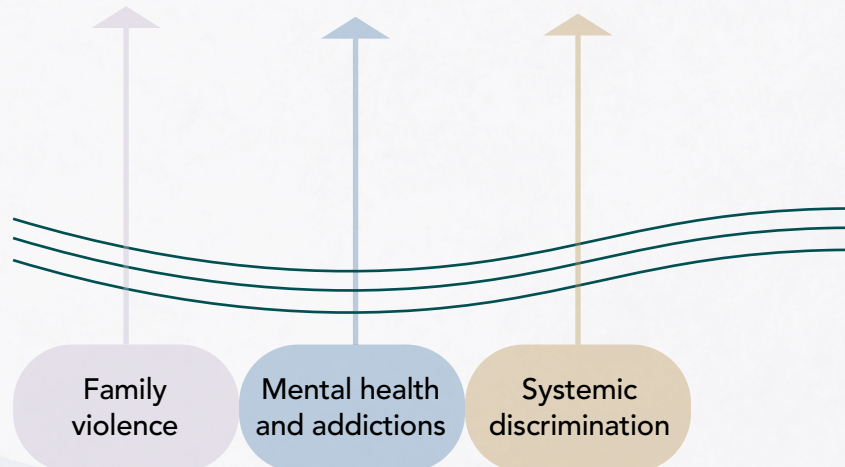
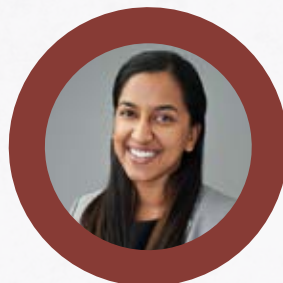
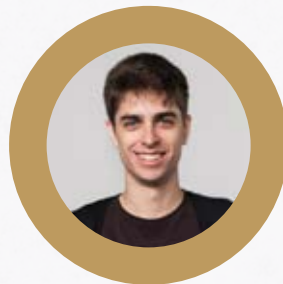
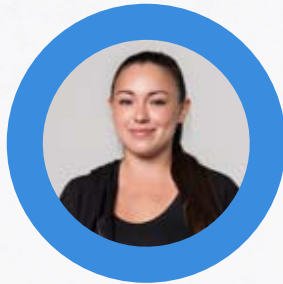


Peel's Community Safety and Well-being Plan 2020-2024



Community Safety and Well-being Plan partners

Caledon Community Services	Ontario Provincial Police – Caledon Detachment
Catholic Family Services Peel-Dufferin	Peel District School Board
Central West Local Health Integration Network	Region of Peel
Child Development Institute	The Regional Diversity Roundtable
City of Brampton	The Salvation Army
City of Mississauga	Sheridan College
Dufferin-Peel Catholic District School Board	Town of Caledon
Family Services of Peel	United Way Greater Toronto
Indus Community Services	United Way Black Community Advisory Committee
Malton Neighbourhood Services	University of Toronto, Mississauga (UTM)
Ministry of Children, Community and Social Services	William Osler Health System
Mississauga Halton Local Health Integration Network	Peel Children’s Aid Society

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Message from the co-chairs



On behalf of the System Leadership Table, we are pleased to present Peel's Community Safety and Well-being (CSWB) Plan. Community safety and well-being planning is a vehicle for change in the community. It's about more than just preventing crime or responding to a crisis. Investing in communities by working upstream and developing equitable responses to emerging issues will reduce the need for crisis responses and ultimately lead to long-term change.

The CSWB Plan allows us to be responsive, adapt to the needs of residents and use data to make evidence-informed decisions. We need to consider new ways of tackling the complex challenges facing our communities and rethink the way we deliver services to meet the needs of our residents.

Recent events from dealing with the COVID-19 pandemic and taking a closer look at populations facing exacerbated circumstances to confronting anti-Black racism in our systems, institutions and community have reiterated the importance of our three areas of focus: family violence, mental health and addictions and systemic discrimination in Peel and the opportunities that can come from working collectively to address these complex issues.

Beyond the legislative requirement, this CSWB Plan is an opportunity to work together on a community plan. Many residents, community partners and organizations are already doing tremendous work to contribute to well-being, safety and a sense of belonging in Peel. It is important to continue to build and strengthen partnerships across sectors and the CSWB Plan is a great opportunity to accomplish our shared goals. We sincerely thank the many community partners across Peel that have come together to develop this Plan.

This is more than a traditional Plan, it's a planning framework and approach that we can all embed in our work. It can guide future activities and inform planning and prioritization. As an iterative Plan it will evolve and adapt over time to continue to respond to emerging issues and find innovative ways to improve systems. We all have a role to play in community safety and well-being. We're looking forward to working collaboratively alongside the community to accomplish our shared goals and keep our residents safe and thriving.



Nancy Polsinelli
**Commissioner of Health Services,
Region of Peel**

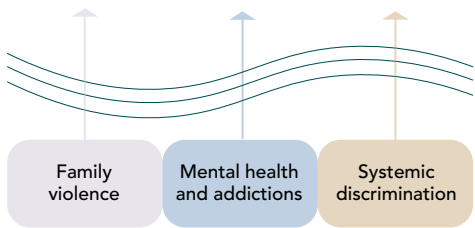


Chief Nishan Duraiappah
Peel Regional Police

Executive summary

Over 25 organizations, including emergency services, school boards, social service providers, cultural organizations and governments came together to develop Peel's Community Safety and Well-being (CSWB) Plan. Peel's CSWB Plan provides a roadmap for how partners can work collaboratively across different sectors towards a shared commitment to making Peel a safer, and more inclusive and connected community where all residents thrive.

Peel's Community Safety and Well-being Plan 2020-2024



The areas of focus for this first iteration of the Plan include **family violence, mental health and addictions, and systemic discrimination**. The Plan examines the needs of youth and families in our community across all three areas. The first iteration of the Plan will follow a 4-year time frame and will be reviewed and updated annually, as required, to reflect the emerging needs of Peel residents. The impacts of COVID-19 on the community reinforce the urgency and needs within the three areas of focus.

Community safety and well-being plans are provincially legislated for municipalities in Ontario under the *Police Services Act, 1990*. The Province has provided a framework to support planning which focuses on four domains of intervention: incident response, risk intervention, prevention and social development. The Plan also applies a collective impact approach to develop a common agenda and work collectively to address complex social issues, a social determinant of health lens to understand factors that contribute to community safety and well-being and applies an equity lens across all areas of focus recognizing the systemic barriers faced by marginalized populations.

Across the three areas of focus collective goals, strategies and outcomes have been identified which aim to proactively support the safety and well-being of the community. Partners are working together to develop a detailed implementation plan. Advocacy to other levels of government to advance community safety and well-being in Peel, including advocacy for resources and equitable policies, ongoing communication and engagement with community partners and residents and shared measurement and indicators to continue to monitor progress and measure success will be key enablers of the Plan moving into implementation.

Peel's CSWB Plan provides an opportunity to take collective action and break down silos with a shared commitment towards equity and advancing well-being and safety in our community. It establishes a framework and coordinated approach to working alongside system partners and residents to continue its work of promoting safety and well-being for all residents in Peel. Throughout the 4-year course of the Plan and in future iterations, the CSWB plan will continue to be responsive to emerging needs in Peel and create ongoing opportunities for community engagement and involvement.

Moving upstream to promote safety and well-being



Community safety and well-being plans are provincially legislated for municipalities in Ontario under the *Police Services Act, 1990*. This multi-sectoral approach to community safety and well-being planning recognizes that more policing is not the answer to complex social problems. A single organization or sector cannot tackle these complex and interconnected issues alone. Peel's Community Safety and Well-being (CSWB) Plan provides a roadmap for how partners can work collaboratively across different sectors towards a shared commitment to making Peel a safer, more inclusive and connected community where all residents thrive.

Peel is a large and diverse region with approximately 1.4 million residents and includes the City of Brampton, the City of Mississauga and the Town of Caledon. Peel is unique compared to other regions in Ontario; it has the second largest population in Ontario with more than half of residents identifying as immigrants

and 62% of residents identifying as racialized (visible minorities), the highest proportion in the Greater Toronto Area (GTA). It also encompasses both a rural (Caledon) and urban (Brampton and Mississauga) context and has seen astronomical growth in recent years which presents both opportunities and challenges for addressing needs in the community.

Improving safety and well-being in our communities requires a comprehensive approach that includes improving the social determinants of health and working towards systems change. Factors such as poverty, unequal access to education, unemployment and underemployment, poor early childhood development, inadequate housing, social exclusion, systemic discrimination (including systemic racism), and barriers to accessing health and social services increase the likelihood that communities will experience unsafe and unhealthy situations. In fact, inequities in access to the supports, opportunities and resources needed to thrive persist for marginalized communities in Peel. Prioritizing equity across our work and tackling systemic discrimination will help achieve our shared vision of inclusion, safety and connectedness for all residents in the community.



Over the past decade, police have increasingly been called to situations involving individuals who are facing mental health crisis, addictions, homelessness and other complex social issues. Although police and emergency response are often the first point of contact in these situations, they are a temporary fix and do not address the need for long-term supports in our community. A focus on prevention and getting people access to the supports they need in

the community before they end up in crisis is necessary. A rich body of evidence also demonstrates that investing upstream in social, health and community infrastructure and preventive services can ultimately improve health and social outcomes and prevent crime. A 2017 evidence review of public health interventions found a 5.6-fold increase in cost savings to the health system and the wider economy when investments were made in social development and prevention initiatives such as programs targeted at children and youth.¹ Research also shows that investments in evidence-based programs that reduce violence and aggression, drug and alcohol use, and other youth behaviour problems while promoting positive youth development and strong families and communities yield returns of \$1 to \$25 per dollar invested by reducing costs to social, health, policing and justice sectors.²

Addressing the root causes of issues that negatively impact safety and well-being will maximize opportunities for all residents to thrive and sustain healthy and connected communities. Peel's CSWB Plan provides an opportunity to take collective action with a shared commitment towards advancing well-being and safety in our community.



Context in Peel

Impact of COVID-19

The global pandemic of COVID-19 and the provincial state of emergency declared in March 2020 severely impacted communities in Peel through widespread closures, job losses, increased anxiety and uncertainty and drastic changes in how we live our daily lives. For example Kids Help Phone, a national crisis line, reported a 112% increase in demand for services compared to the same time last year with a large increase in young people talking about physical abuse at home.³ There will potentially be significant long-term impacts on mental well-being, particularly for children and youth, that will need to be considered moving into recovery.



While COVID-19 has had a devastating impact for all communities, it's particularly devastating in Peel given years of underfunding of social services relative to other communities. This meant Peel and other high growth communities didn't have the same capacity to respond. The pandemic also exacerbated the disproportionate impacts and existing inequities faced by marginalized members of our community and reinforced the need to address systemic barriers that different groups can face in accessing services

and supports. It will be important to apply an equity lens to inform recovery planning and service delivery in the long run.



