

Robert J. Fulton, Consultant

97 Chudleigh Ave.
Toronto, Ontario M4R 1T4
telephone (416) 481 - 7803
fax (416) 481 - 4299
e-mail: r.fulton@rogers.com

Community Profile of Leeds and Grenville

Extra-ordinary challenges

Community Assets

Golden opportunities

Updating all Census Tables for 2006
Containing never before seen tables on families

Economic data

Results from the National Longitudinal Survey of
Children and Youth

Life tables, health data and school data

CAS caseload data



Table of Contents

INTRODUCTION.....	1
DATA TABLES REVIEWED IN THIS REPORT	2
THEORETICAL FOUNDATION OF THIS REPORT	3
(1) Social Disorganization Theory	3
(2) Stress, Support and Coping	3
(3) Low SES and the theory of stigmatization	4
(4) Social Capital	5
(5) Parental supports	5
(6) Social Competence and Academic enablers	6
CORE DEMOGRAPHICS 2006 LEEDS_TAB 1_2_3.XLS	7
<i>The Total Population – table 1</i>	<i>7</i>
<i>Percentage Shifts and Population Density .. table 1.1</i>	<i>7</i>
<i>Population Projections ... table 1.2.....</i>	<i>7</i>
<i>How Well do Population Projections Perform?... Table 1.3.....</i>	<i>8</i>
<i>Young Children (0 to 10 years) .. table 2.1</i>	<i>8</i>
<i>Population Trends and projections for children ages 0 to 4 years .. table 2.2</i>	<i>8</i>
<i>Teens (10-19)... table 2.3.....</i>	<i>9</i>
<i>Young Adults (20-34 years)... table 2.4</i>	<i>9</i>
<i>The Core Parenting Years (35-44)... table 2.5.....</i>	<i>10</i>
<i>The Mature Years (45-54)... table 2.6.....</i>	<i>10</i>
<i>The Transitional Years (55-64).. table 2.7</i>	<i>10</i>
<i>The Elder Years (65 plus)... table 2.8</i>	<i>10</i>
FAMILIES	11
<i>Family Structure by category of household (table 3)</i>	<i>11</i>
<i>Lone Parents (table 3.1)</i>	<i>11</i>
Child Protection concern #1 Lone Parents in Prescott & Brockville.....	11
<i>Children living in various types of families (table 3.2).....</i>	<i>11</i>
Child Protection concern #2 Children living in lone parent homes jumps 32%	12
<i>Age Group for parents in couple-based households – table 3.3.....</i>	<i>12</i>
<i>Age Group for parent in lone parent households – table 3.4</i>	<i>12</i>
Child Protection concern #3 Young Lone Parents in Leeds & Grenville	12
<i>Grand-parent led homes- table 3.5.....</i>	<i>13</i>
<i>Young Families (all children under 6 years) – table 3.6.....</i>	<i>13</i>
COUNTY BY COUNTY COMPARISONS ON DEMOGRAPHICS TAB 4.XLS.....	13
<i>General Birth Rate – table 4.0.....</i>	<i>13</i>
<i>Absolute Population Growth or Decline – table 4.1</i>	<i>13</i>
<i>Rank in the growth of children 0 to 9 years – table 4.2</i>	<i>13</i>
<i>Rank in the growth of teens (10-19 years) – table 4.3.....</i>	<i>14</i>
<i>Rank on Female Led LP Households – table 4.4</i>	<i>14</i>
IND YRS2001 TO 2006 LEEDS_TAB_5.XLS	14
HOUSING_LEEDS_2006_TAB_6.XLS.....	14
<i>The Housing Stock – table 6.0</i>	<i>14</i>
<i>The Nature of Housing – table 6.1</i>	<i>15</i>
URBAN-RURAL BREAKDOWN_TAB_7.XLS	15
SECTION 7 RURAL LIFE AND AGRICULTURE	15
<i>Internal Urban-Rural – table 7.0</i>	<i>16</i>

<i>Population by size of city/town versus totally rural – table 7.1</i>	16
<i>Rank of Population in rural and small towns – table 7.2</i>	16
FARMS.....	17
<i>Number of farms - table 7.3</i>	17
<i>Acres Farmed by county – table 7.4</i>	17
<i>Rank by Acres Farmed – table 7.5</i>	17
<i>Rank by Percentage of land farmed – table 7.6</i>	17
ETHNICITY_LANGUAGE_MIGRATION_LEEDS_2006_TAB_8.XLS	17
SECTION 8 CULTURAL MIX OF THE POPULATION	17
<i>Migration Patterns – table 8.1</i>	17
<i>Aboriginal identity – table 8.2</i>	18
<i>Recent immigration – table 8.3</i>	19
<i>Languages spoken at home – table 8.4</i>	19
INDICATORS OF SPECIAL NEEDS_LEEDS 2006 TAB 9 AND 10.XLS.....	19
<i>Condom use by males - table 9.1</i>	19
<i>Teenage Childbirth – Remington report</i>	19
<i>Disability Free life expectancy.pdf – Health Reports (Stats Can cat #82-003)</i>	19
<i>Special Needs Students in school – Remington report</i>	20
<i>Readiness to Learn and Success at School.pdf – Stats Can cat #89-599</i>	20
<i>PALS – table 9.2</i>	21
<i>Alcohol and Drug Abuse among Youth – OSDUS survey</i>	21
<i>The percentage of heavy drinkers by county – table 9.3</i>	22
<i>Population over 20 who report high levels of stress – table 9.5</i>	22
SECTION 10 CHILD WELFARE CASELOADS	22
<i>Table 10.1 CAS protection caseloads</i>	23
<i>The Pediatric Death Review</i>	23
EDUCATION AND EMPLOYMENT_LEEDS_TAB 11 AND 12.XLS.....	23
SECTION 11 EMPLOYMENT	23
<i>Table 11.1 core unemployment rates</i>	24
<i>Table 11.2 Youth Unemployment by Educational Achievement</i>	24
<i>Table 11.3 Adult unemployment by educational achievement</i>	24
<i>Table 11.4 Types of Jobs by all workers</i>	24
child welfare concern #4 – Loss of Manufacturing jobs.....	24
child welfare concern #5 - Skilled workers lose the most.....	24
Sales and Service, creating more jobs in L & G	25
SECTION 12 EDUCATION	25
<i>Table 12 Educational Achievement</i>	25
the long view: is low SES growing overall? ... YES	26
graduates of trades and community colleges declining.....	26
THE ECONOMY IN GENERAL	26
CONCLUSION AND EXECUTIVE SUMMARY	27
REFERENCES.....	34

Community Profile of Leeds and Grenville

Introduction

This report is the third community profile of Leeds and Grenville prepared by Fulton; the research database contains community profile information from 1986 to 2007. Some of the residents who were children in 1986 are now the parents of children in 2007. Some of the child welfare concerns in 2008 were shaped by events and social conditions that existed in the 1980's. Success in reducing child abuse and neglect requires knowledge about generations past and social conditions that are decades old. Being a successful Children's Aid Society requires action on the next generation and interventions designed to change the way that families live ten years from now. For that reason, agencies need to be able to identify socially significant trends and recognize the forces which are driving those trends.

The overall goal of this paper is to start a conversation about what the community of Leeds and Grenville can do to have a positive influence on the quality of life in the residential neighbourhoods of the county. As with family interventions, best results occur from actions that: (a) capitalize on strengths and assets, (b) target precisely the risk factors that challenge parents and children and (c) are guided and validated by outcome data and feedback loops.

The outcomes at the community level which can change a generation and improve the quality of life for all residents of a community are:

1. The capacity by community leaders, schools and agencies to perceive, assess and enhance *the social capital* of the communities of Leeds and Grenville
2. The perception of parents in at-risk families, that
 - a. they have support, specifically:
 - i. a sense of belonging to their community as opposed to being outcasts,
 - ii. access to advice, parent education and clinical consultation
 - iii. tangible supports in a crisis (housing, food, safety from domestic violence)
 - iv. friendships and family to do things with
 - b. they can be proud of themselves as opposed to victims of stigma
 - c. they are confident and optimistic about the future
3. the ability of children to develop social and emotional well being and be successful in school

4. the capacity of the businesses from all sectors to be successful, to diversify and offer employment to the people in their community

These outcomes have been reviewed in analytical papers by Statistics Canada. County by county comparisons on these four indicators show wide variation in some aspects and stability (durability of problems and strengths) in others. If a community needs to make changes in any of these durable areas, it will take a concerted effort. When a community falls behind in one or all of these domains, then symptoms appear, including increasing rates of child abuse, neglect, high school drop-outs, crime, substance abuse, injuries, accidental death and suicide.

A research database has been assembled on Ontario and Leeds & Grenville. The goals of this report and the accompanying tables are to display this community data and address the following research questions:

1. What is the trend? How is the character and quality of life in Leeds and Grenville being shaped over time?
2. Are there limits or boundaries to the amount of change (improvement or decline) that can occur?
3. How does the “community profile” of Leeds & Grenville compare with other counties (neighbouring counties and other counties in the province that are similar to Leeds & Grenville)?
4. What difference does the trend make to the amount and type of support families need and to the risk facing children who grow up in this community?
 - a. What is the state of bad outcomes in L & G as measured by data such as infant mortality, teenage pregnancy, high school drop-outs, substance abuse, accidental death, suicide and crime?
 - b. How does the trend in the community profile (unemployment, family structure, population, etc.) affect these bad outcomes?

Data tables reviewed in this report

The data tables are as follows:

- (1) Core demographics 2006 Leeds tab_1_2_3.xls (an Excel 97-2003 workbook)
- (2) County by county comparisons on demo trends_tab 4.xls
- (3) Individual yrs2001 to 2006 Leeds_tab 5.xls
- (4) Housing_Leeds2006_tab 6.xls
- (5) Urban rural breakdown_Leeds_tab 7.xls
- (6) Ethnicity_language_migration_Leeds 2006 table 8.xls
- (7) Indicators of Special Needs_Leeds 2006 tables 9 and 10.xls
- (8) Education and employment_Leeds_tab 11 and 12.xls

Each spreadsheet contains a number of “pages” marked by a tab at the bottom of the screen. Each tab is named according to the table it contains. By clicking on the tab, the user is taken to that “page”. On the upper left hand corner of the spreadsheet, pull down and select the “print preview” option. You will see a picture of the report on the screen. You may print a hard copy as you wish. This report will move through each spreadsheet and every “page” in order.

