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Peel Region

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Investment Strategy Review Report With Recommendations

United Way of Peel Region

Submitted to the Board for Approval

July 11, 2012

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EXECUTIVE SUMMARY

BACKGROUND

In June 2012, United Way of Peel Region Board of Directors approved a new Strategic Plan for 2012-2017. The Strategic Plan is based upon a National Brand Framework that was created in consultation with United Way Canada, key stakeholders and the public across the country. The focus inherent in our new National Brand Framework will enable our donors, volunteers and partners to clearly see and understand the transformational impact of dollars and efforts in strengthening our community, now and over the long term.

Within the context of this national brand framework, United Way Canada is sharpening its focus, establishing priority goals and articulating clear targets related to these goals within three key pillars:

- From Poverty to Possibility
- Healthy People, Strong Communities
- All that Kids can Be

In order to implement this transition, United Way undertook a community engagement and consultation process to develop impact strategies to guide United Way's fund distribution beginning in April of 2013. The initiative took into account identified priority needs within Peel, informed research about successful strategies and the perspective of donors at both the individual and corporate level.

CONSULTATION AND REVIEW PROCESS

United Way recruited the services of John Huether of Huether Services to support the Community Investment staff in the development of this investment strategy. Both internal and external consultations were held from the end of March until the middle of June. These included United Way funded agencies, community agencies and other funders and selected key informants as well as United Way staff, volunteers, donors, Cabinets and Councils.

Members of the Community Advisory Councils and United Way funded agencies were invited to participate in an online survey by which we obtained their opinions on priority outcomes and possible strategies. A review of reported outcomes from the funded agencies' programs in 2011 was also undertaken to inform this report. In addition, a broad examination of relevant Peel social indicators, various research, social and health status reports along with information about best practices, successful intervention and community impact strategies was conducted.

This consultation and review process led to the development of the new investment strategy within the new brand framework.

PEEL CONTEXT

The Region of Peel continues to grow at a significant rate. The 2011 census reports Peel's population is 1,296,814, an increase of 11.8% over 2006.⁴ It is noteworthy that visible minorities make up 50% of the population based upon the 2006 census data.⁵ The proportion of the population that are immigrants rose from 43% in 2001 to 49% in 2006.

In the face of this kind of growth, Peel's community health and social service infra-structure has not kept pace. The Fair Share Task Force reports that the per capita funding by the provincial government for key social services is between 34.1 % and 52.7% of the provincial average.

The 2006 census marked a significant change in the levels of poverty within Peel. It reflected dramatic growth in the number of children living in poverty since 2001. 19.8% of young children (0 to 5) live in poverty (Families Below Low Income Cut-off Before Tax);¹³ This rate is higher than the National and Provincial rates of poverty for children.

In 2006, 15% of Peel's population or 167,000 people were living in poverty (Families below Low Income Cut-off Before Tax).¹⁴ (If this rate were applied to 2011 census population, then it would represent 195,500 people).

Poverty has a pervasive and serious impact upon the lives of people coping with it on a daily basis. Socioeconomic disadvantage has a negative impact on many measures of health status such as mortality, life expectancy, health-related quality of life, disability, cardiac disease, obesity, depression, and maternal and child health."²³

It is well-documented in the child welfare literature that poverty can be a contributing factor to child protection situations such as neglect and abuse.²⁷

CONNECTING THEME

In light of the above factors, it is recommended that United Way adopt "From Poverty to Possibility" as a connecting theme for its new investment and community impact strategy. The National Brand Framework has three focus areas, one of which is, "From Poverty to Possibility". Within the context of Peel Region's demographics and social challenges, it was strongly felt that a foundational focus on poverty as the connecting theme would provide strategic attention and depth to United Way's investment strategy.

United Way's role through this investment strategy is to support specific approaches that move people out of poverty, provide opportunities that lead to an improved quality of life and prevent people from falling into poverty. The theme conveys hope, inspiration and possibilities that create opportunities for a better life for everyone in our community.

THREE FOCUS AREAS FOR INVESTMENT

In keeping with United Way-Centraide Canada's national brand framework, United Way will develop local strategies in three focus areas:

- From Poverty to Possibility
- Healthy People, Strong Communities
- All That Kids Can Be

Also in keeping with the national brand framework, United Way will employ a multi-pronged approach that will include the following strategies:

1. Engage and mobilize community (dollars, influence, time, knowledge action);
2. Address underlying causes;
3. Strengthen the network of services and capacity of non-profits and community;
4. Influence public attitudes, systems and policy.

ENABLERS FOR THE THREE FOCUS AREAS

Through the consultation process, six enablers were identified as important assets upon which United Way could draw upon in relation to each focus area. The first three of these enablers are derived from United Way of Peel Region values:

- Volunteerism,
- Inclusion, anti-racism, diversity and equity as well as
- Collaboration.

The next three enablers will support the implementation of the key strategies across each of the three focus areas:

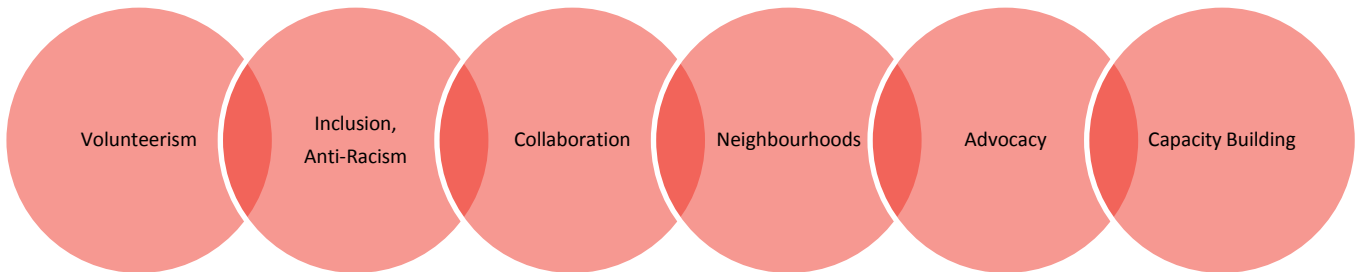
- Strong neighbourhoods
- Advocacy related to "public attitudes, systems and policy" and
- Community and organizational capacity building.

The review and consultation process led United Way to develop its investment strategy that is focused, aligned with the National Brand Framework and responds to community needs. It provides United Way with specific strategies, using the lens of poverty, to improve lives and build community.

UNITED WAY OF PEEL REGION INVESTMENT STRATEGY

CONNECTING THEME: POVERTY

From Poverty to Possibility	Healthy People, Strong Communities	All That Kids Can Be
<ul style="list-style-type: none">• Food Security• Emergency and Transitional Housing Supports	<ul style="list-style-type: none">• Safety from Abuse and Violence• Mental Health• Integration of Persons with Disabilities	<ul style="list-style-type: none">• Social Support, Healthy Behaviours, Mentoring, School Success• Parental Support and Education• Mental Health Counselling for Youth 16-25



PART I: INTRODUCTION

COMMUNITY INVESTMENT STRATEGY UNITED WAY OF PEEL REGION

A. PURPOSE:

This report will provide an outline of and rationale for the Community Investment Strategy of United Way of Peel Region for the period 2012 to 2020.

B. PROCESS FOR THE DEVELOPMENT OF THE STRATEGY:

United Way of Peel Region recruited the services of John Huether of Huether Services to support the organization in the development of this investment strategy. Both internal and external consultations were held from the end of March until the middle of June. These included United Way funded agencies, community agencies and other funders and selected key informants as well as United Way staff, volunteers, donors, Cabinets and Councils. Members of the Community Advisory Councils and United Way funded agencies were invited to participate in a Survey Monkey by which we obtained their opinions on priority outcomes and possible strategies. We also had the benefit of the recently completed analysis of reported outcomes from the funded agencies' programs in 2011, undertaken by Dr. Andrew Taylor, University of Waterloo, Consultant to United Way of Peel Region. In addition John Huether with significant assistance from Julie Pehar, RBA Consultant, conducted a broad examination of relevant Peel social indicator research and social and health status reports along with information about best practices and successful intervention and community impact strategies. Appendix I provides more information about the process.

Consultation was also undertaken with Donors and a review of the Corporate Social Responsibility Policies of each of the top 30 corporate donors to United Way of Peel Region was completed.

Concurrent with and following the consultations and the gathering of this information, a series of options were developed for consideration by Senior Management, leading to a selection of priority outcomes and strategies for the review and approval of the Community Investment Cabinet and subsequently the Board.

C. BRIEF OUTLINE OF RECENT HISTORY

Since its Strategic Plan of 2007, “Building Vibrant Communities Together”, United Way of Peel Region has developed its organizational approach toward making a “community impact” that focused on building the capacity of individuals, organizations and communities and addressing root causes of pressing social issues. The centre piece of this community impact thrust was its Investing For Resilience framework, informed by Sheri Torjman’s Shared Space: The Communities Agenda.¹ This framework identified the following interdependent characteristics of resilience:

- Sustenance (meeting basic physical and emotional needs);
- Adaptation (helping to develop coping skills and abilities);
- Opportunity (providing economic opportunities); and
- Engagement (aiding active participation in society).

Within this context developed in partnership with the Region of Peel, United Way and the Region specified nine priority areas within three general categories:

1. Resilient People:

- Supporting seniors to be healthy and live independently;
- Supporting individuals with disabilities;
- Supporting people who are vulnerable and susceptible to abuse, especially women and children;
- Supporting people affected by mental health issues.

2. Strong Families:

- Supporting Newcomers and immigrants to fully integrate into community life;
- Assisting families and children to have a high quality of life;
- Empowering children and youth to reach their full potential.

3. Vibrant Neighbourhoods and Communities:

- Reducing poverty, eliminating hunger, and ensuring people have access to affordable housing;
- Strengthening Neighbourhood Development efforts so that people can become involved and engaged in their community.²

To address these priority Areas, United Way of Peel Region undertook several different strategies and roles in order to have a community impact that would enable “All individuals and families to be resilient and thrive within a vibrant community”.

In 2012/13, United Way invested in over 101 programs delivered by 56 agencies and these investments required approximately 90% of the funds invested in the community. United Way continued its capacity building work with its funded agencies including a stronger emphasis upon outcome reporting which led to some very positive results over 3 years. United Way also continued its support to United Way funded agencies and non funded agencies through its Strengthening Organizational Effectiveness Fund. In addition, through a modest Neighbourhood Development Granting program, United Way supported grass roots, resident-led initiatives in local neighbourhoods bringing communities together in partnership with the Region of Peel. The Social Purpose Enterprise Fund supported several community agencies to undertake entrepreneurial programs to teach employment skills to a variety of vulnerable persons. United Way also provided support to collaboratives that were supported by United Way staff through its Community Response Fund. This fund is designed to support community partnerships, roundtables and collaborative initiatives to address important community issues that are aligned with United Way's Priorities.

In a Review of the Fund Distribution Model conducted in the summer and fall of 2011, the strengths and limitations of this approach were identified.³ The breadth of the funding envelop was seen as both a positive and a limitation. The funded programs provided a wide range of services across all the nine priorities. However the depth of focus in a number of priority areas was not great, thereby limiting the impact they were having or could have. There was limited flexibility for United Way to increase its efforts in one priority area or to respond to new and emerging needs within the priority areas. Access to United Way funding by agencies or community groups not part of the existing funded agencies was very limited and therefore the process was not seen to be open. In response to this review and this latter finding, in December 2011, the United Way Board of Directors made a commitment to open its funding process to both existing funded agencies and any interested new ones. This is scheduled to occur within the context of the new investment strategy being developed through the process described in this report.

Over the past several years, United Way of Peel Region also focused considerable efforts in supporting and promoting collaborative initiatives which addressed a number of key issues within our community. Its partnership with the Region of Peel, Human Services department, in developing the Investing for Resilience Strategy and a community approach to Results Based Accountability, leading to the recently published Peel Counts report was exemplary. This latter work is an effort to enable the community to track progress on major social issues at a population level and to enable public accountability on progress made in addressing these issues.

