

# Anti-Human Sex Trafficking Strategy Impact Report 2019 - 2025

**FULL REPORT**

**Prepared by**  
Collective Results

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# AHST Strategy Partners



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# Background

In 2015, service providers across the Region of Peel formed the Peel Human Trafficking Service Providers Committee (PHTSPC) in response to the increasing prevalence of human trafficking rates in Peel and the lack of dedicated programs and services to support victims/survivors. The PHTSPC, comprised of over 40 organizations including the Peel Regional Police, local social service organizations, and school boards called attention to the human trafficking crisis in Peel. With support from Regional Council in 2017, the PHTSPC began to actively explore solutions to address this issue.

In June 2018, the Regional Council endorsed the Anti-Human Sex Trafficking Strategy (AHST) in the Region of Peel, built on three main pillars: Prevention, Intervention, and Exits/Housing. The Strategy was launched in January 2019, as a three-year pilot project, with \$1.5 million in regional funding allocated annually to two houses and \$730,000 in funding from Ministry of Children, Community, and Social Services (MCCSS) for an integrated services hub. In 2022, the AHST strategy became a fully operational program, making Peel Region the first municipality in Ontario to adopt a comprehensive anti-human sex trafficking strategy with dedicated services. Furthermore, the Strategy aligned with the Province of Ontario's Anti-Human Trafficking Strategy 2020-2025 and the Regional Community Safety and Well-Being Plan.

From October 2025 to January 2026, Peel Region worked with Collective Results, a consulting firm, to review the strategy, collect qualitative data, and provide a summary report. The purpose of this report is to provide an overview of the impact the AHST Strategy had in the Region of Peel from April 2020 to March 2025, highlighting its key achievements and lessons learned.



## AHST Strategy Model

### Systems Approach

The AHST Strategy is grounded in a systems-based approach that leverages cross sectoral collaboration to improve the health and safety of human sex trafficking victims and survivors in Peel through dedicated program and services. A systems approach is considered a critical lever of change for the Strategy, one that harnesses interconnected service networks, promotes coordination across different levels of government and community partners, and drives sustainable, long term improvements in the Region's response to human trafficking.

The Strategy was primarily funded through two sources: MCCSS, which provided \$730,000 annually for an integrated services hub, and Peel Region, which contributed \$1.5 million annually to operate two housing facilities. Peel Region acts as the central coordinating organization that facilitates and supports the collaborative efforts of the frontline service providers to provide dedicated programs and supports to human sex trafficking victims and survivors. Peel Region supports the service providers by mobilizing resources like funding, establishing data collection processes, and building community capacity through advocacy efforts. The success of the model relies on strong partnerships and collaboration among both the core service partners but also other partners to provide complementary services to

victims/survivors. These partnerships are crucial for ensuring that referral pathways are clear and easy to navigate, duplication of services is minimized, and victims/survivors receive timely, appropriate services. Flexibility is a core feature of the Strategy, enabling it to adapt to emerging issues and unforeseen challenges. Continuous feedback loops further strengthen implementation and responsiveness.

### Survivor-informed

From the outset, human sex trafficking survivors have been meaningfully engaged in shaping the AHST Strategy. In collaboration with the PHTSPC, Peel Region worked closely with survivors to ensure services and supports were trauma and violence-informed and survivor-centred across all pillars of the Strategy. In 2023, as the Strategy transitioned from a pilot to a permanent Regional program, a two-day survivor-led strategic planning session was held with community partners. The session focused on identifying innovative cross-sectoral strategies to address human sex trafficking and mapping client interactions and interruptions along the service pathway. In 2024, Peel Regional Council endorsed the Peel AHST Program's Survivor Remuneration Framework which ensures that survivors are ethically and meaningfully engaged and remunerated for their expert input on programming and service delivery.

At its core, the Framework recognizes the expertise of lived experience and ensures that survivors receive financial compensation for their contributions. The Peel AHST Team has appointed the Peel Anti-Human Sex Trafficking Survivor-Led Advisory Committee to continue keeping survivor voices at the center as the Strategy continues to adapt to client needs.

### **Dedicated & Specialized Services**

The AHST Strategy provides services that are dedicated to and specialized for human trafficking victims and survivors. The needs of human trafficking victims and survivors are often complex, urgent and different from other types of violence. Specialized programs and services can provide trauma-informed and client-centred care that considers the unique dynamics of human trafficking situations and fosters safety, trust and support for victims/survivors.