Theoretical Foundation of this report

There are three theories backed up by strong scientific sociological research, explaining the variation of child abuse, neglect, substance abuse, crime and domestic violence on a neighbourhood by neighbourhood basis. In addition, there are three strategies for building a resilient community, backed by good scientific research that they work. The explanatory theories and community building strategies are as follows:

(1) SOCIAL DISORGANIZATION THEORY

Social disorganization theory holds that social processes within the neighbourhoods themselves *cause an increase* in delinquency, crime and child abuse and that the effect of the social process is greater than the sum total of individual human contributions. Testing the theory scientifically has been hard because *social processes* (e.g. power structures, quality of schools, the friendship patterns and social control of teenagers, and community feelings such as hope, anger, concern for neighbours) are hard to quantify. (Burstik, 1993)

The Census indicators that may fit this theory include: {a} de-population trends evident in many small cities, towns and rural counties; {b} school enrolment and academic attainment; {c} the amount of hopelessness evident in the unemployment picture; {d} quality and availability of affordable housing {e} rates of teenage childbirth; and {f} crime rates.

(2) STRESS, SUPPORT AND COPING

Wheaton & Roszell (1996) analyzed the life long impact of early childhood stressors on the future ability of the person to cope with other stressors later in life. Paradoxically, they found that stress actually can have good effects for children and parents by:

- forming the basis for the development of coping skills
- enhancing social competence - if the stress is resolved successfully
- increasing vigilance
- breeding familiarity with similar stressors, which reduces their threat potential

On the other hand stress also produced bad effects, such as depression and antisocial behaviour in the parents, because

- stress->change & change forces us to adjust and some of us fail to adjust successfully
- stress wears down and uses up finite resources

- the accumulation of stress exposure represents evidence of a hostile world and this questions our (or the client's) assumptions about social justice
- stress represents a kind of captivity in a situation demanding change, resolution or escape; often these solutions are not readily available if at all

Stress predicts the *severity* of childhood and parental mental health problems while other risk factors are good predictors of broadly based difficulties picked up on epidemiological surveys. (Rutter & Sandberg, 1985) The indicators of stress on the Census table include: {a} increase in female led lone parents homes; {b} family incomes; {c} poverty and other measures of economic stress; and {d} unemployment.

(3) LOW SES AND THE THEORY OF STIGMATIZATION

Low SES increases the vulnerability of children to child and abuse *indirectly* through five pathways:

- {a} by directly increasing (2x) the proportion of mother with serious clinical depression, ((Kessler, 1994; Vondra, 1990; Dowrenrend, 1992) who in turn are six times (6x) more likely to physically abuse the child (Chaffing, 1996);
- {b} by directly increasing (2x) the proportion of fathers who have substance abuse disorder or anti-social behaviour disorder (Dowrenrend, 1992) who in turn are six times (6x) more likely to seriously neglect the child (Chaffing, 1996);
- {c} because low SES communities have few material resources, the quality of schools and housing is directly and adversely affected, which in turn causes an increase in disorder and severe family dysfunction (Rutter, 1981)
- {d} by directly increasing the incidence of substance abuse in the community, which in turn leads to fetal alcohol syndrome or fetal alcohol effects (Roefeld, 1997) and these children are more likely to be abused or neglected (Gelles, 1987). Currently FAS is recognized as the leading known cause of *mental retardation* in the Western world. (Harris, 1995). The incidence of fetal alcohol syndrome is now estimated at 0.97 cases per 1,000 live births in the general obstetric population and 4.3 percent among heavy drinkers. (Abel, 1995).
- {e} by directly increasing the incidence of mild mental retardation in children through poor prenatal care, poor medical follow-up, poor nutrition and inadequate stimulation. (Roefeld, 1997) To some extent, this outcome is itself the consequences of neglect, although it predisposes the child to further neglect and abuse.

Low SES is indicated by unemployment, low paying jobs, high proportion of blue-collar jobs and *low educational attainment*. The active ingredient in low SES, which produces so many bad outcomes may be *stigmatization*. Indeed, some of the hostility toward police in Toronto by black youth may be explained by the fact that these young people have few chances in life; they

are stuck at the bottom of the socio-economic ladder and they feel marked – no-one (outside their group) gives them any respect and many people openly despise and fear them.

Three additional theories described below are evidence based approaches to building community assets which directly buffer at-risk populations, reducing the severity or the number of bad outcomes: #4 social capital, #5 parental supports and #6 developing social competence and academic readiness in children

(4) SOCIAL CAPITAL

Social capital is a sociological theory dealing with positive interaction and interpersonal connectiveness within communities. Formal social capital (amount of time residents devote to civic organizations and activities) and informal social capital (people connecting interpersonally with one another) are two measurements of community connectedness. Putnam (2000) and colleagues developed a ‘state by state’ national index measure of social capital that found informal social capital to be more closely correlated with educational performance. Additionally, the social capital index was “highly correlated with student scores on standardized tests taken in elementary school, junior high, and high school” (Putnam, 2000, p. 299). The social capital index was also negatively correlated with the state high school dropout rates aggregated over the period of 1990-95 (Putnam, 2000). The benefits of community connectedness persisted even after accounting for other factors that might affect educational success, such as race, affluence, economic inequality, adult education levels, poverty rates, educational spending, teacher salaries, class sizes, and religious affiliation (Putnam, 2000).

Corrigan (2004) reviewed the literature on the concept of community. Human beings have always lived in communities. Within the social context, we nurture and teach our children, produce food and goods, and ultimately find meaning and joy in our lives. Many authors have suggested that advances in communication, technology and transportation have replaced the need for neighbours and neighbourhoods. As a result, we may have lost critical social assets of past generations, especially social support, volunteerism, personal awareness of each other, empathy for fellow citizens and a willingness to help those in need. These qualities were often described as *civic virtues*.

The reason social capital is so important is that the active ingredient is outside the family. Children need positive interactions within their family. Positive interactions outside the family (in school, at the workplace, in the community centre, places of worship, etc.) complement the family and may also compensate for deficiencies within the family. Social capital is independent of family interaction and is therefore able to function as a “protector” for children in at-risk households.

(5) PARENTAL SUPPORTS

The theory behind parental supports is that when children are very young (under 6), parents have enormous leverage. Investing in parental supports at this critical time has been shown in high risk populations to improve future child behavioural problems, to improve a child’s readiness to start and succeed at school, to improve a child’s IQ and brain functioning and to improve a child’s social and communication skills (especially with children who have

speech defects, autism spectrum disorder and other developmental special needs. Indeed, the Ontario government embraced this theory with a whole continuum of parental supports aimed at parents of children under 6. There are also a number of evidence based treatments (prevention level) that guide interventions in this area, including *Triple P*. Parental supports are the best measures to counteract stress, especially among populations known to have high levels of stress (lone parents, families living in poverty, people living in depressed and violent neighbourhoods).

(6) SOCIAL COMPETENCE AND ACADEMIC ENABLERS

Extensive experimental research (DiPerna, 2006) on the factors that assure academic competence has identified two main factors: academic skills and academic enablers. Academic skills are the basic and complex cognitive skills (e.g., mathematics, reading, critical thinking) that are the primary educational outcome (and focus of instruction) of elementary and secondary schooling. Academic enablers are student attitudes and behaviors that facilitate a student's participation in, and benefit from, academic instruction in the classroom. The four specific academic enablers are: interpersonal skills, study skills, motivation, and engagement.

- a. *To be motivated*, a student needs to belief about his/her ability to perform in a specific context, task, or domain. Finally, there are two types of goals affecting motivation: *performance* (comparing your performance on a test to others) and *mastery* (comparing yourself to your personal best in the past). Mastery goals relate positively to engagement, study skills and achievement.
- b. *To be engaged* means to participate in classroom instruction and includes such behaviors as writing, task participation, reading aloud, asking questions, and providing answers to others' questions.
- c. *To have study skills* includes competencies such as recording, organizing, synthesizing, remembering, and applying information. Mastery of this skill requires explicit training and practice for most learners. Effective study habits include: previewing before reading, making connections between key concepts, activating prior knowledge, monitoring understanding, and changing strategies when understanding is lacking.
- d. *To have social skills* means to interact with others in ways that elicit positive responses and avoids negative responses.using such behavioural strategies as sharing, helping, initiating communications, requesting help from another person, and giving compliments.

There are many schemes to identify social competence and academic enablers in the population; this includes the EDI (the Early Development Instrument by Janus at the Offord Institute) and the 40 assets (the Search Institute). Statistics Canada conducted a major study of the factors which predicted readiness to learn and success in school. (Thomas, 2006) They examined the causes of the varying levels of core academic skills. Dr. Thomas concluded that geographic variation and the frequently observed correlation of poor academic outcomes and children growing up in low SES and low income families can be explained by events which a

community has some control over. We must identify the active ingredients to promote the readiness of all children to participate in school:

“These findings can all be interpreted in the same way: whether children were living in low income or higher income households, daily reading, high positive parent-child interaction, participation in organized sports, lessons in physical activities, and lessons in the arts were linked with higher scores on readiness to learn measures. The fact that the lower income children were less likely to experience the home environment factor may help to explain the overall differences in readiness to learn scores between the income levels.” (Thomas, 2006, page 11)

Core demographics 2006 Leeds_tab 1_2_3.xls

The Total Population – table 1

A shrinking population is generally bad news for any community on a number of levels. Fortunately, this has changed across Eastern Ontario compared to the situation in 2001. All Eastern Ontario counties are growing at close to the same rate. In 2001, Ottawa grew by 7.3%, but it is now growing at 4.9%; those counties that grew much more slowly in 2001 or were stagnant or even declining are growing at an average of 3.9% in 2006. Leeds & Grenville grew by 2.7% or 2,600 people.

Table 1 shows the historical trend in population for Leeds and Grenville and surrounding counties. The overall county is growing again led by the Northern half of Leeds and Grenville along Highway 43; growth in the North is due to the spillover effect of the rapid growth in the city of Ottawa.

The population of Leeds & Grenville is spread out across the entire county, with less than 30% of the total population living within the greater Brockville area. The current trend only reinforces the wide scattering of the population producing a dominant sub-urban centre in the North East quadrant. This pattern produces several truly distinct communities, with their own character and identity. This pattern also creates significant challenges to the CAS in assuring access to 2/3rds of the county from the home base in Brockville.

