

— COMMUNITY ENGAGEMENT REPORT —

A Community Safety & Well-Being Plan for Peel:

VOICES FROM THE COMMUNITY



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PREFACE AND EXECUTIVE SUMMARY

This report is in response to the Community Safety and Policing Act, (2019) and existing requirements in the Police Services Act, (1990), legislating municipalities to develop a Community Safety and Well-being (CSWB) Plan in consultation with members of the public and community organizations. This Plan is to be reviewed and revised at regular intervals through community engagement initiatives.

The Region of Peel, as the backbone entity, is developing the CSWB Plan on behalf of the three local municipalities, Town of Caledon, the City of Brampton, and the City of Mississauga. In response to the legislation, the Region has developed a System Leadership Table made up of representatives from local government, health, social, policing and justice service providers. The new legislation requires the CSWB Plan to be developed in consultation with members of the public, including youth, individuals who have received or are receiving mental health or addictions services, members of racialized groups and of First Nation, Inuit and Métis communities, and community organizations representing these groups. The Consultant Team was contracted to support the community engagement requirements of the legislation.

The findings of this report are based on literature reviews on the 3 (three) topic areas (mental health and addictions, systemic discrimination, and family violence) and key informant interviews with both service providers and youth, and community consultations with youth, families and service providers.

Prior to COVID-19, the primary approach to consultations was both informal and formal face-to-face consultations and a digital strategy as a secondary approach. However, due to the pandemic, the Consultant Team developed a comprehensive digital engagement strategy, including virtual consultations, the use of engagement platforms, support from youth influencers, a story campaign and leveraged social media channels. The digital engagement strategy virtually reached more than 100 youth directly (including story campaign participants), 75 families, and 219 service providers.

Findings suggest several cross-cutting themes emerging across all topic areas, along with topic-specific findings as well. Overall, all consultations indicated a need for more Peel-specific data, more diverse and continuous engagement, and more awareness building in each topic area – all with an equity and intersectional lens. There is consensus amongst participants that there is need to develop a sense of urgency and accountability to make progress on these issues.

Mental health and addictions data suggest that there continue to be challenges with navigating and accessing the mental health and addictions system. Participants also expressed a need to review how technology is used and voiced that parents have a role in normalizing and thus reducing stigmas attached to mental health and addictions. As for systemic discrimination, data indicates that youth from similar backgrounds are discussing and normalizing systemic discrimination but are not discussing it with others even though, many felt that addressing systemic discrimination and racism was the role of many together. The consultations also explored participants' thoughts and perspectives on normalizing the conversation, the role of representation in service delivery and how policies and practices need to be reviewed and aligned with current environments. Lastly, data from family violence consultations suggest that understanding how best to speak about family violence in racialized communities is seen as significant before the use of public awareness or educational campaigns. Furthermore, there continues to be challenges for youth and families accessing services that address family violence.

Below are the high-level recommendations from each topic area along with the cross-cutting ones:

MENTAL HEALTH AND ADDICTIONS RECOMMENDATIONS

For additional information on each recommendation, please refer to pages 38 - 39

Recommendation 1 | Augment and increase peer to peer supports and ensure that there are more individuals with lived experience on professional mental health teams.

Recommendation 2 | Increase and diversify staff representation, training, and community partnerships with an intentional focus of increasing access for cultural and faith groups.

Recommendation 3 | Develop a community-wide approach to mental health service delivery, which focuses on professionals but also on educating informal networks like parents and families.

Recommendation 4 | Create initiatives that will reduce stigma in collaboration with the CSWB Tables and youth and their families.

Recommendation 5 | Support a campaign created for youth by youth on developing coping strategies and reducing stigma.

Recommendation 6 | Develop an educational platform for service providers around mental health, addictions and dual diagnosis. The platform should include both national, provincial and local statistics, training on how to work with mental health and addictions, key local messaging, and resources.

Recommendation 7 | Broaden, to both service users and providers, the understanding of trauma and stress and their interaction with mental health and addictions – especially the understanding of the experience and impact of intergenerational-trauma in racialized and Indigenous communities.

SYSTEMIC DISCRIMINATION RECOMMENDATIONS

For additional information on each recommendation, please refer to pages 49 - 50

Recommendation 1 | Co-create with youth, families, and service providers a strategy to develop more opportunities and safe spaces to speak about racism and discrimination with many cultures together.

Recommendation 2 | Review and revise organizational and institutional policies, procedures and practices to align with and respond to the current Peel context.

Recommendation 3 | Develop, in collaboration with partners, a regional Diversity, Equity and Inclusion strategy utilizing an integrated anti-racism lens.

Recommendation 4 | The Regional Municipality of Peel, where appropriate, begins the practice of collecting socio-demographic data as a key strategy for eliminating inequities and finding opportunities for improvement in the delivery of regional services, regional community-based funding partnerships, and public health.

Recommendation 5 | The CSWB Plan, in collaboration with the System Leadership Table, holds itself and partner organizations accountable and articulates the consequences for not meeting milestones. Training is recognized as one activity on the Diversity, Equity and Inclusion strategy continuum of activities needed to reduce systemic and structural discrimination.

Recommendation 6 | Develop communication and public education strategies as central activities to reduce systemic/structural discrimination and racism.

FAMILY VIOLENCE RECOMMENDATIONS

For additional information on each recommendation, please refer to page 58

Recommendation 1 | Co-create community conversations and awareness building strategies with the community, including faith leaders.

Recommendation 2 | Break down silos by developing a coordinated system-level plan and response to addressing family violence that includes the voices of the diverse communities in Peel to streamline points of entry and ease of access.

Recommendation 3 | Collect Peel-based data to understand the realities and nuances of the role of women and how this impacts the dynamics and perpetuates family violence in diverse communities.

Recommendation 4 | Acknowledge and reflect cultural differences and intergenerational realities when viewing issues of family violence through a structural discrimination lens.

CROSS-CUTTING RECOMMENDATIONS

For additional information on each recommendation, please refer to pages 59 - 62

Recommendation 1 | Create strategies and partnerships with equity-seeking groups and the broader community to understand, acknowledge, and develop collective consensus on definitions, etc. for each of the 3 (three) topic areas.

Recommendation 2 | CSWB Tables partner with the Interfaith Council of Peel to train faith leaders, enable messaging to reach diverse communities, and in understanding and addressing the issues.

Recommendation 3 | Each topic issue needs to be understood through Peel-specific data.

Recommendation 4 | Take a whole community approach that informs, educates and communicates to address the issues thus, reducing stigmas and barriers to participation.

Recommendation 5 | Create broad-based communication strategies, public education and awareness building campaigns.

Recommendation 6 | Lines of accountability and transparency must be articulated and shared with community stakeholders for this work to move forward.

Recommendation 7 | Develop a continuum of engagement – an engagement strategy that indicates when, where, and how engagement will happen; from bulletins to dashboards to creating opportunities for stakeholders to have their voices heard.

Recommendation 8 | Recognize the ‘interconnectedness’ of the 3 (three) topic areas; developing a responsive and collective vision for our communities; more co-planning and sharing of data at a systems level across sectors.

Recommendation 9 | The CSWB Plan needs to leverage lessons learned as evident during COVID-19 that created an environment for timely responses; thus, creating a sense of ‘urgency’ at the COVID-19 Response Tables.

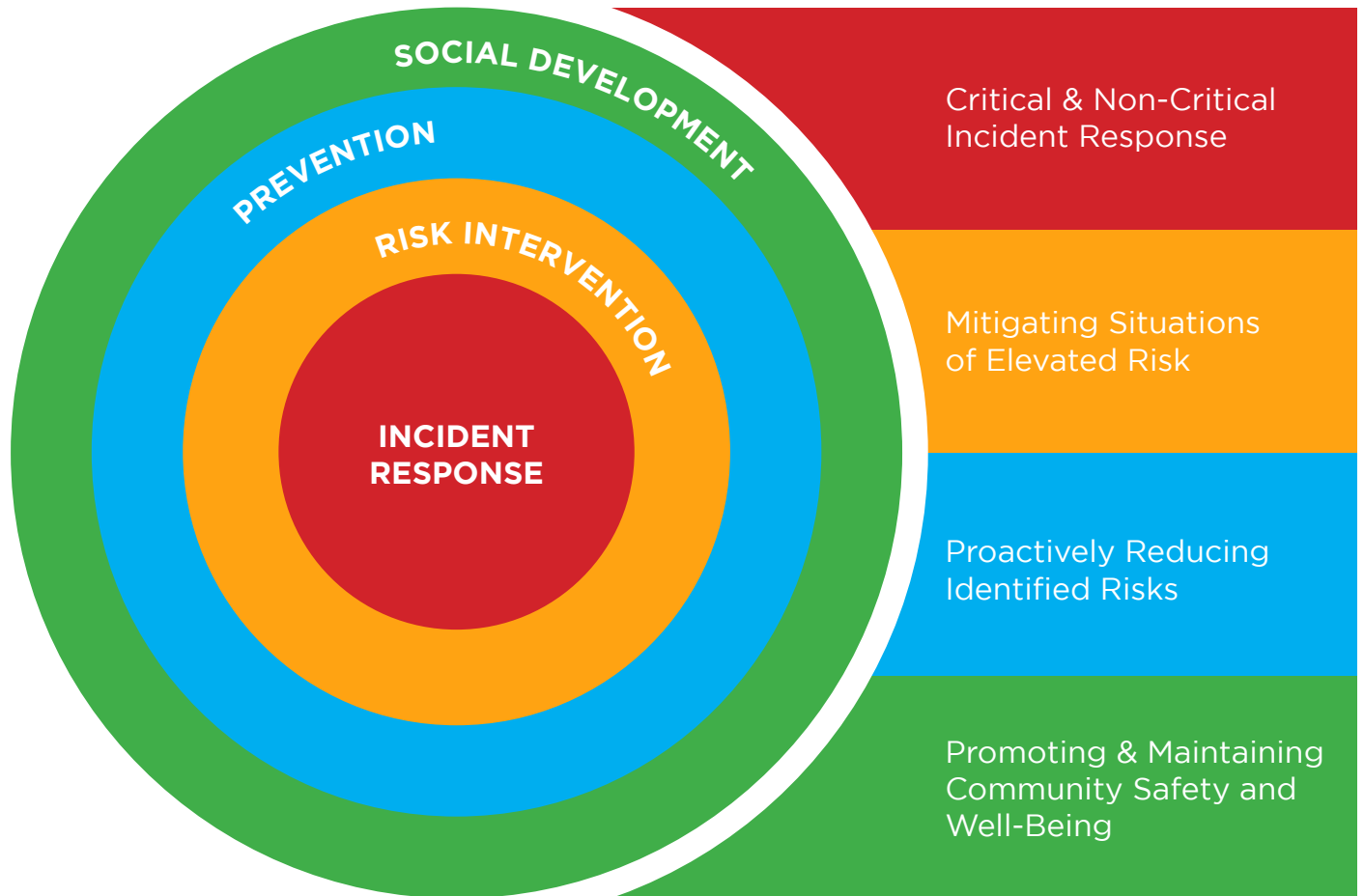
**The Community Safety and Well-being Plan
provides a framework for the social service sector
in Peel to pause, listen and re-adjust.**

It is a framework for shared responsibility that aims to achieve impact and real change. The recommendations reflect the voices of youth, families and service providers in the Region of Peel who willingly participated and shared their expertise, experiences, time and re-commitment to building an integrated and healthy community for all.

BACKGROUND

Under the new Community Safety and Policing Act, 2019 and existing requirements in the Police Services Act, (1990), all Ontario municipalities have been asked to prepare and adopt a Community Safety and Well-Being Plan by 2021.

The framework outlined in the *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* document identifies 4 (four) areas of focus in making communities safer and healthier. The 4 (four) areas are as follows:



Incident Response | This area includes immediate and reactionary responses to crime and safety. These incidents typically have a sense of urgency to them and engage providers such as police, fire, emergency, medical services and other crisis-driven social services.

Risk Intervention | This area includes actions that mitigate situations of elevated risk and implement responses before crisis-driven services are required. Planning for these responses engage several sectors (i.e., faith institutions, health, education, settlement, employment) that each play a role in mitigating the situation.

Prevention | This area proactively reduces the risks associated with incidents by using evidence-based research and locally created strategies, programs and/or policies prior to the issues escalating in the community. These local strategies are successful when developed in collaboration with key stakeholders such as community organizations, local municipalities, service recipients and community members.

Social Development | This area focuses on improving the social determinants of health for communities so the likeliness of an incident is reduced. Similar to risk intervention, this area focuses on collaborations, however, have bolstered strategies that require partners to do things differently – this area challenges traditional approaches, assumptions and powers and cultivates new approaches that look to understand the root causes of many of our social issues.

THE SHIFT

Evidence-based literature lays the foundation for a refocusing on prevention and upstream interventions. These move beyond a focus on individual behaviour towards a wide range of social and macro-level interventions. They look to modify the underlying social and economic structures that distribute wealth, power, opportunities, and decision-making in our communities. They are about diminishing the causes-of-the-causes (National Collaborating Centre for Determinants of Health, 2014). As the *New Directions in Community Safety Consolidating Lessons Learned about Risk and Collaboration* (Russell & Taylor, 2014) states – the Community Safety and Well-Being Plan is a holistic model - failing to plan and implement every single element will only increase levels of harm and victimization, as well as demand for, and costs of emergency responses.

Current non-profit models have acute care at the centre of their program development approaches. That is to say that the majority of our sectors wait until someone is ill or in crisis, before it reacts and supports. For the most part, our community programs are not designed nor funded to prevent the onset of issues, examine them through root causes, or mitigate risk, but rather to diagnose, treat, and prosecute. Our systems are designed around responding to acute incidents where the emphasis is on addressing the

urgent incident or managing chronic illnesses. Our communities do need reactive care to address crisis. Crisis-driven responses are critical to the health and safety of our communities, but are overstrained by incidents that can be mitigated by social development activities and preventative community responses. Clients are reaching out to crisis-driven interventions as a first response when faced with risk factors that can be mitigated by upstream activities.

