach.

The County of Grey was able to partner with the Alliance and arrange to have the trainers providing the workshop stay in Owen Sound for a second day to work with County staff and elected officials.

In late 2009, the Alliance actively reviewed the impact of the work to date regarding poverty and noted the following achievements related to the key elements of the planning framework as outlined in Table 7.

**Table 7
Outcomes of Action Regarding Poverty**

Planning Framework Components	Outcomes of the Action regarding Poverty in 2008 and 2009
Child, youth and family focus	<p>Positive changes are being observed in how people living in poverty are being supported by community agencies including: a client centered focus; greater patience among staff; and openness to supporting and advocating for the client.</p> <p>The engagement of people living in poverty. Ontario Works clients in three communities will become investigators and consider how they can make changes in their lives, with support through the “Getting Ahead” pilot project program (a Bridges Out of Poverty Strategy).</p>
A systems approach	<p>The enhanced community awareness about the work of the Children’s Alliance, and the opportunities for Alliance partners resulted in two new organizations choosing to become partners in the Alliance, expanding the capacity of the Alliance’s systems approach.</p>
Collaboration	<p>The shared interest in the topic increased the number of community agencies that chose to participate in the training from six in 2008 to sixteen in 2009. The engagement of these non-Alliance partners increases the capacity of organizations to communicate with each other and with Alliance partners and to develop relationships that will support collaboration.</p> <p>The “Getting Ahead” pilot project is a collaborative effort involving two partners in the Children’s Alliance: the Adult Learning Centre and Grey County Ontario Works.</p>

Given the positive outcomes noted above, the Alliance considered what further action it could take to continue to build the system capacity in Grey Bruce to more effectively support people living in poverty. Prior to moving forward, it reviewed the work of other local groups with an interest in poverty and confirmed that further action by the Alliance would not duplicate the efforts of others.

In November 2009 a plan was developed to host a workshop to train and certify front-line workers from Grey and Bruce Counties as Bridges out of Poverty trainers. The initial target was to train 15 to 20 people. The training would require experts in the Bridges Out of Poverty approach to travel to Owen Sound from the United States. The associated costs were such that grant funding was sought to support the initiative. In late December 2009, funding was secured through the Saugeen and Bruce Economic Development Corporations and the United Way.

In February 2010, the Children's Alliance hosted a four day Bridges Out of Poverty Training Certification Workshop in Owen Sound. The response to the training opportunity far exceeded the Alliance's initial plans, with thirty-nine people from fifteen different human service agencies within Grey and Bruce participating. The costs of the training for Grey Bruce participants was subsidized by the funding secured for the project. In addition to the local participants, there were ten participants from four human service agencies in Simcoe County and Huron County that participated in the training. The registration fees paid by these organizations generated some revenue to support the Alliance's ongoing poverty related work.

There was tremendous positive feedback received from the training participants. Eighty percent of the participants completed evaluations which indicated that the training was considered extremely valuable.

The forty-nine participants will offer training within their respective organizations over the next several months to extend the reach of the Bridges Out of Poverty approach.

The Children's Alliance made a commitment to the participants in the certification training that it will facilitate communication and networking among the participants to support the development of a "community of practice". Experiences, resources and lessons learned when applying the Bridges Out of Poverty methods can be shared among the training participants. Communication will be facilitated through e-mail contact and a networking meeting planned for September 2010.

The Children's Alliance will also examine opportunities for further action based on Bridges out of Poverty strategies that have been successfully implemented in other communities.

The Alliance was also selected to make a presentation on the Bridges Out of Poverty model at the May 2010 Healthy Communities Conference in Owen Sound.

7.2.2 Supporting Effective Collaboration

The priority area ranked #1 at the September 21st, 2009 community consultation was to enhance communication and relationships among organizations to support effective collaboration. It was noted during the Alliance review of the priorities that considerable action on this opportunity was being taken through the Alliances work on poverty.

Other action taken by the Alliance to address this opportunity was to approach the Grey Bruce Integrated Health Coalition (GBIHC) and seek membership in the Coalition. The GBIHC is a group of over thirty health care organizations, networks and alliances that work together to improve health care in Grey Bruce. Most members of the Coalition are not members of the Children's Alliance. Through representation on the Coalition and involvement in Coalition meetings, the Alliance is able to communicate with the Coalition members about the work of the Alliance, to monitor activities within the health care sector that relate to children youth and families, and support collaboration where appropriate.

In October 2009, the Alliance was invited to participate in a "Discovery Workshop" whose sponsors included the Saugeen Economic Development Corporation (SEDC) and the Bruce Community Futures Development Corporation (BCFDC). Through this meeting new relationships were established within the economic development sector which contributed to the Alliance being able to access economic development funding for the Bridges Out of Poverty skills development training in February 2010.

7.2.3 Improving Access to Information

The priority area ranked #2 at the September 21st, 2009 community consultation was to improve access to information about who does what to ensure families, youth and service providers are easily able to find the services they need. It was noted during the Alliance review of the priorities that action on this opportunity was already actively underway by one of the Alliance partners, the United Way of Bruce Grey, through the development of Information Grey Bruce and 211.

Information Bruce Grey is an extensive on-line database of information outlining the range of services and support that are available to residents of Grey and Bruce Counties. <http://www.informationbrucegrey.ca/> Users can access information from the database by searching under an organization's name, or a subject area. The search can also be limited to a selected geographic location of an organization or the area it serves.

In February 2009, the United Way extended the accessibility of this information through a telephone access - 211 service. Any resident in Grey Bruce can call 211 and they will be assisted by an operator to find the information they need. The service is being actively monitored and evaluated by the United Way.