Percentage Shifts and Population Density .. table 1.1

Table 1.1 displays the changes in population as a percentage. The fastest growing township is Rideau Lakes (6.8%); this area also had the highest absolute growth (663 people). Overall, Eastern Ontario is growing a slower rate than the provincial average, but it still growing much faster than in the 1996->2001 period.

Population Projections ... table 1.2

Leeds & Grenville is expected to grow by 5.5% by the year 2011, but the growth should taper off to a modest 2.9% every five years thereafter. In contrast, Ottawa is expected to grow

by more than 6% every five years with strong spillover growth in Leeds and Lanark. See table 1.2 for more details. In general, this level is a good indicator for the economic and social well being of Leeds & Grenville.

How Well do Population Projections Perform?... Table 1.3

Table 1.3 shows how well the 2003 projections for 2006 performed. The data shows that projections at the county level were over-estimated for most areas (Frontenac and Hastings were the exceptions). The margin of error was as high as 11% (for Northumberland). The Province adjusted the projections in 2007 by reducing the expectations for growth throughout the Province, especially in the East.

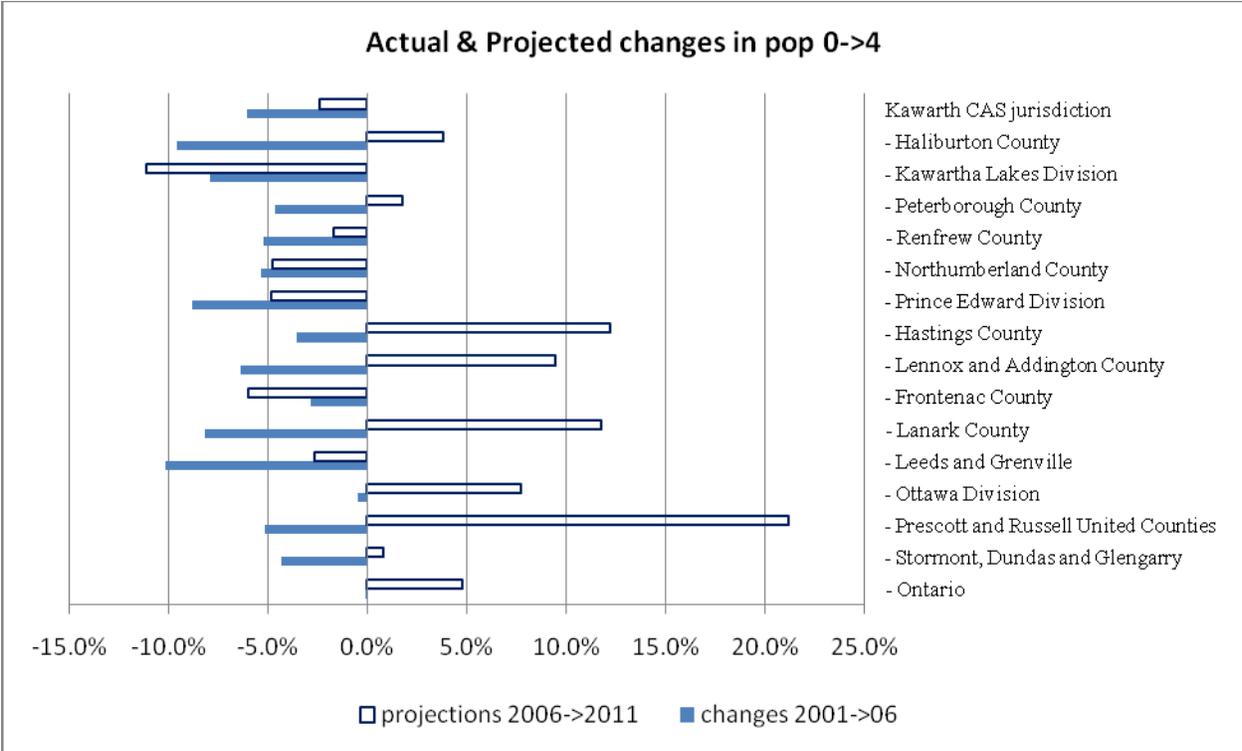
Young Children (0 to 10 years) .. table 2.1

Leeds & Grenville has been experiencing a significant decline (25%) in the number of children age 0 to 4 years over the last decade. This pattern was repeated for almost every county in the East. By comparison, the youngest children in Ontario, as a whole, declined 8.6% over the decade due to the effect of immigration (which brings in younger children) into the GTA and South-West. Table 2.1 shows the details for a number of small cities and towns across Eastern Ontario to provide the reader with more comparable comparisons for Brockville. The good news for the child population is that the rate of decline in the youngest age group has slowed down considerably, suggesting that we may be approaching a return to growth in the next five years.

In the 5 to 9 year old age group, the county is declining – over the decade - by 17.3% compared to a decline of only 3.5% for the entire province. During the 1991 to 1996 period, there were four townships that showed high growth rate for primary school age children; this was completely reversed over the past decade, due entirely to the falling birth rate and slow net migration into Leeds & Grenville. This age group will continue to decline by about 1,000 children in the next five years as the youngest age cohort enters this phase of life – producing stress in the schools over falling enrollment.

Population Trends and projections for children ages 0 to 4 years .. table 2.2

Between 2001 and 2006, the youngest age group (0 to 4 years) declined by 10% in Leeds, which was the fastest rate of decline for this age group in the East. The province, however, is projecting for the rate of decline to slow dramatically with a further reduction of only 2% or about 100 children. Ministry of Finance projections for the age group 0 to 4 years, indicate that Prescott-Russell (21%), Hastings (12%), Lanark (12%), Lennox & Addington (10%) and Ottawa (10%) are expected to have many more infants by 2011.



Teens (10-19)... table 2.3

Young teens (10-14 years old) have increased across the decade by 3.9% in Leeds and Grenville; however, the pattern within the county is marked by wide variation from a growth of 24% in North Grenville to a decline of 37% in Westport. There are two forces driving the growth/decline of young teens from one census to the next: (a) the number of primary school age children from the previous period who grow up and remain in the town and (b) the net migration of new families with children in this age group. Much of the growth in the North is due to the net migration inbound as the bedroom community of Ottawa.

There has been a significant growth extending over all but one town within Leeds & Grenville. Across the decade, older teens have grown by 14%. The growth of teenage children has significant implications for Child Welfare, since they soon hit their child bearing years, bringing about an influx of infants. Secondly, the growth in older teenagers is associated with an increase in both the rate and number of risk taking behaviours.

Young Adults (20-34 years)... table 2.4

There has been a dramatic decline in the number of young adults (20-34 years), the prime child bearing years. Across the decade, young adults have declined by 23% in Leeds & Grenville. In contrast, the Province as a whole and Ottawa have declined by only 3% in this category. Large metropolitan areas are attracting young adults for employment and taking them away from rural areas, small towns and medium sized cities under 50,000 pop. A useful statistic

for seeing this trend is the % of the total population made up of young adults. In Ottawa, Kingston and Peterborough where the proportion of young adults is in the 19% to 21% range compared to 14% in Leeds & Grenville and many of the Eastern counties.

The Core Parenting Years (35-44)... table 2.5

There has been a moderate decline in the population of adults in their core parenting years (35-44). The fertility rates are also highest in this age group and hence there is a corresponding decline in the birthrate as this age group of adults declines. The decline in this age is much more uniform and widespread compared to the situation with young adults. Even the big cities are seeing a decline in this population; Ottawa declined 5% compared to Leeds at 8% over the five year period.

The Mature Years (45-54)... table 2.6

This the cut-point in population trends when everything changes. Unlike the situation with children and adults, the population groups from age 45 upward grows significantly across Ontario. The pattern of growth within Leeds is fairly consistent with the rest of the Province. This time of life is also the most productive in terms of wealth accumulation. The growth in this population is both an effect and a cause of the economic boon in Ontario. It is an effect, because people in this age group are migrating to Ontario from other Provinces to share in the boom.

The Transitional Years (55-64).. table 2.7

Adults in the 55-64 year old group are in the final decade of the typical working life. It is a very productive period for wealth accumulation and the comments for the age cohort above apply equally well this group. This group is growing dramatically across Ontario. Leeds & Grenville and its towns and cities are completely in sync with the rest of the Province and other counties in the Eastern region. The growth in this age group is likely to level off in the years ahead because the age cohort one step younger is about the same size as the group in the 55-64 year old age group. Therefore, the adults in the transitional age group can only grow by net migration in the future. This will happen in jurisdictions that are establishing themselves as “retirement communities” (such as Port Hope and Cobourg).

The Elder Years (65 plus)... table 2.8

The population in the elder years grew by 9% in Leeds & Grenville. This pattern will continue but at a slower pace in 2011, because the number of older people dying is still less than the number of people turning 65 each year. Specifically, there were 1,175 people who were 64 years old on Census Day 2006. Every year, between 990 to 1,035 people die in Leeds & Grenville and most of those are 65 years or older. This means that *the elder population* would have grown by about 150-200 people in 2007 and so on, leading to a probable *net* growth (aging population plus *net migration into* Prescott & Russell minus deaths) of 1,000 people or about 5%.

In conclusion, the growth in the elder population in Leeds & Grenville *is not accelerating*, but it is growing steadily. This growth will create significant challenges for the existing health care resources in Leeds & Grenville. Please note, in the spreadsheet, *Education*

and employment_Leeds_tab 11 and 12.xls, table 11.4, the number of doctors and other professionals grew by 21% or 70 positions; the number of nursing jobs grew by 9% or 100 positions (both indicators apply to Leeds & Grenville). Clearly, the government is aware of the impending health care crisis and is acting to solve it.

Families

Family Structure by category of household (table 3)

The number of married couples in Leeds & Grenville has not changed by much in the decade. Common-law unions have grown quite a bit, but they represent only 20% of all couple based households. Lone parents have also grown significantly. There is a huge variation in the growth or decline of this family type across Ontario and internally within Leeds & Grenville. The growth in lone parents in Leeds is 27% across the decade compared to 28% for the Province. In contrast, Ottawa's lone parents grew by 20%, Frontenac grew by 13% and Stormont grew by only 3% across the decade. Overall, L & G county and many of its towns are seeing a robust growth in Lone Parents and this deserves special attention.

Lone Parents (table 3.1)

The *proportion* of lone parents relative to all families with children has also grown from 22% in 2001 to 24% in 2006. There is a similar pattern of change in the proportion of households which are lone parents across the Province. It seems that the variation in the absolute growth of lone parents has simply placed every county on an equal footing relative to the proportion of lone parent families. The situation within Leeds & Grenville is much worse. In the town of Prescott, lone parents now represent 39% of families with children and in Brockville, lone parents represent 36% of families. Other towns within Leeds & Grenville have a much lower proportion of lone parent households (e.g. Athens and Augusta at 11%).