United Way of Peel Region also played key roles in the following community collaborative partnerships:

- Fair Share Task Force
- Success by 6 Peel and The Peel Children and Youth Initiative
- Peel Newcomers Strategy Group
- Mississauga Summit
- Peel Poverty Reduction Strategy Group
- Regional Diversity Roundtable of Peel
- Peel Leadership Centre
- Community Door Mississauga and Brampton
- Peel Elder Abuse Prevention Network
- Healthy City Stewardship Centre

These collaborative efforts have supported joint community planning, consultations with those who use human services, public education and advocacy on key public policy issues affecting the quality of life of many in the Region of Peel.

D. UNITED WAY - CENTRAIDE CANADA

That United Way of Peel Region has undertaken this multi-pronged approach to community impact is consistent with the new Brand Framework of United Way - Centraide Canada which outlines the following four Strategies:

1. Engage and mobilize community (dollars, influence, time, knowledge action);
2. Address underlying causes;
3. Strengthen the network of services and capacity of non-profits and community;
4. Influence public attitudes, systems and policy.

This Brand Framework, developed over the past several years as a result of a Canada-wide process, provides the Canadian United Way movement with a consistent vision and commitment to improving lives and building community. "United Way-Centraide inspires people to come together to make a lasting difference in our communities". Three focus areas have been chosen:

- From Poverty to Possibility
- Healthy People, Strong Communities
- All That Kids Can Be

The Brand Framework is necessarily broad to accommodate regional and historical differences, but at the same time it provides a common context and focus for all United Ways.

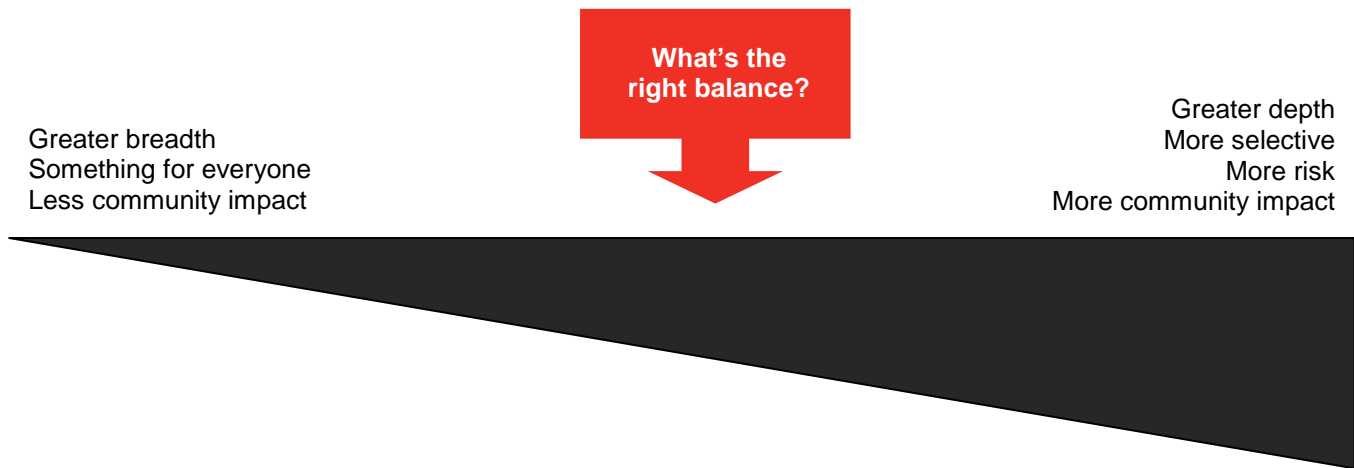
United Ways throughout Canada are undertaking change processes to ensure that their new investment strategies and priority outcomes will fit within this Brand Framework based upon local needs and local human service systems. In order to enable them to maximize their impact upon their communities, United Ways are being encouraged to develop clear focused priorities that will enable them to be community impact organizations promoting the health and well-being of people within their communities.

E. COMMUNITY IMPACT: BREADTH VERSUS DEPTH

The intent of the development of the Brand Framework for United Way-Centraide Canada was to sharpen its focus and clarify for the community and especially its donors what United Way represents. Throughout Canada and in Peel, corporate partners, government foundations and individual donors are seeking greater accountability for their philanthropic contributions and grants. It is important to them that they know they are making a difference in improving lives and building community. They want to know their impact. Many corporations have adopted policies of Social Responsibility which in many cases identify a few (or one) key issues or target populations for the attention of the Corporation's philanthropy and focus their employee engagement efforts in those issues.

As noted above, the Review of the Fund Distribution Model identified that the breadth of United Way of Peel Region's investments has had the effect of spreading the resources of United Way of Peel Region very thinly. An in-depth approach to a few key issues, themes or strategies has not been possible. The lack of concentrated focus has led to a perception among some donors and volunteers that United Way is losing valuable opportunities to have greater impact for positive change by trying to be "all things to all people". While previously a broad investment approach was seen as an important value proposition of United Ways, recent shifts in charitable giving and donor interests are requiring a more focussed impact. It may be helpful to look at a continuum of intensity as a means of thinking about how United Way might consider changing its ability to have an impact upon the community.

In developing a new investment strategy, United Way has determined that it should focus on fewer priority themes and issues in order to strengthen the potential and depth of its impact on key community issues within the context of the National Brand Framework. This will create new opportunities in selected areas and enable a more concentrated effort to achieve specific outcomes.



F. PEEL CONTEXT

The Region of Peel continues to grow at a significant rate. The 2011 census reports Peel's population is 1,296,814, an increase of 11.8% over 2006.⁴ It is noteworthy that visible minorities make up 50% of the population based upon the 2006 census data.⁵ The growth in Peel over the past twenty years has been largely driven by immigration. The proportion of the population that are immigrants rose from 43% in 2001 to 49% in 2006. One in 10 of these immigrants arrived in Canada between 2001 and 2006.⁶

In the face of this kind of growth, Peel's community health and social service infra-structure has not kept pace. The Fair Share Task Force reports that the per capita funding by the provincial government for key social services is between 34.1 % and 52.7% of the provincial average. A comparable situation exists for community health services funded through the two provincially funded Local Integrated Health Networks.⁷ This means access to many key social and community health services is much more difficult in Peel than in other communities in Ontario and that all community based organizations funded by the provincial government are under enormous stress to cope with demands for their services well beyond their current capacity. Many of these agencies are also funded through United Way investments. This situation provides positive opportunities for targeted United Way investments that could complement services funded by the provincial government to provide a greater depth of and/or more comprehensive level of service.

It is also noteworthy that although the serious underfunding of social and community health services continues in Peel, the provincial government has made recent investments in community mental health for children, youth and adults and in community services for Seniors using population as a major criteria for the amount of allocation per Region, resulting in much needed expansion of these services in the past year.

The recently-published Peel Counts report reviews a number of population based indicators reflecting the status of people in Peel within each of the nine priority areas listed in Part C above. Among the areas of concern identified are:

- 39.5 % of unattached Seniors (+65) representing 8,848 have an income at or below the Low Income Cut-off (LICO) Level (Before Tax) in Peel ⁸; This age group is the fastest growing in Peel Region; The LICO rate has steadily fallen between the period of 1996 to 2006 from 47.8% to 39.5%. However, this is still significantly higher than the rest of the population.
- 5.1% of population 12 – 19 years rated their mental health as fair or poor in 2008.⁹ In addition the Mental Health Commission of Canada reports that one in five persons experience a diagnosed mental illness in their lifetime;¹⁰
- Report to police of Domestic Violence Cases in Brampton and Mississauga are steadily increasing from 988 in 2007 to 1,137 in 2010;¹¹
- 30.3% of children enrolled in Senior Kindergarten in 2010 are likely to be limited in their ability to meet the challenges of elementary school, thus making it difficult for them to achieve success during their school years;¹²
- 19.8% of young children (0 to 5) live in poverty (Families Below Low Income Cut-off Before Tax);¹³
- In 2006, 15% of Peel's population or 167,000 people were living in poverty (Families below Low Income Cut-off Before Tax).¹⁴ (If this rate were applied to 2011 census population, then it would represent 195,500 people).

The 2006 census marked a significant change in the levels of poverty within Peel. It reflected dramatic growth in the number of children living in poverty since 2001, at the rate of one per cent per year.¹⁵ As noted in the Peel Public Health Report of 2011 on "Health in Peel Determinants and Disparities", Peel's income levels for individuals is similar to Ontario.¹⁶ There are several indicators that would suggest that when the income status information from the 2011 census becomes available in 2013, it will reflect a continuing unacceptable rate of poverty and particularly child poverty in our community:

- Unemployment levels in Peel are at 8.5% down from 9.9 % in 2010 but they have not returned to the levels of 7% in the pre-2008 economic crisis period;¹⁷
- Youth unemployment levels remain very high at 16% for 2011;¹⁸
- Social Assistance Caseloads continue to grow on a monthly basis, reaching 16,000 plus in the first part of 2012, compared to 14,000 in 2010, in spite of having one of the best records of moving people from social assistance back into the workforce in the province;¹⁹

- The Ontario Disability Support Program caseloads in Peel have increased by 26.7% since 2008-09, a growth rate that is 10.2% higher than the rest of the province (this program provides financial assistance for persons with formally diagnosed mental and physical disabilities including development disabilities, neuroses, psychoses and specified diseases affecting one's capacity to work).²⁰

These are just some highlights of the challenges faced by the residents of Peel in need of social and community support services. To respond to these challenges, the Peel community requires concerted and co-ordinated strategies that are effective, based upon our knowledge of what works and are successful in improving lives and building a supportive community. United Way of Peel Region must work in collaboration with governments, community agencies, donors and volunteers to ensure that its resources are used to achieve the greatest results possible.

PART II: THEME FOR THE INVESTMENT STRATEGY: FROM POVERTY TO POSSIBILITY

In light of the above factors, it is recommended that United Way of Peel Region adopt this as a connecting theme for its new investment and community impact strategy: From Poverty to Possibility. The National Brand Framework has three focus areas, one of which is, “From Poverty to Possibility”. Within the context of Peel Region’s demographics and social challenges, it was strongly felt that a foundational focus on poverty as the connecting theme would provide strategic attention and depth to United Way’s investment strategy. Poverty is connected to many complicated social issues. United Way’s role through this investment strategy is to support specific approaches that move people out of poverty, provide opportunities that lead to an improved quality of life and prevent people from falling into poverty. The theme conveys hope, inspiration and possibilities that create opportunities for a better life for everyone in our community.

Recommendation # 1: It is recommended that United Way of Peel Region adopt “from Poverty to Possibility” as the connecting theme for its new investment and community impact strategy.

Timeline: Immediate

A. POVERTY AND ITS IMPACT

Poverty and its growth is a dominant factor within the Peel community. Compared to Ontario, Peel has higher prevalence rates of low income for those in economic families and in couple families although overall Peel’s low income prevalence rates are similar to Ontario.²¹ According to 2006 census data there were 167,000 persons in Peel living in poverty.²² Based upon the growth in population in Peel since then this prevalence rate now includes 194,500 people.

Poverty has a pervasive and serious impact upon the lives of people coping with it on a daily basis. As documented in the Peel Health Report of 2011 on “Health in Peel Determinants and Disparities”, income is a “powerful determinant of health. Socioeconomic disadvantage has a negative impact on many measures of health status such as mortality, life expectancy, health-related quality of life, disability, cardiac disease, obesity, depression, and maternal and child health.”²³ According to self-report surveys of mental health, people with the lowest levels of household income reported poorer mental health than those with higher income.²⁴ Poverty has a significant negative impact upon the quality of life of those who experience it, including poor housing and frequent changes, hunger and/or poor diet, and limited access to cultural and recreational activities.