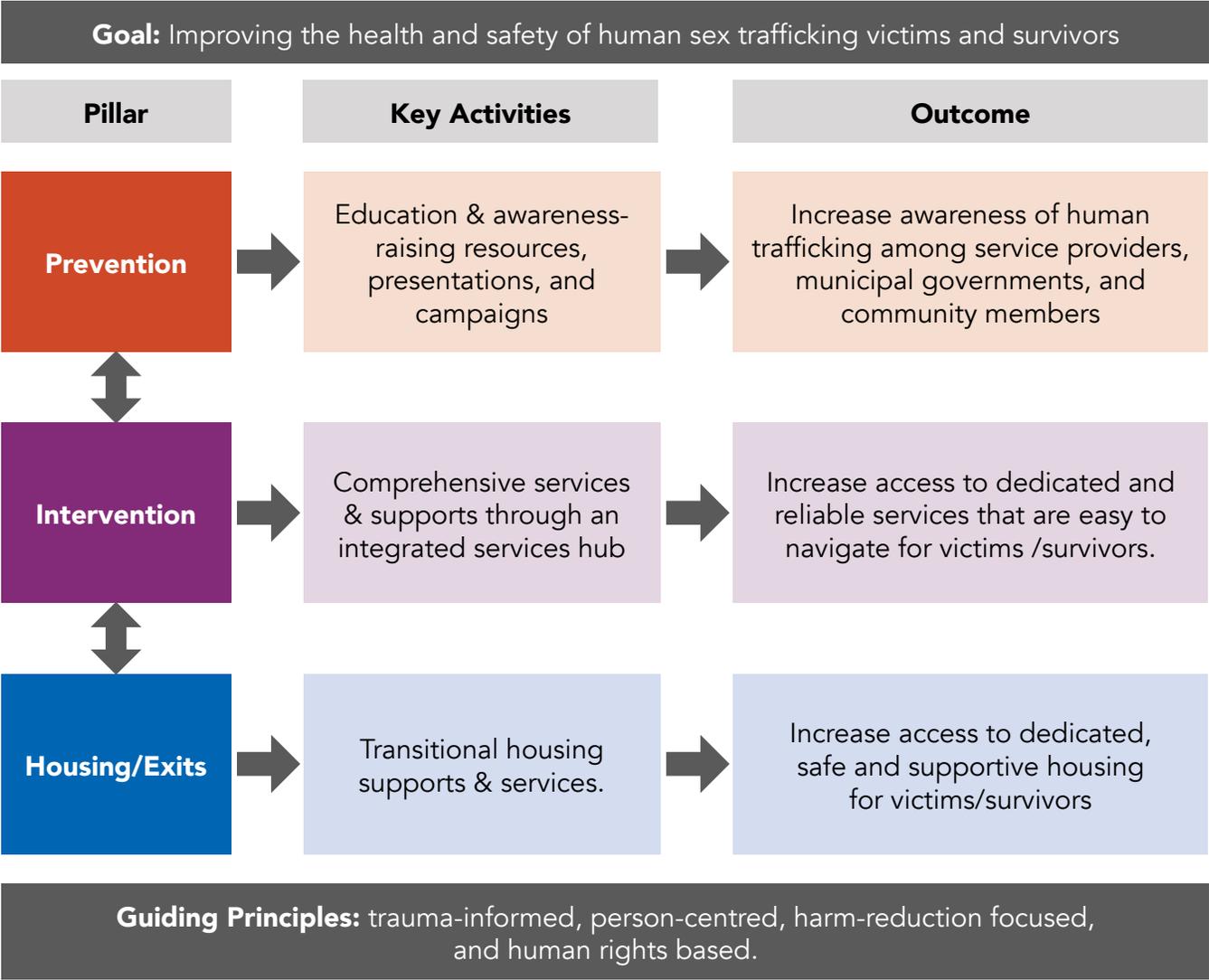
### **Strategy Framework**

The AHST Strategy was built on three pillars: Prevention, Intervention, and Exits/Housing with the goal of improving the health and safety of human sex trafficking victims and

survivors (Figure 1). These pillars were selected to address human sex trafficking along the entire continuum of care from prevention of human sex trafficking through to supporting survivors through to their independence. The **Prevention Pillar** aims to increase awareness of human sex trafficking among service providers, municipal governments, and community members through awareness raising resources, presentations, and campaigns. The **Intervention Pillar** aims to increase access to dedicated and reliable services that are easy to navigate for victims/survivors through an integrated services hub. The **Exits and Housing Pillar** focuses on expanding access to safe, supportive, and dedicated housing for victims/survivors of human sex trafficking by providing a safe house and a transitional house along with accompanying supports for victims/survivors. While the pillars are presented as separate entities, they are highly interconnected to ensure that service pathways for clients are clear and easy to navigate. The three pillars are supported by four guiding principles: trauma and violence-informed, person-centred, harm-reduction focused, and human-rights based.