Across Ontario and within Leeds, there has been a huge increase in the number of male led lone parents. There are almost 800 male led lone parents in Leeds & Grenville, spread out quite evenly across the county. They now represent 20% of lone parent households.

Child Protection concern #1 Lone Parents in Prescott & Brockville

<i>Almost two out every five families in Prescott and Brockville are lone parent households.</i>
--

Children living in various types of families (table 3.2)

The total number of families with children has increased in Leeds & Grenville by half a percent (0.5%) across the decade. There is wide variation in this trend across the Province and internally within Leeds & Grenville. The proportion of all families in Leeds & Grenville, where children are present is now 54% compared to 56% in 2001.

There are 20,048 children (of all ages, including adult children) living in families led by a married couples and there are 2,748 children living in a home led by couple in a common law union. Finally, there are 5,748 children living in a lone parent led home, up from 4,316 in 2001.

This is a 32% increase or about 1,400 more children in lone parent households. There has been a corresponding decrease of children in homes led by a married couple.

About ¼ of the net increase of children living in lone parent families is due to the increase in adult children returning to live with their parents, which has happened across the various types of families. The phenomena of *adult children returning home* moderates the impact of the increase in children living in lone parent families, but to a limited degree. The simple fact remains that more and more children are living in the most stressful, disadvantaged type of family.

Child Protection concern #2 Children living in lone parent homes jumps 32%

The number of children living in a lone parent household has grown by 32% in just five years in Leeds & Grenville. Even with the qualifier of adult children returning home, this statistic represents a serious trend that will increase the pressure on Children's Service agencies.

Age Group for parents in couple-based households – table 3.3

This table shows that only 1% of parents in couple based households with children are under the age of 25 years. There are 175 young families – all of whom have young children – in Leeds & Grenville and they are quite spread out across the county. The proportion of parents in the 25-34 year old age group (16% for Leeds & Grenville) is much higher.

Age Group for parent in lone parent households – table 3.4

In contrast with two parent households, 4% of parents in LP families are under the age of 25 years; this represents 125 families. In total, there are 300 families in Leeds & Grenville where the parent is under 25 years. Young lone parent households live in only three places within Leeds & Grenville: (a) Brockville with 90 families or 8% of all LP homes, (b) Prescott with 15 families or 6% of all LP homes and (c) Edwardsburgh TP with 15 families or 9% of the total LP homes. In the next age group (25-34 years), there are 500 lone parent households or 16% of all LP families in Leeds & Grenville.

Child Protection concern #3 Young Lone Parents in Leeds & Grenville

Almost 10% of lone parents in Prescott, Edwardsburgh and Brockville (125 lone parents in the three towns) are under the age of 25. Across the county, there are an additional 500 lone parents between ages 25 and 34. Young lone parents have the greatest needs across all types of families due to higher levels of parental stress, economic stress, stigma and domestic violence (from dates and ex-spouses).

Grand-parent led homes- table 3.5

Only 1% of families with children in Ontario are in fact led by grandparents with no “parent” present. Statistics Canada does not release this data at the county level, but it suggests that about 150 families including 75 lone parents, are led by grandparents in Leeds & Grenville.

Young Families (all children under 6 years) – table 3.6

Brockville (16%), Gananoque (15%) and North Grenville (18%) have the highest percentage of families in which all children are under the age of 6 years on Census Day 2006 (1,845). When the caregivers have been “parents” for less than 6 years, they are in the stage of family life when they are most vulnerable and most open to education on effective parenting.

This table also shows that 370 female lone parents (FLPs) or 12% of all FLP’s have been a “parent” for less than six years. In contrast, 14% of parents who are married have been parents for less than six years. Married couples who are just starting in their parenting role represent a large number of households (1,475). They are also more likely to be found in North Grenville, where they represent 18% of married couples.

County by county comparisons on demographics tab 4.xls

I have included a number of tables which show the rank of Leeds & Grenville on various indicators. Being aware of the rank on indicators, such as lone parents, is very important in order to assess the social significance of the number.

General Birth Rate – table 4.0

There were 862 babies born in the year preceding the Census Day in Leeds & Grenville (2005-2006). The general fertility rate equals 48.2 per 1,000 women age 15 to 44. At this rate, Leeds & Grenville has a rank of 37 out of 49 counties and is below the provincial average of 51.7 per 1,000 women age 15 to 44.

Absolute Population Growth or Decline – table 4.1

This table shows that Leeds & Grenville continues to grow across the decade at a slow steady pace at rank #32 out of 49 counties. In contrast, Frontenac is exactly at the median rank #24 across the Province in % growth/decline.

This is still good news because this pattern depends on a positive net migration into the county reflecting the judgment of newcomers that Leeds & Grenville is a good place to live.

Rank in the growth of children 0 to 9 years – table 4.2

This table shows the tremendous variation in the child population trends across the Province. Leeds & Grenville, which had a 25% decline in young children ranked at #34 with a steeper decline than most Eastern counties. In contrast, Leeds & Grenville ranked at #24 with its decline of 17% in primary school age children (5-9 years).

Rank in the growth of teens (10-19 years) – table 4.3

Leeds & Grenville ranks much higher in its pattern of growth for older children. For young teens in the 10-14 year old age group, L & G county ranks at #19 with a 4% growth and #21 for older teens 15-19 with a 14% growth. The large cities (>500,000) are growing much more quickly in terms of the teenage population.

Rank on Female Led LP Households – table 4.4

Although, the percentage of families which are led by female lone parents has gone up in Leeds & Grenville, *relative to the whole province*, the situation appears to have improved in Leeds & Grenville. L & G county ranked at #24 in the province in 2001 when 18% of families were FLP; by 2006, L & G's rank fell to #30 although its percentage of this vulnerable population rose to 19%. However, this "positive" note must be viewed with caution; female lone parents are not evenly spread out within L & G county. Two locations (Leeds and Brockville) have an exceptionally high proportion of female lone parents relative to the Province.

Ind yrs2001 to 2006 Leeds_tab_5.xls

This table shows the number of children by individual ages across Leeds & Grenville for 2006. The table reveals that significant variation in growth and decline town by town. Brockville, for example is showing a 21% increase in children under the age of 1 year or 235 babies in total. Adding the findings related to the age of the mother in lone-parent households in Brockville, plus the two patterns suggest that a surge of parent education and parent support programs in Brockville is a critical need.

The pattern for teenagers is also interesting: it shows that the teenage population is really surging in the Northern parts of Leeds & Grenville.

Housing_Leeds_2006_tab_6.xls

The Housing Stock – table 6.0

The overall housing stock has grown fairly evenly and modestly across Ontario. The provincial supply of occupied dwellings has increased by 8% compared to 4% for Leeds, 6% for Ottawa, Frontenac and Lennox and 5% for Lanark. The overall population increases at rates just below this threshold, indicating the thinning out of the population into more and more homes. In view of the current housing bubble in the USA, this finding is very good news for Ontario, suggesting that we have not created an oversupply of new housing; thus, the value of housing in Ontario should remain stable.

Secondly, housing has a significant impact on crime rates. The housing specific risk factors are all decreasing in Leeds & Grenville (over crowding, houses needing major repairs and rental accommodation).

The Nature of Housing – table 6.1

The number of single detached houses has increased by 2.5 % in Leeds and Grenville down from 6.3% five years earlier. Overall, 76% of homes in Leeds & Grenville are in single detached units, which co-incidentally has the lowest rates of domestic violence. The rate of single detached homes is much higher than the Provincial average at 56% or Ottawa at 43%. This is a typical pattern for rural and small towns. The number of large apartment units (over 5 stories) has declined by 2% In Leeds & Grenville. The units in small apartment blocks have gone up by 4% and can be seen throughout the county. Ownership is also very high in Leeds (79%) compared to the Province (71%) and Ottawa (66%).

Urban-Rural Breakdown_tab_7.xls

Section 7 rural life and agriculture

The presence of large urban centres in Ontario (Ottawa, Toronto, etc.) tends to swamp the public perception of the typical life of citizens. A substantial majority of people in counties outside the major urban areas live in rural areas or very small towns. This is the case in Leeds & Grenville. The distinction between major urban centres (e.g. Ottawa), small cities (Brockville), medium sized towns (Gananoque and Prescott) and the smallest towns (e.g. Athens, Cardinal, Newboro) and rural areas (representing 61% of the population of Leeds & Grenville) is of critical importance to Child Welfare and social service agencies.

Statistics Canada has completed a major series of analysis on the differences between urban and rural/small town environments. (Rural and Small Town Canada Analysis Bulletin Catalogue no. 21-006-XIE) For example:

- boys in small town regions have the highest prevalence of being overweight or obese.
- one in four boys report heavy drinking practices in small metro regions, small cities, small towns, and northern regions.
- In contrast, boys in the major metropolitan regions have the lowest prevalence of heavy drinking.
- Rural families have lower incomes, but counteracting this risk factor within rural areas, the distribution of income is “more equal” than in urban areas.
- Rural residents receive relatively more in social transfers and pay relatively less in taxes.
- The highest rates of crime are found in small cities (population 15,000 to 50,000). The lowest rates are found in the big cities (over 100,000). This may reflect the fact that within Ontario, small cities are experiencing a significant decline in its social institutions, especially education, work place, health care and recreation. Big cities, with bigger budgets and more political clout, are maintaining the quality of life more effectively for its residents.

- Hawkesbury (19.4%), Prescott (19.2%), Addington Highlands (19.1%) and Cornwall (19.0%) had the highest rates in Eastern Ontario of families living below the low income cut-offs in 2001, which are adjusted for the cost of living by community size. The next highest rates are in the vicinity of 15%. On balance, having nearly 20% of your families below the low income cutoffs is an unusual, highly disadvantaged community.
- In general, there is according to Statistics Canada researchers “a strong negative income gradient from larger to smaller cities and from urban to rural areas” page 311, Canadian Economic Observer, August 2005

In addition to the reasons listed above, the urban-rural continuum has an impact on access to mental health, social support, stigma, timeliness of access to shelters for domestic violence and the presence of informal community sentinels of child abuse. The later point refers to the fact that high risk families in an urban environment encounter more people (from day care providers, neighbours, medical staff and teachers) who could act as an early warning system to detect child abuse.