Child poverty is of particular concern. According to a 2008 study completed by the Children's Aid Society of Toronto, "Greater Trouble in Greater Toronto: Child poverty in the GTA", the child poverty rate in Peel rose 51% between 1997 and 2005, a period of sustained and positive economic growth. The Low Income Cut-off Rates After Tax (LICO – AT) of \$26,095 for a couple with one child and \$20,956 for a lone parent are set by Statistics Canada to identify the income level below which a family is likely to spend 20 percentage points more of its income on food, shelter, and clothing than the average family. In 2005, the last year for which this information is available, the child poverty rate for Peel was 15% based upon LICO – AT compared to the provincial poverty rate of 13.7%. In 2005 this represented 51,000 children.²⁵ If this poverty rate were applied to the number of children and youth 0 to 19 in the 2011 census, it would represent 52,900 children and youth.²⁶

It is well-documented in the child welfare literature that poverty can be a contributing factor to child protection situations such as neglect and abuse.²⁷ Peel CAS reports a significant increase in the total number of investigations opened and the average number of on-going protection cases over the past 3 years: 38.4% and 43.5% respectively.²⁸ Children living in poverty are also affected by poor or transitory housing and less access to healthy food and positive recreational opportunities, all of which can have a negative impact upon their educational success. Poverty is also one of the root causes of youth violence, as reported persuasively and in depth by the Honourable Roy McMurtry and Dr. Alvin Curling in their seminal report on "The Roots of Youth Violence" of 2008.²⁹

In 2005, the Region of Peel conducted "A Strategic Review of Poverty in Peel". It identified the following groups which are among the fastest growing components of Peel's population as being most vulnerable to low income:

- Visible minorities
- Recent immigrants
- Single Parents
- Young families with children
- Unattached seniors
- Persons with Disabilities.³⁰

Anecdotally, Regional staff report that for the most part these trends have continued in the current Ontario Works caseload with the addition of some older former manufacturing employees whose skills are not what is needed in the modern workplace and have been unsuccessful in finding employment since the 2008 economic downturn. Through this project's research and consultation process, other groups who have been identified as vulnerable to poverty through our consultations are women and children who have been victimized by domestic violence, and

other victims of violence and those persons who have had chronic experiences with combinations of addictions, mental illness, homelessness and the justice system.

B. FOCUS ON POVERTY

Businesses, big and small, drive our economy and create wealth and employment opportunities. Our governments have the responsibility to establish economic, wealth distribution, social and public policies which affect our quality of life and our socio-economic environment and influence how as a society we care for one another. As a community organization whose Mission is to improve lives and build community by engaging individuals and mobilizing collective action, United Way seeks to work with its community partners to address the growing poverty in our community.

United Way of Peel Region, its community partners and funded agencies can make a significant difference to how poverty affects our community and the individuals and families living within it. They can move people out of poverty. Through public education, they can influence public policy and they can invest their human, financial and expert resources in ways that can provide solutions to addressing the impact of poverty on individuals and build upon the strengths of individuals and families to improve their quality of life notwithstanding their economic status. United Way can invest in the development and support of prevention that will also help children, youth and young adults develop the skills and competencies they need to avoid falling into a life of poverty as they grow into adulthood.

It is important to note that many persons living in poverty have great resilience and positive assets which enable them to address the challenges facing them and their families. Immigrants tend to enjoy better health than non-immigrants and do not engage in problem behaviours such as smoking as frequently.³¹ Building upon these strengths has to be a key component of strategies that are put in place to provide support to those living in poverty.

C. OTHERS NOT LIVING IN POVERTY

In her presentation of resilience theory, Sheri Torjman talks about the need to keep an eye on all aspects of the complex environment in which we live including the cultural, social and economic environment while focusing on the priority area of attention.³² As we recommend that United Way of Peel Region focus on the connecting theme of “From Poverty to Possibility” we also recognize that persons living in poverty do so in the context of the full community. Without on-going, if not prioritized attention, to the full range of other social, economic and cultural dynamics that contribute to community health and strength, efforts to support those living in poverty would be undermined. The inclusion of those affected by poverty in the general activities and programs of the community (rather than and as well as targeted ones) can be important elements of building resilience. Indeed McCain, Mustard and McCuaig point out in their Early Years Study 3 that

Poverty increases children’s chances of delayed development, but it is not the only factor. Most vulnerable kids do not dwell in poverty; they live in middle and upper income households and neighbourhoods.³³

In addition many people not living in poverty are in need of a range of human services and supports, for example, victims of domestic violence, those with mental illnesses and addictions, and victims of racism. While embracing a philosophy of inclusion, discretion based upon best practice and outcome-based evidence must also be exercised in determining which programs should be targeted and which might be accessible to all, promoting inclusion across all socio-economic barriers. Strategies to support those in poverty or at risk of poverty should, where appropriate, take into account the needs of others in the community who may have similar needs for supports to help address their social and health issues and concerns.

D. THREE FOCUS AREAS FOR INVESTMENT

In keeping with United Way-Centraide Canada's national brand framework, United Way of Peel Region will develop local strategies in three focus areas:

- From Poverty to Possibility
- Healthy People, Strong Communities
- All That Kids Can Be

Also in keeping with the national brand framework, United Way of Peel Region will employ a multi-pronged approach that will include the following strategies:

1. Engage and mobilize community (dollars, influence, time, knowledge action);
2. Address underlying causes;
3. Strengthen the network of services and capacity of non-profits and community;
4. Influence public attitudes, systems and policy.

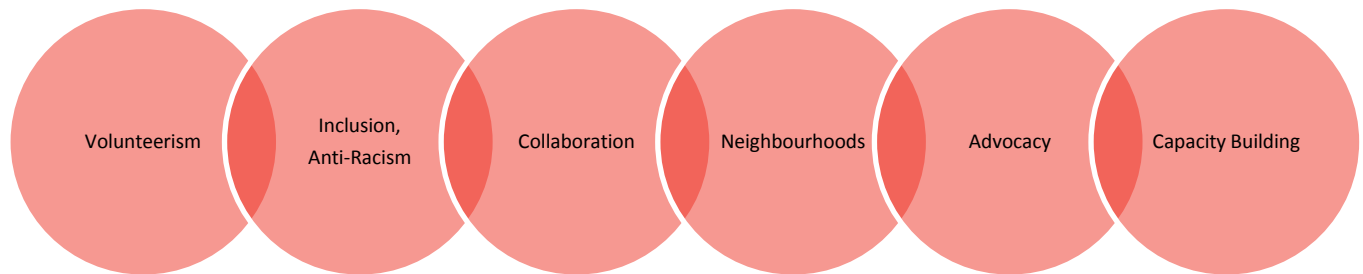
The following sections of this report will present:

1. a discussion of a set of enablers which will be applied across all 3 focus areas and then,
2. an outline of the key strategies to be employed under each focus area with some preliminary suggestions for key performance outcomes, the achievement of which will improve the quality of life for residents of Peel living in poverty and help those at risk of living in poverty to avoid it.

PART III: ENABLERS FOR THE THREE FOCUS AREAS

UNITED WAY OF PEEL REGION INVESTMENT STRATEGY

From Poverty to Possibility	Healthy People, Strong Communities	All That Kids Can Be
<ul style="list-style-type: none"> • Food Security • Emergency and Transitional Housing Supports 	<ul style="list-style-type: none"> • Safety from Abuse and Violence • Mental Health • Integration of Persons with Disabilities 	<ul style="list-style-type: none"> • Social Support, Healthy Behaviours, Mentoring, School Success • Parental Support and Education • Mental Health Counselling for Youth 16-25



Through the consultation process, six enablers were identified as important assets upon which United Way could draw upon in relation to each focus area. The first three of these enablers are derived from United Way of Peel Region values:

- Volunteerism,
- Inclusion, anti-racism, diversity and equity as well as
- Collaboration.

The next three enablers will support the implementation of the key strategies across each of the three focus areas:

- Strong neighbourhoods
- Advocacy related to “public attitudes, systems and policy” and
- Community and organizational capacity building.

A. VOLUNTEERISM:

United Way of Peel Region relies upon volunteers for its existence and its success. In executing its impact strategies, undertaking its public education and advocacy activities, investing in community agencies, United Way of Peel will continue to demonstrate its support for volunteerism. As well, all the community agencies, as charitable organizations rely upon volunteers and volunteer contributions. Supporting community involvement and enabling people to care for one another and better their community promotes full civic engagement and will be one of the underpinnings of the implementation of the community impact plan.

As part of its on-going commitment to volunteerism United Way will support volunteerism through the following strategies:

- Invest in and support the growth of volunteerism through Region-wide volunteer programs;
- Promote and mobilize corporate volunteerism consistent with Corporate Social Responsibility Policies in support of and in conjunction with its fund-raising strategies and in partnership with others;
- Support volunteer programs and services which are aligned with performance outcomes across the three focus areas.

Recommendation # 2: That United Way of Peel Region support Volunteerism throughout its full investment strategy and across all focus areas with appropriate Region-wide investments, partnerships and policies.
Timeline: Fall 2012 Call for Proposals

B. INCLUSION, DIVERSITY, ANTI-RACISM AND EQUITY

United Way of Peel Region has put a high value on inclusion, both internally and externally. It has worked hard at strengthening its diversity among its staff and volunteers at both the policy and practice levels. Through such structures as the Community Advisory Councils for the Chinese, Black, South Asian communities and youth, it is learning to listen and respond to the various voices and faces of our community. As reflected in its new Strategic Plan it will continue to do so.

United Way of Peel Region has also been a key leader in the development and success of the Regional Diversity Roundtable. Its purpose is to build inclusion and diversity competence that results in the institutionalization of equity in the core values, structures, workforce, policies and services of community organizations in Peel.

Throughout the consultation and research in relation to this impact strategy, the realities of our extremely diverse, multi-racial and multi-ethnic community surfaced in many ways. Echoing the issues of racism addressed in “The Roots of Youth Violence” report³⁴, concerns were raised about racism and its impact upon youth in particular. The

isolation and distrust experienced by the Lesbian Gay Bi-Sexual community calls upon further actions to ensure their needs are addressed in an inclusive and non-discriminatory manner. There continues to be a need for education and action in terms of including the disabled in the every aspect of community life. The facts that half of Peel as of 2006 are members of visible minorities and almost half as of 2006 are immigrants require strategies that promote inclusion, a sense of belonging and full integration into community life. United Way of Peel Region supports programs in both traditional mainstream organizations and more especially in ethno-specific organizations that provide services to vulnerable persons within these communities. Many of these address directly or indirectly issues of inclusion. In making decisions about what services to fund and support United Way of Peel Region has taken into account the respective roles of the Federal, Provincial and regional governments in dealing with issues of settlement, cross-generational understandings within families and ethnic communities, employment and equity. However concerns remain about the speed with which the human service system within Peel and particularly the mainstream and/or specialized agencies are adjusting to the needs of the different ethnic communities. There is a consensus that more needs to be done.

Among the strategies offered as solutions, joint programs or initiatives among mainstream and ethno-specific organizations seems to have considerable support, provided appropriate resources are available to create and develop the necessary understanding which will form the basis of a successful collaboration. Support and possible incentives to encourage such partnerships should be considered as a component of United Way's investment strategy. The inclusion of strategies to address the negative impacts of racism and discrimination within program proposals is also recommended. Cross-cultural partnerships should also be encouraged to further mutual understanding and enhanced service access. Funded agencies will be encouraged to take advantage of the curriculum developed by the Regional Diversity Roundtable.

In the consultations, community agencies indicated acceptance of funders' expectations that their policies and practices address the diversity of our community in positive ways and that funding be conditional upon demonstrated compliance with these expectations. There is also concern that creating too many expectations could lead to "check-off" or superficial compliance rather than fully integrated and actualized inclusion policies. Continued dialogue is encouraged between United Way and its funded agencies to ensure an effective balance is struck that will promote positive movement toward fully inclusive practice and service delivery.

It is also recommended that United Way consider a more deliberate approach to ensuring that the programs it funds are being responsive to the different races, cultural and language groups and marginalized populations in the community by requiring that programs establish and meet targets of clients reflecting the diversity of the communities they are serving. In co-operation with funded agencies and other funders, work needs to be undertaken to develop information systems and efficient data collection practices which are helpful for quality assurance and accountability purposes.

Recommendation # 3: That United Way of Peel Region place a high priority on program proposals that combine collaborative approaches between mainstream and ethno- specific organizations to address the negative impact of racism and discrimination.