A CSWB Plan will guide partners, including backbone organizations in Peel, in working together to provide more comprehensive responses to issues and suggest ways in which we can work upstream to ultimately prevent them. The Plan looks to identify gaps and duplications in our systems to make service delivery more effective and efficient while enhancing our local assets. With Peel's collaborative history, it has developed several system-level tables that convene and address issues differently – new collaboratives, new innovations, new protocols, and streamlined processes have been developed to ease access to services. Social development approaches rely on these collaborations to work differently – they rely on partnering organizations to coordinate their efforts to understand and address root causes, mitigate risk and develop responses that can manage crisis collectively.

With a refocusing on a social development approach, system tables will be asked to augment their partnership activities – for example, sharing organizational data with everyone becomes essential in developing a common understanding of complex community issues. Outcomes will no longer solely focus on the individual, but rather on addressing the root causes at a community-level. Through a successful social development journey, Peel residents will know who best to contact and when – residents will seek supports before issues becomes urgent.

The goal of the CSWB Plan is to discuss root causes of the 3 (three) topic areas with the intent of developing approaches and strategies that can address these root causes and rectify them before they become risk factors. Root causes can range from early childhood development, affordable housing, equal access to education, income, employment, health supports and social inclusion practices.

PURPOSE OF COMMUNITY CONSULTATIONS

The purpose of the community consultations was to obtain an up-to-date understanding of the 3 (three) topic areas and gain a different perspective through the voices of youth and families. Consultation questions focus on understanding safety and well-being, the experience of racialized communities, examination of root causes, ideas and solutions. One key aspect of the work was to inquire if and how youth and families want to stay engaged and how best to connect with them. Understanding that there is a continuum of engagement, the team welcomed hearing the range of ways participants want to stay connected in both the development of the Plan and in its implementation.

TOPIC AREAS

Preliminary areas of focus were identified through environmental scans of existing strategies and initiatives in Peel, local police and public health data and discussions with community partners. In the fall of 2019, through discussions with the System Leadership Table, areas of focus for the first iteration of the CSWB Plan were confirmed as **mental health and addictions, systemic discrimination and family violence** with an emphasis on youth (aged 12 to 24) and their families.

SECTION 1

MENTAL HEALTH & ADDICTIONS

The Provincial government has reiterated its commitment to spend \$3.8 billion across Ontario on mental health and addictions services over 10 years to “build a mental health and addictions system focused on core services embedded in a stepped-care model, and a robust data and measurement framework.”

CONTEXT IN PEEL

Mental health and addictions services continue to be a high-need priority for residents of Peel – particularly in more rural areas of Peel where access to services is even more of a challenge. It is estimated that over 276,000 Peel residents will experience a mental health and/or substance disorder (Mental Health Commission of Canada, 2013).

The high-need for mental health and addictions services and supports has resulted in increased wait times for services and increased usage of hospital emergency departments.

- *In Peel, 32% of adults with a mental-health related emergency that visited an emergency department did not receive prior care from a physician.*
- *In Peel, 44% of children and youth aged 0 to 24 years did not receive mental health care from a family doctor, pediatrician or psychiatrist prior to a visit to the emergency department, compared to 41% for Ontario (Health Quality Ontario, 2018).*

There is also a lack of culturally appropriate services and language supports, which strongly impacts many Peel families in need of mental health supports.

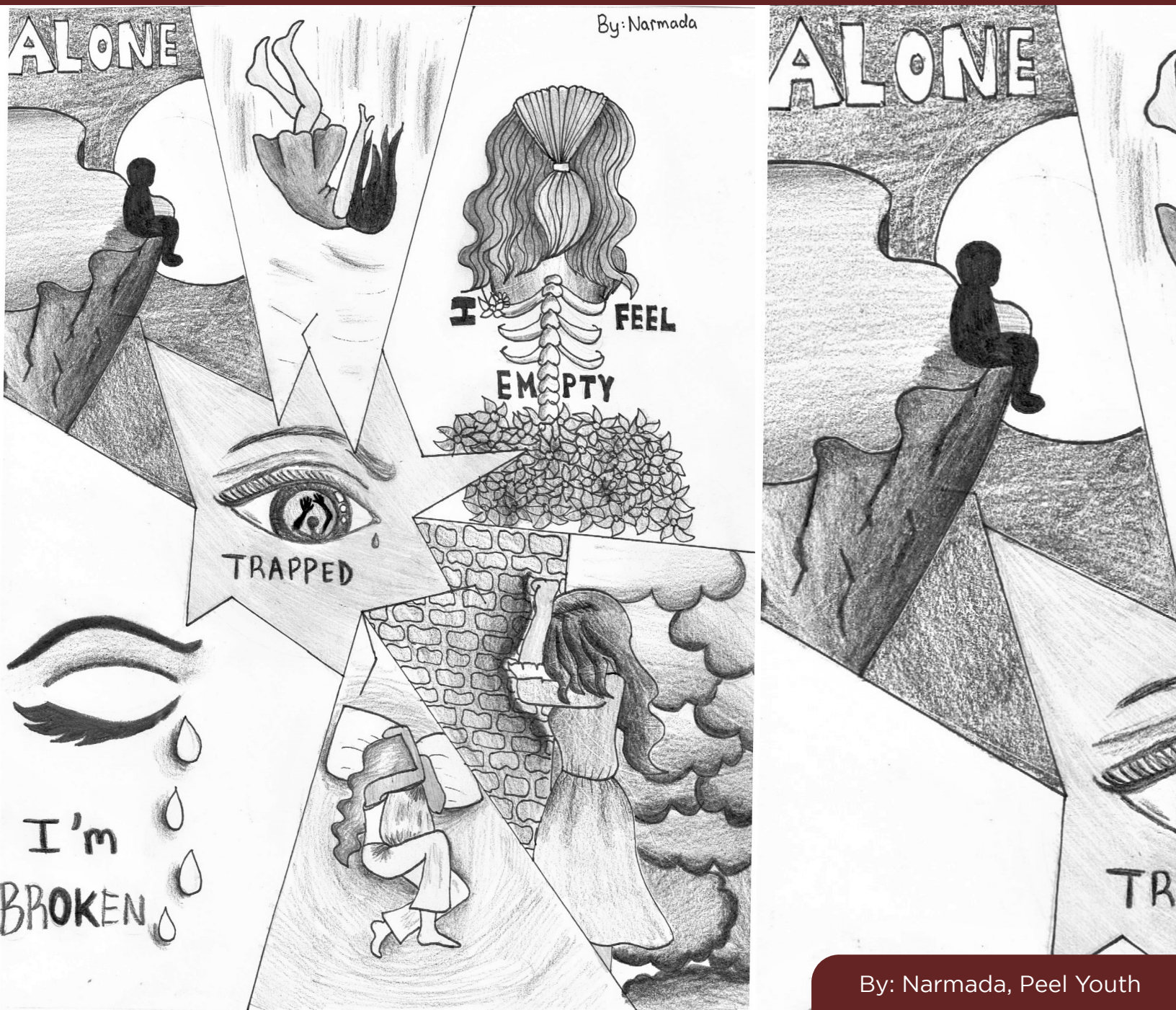
The mental health and addictions system is complex, with 15 different provincial ministries being involved in service planning and delivery. In the Region of Peel, key system challenges include funding inequities that are a result of an outdated funding model that does not account for population growth and demographic changes, wait lists, and a lack of integration in system planning and service delivery, which has a direct impact on accessibility and quality of care across the age continuum.

Funding for Peel's children and youth mental health services are grossly underfunded; according to Peel Children's Centre, Toronto receives 6 times the amount of Peel per capita. When comparing adult mental health services, the disparity is 3 times the amount of funding per person.

Section 1 - Mental Health & Addictions

Children and youth with developmental disabilities and exceptionalities are more likely to be bullied and victimized by their peers, which can have a direct impact on their ability to learn and their mental health (Owusu-Bempah, Wortley, 2014).

There needs to be increased public education, and training for mental health professionals about the inclusion and needs of persons with intellectual disabilities and dual diagnosis (McCreary & Rischke, 2013).



THE NEED FOR MORROW

Rathini, Peel Youth

She's gone
I'm alone.
She is gone,
and I am alone

Long ago it was she and I,
She and I long ago.
Long ago side by side,
Side by side long ago

Now she is gone,
She has gone with my light.
My soul,
all gone.

Enveloped in darkness,
Where the monsters hide and play.
Hurting me,
Scaring me.
I am alone.

She is dancing,
I am dying.
She is laughing,
I am crying.

Crying.
Silently,
Silently crying.
Suffering,
Silently suffering.
Suffering silently.

I tell myself:
Tomorrow is going to be a good day,
Tomorrow she will be there.

She is there,
Wearing black.
She is there,
Holding white roses.

She is there,
Without a smile.

Yesterday,
A silver blade,
A silent cry,
A red drop on the carpet floor.

DEATH,
It's a lonely thing, isn't it?

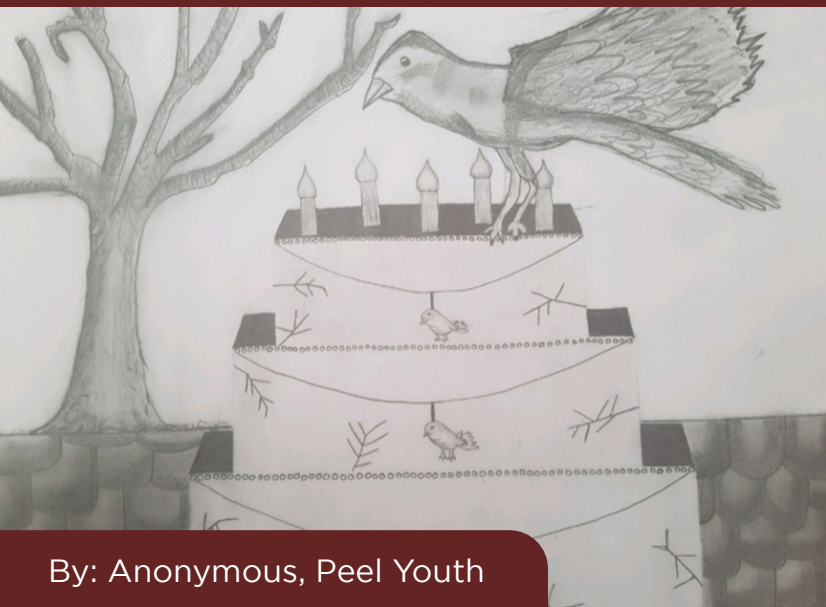
SECTION 2

SYSTEMIC DISCRIMINATION

Systemic discrimination refers to policies or practices that appear to be neutral on their surface but may have discriminatory effects on individuals based on their identity or background (e.g., age, gender, race, ethnicity, sexual orientation, ability, immigration status and other intersecting factors) (Ontario Human Rights Commission, n.d).

Systemic discrimination and exclusion of vulnerable populations can lead to disparities in access to services and supports and inequitable outcomes (Wellesley Institute, 2017). For example, low-income populations in Ontario are twice as likely to report having multiple chronic conditions compared to the highest income group (23.5% vs 12.4%) (Health Quality Ontario, 2018). Previous work from Health Care Access Research and Developmental Disabilities has shown that Ontario adults with developmental disabilities have poorer physical and mental health and use more health care services than other adults (Health Care Access Research and Developmental Disabilities, n.d). Black and Indigenous populations are overrepresented in the criminal justice system in Canada (Owusu-Bempah, Wortley, 2014). As well, lesbian, gay, bisexual, trans and queer identified (2SLGBTQ) people may be at greater risk for some mental health issues due to compounding effects of discrimination (CAMH, n.d).

Moreover, systemic discrimination can overlap with other kinds of discrimination, such as harassment resulting from stereotypes and biases, including newcomer populations or other marginalized groups in accessing community services. It can also include a lack of knowledge or uncertainty of how to work with specific populations, as has been identified within the justice system requiring capacity building on how to work with people with developmental disabilities, for example (Community Networks of Specialized Care in Eastern Ontario, n.d). The Ontario Human Rights Commission has conducted consultations on particular issues providing further insight into systemic barriers faced by vulnerable groups. For example, in 2017, consultations on the lack of accommodations for individuals living with mental health disabilities in post-secondary education and the experiences of racialized individuals with racial profiling in different sectors (e.g., in police, courts, corrections, child welfare, transportation, education, health care, government and social services and housing) (Ontario Human Rights Commission, 2017) shed light on systemic barriers and systemic discrimination that need to be addressed.



Maybe one day
color wouldn't
matter so much
&
black and white
would just blend in
together!

CONTEXT IN PEEL

There is limited data available in Peel to understand the extent of systemic discrimination. Some communities and groups in Peel face greater barriers to access and opportunities that negatively impact their safety and well-being. For example:

- *Newcomers and immigrants in Peel earn less than Canadian-born individuals and have higher unemployment and under-employment rates despite higher levels of education (Peel Newcomer Strategy Group, 2019).*
- *In Peel, the proportion of the population that is racialized has increased from 9.3% to 62.3% from 1980 to 2015. In 2015, the average income of racialized groups in Peel was 69.2% to that of non-racialized groups (United Way Greater Toronto, 2019).*
- *16% of racialized populations in Peel live in low income (LIM-AT) compared to 8% of non-racialized populations (Dort. A, 2019).*
- *A 2016 report on youth unemployment in Mississauga described the systemic barriers to employment including discrimination faced by young people with disabilities, mental health issues and those from racialized populations or low-income neighbourhoods (Carlson, Crocker, Pringle, 2016).*
- *A 2015 study on well-being of Black youth in Peel revealed many Black youth reported feeling unwanted, devalued and socially isolated due to racism (e.g., in school, negative stereotypes in the media) (F.A.C.E.S, 2015).*
- *On November 7, 2019 the Minister of Education, the Honourable Stephen Lecce, announced a review of the Peel District School Board (PDSB) following a request from the former Chair and Vice-Chair of the Board of Trustees for assistance and intervention as the PDSB was publicly dealing with issues of anti-Black racism, discord in senior leadership, and governance issues.*



UPCOMING
POEM



A CHANGE IN OUR SOCIETY

Anonymous, Peel Youth

After years of inequality; why can't we put our egos and prides aside for them and make peace?