Through the pandemic we have also seen the resiliency of our community and how many people, agencies and governments have come together to support one another. From mutual aid groups to community, health and social service agencies, many have adapted and created innovative ways to respond to the growing needs in our community.

Systemic discrimination and anti-Black racism



Recent events in the community have brought to the forefront the longstanding impacts of systemic racism and the urgent need to address anti-Black racism. While there has been more mainstream coverage of these issues, community members and advocates have long been calling for action to eradicate systemic racism and discrimination. In Peel, a review within the Peel District School Board highlighted how Black youth, especially

males, are disproportionately represented in suspensions and expulsions and how Black students, parents and staff face discrimination and racism in schools. Police interactions with the Black community and other racialized communities have led to the use of carding, excessive force and disproportionate ticketing and arrests. Anti-Black racism undermines the well-being of Black communities across systems and sectors. There is a need to hold institutions, including us as CSWB partners, accountable for real change.

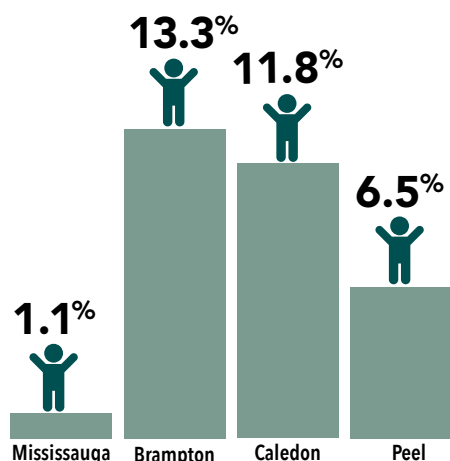
Many CSWB partner organizations have shared statements on anti-Black racism and are confronting it within their own organizations and in the community. In June 2020 the City of Brampton, City of Mississauga and the Region of Peel declared anti-Black racism a crisis in Peel. There is urgency in the community and across organizations in Peel to work together to immediately address these issues.



A key priority of the CSWB Plan is to address systemic discrimination. Indigenous, Black and other racialized communities, LGBTQ2S+ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Two-Spirit) communities, immigrants and refugees, people living with disabilities and other marginalized groups continue to face stigma and systemic discrimination that negatively impacts their overall safety and well-being. There is an opportunity to champion anti-racist and anti-oppressive practice in our work together to advance equity and inclusion.

Peel demographics

Population growth 2011 to 2016



38.3
Years Old

Peel average age lowest in GTA
25.4% of the Peel population was 19 years of age or less which is higher compared to Ontario overall (22.5%).

65+
Years Old

Population aged 65+ years grew 30.2% from 2011 to 2016 in Peel, the second highest growth in the GTA among this population.

Household income in Peel

\$75,667

was the median after-tax household income in Peel.

12.8% of Peel residents in private households lived in low income*, the 2nd highest prevalence of low-income in the GTA.

Education

Peel's population is highly educated, with 54.7% of Peel's population aged 15 years or over having earned a post-secondary certificate, diploma or degree.

51.5% of Peel residents were immigrants

Top 10 countries of birth for recent immigrants**

India	Pakistan
Philippines	China
Iraq	Jamaica
Egypt	United States
Syria	United Arab Emirates

Population identified as racialized (visible minorities)

City	Percentage
Brampton	73.3%
Mississauga	57.2%
Caledon	18.7%

62.3% of Peel's population identified as racialized (visible minorities), the highest proportion in the GTA.

The top non-official languages spoken at home in Peel were:

Punjabi, Urdu, Mandarin, Arabic, Polish, Spanish, Gujarati, Tamil, Cantonese and Tagalog.

Sources:

Region of Peel, Peel Data Centre. (2017). 2016 Census bulletins
Region of Peel, Public Health, Population Health Assessment. (2019, Jan 22). Population.
Available from: <http://www.peelregion.ca/health/statusdata/SocioDemographics/population.asp>

*Low income based on low-income measure after tax (LIM-AT)

**Recent Immigrants" are immigrants who landed in Canada between January 1, 2011 and May 10, 2016.

Community safety and well-being in Peel

What is community safety and well-being?

The Ministry of Solicitor General defines community safety and well-being as *“the ideal state of a sustainable community where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.”* This emphasizes that community safety and well-being is more than just having our basic needs met and being free from crime. Rather, it encompasses the social determinants of health and many aspects of our social, physical, emotional and spiritual well-being.

Through engagement sessions with youth, families and service providers in Peel, we learned about what community safety and well-being looks like to our residents:

Safety is:

“Having a safe space to talk to someone.”

“Having the ability to be yourself and express yourself freely (e.g., your culture, religion).”

“Being free from harassment.”

“Feeling safe with authority.”

“Having access to supports to help you feel safe and secure.”

Well-being is:

“Holistic, interconnected, all-encompassing.”

“Being able to accomplish your goals and contribute to society.”

“Meeting your own needs without burning yourself out.”

“Having a sense of belonging.”

“Feeling connected to your community.”

“Finding healthy ways to cope.”

“Can’t have well-being without safety, physical comfort (e.g., food, shelter, basic needs) and social, emotional and spiritual aspects.”

In a diverse community like Peel, there are many facets to safety and well-being. At its core, these reflections show the holistic nature of safety and well-being and the impact our identities and lived experiences have on shaping what this means to us. To Peel residents, safety is more than having low crime rates. It’s also about one’s physical and psychological safety, having trusting relationships and recognizing how public spaces and services may feel safe for some while others may feel unsafe or excluded.

Factors impacting community safety and well-being in Peel

The conditions in which we live, grow and work contribute to community safety and well-being. A few examples of factors that are impacting safety and well-being for Peel residents are highlighted below. Further detail on factors impacting community safety and well-being in Peel will be reported in the future through the community safety and well-being (CSWB) indicator framework.

Mental health and well-being

According to the Canadian Community Health Survey, most Peel residents report high levels of mental well-being and strong social networks. In 2015/2016, 94% of Peel's population rated their mental health as excellent, very good or good, which is similar to Ontario (93%).⁴ Additionally, 69% of the population had a very or somewhat strong sense of community belonging⁵ and 92% had a high level of perceived social support.⁶ Although Peel residents seem to have a high level of mental well-being, issues of stigma can make people hesitant to report openly about their mental health.



In 2017, among students in grades 7 to 12, the prevalence of moderate-to-high psychological distress was 39%⁷ which is comparable to Ontario. Moreover, only 34.7% of children aged 12-17 reported high levels of coping.⁸ In 2013, 66% of students in grades 7 to 12 rated their mental health as excellent or very good which decreased to 50% in 2017.⁹ Emergency department (ED) visits for mental health conditions among youth and young adults have also increased in recent years. Between 2003 and 2016, the greatest increases in mental health ED visits were for substance-related causes and anxiety disorders. For mood and anxiety disorders, ED visits have more than doubled among those under the age of 24 over the same time period.¹⁰

Income

Socioeconomic factors, such as income, influence our access to resources and opportunities and our overall well-being. More households are living in low income than before and significant disparities exist among subpopulations such as those who are racialized and newcomers.

In 2015, Peel's median household after-tax income was \$75,667 and 32.3% of the population in private households in Peel earned over \$100,000, a higher proportion compared to Ontario (26.5%).¹¹ However, 12.8% of the Peel population was living in low income and among racialized populations the proportion living in low income was 16%.¹² Newcomers and immigrants in Peel also earn less than Canadian-born individuals and have higher unemployment and under-employment rates despite higher rates of education.¹³

Employment



In 2019, the unemployment rate in Peel was 6.6%, compared to 5.6% in Ontario. The unemployment rate for youth ages 15-24 in Peel was 13.9%,¹⁴ compared to 12.1% in Ontario.

While the youth unemployment rate in Peel has been trending down in recent years, Peel's youth unemployment rate has been consistently higher than Ontario's since 2013.¹⁵

Labour market experiences are also impacted by the rise in precarious employment (e.g., temporary, part-time and irregular hours) with low wages, less job security and limited access to benefits including paid sick leave.¹⁶ Racialized and immigrant workers are more likely to work in precarious job situations and are more likely to experience discrimination in the labour market.¹⁷

Labour market experiences are also impacted by the rise in precarious employment (e.g., temporary, part-

Housing



Access to quality housing contributes to well-being. However, in Peel there are limited affordable housing options for both low-income and middle-income households. In 2016, 31.8% of Peel households spent 30% or more of income on shelter costs. In addition, 4.2% of dwellings required major repairs and 10% were considered unsuitable in terms of the number of bedrooms required¹⁸. In recent years there has been increased attention on lodging houses and second-unit

dwellings in Peel and the need to ensure safe living conditions are maintained. Peel's proportion of households with five or more persons (18.9%) is the highest in the GTA.¹⁹

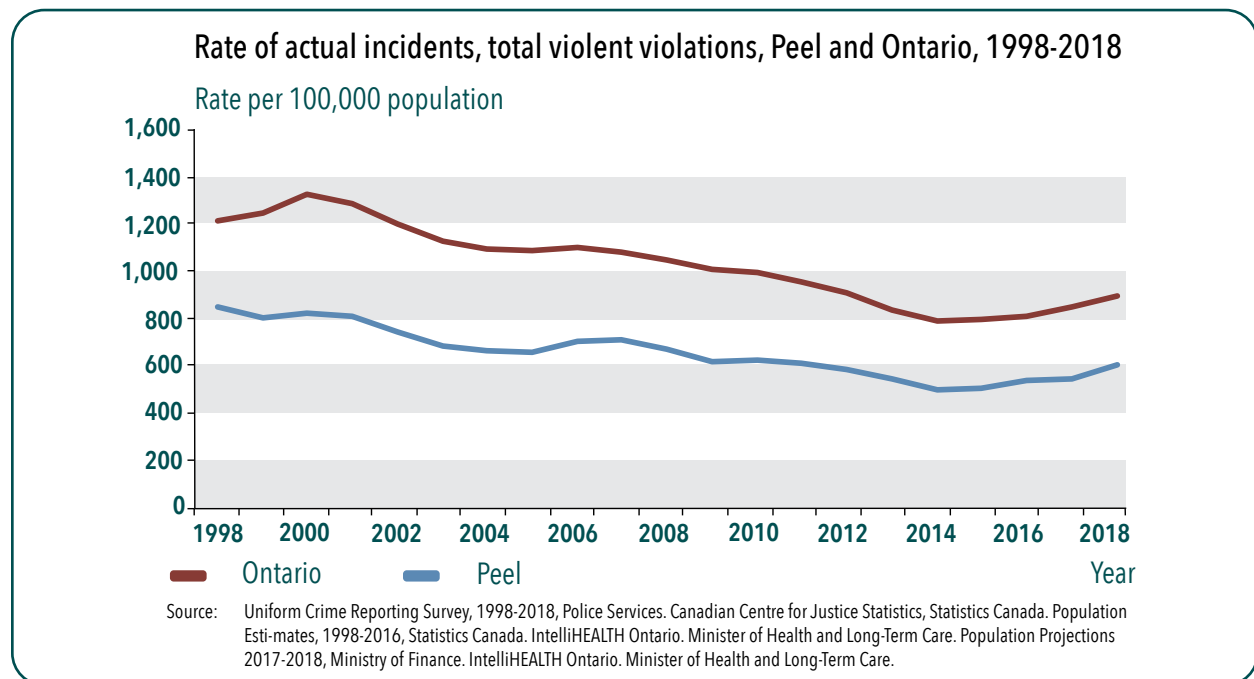
A needs assessment in Peel identified that emergency shelters are at capacity and there is insufficient emergency housing for victims of family violence. There is also a lack of transitional support for youth and victims of family violence.²⁰ From July 2018 to June 2019, 3,955 people used Regionally-owned shelters for a total of 11,891 visits.²¹

Crime and safety issues in Peel

Violent crime

Peel is serviced by both the Peel Regional Police (Brampton and Mississauga) and the Ontario Provincial Police (Caledon). Over the last 20 years, there has been an overall decreasing trend in total violent crime in Peel with consistently lower rates of incidents of violent crime compared to Ontario. However, in recent years, the rate of violent crime in Peel has been increasing at a faster rate than Ontario.