This process should include the following tactics:

- A. United Way of Peel Region in consultation with funded and community agencies develop a set of mandatory criteria related to agency policies and practices regarding diversity, inclusion and equity that would be required of all agencies funded by United Way of Peel Region.
- B. In co-operation with funded agencies and other funders, develop information systems and efficient data collection practices which are helpful for quality assurance and accountability purposes reflecting the diversity of the communities that are being served.

Timeline: Begin with Fall 2012 Call for proposals and complete by 2013

C. STRONG NEIGHBOURHOODS

People live in neighbourhoods. Their learning, safety, health, and sense of social stability and connectedness are very much affected by their neighbourhoods. “Research on determinants of health within neighbourhoods shows that there is an independent effect of neighbourhood characteristics” (beyond the income status of the local environment). The way in which we interact with and are influenced by others (including individuals, families, groups and institutions) impacts our health and health choices.³⁵ In order to address poverty, neighbourhoods must be included as a key part of the strategy in all three areas of focus.

Evidence suggests that asset-based and resident-led place-based strategies (working in local neighbourhoods) offer significant potential for positive impact upon the quality of life within neighbourhoods. They can address the root causes of issues such as violence and promote positive social cohesion. Enabling communities to take positive actions to make their neighbourhood a better place to live on their terms with their leadership and involvement allows them to take responsibility resulting in stronger commitment and engagement, improved efforts at targeted concerns and a stronger fabric in a continuous positive cycle.³⁶

In their report on “The Roots of Youth Violence”, McMurtry and Curling recommend supporting high risk neighbourhoods to develop their own solutions through the creation of resident-led neighbourhood hubs to help address issues of youth violence. These could be supported by additional services integrated into them by specialized service agencies and government policies that support place-based solutions. They note that evaluations of neighbourhood initiatives “generally supports the view that in the longer run interventions in one outcome area are likely to reap benefits across a range of other outcome areas” and report on some very encouraging results from England’s focus on high risk neighbourhoods during the past decade.³⁷

The development of neighbourhood hubs has been driven by and influenced by different sets of priorities:

- issue or target population focus (settlement, seniors centre, youth drop-in, early learning);
- geographic focus for service delivery (combining services to be delivered in one area to promote service integration (one stop shopping) and accessibility);
- resident-led focus (based upon the expressed assets, needs and desires of those who live in the neighbourhood or those who are being targeted for support)
- Funder driven (governments decide a particular issue such as poverty or mental health or violence needs attention and decides to provide support at a neighbourhood level).

To date in Peel, there has been some support for resident-led community hubs but the focus has been on either the funder's priority for a particular program or target population or on an issue such as settlement or youth violence. In order to support a responsive community hub that is truly responsive to the neighbourhood needs as experienced and articulated by the residents, funding needs to be available to support the neighbourhood's plan and priorities not limited by governments' priorities. This may be a legitimate role for United Way in support of residents in neighbourhoods identifying solutions and setting their priorities.

At the provincial policy level, strengthening neighbourhoods through locally accessible services and neighbourhood hubs or local community service centres has been identified as an important feature of the poverty reduction plan³⁸ and of the Early Learning vision for the province developed by Charles Pascal, "With our Best Future in Mind Implementing Early Learning in Ontario".³⁹ The Ministry of Health and Long Term Care is also very interested in supporting locally accessible services which will help seniors remain in their homes and neighbourhoods⁴⁰ through community-based services and Family Health Teams. The recommendations for the Ministry of Health and Long Term Care's 10 year plan for mental health include the "development and implementation of plans for community hubs that help prevent physical and mental deterioration across the life span."⁴¹

Within Peel there has been considerable interest in strengthening our neighbourhoods, promoting civic engagement locally and making more services locally available integrated with other complementary services. Malton Neighbourhood Services, Caledon Community Services and Dixie Bloor Neighbourhood Centres are three examples of neighbourhood hubs, developing in a combination of responses to the demands and needs of the residents of the communities they serve, to the opportunities afforded them by funders, and the delivery of programs focused upon various issues or target populations where local delivery makes sense.

The Region of Peel has undertaken community development work in a number of high risk neighbourhoods in response to identified needs such as poverty and gang violence. The Region and United Way have also undertaken some joint programming and resident led supports for neighbourhoods which have helped individual neighbourhoods to address specific issues or undertake community building processes on a time-limited basis.

The Region is also undertaking a review of its approach to strengthening neighbourhoods with a view to ensuring that it is making the most of its investment. The Mississauga Summit has identified strengthening neighbourhoods to improve their quality of life by supporting a resident led community development process.

The Peel Newcomer Strategy Group is recommending the creation of community hubs in areas where there are high levels of newcomers. Their proposed model of a community hub “will make a broad range of services available to specific neighbourhoods in the most accessible and appropriate way possible. Hubs are not only service centres but also centres of community engagement.” The model will therefore include community development work which identifies and fosters resident-led processes and responses to identified priorities.⁴²

The Community Health partners of the Mississauga Halton LHIN have developed a plan called ASSIST which envisions locally based, accessible multi-service centres in local neighbourhoods as the vehicle for providing supports to our growing seniors population.⁴³ Youth Centres and Older Persons Centres have also provided positive community-based experiences in both Brampton and Mississauga.⁴⁴ Both of the major school boards in Peel have developed locally-based early learning/literacy hubs in high risk neighbourhoods as part of their commitment to provide more support to better prepare young children for their learning experience in the school system. It is noteworthy that in the Roots of Youth Violence report, the use of schools is the recommended place of choice for resident-led and/or youth-led community based programmes and strategies to help individuals and local groups to find solutions to the challenges they are facing.⁴⁵

The development of neighbourhood hubs based upon an issue or a group of issues is one that could be given further consideration as planning for early learning, seniors, mental health and settlement services evolve to respond to the needs of the community and the priorities of different Ministries and governments. Further consideration of the provision of co-ordinated services in a one stop-shopping model like the William G. Davis Family where services to victims of woman abuse and their children and related services are provided in one location should be undertaken, as agencies and funders look for ways to be more responsive to the needs of their clients. The Community Door model of agencies co-locating together in Brampton and Mississauga could also serve as an important lever of change in neighbourhoods.

Many agencies look for opportunities to deliver their services in local communities, making them more accessible. A prime example of this is the Ontario Early Years Centres where staff from specialized agencies for mental health, developmental disabilities, speech and language and other issues provide their services on a regular basis in the local Early Years locations. This locally accessible service delivery is consistent with a recent Canada wide study of parents' views of how communities should support parents of young children which found strong support for neighbourhood based supports and services.⁴⁶ Peel youth and parents have indicated this same desire for locally accessible services through consultations with youth in 2010 and through a recent survey of parents in Peel conducted by Peel Children and Youth Initiative. In addition, organizations such as Boys and Girls Clubs have undertaken some modest community development activity as an adjunct to their After-School and breakfast

programs, but have indicated that their ability to develop resident-led, local leadership is limited by their mandate and resources.

In addition, both the City of Mississauga and the City of Brampton have provided investments and staffing supports to support neighbourhood development activities. The City of Mississauga and the Town of Caledon have identified neighbourhoods within their respective strategic plans. Organizations such as Safe City Mississauga and Brampton Safe City also work actively in neighbourhoods with the mandate of reducing crime and keeping neighbourhoods safe.

In spite of this interest in neighbourhood hubs and in strengthening neighbourhoods, especially those with a complexity of high risk factors such as low socio-economic status, racialized communities, new and transient immigrants, low educational level of adults, low readiness for learning in kindergarten, there has been no new development of neighbourhood hubs either service-based or resident-driven in recent years. There is a lack of resources and supports for community development roles over a sustained period of time in high risk neighbourhoods and no community-based organization that has adopted this intervention strategy as part of its on-going mandate. Notwithstanding the expressed interest there has been no co-ordinated or comprehensively cross-sectoral discussion about how funders and various partners in the human service system can promote neighbourhood-based service delivery and promote the development of neighbourhood hubs which support resident-led priorities and solutions to improving local quality of life. There is a need for a collective understanding of what can be accomplished by strengthening high risk neighbourhoods and what that process involves. This is an opportunity for United Way of Peel Region to take some leadership to convene community stakeholders as a step to increase the number of neighbourhood hubs with a resident-led component in Peel.

Given the potential of resident-driven neighbourhood hubs and locally accessible integrated service delivery models to have a positive impact upon people living in poverty in high risk neighbourhoods, (as documented by The Roots of Youth Violence⁴⁷ and by Tamarack's Vibrant Communities project)⁴⁸, the following recommendations are being made:

Recommendation # 4: That United Way of Peel Region, in partnership with community stakeholders, develop a neighbourhood strategy with a resident led approach based on collaborative planning and investments. This process should include the following tactics:

- A. Create a Peel-wide and cross-sectoral neighbourhood Think Tank involving all relevant stakeholders to develop a common vision and a plan for the development of neighbourhood hubs and neighbourhood strengthening processes in Peel over the next five to ten years. This process should include:
- creating a common tool for assessing the health and vitality of neighbourhoods,
 - identifying priority neighbourhoods,
 - identifying options for community development, and hub-based approaches and programs to strengthen those neighbourhoods
 - develop a plan to prioritize expansion of neighbourhood hubs
 - an implementation plan that includes identifying funding support.

Timeline: Start Spring 2013 - over 3 years

- B. Consider investing in a pilot project in a priority neighbourhood to create a neighbourhood hub through resident engagement that responds to their needs. Utilize a community development process and include an evaluation of the process to create learnings for future neighbourhood development tactics. The neighbourhood hub should include resident led initiatives as well as agency programs that meet the needs of the neighbourhood. United Way should consider investing in the implementation of this initiative in partnership with other funders where possible.

Timeline: Start Fall 2013

- C. Support local service delivery and neighbourhood-based services through its investments in the three focus areas.

Timeline: Begin with Fall 2012 Call for Proposals

- D. In partnership with the Region of Peel continue to invest in resident-led neighbourhood initiatives that help address local issues as identified by residents and/or to improve the quality of life within local neighbourhoods which promote a sense of belonging and a sense of community.

Timeline: Fall 2012 Call for Proposals

- E. Engage in public education and advocacy about neighbourhood capacity building and identify and support those policies which promote and sustain healthy neighbourhoods.

Timeline: ongoing

- F. policies which promote and sustain healthy neighbourhoods.

Timeline: ongoing

D. ADVOCACY

United Way of Peel Region is committed to an advocacy policy which is respectful, nonpartisan and rooted in sound research and documentation. In undertaking an advocacy role United Way of Peel Region will meet the expectations of the legislation governing charities. To be successful in addressing poverty, United Way of Peel Region will undertake appropriate and targeted advocacy on relevant public policy issues that have an impact upon those living in poverty and those at risk of living in poverty. Some of these issues will be identified within the strategies for each focus area outlined later in this report, while others will be identified as the work of implementing the strategies unfolds and through the collaborative activities of United Way of Peel Region.

United Way of Peel Region has been an active partner and leader in the Fair Share Task Force, a collaborative of community health and social service agencies and volunteers. This Task Force has raised concerns about the accessibility of community health and social services in Peel resulting from inadequate funding from the provincial government which has not kept pace with the relentless growth in population within the Region over the past 30 years. The need for a population driven formula for social and community health services remains a major issue in Peel and United Way should continue its efforts to have it addressed as part of the Fair Share Task Force as it will strengthen all of the efforts arising from this investment strategy.

Recommendation # 5: That United Way of Peel Region engage in appropriate and informed advocacy on relevant public policy themes that align with this investment strategy including the continuation of its support for and participation in the Fair Share Task Force.