Internal Urban-Rural – table 7.0

This is a new table from Statistics Canada. Most of the municipal boundaries within Leeds & Grenville are townships, which do not make it easy to perceive whether the population lives in small towns or on a farm. This table provides the details underneath the “township” boundary about the local context where the families really live. A substantial majority (71%) of the population of Leeds & Grenville lives in rural areas or very small towns with less than 5,000 people. All of the risks itemized on the prior page should be matters of concern to the CAS.

Population by size of city/town versus totally rural –table 7.1

This is also a new table from Statistics Canada. This table shows that 61% of people in Leeds & Grenville live in a rural location and about 10% live in very small towns. There are special challenges associated with providing effective child welfare in a rural social context. It is difficult to find informal sentinels that can keep their eyes on vulnerable children and provide early warning of problems. Secondly, problems, such as domestic violence, tend to escalate to greater levels of seriousness in rural households.

Rank of Population in rural and small towns – table 7.2

Leeds & Grenville is the #10th ranked county by percentage of the population in a rural household and is the third ranked (#3) county in the absolute number of people living in a totally rural environment. Only Simcoe county and Ottawa (with 67,238 people living in a rural space within the municipal boundaries) have more “rural people” than Leeds & Grenville.

Leeds & Grenville is ranked #15 in the percentage of the pop in small towns of less than 5,000 people. Both of these statistics reflect a special and unusual challenge for Leeds & Grenville, compared to other counties.

Farms

The following tables come from the Census on Agriculture.

Number of farms - table 7.3

Over the last 15 years, the number of farms in Leeds & Grenville has gone down marginally and now stands at 1,303 farms.

Acres Farmed by county – table 7.4

The acreage farmed in Leeds & Grenville has gone down marginally over the 15 years. There are 328,040 acres of farmland in Leeds & Grenville.

Rank by Acres Farmed – table 7.5

By the sheer amount of land space devoted to farming, Leeds & Grenville ranks as #17 in the Province. The largest acreage of farmland is found in Western Ontario (Huron, Middlesex and Bruce). Farmland occupies 40% of the total land space in Leeds & Grenville.

Rank by Percentage of land farmed – table 7.6

Leeds & Grenville is ranked #26 in percentage of land farmed (40%).

Ethnicity_language_migration_Leeds_2006_tab_8.xls

Section 8 Cultural Mix of the Population

The cultural mix of the population is a critical area for child welfare for many reasons:

- 1) Variations in language, residency status, new comer status, aboriginal identity and ethnicity are significant factors explaining the variations of access to child welfare services. All families regardless of these differences need equal access to this service.
- 2) The presence of a wide variety of social health related problems varies significantly by these factors. On the positive side, new comers to an area tend to have fewer social problems than the resident populations undoubtedly because it is harder for disadvantaged groups to move out to improve their life.
- 3) The Child and Family Services Act and Bill 210 require the CAS to consider the cultural needs of children and parents.

Migration Patterns – table 8.1

The families of Leeds & Grenville are more likely to remain in the same house than the Province as a whole. Sixty five percent (65%) of families were in the same home on Census Day, 2006 as in Census Day, 2001. This is much higher than many neighbouring counties and the Province as a whole. *Residential stability is a tremendous asset leading to enhanced social capital as long as the people affected do not feel trapped in a bad situation.*

The percentage of people who remained in the same town or city during the five period, including those who changed houses within the same community is almost identical across the Province, varying from 79% to 81%.

A total of 18,650 people who moved into the respective town or city within Leeds & Grenville during the five year period. Most came from somewhere else in the Province (17%), the rest of Canada (2%) and a small number came from out of Canada (1%).

In contrast, the total of new migrants moving into Ottawa was only 14% and the Province as a whole, 17%. The principle difference distinguishing Leeds & Grenville from Ottawa and the Province is the fact that percentage of immigrants is much lower in Leeds & Grenville (1% compared to 5%).

Overall, this table is very good news for Leeds & Grenville, since the new comers bring in a strong vote of confidence in the community, as well as new wealth, energy and other family members. Although, Statistics Canada does not publish the age breakdown of migrants, it is clear from the general population trends that the “age” of new migrants is biased in favour of middle age adults, some with teenage children. Young families, with young children, are not moving into Leeds & Grenville to the same extent as they do in the larger Metropolitan areas.

During a one year period before the last Census, 89% of the people within Leeds & Grenville were in the same house from the start of the year to the end. Most of the townships, cities and towns within Leeds & Grenville are at least as stable or even more so. In Prescott (82%) and Brockville (85%) a smaller percentage of people remained in the same house.

In the town of Prescott, 11% of the population were newcomers who arrived within one year prior to the Census (445 people). The number of people who moved out of the town of Prescott is slightly higher. This turnover in the population is referred to by Statistics Canada as the “churning” effect. As the population churns, the social and economic qualities of individuals and families change. After the churning process, the town can be better or worse off in relation to the risk indicators for Child Welfare. The other townships within Leeds & Grenville did not churn nearly as quickly and as a result, remained quite stable on many indicators. For example, in North Grenville, there were 850 newcomers during the year before the Census, but the total population of North Grenville is three times larger than the town of Prescott so the percentage of “churning” is lower.

Aboriginal identity – table 8.2

About 2% of the people in Leeds & Grenville identify with the Aboriginal population (1,760). Most of these people (1,025 or 58%) identify with North American Indians and 36% (635 people) identify with the Metis population. Almost one half (735 or 42%) are registered Indians.

The people with aboriginal identity have a much higher proportion of teenagers than the mainstream population and there are 10% fewer adults over 35 years among these people. Only 59% of the Aboriginal population own their own homes compared to 79% for the general population and twice as many homes for the aboriginal population (16%) are in need of major repairs compared to 8% in the mainstream population in Leeds & Grenville.

The proportion of lone parents is 33% higher for the aboriginal population compared to the mainstream.

Recent immigration – table 8.3

One half of one percent of the population of Leeds & Grenville (465 people) immigrated to Canada in the five years prior to the Census in June 2006. One third (31%) came from the USA, one third (32%) came from Europe and the balance came from Asia (29%), Africa and other places.

Languages spoken at home – table 8.4

Across the county 1.3% of the people require a translator to communicate in English.

Indicators of special needs_Leeds 2006 tab 9 and 10.xls

Statistics Canada is changing its approach to reporting on risk taking behavior from geographic based estimates to analytical papers based on the National Longitudinal Survey of Children and Youth. As a result, it is harder to re-create the historical tables of risk taking behavior. However, the advantage of the longitudinal studies is that the processes which are driving the risk taking behavior are much clearer. This is much better for community planning purposes. Knowing the score (even if it is bad news) is not as important as knowing how to reduce social problems whatever their level. Where geographic tables exist, they tend to be based on the public health unit (Leeds & Grenville and Lanark).

The data tables for this section come from both the Excel Spreadsheets and the pdf research reports from various sources, including the recent needs assessment by Remington.

Condom use by males - table 9.1

Table 9.1 shows that Leeds & Grenville and Lanark have one of the best records for safe sex in the province. This table shows that 59% of males between 15 and 59 years always use a condom. This means that Leeds & Grenville and Lanark are ranked #2 in safe sex across the Province.

Teenage Childbirth – Remington report

Teenage childbirth in the period from 2001 to 2006 has fallen significantly from the rates in the 1990's (25.6 per 1,000 teens). The teenage birthrate has fallen to 11.6 per 1,000 teenage girls – reflecting the safe sex statistic.

Disability Free life expectancy.pdf – Health Reports (Stats Can cat #82-003)

The life expectancy tables indicate that Leeds & Grenville and Lanark have a lower life expectancy and lower “disability free life expectancy than many other jurisdictions in Southern Ontario – by a factor of about 2 years. This is not a lot, but it does reflect a hazard of living in rural areas and small towns, where the available of doctors is not as great as in the large cities.

Special Needs Students in school – Remington report

According to the Education Quality and Accountability Office (EQAO), the Province wide percentage of children who meet the Provincial standards for reading, writing and math are 62%, 64% and 68% respectively in grade 3 in the year 2007. In contrast, *children with special needs* (including learning disabilities, mental retardation and emotional and behavioural disorders, plus the “low incidence disorders, such as autism) are very poor responders to the education system. In reading, 21% of special needs children are at the provincial standard, in writing, 19%, and in math 31% are at the standards in 2007 in grade three.

The proportion of special needs students across the Province is 12%; In Leeds & Grenville, special needs students represent 20.7%. According to the Remington report, the proportion of students in grade three who met the Provincial standard in reading is 60.3%. Given the exceptionally high percentage of special needs students, the end result is a tribute to the excellence of education in Leeds & Grenville.

The proportion of special needs students is also going to contaminate the meaning of the EDI scores for Leeds & Grenville.

Readiness to Learn and Success at School.pdf – Stats Can cat #89-599

Data from the National Longitudinal Study has found that children from rural and small towns, as well as children from low socio economic groups and low income families scored below their peers on basic academic skills. This finding has been discovered many times before. The question posed by Statistics Canada was *what process or event was happening or not happening to produce this result*. The research paper found that children in disadvantaged homes tended to deteriorate in social competency (even after a good beginning by age 3). Researchers also found that the bad outcomes could be reversed if ..

- Children were *read to daily* (improves all academic and social skills)
- participated regularly in organized sports (improves communication and number skills)
- had lessons in art (improves number skills, copying and symbol use)
- Cooperative play was highest with regular participation in *unorganized* sports
- All of the above was highest with high positive parent-child interaction. The quality of parent-child interaction is clearly a critical driver in the child’s readiness to learn. This suggests that parent supports and parent education programs are very important.

Many of these events can be facilitated outside of the family by the community. Many of these events are very difficult for families to enable in rural and small town places. This is why EDI scores are lower in rural and small town places.

Secondly, the quality of parent-child interaction is clearly a critical driver in the child’s readiness to learn. This suggests that parent supports and parent education programs are very important. We should target intervention at

- young parents
- new parents

- parents with other social disadvantages (including lone parents and poor parents)
- parents living in rural and small town locations

The two sets of interventions (providing organized and unorganized sports, involvement in the arts, such as music, drama and drawing) plus parent education and parental supports to improve the parent-child interactions and increase parental “reading to children” constitute a project in building social capital.