What about the next generation, will they have to live in fear of being discriminated because of their race?

What about the word freedom, it has lost its meaning; lost along with those innocent men, women and children who have been the victim of racial discrimination.

Let me ask you this,

How many more men, women and children will pay the price of death until we all realize that we are making mistakes? How many more families have to mourn the death of a loved one until we see change? And how much longer will people wait to change their perspective and put their pride aside. Is it too much to ask?

A change in society.

SECTION 3

FAMILY VIOLENCE

Family violence is defined as any form of abuse or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship (Government of Canada, 2014). Family violence includes domestic abuse, child abuse and elder abuse. In 2016 more than one quarter (26%) of all reported violent crime in Canada was from family violence (Burczycka, Conrey, 2018). Exposure to violence and experiences of abuse can lead to poor health and mental health outcomes and potentially lead to injury or even death (Chief Public Health Officer, 2016).

An individual's race, religion, and gender also add a layer of intersectionality and risk factors - both to an individual's likelihood of experiencing violence and how the violence will be addressed. In addition, children exposed to intimate partner violence are more likely to perpetuate or be victims of intimate partner violence as adults (CDC, 2017).

CONTEXT IN PEEL

From 2014 to 2018 Peel Regional Police has seen an increase in reported family disputes and intimate partner disputes in Brampton and Mississauga.

- *Between 2015 and 2019, there was a 19.4% increase in the rate of family disputes and a 12.4% increase in the rate of intimate partner disputes reported to Peel Regional Police.*
- *In Caledon, a total of 284 family disputes and 462 intimate partner disputes were reported to Ontario Provincial Police - Caledon detachment in 2019. These rates have remained relatively stable in recent years.*
- *In Peel, 37% of individuals aged 20 years and older have experienced child abuse before the age of 16 (i.e., physical abuse, sexual abuse and/or exposure to intimate partner violence) (Peel Public Health, 2019).*

Family violence is often hidden in our communities. Fewer than one in five individuals who have been abused by their spouse report abuse to police, often due to systemic challenges with accessing services and discriminatory practices.

There is limited data in Peel on family violence, but we know there is a growing need, as shared by service providers.

- *In 2019, Interim Place responded to 1,388 crisis calls; safely sheltered 147 women and their 106 children; and conducted safety planning with 811 women experiencing violence.*
- *Peel Children's Aid Society receives approximately 13,000 referrals a year from families experiencing domestic violence and the Safe Centre of Peel receives more than 3,376 direct contact and referrals from women and their children experiencing intimate partner violence.*

SHATTERED HOMES

Rimsha, Peel Youth

We come from shattered homes; who chose this life for us? Why do they keep yelling and telling us "it will be okay?" Switch places with me and say it again, stop whispering now. "You can do anything you put your mind to," my mind is trying to mend my mental health and undo the physical and mental abuse; they lied, it's not that easy. Stop yelling at us "I understand." you don't. Who chose this life for us? I know I didn't. We take it day by day, hour by hour, and sometimes all at once. We are stronger, not because we have trained to fight against physical abuse, but because we've managed. Some days we feel alone and some days we feel whole. We learned to manage money, to cook, and to depend on no one but ourselves, as we had no choice. We became adults quicker, self-actualized faster and loved deeper. I grew-up at age 12, you have to when you lose everything all at once. Who chose this life for us? I know I didn't, but why go back? I have come further than I would have if I came from any other home.

METHODOLOGY

The work used a few broad approaches in furthering our understanding of the 3 (three) topic areas.

Literature Review

A literature review of local and foundational reports (*A literature review of local and foundational reports* - 44 and 49 respectively) was conducted to identify key themes within each topic area. The review also gave the project team an opportunity to understand how issues within topic areas are experienced by different demographics and how these communities interact with, understand, and cope with the topic area. The literature review confirmed some of the root causes, risk factors and protective factors, but also highlighted how causes and factors intersect with other intersectionalities such as race, sexual orientation and persons with disabilities. The literature review also informed the community engagement strategy by giving it direction on the barriers, gaps, assets, and ideas to probe for during the consultations.

Key Informant Interviews

The literature review was used as a basis to create questions for key informants. Key informant interviews were conducted (n=40) to validate and situate the literature review findings in a Peel perspective.

Together, the literature reviews and key informant interviews, shaped the direction of the questions for each topic area consultation.

COMMUNITY ENGAGEMENT PLAN

The project's initial approach was to host all consultations face-to-face, but due to COVID-19, a digital engagement strategy was developed as an alternative.

The findings from the literature review and key informants were used to create a community engagement plan. The plan's approach was twofold in that it hosted general and customized consultations. The general and custom consultations consisted of 9 (nine) general youth consultations and 4 (four) custom youth consultations (n=91), 9 (nine) general parent consultations and 3 (three) custom parent consultations (n=75) and 6 (six) general service provider and 16 custom service provider consultations (n=219). The youth and service provider ones were specific to a topic area whereas the parent consultations embedded questions across all three (3) topic areas. The custom consultations consisted of the engagement team consulting with specific networks that had a specific lens or perspective on the issue. Customized consultations were typically hosted with networks, organizations, clients, and collaboratives that had lived experience or were experts in the relevant field. For example, several consultations were hosted with community initiatives whose mission is to provide insight and support for various equity seeking groups in Peel (Please refer to Appendix A).

A sample of consultation questions across all 3 (three) topic areas can be found in Appendix B.

Furthermore, the digital engagement strategy included an opportunity for youth to share their experiences with the 3 (three) topic areas through a story campaign. Youth were invited, over a one-month period, to submit a personal story, poem, artwork, a picture, etc. to express their personal thoughts and feelings with mental health and addictions, systemic discrimination, and/or family violence. Youth were able to choose to submit pieces for all three topics or any combination of topics together. Seventeen youth submitted stories through this campaign. We have shared a selection of the submissions throughout this report.

The Region of Peel introduced Bang the Table (BTT), a platform that is used by many municipalities to engage residents in planning. The project created questions on BTT (<https://withyoupeel.ca/cswb>) to examine residents' perspectives on the 3 (three) topic areas, providing another mechanism by which interested residents could be engaged in the conversation.

INCENTIVES

Both youth consultations and the story campaign offered incentives for youth to participate. Consultation participants received a \$10 gift card (Tim Hortons) and 10 youth were randomly selected to receive a \$30 gift card once the story campaign closed.

STAYING ENGAGED

Central to this work is continued engagement around each topic area but also, hearing from participants how they would like to stay connected to the conversation and the Plan's implementation moving forward. As such, all consultation participants (youth, families and service providers) were sent information on how they could stay connected to the work through the project's social media channels (Twitter, Instagram, Bang the Table and email). Going forward, the CSWB partners would like to ensure there are opportunities for education, awareness and capacity building to support youth, families, and service providers. This is especially important for marginalized voices – such as racialized and newcomer populations, and persons with mental health challenges or disabilities.

Furthermore, the Consultant Team recommends further outreach and engagement with homeless youth, youth with developmental delays and youth with differing abilities that, due to COVID-19, we were not able to connect with.

In addition, the Consultant Team also recommends that a specific strategy regarding outreach and engagement with Indigenous youth in Peel be created. This strategy must first begin with building a relationship with the Indigenous Network of Peel to establish a sense of understanding, trust and a willingness to be open and adaptable to differing modalities and approaches in programming.

YOUTH ANIMATORS

From the onset of the project, the project team consisted of four (4) Peel-based youth animators. These animators are engaged with Peel youth and have a positive presence in Peel. The engagement of animators was an intentional focus of the work as there was a recognition that youth animators could support with and augment the consultation planning and implementation. Youth animators' role was to:

- *Co-develop the community engagement plan*
- *Co-develop questions for youth consultations*
- *Advertise and promote youth consultations to their networks*
- *Facilitate and note-take for consultations*
- *Share information and increase awareness about the Community Safety and Well-being Plan*
- *Support the creation of resources on each topic area that were shared with each consultation participant*

ENGAGING YOUTH, PARENTS AND SERVICE PROVIDERS

Through the literature review and key informant interviews, it was evident that to understand and to continue finding solutions, the consultations needed to be with several stakeholders including youth, families and service providers in Peel. There is a deep recognition that youth are nested in families and families are typically protective factors but at times, can also be risk factors for them experiencing any of the 3 (three) topic areas. Furthermore, they interact with their communities, including services that can support them in their journeys within the 3 (three) topic areas. It is through an understanding of several different perspectives and the collective efforts of these stakeholders and many others that we can start moving the needle on the most pertinent issues in our communities.

SUPPORTING PARTICIPANTS WITH SENSITIVE CONVERSATIONS

Recognizing that some of the conversations across all 3 (three) topic areas could trigger some past and current emotions and, in an effort, to provide trauma-informed care, all youth consultations engaged a professional counsellor that youth could privately reach out to during the virtual consultation. This professional was introduced at the beginning of the consultation and youth were guided as to how to confidentiality connect with the professional during and after the consultation.

LIMITATIONS

With the original tight timelines for the community engagement sessions (approximately 1 month) and with the onset of COVID-19, the Community Engagement Team relied on its established relationships along with the support from the CSWB's Action Tables to promote and encourage participation in consultations. These tables are comprised of a variety of service providers within Peel, including a variety of service types and populations served. The original consultation sessions were to take place in March/April but due to COVID-19, Action Table partners requested that the timelines for engagements be moved to May to allow for providers to settle in with the organizational changes and uncertainties brought on by the pandemic. Furthermore, the consultation engagements were originally planned to be face-to-face and would allow for the Consultant Team to piggy-back on existing community events, youth programming, and March break camps/activities. In addition, the Team's original approach included engaging youth at pop-ups, grassroots organization events, and at youth networks and committees. The switch to a digital engagement strategy as the primary method of data collection, unfortunately, excluded youth without access to the internet, electronic devices or with disabilities.

As well, all promotion and marketing for consultation sessions were primarily conducted through the project's social medial channels whereas originally, the project had planned to use flyers and word of mouth at partnering organizations' locations.

As a result of the pandemic, Peel service providers had to adjust service delivery, increase supports and do it all in a constantly changing climate that shifted organizations into using digital approaches. Changing organizational processes and ensuring access for those most vulnerable became the priority. Understandably so, this rapid and significant change impacted the supports, (i.e., promotion and outreach that service providers were able to dedicate to the CSWB project). However, there was still strong engagement from service providers in attending consultation sessions to provide their feedback and expertise. In addition, parents/families were experiencing additional stressors and uncertainties due to the pandemic that made it more challenging to participate in consultations.

For vulnerable communities that have been historically harder to reach and engage, such as homeless youth and youth with developmental delays, online consultations posed even greater challenges as the Consultant Team could not access targeted programs, youth drop-in centres, shelters or soup kitchens to meet and engage them. These youth may also not be on social media or have access to technology to see the information for and participate in consultations.

The Consultant Team attempted to engage the Indigenous community in Peel through several different networks, contacts, organizations, and was able to connect with the Indigenous Network of Peel. Conversations were positive and there was a definite interest in continuing the conversation and exploring what participation could look like, however, the Team was told that the capacity to plan, co-create, and engage others was very limited.

Appendix C shares socio-demographic data of participants that were engaged in consultations. It is important to note that even though more than 90 youth participated, there were only 33 youth that completed the Eventbrite registration that collected socio-demographic data. Many youths shared the Zoom link with friends and their networks who then joined directly. Therefore, the data on youth demographics does not have a complete understanding of all the youth that participated in consultations. In light of these limitations, the consultations were able to garner diverse perspectives, honest feedback and a sharing of lived experiences. The Consultant Team has confidence in the data received through consultations and that the data can be used to inform, guide and be relied on to create a CSWB Plan for Peel however, stresses the need for continuous engagement with the community in developing and implementing activities in each 3 (three) topic areas.

REPORT STRUCTURE

The balance of this report is divided up into 4 additional sections:

- First section reflects the findings from the Mental Health and Addictions Consultations and corresponding recommendations.
- Second section reflects the findings from the Systemic Discrimination Consultations and corresponding recommendations.
- Third section reflects the findings from the Family Violence Consultations and corresponding recommendations.
- Fourth section reflects findings that cut across all 3 (three) topic areas and corresponding recommendations.

SECTION 1 FINDINGS

MENTAL HEALTH & ADDICTIONS

LITERATURE REVIEW & KEY INFORMANT INTERVIEW RESULTS

Examine and gain a better understanding of the experience of mental health and addictions within equity-seeking groups. Specifically:

- Consider, with consultation participants, the different presentations and layers that stigma play in accessing services, experience of mental health and addictions, and understanding of mental health and addictions.
- Facilitate conversations that can speak to how the topic of mental health and addictions can be viewed as an acceptable conversation to have within families, ethno-specific communities, faith institutions, etc

There is a need for more emphasis on social supports in coping by bringing families, faith-leaders, ethno-specific organizations, people with lived experience as part of the conversations and as part of the solutions.

Examine the mental health and addictions system, beyond one point of access and identify barriers to accessing supports such as wait times, fees for services, a lack of local services, lack of awareness of services, lack of culturally competent services, and hours of services.

Consider a deeper analysis of how faith and spirituality intersect with mental health and addictions and its role in someone's internalization of their mental health and addiction and coping mechanisms.

Examine if and how technology and social media can be leveraged for easier access and timely supports - including how technology has been able to support people during COVID-19 as virtual programming was rapidly introduced.