Timeline: continue with existing Fair Share initiative and develop plan for further alignment by Spring 2013

E. COLLABORATION AND PARTNERSHIPS

As noted in the introduction, United Way of Peel Region has been a leader and key participant in a significant number of community collaboratives. These include:

- Fair Share Task Force
- Success by 6 Peel and its broader successor The Peel Children and Youth Initiative
- Peel Newcomers Strategy Group
- Mississauga Summit
- Peel Poverty Reduction Strategy Group
- Regional Diversity Roundtable
- Peel Leadership Centre
- The Community Door
- Peel Elder Abuse Prevention Network
- Healthy City Stewardship Centre

This involvement is reflective of United Way's value which emphasizes partnerships and collaboration. Working together in a co-operative manner, sharing resources and perspectives can have much more impact than acting in isolation. The work of Kania and Kramer on Collective Impact supports pushing the concept of collaboration to the level where "community leaders must abandon their individual agendas in favor of a collective approach to making positive changes"⁴⁹ and provides a potential option for even stronger and more productive collaboration within Peel. United Way of Peel Region will continue with its commitment to partnerships and collaborative action throughout all three focus areas in this investment strategy and will also reflect this in its expectation of those programs and strategies in which it invests.

In addition, United Way is interested in furthering collaborative efforts among the funders of services as well in an effort to ensure all resources are used as effectively as possible to achieve the goals that will address the impact of poverty.

Recommendation # 6: That United Way continue its commitment to supporting collaborative strategies, coalitions and partnerships which align with this investment strategy and develop a consistent approach to tracking the impact of this type of work

F. COMMUNITY AND ORGANIZATIONAL CAPACITY BUILDING

United Way of Peel Region has a strong history of building community and organizational capacity.

i. General Community Capacity Supports

United Way of Peel Region supported the creation and development of Volunteer MBC following its 2007 Review of Volunteerism. It also provided leadership and on-going support to the development of the Regional Diversity Roundtable and the Peel Leadership Centre. Each of these organizations is making significant contributions to the capacity of the community in the areas of volunteerism, diversity and cultural competence and leadership at both the staff and governance levels.

In the area of innovation, United Way of Peel Region has invested in Social Purpose Enterprises whereby agencies have been able to obtain assistance in the management and performances of small businesses they have created to provide meaningful employment and training opportunities for their clients.

Through its investment in the Social Planning Council of Peel, United Way has further supported community-based research into the various needs of the community and the work of that agency in supporting the development of several grass roots organizations. Research into various community

issues undertaken by independent sources can make a valuable contribution to the public's understanding and can contribute to the development of advocacy position on related public policy matters.

In partnership with the Region of Peel work on Results Based Accountability (RBA) has resulted in the publication of Peel Counts as the first step in enabling the Peel community to track the impact of its social services and interventions on key social issues affecting the quality of life of the citizens of Peel. This has led to the creation of the Peel Institute for Collective Impact which will provide further leadership and support to building the community's capacity to measure and identify its progress toward improving the quality of life of residents in relation to key issues. This will provide further assistance to United Way and to its funded agencies in being accountable for the impact of its investments over a period of time.

Recommendation # 7: That United Way strategically target its investments and leadership in Community Capacity Building in areas of volunteerism, innovation, research and accountability, training, diversity and governance and leadership development initiatives that align with this investment strategy.

This process should include the following tactics:

- A. United Way of Peel Region continue its Strengthening Organizational Effectiveness Fund and
- B. Support to agencies in the development of the performance based indicators and outcomes consistent with the Results Based Accountability Framework to measure and demonstrate impact.
- C. Continue the Social Purpose Enterprise initiative and explore micro finance and financial literacy skills for individuals as these relate directly to innovative responses to moving people out of poverty

Timeline: continue with existing plans, ongoing work over next 5 years

ii. **Organizational Capacity Building**

Through its Strengthening Organizational Effectiveness Fund, United Way of Peel Region has provided community based organizations with support to undertake organizational reviews, strategic planning, governance reviews and other projects to enhance their capacity to fulfil their mandate as efficiently and effectively as possible. In the past three years it has worked with its funded agencies to develop outcome measures to track the impact of its investments in the 101 programs it has funded. This has led to improved accountability among funded agencies.

United Way has also invested in administrative functions and costs of some of its funded agencies. In addition to enabling these funded agencies to cover some of their core administrative costs, this support has been leveraged into additional staffing and services funded by other funders that do not

recognize administrative costs associated with direct service delivery. So its funding is actually supporting the delivery of a range of additional services. United Way of Peel Region is currently investing approximately 1.2 million dollars in these costs. The decisions to fund these costs have their roots in history. As United Way moves to a new investment framework and undertakes to evaluate program submissions from both currently funded organizations and new (to United Way) community agencies, it will be important for United Way of Peel Region to evaluate its current approach to the funding of administrative costs and develop a set of policies to guide its investment decisions. There may be merit in seeking advice from funded and community agencies on the development of these policies.

In addition, in discussions during this project, concerns were raised about the nature of United Way's expectations of funded agencies in terms of the information required of them. It may be that a differential approach may be a better approach depending upon the size of the funding provided by United Way and/or the size and capacity of the funded agency. It also may be different depending upon the role of a funded agency; for example, a planning collaborative is not the same as a direct service program. It is suggested that further thought be given to this issue as the new investment process is developed.

In the human service field, governments have been raising questions about the number of agencies providing service and their associated administrative costs. The Drummond report on Provincial government expenditures delivered in January of this year made recommendations about fewer organizations and more service and organizational integration in its review of health and social services.⁵⁰ Funding sources that support administrative costs are diminishing, yet donors and funders are demanding greater accountability and demonstration of impact by agencies. Agencies in the sector are not funded adequately for this and rely on fundraising and a patch work of funding sources to support their administrative costs. Indeed a couple of United Way funded agencies have entered into arrangements and/or discussions to address the administrative costs. Community based agencies have begun to look at themselves and how they can support their administrative costs and identify greater efficiencies during a climate of fiscal restraint. In this climate, United Way of Peel Region, its partner funders and funded agencies need to examine options for strategies to reduce administrative costs and whether in some cases further agency amalgamations or service integration is warranted. This is a complex issue because a number of United Way funded agencies were developed as a result of creative community responses to community needs that were not being met by the existing programs. There needs to be room for social entrepreneurialism. Strategies to support innovation in response to community needs must be developed while ensuring that administrative

costs are kept to a reasonable level. Further dialogue among other funders, community agencies and United Way needs to be undertaken to develop a Peel-based solution that makes sense. This will also take into account the larger context of decisions being made by different levels and ministries of government and by the provincial or national associations of community organizations where applicable.

Some of the larger institutions like hospitals have led the way in examining cost-saving strategies through shared services. Provincial associations for locally based community services have developed some effective shared administrative services for their members. In the Survey Monkey questionnaire that was sent to funded agencies at the beginning of this project, we asked respondents to identify their interest in shared services and their response was “luke-warm”, although there was greater interest in shared information and technology systems and training programs.

RESPONSES TO THE SHARED SERVICES QUESTION IN SURVEY MONKEY: “SHOULD UNITED WAY FURTHER EXPLORE SHARED ADMINISTRATIVE FUNCTIONS FOR THE SECTOR?”

Topic	Response Count (29 answered)	Response per Cent
Communications	14	48.3%
Employee Benefits	10	34.5%
Employee Assistance Programs	8	27.6%
Financial Systems & management	9	31.0%
Group Purchasing	13	44.8%
Human Resources	12	41.4%
Information Technology & Systems	21	72.4%
Quality Assurance (process, evaluation, outcomes)	14	48.3%
Space	17	58.6%
Training	24	82.8%

During the review process, discussions were held with the Funders' Consortium, an information-sharing forum for different funders of Peel's community agencies and a special leaders meeting with key Funders. These included representatives from the LHIN's, the Region of Peel, the Provincial Ministries of Citizenship and Immigration; of Training, Colleges and Universities; of Community and Social Services and of Children and Youth Services and the Ministry of Citizenship and Immigration Canada as well as from the Brampton Community Foundation. There is interest among these funders to have further discussions on the development of a communication protocol so that information from each funder may be shared before final allocation decisions are made. This would ensure that there is a fuller knowledge of the changing directions of funders and the impact of the funding decisions of one funder can be understood and taken into account by the others where possible and appropriate. There is also interest among the funders in having more discussion about developing a common approach to such themes as agency integration, shared services, a common information system or data base across service sectors and other similar capacity building processes. A prioritization of these issues will need to be undertaken as well.

Recommendation #8: That United Way of Peel Region develop new policies, as appropriate, related to administrative costs and to its accountability expectations of funded agencies for the new investment strategy in ways that promote more efficiency and enable United Way investments to maximize their impact to achieve the identified outcomes. Where possible, consultation with funded agencies should inform this process.

Timeline: Fall 2012 – Summer 2013

Recommendation #9: That United Way of Peel Region enter into discussions with other human service funders and community agencies about the development of a plan and/or common strategies and/or timely communication in relation to shared services, agency integrations and/or amalgamations to ensure that funds for needed administrative services and supports are used as cost effectively as possible. This might take the form of Special Task Force or just be a high priority topic for the Funders and for meetings with community agencies.

PART IV: THE THREE FOCUS AREAS

A. FROM POVERTY TO POSSIBILITY

Impact Result: Reduced Impact of Poverty for Basic Needs



Determinants of Success

Housing	Food Security	Transportation	Income Security	Employment Opportunities	Skill Development	Social and Health Care Supports
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Possible Population Indicators

Unemployment rates	Ontario Works Caseload	Food Insecurity Indicator	Income
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United Way of Peel Region Strategies

Engage in Public Education & Advocacy re Public Policy Issues Related to Poverty	Invest in Support programs for transitional & emergency housing	Invest in Food Security Programs
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Possible Program Results**

Improved Life Skills of residents of temporary shelters	Reduced Social Isolation among participants in food security & temporary housing programs	Improved Food Security for persons living in poverty
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* These population indicators are presented as possible measures of the impact of the strategies of United Way of Peel Region, but also of the collective efforts of other community organizations and governments involved in addressing the issues of poverty. With further examination and discussion, these may change.

** These program results will need to be further developed through discussions with community partners and measurement experts before the call for proposal is issued in the fall.

A1. STRATEGY # 1: ENGAGE IN PUBLIC EDUCATION AND ADVOCACY CONCERNING POVERTY AND ITS IMPACT AND CAUSES. THIS WILL INCLUDE EXAMINATION OF AND THE DEVELOPMENT OF POSITIONS ON RELEVANT PUBLIC POLICIES AND PROGRAMS AFFECTING THOSE LIVING IN POVERTY OR AT RISK OF LIVING IN POVERTY.

As noted in the introduction, poverty is a complex phenomenon which has a pervasive impact upon those who experience its reality. The key elements of a poverty reduction or alleviation strategy include: housing, food security, income security, transportation, economic opportunities, skill development and access to health and social services. Breaking barriers to social isolation and social exclusion are also important aspects of addressing poverty and supporting those who are caught in its web. This understanding of poverty is consistent with the results of a recent consultation process conducted by the Peel Poverty Reduction Strategy Group⁵¹, and is supported by many other experts, such as for example, presented in the province' s Breaking the Cycle report of 2009⁵² and in the United Way of Calgary's analysis of poverty and its impact.⁵³

Adopting From Poverty to Possibility as the connecting theme for the coming 5 – 7 years means United Way will need to pay and draw attention to the complexities and components of poverty, both to support its choice of strategies and track its impact but also to raise public understanding and appreciation of the phenomenon of poverty and its various impacts. So it makes sense that United Way of Peel Region undertake and participate in work that will both educate United Way's donors and the residents of Peel as well as influence public policy on matters relevant to poverty and its reduction and/or countering its impact.

The Province of Ontario has made poverty reduction a priority and launched multi-pronged approach to achieving an ambitious goal of achieving a 25% reduction in poverty over a 5 year period beginning in Dec. of 2008. A key cornerstone of this strategy is a review and overhaul of the system for Social Assistance which is currently underway, pending a report to the Provincial government this summer.

While the Federal and provincial governments play major policy and funding roles through their taxation, income distribution, economic and social policies and programs, the Region of Peel also plays a major role in delivering an important range of programs addressing poverty and supporting those in highest need. Through its program delivery of Ontario Works and the integrated provision of subsidized child care, housing and employment supports, it serves many Peel residents living in poverty.