PALS – table 9.2

PALS (Participation and Activity Limitations) is a Statistics Canada survey of the population with limitations to full participation and function in Canadian society. This is defined by Statistics Canada as:

Population aged 12 and over who report being limited in selected activities (home, school, work and other activities) because of a physical condition, mental condition or health problem which has lasted or is expected to last 6 months or longer.

According to this definition, 40% of the population over 12 years in Leeds & Grenville has limitations. This places the county in rank #4, quite a bit above the Provincial average (32%). This result is worse than other counties in the East and Eastern Ontario, in general, is at risk on this measure.

- (#1) Renfrew at 41%
- (#4) Leeds & Grenville and Lanark at 40%
- (#12) Kingston at 38%
- (#20) Ottawa at 36% which is slightly ahead of Prescott & Russell (#22).

Eastern Ontario does appear to be even more at-risk of *physical conditions, mental and health problem* that limit participation and activity compared to the rest of the province.

Alcohol and Drug Abuse among Youth – OSDUS survey

The Centre for Addiction and Mental Health (CAMH) has been conducting research on drug use in secondary school since 1977. They publish the results by eight regions of the Province, one of which closely parallels the MCSS Eastern Region. This is identified on the OSDUS table 3.11 as the “East”.

This table demonstrates that the lowest rates of substance abuse overall are in the city of Toronto. The next lowest is the East. Having said that, there are some disturbing findings. A total of 21.3% of students from grade 7 to grade 12 report binge drinking at least once during the four weeks prior to the survey.

The percentage of heavy drinkers by county – table 9.3

The public health unit of Leeds & Grenville and Lanark counties has a rank of #8 in percentage of heavy drinkers¹ (20.2% or 28,000 people over 12 years of age). Compared to the Provincial average (16.2%) and every other county in Eastern Ontario (which are lower by 2% to 3%), this outcome for Leeds & Grenville and Lanark PHU is very serious. No other community risk indicator is as highly correlated with CAS protection caseloads as the percentage of heavy drinkers. This will be discussed more fully below.

The percentage of the population suffering serious injuries – table 9.4

The public health unit of Leeds & Grenville and Lanark counties has a rank of #2 in serious injuries². This is also a grave concern to CAS agencies, since a high level of accidents are highly correlated with accidental death, accidents among younger children and death from child abuse. Ottawa (15.7%) also has a high rate of serious injuries. Most other counties in the Eastern area are close to the Provincial average (13.1%).

Population over 20 who report high levels of stress – table 9.5

The public health unit of Leeds & Grenville and Lanark counties has a rank of #28 in reported level of high stress (22.1%) which is quite a bit below the provincial average (26.2%) Stress is also a concern to CAS agencies; on this indicator, at least, Leeds & Grenville appears to be on the positive side of county by county comparisons. This may reflect the fact that informal social systems in rural and small towns can be very supportive. Almost all rural and small town counties have below average stress levels.

Section 10 Child Welfare Caseloads

The rate of families who become child protection cases requiring ongoing supervision is a critical caseload measure because it is somewhat independent of agency philosophy (unlike placement decisions) and independent of the “image” of the society in the public media (unlike intake). When families end up on the caseload of staff responsible for ongoing supervision, there needs to be good evidence of potential harm to children. Most of these cases are reviewed in court and even those that do not go to court are reviewed internally up to the same standard.

The rate for this variable is calculated as the number of ongoing protection cases served per year/*families with children* multiplied by 100,000. I believe that this variable is the single best measure of the need for child protection service.

¹ The Population aged 12 and over who are current drinkers and who reported drinking 5 or more drinks on one occasion, 12 or more times in the past 12 months. This is referred to as 'heavy drinking'.

² Refers to injuries which are serious enough to limit normal activities. For those with more than one injury in the past 12 months, refers to 'the most serious injury' as identified by the respondent.

Table 10.1 CAS protection caseloads

This table has data from 1992 and 2006. These years are *before and after* the major child welfare reform including the introduction of a standard risk screening tool and changes to the definition of a child in need of protection. On average across Ontario, 5% of families (4,652 per 100,000 families) were under the supervision of a CAS in 1992. By 2006, this had increased to 6% of families in the community (5,843 per 100,000 families). This represents a 26% increase overall. The 26% increase in supervision rates is probably due to systemic factors that affect all agencies, which includes changes in legislation and the new risk screening tool.

Almost 10% of families in Leeds & Grenville (9,553 per 100,000) are under the supervision of the CAS. This represents a 48% increase over the rates in 1992. One half of this increase is probably due to local risk factors. Compared to the rest of the Province, Leeds & Grenville is now ranked as #12 in rate of families served up from #22 in 1992.

This outcome mirrors the concerns raised in this report. The rate of protection cases served is highly correlated with the rate of heavy drinkers ($r = 0.60$) and the percentage of the pop with physical, mental or health limitations ($r = .41$). It is not correlated with the percentage of the population with serious injury and is inversely correlated with stress ($r = -.60$). This is unexpected, but it may relate to the high level of stress of people in high socio economic brackets.

The Pediatric Death Review

In June 2007, the Chief Coroner released the results of the Pediatric Death Review Committees. In 2006, there were 550 children and adolescents (0 to 18 years of age) who died and whose deaths were investigated by the Coroners' Office. Of these deaths, 83 (or 15%) cases were an open CAS case file or were open at some point in the 12 preceding months prior to death.

The causes of death for the total group investigated are: natural (45%), accident (40%), suicide (11%), homicide (5%) and undetermined (10%). Out of 279 suicides by children between 2001 and 2005, 28 occurred in Eastern Ontario. About 16% of children who committed suicide in 2006 were in the care of a CAS. Most of them were of aboriginal identity.

Education and employment_Leeds_tab 11 and 12.xls

Section 11 Employment

The concept of low socio economic status refers to the population who are unemployed, or who have jobs that pay low wages and who have low educational attainment. The variation in the size of the population with low SES, location by location, is highly correlated with a wide variety of social indicators, including crime, mental illness, child abuse and substance abuse.

For this reason, it is very important to assess if the size of population with low SES is growing or declining and how the population varies internally within the county.

Table 11.1 core unemployment rates

Unemployment rates in Leeds & Grenville for the years 2001 and 2006 are above average but still heading down. They are 6.4% and 5.7% respectively. Unemployment rates are very high in Brockville (9.5% and 7.6%) but at least they are coming down. Eastern Ontario has fairly low unemployment compared to the rest of Province. Participation rates are also fairly positive in this region.

Forty-one percent (41%) of all unemployed people in Leeds & Grenville are youth between 15 and 24 years. Youth unemployment has moved from 14.7% (2001) to 15.3%. Youth unemployment in Leeds & Grenville is much higher than in Ottawa (13.8%), Stormont (13.2%), Lennox (12.3%) and the Province as a whole (14.5%). Three other counties (Lanark (17.4%), Prince Edward (16.3%) and Hastings (16.2%)) are even higher than in Leeds & Grenville. Internally, the youth unemployment rate are a serious problem in Brockville at 18.7% and even more so within the township of Edwardsburgh/Cardinal (19.8%) or in Westport (50%).

Table 11.2 Youth Unemployment by Educational Achievement

This chart was published for the first time by Statistics Canada for the 2006 Census. It clearly shows *youth unemployment* is determined by educational achievement. Young people who did not graduate from high school have an unemployment rate of 18.4% compared to 13.8% for youth who are graduates of “something”. This pattern continues throughout the Eastern region.

Table 11.3 Adult unemployment by educational achievement

Adults who do not graduate from anything in life also face higher unemployment (5.9%) compared to 3.7% for people that graduate from something. The difference, however, is that adults face much better employment prospects than youth overall.

Table 11.4 Types of Jobs by all workers

Leeds & Grenville has seen a 5% increase in jobs since 2001 compared to 8% for the Province. The table is rich with detail about the jobs pattern for different sectors of society. Some of the findings are:

child welfare concern #4 – Loss of Manufacturing jobs

The only industry that is losing jobs in Ontario is manufacturing (-6%). These job losses have hit areas very unevenly. For example, Ottawa has experienced a 46% decline in manufacturing jobs (5,500 jobs in total). Stormont, Dundas & Glengarry have also lost manufacturing jobs (1,355 for a 22% decline). Leeds & Grenville lost 880 jobs (a 19% decline). The reason why these job losses have not devastated the unemployment numbers is that manufacturing represents only 7% of the workforce in Leeds & Grenville.

child welfare concern #5 - Skilled workers lose the most

Within the manufacturing sector, the job losses have fallen unevenly on *machine operators* and *assemblers* (the skilled trade workers). In Leeds & Grenville, *assemblers* have

born the brunt of job losses (-51%). Assemblers also lost jobs in Ottawa, (-59%), Stormont (-30%) and in Lanark (-29%). Internally, the job losses for assemblers are even higher in certain places:

- North Grenville (-81%)
- Augusta (-64%)
- Front of Yonge (-64%)
- Elizabethtown (-62%)

For people in these townships, the unemployment feels far more hopeless because of how widespread the job losses are for specific sub-groups.

Sales and Service, creating more jobs in L & G

The largest segment of the job market is in sales and service, which represent close to one quarter of all jobs in Ontario and across the Eastern region. These jobs have grown everywhere, more than replacing the loss in manufacturing. However, many human beings have still lost a great deal. The personal skills and education of skilled workers do not fit well and are not valued in sales and service. For an individual county, such as Leeds & Grenville where 755 skilled workers lost their jobs, the percentages do not matter. What matters is that these people do not have much hope of restoring their former lifestyle and status.

Sales and service has created 1,500 new jobs for L & G between 2001 and 2006. Jobs in the tourist industry³ have increased by 108% in Leeds & Grenville (or 260 jobs). Most of these jobs (85) have been created in Gananouque.

Section 12 Education

Educational achievement is a critical foundation for both our social/emotional well being and our economy. When the number of people who did not graduate from anything **or** have only high school is much higher in a particular area compared to its neighbours or starts to increase significantly, then the collective *socio economic status* is lower. This is very bad news for a Children's Aid Society because low SES doubles the rate of maternal depression, substance abuse and antisocial personality disorders in men, which are potent predictors of child abuse.

Table 12 Educational Achievement

The first column refers to the percentage of young adults who have not graduated from anything. This is the population who had dropped out of school between 1999 and 2003 and did not go back to school or to some other training program. According to the Ministry of Education and the King Report, 32% of youth in grade nine in 1999 did not graduate. Until now, no-one knew exactly how many returned to school or found another training alternative and no-one knew how these numbers vary county by county.