WHAT DOES "SAFETY" mean?

as expressed by participants

Having the ability to be yourself

Knowing how to navigate the system: having a plan, having support, knowing who you can go to, and who you can trust

Having trusting relationships that are consistent

Harm Reduction

Providing safe spaces where people are not judged



WHAT DOES "WELL-BEING" mean?

as expressed by participants

It is a continuum

A person's overall feeling of comfort

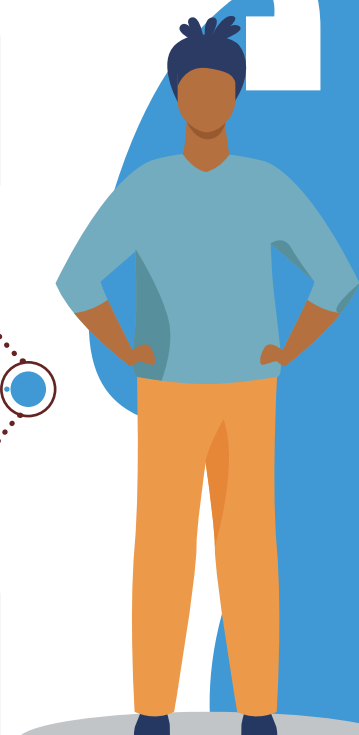
Finding ways to cope in a healthy way



It is about the whole person instead of just what is happening to them

It is about 'belonging' - not been criminalized because of your mental health or addictions

Its about having confidence in self or being comfortable with who you are



CONSULTATION THEMES

THEME 1

Parents and communities have a significant role in normalizing the conversation about mental health and addictions among themselves so that youth feel supported and experience less stigma.

Educating parents about mental health and addictions can help to reduce stigma and create safe spaces for youth. Parents and communities need to build their awareness of and comfort with mental health and addictions, and understand that it is something that can and

does impact their family and friends. Participants expressed that families and communities can normalize mental health by putting words to their own feelings so children and youth can witness a range of emotions and mental states being part of everyday life.



QUOTES

Youth

- I had panic attacks...they [parents] are the first responders for a child...educate parents about warning signs and resources they can reach. A lot of parents are unable to pay a therapist.
- Another thought I had about normalizing the conversation amongst youth was also normalizing it amongst families and the parents of youth. In particular, in our communities. I have been part of different groups and institutions that families trust that have these conversations around mental health like the Gurudwara and local high schools, so I think more of these places can play a role in supporting youth. Because I have talked to numerous youth who explain their struggles but they just say “my parents don’t understand, they don’t think depression is a thing. They don’t want me to talk about it or talk to anyone about it,” so the more that we can normalize mental health and explain this spectrum of mental health and de-stigmatize it, not only among youth but also among families, would be tremendous for our community.
- Certain communities and cultures have different things that impact them. In my culture, we don’t go there. It has to start with parents being more educated in mental health. There is a stigma that has to change. Having honest dialogue with that generation so that youth can feel safe.

Providers

- I also think starting the conversations early with your kids and normalizing it within the household is really important and not putting a stigma to it. So if I have a bit of anxiety today, it's okay for me to say "I have anxiety" and make it a normal part of life so that they can recognize it as such when they get older. "Oh this anxiety, mom had anxiety and this is how mom dealt with it." But I think having those open conversations about mental health and about it being a spectrum and that we are all going to experience something and at some point in regards to mental health. I agree that we all have mental health and it's a matter of some days are great and some aren't and that's okay. I think starting those conversations early, not stigmatizing and having them openly and safely is important.
- I also think being mindful that not every young person has an intact family of moms or parents, so really expanding those kind of role models or supports for young people because we just have to be mindful that the traditional families just aren't like they were before so how do we celebrate that and how do we keep that in mind when we are mentoring and coaching our young people.

Parents

- I think that having pamphlets and books could be useful to share with parents and families. Kids can bring back mental health materials from kindergarten. Help teach from a young age, they're not alone and their parents are there for them.
- Parents know mental health exists, but they don't associate it with their own child(ren). Making those parents understand that it is more of a tangible issue.
- Also, I think the power of peer support and normalizing the conversation, you know especially for young people, a lot of their choices and identity is wrapped up in their peers and their relationships so how to normalize it among those groups is important.
- Parenting programs would be ideal – teaching parents more skills and techniques to give them more tools to support youth.

THEME 2

Mental health and addictions is not just a 'professional's' responsibility, it is a community responsibility. If this is not acknowledged, people will continue to fall through the cracks.

Professionals are absolutely needed in Peel to support with mental health and addictions, however, there cannot ever be enough to match the growing need in our communities. To support upstream approaches, we need to

acknowledge and create approaches for many others in our communities to support. Be it peer to peer conversations or equipping faith leaders. Prevention in mental health and addictions needs to take a community approach.



QUOTES

Youth

- I think the support has to be a whole community effort - not just coming from community organizations and not just in schools but also it should be talked about in all different aspects of our lives so then it can serve to break barriers or assumptions about mental health.
- Posting people's experiences/stories in the [ethnic] newspapers and magazines to get people to understand mental health and addictions better and that it [mental health and addictions] is something that happens in our community as well and it can happen to anyone.
- Spirituality can play a role in healing or understanding mental health and addiction. I think that like with spirituality it helps you feel more positive and helps you feel connected and provide you with a sense of peace and like alignment.

Providers

- Maybe creating more community discussions where youth have the chance or opportunity to talk about the issues and stuff with their peers, to help them come up with the solution rather than going straight to a professional.
- The development of a safety plan and then also having other people around that person being equipped so that it's not just a professional that they go to, but there are more people around them like friends or parents that are equipped to help them think of these things as well.
- Often, it's not the professionals, so to speak, who would have the first contact with someone so that piece around education and sometimes it's really scary as a support person so who could they (support people) reach out to if they need to have guidance or support is also really important.
- I also think consulting with cultural and faith groups is very important to help avoid this cookie cutter approach because it's these institutions that know their community the best. Consulting with them in tailoring an approach to help organizations identify what the needs are, firstly in the community and then how can they be best addressed. Also, they will be the greatest allies because those are the institutions that families trust and so working with them together to create this would be very invaluable.
- In terms of mental health stigma, maybe we can decrease it by also having a mental health check-up when you are at a physical health check-up [with your physician].

THEME 3

There is a need to develop approaches that recognize and address the intersectionalities within mental health and addictions.

Participants expressed that using a cultural lens to develop mental health and addictions approaches recognizes that culture is a major component of our whole being and emphasizes that we must understand nuances within cultures. This understanding enables us to be mindful of how cultural differences lead to diverse mental health and addiction experiences, and the need for diverse responses is required. Participants indicated that partners, such as faith leaders play a significant role in healing and understanding these unique experiences - it matters if you are, for example, Muslim, Christian, or Hindu - your whole being intersects with your experience and healing.

Many discussed the gender(s) difference in accessing services; there was also references made to the intersectionalities as experienced by the 2SLGBTQ and QTBIPOC (Queer & Trans Black, Indigenous, People of Color) communities insomuch as the inequities experienced.

There are also challenges for those with intellectual disabilities and dual diagnosis in navigating and finding the right supports. There is value in getting a more robust understanding of experience within these different populations.



QUOTES

Providers

- I think gender aspects are important. Obviously working predominantly with female clients, we know that women get into this [mental health and addictions] for very different reasons than men and so just being open to the other stuff going on because of substance use or mental health.
- For me, coming from the Black African and Caribbean community, culture is a major component of our whole well-being and understanding our past and how that is affecting us today and we need to work within those cultural differences. When I'm talking about culture, I'm not just talking about race - but race is a major part of your background. It matters if you are African, Caribbean, North American, all of those different things. If you're Muslim, if you're Christian. All of these different things that intersect and then knowing how as a race, we are seen and the systemic barriers that we experience. This is very, very strong and we can't ignore that aspect in anything that we do, when it comes to Black African Caribbean communities.

THEME 4

The use of technology and social media in mental health and addictions are a good addition to traditional in person programs.

Increasing awareness of mental health and addictions through social media platforms for youth and parents that are on social media, was seen as beneficial - however, participants had mixed thoughts about receiving services virtually. Many expressed that virtual services can augment the benefits of face-to-face connections, but only when a relationship of trust has already been built. Virtual services were seen as a compliment to physical relationships, but not as a replacement. Virtual services also provide access to those that might have barriers to accessing physical programs and supports due to their mental illness or geographic challenges.



QUOTES

Providers

- I think access is a huge piece. If I'm having a bad day and want to talk to someone but I live with my verbally abusive family, do I really want to jump on the phone and share all that?
- We developed our online program about 5 years ago and it's amazing. It provides access to people who would otherwise not have access or choose not to have access. So we were concerned that going online might further isolate parents and not bring them out to parenting groups and things like that but we've actually done some statistics on the number of parents who join us online first and then come out to the programs in the community and that's over 60%. So, our online program has really provided access to parents who maybe can't get out to a program because of transportation, childcare etc. They can access our stuff at 3am if they're up. So, I think technology absolutely has to be a component for mental health because there are some people who will choose not to reach out or come to groups and there are people who just can't. Technology also provides a safe space for people when they choose to be anonymous.
- Prior to COVID, people would need to drive and take time off work to meet. Sometimes going to these locations you're uncomfortable being seen with that group because of the stigma. So, you may be more likely to attend virtually.
- Technology needs to be integrated with humans - there needs to be a two-pronged approach that uses some technology and some human interaction, face-to-face.

THEME 5

The challenges with accessing services and navigating the system are multi-dimensional.

Many expressed the stigma and fear of accessing services in our communities. Youth want simplified entry points with a multitude of safe spaces to process emotions, be it at their local place of worship, the recreation centre, or at school, they want to know that every space is an inviting space. They want a system that works for them – a system that is easily accessible, timely, has language specific services, more coordination among partners, and the availability of more services that are currently not covered by OHIP.



QUOTES

Youth

• I would say that we need to change our frame of thinking when it comes to mental health and approach it more holistically. Mental health is not just support from therapists, it's also support in the community; so it's not about specific drop-in programs with specific programs, it's about having spaces for kids to process emotions in a healthy manner. It's a process and the journey is just as important as the end goal. Care looks different for different communities. I always tell you, Laadliyan is my safe space, not because of programming, but because of the space these guys represent and offer. We need spaces like that and like tangible spaces with office and actual resources. Not Instagram pages.

Providers

- We should make services more accessible. The bureaucracy involved in accessing services gets people turned off the whole thing.
- As an immigrant, there was no formal mental health supports in my home country when I grew up. I didn't even know what mental health supports were until I came here. Many don't even know there is support available. Or if they do know about supports, they may be hesitant – or don't know how to get access to it.
- We need diversity within the group of people that are designing and delivering these [mental health] programs. Otherwise those in charge will not understand how to do the outreach and not fully understand how things will come across – not understanding what could be trigger words or condescending depending on the group; may inadvertently be feeding into that negative stereotype.

- There are often multiple solutions to a problem, so we should provide those options that may work better for different people.
- This goes back to the cultural piece, the lack of professionals in the field you might find in social work. So you might find a psychotherapist, but in terms of actually finding a Black psychiatrist and psychologist, it's very difficult and I remember trying to locate one and I think I just found one Black psychiatrist in Peel.

Parents

- Accessibility – we need more of it. Only psychiatrists are covered by OHIP and they don't do counselling.
- With walk-in counselling clinics you see a different person everyday, which is challenging – especially for youth.

THEME 6

There exists significant interconnectedness between mental health and addictions, family violence, racism and systemic discrimination.

Racism and systemic discrimination cuts across the two topics areas specifically as it relates to service design, delivery and access. There is a growing awareness, acknowledgement and acceptance that current structures in the Region are inherently discriminatory in policies, procedures, and practices. The lack of culturally appropriate services, the minimizing of the importance of lived experiences, culture, diverse perspectives, language, religion and race all in turn create systemic barriers to accessing services and programs. Indigenous erasure and the lack of participation of Indigenous communities is a reflection of significant systemic barriers. The lack of staff representation within the current systems also compounds these issues.

The health disparities experienced by racialized, Indigenous, newcomer and low-income communities are well documented. The current impact of COVID-19 on these communities is further evidence of a system that is not equipped to provide culturally responsive and equitable services. Furthermore, there is growing evidence that demonstrates the correlation between racism and health and more specifically mental health and addictions and family violence. There are currently no services in the Region of Peel that offer either peer-to-peer or clinical counselling to those who suffer mental health and addictions issues as a result of living with continued oppression/racism and systemic discrimination.



QUOTES

Provider

- Are there any services or resources in the Region of Peel if you are experiencing racism? There is a strong correlation between the consequence and the impact of racism on our mental well-being. There's no place for us to go to, where we are able to speak to some of the issues we mentioned here, especially the issue of the lack of professional services in the community.
- I think the conversation around normalizing mental health and addictions in our Black community needs to take into consideration our experiences of living within a predominantly racist system that on a daily basis manifests a number of issues and so many of us could be walking around close to the edge all the time.

Parent

- Black families require culturally appropriate services that acknowledge that the system of racism exists, especially its impact on Black racialized, Indigenous communities.

RECOMMENDATIONS

Recommendation 1 | Augment and increase peer-to-peer supports and ensure that there are more individuals with lived experience on professional mental health teams. People with lived experiences with mental health should be an important part of a youth's supports – whether they are peers' youth can relate to, or professionals with lived experience who have been through the healing journey and can now share their story.

Recommendation 2 | Increase staff representation and diversity to reflect the community and their clients, training, and community partnerships with an intentional focus on cultural and faith groups. The consultations clearly outlined the need for an intersectional approach to mental health. Programs need to intersect with cultural needs and competencies. This includes:

- Ensuring staff members are representative of the communities they serve.
- Ensuring that mental health support staff is visible within the community so youth know where to find them.
- Training mental health staff on cultural approaches and competencies to better serve multicultural communities.
- Developing community partnerships with grassroots community organizations with a focus on those serving multicultural communities to better reach and serve vulnerable populations.

Recommendation 3 | Develop a community-wide approach to mental health service delivery, which does not only focus on professionals – but also on educating informal networks like parents and families. Often parents and family members are the first to learn of a youth’s mental health challenges. Better equipping parents to identify and understand the issue will lead to youth getting supports sooner and with a stronger network to support them throughout the process.