Its comprehensive approach to affordable and subsidized housing under Peel Living and its programs and policies on homelessness also help to address an important basic need which is in very short supply within the Region, as there are currently 12,853 households waiting for subsidized housing⁵⁴. In addition it provides public health programs and strategies in support of those living in poverty and at risk of living in poverty. Its Families

First Pilot project has identified some new holistic approaches to supports for single parents receiving Ontario Works subsidies.⁵⁵

There are many other community agencies involved in addressing the issues of poverty, some of whom are partners in the public education and advocacy efforts to influence change at the public policy level on many of the issues affecting the quality of life of those living in poverty or at risk of doing so.

United Way of Peel Region and the Region of Peel began the Peel Poverty Reduction Strategy Group in 2006-07, by bringing together various collaboratives such as the Fair Share Task Force and the Peel Newcomer Strategy Group, grassroots organizations such as the Peel Poverty Action Group and 905 Interfaith Coalition and other community organizations such as Social Planning Council of Peel, Caledon Community Services, and Brampton-Mississauga District Labour Council.

The Peel Poverty Reduction Strategy Group has submitted policy papers to the provincial government and has made contributions through its policy work and organization of in-put sessions to the Province's Social Assistance Review noted above. It has also overseen a review of food distribution in Peel. Recently the Group has undertaken a series of consultations leading to the development of its current strategic plan which has 6 components to it:

- Advocacy, Education and Collaboration
- Economic Opportunity
- Income Security
- Affordable/Accessible Transit
- Food Security and
- On-going Monitoring and reporting of population changes related to poverty.

It makes sense for United Way to continue its participation in this collaborative to enable it to work co-operatively and effectively with its partners to raise the profile of poverty and develop collective solutions to address the problem and alleviate its impact upon the residents of Peel. Much of United Way's efforts in public education and advocacy on the broad issues of poverty should be channelled through the Peel Poverty Strategy Group, as this will enable it to take advantage of the collective expertise with the Strategy Group.

United Way is also uniquely positioned to work with its corporate partners to educate them about the issues related to poverty and provide them with opportunities to make concrete contributions to addressing the challenges of poverty. In a review of the Social Responsibility Policies and programs of its major donors, some made explicit references to hunger and/or other key elements of poverty, while others identified target populations such as "vulnerable" and "less fortunate". Discussions with these partners could lead to some unique approaches to public education while recruiting support from these corporations for the additional strategies in the poverty focus area.

A2.: STRATEGY #2: INVEST IN FOOD SECURITY PROGRAMS AND SOLUTIONS.

The Food and Agriculture Organization of the United Nations defines food security as “a condition in which all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.”

The Centre for Studies in Food Security at Ryerson University works with five components of Food Security:

- Availability – sufficient food for all people at all times
- Accessibility – physical and economic access to food for all at all times
- Adequacy – access to food that is nutritious and safe, and produced in environmentally sustainable ways
- Acceptability – access to culturally acceptable food, which is produced and obtained in ways that do not compromise people’s dignity, self-respect or human rights
- Agency – the policies and processes that enable the achievement of food security.⁵⁷

Through the investment in programs which take this kind of holistic approach to the provision of food, as a basic need, United Way of Peel Region can make a significant contribution to creating possibilities for those families who cannot afford regular healthy meals.

Given the cost of housing and the large portion of the budget that is absorbed by housing among the working poor and those on social assistance, the need for food banks and food security programs or other sources of food has grown over the past decades. As reported in Peel Counts, according to the 2006 census, 42.6% of households are spending more than 30% of their income on rental accommodation and 18.8% are spending over 50%.⁵⁸ In addition Statistics Canada has developed a measurement of Households Experiencing Food Insecurity in the last 12 months and Peel Counts presents their findings for Peel: this number rose to 7% of households in 2008 compared to 5.3% in 2005.⁵⁹ This was before the 2008 economic crisis. In the Annual report on Hunger in the GTA of the Daily Foodbank, it is reported that the users of its member food banks including the Mississauga Food Bank and its partners reported that rent or mortgage costs including utilities absorbed 68% of their income.⁶⁰ This same report describes the largest increase in client visits since social assistance rates were cut by 21.6% in 1995; a 15% increase in foodbank users from 2009 to 2010 when 1,187,000 persons visited (174,000 of those in the 905GTA).⁶¹

Within Peel, the Mississauga Food Bank has worked with its partners, some of whom are funded by United Way, to develop a distribution system which is neighbourhood based. In Brampton, there are numerous food banks, most of which are faith-based. They have chosen to continue to operate separately as they stated in a process undertaken by the Region to review the food distribution process in 2008-09.

In implementing the strategy to invest in food security, United Way of Peel Region will no longer provide funding to Food Banks for the emergency provision of food. Notwithstanding the concrete value to the client that is provided through Food Banks where the clients come and obtain a supply of food, there is growing realization that food distribution could best be accomplished within a larger context of full fledged food security programs. These could offer support related to healthy eating and related issues such as skill development re food preparation, budget management and opportunities for volunteer engagement and the reduction of social isolation. The development of community kitchens and community gardens where teaching of various skills and information about healthy food can be provided in a constructive and engaging social context could offer a more holistic and community building approach. Alternatively developing food security programs as part of neighbourhood hubs may offer a greater opportunity for holistic support to persons living in poverty.

The Stop program in Toronto has developed a neighbourhood based model for food provision in the context of a “thriving community food centre that is a hub of activity related to food, where people can come together around a good meal; learn how to grow, cook and choose healthy food and find inspiration to work toward change by the powerful persuasion of good food”⁶². Some of the programs providing food with the support of United Way of Peel Region are gradually building elements of a broader, more holistic approach. Catholic Family Services is developing a food kitchen as part of its Centre for Families which brings together a number of services responding to issues of family violence and women abuse. In Caledon, Caledon Community Services is undertaking a set of strategies to support the poor and isolated in Caledon including food distribution and transportation.

Since the Daily Food Bank report indicates that 23% of the GTA Food Banks clients are receiving Ontario Disability Support Program as their main source of income⁶³, food security programs which can offer additional support to individuals who are disabled or experiencing mental illness as part of their service would help to ensure a more holistic approach to persons living in poverty. The programs funded through this investment strategy will fill a gap in the current food provision system within Peel Region.

This kind of approach to dealing with food security has potential to bring positive benefits to individuals and families in meeting a basic need but in also addressing other needs while strengthening the health of the community and its quality of life. In addition current food outreach or distribution strategies to isolated seniors and persons in ill health can be continued as part of this strategy.

As this strategy is implemented United Way of Peel Region will have to carefully manage the administrative costs associated that could be associated with a lot of small programs. So the recommendations outlined above in the capacity building section related to developing supportive but efficient policies related to administrative costs will need to take into account the challenges that may be raised by receiving a large number of applications from small agencies. Promoting connections with larger multi-service organizations serving similar populations or locations may also provide some positive solutions.

A3. STRATEGY #3: INVEST IN COMPLEMENTARY SUPPORTS AND PROGRAMS FOR TRANSITIONAL AND EMERGENCY HOUSING OPTIONS OFFERED TO WOMEN AND CHILDREN WHO ARE VICTIMS OF VIOLENCE, HOMELESS YOUTH AND HOMELESS PERSONS WITH MENTAL HEALTH ISSUES.

Homeless youth, homeless persons with chronic mental illness and women and children who have been victimized by domestic violence are among the most vulnerable residents in our community. They need emergency and transitional housing in order to help them deal with the crisis of homelessness and loss of shelter, as housing is one of the core basic needs. Within Peel Region there are 3 shelters for victims of domestic violence and one emergency shelter for youth. There are 2 emergency shelters for homeless individuals and one for families. Transitional housing is available for families in one setting, while transitional housing for homeless persons with mental health conditions is combined with transitional housing for men being released from correctional institutions. The operators of the programs for youth and victims of violence report that they often have to turn people away from their service and refer them to other shelters in the GTA because the demand for their service is very high. From April 2011 to March 2012, Interim Place referred 451 women to other shelters⁶⁴ and last year Our Place Peel turned over 500 youth away when they were seeking housing⁶⁵. The transitional housing program for persons with mental health conditions reported an increase in “walk-ins” who requested a place to stay of 45% from the 29 in 2009 to 42 in 2010.⁶⁶ Having a place to stay and be supported at a time of crisis for these groups of vulnerable people is essential to their ability to find the resources and inner strength to move on to longer term and more stable living conditions. The safety and support provided through the women’s shelters is of the highest importance to women who have found the courage to leave abusive relationships.

Government funding for these shelters is based upon a per diem for basic staffing. United Way funding provides complementary staff who enable the programs to offer more counselling and support. They strengthen the programs’ ability to help the residents deal with their individual crises and challenges and to develop plans to move to a more stable and longer term living arrangement. They offer advice, teach and support the development of life skills, suggest appropriate referrals, provide structure and a listening ear and an encouraging word helping the youth, adult or mother to cope with the crises they are facing.

During the course of this project, the discussions with the other funders of these programs, the Ministry of Community and Social Services and the Region of Peel revealed that further discussions might lead to a different approach to the funding of these complementary programs enabling United Way funds to be assigned to other priorities. There is a joint commitment among the funders to pursue these discussions to ensure full and effective use of their respective investments and to make appropriate changes before the beginning of the next fiscal year.

A4: PROGRAMS NOT PRIORITIZED IN THIS INVESTMENT STRATEGY:

United Way of Peel Region has invested in programs that provide skill development related to literacy. Over the past several years the provincial government through its Ministry of Training, Colleges and Universities has developed a range of programs which are addressing this need in the context of employment training programs through Employment Ontario. This will allow United Way to withdraw from funding programs which fill this need in order that it can invest in other priorities.

A5. SUMMARY FOR “FROM POVERTY TO POSSIBILITY”:

The pursuit of the three strategies will contribute to addressing the issue of poverty. The public education and advocacy will provide a broad focus on many of the issues affecting people living in poverty. The strategy to invest in food security programs will help address meeting a basic need in a manner that current social research is recommending. It will also help reduce the social isolation of those who take advantage of the food security programs. This will also be a benefit to the programs supporting those living in temporary shelters who need additional support to make a successful transition out of the shelters.

Recommendation # 10: That in the Focus Area of From Poverty to Possibility United Way will:

1. Engage in public education and advocacy concerning poverty and its impact and causes;
2. Invest in food security programs and solutions;
3. Invest in complementary supports and programs for transitional and emergency housing options offered to women and children who are victims of violence, homeless youth and homeless persons with mental health issues.

PART IV: THE THREE FOCUS AREAS

B. ALL THAT KIDS CAN BE

Impact Result: All Children and Youth Thrive



Determinants of Success

Healthy Child Development 0 to 4	Positive School Entry, School Progress & Healthy Development 5 to 12	Healthy Teen Development & Success in School 13 -18	Successful Transition to Adulthood 16 to 25 years
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Possible Population Indicators

Readiness to Learn at School Entry (Early Development Instrument) (EDI)	EQAO Assessment at Grade 6	High School Graduation Rates	Youth Unemployment Rate	Physical Activity	Self Report on Mental Health Rates
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United Way of Peel Region Strategies

Invest in Programs that develop social competencies, leadership and promote healthy cognitive, emotional, social and physical development among school-aged children and youth (eg. Mentors, recreation, youth-led)	Invest in Support & Educational programs for Parents	Invest in Mental Health Programs for Transitional Aged Youth (TAY) 16 to 25
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Possible Program Results**

Increased Social Competencies for children and youth	Increased youth Leadership and volunteerism	Increased engagement of children & youth	Increased goal achievement re school re-entry, graduation &/or increased social competencies for TAY
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* These population indicators are presented as possible measures of the impact of the strategies of United Way of Peel Region, but also of the collective efforts of other community organizations and governments involved in addressing the issues of healthy child and youth development and poverty.

** These program results will need to be further developed through discussions with community partners and measurement experts before the call for proposal is issued in the fall.

As noted above, child poverty in Peel is growing. This is of major concern to the community. “Long term disadvantage due to poverty is related to poor life course outcomes. These range from decreased academic performance and limited vocational success, to health related concerns, violence and childhood adjustment disorders.”⁶⁷ Poverty is also a significant contributor to youth violence. Therefore it makes eminent sense that children and youth are a key area of focus to address the problem of poverty. Emphasizing “All That Kids Can Be” allows for a significant prevention component in United Way of Peel Region’s new investment strategy. Supporting children and youth living in poverty as well as other children and youth requiring support, guidance and access to social and health services will enable United Way of Peel Region to help parents, families, schools and the community to foster healthy child growth and development and enable more children and youth to avoid experiencing poverty as they mature into adulthood and become contributing members of the community.