**Figure 1:** Region of Peel’s Anti-Human Sex Trafficking Strategy Model



**Data Sources & Analysis**

The data for this report draws from two primary sources: administrative records collected by Peel Region and its core service partners (Our Place Peel and EFry), and qualitative insights from nine semi-structured interviews. The interviews were conducted and analyzed by Collective Results and included five interviews with staff each from different partnering agencies, and four with survivors who accessed services supported by the AHST Strategy. The following sections provide a synthesis of all the data gathered for this report.



## Prevention

### Description

The Prevention Pillar aims to increase awareness of human sex trafficking among service providers, municipal governments, and community members. To achieve this outcome, the Peel Region, in collaboration with the PHTSPC, developed and distributed a video and e-learning module that was available to all municipal staff in Peel on their learning management systems and publicly available on Peel Region’s website. Peel Region also provided live in-person and virtual training sessions for Peel Region staff. They also launched a public education campaign in 2024 in partnership with OneChild and Cineplex and delivered educational presentations at advocacy events throughout the community.

### Service Provider Education & Training

Peel Region, in partnership with PHTSPC, developed an e-learning module that provides an overview of human sex trafficking and its impact, how to identify it, and resources and strategies for supporting victims. From 2020 to 2025, The e-learning module was completed by **14,123** individuals which included Region of Peel staff (1,249), Municipal staff (6,929) and community members (5,945; see Table 1). Completion among Region of Peel staff peaked in 2022 with over 500 participants

followed by a gradual decline in subsequent years as more staff had completed the module. In addition, a more intensive training session on human trafficking was developed and offered live in-person or virtual to the Region of Peel staff, with 1,075 staff completing it between January 2021 and April 2025.

**Table 1:** Number of e-Learning Modules Completed by Region of Peel and Municipal Staff by Year of Completion

Year	Region of Peel	Municipal Staff (i.e., Brampton, Mississauga, Caledon)
2020	47	--
2021	24	--
2022	586	1,620
2023	296	2,420
2024	179	1,376
2025	117 (Jan-Apr)	1,513 (Jan-Aug)
<b>TOTAL</b>	<b>1249</b>	<b>6929</b>

### Public Campaigns & Advocacy

In 2024, in collaboration with OneChild and Cineplex, two public education campaigns were delivered in the form of a 30-second

pre-show advertisement and electronic lobby displays at four movie theatres in Peel. In total, **332,983** individuals were in attendance for the pre-show advertisement and there were **641,056** digital screen lobby impressions.

Since 2019, Peel Region AHST staff have delivered awareness-raising presentations at **67 events**, reaching **almost five thousand people** (Table 2). Presentations were provided in a variety of settings including asylum claimants’ residence, training for service providers working in the resettlement sector, elementary and high school assemblies, and professional conferences. COVID-19 limited the number of presentations from 2020 to 2022. However, since COVID-19 restrictions eased in 2022, an increasing number of presentations were provided at events.

**Table 2:** Number of Awareness-Raising Presentations by Year

Year	Number of Presentations	Number of Attendees
2019	4	50
2020	13	705
2021	0	0
2022	1	100
2023	8	581
2024	18	2,133
2025	23	1165
<b>TOTAL</b>	<b>67</b>	<b>4,734</b>

**Lessons From the Field**

**Community Awareness**

Service providers acknowledged that the AHST Strategy has been effective in raising community awareness about human trafficking and informing residents on where to seek

help. In the words of one partner, *“The community awareness...debunking some of the [myths] around human trafficking and where to ask for help has been one of our biggest achievements.”* An interviewee even described the Region of Peel as a leader in disseminating information on this issue, *“The number of presentations we have done over the years, there are not too many regions that can actually say that.”*

**Lack of Dedicated Funding**

However, unlike the other pillars, the Prevention Pillar **did not receive dedicated funding** which meant that partners often contributed “off the sides of their desks” or were unable to participate meaningfully due to limited capacity. For example, one interviewee stated, *“The community engagement piece of the work is above and beyond our scope...we do this...off the side of our desk because we believe in the work.”* Another interviewee said, *“There’s a lack of funding to even get ahead of this issue in our community, and everything we’re doing is very much off the side of our desk.”*

**Proactive Interventions**

To address this gap, service partners emphasized the need for a **comprehensive prevention strategy** that goes beyond awareness campaigns and incorporates **proactive, “upstream” interventions focused on youth**. Interviewees suggested several key elements for such a strategy:

- Establishing a shared definition of human trafficking prevention
- Mapping existing prevention initiatives in the Region
- Ensuring consistent messaging across organizations and school boards
- Integrating survivor voices into its development and implementation



## Intervention

### Description

The Intervention Pillar aims to increase access to dedicated and reliable services that are easy to navigate for victims/survivors. Using an integrated services hub called nCourage, comprehensive services and supports are provided to victims and survivors. Core services include case management, safety planning, client/system navigation and outreach. nCourage also collaborates with other community partners that provide complementary services including trauma counselling, health care, addictions support, legal aid, life skills, and employment supports. In 2024, the AHST Program, in collaboration with community partners, received funding from MCCSS for a Youth In-Transition Worker (YITW). The YITW assists HT-involved youth transitioning out of the care of Children's Aid Societies by supporting youth to identify, access, and navigate adult service systems relevant to their needs, plans, and goals as they transition to adulthood. The successful funding application enabled Peel to secure its first dedicated human trafficking YITW who works collaboratively with the nCourage hub and community partners across Ontario's Central-West region. The nCourage Hub is led by Our Place Peel in collaboration with EFry.

### Client Access

Since the launch of nCourage, there has been a remarkable increase in both the total number of clients served and the number of unique clients accessing services annually. Comparing the first full year of operation (April 2021 to March 2022) to the most current year of operation (April 2024 to March 2025), **the total number of clients has risen by 650%**. Likewise, the number of unique clients accessing nCourage each year has grown by 556%. The substantial growth highlights the urgent need for dedicated services for victims and survivors of human trafficking in the Region of Peel and surrounding communities. The data suggests that nCourage is effectively reaching those in need and providing essential support through its comprehensive programs. Furthermore, the number of returning clients is also noteworthy. This metric suggests that individuals who received services from nCourage not only had a positive experience but also developed a sense of trust in the service providers. Their decision to return indicates confidence in the hub's ability to support them through their recovery and reintegration journey.

**Table 3:** Total Number of nCourage Clients by Year

Year	Total Number of Clients	Number of Unique Clients	Number of Returning Clients
Jan 2021-Mar 2021	13	13	--
Apr 2021-Mar 2022	68	55	13
Apr 2022-Mar 2023	164	123	41
Apr 2023-Mar 2024	307	170	137
Apr 2024-Mar 2025	510	361	149
<b>TOTAL</b>	<b>1062</b>	<b>722</b>	<b>340</b>

### Services Used

Service use was monitored for two core offerings at nCourage (case management and client navigation) alongside two complementary services (trauma counselling and healthcare; see Table 4). **Core services were widely accessed:** every client received case management, and approximately two-thirds engaged in client navigation. In contrast, **complementary services saw lower uptake**, with 23% of clients using trauma counselling and only a small proportion accessing health care. Lower participation in trauma counselling may be linked to its virtual delivery format, as some clients prefer in-person sessions or lack reliable technology. Health care access was likely more challenging because it was provided off-site from the nCourage Hub.

**Table 4:** Number and Percentage of nCourage Clients Accessing Each Service Type by Year

Year	Type of Service							
	Case Management		Client Navigation		Trauma Counselling		Healthcare	
	#	% of total	#	% of total	#	% of total	#	% of total
Apr 2021-Mar 2022	68	100%	55	81%	30	44%	2	3%
Apr 2022-Mar 2023	164	100%	123	75%	37	23%	13	8%
Apr 2023-Mar 2024	307	100%	165	54%	72	23%	22	7%
Apr 2024-Mar 2025	510	100%	361	70%	103	20%	7	1%
<b>TOTAL</b>	<b>1049</b>	<b>100%</b>	<b>704</b>	<b>67%</b>	<b>242</b>	<b>23%</b>	<b>44</b>	<b>4%</b>

# Sociodemographic Trends

## Gender

**Women and girls accounted for the vast majority of clients** accessing nCourage hub services over the past five years, **representing 92%**. Clients who chose not to disclose their gender made up 6%, while non-binary individuals comprised approximately 1.5%. All other gender identities, including men/boys, transgender, two-spirited, and other each represented less than 1%. These proportions remained relatively stable throughout the five-year period. Notably, there was a small increase in men/boys, rising from zero from 2022–2024 to four in 2024–2025; however, it is too early to determine whether this indicates an emerging trend.

## Racial Identity

The percentage of nCourage **clients identifying as Black** (e.g., African, Caribbean) **rose sharply from 4% in the first year of implementation to nearly 50% by 2024–2025**. Over the same period, the proportion of White-identifying clients declined, while other racial groups remained relatively stable (Table 5). The shift in Black-identifying clients may be associated with nCourage’s efforts to build partnerships and referral pathways with organizations serving the Black community, as well as increasing trust for nCourage within the Black community.