The rate of police-reported incidents of violent crime in Peel increased by 22.0% from 479.7 per 100,000 population in 2014 to 585.5 per 100,000 in 2018. In contrast, Ontario's rate of violent crime has increased by only 13.5% in the same time period.²²



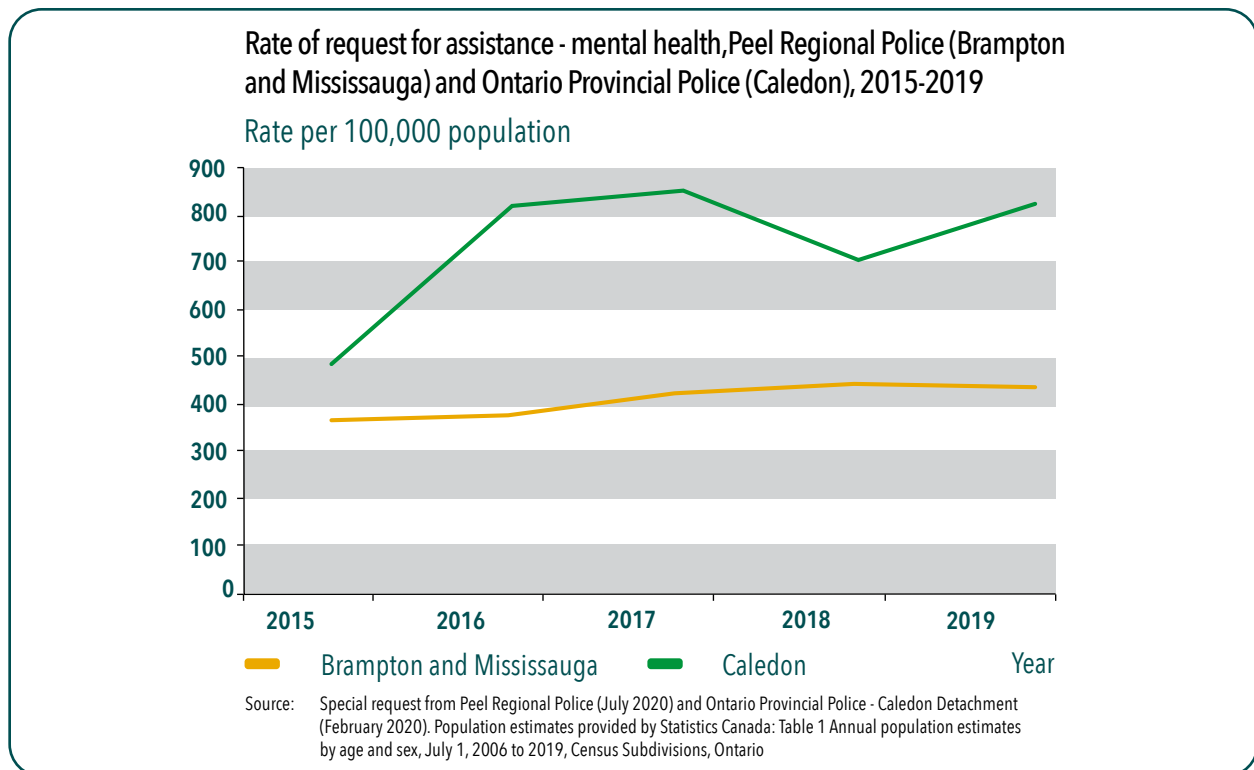
Family and intimate partner disputes

Family and intimate partner disputes reported in Peel have increased in recent years. They were the top citizen-initiated event requiring immediate response by Peel Regional Police in 2019.²³ 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 (see Appendix 1 for details).²⁴ Moreover, in 2019, of the 31 homicides that occurred in Brampton and Mississauga, 13 were related to domestic violence.²⁵

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 (see Appendix 1 for details).²⁶

Mental health

Peel Regional Police responds to an average of approximately 17 calls per day related to mental health occurrences. From 2015 to 2019, there was a 19.3% increase in the rate of mental health related requests for assistance to Peel Regional Police and a 70.8% increase in the rate of mental health related requests for assistance to the Ontario Provincial Police in Caledon (see Appendix 1 for details).



Hate-motivated crimes

Some populations in Peel experience discrimination and feel unsafe or unwelcome in the community. In extreme circumstances, individuals can be victims of hate-motivated crimes. In 2019, among the 97 hate-motivated crimes reported to Peel Regional Police, 52 (53.6%) targeted race/national origin, 26 (26.8%) targeted religion, 6 (6.2%) targeted sexual orientation or sex and 13 (13.4%) were due to other factors.²⁷

Peel's Community Safety and Well-being Indicator Framework

Community safety and well-being is multidimensional and complex. To define it for our community members and partner organizations, as well as describe the local context in Peel, we have developed a CSWB Indicator Framework. This framework consists of a wide-ranging set of indicators organized into broad concepts related to community safety and well-being, called domains. Future analysis of data for these indicators will provide further insight into safety and well-being in Peel, including how Peel compares to other jurisdictions, how things change over time and what differs between various sub-populations. This is not an evaluation framework, whereby the goals, strategies and outcomes of the CSWB Plan are measured and assessed.

Rather, the framework is intended to paint a broad picture of safety and well-being in Peel now and into the future. The framework is not static; it may be refreshed in the future to adjust indicators as needed and to continue to be relevant to our community. For detailed indicators included within the framework, see Appendix 2.

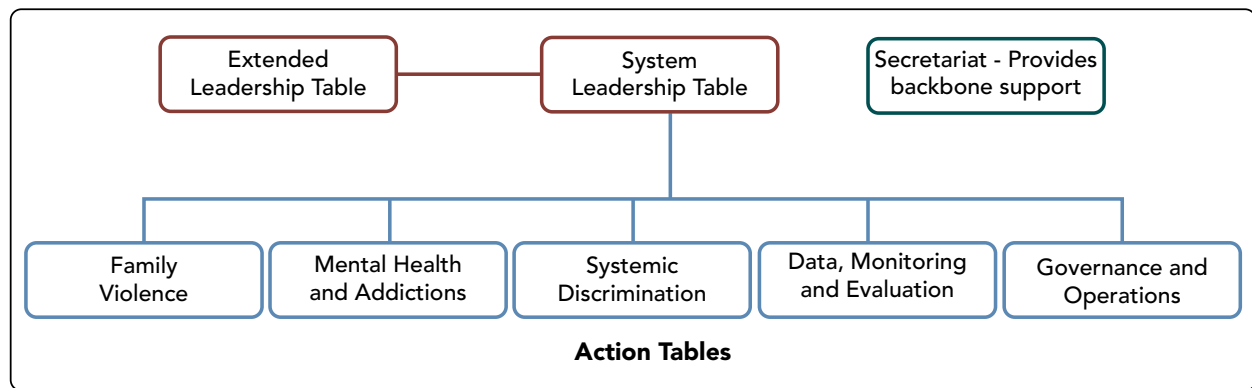
Domain	Sub-Domain	Indicator Title
Health Reflects mental and physical well-being, health behaviours and access to healthcare services in the community.	General health	<ul style="list-style-type: none"> • Life expectancy • Premature death • Self-rated health
	Mental health & well-being	<ul style="list-style-type: none"> • Self-rated mental health • Emergency department (ED) visits for mental health disorders • Ever considered or attempted suicide
	Access to mental health services	<ul style="list-style-type: none"> • Not receiving care prior to mental health-related ED visit • Wait time for a mental health specialist
	Access to health services	<ul style="list-style-type: none"> • Access to a regular healthcare provider • Unmet healthcare needs
	Health behaviours	<ul style="list-style-type: none"> • Physical activity • Sedentary behaviour • Harmful alcohol use • Problem drug use among secondary students • Up-to-date childhood immunization
Safety Reflects the right for community members to live without fear or risk of physical, psychological, or social harm.	Crime	<ul style="list-style-type: none"> • Crime Severity Index • Total crime • Total violent crime
	Perceptions of safety	<ul style="list-style-type: none"> • Sense of safety • Change in violence or public safety risks in neighbourhood • Students feeling safe at school
	Road safety	<ul style="list-style-type: none"> • Collisions resulting in injury/fatality
	Discrimination	<ul style="list-style-type: none"> • Experiences of discrimination
Education Reflects learning through formal schooling or training that allows individuals to develop and grow.	Educational achievement - Elementary school	<ul style="list-style-type: none"> • Readiness to learn
	Educational achievement - Secondary school	<ul style="list-style-type: none"> • Youth not in education, training or employment • High school graduation rates
	Educational attainment	<ul style="list-style-type: none"> • Highest level of education

Domain	Sub-Domain	Indicator Title
Community Life Reflects individuals feeling included and connected and being engaged within their community.	Community belonging	<ul style="list-style-type: none"> • Sense of community belonging
	Community engagement	<ul style="list-style-type: none"> • Voting in municipal election • Volunteerism • Donation • Proximity to community meeting places • Municipal recreation program usage
Living Standards Reflects the ability of a community to support the basic needs of community members.	Income	<ul style="list-style-type: none"> • Low income measure – after tax (LIM-AT) • Private household median income
	Employment	<ul style="list-style-type: none"> • Unemployment rate • Temporary employment
	Housing & homelessness	<ul style="list-style-type: none"> • Persons visiting shelters or transitional housing • Unaffordable housing • Occupied dwellings requiring major repair • Inadequate housing (suitability)
	Food security	<ul style="list-style-type: none"> • Household food insecurity
	Access to internet & technology	<ul style="list-style-type: none"> • No access to internet at home
Personal Relationships Reflects the presence of strong, consistent and supportive relationships with family and peers.	Supportive relationships	<ul style="list-style-type: none"> • Perceived social support • Not having close relatives or friends • Students who talk to their parents about problems/feelings
	Harmful or violent relationships	<ul style="list-style-type: none"> • Police-reported family disputes • Police-reported intimate partner disputes • Students victim to bullying at school • Students victim to cyber bullying
Environment Reflects the conditions in which we live that impact community well-being.	Air quality	<ul style="list-style-type: none"> • Level of air pollutants • Exposure to second-hand smoke
	Built environment	<ul style="list-style-type: none"> • Parks, open green space or natural features per 1,000 residents • Active recreation per 1,000 residents • Street connectivity • Proximity to public transit
	Food environment	<ul style="list-style-type: none"> • Proximity to fresh food retailers

Who we are

Our plan is a collaborative effort involving over 25 organizations, including emergency services, school boards, social service providers, cultural organizations and governments to develop Peel’s Community Safety and Well-being (CSWB) Plan. They have come together to develop a sustainable and long-term plan for Peel and to establish a shared commitment to action. Additionally, many residents including youth, families and service providers participated in our community consultations, sharing their perspectives and shaping our priorities and goals.