7.2.4 Improving Local Access to Service

The priority area ranked #3 at the September 21st, 2009 community consultation was to improve local access to service by offering services in hubs (e.g. schools); delivering services with geographic teams; or developing a transportation plan. It was noted during the Alliance review of the priorities that some action on this opportunity is underway. For example, the Ontario Early Years Centres, with multiple locations across Grey and Bruce Counties, act as hubs where other preschool services and support can be provided to preschool children and their families.

It was also noted in the review that local efforts had been taken by some Alliance partners to develop service hubs in school settings without success. A major barrier to moving forward with the development of hubs within schools was found to be the funding formula for schools. Although space may be available within a school for a service hub, the cost to make the space available to community agencies is too great. This issue was communicated by one of the Alliance Co-Chairs to representatives from the Ministry of Children and Youth Services and the Ministry of Education at an Interministerial Focus Group on the Provincial 10-Year Mental Health and Addictions Strategy on October 8, 2009.

7.3 Implications for Planning from the Profile of Child and Youth Health

The analysis of the vulnerabilities among children, youth and families in Grey Bruce outlined in the *Profile of Child and Youth Health* identified the following opportunities for action by the Alliance to respond to areas of vulnerability.

- a. Continue to work with community partners to enhance the service system's capacity to effectively support children, youth and families experiencing challenges associated with low socio-economic status (poverty).
- b. Continue to work with community partners to enhance the service system's capacity to offer inclusive, culturally appropriate services for children, youth and families with unique cultural needs.
- c. Discuss with the Grey Bruce Health Unit and /or explore with Lets Grow, the need for supplemental assistance from the Alliance partners or other community stakeholders to:
 - i. enhance prenatal education regarding healthy birth weights, and;
 - ii. initiate active monitoring and health screening of high birth weight babies as they grow and develop.
- d. Collaborate with the Fetal Alcohol Spectrum Disorder Coordinating Committee regarding the need for supplemental assistance from the Alliance partners or other community stakeholders to:
 - i. enhance prenatal education regarding the effects of drinking during pregnancy, and;
 - ii. enhance the services to support children and youth with FASD.

- e. Collaborate with the Lets Grow Evaluation Subcommittee to examine the data which suggests that there are a higher proportion of families at risk in Grey Bruce compared to what could be expected given the Ministry of Children and Youth Services standard.
- f. Collaborate with the Lets Grow Committee to monitor readiness for school.
- g. Collaborate with the Grey Bruce Health Unit to update local data on the prevalence of injuries from falls and motor vehicle crashes.
- h. Liaise with the Grey Bruce Health Unit about the need for supplemental assistance from the Alliance partners (or other community stakeholders) to enhance current education and awareness activities or programs related to:
 - i. injury prevention
 - ii. the reduction of negative health impacts for children, youth and families regarding exposure to environmental threats including poor air and water quality.
 - iii. Improving healthy eating habits, and physical activity among school aged children and youth.
- i. Liaise with Keystone Child Youth and Family Services regarding the limited funding for child and youth mental health services.

7.4 Priorities Revisited

The Alliance partners reviewed the results of both the measuring and the planning processes. In their analysis the partners actively considered the question “What are one or two issues which are currently not being adequately addressed, particularly orphan issues?”

8. Priorities for Future Action

Over the next few years the Grey Bruce Children's Alliance will plan to:

1. Continue to work to enhance the service system's capacity to effectively support children youth and families experiencing challenges associated with poverty including:
 - facilitating communication and networking among the participants in the Bridges Out of Poverty Certification training to support the development of a "community of practice";
 - examining opportunities for further action based on Bridges out of Poverty strategies that have been successfully implemented in other communities;
 - working with the Grey Bruce Integrated Health Coalition to inform the health care sector about the impact of poverty in Grey Bruce on health status and health care needs of local residents, and;
 - continuing to develop new partnerships with the Economic Development Corporations.
2. Work to enhance the accessibility of services for children, youth and families by supporting efforts by community partners to expand the availability of service hubs.
3. Work to enhance prevention services for school aged children (6 – 13 years) and their families, including:
 - enhancing the service system's capacity to support young children suspected of/or diagnosed with FASD and their families;
 - enhancing the service system's capacity to provide affordable recreation;
 - enhancing the service system's capacity to offer inclusive, culturally appropriate services for children in this age group with unique cultural needs, and their families.
4. Work to enhance the equity of and local access to specialized services for children and youth as families in Grey Bruce including:
 - the services available from CPRI;
 - in-patient child and youth psychiatric services.
5. Work to enhance the supports for youth at risk of not prospering as young adults as a result of injuries, mental health issues, family violence, unique cultural needs, employment, housing, or other challenges including:
 - engaging these youth directly in identifying and developing needed enhancements to existing the support networks;
 - continuing to monitor challenges for youth as they transition to adulthood, and enhance the required supports.
6. Work with the United Way of Bruce Grey to monitor the impact of the 211 service in improving access by families, youth and service providers to the information they need.

7. Work with the Grey Bruce Health Unit to monitor and/or update data and/or enhance current education and awareness activities or programs related to:
 - the effects of drinking during pregnancy;
 - healthy birth weights, particularly high birth weights;
 - the prevalence of injuries among children and youth, and;
 - exposure to environmental threats including poor air and water quality.

The planning and action undertaken by the Grey Bruce Children's Alliance will be iterative in nature. Efforts will be taken to monitor and evaluate how well the selected action strategies are working and to consider any new priorities that emerge.