**Table 5:** Percentage of nCourage Clients by Racial Identity by Year

Racial Identity	Year				% of Total
	Apr 2021-Mar 2022	Apr 2022-Mar 2023	Apr 2023-Mar 2024	Apr 2024-Mar 2025	
<b>Black</b>	5%	23%	36%	49%	38%
<b>White</b>	24%	29%	21%	8%	16%
<b>South Asian</b>	3%	4%	6%	4%	4%
<b>Indigenous/ First Nations/ Inuit/Metis</b>	13%	4%	3%	2%	3%
<b>Another racial category</b>	10%	10%	9%	4%	7%
<b>More than one racial category</b>	10%	15%	9%	10%	10%
<b>Prefer not to answer</b>	34%	16%	17%	24%	21%

## Age

**More than half of nCourage clients were aged 25 or older**, followed by those between 18 and 24. Over the past four years, the proportion of clients aged 25+ has grown significantly from 43% in 2021–2022 to 62% in 2024–2025 (Table 6). This trend suggests that older individuals may be more likely to exit trafficking situations and/or seek human trafficking services compared to younger individuals.

**Table 6:** Percentage of nCourage Clients in Age Categories by Year

Age	Year				Totals
	Apr 2021- Mar 2022	Apr 2022- Mar 2023	Apr 2023- Mar 2024	Apr 2024- Mar 2025	
<b>0-11</b>	0%	0%	<1%	0%	<1%
<b>12-17</b>	12%	21%	17%	8%	13%
<b>18-24</b>	44%	34%	29%	25%	29%
<b>25+</b>	43%	45%	52%	62%	55%
<b>Prefer not to answer</b>	1%	0%	2%	5%	3%

## Geography

Over half of nCourage clients resided in Peel (55%), while more than one-quarter (26%) were from Toronto. Smaller proportions came from Halton, Durham, and York, each accounting for roughly 2–3%. Notably, the percentage of Toronto-based clients grew steadily over four years from 12% in 2021–2022 to 33% in 2024–2025 (Table 7). This upward trend suggests that awareness of the nCourage hub has expanded beyond Peel’s boundaries and may reflect limited availability of specialized human trafficking supports in neighbouring regions.

**Table 7:** Percentage of nCourage Clients by Region of Residence

Region	Year				Totals
	Apr 2021- Mar 2022	Apr 2022- Mar 2023	Apr 2023- Mar 2024	Apr 2024- Mar 2025	
<b>Peel</b>	63%	62%	57%	51%	55%
<b>Toronto</b>	12%	16%	22%	33%	26%
<b>Halton</b>	3%	4%	4%	3%	3%
<b>Durham</b>	1%	<1%	2%	3%	2%
<b>York</b>	6%	1%	2%	2%	2%
<b>Other</b>	14%	16%	9%	4%	8%
<b>Prefer not to answer</b>	0%	<1%	4%	5%	4%

## Lessons from the Field

### Value of a Specialized Integrated Services Hub

The **formation of a dedicated human trafficking service hub**, where none previously existed, was recognized by service partners as a major achievement. As one service partner stated, *“We didn’t have anything here in the Region and to be able to have a human trafficking services hub, which I think we’re probably one of the first.”* They felt that the increasing number of victims and survivors accessing support through the nCourage Hub underscores both the critical need for these services and the trust that has been built within the survivor community. As an example, one survivor interviewee described how she received contact information for support from another survivor and was initially fearful of police involvement but then, she *“built the courage because I couldn’t take it and I got the help I needed and I’m here today.”*

### Reliable Partnerships & Collaborations

Furthermore, service partners attributed the success of this pillar to the strong partnerships cultivated throughout the Strategy and the commitment to delivering care that is **client-centered and trauma-informed**: *“We do a pretty good job of having wraparound supports and making sure that people have someone to go to for their needs.”*

### Positive Survivor Experience

Consistent with service partners’ perceptions, **survivors consistently reported highly positive experiences when receiving services**, reflecting the Strategy’s intention of providing client-centred and trauma-informed services. For example, one survivor said, *“They’re [Case Manager] always contacting me, I like that. It makes me feel heard.”* Other survivor statements included, *“Everything was done with a genuine sense of wanting to help and wanting the best for me”* and *“She [Case Manager] didn’t make me feel overwhelmed or pressured or anything. Everything was under control, welcoming.”* One survivor emphasized that **specialized human trafficking services were essential** to her recovery and long-term success.