Recommendation 4 | Create initiatives that will reduce stigma in collaboration with the CSWB Tables and youth and their families. Stigma is a huge barrier for youth and families in accessing the mental health supports they need. By working with the CSWB Tables, we can educate the community, reduce stigma and increase youths’ comfortability in accessing mental health supports.

Recommendation 5 | Support a campaign created for youth by youth on developing coping strategies and reducing stigma. This is an effective way to prevent the escalation of possible mental health challenges in the future and reduce the numbers of incidence responses by building youth resilience.

Recommendation 6 | Develop an educational platform for service providers around mental health, addictions and dual diagnosis. The platform should include both national, provincial and local statistics, training on how to work with mental health and addictions, key local messaging, and resources. By curating information, data, promising practices and sharing them with staff from all areas of the social service sector, many can be better equipped to identify, support and refer youth to appropriate mental health services.

Recommendation 7 | Broaden, to both service users and providers, the understanding of trauma and stress and their interaction with mental health and addictions – especially the understanding of the experience and impact of intergenerational-trauma in racialized and Indigenous communities.

SECTION 2 FINDINGS

SYSTEMIC DISCRIMINATION

LITERATURE REVIEW & KEY INFORMANT INTERVIEW RESULTS

Examine the correlation and intersection of the impact of systemic discrimination and mental health and addictions, family violence and other social determinants of health.

Explore the increase in anti-Black racism and the lack of acknowledgement and understanding of its impact.

Consider the disparities and disproportionalities of Black and Indigenous youth/families in the police system, child welfare, and educational institutions and the lack of trust with these institutions.

Acknowledge the media and general populations perception of racialized, Indigenous and 2SLGBTQ populations in Peel.

Recognize the lack of understanding/acknowledgement of generational trauma as experienced by racialized and Indigenous youth and low-income youth.

Recognize the intergenerational challenges faced by first generation youth, such as parental expectations and understanding of growing up in a Canadian context.

Recognize the discrimination experienced by Indigenous and racialized communities in accessing affordable housing and other community programs and supports.

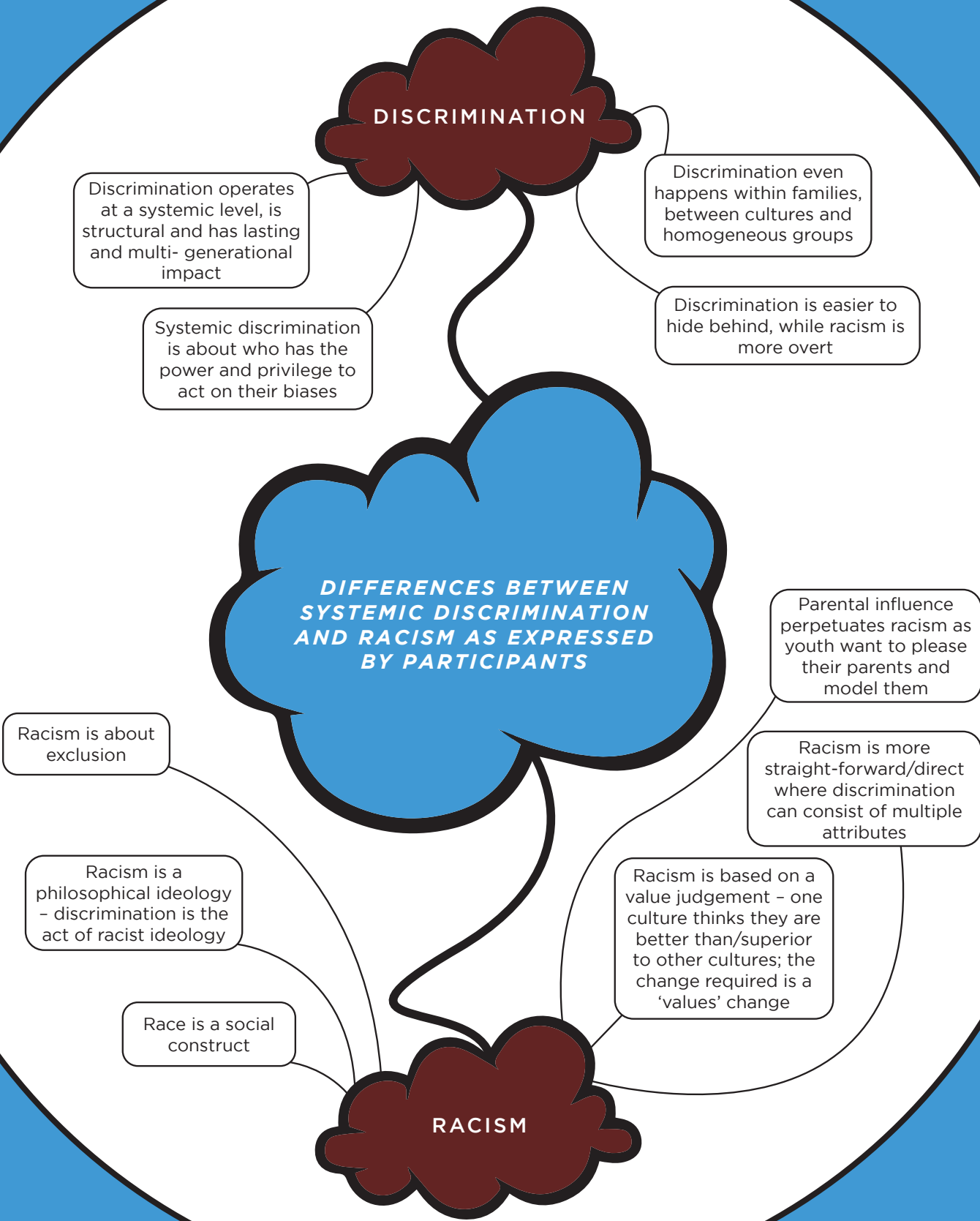
Study the statistics on racialized poverty and the growing income gap; the increasing homelessness amongst racialized, 2SLGBTQ and Indigenous youth.

Study the higher unemployment rates for persons with disabilities, racialized, and Indigenous populations.

Acknowledge the important role that faith communities have in moving this work forward.

Recognize the importance of collecting disaggregated socio-demographic data to create baseline data to document impact/change; plus encourage the use of quantitative data as evidence to support much needed policy changes and practices.

Recognize the importance of increasing the prominence of the voices of marginalized communities including racialized communities, newcomers, youth, and persons with disabilities in the development and implementation of the Plan.



THEME 1

The impact of discrimination and racism are far-reaching and long-lasting.

All participant stakeholder groups spoke to the impact of both discrimination and racism for youth as being profound, long-lasting, diverse in its impacts, and complex. They spoke to the growing disparities between equity-seeking groups and mainstream communities in accessing services with some indicating that the lack of cultural awareness and adaptability of many services leads to a denial of services for racialized groups. Furthermore, many spoke about the relationship between a lack of access to opportunities and to the inability to self-actualize and reach full potential.

Data also indicates that participants saw schools as excluding racialized students from opportunities and streaming them to limit their future academic and professional prospects. Many of our institutions such as the education system, child welfare, policing and community supports are seen as oppressing racialized children, youth and families. Participants expressed the need to reform these systems to eliminate discrimination and promote upstream interventions within them. These institutions all have great potential to support prevention and risk-intervention however, they need to acknowledge and address the current systemic discrimination and challenges within them.

Another obstacle, as expressed by participants, was the constant negative portrayal of racialized communities within the media. This portrayal adds a layer of complexity for youth in navigating and experiencing the stereotypes that are created. Furthermore, these portrayals shape community perception and assumptions that are made by service providers, educators, professionals, and police towards racialized communities.

Data also illustrates that there exist several intersectionalities between systemic discrimination and other factors such as gender and sexual orientation. Girls of racialized backgrounds indicate that they face discrimination in programs that focus on science, technology, engineering and mathematics (STEM). Furthermore, youth from LGBTQ+ and QTBIPOC (Queer & Trans Black, Indigenous, People of Color) communities indicate that they have no services in Peel that recognize and address the complexities in experiences and needs of youth that are both part of the LGBTQ+ and racialized communities.



QUOTES

Youth

- As long as there is difference, there will be disdain.

Providers

- People are only talking about equity and inclusion - there needs to be more of a willingness to name structural systemic discrimination, there needs to be more of a groundswell around this - more groundswell of grassroots organizations demanding change. Inculcate a spirit of grassroots organizations to speak up.

- I don't think people want to acknowledge that homophobia is something they want to care about – they feel like it doesn't belong in their communities.
- It is common human nature to fear the unknown. We don't know about some cultures and people, and so we have fears because we don't know them and what they're capable of, so we develop a fear of the unknown.
- Every human being has a typical desire for belonging. We want to belong to a certain group so we just categorize ourselves as South Asians, Black community, White mainstream, or whatever other labels we have. So, we all divide each other and put ourselves in those stereotypes, so this gives rise to phobias and stereotypes and these phobias further get down into discrimination and racism. So, this is a full cycle that begins with that basic fear of the unknown and a desire to belong and then get into labelling and then further into discrimination of any sort, visible or invisible.

Parents

- Discrimination can happen within families and within the same homogeneous group, so discrimination is different than racism. Racism really is the oppression of one race by another that's more powerful and you can only really have racism when there is that power imbalancediscrimination is not that. I can discriminate against you because I don't like your hair or your accent or the way you speak. I know there are families that discriminate against each other. In our community, somebody who is a lighter colour will discriminate against someone who is darker.

Biggest challenge is a lack of access to self-actualization – if we look at school environments, racialized children being excluded and more likely to be suspended – this is a lack of access to opportunities.

THEME 2

Acknowledge that systemic discrimination and racism exists in Peel. We need to name and call out racist and discriminatory actions.

Participants expressed that the first step to having meaningful conversations about and addressing systemic discrimination is acknowledging that it exists and is perpetuated by the policies, practices and procedures across organizations and institutions in Peel, such as education, policing, child welfare, and social services. Many discussed the disadvantages of being known as a multicultural society as, from their perception, it tends to hide actions of racism

and encourages polite racism or subtle micro-aggressions that make many feel like the 'other.' Furthermore, participants expressed that polite racism has given rise to the use of words such as 'diversity' and 'inclusion' that make conversations of racism and discrimination more palatable for White people - however, this keeps acts of racism and discrimination at the periphery of conversations.



QUOTES

Provider

- We have to admit that these things exist and we have to admit it as a society and not just one group because one group does it, that group often gets ostracized - especially if they're a minority. So, it needs to be that somehow we get society as a whole to acknowledge that these things are in existence and to understand and know what they are and how they manifest and then to be willing to change. Be willing to help to reduce it. But we have to acknowledge first.
- It's also about calling it out. So I think it's that acceptance that it is happening, because we do have that Canadian myth of multiculturalism and say that it doesn't happen here. It's the polite racism, so acknowledging that racism takes a lot of forms and it may not be somebody actually calling you a name, but it might be a whole bunch of different micro aggressions. It might be all of those subtle things that make you feel 'othered'. So it's acknowledging that and calling people out when it happens and I know that can be a challenge as well because people in a lot of cases, genuinely don't know and it's not their intent to offend but ultimately, their intent doesn't matter if there is that negative impact, so it's how you call people out. Recognizing that there are people who may have been intentional and some who may not have but bringing everyone to that shared understanding that it's not okay.
- We cannot fix something without addressing the underlying issues - the system is doing what it was designed to do.

THEME 3

Conversations on systemic discrimination are beginning to be normalized amongst youth from the same background but not with others.

Youth expressed that conversations around systemic discrimination and racism are common place between youth of the same cultural background, but not with youth of different backgrounds or any adults. Conversations happen in silos and therefore, they are not effective in dispelling stereotypes and creating safe spaces to speak about systemic discrimination as they do not foster familiarity with other cultures.



QUOTES

Youth

- I think as youth, we see and hear more about the race/racism discussion while living under the veil of multiculturalism. If you don't see it, it doesn't exist. Our problem is we talk of these things as if they are things of the past and these things continue to happen. A lot of the inconveniences in our lives stem from systemic racism. It is a pretty in-depth topic that impacts our lives as youth, yet, we are told that things are not that bad. The Peel School Board and the racism that is perpetuated within it - we definitely need to have more critical conversations. Celebrating diversity doesn't respond to racism in the school board.

THEME 4

Everyone in the region has a role to play in discussing and normalizing the conversation on systemic discrimination.

Several organizations have roles dedicated to addressing issues of diversity, equity, and inclusion - however, participants expressed that to have an impact and see change, we need everyone in our communities to be expressing, analyzing, and creating approaches to addressing systemic discrimination. Faith and spirituality play a significant role in building inclusive communities - there is a need to meaningfully engage and collaborate with faith leaders to understand and create solutions.



QUOTES

Provider

- Our people need to build our people! But at the end of the day, we are all people and you should respect people.
- It comes down to curiosity - it is about being open and wanting to know.

THEME 5

There is a clear disconnect between the amount of equity, diversity and inclusion training provided over the years by Peel organizations and the lack of change or impact on the ground when it comes to issues of systemic discrimination and racism.

Participants felt that we have an incorrect assumption that training can address all issues of systemic discrimination and racism and result in profound changes in our communities. Training is not the panacea for all things equity-related and cannot be the only activity to create systems changes – many expressed that we must recognize that training is one strategy in the continuum of equity change strategies. Training is seen as a required starting point to ensure leaders, service providers, educators etc. are using the same definitions, understanding the experience of inequities, and understanding their

own privilege before developing strategies for communities. Many expressed that approaches and expectations on how and what needs to be done to address systemic discrimination should be prescriptive, and not left to individual organizations- but rather a systems approach would be more effective and consistent. Furthermore, providers spoke about a plan that details consequences if strategies are not adhered to or effectively reported on. Participants felt this approach would demonstrate concrete change/ progress towards a strategy.