The advisory steering committee, known as the **System Leadership Table (SLT)**, is co-chaired by Region of Peel Commissioner of Health Services, Nancy Polsinelli and Peel Regional Police Chief Nishan Duraipappah. SLT is a multisectoral group including police services, local municipalities, education, health, and community and social service providers.



The following additional tables were created to support development of Peel’s CSWB Plan:

- **Extended Leadership Table (EXLT)** includes community representatives, content experts and elected officials.
- **Family Violence, Mental Health and Addictions and Systemic Discrimination Action Tables** includes members of the SLT, EXLT and additional community partners. The action tables are responsible for establishing priorities and identifying strategies and key actions for each area of focus.
- **Governance and Operations Table** ensures that the Plan adheres to the established vision; oversees approach to plan development, timelines and communications; identifies potential risks; and supports coordination across action tables.
- **Data, Monitoring and Evaluation Table** is responsible for indicator framework development and supporting other action tables with performance measurement and evaluation.

In addition, a **Secretariat** made up of Region of Peel staff (including an internal working group) provides backbone support, coordinates the various collaborative planning tables and leads drafting of the CSWB Plan and presenting to Peel Regional Council for approval.

Vision, mission and values

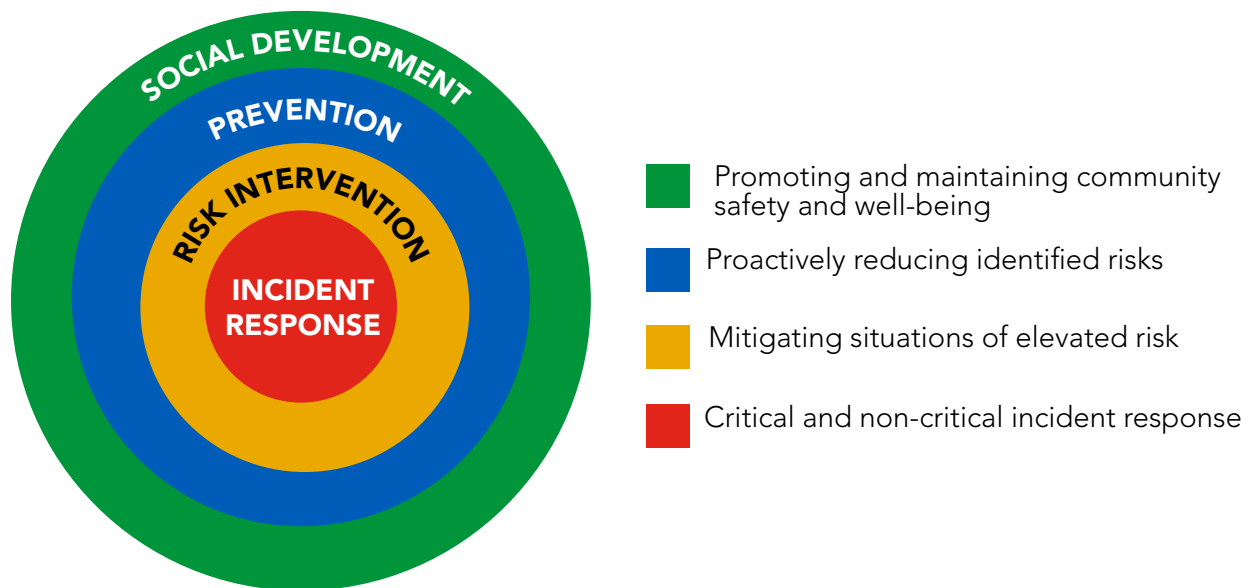


Our approach

The four key approaches described below guided plan development and will continue to be key inputs into the Community Safety and Well-being (CSWB) Plan as it evolves.

Provincial Community Safety and Well-being Planning Framework

The Ministry of the Solicitor General outlines a planning framework to support municipalities in developing a comprehensive approach to mitigate harm and promote safety and well-being.²⁸ The framework outlines four levels of intervention:



Social development: Addresses underlying causes of social issues through upstream approaches that promote and maintain individual and community wellness.



Prevention: Applies proactive strategies to known and identified risks that are likely to result in harm to individuals or communities if left unmitigated.



Risk intervention: Identifies and responds to situations of acutely elevated risk and mobilizes immediate interventions before an emergency or crisis-driven response is required.



Incident response: Requires intervention by first responders such as police, paramedics, and other emergency-driven services.

Peel's CSWB Plan consists of strategies and actions that fall within the four levels of intervention, while focusing our collective efforts on social development and prevention. Ultimately, the goal is to reduce the need for incident response for downstream issues. An example would be addressing mental health crises sustainably through long-term preventive measures and investment to improve the social determinants of health.

Applying an equity lens

Applying an equity lens is a cross-cutting consideration throughout the CSWB Plan. Equity refers to fair, just and respectful treatment that recognizes and acknowledges the need to treat people differently depending on their needs and circumstances. It involves the removal of barriers to address historic and current disadvantages for under-represented and marginalized groups.^{29, 30} Marginalized populations face inequities in access and outcomes due to systemic barriers and historic disadvantage. This hinders their ability to feel safe and live to their full potential. As part of an equity lens there will be consideration of anti-racistⁱ, anti-oppressiveⁱⁱ and culturally safeⁱⁱⁱ approaches to our work.^{31, 32}



Social determinants of health

The conditions in which people are born, grow, work, live and age influence their overall health and well-being. These conditions, known as the social determinants of health, include social and economic factors that can positively or negatively influence health outcomes.³³ The social determinants of health can include income and income distribution, education, employment, job security and working conditions, early childhood development, food security, housing, social inclusion, social safety network, health services, Aboriginal status/Indigeneity, gender, sexual orientation, race, immigration status and disability. Recognizing that factors outside the control of individuals can influence their well-being impacts the types of preventive and upstream measures that are needed to influence population health.



- i **Anti-racism** is an active approach to identifying, challenging, and changing the systems, behaviours, and values that uphold racism at all levels of society.
- ii **Anti-oppressive practice** refers to the strategies, theories, actions, and practices that seek to recognize the systems of privilege and oppression that exist in society, to actively mitigate their effects, and to equalize power imbalances over time.
- iii **Cultural safety** refers to “an environment which is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need.” Cultural safety is conceptualized on a continuum that begins with unsafe practices, moving to cultural competence, and culminating in culturally safe practices that account for the role and consequence of power in relationships between providers and communities, and in which the needs and voices of communities take a prominent role.

Collective impact

Partners of Peel's CSWB Plan are committed to taking a collective impact approach to this work. This form of collaboration brings people together in a structured way towards a common agenda and plan of action to address a complex social problem.³⁴ The collective impact approach is characterized by five core elements that facilitate effective cross-sector collaboration and the resulting population-level impacts. The five elements are:

1. Common agenda: 

All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.

2. Shared measurement: 

All participants agree on how to measure and report on progress, with a short list of common indicators identified to drive learning and improvement.

3. Mutually reinforcing activities: 

A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated and mutually reinforcing activities.

4. Continuous communication: 

All players are engaged in frequent, structured communication to build trust, assure mutual objectives and create common motivation.

5. Backbone support: 

Dedicated staff provide support and key functions for the sustained operation of the collective impact initiative.

Place-based approach

A place-based approach focuses resources and attention on particular geographic areas or sub-groups of the population where there are concentrations of issues to be addressed. It may be used to complement existing universal programs or strategies.³⁵ For example, focusing on a specific neighbourhood or community to better understand the local context and design programs with community members. This approach recognizes that community safety and well-being is not a 'one size fits all' issue and emphasizes assets and strengths of a local community. A place-based approach will be applied to certain strategies and implementation considerations of the CSWB Plan when relevant.



Identifying our areas of focus

Community safety and well-being is broad and multi-faceted. It encompasses many areas and intersects with many sectors. A combination of research, a review of existing data and community reports, and input from system leaders and community stakeholders was used to identify where to focus collaborative efforts for this first iteration of the plan. This included:

- Reviewing existing CSWB Plans in Ontario.
- Examining local police, public health and census data.
- Reviewing existing Peel strategies and initiatives across the four levels of intervention (incident response, risk intervention, prevention and social development).
- Completing stakeholder consultations with community partners.
- Completing asset mapping of existing initiatives in Peel with consideration of the social determinants of health to identify gaps and opportunities for coordinated action.

Through this process, three areas of focus were identified and approved by the System Leadership Table in fall 2019: family violence, mental health and addictions and systemic discrimination.

Additionally, it was determined that youth (aged 12 to 24 years) would be a focus for the plan to emphasize prevention and intervening early to address factors that impact well-being and safety across the life course. Although the focus is on youth for the first iteration of the Plan, it is not to the exclusion of other age groups, as actions may target children, youth, their families and/or the communities they live in.

The impact of COVID-19 in our communities further validated the need to address the three areas of focus. There was a heightened need to address family violence and mental health and addictions as individuals and families became isolated in their homes. The disproportionate impacts that were highlighted through the pandemic validated the need for long-term commitment and action to address systemic discrimination and advance equity in Peel beyond pandemic planning and recovery.

Community consultations

Community consultations with service providers, youth and families/caregivers were conducted in May and June 2020 for each area of focus. Consultations sought perspectives on each area of focus including gaps, challenges and ideas for potential solutions. To complement the general consultation sessions, targeted outreach with existing youth groups and service provider networks was also conducted.



Youth consultations were co-designed and facilitated by youth. As a result of the COVID-19 pandemic, in-person consultations were delayed and transitioned to a digital strategy. Across all consultation sessions there were 91 youth; 75 parents, family members or caregivers; and 219 service providers. The full consultation report is available at peelregion.ca/community-safety-wellbeing-plan.