*I think a lot of people think that once you leave trafficking it’s like you’ve got your life back and it doesn’t work that way. There’s just so many different pieces you have to put together in order to rebuild your life and my worker, she just got it... They understood what trafficking was and the complexities of it. They are very well informed about that.*

Survivors also highlighted the importance of having both their **basic needs met** (e.g., food, financial support) and **safety planning** when they were first exiting their situation. For example, one survivor said, *“My kids didn’t have to go hungry or worry about a next meal.”* Another survivor stated, *“It’s kind of scary, so having her sit down with me and create a safety plan... it gave me a sense of security.”*

### **Strengthening Service Delivery Pathways**

While the success of the Intervention Pillar was recognized by service providers, they also discussed areas where improvements could be made. They acknowledged the challenges that come with **transitioning clients** from one agency to another and balancing warm transfers without too much duplication in service provision: *“You’re handing off that victim or survivor [from] agency to agency, and we know that is not...best practice but sometimes it has to be like that.”* They recognized the importance of continuing to strengthen the service delivery pathways to ensure a seamless experience for clients. One service partner stated, *“The continuum of care is to help them move them along their healing journey and we have to understand how we play our role, if we hold on or transition [them] on.”*

### **Gaps in Services**

Service partners also discussed **two gaps in the services** currently being provided to victims/survivors: **accessible health care** and **long-term trauma counselling**. For health care, partners felt that this needed to be provided on-site in order for more clients to access. Even though short-term trauma counselling is often accessible for survivors through the Victim Quick Response Program+ (VQRP+), it was strongly felt that longer-term, in-person counselling support was most needed for clients. This was reiterated by one survivor who expressed disappointment about her counselling sessions coming to an end, *“Now that’s coming to an end because of funding and that’s unfortunate.”*



## Exits/Housing

### Description

The Exits and Housing Pillar focuses on expanding access to safe, supportive, and dedicated housing for victims and survivors of human trafficking. This pillar provides housing designed for individuals who are no longer in immediate crisis but still require assistance to stabilize and transition to permanent housing. Under the Strategy, two shelters are supported: a safe house called, Bonnie McPhee House (BMH) and a transitional house called, Peel TogetHER House (PTH). Each facility accommodates up to six female individuals aged 16 to 24. Residents at BMH can stay for up to six months, while PTH offers longer-term support with stays of up to two years. BMH and PTH are led by EFry in collaboration with the nCourage Hub.

### Client Access

BMH began accepting clients in March 2020, followed by PTH in May 2021. For 2023 and 2024 (when COVID-19 capacity restrictions had been lifted), the average occupancy rate was 59% for BMH and 90% for PTH. On average, residents at BMH stayed for approximately three months, while those at PTH remained for nine to ten months (Table 8 and 9). The long length of the stay may reflect many factors including the fact that clients feel comfortable and safe, the complexity of needs of the client, and the lack of availability of long-term housing options.

**Table 8:** Number of Clients and Length of Stay at BMH by Year

Year	Referrals	Intakes	Avg. Stay (days)	Range (days)
<b>2020 (Apr-Dec)</b>	26	9	97	2-295
<b>2021</b>	20	6	137	17-421
<b>2022</b>	33	11	47	7-127
<b>2023</b>	29	19	57	9-17
<b>2024</b>	39	14	100	1-207
<b>Total</b>	<b>147</b>	<b>59</b>	<b>88 (avg)</b>	

**Table 9:** Number of clients and Length of Stay at PTH by Year

Year	Referrals	Intakes	Avg. Stay (days)	Range (days)
2021 (May-Dec)	8	6	170	7-457
2022	9	6	370	34-827
2023	11	5	302	237-457
2024	12	8	270*	139-496
<b>Total</b>	40	25	278 (avg)	
<b>Total</b>	<b>147</b>	<b>59</b>	<b>88 (avg)</b>	

## Referral Sources

From 2020 to 2024, the largest proportion of the **referrals to BMH and PTH came from EFry's Female Mobile Support** program that works in partnership with the nCourage Hub, followed by shelters. Other top referral sources were Victim Services, provincially funded institutions (i.e., hospital, corrections facility), and agency partners on the PHTSPC (Table 10).

**Table 10:** Top Five Referral Sources to BMH and PTH

Referral Source	# of referrals	% of total
Female Mobile Support (E Fry)	44	15%
Shelters	39	14%
Victim Services	16	6%
Provincially Funded Institutions (i.e., hospital, corrections)	14	5%
Agency partners from PHTSPC	13	5%

## Services Used

The top five services accessed most frequently by BMH and PTH clients from 2021 to 2024 showed a consistent year-over-year increase in both total engagements and engagements per client (Table 11). This upward trend suggests that these services became more accessible, more appealing to clients, and/or that clients' needs grew more complex over time. The most utilized programs included life skills, service plan completion, safety planning, mental health supports, and networking supports. In contrast, programs accessed less often maintained relatively stable engagement levels across years, which may indicate limited availability or lower demand. The least utilized programs were legal supports, crisis counselling, substance use supports, and parenting/pregnancy supports.