For All Children and Youth in Peel to Thrive, they need a safe and nurturing environment within their family, child care (informal and informal), school, neighbourhood and community. At each stage of their growth and development they need to experience opportunities to learn the cognitive, social, and emotional and physical skills necessary to feel good about and to believe in themselves so they may be successful in learning and maturing into caring, responsible adults who are able to make a contribution to their family and their community. As parents, neighbours, professionals and members of various organizations, groups and partnerships we are all part of a social system committed to ensuring this kind of safe and nurturing environment. We are looking to develop positive social skills and healthy behaviour that will enable children and youth to interact with others in a positive manner and to successfully pursue their interests and goals in respectful ways. “Nurturing, encouragement in school, recognition, attention to mental health, respect, opportunity, good housing and sufficient positive reinforcement of race, faith and culture are critically important factors in a child’s and youth’s life.”⁶⁸

From the donor’s point of view there is considerable interest in supporting children and youth. In the survey of the Corporate Social Responsibility Policies and programs of the top 30 donors of United Way of Peel Region, at least 14 corporations explicitly identified education, supporting children and youth at risk or youth with mental health issues as a priority while two others identified families as a priority.

Just recently, the Ministry of Children and Youth Services published a very comprehensive and informative resource on youth development called “Stepping Stones”. It brings together the most up-to-date research on youth development from 12 to 25, presents the stages of development across the spheres of cognitive, emotional, social and physical development with suggestions of how support can best be offered to youth based upon best practice research and most importantly suggestions and recommendations from youth across the province.⁶⁹ It is rooted in an asset-based approach which looks to build upon the strengths and accomplishments of youth as they

progress at their own individual pace and style toward full adulthood. This resource can be a significant support for the implementation of strategies recommended for United Way investment in this Focus Area.

B1. STRATEGY #1: INVEST IN PROGRAMS THAT DEVELOP SOCIAL COMPETENCIES, LEADERSHIP AND PROMOTE HEALTHY COGNITIVE, EMOTIONAL, SOCIAL AND PHYSICAL DEVELOPMENT AMONG SCHOOL-AGED CHILDREN AND YOUTH (EG. MENTORS, RECREATION, YOUTH-LED).

It is proposed that this strategy cover the full age range from 5 through to 25 to include drop-in programs and programs where leadership skill development is relevant. Research suggests that helping children and youth build self-confidence and a sense of competency as well as develop positive relationships with parents, adults and peers will have a positive impact on their ability to learn and to be successful at school.^{70,71,72} This thinking was also reinforced in the consultations which occurred during this process.

After-school programs, recreational programs, mentoring programs have positive track records in supporting children and youth to be successful:

- Research including the preliminary report of the Region of Peel's Family First program⁷³ and the work of Dr. Gina Browne of McMaster University⁷⁴ make the case for recreational activities as being a key means of helping kids at risk in poverty achieve significant improvement in social physical and mental health within the context of an integrated, multi-strategy program to support families on Ontario Works;
- A Case-making Fact Sheet produced by the Arts Network for Children and Youth cites many studies which support the idea that recreational activities including the arts can lead to the reduction among youth at risk of low self-esteem, low school success and less substance abuse and to help youth take control over their own lives;⁷⁵
- Big Brothers Big Sisters of Canada is in the midst of a significant longitudinal analysis of the Effects of Adult mentoring on Children's Behaviour and Well-Being: An Examination of the Big Brothers Big Sisters community Match Program. The preliminary results are very positive indicating youth who have been matched with a mentor have improved in the following areas: fewer behaviour problems in school; fewer conduct problems in school and less likely to be victimized by bullying. There is also some indication that not all youth are equally suited for mentoring. This research will be completed in 2013 and may provide further guidance about how to strengthen these programs.⁷⁶
- Reports from several joint United Way Worldwide and Big Brothers Programs in Winston- Salem, North Carolina and Broward County in Florida presented in a recent United Way webinar also point to highly

successful results from both school-based and community-based mentoring programs, especially for high risk children and youth.⁷⁷

- The provision of a positive adult role model for children and youth is seen as a positive protective factor in supporting at risk children in the community and in the care of Children's Aid Societies⁷⁸ and in a literature review of the links between poverty and mental health, Lipman and Boyle identify "support from at least one care-giving adult" as an important protective factor.⁷⁹
- Again the Stepping Stones report confirms from the youth point of view the value of positive role models, whom they emphasize, as a "critical ingredient in identity formation and positive development"⁸⁰. These can be teachers, mentors, coaches, volunteers, leaders, etc.

A report prepared for the Public Health Agency of Canada identified the benefits of and need for broadly defined recreational and after-school activities to support positive growth among school-aged children.⁸¹ During the youth consultation phase of the development of the Strategic Plan for The Peel Children and Youth Initiative in 2010, youth identified the desire to have more access to after-school recreation programs. So the inclusion of recreation programs in this strategy is strongly supported by youth. In the recently released Stepping Stones report it states "adolescents highlighted a desire to organize their own recreational initiatives" as it provides them with opportunities to develop competencies in planning and decision-making and provides other youth with positive youth role models.⁸²

It is important in promoting healthy development of children and youth to give them experiences by which they can learn to work, create and play with others and to allow them to assume leadership roles and assume the associated responsibilities. Providing youth with meaningful opportunities to contribute as volunteers and to lead programs or develop groups and/or problem-solving strategies and processes and to contribute policy-making and programs whether their interests are at stake are very important elements of the growth process. The Roots of Youth Violence report stresses among its key strategies providing youth with opportunities to influence their own environment and to have a voice in what is happening to them and finding solutions, to have opportunities to be leaders and to promote opportunities for peer to peer support.⁸³

In 2007, The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO and Children's Mental Health Ontario produced a report called Ready, Set, Engage outlining best practices in promoting youth involvement and leadership in mental health. It urged that "the most efficient way of addressing the mental health needs of youth is for adults to partner with them in program planning and decision-making". Using youth engagement strategies, youth have the opportunity to build their own motivation to learn and implement new skills that they can generalize into their own lives when challenged with difficult problems or situations"⁸⁴ These dynamics apply to more than children and youth with mental health issues. Youth engagement and leadership of

their own initiatives and in the initiatives of adults affecting children and youth enormously enrich the quality of the endeavour and their benefit to children and youth. Therefore youth leadership and engagement is an important component of this strategy for United Way of Peel Region.

These programs can fit well within the neighbourhood strategy articulated in the enabler section. Further they provide excellent opportunities for programs which also will deal with inclusion and diversity themes and issues and in some cases could be excellent forums to deal with racism in a proactive as well as a remedial manner. These programs also could provide opportunities for the integration or inclusion of children and youth with special needs. In keeping with its commitment to these principles United Way must ensure that these elements are included in the approved programs.

B2: STRATEGY # 2: INVEST IN PROGRAMS WHICH PROVIDE PARENTS WITH EDUCATION AND SUPPORT WITH REGARD TO CHILD DEVELOPMENT AND EFFECTIVE PARENTING STRATEGIES FROM THE EARLY YEARS TO TEENS.

Parents and families play the primary role in the growth and development of children. They have a profound influence upon how healthy this development is. Most families provide secure and safe places for children to grow and learn. But many do not, as families can be divided, abusive or struggling emotionally or financially. The literature is very clear that the role of the parent in a child's life can have a powerful and long-term impact on children and youth. Research has indicated that positive, democratic, parenting provides a family life which includes encouragement, love, respect and boundaries which contributes to reducing the cycles of abuse, poverty, involvement in crime and increases each person's opportunities to become contributing – socially and economically – members of society.⁸⁵ The most important component of parenting is the quality of the relationship between the parent and the child.^{86, 87,88,}

The provision of parenting education to address the importance of this role is seen to have potential to be very valuable. However making it accessible to parents who are already stressed and delivering it in ways that lead to positive change in their parenting behaviour is far more complex. Many of the evaluations of parent education programs rely upon parent satisfaction with the program and very few monitor parental behaviour change and/or positive child development outcomes.⁸⁹ Notwithstanding this reservation both a literature review by Lipman and Boyle of McMaster University studying mental health poverty⁹⁰ and an international report by the World Health Organization on Child Maltreatment completed in 2006⁹¹ indicate strong support for parent training and education in creating a positive environment and promoting positive relationships with children. Parenting programs that provide “Just-in-time” knowledge and are easily accessible seem to generate more positive feedback.⁹²

There may be new opportunities to explore the use of social media and the inter-net to meet the needs of busy parents who may not have time to come to regular programs for parenting.

Within Peel, Peel Health focuses considerable resources on pre-natal care and on programs for parents in the first year of life. All of the 8 locally-based Ontario Early Years programs provide significant parent education programs and supports to parents of children 0 to 5 throughout the Region. Many of their structured programs teaching parents about child development, how to help children learn to read and master age appropriate concepts of math, etc have long waiting lists. The Family Education Centre provides many work-shops for the general public as well as targeted programs in partnership with other community agencies such as the women's shelters. The Peel Youth Violence Prevention Network also supports the provision of a series of parenting education programs for children in the Middle Years (6 to 12). Many faith groups also provide training and support to parents as do a number of ethno-specific organizations. Vita Centre focuses on parenting training for teen mothers while the Learning Disabilities Associations support parents of children with learning disabilities to understand their child's issues and to have informed discussions with school authorities. Over-all there are significant unmet needs in terms of providing parents with the kind of information they need to be supportive, nurturing and effective parents.

Stuart Shankar, one of Canada's leading experts in early childhood learning and parenting, urges the teaching of self-regulation strategies to cope with stressful situations. "If we want to adopt a preventive approach to mental health and behaviour problems, we need to train health professionals and caregivers to support parents' efforts to respond sensitively to their children's needs..."⁹³ Dr. Shankar describes a process of identifying and relabeling children's behaviour so that over time they can move toward self-regulating their responses to difficult situations. This involves the education of both caregivers and others who interact with children and parents and of parents. This might be one approach that might be adopted within a community setting as part of the programs supported by United Way of Peel Region.

United Way Worldwide has reported on some programs in the United States that are providing support and mentoring to parents of children who are at high risk of not succeeding at middle school or early secondary school. The parents are supported in developing strategies to monitor their child's attendance, behaviour and performance. In addition they are provided with coaching to advocate on their child's behalf for improved support, timely testing and other interventions that will help the child be successful.⁹⁴ These programs describe a close liaison between the schools and the services supporting the mentoring with considerable open sharing of information. This kind of support might be very useful for parents who are new immigrants or to parents who have had negative experiences with school authorities when they were students. This is an example of additional supports that might be provided to parents through programs supported by United Way investments. The Families and Schools Together program is another example of programming that promotes positive relationships between parents and schools to strengthen the support to the children. Creativity to find ways of supporting parents on

their own terms is to be encouraged through this strategy. In home parenting programs may also be effective in some cases.

Further parents who have children with special needs or disabilities can benefit from targeted support and teaching programs in relation to understanding and supporting their children more effectively. These kinds of programs could be supported through this strategy as well.

This investment strategy has significant potential to have positive impact upon the healthy growth and development of children. It can support programs which address cross-cultural and inter-generational issues among families of immigrants both those recently settled and those who have been in Canada for a lengthy period. Parenting programs which help children and youth deal with discriminatory and racist behaviour could also be supported.

B# 3: STRATEGY # 3: INVEST IN PROGRAMS THAT PROVIDE MENTAL HEALTH COUNSELLING AND OUTREACH SUPPORT TO YOUTH 16 TO 25 YEAR OLDS (TRANSITIONAL AGED YOUTH OR TAY), PENDING FURTHER DISCUSSIONS WITH THE LHIN'S ABOUT THEIR PLANS FOR THIS POPULATION.