QUOTES

Provider

- There needs to be specific benchmarks at the organizational level – what does success look like? What will change if things are properly implemented?
- We don't have a clear platform to move our agenda forward. Sometimes this work is isolating and if we have a platform with resources, we can make a difference. Sustained advocacy is important. We need to do an audit of agencies and companies where racism and discrimination is ingrained – we don't have to wait until it weights down on our children. Develop strategies for sustained advocacy practices.
- Accountability is missing. There are no consequences to when there are any kinds of racial and discriminatory actions. People need to be held accountable for their behaviour for their language and after you check the box of saying we've been trained, there's no how-to manual.
- I think the problem is that it's not just about the training, it's about changing the mindset, changing the culture of the organization itself and a number of organizations are not changing their cultures.
- Training is not the answer. We need to find community activities and events for people to take part in to learn about each other.
- Consequences – doesn't matter how much you have been trained – you don't do anything until there are threats or actual consequences. Holding people accountable is important.
- There has to be more than training – training is played out. There are no consequences – no one pays a price for anything except the community. Consequences need to be economic and power. Show what the consequences are to change attitude and behaviours.
- Legislating behaviour is the best way for equal participation.

THEME 6

Review what representation means in the systemic discrimination discussion.

Participants spoke about representation in several ways. Youth spoke about representation in terms of seeing service providers and educators that look like them and understand their lived experience. Service providers spoke about representation at community tables and ensuring that there is diversity from all positions of power so they can speak for their own

people and experiences. Some also cautioned that representation can become tokenism as organizations may have diverse frontline staff, but none at senior management levels. This leads to organizations indicating they have diversity but, in reality, there is a lack of equity in the positions racialized people receive.



QUOTES

Provider

- Have stakeholders at the table with lived experiences - we need to make sure any plan is vetted by groups of discriminated people.

THEME 7

The current approach to diversity, equity and inclusion needs to be updated.

Many expressed that the current approach our communities use to diversity, equity and inclusion does not resonate with our current needs in Peel. The historical approach has been to raise awareness through training and education whereas, many have indicated that newer approaches should include new, younger voices and knowledge coupled with wisdom from the

past. Furthermore, new approaches should speak to how structures and systems were created several decades ago and these same structures cannot be expected to bring equitable impacts to all – a review and update to systems, policies, practices are required to move the needle in this climate.

THEME 8

There is significant interconnectedness between mental health and addictions, family violence, and racism and systemic discrimination.

Systemic discrimination cuts across both the mental health and addictions and family violence topic areas. Discrimination and racism are seen in the experiences of racialized people as they access and utilize services. It is important to recognize the impact of discrimination and racism as part of the healing journey. Racialized

participants also expressed that when they used services, there is a perception that when White people access services, they are 'entitled' or 'deserving' of supports compared to when a person of colour uses services, they are seen as 'draining the system' or 'taking advantage of' services.

WHAT DOES "SAFETY" mean?

as expressed by participants

Protection and feelings of security

Freedom to be you and seek support; safety is being who we are

Feeling safe with authority

Freedom from harassment

Community of understanding, mutual existence, belonging and acceptance, inclusivity, trust



Hard to speak about safety through a systemic discrimination lens

A lack of fear, thinking about true inclusion

Safety works in 2 ways: it protects the system and excludes others

Cultural safety - acceptance, respect, acknowledgement, individuality & inclusion

WHAT DOES "WELL-BEING" mean?

as expressed by participants

You cannot have well-being without safety; there is a relationship between both

Safety (emotional, mental, financial) is the means by which well-being, the goal is achieved

Having relationships and connections - a support circle

Well-being is holistic: comfort physically i.e. food, shelter, basic needs

Well-being is about knowing who you are, being confident & knowing you have a support system. It takes into consideration all aspects of self

Well-being is mind, spirit, body and soul; its interconnected, encompassing, spiritual well-being

Well-being is knowing I have access to culturally appropriate tools and resources

Thriving and reaching full potential; being able to excel and not just exist (social, emotional, physical & mental). A state of happiness and being able to prioritize your importance

No judgement - being seen as individual not different

A space where I can be myself and show up with all my identities and not be judged - unpoliced



RECOMMENDATIONS

Recommendation 1 | Co-create with youth, families, and service providers a strategy to develop more opportunities and safe spaces to speak about racism and discrimination with many cultures together. These safe spaces for youth, families and service providers are created to engage in conversations on systemic/structural discrimination and racism with the goal of normalizing the conversation and moving towards collective, positive solution-driven actions.

Recommendation 2 | Review and revise organizational and institutional policies, procedures and practices to align with and respond to the current Peel context. Current structures and systems were created decades ago before Peel was as diverse; these same structures cannot be expected to bring responsive and equitable changes.

Recommendation 3 | Develop, in collaboration with Region of Peel Strategic Initiatives, Culture and Inclusion Division, the CSWB Systemic Discrimination Action Table, the Regional Council Diversity, Equity and Anti-Racism Committee (DEAR), Black Community Action Network/Peel CAS System Leaders Table, RDR, and the United Way Greater Toronto Community Advisory Councils, a regional Diversity, Equity and Inclusion strategy utilizing an integrated anti-racism lens. The focus of this collaborative role would be to create an inter-connected, coordinated macro-level diversity, equity and inclusion strategy that would oversee, implement, monitor, and evaluate diversity, equity and inclusion changes at a regional level. The strategy should look to be resourced and supported by partners.

Recommendation 4 | The Regional Municipality of Peel, where appropriate, begins the practice of collecting socio-demographic data as a key strategy for eliminating inequities and finding opportunities for improvement in the delivery of regional services, regional community-based funding partnerships, and public health. The data collected can then be analyzed to detect any differences in outcomes experienced by clients/residents based on demographic variables such as race, language, sexual orientation, gender and income. Solutions developed must be responsive and culturally appropriate and the data collected is then tracked and shared to see if inequities/barriers have reduced.

Recommendation 5 | The CSWB Plan, in collaboration with the System Leadership Table, hold itself and partner organizations accountable and articulate the consequences for not meeting milestones. Training is recognized as one activity on the diversity, equity and inclusion strategy continuum of activities needed to reduce systemic and structural discrimination. That a ‘how-to manual’ that outlines exercises, tools, promising practices, and questions that organizations can use to challenge the status quo and have meaningful conversations be developed in collaboration with Recommendation #3.

Recommendation 6 | Communication and public education are seen as central activities to reduce systemic/structural discrimination and racism. The following were ideas that emerged from consultations:

- There needs to be consistency and frequency of messaging around equity to the broader community.
- Utilize social media; share resources, identify best practices across all sectors.
- Schools must teach all perspectives of history.
- Reframe the notion of equity from a problem to a benefit.
- Recognize the unique experiences of diverse communities – ‘we have to be comfortable with the uncomfortable’ and “culture is a major component of our whole being.”
- Examine how we as a Peel community want to dismantle racism as a community.
- Consult with faith and cultural groups to avoid cookie-cutter approaches.
- Use language such as ‘racism’ and ‘systemic discrimination’ and ‘micro-aggression’ instead of ‘diversity,’ or ‘inclusion.’

SECTION 3 FINDINGS

FAMILY VIOLENCE

LITERATURE REVIEW & KEY INFORMANT INTERVIEW RESULTS

Examine and gain a better understanding of the experience of family violence within marginalized / Indigenous and racialized communities. Specifically:

- Consider, with consultation participants, the different presentations and layers that stigma play in accessing services, experiences of family violence and understanding of family violence.
- Facilitate conversations that can speak to how the topic of family violence can be viewed as needed conversations to have within families, ethno-specific communities, faith institutions etc.
- Delve into how a lack of culturally competent services and translated information and resources impacts youth and families to access services.

Examine the gap in services, including:

- Exit points and follow-ups to ensure victims are still safe in the future.
- Examine the gap in youth supports and services including the need for a youth pathway to services. Currently, community supports are marginally coordinated, and youth and families are left to navigate and find help within their networks.

Share and discuss the need for more co-planning - both within the family violence sector to allow for a continuum of services, as well as amongst sectors that intersect with family violence such as housing, mental health and addictions, justice system etc. This includes a need for staff training across sectors so staff feels comfortable identifying and addressing human trafficking, or family violence from a trauma-informed and cultural component.

Consider the creation of a Child and Youth Advocate Position that will help children and youth victims and their families navigate the system.

Pilot and evaluate preventative programs such as healthy relationships and healthy masculinity for boys. Expand healthy relationship programs for teens to prevent teen dating violence and risks associated with intimate partner violence in the future.

Stronger Peel-specific data:

- The need for stronger Peel data – currently, there is a lack of Peel-specific data on the occurrence of family violence. There is plenty of research around risk factors, how to do outreach, and create interventions but the gap is in understanding the most salient factors in Peel specifically.
- Develop a report card on how particular communities are responding to domestic violence. It serves to record, measure, and compare responses to violence against responses in the past by using baseline data to compare changes over a period of time.

CONSULTATION THEMES

THEME 1

Cultivating strategies to examine, raise awareness of, and create solutions for family violence with racialized communities; thus, reducing stigmas and barriers to participation.

Stakeholders expressed that racialized communities need to be engaged in developing an understanding of family violence based on the nuances and needs of their communities. Developing cultural approaches will create environments and spaces in which many will feel comfortable and safe. For example, participants indicated that using terms such as 'healthy relationships' instead of 'family violence' will draw many more people into the conversation.

Participants felt that family violence is a learned behaviour in which there are differences in how cultures understand parenting. Participants acknowledged that a common thread to family violence is childhood trauma and that, as a community, we must address these traumas that speak to the relationship between intergenerational composition of families and the violence that occurs.



QUOTES

Youth

- Some families have experienced intergenerational violence/discipline, where it has been normalized. For example, that's how my mother grew up and they're like it is no big thing, this is what our family dynamic looks like.

Providers

- Sometimes a Black woman, in many cases will not call the police because of fear of what will happen to her partner or their husband but they also come from a place where you keep your family business inside your home and so you don't air out your dirty laundry.
- When we are talking about learned behaviour. Women themselves perpetrate some of this violence. The way they were parented and how they are parenting their kids.

Parents

- So in some cultures, including mine, let's start with how a child is raised and spanking for us, it's normal, it's a norm. So even breaking it down to different levels of it. For some people, it might be different depending on where they are coming from. I'm not saying it's right but we need to start with that definition to re-educate people into knowing what is right and what isn't. So, we must go into different cultural groups. We have to help educate them around it first of all about what is family violence.

THEME 2

Family violence is not a family issue as much as it is a community issue.

Central to dialogue is developing an understanding with communities that everyone is impacted by family violence and thus, has a role to play in addressing the issue. Many expressed that family violence is not a women's issue but rather, a community issue that requires us all to prioritize women's safety and the need for safe spaces. Many spoke about financial abuse and the need for an analysis on the economic reasons as to why women stay in abusive relationships.

Participants spoke about supporting men, and one aspect of that is including men in conversations about redefining what it means to be a 'man.' Participants indicated that, as a

community, we have to begin to disrupt and transform gender norms early. Furthermore, participants indicated that family violence is often seen as an issue within heterosexual relationships, and therefore LGBTQ+ communities do not see themselves, nor are they invited to participate, in the conversations and solutions.

Youth spoke about not knowing that their childhood experience was not 'normal' until they grew up and spoke to others about it. Part of the community conversation is therefore understanding the issue, what it is and can look like, before promoting strategies and interventions.



QUOTES

Youth

- I feel like this should be more like a classroom discussion in terms of health. Like in grade 9 you talk about sex and how not to do it and what to use, and the idea of consent. The idea of knowing what isn't healthy for me and what is abuse - That never ends up being the topic of discussion.
- I don't think you need to identify it as domestic violence for men - you need to push it to it being a mental health issue - maybe more men would be willing to get help.