**Table 11:** Number of BMH/PTH Client Engagements for Each Program Type by Year

Service Types	Number of Engagements										
	2020*		2021*		2022		2023		2024		Total #
	#	# per client	#	# per client	#	# per client	#	# per client	#	# per client	
Life Skills	22	2.4	52	4.3	86	5.1	121	5.0	128	5.8	409
Completed Service Plans	21	2.3	52	4.3	85	5.0	121	5.0	126	5.7	405
Safety Planning	24	2.7	46	3.8	65	3.8	113	4.7	121	5.5	369
Mental Health Supports (trauma/ coping skills)	23	2.6	51	4.3	66	3.9	102	4.3	108	4.9	350
Networking Supports	23	2.6	46	3.8	72	4.2	93	3.9	114	5.2	348
Physical Health	22	2.4	50	4.2	68	4.0	91	3.8	71	3.2	302
Financial Supports (OW/ODSP applications)	24	2.7	43	3.6	34	2.0	44	1.8	114	5.2	259
Housing Supports	24	2.7	44	3.7	38	2.2	50	2.1	77	3.5	233
Education Supports	21	2.3	34	2.8	47	2.8	46	1.9	62	2.8	210
Employment Supports	18	2.0	40	3.3	27	1.6	47	2.0	69	3.1	201
Legal Supports	7	0.8	24	2.0	33	1.9	26	1.1	39	1.8	129
Crisis Counselling	16	1.8	29	2.4	18	1.1	29	1.2	33	1.5	125
Substance Use Supports	7	0.8	20	1.7	19	1.1	25	1.0	5	0.2	76
Parenting/ Pregnancy Supports	3	0.3	2	0.2	4	0.2	11	0.5	0	0	20
<b>Total</b>	<b>255</b>		<b>533</b>		<b>662</b>		<b>919</b>		<b>1067</b>		<b>3436</b>

\*Only BMH operational Apr-Dec 2020

\*\*PTH operational in May 2021

## Lessons from the Field

### Value of Specialized Housing

The most significant achievement of this pillar, as highlighted by service partners, was the **establishment of dedicated housing** for human trafficking survivors in the Region of Peel where none existed before. In the words of one service partner, *“We didn’t have dedicated housing. We were moving people outside of the Region for that dedicated human trafficking housing. The fact that we now have two houses is amazing.”* Since opening, both BMH and PTH have been in operation consistently, with many clients staying for extended periods while being fully supported by wraparound services. As one service provider stated, *“Just being able to change people’s lives just by being in that house. And then...being connected to those supports while they’re in the house.”*

### Housing Gaps

While both Houses have provided critical support for survivors aged 16–24, they do not address all housing needs. Service providers identified significant gaps, including the absence of sufficient **emergency housing** for individuals in immediate crisis and a lack of **third-stage housing** for those ready to transition to independent living and require longer-term housing. Service partners also mentioned several sociodemographic groups that face even greater challenges in accessing housing during all stages. Options in the Region of Peel are particularly limited

for individuals **under 16** or **over 24 years of age, women with children**, and **male survivors**. Service partners emphasized that these limitations often keep victims entrenched in trafficking situations, as many are reluctant to leave without a clearly better and safer alternative. The difficulty of exiting without appropriate housing options is further illustrated in the words of this survivor, *“I didn’t want to leave my situation because I hear stories about shelters all the time and especially with me having my [child], I didn’t want to possibly put us in a worse situation.”*

### Housing is Essential

The **importance of safe, stable housing** for victims and survivors was emphasized across the service partner and survivor interviews. One service partner stated, *“If I could change anything I would have safe options for individuals to exit, because they don’t want to exit unless they have safe housing and not just into shelter.”* Similarly, another service provider said, *“You can’t ask somebody to leave their trafficker and not have anywhere for them to lay their head. You have to believe that there’s something better on the other side or that you’re going to be taken care of when it comes to housing.”* Survivors also mentioned the importance of finding stable housing: *“She [Case Manager] helped me with the application process, and I was able to move in and now I’m happy.”* Another survivor stated, *“I have my housing and that’s a huge thing.”*