³Occupations in travel and accommodation, including attendants in recreation and sport

The Statistics Canada table provides an answer to these questions. Overall, 12% of young people (20-24) never graduated from anything. In Leeds & Grenville, the *never graduated* group represent 16% of the young people. This percentage is higher than most other counties except for Lanark and Hastings. Internally, Brockville (19%) shows a high rate of *never graduated*. This is an important marker of the social and emotional well being of the young people, sub-division by sub-division.

the long view: is low SES growing overall? ... YES

On page 2 of the table, the percentage of the over 20 whose highest level of education is high school or less is displayed. This presents the long term view, taking into account the fact that many adults will go back to school to improve their job prospects. Across the province, 44.6% of the population over 20 has high school or less in 2006, compared to 39.9% an *increase of 4.8% in this indicator of low SES*. Looking at the data from this point of view, Leeds & Grenville has seen its low SES (by education) marker increase by 4.9%, which is still better than the provincial average, but reverses decades of a steady decline in the low SES population.

This outcome is driven by the high number of young people who are not graduating from high school as teenagers. Most of them eventually return to get their high school diploma, but it takes them much longer to recover as young adults, which limits their chances to attend and graduate from community colleges. The net result is that the low SES population in Leeds & Grenville grew by more than 5,000 people between 2001 and 2006. That translates into much higher risk for child abuse and neglect (see theory #3)

graduates of trades and community colleges declining

On page 3, the complementary picture of the percentage of the pop with certificates, college graduates and university degrees is displayed. Graduates of trades and colleges have fallen off from 2001 by 3% in Leeds & Grenville.

The Economy in General

The Ministry of Training, Colleges and Universities released an analysis of the economy in Eastern Ontario. Their findings were as follows:

- a) Ontario's unemployment rate is 6.3%
- b) The situation for youth in Ontario has worsened since 2002, becoming the worst across the nation.
- c) The job prospects are especially weak for the following groups: immigrants, youth, Aboriginal People, people with disabilities, less educated workers and those with poor literacy skills
- d) The wealth and job creating power of the Ontario economy is not evenly distributed by location with some communities facing high rates of unemployment and low rates of employment growth
- e) 63% of the "working age" population in Eastern Ontario had jobs
- f) 80% of employed workers in Eastern Ontario work full-time

- g) About 61,600 people in the Eastern region are unemployed, a 5.8% unemployment rate (much better than the Provincial average of 6.3%)
- h) The major industries in Eastern Ontario are:
 - Trade (14%)
 - Public administration (12%) – compared to 5% for all Ontario
 - Health care (11%)
 - Manufacturing (10%)
- i) The greatest job losses were in the trades, transportation and equipment operators and in public administration
- j) One of the big employment gainers were the primary industries (farming) which showed an increase of 4,000 plus jobs in Eastern Ontario in 2006.

This is good news for the majority of people in Eastern Ontario compared to the situation in 2001. It also suggests a further polarization of society on economic grounds and the increase of sub-populations who are falling further and further behind. This report does not deal with the current credit crisis in the USA, which leaves a great many unknowns, except that the problems in the manufacturing sector (10% of the economy in the East) will continue to decline.

Secondly, the data on job losses are as of June 2006. Almost two years has past since the last census and many jobs then have now disappeared.

Conclusion and executive summary

Leeds & Grenville is a unique community even within the context of its neighbours in Eastern Ontario. In many respects, Leeds & Grenville presents *extra-ordinary challenges* to the local CAS to protect children and support families.

On the other hand, there is clear evidence of community resilience, key improvements both socially and economically, and good outcomes with youth even for disadvantaged groups. These are *community assets*.

Finally, there are several *golden opportunities* to intervene early in a targeted way that will solve the child welfare concerns in the long term.

- (1) *Community asset*: All Eastern Ontario counties are growing. Leeds & Grenville grew by 2.7% or 2,600 people. Growth happens when more people move into the county than move out. Growth is a vote of confidence by newcomers. Newcomers also bring new energy, wealth and social capital to an area.
- (2) *Youngest children returning*: The good news for the child population is that the rate of decline in the youngest age group has slowed down considerably, suggesting that we may be approaching a return to growth in the next five years.
- (3) *Falling enrolment in primary school*: The 5 to 9 year old age group is declining – over the decade - by 17.3% compared to a decline of only 3.5% for the entire province. This age group will continue to decline by about 1,000 children in the next five years

as the youngest age cohort enters this phase of life – producing stress in the schools over falling enrolment.

- (4) *Young adults are moving out:* Young adults ages 20 to 44 years are declining in Leeds & Grenville, as they move from rural and small towns to the big cities such as Ottawa.
- (5) *Older adults moving in:* Adults age 45 and up are growing strongly in Leeds & Grenville and these people make more money and are generally wealthier than their younger counterparts. This has improved the economic outlook in Leeds & Grenville. This is the group that is moving into the county and they often come with their teenage children.
- (6) *The challenge ahead:* Elders (65 and up) are growing, but only modestly; nevertheless, they will put more pressure on the health care system. The Province has responded by investments that are increasing the number of health professionals in the county (170 additional nurses and doctors).
- (7) *Extra-ordinary challenge #1* – Lone parents are increasing in Leeds & Grenville (as they are throughout the Province), but internally, they now represent 39% of families with children in Prescott and 36% in Brockville.
- (8) *A golden opportunity#1* – There has been a huge increase in male lone parents to 800 or 20% of all lone parents. They have the struggle of parenting without a partner for social and economic support plus, as men, they may not be as skilled in raising young children and may be subject to considerable stigma for attempting it. Male lone parents of young children should be offered parent education and support.
- (9) *Extra-ordinary challenge #2:* The number of children living on a lone parent household has grown by 32% in just five years in Leeds & Grenville. Even with the qualifier of adult children returning home, this statistic represents a serious trend that will challenge children’s services and efforts to reduce child poverty.
- (10) *Extra-ordinary challenge #3:* Almost 10% of lone parents in Prescott, Edwardsburgh and Brockville (125 lone parents in the three towns) are under the age of 25. Across the county, there are an additional 500 lone parents between ages 25 and 34. Young lone parents have the greatest needs across all types of families due to higher levels of parental stress, economic stress, stigma and domestic violence (from dates and ex-spouses).
- (11) *A golden opportunity #2:* Brockville (16%), Gananoque (15%) and North Grenville (18%) have the highest percentage of families in which all children are under the age of 6 years on Census Day 2006 (1,845). When the caregivers have been “parents’ for less than 6 years, they are in the stage of family life when they are most vulnerable and most open to education on effective parenting.
- (12) *A golden opportunity #3:* Brockville is showing a 21% increase in children under the age of 1 year or 235 babies in total. Adding the findings related to the age of the mother in lone-parent households in Brockville, plus the two patterns suggest that a surge of parent education and parent support programs in Brockville is a critical need.

- (13) *Community asset:* Housing stats on Leeds & Grenville shows a 4% increase in new housing; compared to the population growth of 2.7%, the growth in new housing is moderate enough not to undermine house values. At the same time, the fact that housing is growing slightly faster than people helps to reduce over-crowding, houses in need of major repairs and rental accommodations in high rises – all of which are potent risk factors for crime.
- (14) *Extra-ordinary challenge #4:* A substantial majority (71%) of the population of Leeds & Grenville lives in rural areas or very small towns with less than 5,000 people. Statistics Canada has identified significant risks associated with life in rural and small town Canada:
- boys in small town regions have the highest prevalence of being overweight or obese.
 - one in four boys report heavy drinking practices in small metro regions, small cities, small towns, and northern regions.
 - Rural families have lower incomes, but counteracting the bad effect of lower incomes within rural areas, the distribution of income is “more equal” than in urban areas.
 - Rural residents receive relatively more in social transfers and pay relatively less in taxes.
 - The highest rates of crime are found in small cities (population 15,000 to 50,000). The lowest rates are found in the big cities (over 100,000).
 - Hawkesbury (19.4%), Prescott (19.2%), Addington Highlands (19.1%) and Cornwall (19.0%) had the highest rates in Eastern Ontario of families living below the low income cut-offs in 2001, which are adjusted for the cost of living by community size. The next highest rates are in the vicinity of 15%. On balance, having nearly 20% of your families below the low income cutoffs is an unusual, highly disadvantaged community.
 - the urban-rural continuum has an impact on access to mental health, social support, stigma, timeliness of access to shelters for domestic violence and the presence of informal community sentinels of child abuse. The later point refers to the fact that high risk families in an urban environment encounter more people (from day care providers, neighbours, medical staff and teachers) who could act as an early warning system to detect child abuse.
- (15) *Community asset:* Families in Leeds & Grenville are more likely to remain in the same house (65% across five years). This is much higher than many neighbouring counties and the Province as a whole. *Residential stability is a tremendous asset leading to enhanced social capital as long as the people affected do not feel trapped in a bad situation.*
- (16) *Community asset:* Leeds & Grenville and Lanark have one of the best records for safe sex in the province.
- (17) *Community asset:* Teenage childbirth in the period from 2001 to 2006 has fallen significantly from the rates in the 1990’s (25.6 per 1,000 teens). The teenage birthrate has fallen to 11.6 per 1,000 teenage girls – reflecting the safe sex statistic.
- (18) *A concern about community health:* The life expectancy tables indicate that Leeds & Grenville and Lanark have a lower life expectancy and lower “disability free life expectancy than many other jurisdictions in Southern Ontario – by a factor of about 2

years. This is not a lot, but it does reflect a hazard of living in rural areas and small towns, where the available of doctors is not as great as in the large cities.

- (19) *A concern about Special needs children:* The proportion of special needs students across the Province is 12%; In Leeds & Grenville, special needs students represent 20.7%.
- (20) *A community asset:* According to the Remington report, the proportion of students in grade three who met the Provincial standard in reading is 60.3%. Given the exceptionally high percentage of special needs students, the end result is a tribute to the excellence of education in Leeds & Grenville. ‘
- (21) *A golden opportunity #4:* Data from the National Longitudinal Study has found that children from rural and small towns, as well as children from low socio economic groups and low income families scored below their peers on basic academic skills and social competency (even after a good beginning by age 3). Researchers also found that the bad outcomes could be reversed if (and this is the prevention opportunity)
- Children were *read to daily* (improves all academic and social skills)
 - participated regularly in organized sports (improves communication and number skills)
 - had lessons in art (improves number skills, copying and symbol use)
 - Cooperative play was highest with regular participation in *unorganized* sports
 - All of the above was highest with high positive parent-child interaction. The quality of parent-child interaction is clearly a critical driver in the child’s readiness to learn. This suggests that parent supports and parent education programs are very important.