Key themes include:

- **Whole community approach to addressing issues:** There is a need for continuous conversation and engagement with the community to contribute to the development, implementation and evaluation of the plan. There can be a lot of stigma around the areas of focus (family violence, mental health and addictions and systemic discrimination) so opportunities to engage with faith/spiritual communities and grassroots organizations will assist in continuing to acknowledge the issues and understand needs and informal supports available at a community level.
- **Centring equity and an integrated anti-racist lens:** The significant impacts of systemic racism and discrimination in the community need to be acknowledged.
- **Interconnectedness:** Recognizing the interconnectedness of systems to create a responsive and collective vision to support communities. Greater levels of collaboration can lead to more co-planning and data sharing amongst sectors across Peel.
- **“Nothing for us without us”:** Youth and families expressed their need to be involved in decision-making and have their voices heard.
- **Accountability and transparency:** There is a need for accountability to undertake action and implement change. How to be transparent with findings and share learnings back with the community also needs to be considered.
- **Engaging youth in “normalizing” conversations and addressing stigma:** Schools and other youth spaces in the community can be leveraged as safe spaces for dialogue and addressing stigma around the three areas of focus. The diverse experiences of youth and how they connect to these issues emphasizes the importance of co-creating messages and considering how to adapt these messages for different communities.
- **Apply learnings from the innovation of the COVID-19 response tables:** Many spoke about how important gaps identified during the COVID-19 pandemic were filled within days that would have typically taken months.

Findings from the community consultations have helped to finalize priorities and better understand the needs of the community and will continue to inform implementation considerations. Community engagement throughout the lifecycle of the plan is a key priority and there will be ongoing opportunities for community members to get involved.

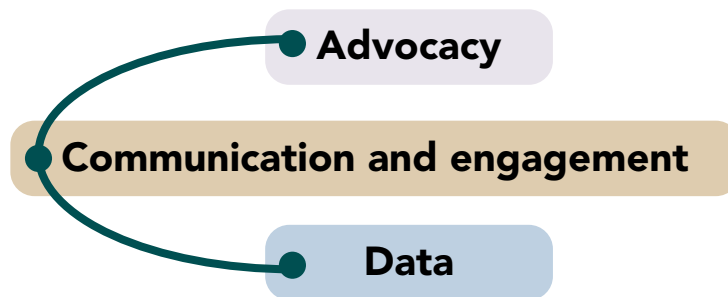
Peel's Community Safety and Well-being Plan 2020-2024

Peel's Community Safety and Well-being Plan is an iterative community plan that will be updated every four years and reviewed annually. The areas of focus for this first iteration of the plan include:

- **Family violence**
- **Mental health and addictions**
- **Systemic discrimination**

Across these areas of focus there will be an emphasis on responding to the needs of youth. Our priorities and actions will continue to be responsive and flexible to emerging needs in Peel.

Key enablers across our plan



Advocacy:

Advocacy to other levels of government to advance community safety and well-being in Peel, including advocacy for resources and equitable policies.

Chronic underfunding of community mental health and other social services has left Peel residents with too few options and long wait times. This undermines the capacity of community and social services to meet the existing and growing demand in the community. Advocacy for funding increases for community services across Peel will be a global goal across all areas of focus.

Communication and engagement:

Ongoing communication and engagement with community partners and residents on plan development, implementation and sustainability.

Data:

Shared measurement and indicators to continue to monitor progress and measure success.

Areas of focus

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.³⁶ Exposure to violence and experiences of abuse can lead to poor physical and mental health outcomes and potentially lead to injury or even death.³⁷

An intersection of individual, family, community and societal factors can influence whether an individual experiences family violence.³⁸ For example, a history of child abuse or neglect, substance use, family conflict, poverty and gender norms can all contribute to the risk of family violence. Trauma and adverse childhood experiences (such as abuse and neglect) can be both a risk factor and outcome. Children exposed to intimate partner violence are more likely to perpetrate or be victims of intimate partner violence as adults.³⁹

While data from the police provide some indication of family and intimate partner violence in community, they are significantly underreported and the true extent of family violence in Peel is unknown. According to data from the 2012 Canadian Community Health Survey, 37% of individuals aged 20 years and older in Peel experienced child abuse (i.e., physical abuse, sexual abuse and/or exposure to intimate partner violence) before the age of 16.⁴⁰

Peel Children's Aid Society receives approximately 13,000 referrals a year from concerned citizens about children who might be in need of protection. In 2019, Interim Place responded to 1,388 crisis calls from women experiencing abuse. Often individuals experiencing abuse may not know where to go for help or may fear seeking support. For those who are seeking support, many existing services have long waitlists or are at capacity. There are also limited culturally relevant services and supports available. There is an opportunity to strengthen system supports and improve collaboration across agencies as well as increase awareness of family violence in the community.

"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." – Provider

"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." – Youth

Through the collaborative planning of the Family Violence Action Table the following goals, strategies and outcomes have been identified for the CSWB Plan:

Goal 1: Create and strengthen Peel’s pathways to safety

Strategy 1:


Working on systems mapping of existing pathways to safety in Peel to identify high needs areas and inefficiencies in existing services and supports for victims of abuse 

The purpose of systems mapping is to identify gaps and provide an overview of the range of services and holistic supports available to victims of abuse in the community. This builds on existing work of the Family Services of Peel and Peel Committee Against Women Abuse. Stakeholders have identified capacity gaps and the need to advocate for increased resources to meet the demands for services for victims of abuse in Peel. Identifying significant barriers to accessing supports and keeping victims safe will inform advocacy positions on the need for more services and improved coordination of efforts (e.g., access to shelters and transitional housing for women fleeing abuse). The initial systems mapping will be used to further refine activities that are aimed at improving access to services and supports.

Outcomes:

- Improved access to services and supports for victims of abuse

Safe Centre of Peel

 The Safe Centre of Peel provides trauma-informed wraparound services to adults who have experiences of violence and abuse. It provides integrated service delivery to victims of violence and their children. Onsite organizations include Catholic Crosscultural Services, Catholic Family Services Peel – Dufferin, Indus Community Services, Legal Aid Ontario, North Peel & Dufferin Community Legal Services Inc., Peel Children’s Aid Society and Victim Services of Peel.

Strategy 2:

Improving data collection, management and reporting practices across the violence against women sector 

This strategy will explore the development of a long-term collective data project to better understand client populations and to support ongoing monitoring in order to inform service improvements. Improving data collection across agencies in the sector can provide a better understanding of the local situation in Peel and identify needs in our community. This work can build on learnings from COVID-19 data collection and the community mapping work of Family Services of Peel. This strategy is driven by initial work at agencies in the violence against women sector and learnings will be shared with other agencies involved in work on family violence.

Outcomes:






- Improved data collection, analysis and data sharing
- Improved understanding of client populations and need in Peel

Strategy 3:

Learning from and supporting the coordinated efforts within the violence against women sector and stakeholders working in family violence in response to COVID-19



Through Peel's Community Response Table, the Peel Committee Against Women Abuse (PCAWA) and the Community Safety and Well-being Plan Family Violence Action Table, stakeholders working in areas of violence against women and family violence have come together to strategize on how to support families who may be experiencing abuse or are at increased risk of abuse during the COVID-19 pandemic. This has led to rapid responses to address immediate needs during the crisis and recovery phases, which can inform system improvements in the long-term. Many local groups such as Catholic Family Services Peel-Dufferin, Family Education Centre, Indus Community Services, Interim Place, Peel Committee Against Women Abuse, Punjabi Community Health Services, The Salvation Army and Victim Services of Peel have been leading these joint efforts. Actions have included:

- Coordinating supports for men at risk of abusing 
- Providing virtual family and parenting resources to support healthy relationships and reduce conflict in the home 
- Providing supports for navigating the court system during the pandemic 
- Coordinating supports and shelter capacity for women living in abusive situations during the pandemic 
- Collecting data on the impact of COVID-19 

Outcomes:

- Improved partnerships and collaborative networks across sector
- Improved access to supports during pandemic and recovery

Goal 2:

Increase awareness and public education of family violence

Strategy 1:

Developing a family and intimate partner violence education and awareness campaign

A family violence and intimate partner violence education and awareness campaign will be led by the Family Violence Action Table and developed in partnership with the Region of Peel, City of Brampton, City of Mississauga, Town of Caledon, Peel Regional Police and Ontario Provincial Police. The goal of the campaign is twofold:



1. Raise awareness of family violence and intimate partner violence as a community issue where every individual has a role to play in protecting vulnerable residents including bystanders.
2. Raise awareness of existing services available for victims of abuse.

The campaign will be rolled out in November 2020 with a staged approach and initial focus on raising awareness of family violence as a community issue. The overall strategy will embed an equity lens and consider adapting key messaging to be culturally responsive and inclusive of Peel's diverse population.

Outcomes:

- Increased awareness among residents of family violence as a community issue
- Increased awareness among residents of existing services available for victims of abuse

Family and Intimate Partner Violence Pilot Team



In early 2020, Peel Regional Police launched a Family and Intimate Partner Violence pilot project. A specialized team with 7 investigators follows up on reports of domestic violence. This dedicated team can support consistent service delivery and case continuity.

After the success of the 21 Division pilot project, a centralized regional unit was approved with an anticipated start date of January 4, 2021.

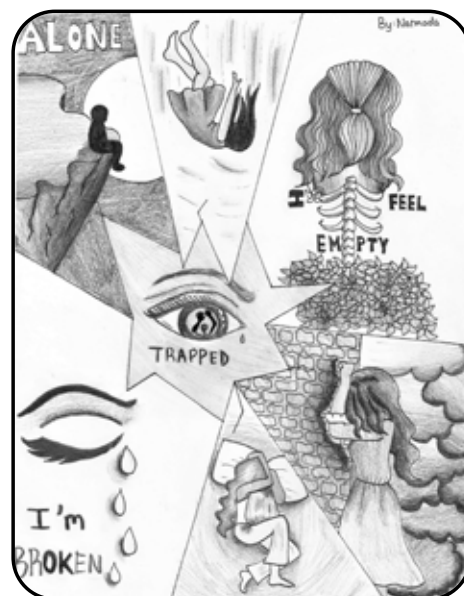
Mental health and addictions

Mental health is a state of well-being in which an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community.⁴¹ Individuals can experience poor mental health and some may live with mental illnesses such as anxiety, depression or schizophrenia. Mental wellness is distinct from mental illness and even individuals living with a mental illness can have high mental well-being.

An individual's family environment and social and economic circumstances can influence the likelihood of having substance use disorders or addictions. Upstream factors such as the intersecting impacts of adverse childhood events and trauma and the social determinants of health can lead to addiction issues. In Peel, opioid use is an emerging issue with the number of opioid-related deaths in Peel increasing from 21 to 81 between 2013 and 2017.

Mental health and addictions (MHA) services continue to be a high need priority for residents of Peel and it is estimated only 1 in 3 residents will receive the treatment that they need.⁴² This unmet demand has resulted in long wait times for services and increased usage of hospital emergency departments.