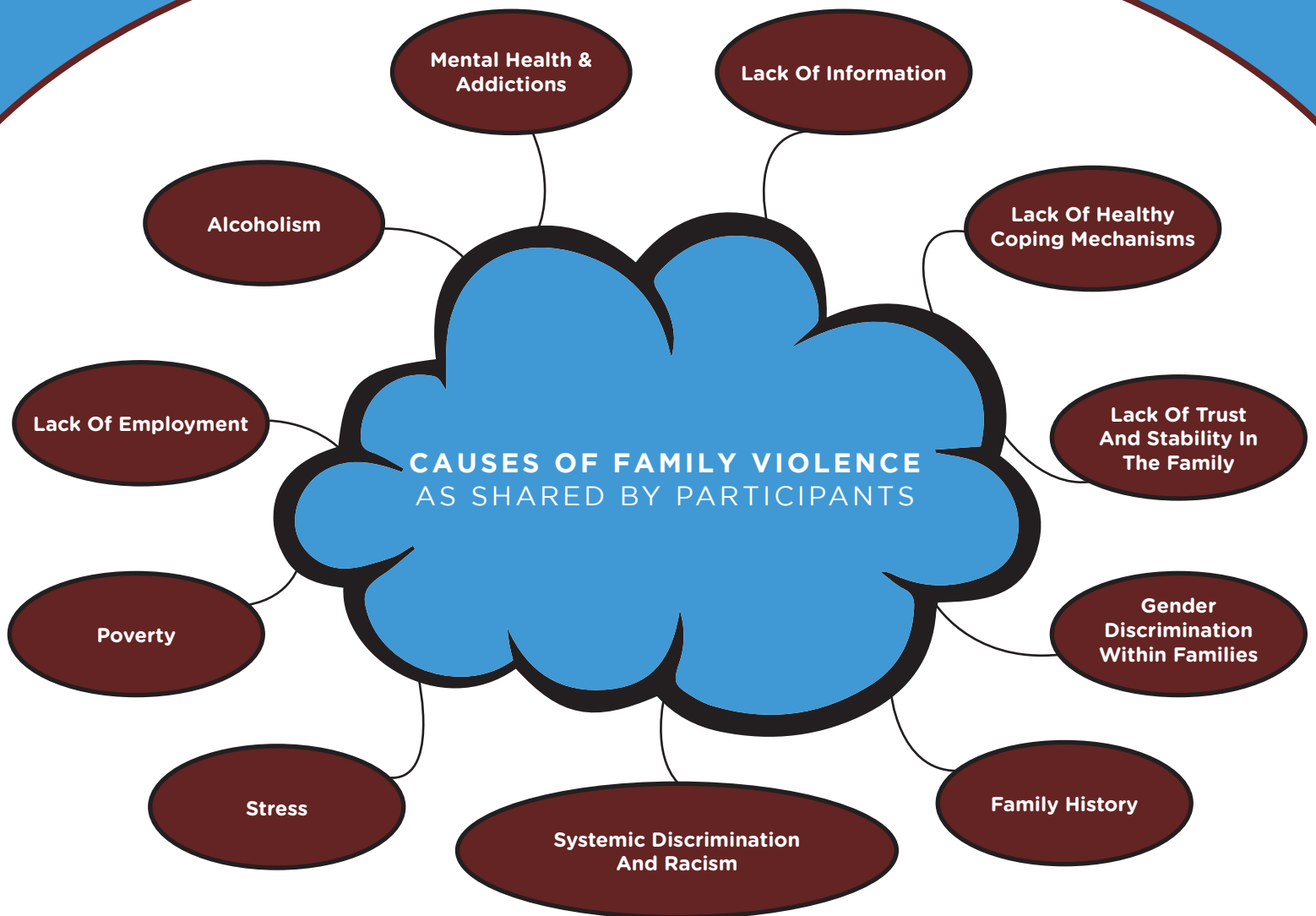
Providers

- There are economic reasons why some women stay in an abusive marriage. Most women do not have control over the finances. They are like a child with their husbands, asking him for money. Some women are confined to their home due to being unable to go to work.
- I really think family violence is a community issue and it has to be discussed that way. We know we have had too many murders in Peel and we know that many times people turn away from signs of family violence for various issues- "it's a family's problem. It's behind closed doors, it's not my family and not my problem."
- When you start talking about the impacts of violence; for example, economic impact; when you start to peel this onion and say family violence needs to be solved whether it's happening behind closed doors or not, then we start paying attention differently. But the messaging has never been that holistic around the community.
- We have to think beyond the regular boundaries of the way we do our interventions and think bigger than that because it is a community response we need around family violence - not just a family response.

• In Peel, we have a lot of great collaboration and lots to show for the common conversations we've had and the protocols and everything we have developed but we have to keep going and when it comes to family violence, we have to be so mindful around people having the capacity and training to respond to family violence and so when you have police, for example, who are responding to IPV [intimate partner violence], which is one of their top calls, by a rookie officer, who has a couple of hours of family violence training, are they going to understand the complexities we have just talked about?

• We should not just work with the victim but, as was said earlier, in South Asian families, there are grandparents, uncles and aunties, so when we are working with the victim, we are not addressing the main issue. We are dealing with the current situation, but we are taking away the background issues and the history so it becomes a cycle. So maybe, ideally, I think we should be working with the whole family and we need to include more programs for boys and how we should raise our children. Because working with women actually makes me feel that we need to start from the beginning, so how we raise our children. So we need more programs for men and we need to take a family centered approach.

• It [FV] should be a part of the curriculum, maybe an option or elective in high school to properly identify what is going on in their household...family violence is a key factor with developing mental health issues later on.



THEME 3

Youth are challenged with accessing services for family violence.

Youth expressed that they do know where to access services, but to access them, they need to see themselves being understood at the service and feel like they will 'fit.' Furthermore, they indicated that if they do not identify with the resources offered, they will not access the service. Some youth also expressed that they were skeptical about the services offered at some organizations and also felt alone, embarrassed and fearful in accessing services. They were in fear of breaking up the family if they accessed services and that they

could 'make things worse.' They expressed feeling re-traumatized by needing to tell their story repeatedly to several service providers. Transitional aged youth with the Children's Aid Society of Peel also expressed not being understood as their lived experience is not considered when accessing services. Moreover, aging out of vital programs and services can re-traumatize youth as they then need to find another program and start from the beginning with a worker and organization that they have not yet built trust with.



QUOTES

Youth

- Children who witness family violence and live with carrying the weight of the family's secret. Not willing to feel responsible for allowing the system to divide their family.
- Sometimes accessing that kind of support (e.g., child services) we were raised to be skeptical of these institutions that could put your family unit in a vulnerable situation... kids don't want to have to navigate those institutions that could put harm on their family. I'd rather reach out to community people or organizations.
- It's just the fear that it could make it worse. What if my parents find out and it backfires on you. Why would you want to expose this? It has the potential to tear up the family.

Providers

- I think the reason why people are hesitant to have these conversations is that it is disruptive within the family unit. There's a fear that the worst-case scenario of the family being pulled apart could happen. These tough conversations are clinical, but need to be more communal. Not going to be just one way to support families in crisis. Instead help looks different for each family.

THEME 4

There are different lenses through which we can examine family violence.

Participants expressed that abuse, trauma and violence are symptomatic of underlying issues and that family violence should be viewed through the lens of social determinants of health. Many also indicated that the definitions and analysis of family violence must also employ a gender analysis considering women and their roles in the family. Furthermore, many expressed that there is a difference between a family violence strategy and a violence against women strategy.

THEME 5

There exist significant interconnectedness between family violence, mental health and addictions and racism and systemic discrimination.

There is a definite connection between family violence and the other 2 (two) topic areas. Discrimination and racism interconnects with the experiences of, access and usage of services, and in the healing of these issues.



QUOTES

Youth

- I think there are so many different factors that are interwoven into family violence. Are there mental health factors, are there substance use factors, are there the social determinants of health? All of these things are interplayed. So to me the concept of family violence is not one thing. It can be so many different factors and trying to really unpack what is contributing to violence in that particular household can be confusing.

WHAT DOES "SAFETY"

mean?

as expressed by participants

Absence of fear

Access to supports to help you feel safe, secure

Safe space to talk to someone, safety means trust

Feeling safe means feeling you are part of the community

Stability overtime, no fluctuations and people can predict what they are walking into and feel safe; something that is reliable

Freedom- freedom to just be myself; feeling comfortable even with my whole identity, I don't have to check myself at the door

Without fear or threat, powerlessness

Mental safety - having a safe environment that doesn't disturb your safety

Being able to do your religion - be you, don't be changing your identity

Safety represents protection



WHAT DOES "WELL-BEING"

mean?

as expressed by participants

To have a sense of well-being you have to have a sense of safety; they go hand in hand

Live to your full potential

Well-being means being well

Sense of belonging; feeling connected to your community

Well-being is more holistic than safety

Meet your own needs without burning yourself out - well-being is balance

Well-being is the ultimate goal - we all want good well-being



RECOMMENDATIONS

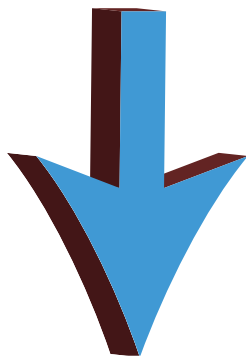
Recommendation 1 | Co-creating community conversations and awareness-building strategies with the community, including faith leaders to understand and educate the community. Recognizing that we have a bystander problem in Peel, employ a similar strategy to ‘Bell Let’s Talk,’ as this should be a whole community approach to understanding and addressing the issue. Understand that youth can be a gateway to their families with early interventions.

Recommendation 2 | Break down silos by developing a coordinated system-level plan and response to addressing family violence that includes the voices of the diverse communities in Peel to streamline points of entry and ease of access.

Recommendation 3 | Collect Peel-based data to understand the realities and nuances of the role of women and how this impacts the dynamics and perpetuates family violence in diverse communities.

Recommendation 4 | Break down silos by developing a coordinated system-level plan and response to addressing family violence that includes the voices of the diverse communities in Peel to streamline points of entry and ease of access.

Recommendation 5 | Recognize cultural differences and intergenerational realities when viewing issues of family violence through a structural discrimination lens. The people conducting the work and supporting youth and families need to be from diverse backgrounds, use different modalities, and use appropriate cultural competencies to outreach and support residents.



NEXT SECTION
**CROSS-CUTTING
RECOMMENDATIONS**

SECTION 4

CROSS-CUTTING RECOMMENDATIONS

PLEASE REFER TO APPENDIX D FOR SUPPORTING QUOTES FROM STAKEHOLDERS

THEME 1

Naming and acknowledging the 3 (three) topic areas with equity-seeking groups and the broader community is the first step to addressing the issues.

Recommendation | Create strategies and partnerships with equity-seeking groups and the broader community to understand, acknowledge, develop collective consensus (definitions, etc.) on each of the 3 (three) topic areas. Create opportunities to support and continue conversations around these topic areas for engagement, buy-in, participation and ownership.

THEME 2

Faith leaders have a role to play in helping our communities understand and address the issues. It matters if you are Muslim, Christian, Hindu etc.- all these aspects of people intersect and shape understanding and healing.

Recommendation | CSWB Tables partner with the Interfaith Council of Peel to train faith leaders, enable messaging to reach diverse communities, and in understanding and addressing the issues. Faith leaders will help us ensure solutions resonate and cookie-cutter approaches are avoided.

THEME 3

Without data, you cannot understand the problems.

Recommendation | Each topic issue needs to be understood through Peel-specific data. Data must be collected and shared across sectors so targeted interventions can be created for youth and families most in need. Specifically mentioned was the need to collect Peel data on children/youth with developmental delays and that these youth be targeted in future engagement strategies.

THEME 4

‘Nothing for us without us’

Recommendation | Taking a whole community approach that informs, educates and communicates to address the issues thus, reducing stigmas and barriers to participation - there is a need for a diversity of approaches that include:

- Equity/Cultural lens: There is a need to make way for marginalized voices to be authentically included in the planning, implementation and evaluation of the CSWB plan as these communities are the ones that are consistently adversely impacted.
- Recognize gender differences in developing inclusive services
- Understand 2SLGBTQ and QTBIPOC communities - programming does not address the intersections between sexuality and race.
- Examine the role of schools - create more formalized partnerships with school boards to support co-creating messaging with youth and educators. As communities change and issues continue to become more complex, school boards are encouraged to recognize the need for formalized partnerships with community organizations to support students in their journey.

THEME 5

There is a need for broad-based communication strategies, public education and awareness building.

Recommendation:

- Create opportunities to provoke conversations around equity, diversity and inclusion across all 3 (three) topic areas.
- Normalize and create a sense of safety in these conversations throughout Peel.
- Utilize social media; share resources, identify best practices across all 3 (three) topics.
- Educate the community - we have a bystander issue - encourage a whole community approach.
- Recognize that youth can be a gateway to their families if early interventions are developed and implemented.

THEME 6

Lines of accountability and transparency must be articulated and shared with community stakeholders for this work to move forward.

Recommendation:

- Actively listen to the voices of the community.
- Co-create and implement the Plan through an integrated anti-racism lens; ensuring diverse perspectives and representation throughout the lifespan of the Plan.
- Ensure clear roles and responsibilities so that the Plan is embedded within the work and priorities of the Region.
- Create a clear path that is prescriptive with outcomes attached; outcomes not achieved must have consequences.
- The Plan needs to be data-informed; using disaggregated data.
- Develop a consistent feedback loop to share updates with the community.
- Develop activities that allow for nimbleness.

THEME 7

Community Engagement is on a continuum - authentic partnership requires a commitment of intentionality with the community at the centre.

Recommendation | Develop a continuum of engagement - an engagement strategy that indicates when, where, and how engagement will happen; from bulletins to dashboards to creating opportunities for stakeholders to have their voices heard - engagement needs to continue throughout the lifespan of the Plan.

- The creation of a Youth Advisory Table and a Family Advisory Table to understand new perspectives, co-create strategies, implement activities etc.
- Continue using and leveraging social media channels developed (Twitter and Instagram - relationships formed with many already).
- Engagement needs to be the responsibility of a variety of diverse people at different entry points along the lifespan of the Plan; use equity tools / checklists.
- CSWB Data table must collaborate with the community to identify what type of impact data the community wants to see.
- Be transparent and honest with achievements and enable the community to weigh in on 'what success looks like.'
- The Region of Peel to clarify its role as a backbone organization and demonstrate that it understands what this role means as this has the ability to impact true co-creation and engagement.

- Embed an authentic, integrated anti-racism lens throughout a continuous engagement strategy to ensure the diverse voices of the community are heard.
- A specific strategy, to be crafted with Indigenous communities, regarding outreach and engagement with Indigenous youth in Peel must first begin with building a relationship with the Indigenous Network of Peel to establish a sense of understanding, trust and a willingness to be open and adaptable to differing modalities and approaches in programming. This deliberate strategy should review and build the communities' capacities to engage, co-plan and design approaches to the 3 (three) topic areas to further the goals of the CSWB Plan.
- Create outreach and engagement with homeless youth, youth with developmental delays and youth with differing abilities that we were not able to connect to.

THEME 8

Breaking down silos.

Recommendation | Recognition of the 'interconnectedness' of the 3 (three) topic areas; developing a responsive and collective vision for our communities; more co-planning and sharing of data at a systems level across sectors is needed to support clients more holistically and have multiple entry points for community members to find the services they need.

THEME 9

Taking the current climate with the pandemic into consideration, many spoke about the innovation and efficiency by which activities are happening at the COVID-19 Response Tables - many spoke about the ability to fill gaps within days that would have typically taken months.

Recommendation | The CSWB Plan needs to leverage lessons learned that created an environment for timely responses; thus creating a sense of 'urgency' that was evident in the Covid-19 Response Tables.

CONCLUSION

In closing, the Consultant Team found that service providers, families and youth all agreed that there was a need for stronger preventative and upstream supports in Peel to support community safety and well-being. Studies show that upstream and preventative supports are more efficient and effective. To be effective, these upstream supports will also need to meet residents where they are at, and be tailored to support the most vulnerable and disproportionately impacted; Black, Indigenous and racialized communities; newcomers; and children and youth with mental illness or disabilities or facing homelessness.