## Lessons from the Field: The Big Picture

### Achievements

#### Groundbreaking

The mere existence of an anti-human trafficking strategy in the Region of Peel with dedicated program and services was regarded by service providers as one of the biggest achievements of the Strategy. It was considered particularly notable given that many surrounding municipalities either lack such a strategy or only have a fragmented support system. As one service provider put it, *“It seems as if now Peel is leading the charge in this work. To come from behind to now be leading is such a proud moment as well.”* Another service partner stated, *“Many communities don’t even have a strategy. They don’t even have anything to build on. And they’re fighting with their council and their city to ensure that they have appropriate services.”*

#### Collaborative

Another key achievement of the Strategy was that it was developed and implemented through a highly collaborative process with guidance coming from the PHTSPC. It also incorporated survivor voices both at inception and through ongoing feedback. As one service provider noted, *“It brought accountability and credibility because of the voices at the table.”* Another service provider stated, *“The fact*

*that Peel is so far ahead of everybody else is a testament to the relationships that we have and the understanding that we have and the willingness we have to be adaptable.”*

#### Long-term Commitment

Service partners also highlighted a major achievement of the Strategy is the long-term commitment to the Strategy both from the Peel Region, which integrated the Strategy into its core funding structure, and from the service partners who continue to support its implementation. As one service partner put it, *“Faces may change but at the end of the day there’s been buy-in, for many years, from many of the same [organizations].”*

#### Survivor Well-being

The survivors interviewed for this report relayed stories of overcoming extreme challenges. All expressed that their lives had significantly improved as a direct result of accessing services supported by the AHST Strategy. When asked about the most meaningful change in their life as a result of seeking help, one survivor said, *“Extremely happier, in terms of my mental health, it’s skyrocketed and that is at the top of the list.”* Another reflected, *“I have my freedom back, I have my autonomy back. I don’t have to live with violence anymore.”*

## Opportunities for Improvement

### Strengthening Partnerships

Collaborating with multiple organizations can be challenging, especially in a sector where agencies often compete for limited funding. As one service partner stated, *“We’re agencies fighting for the same money...that inevitably creates challenges in the sector.”* To continue to strengthen and expand the AHST Strategy, agencies need clarity on their role whether it is as a core service provider or as a supporting player in preventing and/or supporting human trafficking victims and survivors. One service provider stated that it was important for agencies *“To be able to understand that there’s a place for everyone. There needs to be those dedicated resources and then [other] supports can come in when someone is ready for them.”* Service providers felt that continuing to strengthen partnerships and collaborations would lead to a better continuum of care for clients consisting of wraparound services and streamlined referral pathways

### Supports for Youth

Service partners identified several areas of opportunity to strengthen the AHST Strategy to better support youth. As discussed already, partners would like to see more “upstream” interventions focused on prevention. Service partners also identified a gap in early intervention for youth who may be at an increased risk of being trafficked or being trafficked but not yet ready or willing to exit. As one service provider put it, *“[A challenge] is finding sustainable programming for youth, they’re not at a point where they will recognize that they want to leave.”* These youth would need specialized supports that are tailored to their circumstances including housing.



# Conclusions

The AHST Strategy, through its three pillars of Prevention, Intervention, and Housing/Exits, has achieved significant growth and impact since its launch in 2019. Community awareness of human sex trafficking has expanded among service providers and the community. The number of victims and survivors of human sex trafficking seeking support through the nCourage Hub has seen a sharp increase, while the dedicated housing supports have consistently operated at almost full capacity. The upward trend in clients underscores the urgent need for specialized human sex trafficking services within Peel and neighbouring communities. The nCourage Hub, Bonnie McPhee House (BMH), and Peel TogetHER House (PTH) provided a comprehensive range of accessible, trauma-informed supports designed to address the complex needs of survivors. These services were highly utilized, and feedback from both clients and service partners consistently reflects positive experiences and outcomes. Collectively, the awareness-raising initiatives, integrated service hub and housing supports have demonstrated their contribution to promoting survivor safety, stability, and well-being.

## Future Considerations

To maintain its success, it is important for the AHST Strategy to continue to adapt and improve its model. The following is a list of future considerations generated from the data gathered for this report.

### Prevention Pillar

- Focus on youth education and awareness to support prevention of human trafficking.

### Intervention

- Strengthen collaborations between service providers and formalize service delivery pathways.
- Improve accessibility for health care and long-term trauma counselling for victims/survivors.

### Housing/Exits

- Advocate for and strengthen housing options for ages and stages with particular attention to:
  - Emergency housing and third stage (long-term)
  - Housing for under 16 and over 24 years of age
  - Housing for women with children
  - Housing for men/boys



JANUARY

**HUMAN  
TRAFFICKING**

PREVENTION MONTH