The two sets of interventions (providing organized and unorganized sports, involvement in the arts, such as music, drama and drawing) plus parent education and parental supports to improve the parent-child interactions and increase parental “reading to children” constitute a project in building social capital.

- (22) *Extra-ordinary challenge #5:* PALS (Participation and Activity Limitations) is a Statistics Canada survey of the population with limitations to full participation and function in Canadian society *because of a physical condition, mental condition or health problem which has lasted or is expected to last 6 months or longer.* 40% of the population over 12 years in Leeds & Grenville has limitations. This places the county in rank #4, quite a bit above the Provincial average (32%). This result is worse than other counties in the East and Eastern Ontario, in general, is at risk on this measure.
- (23) *Concern about substance abuse:* The Centre for Addiction and Mental Health (CAMH) has been conducting research on drug use in secondary school since 1977.

A total of 21.3% of students from grade 7 to grade 12 report binge drinking at least once during the four weeks prior to the survey.

- (24) *Extra-ordinary challenge #6:* The public health unit of Leeds & Grenville and Lanark counties has a rank of #8 in percentage of heavy drinkers (20.2% or 28,000 people over 12 years of age). Compared to the Provincial average (16.2%) and every other county in Eastern Ontario (which are lower by 2% to 3%), this outcome for Leeds & Grenville and Lanark PHU is very serious.
- (25) *Extra-ordinary challenge #7 -* The public health unit of Leeds & Grenville and Lanark counties has a rank of #2 in serious injuries. This is also a grave concern to CAS agencies, since a high level of accidents are highly correlated with accidental death, accidents among younger children and death from child abuse.
- (26) *Community asset:* The public health unit of Leeds & Grenville and Lanark counties has a rank of #28 in reported level of high stress (22.1%) which is quite a bit below the provincial average (26.2%).
- (27) *Signs of resiliency:* Unemployment rates in Leeds & Grenville for the years 2001 and 2006 are above average but still heading down. They are 6.4% and 5.7% respectively. Unemployment rates are very high in Brockville (9.5% and 7.6%) but at least they are coming down.
- (28) *Extra-ordinary challenge #8:* Forty-one percent (41%) of all unemployed people in Leeds & Grenville are youth between 15 and 24 years. Youth unemployment has moved from 14.7% (2001) to 15.3%. Youth unemployment in Leeds & Grenville is much higher than in Ottawa (13.8%), Stormont (13.2%), Lennox (12.3%) and the Province as a whole (14.5%).
- (29) *Extra-ordinary challenge #9:* Leeds & Grenville lost 880 manufacturing jobs (a 19% decline). The reason why these job losses have not devastated the unemployment numbers is that manufacturing represents only 7% of the workforce in Leeds & Grenville.
- (30) *Extra-ordinary challenge #10:* Within the manufacturing sector, the job losses have fallen unevenly on *machine operators* and *assemblers* (the skilled trade workers). In Leeds & Grenville, *assemblers* have born the brunt of job losses (-51%). Assemblers also lost jobs in Ottawa, (-59%), Stormont (-30%) and in Lanark (-29%). Internally, the job losses for assemblers are even higher in certain places:
- North Grenville (-81%)
 - Augusta (-64%)
 - Front of Yonge (-64%)
 - Elizabethtown (-62%)

For people in these townships, the unemployment feels far more hopeless because of how widespread the job losses are for specific sub-groups.

- (31) *Community Asset but one that may not benefit everyone:* The largest segment of the job market is in sales and service, which represent close to one quarter of all jobs in Ontario and across the Eastern region. These jobs have grown everywhere, more than replacing the loss in manufacturing.

However, many human beings have still lost a great deal. The personal skills and education of skilled workers do not fit well and are not valued in sales and service. For an individual county, such as Leeds & Grenville where 755 skilled workers lost their jobs, the percentages do not matter. What matters is that these people do not have much hope of restoring their former lifestyle and status.

- (32) Sales and service has created 1,500 new jobs for L & G between 2001 and 2006. Jobs in the tourist industry have increased by 108% in Leeds & Grenville (or 260 jobs). Most of these jobs (85) have been created in Gananoque.

- (33) *Extra-ordinary challenge #11 - the percentage of young adults who have not graduated from anything.* 32% of teenagers in Ontario dropped out of school between 1999 and 2003. Many have returned to school and completed their grade 12 and many did not go back to school or to some other training program. Overall, 12% of young people (20-24) never graduated from anything. In Leeds & Grenville, the *never graduated* group represent 16% of the young people. This percentage is higher than most other counties except for Lanark and Hastings. Internally, Brockville (19%) shows a high rate of *never graduated*. This is an important marker of the social and emotional well being of the young people, sub-division by sub-division.

Educational achievement is a critical foundation for both our social/emotional well being and our economy. When the number of people who did not graduate from anything **or** have only high school is much higher in a particular area compared to its neighbours or starts to increase significantly, then the collective *socio economic status* is lower. This is very bad news for a Children's Aid Society because low SES doubles the rate of maternal depression, substance abuse and antisocial personality disorders in men, which are potent predictors of child abuse.

- (34) *Extra-ordinary challenge #12:* Has the population of low socio-economic status increased or decreased? Yes - Across the province, 44.6% of the population over 20 has high school or less in 2006, compared to 39.9% an *increase of 4.8% in this indicator of low SES*. Looking at the data from this point of view, Leeds & Grenville has seen its low SES (by education) marker increase by 4.7%, in line with the province. The number of people over 20 who have high school or less is up 8% in five years.

This outcome is driven by the high number of young people who are not graduating from high school as teenagers. Most of them eventually return to get their high school diploma, but it takes them much longer to recover as young adults, which limits their chances to attend and graduate from community colleges. The net result is that the low SES population in Leeds & Grenville grew by more than 5,000 people between 2001 and 2006. That translates into much higher risk for child abuse and neglect (see theory #3)

- (35) *Child Protection Caseloads:* On average across Ontario, 5% of families (4,652 per 100,000 families) were under the supervision of a CAS in 1992. By 2006, this had increased to 6% of families in the community (5,843 per 100,000 families). This represents a 26% increase overall. The 26% increase in supervision rates is probably due to systemic factors that affect all agencies, which includes changes in legislation and the new risk screening tool. In order for a family case to receive ongoing supervision from a CAS, there must be a clear and present tot eh child, based on standardized assessment and often court review.
- (36) *High rates of protection services in Leeds & Grenville:* Almost 10% of families in Leeds & Grenville (9,553 per 100,000) are under the supervision of the CAS. This represents a 48% increase over the rates in 1992. One half of this increase is probably due to local risk factors. Compared to the rest of the Province, Leeds & Grenville is now ranked as #12 in rate of families served up from #22 in 1992.
- (37) *Valid reasons for high protection rates:* This outcome mirrors the concerns raised in this report. The rate of protection cases served is highly correlated with the rate of heavy drinkers ($r = 0.60$) and the percentage of the pop with physical, mental or health limitations ($r = .41$).

Robert Fulton
March 2008

References

- Abel, E.L. (1995), "An update on incidence of FAS: FAS is not an equal opportunity birth defect", *Neurotoxic Teratol*, 17 (4): 437-443
- Bursik, R. & Grasmick, H. (1993), *Neighbourhoods & Crime: the Dimensions of Effective Community Control*, Lexington: New York, chapter 2, 24-59
- Chaffing, M., Kellcher, K. & Hollenberg, J. (1996), "Onset of Physical Abuse and Neglect: Psychiatric, Substance Abuse and Social Risk Factors from Prospective Community Data", *Child Abuse & Neglect*, 20 (3), pp 191-203
- Michael W. Corrigan (2004), Dissertation, West Virginia University
- Diperna, James Clyde (2006), "Academic Enablers and Student Achievement: Implications for Assessment and Intervention Services in the Schools", *Psychology in the Schools*, Vol. 43(1), 7-17
- Dohrenwend, B., Levac, I., ShROUT, P., Schwartz, S., Naveh, G., Link, B., Skodol, A., & Stueve, A. (1992), "Socioeconomic Status and Psychiatric Disorders: The Causation-Selection Issue", *Science*, 255, 946-951
- Gelles, Richard J. (1993), "Alcohol and other Drugs Are Associated with Violence - They are not the Cause", in *Current Controversies on Family Violence*, Richard J. Gelles & Donileen R. Loseke (eds), Sage, Newbury Park, CA., pp 182-196
- Harris, S., Mackay, Linda J., and Osborn, Jill A. (1995), "Autistic Behaviours in Offspring of Mothers Abusing Alcohol and Other Drugs: a Series of Case Reports", *Alcoholism: Clinical and Experimental Research*, 19 [3], 660 B 665.
- Kessler, R., McGonagle, K., Zhao, S., Nelson, C., Hughes, M., Eshleman, S., Wittchen, H., & Kendler, K. (1994), "Lifetime and 12 month Prevalence of DSM-III-R Psychiatric Disorders in the United States", *Archives of General Psychiatry*, 51, 8-19
- Putnam, R. D. (2000), *Bowling alone: The collapse and revival of American community*, New York: Simon & Schuster.
- Rennison, C. & Welchans, S. (2000), *Intimate Partner Violence*, US Department of Justice, cat #NCJ 178247, Washington, DC
- Roeleveld, Nel, Zielhuis, Gerhard & Gabreëls, Fons (1997), "The Prevalence of Mental Retardation: a critical review of recent literature", *Developmental Medicine and Child Neurology*, 39, 125-132
- Rutter, Michael and Seija Sandberg (1985), "Epidemiology of Child psychiatric Disorder: methodological Issues and Some Substantive Findings", *Child Psychiatry and Human Development*, 15(4), 209-233
- Thomas, Eleanor (2006), "Readiness to Learn at School Among Five-year-old Canadian Children", *Children and Youth Research Paper Series*, Statistics Canada cat #89-599-MIE: Ottawa
- Vondra, J. (1990), "Sociological and Ecological Factors", in *Children at Risk*, Robert Ammerman and Michel Hersen, eds, New York, Plenum, 149-170
- Wheaton, B. & Roszell, P. (1996), *Early Adversity and Later Life: an analysis of the Costs and Benefits of Stress Exposure*, University of Toronto, publication of results of Health and Welfare Canada research grant #6605-3004-46