In 2019, 28,000 youth under 18 years of age in Ontario were waiting for community mental health services, which is more than double the estimate of 12,000 in 2017.⁴³ Peel had one of the longest wait times for child and youth mental health services at 737 days.⁴⁴ 32% of adults and 44% of children and youth aged 0-24 years in Peel who attended a mental health-related emergency department visit did not receive prior care from a physician.⁴⁵



"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." – Youth

“Accessibility – we need more of it. Only psychiatrists are covered by OHIP and they don’t do counselling.” – Parent

“With walk-in counselling clinics you see a different person everyday, which is challenging – especially for youth.” – Parent

Adult, child and youth mental health services are grossly underfunded in Peel relative to other communities. For 2019-2020, Central West and Mississauga Halton Local Health Integration Networks (LHINs) received \$54.23 and \$43.31 per capita respectively for mental health and \$11.46 and \$10.58 respectively for addictions services. This is lower in comparison to Ontario’s average of \$86.36 per capita for mental health and \$20.91 per capita for addictions.⁴⁶ Funding issues have been exacerbated over time given the explosive growth in population and changing

demographics impacting the accessibility and availability of services. A lack of culturally appropriate mental health services and supports are also a barrier. In addition to accessing services there is a need in the community to focus upstream on mental health promotion and protective factors that contribute to mental wellness.

Through the collaborative planning of the Mental Health and Addictions Action Table the following goals, strategies and outcomes have been identified for the CSWB Plan:

Goal 1:

Promote mental wellness and positive relationships among youth and families

Strategy 1:

Working with existing youth initiatives and youth serving organizations in Peel to foster supportive environments and help youth to form connections and develop skills

Youth drop-in centres, hubs and programs offer both formal and informal supports that address holistic needs (e.g., employment, mental health, recreation). These are spaces where youth can feel safe, learn new skills and grow and build new relationships. Stakeholders have identified coping strategies, ability to regulate emotions and self-advocacy as important skills to build resiliency and promote mental wellness. This strategy aims to:

- Work in partnership with youth to identify what supports are needed to promote mental wellness in their communities.
- Identify youth and families who may be isolated or vulnerable in the community and connect them to supports and enhance their social connectedness.
- Build on existing initiatives in Peel such as the Malton Youth Wellness Hub, Youth Empowering Students for Mental Health (YES4MH) and Project Now to continue to find collaborative and innovative approaches to promote youth mental health and build resiliency by working alongside youth.

Outcomes:

- More youth feel safe, connected and supported in the community

Examples of Existing Youth Initiatives in Peel:

Youth Empowering Students for Mental Health (YES4MH) – A mental health promotion initiative developed in partnership with Peel Public Health, the Peel District School Board and the Dufferin-Peel Catholic District School Board. Using a youth engagement approach, the purpose of YES4MH is to improve the health and well-being of secondary students in Peel by creating safe and welcoming school environments to positively affect student mental health.

Malton Youth Wellness Hub – ‘Hub’ service models provide a one-stop access point to youth mental health and addictions supports with other co-located services including employment, recreation and housing. Malton Neighbourhood Services acts as the network lead of the multi-service Malton Youth Wellness Hub, a provincially-funded initiative.

Project Now – A multi-sector initiative to end child and youth suicide by 2029 in Mississauga led by Trillium Health Partners. Partners includes Dufferin-Peel Catholic District School Board, Government of Ontario, Peel Children’s Centre, Peel District School Board and Peel Public Health. Project Now aims to foster hope and resiliency, coordinate access to care options that meet the needs of children, youth, and families, and support healing by building connections that promote learning and understanding about suicide.



Goal 2:

Improve access to MHA services and supports for youth by simplifying pathways and coordinating efforts

Strategy 1:

Transforming care pathways for young people who need access to mental health and addictions supports 

This strategy will involve co-designing pathways to mental health and addictions care with young people, families/caregivers, mental health services, youth hubs and youth serving agencies. This will include a deeper understanding of both informal and formal pathways to services and supports for young people and holistic, evidence-based, trauma-informed and culturally responsive ways to access the care they need. New care pathways will also leverage digital platforms as new modes of delivering services that are accessible for youth populations. Agencies can apply their experience of delivering services virtually during the COVID-19 pandemic to share learnings for alternative ways of providing accessible services along with improving access points, warm transfers and referrals.

Outcomes:

- Improved system navigation for MHA services and supports
- Improved access to MHA services and supports for youth

Mobile Crisis Rapid Response Team



In January 2020, CMHA Peel Dufferin and Peel Regional Police launched a Mobile Crisis Rapid Response Team (MCRRT). It pairs officers and crisis workers to respond to mental health emergencies reported through 911 calls. The MCRRT program provides on-site assessment to those experiencing a crisis, connecting them with community services in the hopes of avoiding unnecessary trips to the hospital.

Strategy 2: Developing situation table(s) in Peel to mitigate risk for crisis situations

Situation tables provide a multi-sectoral risk intervention model for vulnerable individuals that are at elevated risk for a crisis situation. This builds on Peel Regional Police's virtual situation table and existing partnerships with mental health and community agencies and learnings from Toronto's implementation of the situation table model. Although situation tables do not exclusively focus on mental health and/or addictions, they are two of the most common risk categories observed. Other risk categories can include criminal involvement and housing.

Multiple agencies and organizations are involved in the delivery of services that address risks faced by vulnerable individuals. Through a collaborative situation table model, agencies can coordinate responses to address complex urgent issues (e.g., mental health and addictions and homelessness) where individuals facing crisis situations are connected to the supports they need.

Situation tables help front line staff from the public safety, health and social service sectors to identify vulnerable people and collaboratively and rapidly connect them to services before they experience a negative or traumatic event (e.g. victimization, overdose, eviction, etc.)

Outcomes:

- More situations of acutely elevated risk are mitigated



Systemic discrimination

Systemic discrimination can be described as patterns of behaviour, policies or practices that are part of the structures of an organization, and which create or perpetuate disadvantage for individuals based on their identity or background (e.g., age, gender, race, ethnicity, sexual orientation, ability, immigration status and other intersecting factors).⁴⁷

"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." – Provider

Systemic discrimination and exclusion can lead to disparities in access to services, supports and opportunities and in health, social and economic outcomes.⁴⁸ For example:

- Peel residents in the lowest income levels are less likely to have access to a regular physician, have dental insurance, visit a dentist and visit an eye specialist compared to those with higher income.⁴⁹
- 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%).⁵⁰
- Black and Indigenous populations are overrepresented in the criminal justice system in Canada.⁵¹
- LGBTQ2S+ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Two-Spirit) communities experience large gaps in access to housing and income with 20-45% of Canada's homeless youth identifying as LGBTQ2S+.⁵²

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

A 2016 report on youth unemployment in Mississauga described systemic barriers to employment including discrimination faced by young people with disabilities and/or mental health issues and those from racialized populations or low-income neighbourhoods.⁵³ In Peel, several reports have highlighted experiences of exclusion and discrimination and racism faced by Black youth.⁵⁴

In 2020, a Ministry review on systemic discrimination and specifically anti-Black racism in the Peel District School Board described the overrepresentation of Black students in suspensions, expulsions and streaming into applied courses. For example, Black students were only 10.2% of the secondary school population, but approximately 22.5% of students receiving suspensions.⁵⁵

All organizations in Peel have significant work to do to address and effectively respond to systemic discrimination including systemic racism. This was echoed in our consultations with the community where a clear need for accountability and transparency were reinforced.

Through the collaborative planning of the Systemic Discrimination Action Table the following goals, strategies and outcomes have been identified for the CSWB Plan:

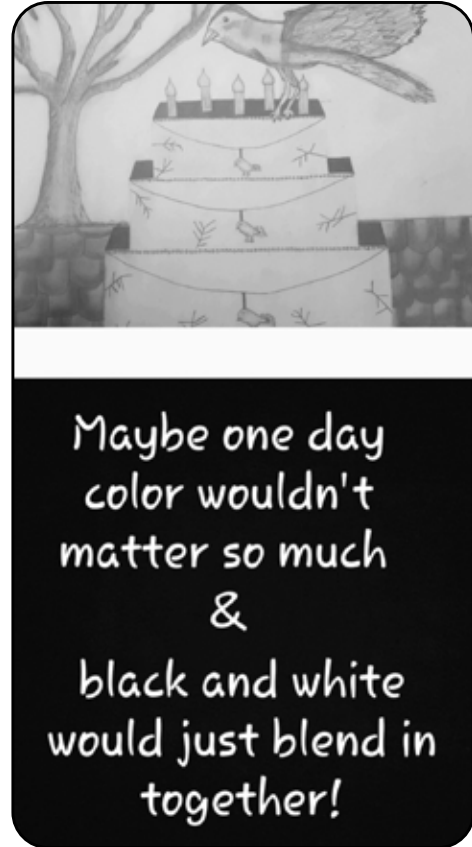
Goal 1:
Publicly review, develop and sustain anti-oppressive and equity practices and policies in Peel

Strategy 1:
Reaffirming commitment to diversity, equity and inclusion among partners at the System Leadership Table 


As a necessary step in signalling their commitment to addressing systemic discrimination in Peel, this action table recommends SLT members and organizations affirm (or reaffirm) their commitment to the Diversity and Inclusion Charter of Peel, addressing systemic discrimination in their organizations and endorsing the Community Safety and Well-being Plan.

Outcomes:


- **System Leadership Table organizations have affirmed commitment to diversity, equity and inclusion in Peel**



Akoma Wraparound

 Peel Children's Aid Society launched the Akoma Wraparound in partnership with the Black Community Action Network, Roots Community Services and the Free For All Foundation. From the Akan word for "heart" Akoma seeks to reduce racial inequities and increase the well-being of African-Caribbean-Black-Canadian families who are involved with the child welfare system in Peel through the provision of culturally relevant, team-based wraparound services.

Saath

 Saath (meaning "together") is an integrated service model developed in partnership with Peel Children's Aid Society and Indus Community Services to better support South Asian children, youth and families by providing culturally responsive services.

Strategy 2:

Building senior leaders' understanding and awareness of anti-oppression and equity

Anti-oppression training for senior leaders and ongoing capacity building can address implicit biases, challenge assumptions and improve understanding of how different communities in Peel are affected by systemic discrimination, systemic racism, anti-Black racism, anti-Indigeneity and historical inequities and oppressions. A foundational understanding of anti-oppression and equity is an initial step towards building awareness, changing attitudes and unpacking differential impacts in the community.

Outcomes:

- Increased understanding of systemic discrimination and systemic racism
- Increased understanding of anti-oppression and equity principles and practices that can be embedded in organizations

Strategy 3:

Building organizational capacity in equity and inclusion and publicly reporting on progress

System Leadership Table organizations will collaborate to learn from each other and publicly report on their journey towards promoting equity and anti-oppressive practices and policies and embedding these practices within their organizations. Key activities to achieve this over the next 4 years include:

- Baseline equity assessment to assess current state and gaps in organizational capacity including identification of systemic barriers within organizational policies and practices (e.g., reviewing hiring and promotion practices, representation in leadership, equitable funding allocations).
- Setting goals for policy and practice changes and learning outcomes for staff.
- Adopting common tools for applying an equity lens in decision-making (e.g., Health Equity Impact Assessment, Gender-based Analysis Plus [GBA+]).
- Contributing to an annual report on progress and key learnings.
- Collecting sociodemographic and disaggregated data and publicly reporting on trends and disparities to identify which groups may be facing systemic barriers and inequities in access and outcomes (linked with goal 2).