Throughout the development, implementation, and evaluation of the Community Safety and Well-being Plan, it is important to continually engage with community members to incorporate their feedback throughout all stages of the process. This will build accountability and trust between service users/residents and organizations, and also ensure a Plan that meets the needs of residents and continues to have the intended results.

APPENDIX A

CUSTOM CONSULTATIONS

1. Centre for Education and Training
2. Interfaith Council of Peel
3. Peel Children's Aid Society
4. Peel Newcomer Strategy Group
5. ResQ Youth Int'l Incorporated
6. United Way of Greater Toronto Chinese Advisory Council
7. United Way of Greater Toronto Black Advisory Council
8. United Way of Greater Toronto South Asian Advisory Council
9. Regional Diversity Roundtable

APPENDIX B

SAMPLE OF CONSULTATION QUESTIONS

SAMPLE OF YOUTH QUESTIONS:

- A.** How can the conversation of mental health and addictions be 'normalized' in our communities? How can we get youth and families speaking about it so we can reduce stigma around it? (probe for ideas, but also ask if translated posters would help, community champions that speak about the issue would help or other ideas?)
- B.** Do you think faith and spirituality play a role in the healing and understanding of MHA?
- C.** What do you think a plan for communities that speaks to MHA should include? If you could give decision-makers some ideas, what would they be?
- D.** There are many different types of family violence (e.g., financial, physical, sexual, mental) –are there types of family violence that youth speak about more often than others? Do they shy away from some types?
- E.** Can we talk about the youth experience with family violence – do some youth think that family violence is normal and don't label their experience as FV, but rather 'that's how my parents are' / or as 'normal parental behaviour'?
- F.** What are the main issues that if we focused on first, would reduce SD in our communities?
- G.** What do you think a plan for communities that speaks to eliminating SD should include? If you could give decision-makers some ideas, what would they be?

SAMPLE OF PARENT / FAMILY QUESTIONS:

- A.** What are the main issues that if we focused on first, would reduce FV in our communities?
- B.** How can organizations make their mental health and addictions services more culturally sensitive to better meet the needs of people they support?
- C.** What does discrimination mean to you? Does discrimination and racism mean the same to you?
- D.** What are your experiences accessing services in your community such as: recreation programs, crisis and counselling services, mental health services, the justice system, housing supports? Do racialized communities experience community services differently? (MH&A, justice system, housing supports etc.) If so, how?

SAMPLE OF SERVICE PROVIDER QUESTIONS:

- A.** What do you think a community safety & well-being plan should consider/include when it comes to systemic discrimination? Accountability? What suggestions would you like to share with decision makers?
- B.** How can the conversation on family violence be 'prioritized' in mainstream & racialized communities?
- C.** Social supports and cultural backgrounds seem to play an important role in how communities respond to issues of family violence. What is the role of faith leaders and cultural organizations in supporting this work and solutions moving forward? Mindsets? Culturally appropriate services?
- D.** Diversity & Inclusion/Equity Policies, Charters, D&I Standing Committees, and in some cases departments dedicated to equity, ARAO training are all strategies that have been implemented across the Region of Peel for several years now. Yet today, systemic discrimination continues, racism appears to be increasing, the language of disproportionality and disparities are now common in our everyday...training the panacea for all equity work has been delivered for more than 20 years in Peel. The question is: What has changed? What are we missing? What or where is the disconnect?
- E.** Funders/service providers often speak about doing business differently – from your perspective, what are root causes, for MHA?
- F.** If you were asked to refocus your 'treatment-focused' activities to upstream/preventative activities, what shifts would you make?

APPENDIX C

SOCIODEMOGRAPHIC DATA

YOUTH (33 TOTAL IN DATA SET)

CHART A: SEXUAL ORIENTATION (27 TOTAL)

Orientation	# of Youth	% of Youth
Heterosexual	22	81%
LGBTQ+	5	19%

*4 youth responded do not know and 2 responded prefer not to answer

CHART B: GENDER

Gender	# of Youth	% of Youth
Female	23	70%
Male	10	30%

*the gender-specific question had several options for youth to chose from including trans, intersex, non-binary, prefer not to answer etc.

CHART C: MENTAL ILLNESS AND DISABILITIES (30 TOTAL)

Mental Illness & Disabilities	# of Youth	% of Youth
Disability	7	23%
None	23	77%

*2 youth responded do not know and 1 responded prefer not to answer

OF THOSE WITH A MENTAL ILLNESS AND DISABILITIES

Mental Illness & Disabilities	# of Youth	% of Youth
Chronic Illness	1	14%
Dual Diagnosis	1	14%
Mental Illness	3	43%
Learning Disability	2	29%

CHART D: ETHNICITY (31 TOTAL)

Ethnicity	# of Youth	% of Youth
Black - African	1	3%
Black - Caribbean	6	20%
Black - North American	2	7%
East Asian	1	3%
Latin American	1	3%
Middle Eastern	1	3%
South Asian	17	55%
White - European	1	3%
White - North American	1	3%

*2 youth responded do not know and 1 responded prefer not to answer

CHART E: AGE

Ethnicity	# of Youth	% of Youth
13 - 15	9	27%
16 - 18	13	40%
19 - 20	4	12%
21+	7	21%

CHART E: AGE

Ethnicity	# of Youth	% of Youth
13 - 15	9	27%
16 - 18	13	40%
19 - 20	4	12%
21+	7	21%

CHART F: MUNICIPALITY

Municipality	# of Youth	% of Youth
Mississauga	13	39%
Brampton	17	52%
Caledon	3	9%

CHART G: BORN IN CANADA (32 TOTAL)

Born in Canada	# of Youth	% of Youth
Born in Canada	22	69%
Not born in Canada	10	31%

*1 youth responded prefer not to answer

OF THOSE NOT BORN IN CANADA

How Long in Canada	# of Youth	% of Youth
1 - 3 Years	3	30%
4 - 5 Years	1	10%
More Than 5 Years	6	60%

PARENTS (18 TOTAL IN DATA SET)

CHART H: PARENT MUNICIPALITY

Municipality	# of Parents	% of Parents
Mississauga	3	16%
Brampton	12	68%
Caledon	3	16%

APPENDIX D

QUOTES FOR CROSS-CUTTING FINDINGS

THEME 1: NAMING THE ISSUE

- Naming the issue – using the words accurately (i.e., use ‘racism’ instead of ‘inclusion’ or ‘diversity’) – we experience polite racism in our communities
- It’s also about calling it out. So I think it’s that acceptance that it’s happening, because we do have that Canadian myth of multiculturalism and say that it doesn’t happen here, it’s the polite racism, so acknowledging that racism takes a lot of forms and it may not be somebody actually calling you a name but it might be a whole bunch of different micro aggressions. It might be all of those subtle things that make you feel other. So it’s acknowledging that and calling people out when it happens and I know that can be a challenge as well because people in a lot of cases, genuinely don’t know and it’s not their intent to offend but ultimately, their intent doesn’t matter if there is that negative impact so it’s how you call people out. Recognizing that there are people who may have been intentional and some who may not have but bringing everyone to that shared understanding that it’s not okay
- The difference in power. Can collaborate really happen without acknowledgment of the differences in power of people around the table.
- People are only talking about equity and inclusion - there needs to be more of a willingness to name structural systemic discrimination and needed to more of groundswell around this - more groundswell of grassroots organizations demanding change. Inculcate a spirit of grassroots organizations to speak up.
- I don’t think people want to acknowledge that homophobia is something they want to care about – they feel like it doesn’t belong in their communities
- Black families require culturally appropriate services that acknowledge that the system of racism exists, especially its impact on Black racialized, Indigenous communities.
- Acknowledge that it (family violence) is an issue in our communities – we need to developed customized approaches for our communities. Develop cultural approaches.

THEME 2: PARTNER WITH FAITH LEADERS

- Interfaith committee needs to be trained around the 3 topic areas – if we have partners, and it was presented to the Council around some information and action around how we can play a role, we can disseminate the information to others and take back to their religious communities. Having presentations at the Council from a professional that can speak to the Council – teach us how to mitigate and be proactive.

THEME 3: DATA

- There is a fear of collecting data....we are not good at collecting....fear around hearing the realities...I will have to do something about it...there will be accountability around it
- No data, no problem, no action
- We need to have meaningful co-design and data ownership with the community
- Without data we cannot understand the problems. There is a fear of collecting data - data will speak to realities that will mean systems have to address the issues raised. No data, no problem, no action
- Evidence-based practice is very important. When you connect and intersect things from a data perspective, people listen. We need to collect data. We need to work together. We have to mobilize ourselves and have sustained advocacy

THEME 4: ‘NOTHING FOR US WITHOUT US’

- Would like to see bylaw changes for marginalized people. Don’t make decisions without me for me. Not just patronize people by asking and going ahead and doing what they want.
- No decisions about us without us” youth should be involved, we must be part of the conversation
- All communities meaning races, cultures, ages, genders should be included in the planning and discussions of community plans. Community strategies must be inclusive
- The LGBTQ+ community has said “if our voices aren’t going to be heard or counted, we aren’t going to support you” and this is a great example
- We ask for people’s opinion in the beginning and then not carry their voices forward. That’s again tokenism and it (the process) becomes disenfranchised
- I would like to suggest pushing for an integrated, anti-racist lens, once we go for equity then all lives matter. And we know that there are particularities when it comes to Anti-Black racism that is not evident in other communities.
- I feel like in my school I know there’s only like two psychologists for like the whole school. That needs to change! That’s not enough people to support an entire school you know.
- I think a lot of students don’t feel comfortable opening up to their parents about any current MHA issues. Maybe having like a psychologist or therapist at school that students could talk to you would help a lot. Having options at school I think would benefit students more, especially if there’s like a therapist at school. It would give kids easy access to someone to speak to (like a professional) at school so that way parents don’t need to be involved.
- Integration of mental health and other resources would help. The school system has counselling but it isn’t well integrated. Students have to go outside the school to access services, they need to get a referral and then be the one to approach. There seems to be a disconnect.
- Avoid generic presentations. Went to a presenter at the school board and he was very generic - he wasn’t aware that families may be joint families. Presenters need to know the audience and where ppl are coming from and their backgrounds.
- We need to do more than giving out pamphlets about how to self-monitor – especially when you’re talking about youth 12, 14, 15 years old that don’t have the maturity to do that. Workshops where parents and teachers can learn about active technique to deal with this.
- Data also indicates that participants saw schools as excluding racialized students in opportunities and streaming them into categories that would limit their future academic and professional prospects.
- Hiring support workers with similar cultural backgrounds could help meet the needs of the people they support. For example, similar: race, class and gender identity to support clients in a more culturally sensitive matter. Organizations need to be more equipped in terms of their own staff being diverse and understanding diversity.
- It’s beneficial because hiring staff that look like you and have firsthand experience and grew up with similar issues/challenges is helpful.
- I think a lot of the times when you’re working with people you have to look at it like all factors in their life. Factors such as age, gender, socio-economic factors and living conditions.
- If you see someone who looks like you, you are more likely to want to come. Give an example that her parents never wanted to come to family night at school until they found someone at the school that looked like them that invited them out. Lack of representation of role models - need to give youth positive imagining in our communities (SD)

THEME 5: BROAD BASED COMMUNICATION STRATEGIES, PUBLIC EDUCATION AND AWARENESS BUILDING

- I also think it’s important that we align messaging throughout the region because if youth go to their family and they talk to them about it and get one message about it, and then they go to their peers and get another message and then they might go to a faith leader and they get another message, it can be very confusing and actually increase the mental health issue. So I think having consistent messages across Peel would be very important
- I think that having pamphlets and books could be useful to share with parents/families. Kids can bring back mental health materials from kindergarten. Help teach from a young age they’re not alone and their parents are there for them.
- We have to have core messages and consistency where the messaging is concerned but then we need to get to voices from each of the various diverse groups that we want to reach and get their input on how to then make some specific messaging. So we have some messaging on mental health and wellbeing/wellness as our base then alter that according to each group and keeping in mind what works for that community. But you need that community approach because if you don’t have that, it’s not going to work. You need that consistent back and forth between the Region and the various communities to develop messaging for each.
- Acclimatizing kids to diversity -We have to begin it early – in a positive way right from school level – early education

THEME 6: ACCOUNTABILITY AND TRANSPARENCY

- In terms of input from a community, I would suggest having representatives of some of these groups on this committee and having a strong process of action, reflection and consultation in place so that when a step in made, it’s done with consultation with as many groups and then you reflect on it and then you can refine the plan.
- Let’s make sure there are accountability measures in place from stakeholders involved in this plan and then coming back to see if they have help up their end of the bargain
- The Region of Peel would say they have a Diversity and Equity policy training, yet we find today that the conversations are at a basic level. The training lack depth and holding systems accountable for behaviors of systemic discrimination that seem to be intensifying.
- I think that diversity training, you know it’s kind of like something that organizations/ service providers have to do but like X said there was no enforcement/consequences for people/co-workers who have made racist comments (that someone just didn’t mean) people are just saying all kind of stuff that they wanted to say (insensitive comments) with no repercussion for being racist or for saying something racist or anything like that.
- I think it’s really important to have the infrastructure, the policies, the programs and so on that go with educating people about MHA, FV and SD, along with what the rules are and they absolutely need to be consequences that are transparent.
- Accountability is about walking the talk and centering the work through an equity lens
- Also within the membership where we hold each organization accountable around what is happening in the organization with EDI – aligning our work and building bridging and scaffolding the work. Keeping the issue alive in make it current. Build conversations and creating a buzz with certain issues. Keep the orgs accountable and challenging the conversation
- For me it is about uplifting voice – you are addressing privilege. This would also help when talking about MH you would see that it is not a one-size fits all. You can’t do MHA without understanding your community. PLAN ACT AND REFLECT- community is engaged in different degrees through all the 3 phases
- The community needs to be represented at CSWB Tables
- Consequences – doesn’t matter how much you have been trained – you don’t do anything until there are threats or actual consequences. Holding people accountable.

APPENDIX E

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