Outcomes:

- Increased number of System Leadership Table organizations that complete baseline equity assessment
- Increased number of System Leadership Table organizations that report on progress annually
- Improved organizational policies and practices that advance equity and inclusion

Strategy 4:

Implementing a strategy to create opportunities for meaningful engagement of people with lived experience in design and implementation of Community Safety and Well-being

Plan activities

The CSWB will consider and implement policies and approaches that support meaningful engagement with community members. Since the first iteration of the CSWB Plan focuses on youth, there will be considerations of how to best involve youth, create youth leadership opportunities and build on existing youth networks in Peel. This strategy aligns with the goals of the Mental Health and Addictions Table to partner with youth. The Systemic Discrimination Action Table can provide input on equitable inclusion opportunities and reaching out to marginalized youth.

Key activities can include:

- Building partnerships with existing community networks to create opportunities for ongoing dialogue and feedback from community members.
- Identifying best practices and learnings from existing efforts in Peel (e.g., Peel Poverty Reduction Strategy Lived Experience Roundtable) and applying learnings to the implementation of the CSWB Plan.

Outcomes:

- People with lived experience have opportunities for various levels of involvement in CSWB planning and implementation.

Goal 2:

Implement effective data gathering and reporting practices in order to assess impact and respond to inequities as they emerge

Strategy 1:

Piloting the collection of sociodemographic data with a group of System Leadership Table organizations and developing data sharing mechanisms 

This strategy involves partnering with organizations that are already collecting demographic data to identify common questions and definitions, data standards, appropriate use of sociodemographic data and data sharing mechanisms. For example, the Peel District School Board is collecting student demographic data through their student census and the Dufferin-Peel Catholic District School Board is developing their student census. All school boards in Ontario are required to collect this data by January 2023. This strategy can build on *Ontario's Anti-Racism Data Standards* to further develop common questions and identify the type of data that could be shared across sectors. Others can learn from existing data collection work and how it has informed practice and policy change. This strategy will aim to build the capacity of organizations to collect sociodemographic and disaggregated data. There will be consideration of how to involve people with lived experience in informing what data is being collected, how it will be used and how to communicate this information with residents.

Outcomes:

- Increased number of organizations collecting sociodemographic data
- Improved data sharing and common definitions among community organizations
- Enhanced understanding of disparities in Peel to inform policies and practices

Advancing community safety and well-being across Peel

Peel's Community Safety and Well-being (CSWB) Plan takes a comprehensive and holistic approach to planning that intersects with many sectors. Across Peel, organizations are contributing to improving community safety and well-being and the CSWB Plan provides a framework and common approach that organizations can embed in their own work. Although the initial emphasis is on youth within the three areas of focus, community safety and well-being goes far beyond that, including across the life course where children, youth, young adults, adults and seniors are impacted in different ways and have different levels of need. As the plan continues to evolve and mature, our focus may shift, but the common framework will be a foundation for future iterations of the plan.



Given the complexity and interconnectedness of factors that impact safety and well-being, our work aims to align with and build on existing collaborative initiatives and system plans that promote safety and well-being in our Peel community. There are many collaborative efforts contributing to making Peel safer and more equitable for all. A few region-wide initiatives include:

Diversity and Inclusion Charter of Peel

The Diversity and Inclusion Charter of Peel is a regional initiative led by the Regional Diversity Roundtable that aims to foster greater inclusiveness and equity in Peel. By endorsing the Charter, organizations, individuals and communities express their commitment to making Peel a model for promising practices of diversity, equity and inclusion.

Early Years and Child Care System Plan

The Early Years and Child Care Service System Plan provides a roadmap of priorities for the early years and child care system to be affordable, inclusive, high quality, accountable and accessible. A strong early years and child care system helps prepare children for future success.



Peel Opioid Strategy

Peel's Opioid Strategy was developed with stakeholders to reduce and prevent harms related to opioid use in Peel. The strategy includes four pillars for action: prevention, treatment, harm reduction, and enforcement and justice.

Peel Poverty Reduction Strategy

Peel's Poverty Reduction Strategy 2018-2028 has 3 priority areas: income security, economic opportunity and well-being and social inclusion. Their work is co-chaired by the United Way of Greater Toronto and the Region of Peel and has shared goals of reducing systemic barriers, supporting marginalized and equity-seeking groups and promoting equitable and inclusive access for all residents.



Peel Housing and Homelessness Plan

Peel's Housing and Homelessness Plan 2018-2028 aims to increase affordable housing and prevent chronic homelessness in Peel. There are 5 key strategies focused on helping people get housing: building new affordable housing, providing incentives for others to build affordable housing, transforming our service delivery to help people get and keep housing, optimizing existing stock and increasing supportive housing.



Peel Anti-Human Sex Trafficking Strategy

The Peel Anti-Human Sex Trafficking Strategy framework is comprised of 3 pillars: prevention, intervention and exits/housing. This approach supports victims and survivors and those at-risk of human sex trafficking, bridges the gap in services and provides safe housing and dedicated services.

Vision Zero Road Safety Plan

The Vision Zero Road Safety Plan (2018-2022) will create safer roads in Peel for drivers, cyclists and pedestrians. Vision Zero's goal is to reduce and ultimately eliminate injuries or deaths caused by motor vehicle collisions in Peel.



Moving forward



Peel's Community Safety and Well-being Plan (CSWB) Plan establishes a framework and coordinated approach to working alongside system partners to continue to promote safety and well-being for all residents in our community. As we move into implementation, we will track our progress with monitoring and evaluation through robust data collection and data sharing. Throughout the 4-year course of the plan and in future iterations, we will continue to be responsive to emerging needs

in our community and create ongoing opportunities for community engagement and involvement. Partners are working together to develop a detailed implementation plan which includes outlining key activities and working groups, establishing performance measures and ongoing community engagement.

- Implementation task forces and working groups will be formed based on the strategies and key outcomes for each area of focus with partner organizations taking the lead on different strategies. Action tables will continue to provide strategic advice and guidance as we move into implementation.
- The Secretariat will continue to provide backbone support and oversee coordination of the various implementation activities.
- The CSWB Plan will be reviewed annually by the System Leadership Table.
- The Governance and Operations table will set up a process for annual review.
- The Secretariat will develop a progress report highlighting updates, milestones, next steps and new activities that will be published annually.



Throughout plan development, the passion, expertise and commitment of our community stakeholders and partners to the CSWB planning approach was evident. The CSWB Plan provides a foundation for future initiatives with enhanced collaboration and systems innovation. As an iterative and evolving plan, we encourage

service providers, residents and local organizations to stay connected, share their work and collaborate on new initiatives that contribute to community safety and well-being in Peel. We all have a role to play in making Peel a safe, inclusive and connected community where all residents thrive.

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Appendices

Appendix 1

Number and rate of reported family disputes, intimate partner disputes and requests for assistance – mental health

Peel Regional Police (Mississauga and Brampton), 2015–2019

Year	Family Disputes		Intimate Partner Disputes		Requests for Assistance-Mental Health	
	Number	Rate (per 100,000)	Number	Rate (per 100,000)	Number	Rate (per 100,000)
2015	5,604	419.5	8,487	635.3	4,857	363.6
2016	6,016	441.1	8,883	651.3	5,087	373.0
2017	6,620	476.0	9,424	677.6	5,908	424.8
2018	7,027	493.1	9,703	680.8	6,264	439.5
2019	7,343	500.9	10,466	713.9	6,359	433.8

Source: Special request from Peel Regional Police (July 2020). Population estimates provided by Statistics Canada: Table 1 Annual population estimates by age and sex, July 1, 2006 to 2019, Census Subdivisions, Ontario

Data based on occurrence date.

Number and rate of reported family disputes, intimate partner disputes and requests for assistance – mental health

Ontario Provincial Police (Caledon), 2015–2019

Year	Family Disputes		Intimate Partner Disputes		Requests for Assistance - Mental Health	
	Number	Rate (per 100,000)	Number	Rate (per 100,000)	Number	Rate (per 100,000)
2015	225	339.3	413	622.8	321	484.1
2016	244	353.4	378	547.5	563	815.5
2017	297	414.1	437	609.3	614	856.0
2018	290	393.8	419	568.9	522	708.8
2019	284	373.8	462	608.1	628	826.7

Source: Special request from Ontario Provincial Police (February 2020). Population estimates provided by Statistics Canada: Table 1 Annual population estimates by age and sex, July 1, 2006 to 2019, Census Subdivisions, Ontario.

Data based on occurrence date.

Appendix 2

Peel's Community Safety and Well-being Indicator Framework

The secretariat worked alongside the Data, Monitoring and Evaluation (DME) table (consisting of sector representation from education, police services, public health, mental health and addictions, and the Region) to develop Peel's Community Safety and Well-being (CSWB) Indicator Framework. To gain a better understanding of concepts that generally fall within the scope of community safety and well-being, a comprehensive review of the literature and existing well-being frameworks was conducted. Domains, domain definitions and sub-domains were then developed based on these findings, as well as results of the community engagement, alignment with Peel's CSWB Vision and the Ministry's CSWB definition, and input from the System Leadership Table and action tables. A list of potential indicators to select from was then assembled, and a set of indicator selection criteria and key considerations were established to guide the selection process. Members of the DME table independently selected indicators for each domain. Selections were subsequently compared, and any areas of uncertainty or disagreement were discussed.

Peel's CSWB Plan incorporates a quality improvement lens. As such, details related to the specific measures included are subject to change based on lessons learned obtained through implementation.

HEALTH	Reflects mental and physical well-being, health behaviours and access to healthcare services in the community.		
Sub-domain	Indicator title	Indicator(s)	Data source
General health	Life expectancy	• Life expectancy at birth	Ontario Mortality Database
	Premature death	• Rate (per 100,000) of potential years of life lost*	Ontario Mortality Database
	Self-rated health	• Proportion (%) of Peel population who rated their physical health as "excellent", "very good" or "good"	Canadian Community Health Survey
Mental health & well-being	Self-rated mental health	• % of Peel population who rated their mental health as "excellent", "very good" or "good"	Canadian Community Health Survey
	Emergency department (ED) visits for mental health disorders	• Rate (per 100,000) of ED visits for mental health disorders (includes substance-related disorders, anxiety and mood disorders, personality disorders, etc.)*	National Ambulatory Care Reporting System
	Ever considered or attempted suicide	• % of Peel population who had considered suicide before • % of Peel population who had ever considered suicide who had attempted suicide	Canadian Community Health Survey
Access to mental health services	Not receiving care prior to mental health-related ED visit	• % of Peel adults who did not receive care from a physician prior to a mental health-related ED visit	ICES
	Wait time for a mental health specialist	• Median wait time for patients referred to a mental health specialist	ICES
Access to health services	Access to a regular healthcare provider	• % of Peel population who reported having access to a regular healthcare provider	Canadian Community Health Survey
	Unmet healthcare needs	• % of Peel population who felt that they needed healthcare but did not receive it in the prior 12 months	Canadian Community Health Survey
Health behaviours	Physical activity	• % of Peel adults who were physically active based on Canadian Physical Activity Guidelines	Canadian Community Health Survey
	Sedentary behaviour	• % of Peel population who spent on average 15 hours or more per week engaging in sedentary activities over the prior three months	Canadian Community Health Survey
	Harmful alcohol use	• % of Peel adults who exceeded Canada's Low-Risk Alcohol Drinking Guidelines	Canadian Community Health Survey
	Problem drug use among secondary students	• % of Peel secondary students classified as having a potential drug use problem	Ontario Student Drug Use and Health Survey
	Up-to-date childhood immunization	• % of children in Peel with up-to-date immunization coverage, by immunization type (e.g., Measles, Mumps, Rubella, etc.)	Public Health Ontario

*Rates to be calculated using population estimates/projections.

SAFETY	Reflects the right for community members to live without fear or risk of physical, psychological, or social harm.		
Sub-domain	Indicator title	Indicator(s)	Data source
Crime	Crime Severity Index	<ul style="list-style-type: none"> • Crime Severity Index (Peel Regional Police) • Crime Severity Index (Ontario Provincial Police (OPP) – Caledon Detachment) 	Uniform Crime Reporting Survey
	Total crime	<ul style="list-style-type: none"> • Rate (per 100,000) of reported actual incidents of total crime in Peel* 	Uniform Crime Reporting Survey
	Total violent crime	<ul style="list-style-type: none"> • Rate (per 100,000) of reported actual incidents of total violent crime in Peel* 	Uniform Crime Reporting Survey
Perceptions of safety	Sense of safety	<ul style="list-style-type: none"> • % of Peel respondents who reported a “very strong” or “somewhat strong” sense of safety in their local community 	Focus GTA Survey, Environics
	Change in violence or public safety risks in neighbourhood	<ul style="list-style-type: none"> • % of Peel respondents who believed that violence/public safety risk across Peel has increased in the prior 6 months 	Focus GTA Survey, Environics
	Students feeling safe at school	<ul style="list-style-type: none"> • % of Peel students in grades 7 to 12 who reported feeling safe at school 	Ontario Student Drug Use and Health Survey
Road safety	Collisions resulting in injury/fatality	<ul style="list-style-type: none"> • Rate (per 100,000) of annual collisions resulting in injury/fatality on regional and municipal roads in Peel* 	Peel Regional Police; Ontario Provincial Police (OPP) – Caledon Detachment
Discrimination	Experiences of discrimination	<ul style="list-style-type: none"> • % of Peel population who reported experiencing discrimination in the past 5 years, by type of discrimination (e.g., based on sex, ethnicity/culture, race, age, religion, sexual orientation, etc.) • % of Peel population who reported experiencing discrimination in the past 5 years, by type of situation (e.g., in bank/store/restaurant, work environment, dealing with police, etc.) 	Community Life dataset, Environics

*Rates to be calculated using population estimates/projections.

EDUCATION	Reflects learning through formal schooling or training that allows individuals to develop and grow.		
Sub-domain	Indicator title	Indicator(s)	Data source
Educational achievement - Elementary school	Readiness to learn	<ul style="list-style-type: none"> • % of senior kindergarten children in Peel who were considered “vulnerable” in at least one of the five Early Development Instrument domains 	Early Development Instrument
Educational achievement - Secondary school	Youth not in education, training or employment	<ul style="list-style-type: none"> • % of Peel youth not in education, training or employment 	Census
	High school graduation rate	<ul style="list-style-type: none"> • % of students from a grade 9 cohort in Peel who graduated in 4 or 5 years 	Peel District School Board; Dufferin Peel Catholic District School Board
Educational attainment	Highest level of education	<ul style="list-style-type: none"> • % of Peel population (aged 25-64 years), by educational attainment (e.g., less than high school, high school certificate, apprenticeship/trades certificate, etc.) 	Census

COMMUNITY LIFE		Reflects individuals feeling included and connected and being engaged within their community.	
Sub-domain	Indicator title	Indicator(s)	Data source
Community belonging	Sense of community belonging	<ul style="list-style-type: none"> •% of Peel population who reported a "very strong" or "somewhat strong" sense of community belonging 	Canadian Community Health Survey
Community engagement	Voting in municipal election	<ul style="list-style-type: none"> •% of registered electors who voted in most recent Mississauga municipal election •% of registered electors who voted in most recent Brampton municipal election •% of registered electors who voted in most recent Caledon municipal election 	Association of Municipalities Ontario
	Volunteerism	<ul style="list-style-type: none"> •% of respondents who reported doing volunteer work in the previous year 	Community Life dataset, Environics
	Donation	<ul style="list-style-type: none"> •% of Peel tax-filers who are charitable donors 	Income Statistics Division, Statistics Canada
	Proximity to community meeting places	<ul style="list-style-type: none"> •% of Peel population within a 10 minute (800 metre) walk of libraries, community/recreation centres and places of worship 	City of Brampton; City of Mississauga; Town of Caledon; Census
	Municipal recreation program usage	<ul style="list-style-type: none"> •% of Peel population registered or a member of one or more recreation programs in their municipality in the previous year 	City of Brampton; City of Mississauga; Town of Caledon

LIVING STANDARDS	Reflects the ability of a community to support the basic needs of community members.		
Sub-domain	Indicator title	Indicator(s)	Data source
Income	Low income measure - after tax (LIM-AT)	• % of Peel population in private households living in low-income based on the LIM-AT	Census
	Private household median income	• Private household median income	Census
Employment	Unemployment rate	• % of Peel population (aged ≥15 years) who are unemployed	Labour Force Survey
	Temporary employment	• % of Peel population (aged ≥15 years) who are temporary employees (e.g., seasonal jobs, term or contract jobs, casual jobs, other temporary employees)	Labour Force Survey
Housing & homelessness	Persons visiting shelters or transitional housing	• Number of persons that visited Regional emergency shelters and/or transitional housing	Housing Services, Human Services, Region of Peel
	Unaffordable housing	• % of tenant and owner households in Peel spending 30% or more of total household income on shelter costs	Census
	Occupied dwellings requiring major repair	• % of occupied private dwellings requiring major repair	Census
	Inadequate housing (suitability)	• % dwellings in Peel considered “not suitable” (i.e., based on required number of bedrooms)	Census
Food security	Household food insecurity	• % of Peel households with moderate or severe food insecurity in the prior 12 months	Canadian Community Health Survey
Access to internet & technology	No access to internet at home	• % of Peel population who reported not having access to internet at home	Opticks Powered by Numeris, Environics

PERSONAL RELATIONSHIPS	Reflects the presence of strong, consistent and supportive relationships with family and peers.		
Sub-domain	Indicator title	Indicator(s)	Data source
Supportive relationships	Perceived social support	<ul style="list-style-type: none"> • % of Peel population who reported a high level of perceived social support 	Canadian Community Health Survey
	Not having close relatives or friends	<ul style="list-style-type: none"> • % of Peel population who reported not having a relative that they feel close to • % of Peel population who reported not having any close friends 	Community Life dataset, Environics
	Students who talk to their parents about problems/feelings	<ul style="list-style-type: none"> • % of Peel students in grades 7 to 12 who reported talking to their parent(s) about their feelings or problems 	Ontario Student Drug Use and Health Survey
Harmful or violent relationships	Police-reported family disputes	<ul style="list-style-type: none"> • Rate (per 100,000) of reported family disputes in Brampton and Mississauga (Peel Regional Police)* • Rate (per 100,000) of reported family disputes in Caledon (OPP – Caledon Detachment)* 	Peel Regional Police; OPP – Caledon Detachment
	Police-reported intimate partner disputes	<ul style="list-style-type: none"> • Rate (per 100,000) of reported intimate partner disputes in Brampton and Mississauga (Peel Regional Police)* • Rate (per 100,000) of reported intimate partner disputes in Caledon (OPP – Caledon Detachment)* 	Peel Regional Police; OPP – Caledon Detachment
	Students victim to bullying at school	<ul style="list-style-type: none"> • % of Peel students in grades 7 to 12 who reported being a victim of bullying at school at least once during the school year 	Ontario Student Drug Use and Health Survey
	Students victim to cyber bullying	<ul style="list-style-type: none"> • % of Peel students in grades 7 to 12 who reported experiencing cyber bullying in the previous 12 months 	Ontario Student Drug Use and Health Survey

*Rates to be calculated using population estimates/projections.

ENVIRONMENT	Reflects the conditions in which we live that impact community well-being.		
Sub-domain	Indicator title	Indicator(s)	Data source
Air quality	Level of air pollutants	<ul style="list-style-type: none"> • Mean annual level of air pollutants (i.e., nitrogen dioxide, ozone, fine particulate matter) 	Ministry of Environment and Climate Change
	Exposure to second-hand smoke	<ul style="list-style-type: none"> • % of non-smoking Peel population who reported being exposed to second-hand smoke inside their home daily or almost daily • % of non-smoking Peel population who reported being exposed to second-hand smoke inside a private vehicle daily or almost daily • % of non-smoking Peel population who reported being exposed to second-hand smoke in a public place daily or almost daily 	Canadian Community Health Survey
Built environment	Parks, open green space or natural features per 1,000 residents	<ul style="list-style-type: none"> • Hectares (per 1,000 residents) of park, open green space or natural feature with a trail or path running through it 	City of Brampton; City of Mississauga; Town of Caledon; Credit Valley Conservation; Toronto Region & Conservation; Region of Peel; Pedestrian Network, Region of Peel; Census
	Active recreation per 1,000 residents	<ul style="list-style-type: none"> • Active recreation amenities per 1,000 residents 	Active Recreation Amenities, Region of Peel; Census
	Street connectivity	<ul style="list-style-type: none"> • Average intersection density 	Single-Line Street Network (non-boulevard), Region of Peel
	Proximity to public transit	<ul style="list-style-type: none"> • % of Peel population within a 5 minute (400 metre) walk to a bus stop, or a 10 minute (800 metre) walk to a higher order bus or rail stop (i.e., GO bus or Rail) 	General Transit Feed Specification, City of Mississauga, City of Brampton, Metrolinx (GO); Municipal Employment Surveys, City of Mississauga, City of Brampton, Town of Caledon; Pedestrian Network, Region of Peel
Food environment	Proximity to fresh food retailers	<ul style="list-style-type: none"> • % of Peel population within a 10 minute (800 metre) walk of fresh food retailers 	Food Check Peel, Peel Public Health; Parcel Based Land Use, Region of Peel; Pedestrian Network, Region of Peel; Census

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Peel's Community Safety and Well-being Plan 2020-2024

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