It is estimated that one in five persons, regardless of age or socio-economic status experiences a mental health condition in their life.⁹⁵ “There is also a strong relationship between poverty and child and youth mental health problems. The odds of a child or youth from a family living in poverty having a mental health problem are three times that of a child from a family that is not living in poverty.”⁹⁶ Supporting youth experiencing mental health problems in their transition in their late teens and early twenties can serve as a valuable support to those youth helping them continue with their schooling or training or preparing and supporting them for employment. This will help them avoid moving into poverty and give them the strength to find some stability and regular work and contribute to the overall goal of countering the impact of poverty.

The children and youth mental health system is funded and mandated under the Child and Family Services Act which limits the delivery of service to children and youth under 18. On the other hand, adult mental health services are available to youth at the age of 16. In spite of this overlap, there has been a gap in service for youth from 16 to approximately 24, usually called transitional aged youth. The adult mental health service system has traditionally and practically focused on adults and there is little focus on the needs of young adults. From a psycho-socio and physiological or brain development perspective, full adulthood is not achieved until the 24th or 25th year. The executive function of the brain such as monitoring, organizing, planning, decision making, anticipating consequences, impulse control and delay of gratification performed in the prefrontal cortex is slow to mature through adolescence and early adulthood.⁹⁷ This means that approaches developed for adults with mental illness may not work as well for those transitioning in adulthood in their late teens and early 20's.

The Mental Health Commission of Canada cites a government of Canada estimate that 70% of mental health problems have their onset during childhood and adolescence.⁹⁸

Over more than 25 years, both Nexus Youth Services (16 to 24) and Rapport Youth Services (16 to 21) have tried to fill this gap for transitional aged youth with flexible, outreach-based services featuring one to one counselling. Currently they are both experiencing waiting lists for their service with those who wait for Nexus's service waiting as long as 8 months. United Way of Peel Region has provided funding for these services, enabling them to partially fill this gap in the service system. Both organizations employ strategies supported by best practice. For example, Nexus's evaluation of its services (monitoring changes in behaviour from the beginning to the end of treatment) over the past three years has demonstrated significant improvement in the clients who participate in the counselling session by the achievement of the clients's goals and better performance in school, employment and/or independent living.

In the past few years, the Mississauga-Halton LHIN has had a joint committee for Transitional Aged Youth working on bridging the gap between the children and youth system and the adult mental health system. In addition to joint training and planning, this work has resulted in the Mississauga-Halton LHIN investing a million dollars for new programs for Transitional Aged Youth within its boundaries and these programs are now beginning to deliver service. It remains to be seen what impact they will have upon the demand for services and whether the priority given to this population will continue to attract additional funding and further expansion of service.

The Central West LHIN has developed a Committee to focus upon establishing protocols to support youth in transition from one system to another. The Central West LHIN is expected to make further investments into TAY services in the near future.

United Way of Peel Region is encouraged to enter into discussions with the two LHIN's serving Peel to ensure that this population is well served for access to mental health and addictions services. Joint planning across the children, youth and adult mental health systems is also encouraged to ensure the Transitional Aged Youth population's needs are met. Should the service level and funding investments of the LHIN's increase to provide an adequate level of service, then United Way could re-invest its funding for these programs in other priority areas or alternatively as a result of joint planning it could expand its support to this population through these or other programs.

Recommendation # 11: That in the Focus Area of All That Kids Can Be United Way of Peel Region adopt the following strategies:

1. Invest in Programs that develop social competencies, leadership and promote healthy cognitive, emotional, social and physical development among school-aged children and youth (eg. Mentors, recreation, youth-led);
2. Invest in programs which provide parents with education and support with regard to child development and effective parenting strategies from the early years to teens.
3. Invest in programs that provide mental health counselling and outreach support to youth 16 to 25 year olds (Transitional Aged Youth or TAY), pending further discussions with the LHIN's about their plans for this population.

C. HEALTHY PEOPLE, STRONG COMMUNITIES

Impact Result: Vulnerable People will be Safe, Included and More Resilient



Determinants of Success

Safety	Inclusion & Increased Community Connectedness	Greater Resilience & Stability	Sense of Well-being
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Possible Population Indicators

Emergency Room visits for Assaults	Domestic/Family Violence Incidents	Self- Report on Mental Health Rates	Community Belonging	Occurrences of Elder Abuse
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United Way of Peel Region Strategies

Invest in Programs that supports women and children who are victims of violence & other victims of violence; (Eg. emergency, counselling, perpetrators)	Improved Safety for victims of elder abuse	Invest in Mental Health programs for immigrants & racialized persons, & persons with complex conditions	Invest in public education on mental health
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Possible Program Results**

Improved safety for victims of violence; women and children and other victims	Improved Safety for victims of elder abuse	Increased Social Competency	Increased Awareness of Mental Health and Mental Illness
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* These population indicators are presented as possible measures of the impact of the strategies of United Way of Peel Region, but also of the collective efforts of other community organizations and governments involved in serving victims of violence and persons with mental illness is required to finalize these and/or to plan the development of other measures.

** These program results will need to be further developed through discussions with community partners and measurement experts before the call for proposal is issued in the fall.

C1. STRONG COMMUNITIES THROUGH STRONG NEIGHBOURHOODS

In the previous description of the enablers for this investment strategy, we presented a series of recommendations in relation to neighbourhoods (pages 26 to 31) which will support all of the strategies in each of the three focus areas as they are implemented. These recommendations in relation to neighbourhoods represent the key elements of United Way of Peel Region's approach to the strong communities portion of this Focus Area. So this section will concentrate on strategies in relation to Healthy People.

In keeping with the connecting theme of "From Poverty to Possibility" we have chosen to focus on three themes which have a close connection to poverty: inclusion of persons with disabilities; violence against women and victims of violence; and mental health. We know from our consultations and research that there is a connection between poverty and domestic violence and other forms of violence, although violence of any type is not exclusive to the poor. There are also complicated linkages between mental health and poverty, while at the same time recognizing that mental illness can affect persons from all socio-economic situations. As will be demonstrated in the discussion below, persons with disabilities are at high risk of living in poverty. Choosing these priority issues within healthy people will allow United Way of Peel Region the opportunity to create new possibilities for people facing the challenges of mental illness, disability and being victims of violence.

C2. STRATEGY # 1: TO INVEST IN PROGRAMS WHICH SUPPORT THE INTEGRATION IN DAILY LIVING OF PERSONS WITH DISABILITIES.

Within the context of United Way's commitment to inclusion, persons with disabilities were one of the nine priority areas within the Investment for Resilience Strategy and a range of investments were made in organizations supporting persons with intellectual or physical disabilities, hearing or impairment as well as support for programs supporting persons with learning disabilities. During the consultations, concern was expressed that this kind of support may be lost. Although the investments provided were seen as limited in some cases it was nonetheless valuable in enabling agencies to strengthen their capacity to support their clients to become more integrated into the daily life of the community, helping breakdown the isolation of the disabled persons and in some cases supporting them to participate in the workforce. As presented in Wolf Wolfensberger's Social Role Valorization⁹⁹, this kind of support which provides the disabled person with a positive role in the community makes a significant positive impact upon the disabled person and those supporting them.

As noted in the introduction on page 7, the caseloads in Peel for the Ontario Disability Support Program have risen much faster than the provincial rates of increase over the past three years. This program provides financial assistance for persons with formally diagnosed mental and physical disabilities including intellectual, physical and

mental as well as some chronic diseases. It is noteworthy that both the increases in numbers of cases with mental and intellectual disabilities are attributed to an increase in younger clients, according to the Ministry staff person who provided the information to the project about the caseload data, while both the Canadian Hearing Society and CNIB are reporting the increases in persons with hearing and sight disabilities are due to aging. For these latter agencies, the growth in the aging population is going to have a dramatic impact upon the demand for their services.¹⁰⁰

The growth in the number of disabled persons living in poverty is also of on-going concern. In the 2006 census 31.4% of those living at or below Low Income Cut-off (LICO Before Tax) reported "self-rated activity limitation Status compared to 28.4 % in 2001 and compared to 14.6 % of the total population.¹⁰¹ This growth rate is compounded by the growth in the poverty rate over the same period of time.¹⁰²

In examining the funding for the agencies supported by United Way of Peel Region, there is a complicated mix of government, agency-raised and United Way funding with every agency's situation being unique. In some cases, the programs funded by United Way of Peel Region may be eligible for funding from the sponsoring Ministry and it may be that further discussions among the agencies and the funders that United Way funds could be re-allocated to other priorities within this strategy or more broadly. In other cases, where the funding from governments is not as significant (proportionately) and/or the additional funding from government is not possible, then United Way of Peel Region should consider continuing its investments.

This also may be an area where the commitment to diversity and the increasing numbers of second stage immigrants and persons from other cultures are in need of the support of these specialized services for persons with disabilities. Partnerships or collaborative arrangements with ethno-specific organizations may strengthen their ability to serve their clients effectively and with full cultural competence.

C3. STRATEGIES FOR VICTIMS OF VIOLENCE

STRATEGY # 2: INVEST IN EMERGENCY RESPONSE PROGRAMS FOR MENTAL HEALTH CONCERNS, ABUSED WOMEN AND CHILDREN; OTHER VICTIMS OF VIOLENCE AND ELDER ABUSE.

STRATEGY # 3: INVEST IN PROGRAMS PROVIDING SUPPORT AND COUNSELLING TO WOMEN WHO HAVE BEEN VICTIMIZED BY DOMESTIC ABUSE, OTHER VICTIMS OF VIOLENCE AND PERPETRATORS OF ABUSE.

“Poverty and violence are unfortunate and daily realities in the lives of thousands of women across Canada. Violence against women knows no geographical or cultural boundaries and it affects all women regardless of their level of income. However, for many women, poverty adds another dimension to the pain and suffering they experience as a result of being abused. Poverty limits choices and access to the means to protect and free oneself from violence. It also means more barriers to using services and programs that can help....Violence keeps women in conditions of poverty, or fear of poverty, keeps women trapped in violent situations.”¹⁰³ (From the Resource Guide of the Public Health Agency of Canada on Poverty and Domestic Violence)

Within Peel, based upon Statistics Canada’s General Social Survey on Victimization (GSSV) of 2005 cited in the “Incidence Report for UNITED WAY, May 2012”, submitted by Mark Creedon, Executive Director of Catholic Family Services of Peel Dufferin,¹⁰⁴ and using 2011 census data presented by Peel Region’s Peel Data Centre¹⁰⁵, there are 22,597 women and girls (7%) between the ages of 15 and 65 who have been physically assaulted in the last 5 years by their partner¹⁰⁶. Another accepted epidemiological study by Statistics Canada would put the estimate of women and girls who have experienced violence at the hands of their intimate partners in a lifetime at 93,616 (29%)¹⁰⁷. The trauma of domestic abuse for women is demonstrated through overwhelming numbers of women and children trying to obtain services for shelter, support and safety planning. (For example, 451 women had to be referred to other shelters outside of Peel in the past year, according to the Executive Director of Interim Place).

Less well known is the fact that males are also victims of abuse in intimate relationships. In the same incidence report cited above, Mark Creedon refers to the GSSV study which puts the per cent age of males who have experienced physical domestic violence at 6% representing 18,683 males based upon 2011 census data.¹⁰⁸ In the report of the Domestic Violence Advisory Council (to the Ontario government’s Minister of Women’s Issues) of 2009, it is pointed out that the level of violence experienced by women is on average much more severe and

serious than that by men¹⁰⁹. Nonetheless there is a need for treatment and support for victims of domestic violence and there is as noted above a significant link between violence against women and poverty.

The rates of domestic occurrences reported to the Peel Regional Police have risen from 2007 to 2010 from 988 incidences per 100,000 population to 1,137, a 15% increase.¹¹⁰ The numbers of referrals to Caledon Dufferin Victims Services have increased year over year by 16%.¹¹¹ These increases may be a function of increased awareness, but given the prevalence rates noted above, there remains considerable under-reporting of the issue.

Research is very clear about the trauma and negative impact of domestic violence upon the victims. Examples are provided in the submission to this project by Catholic Family Services of Peel Dufferin.¹¹²

Both The Resource Guide of the Public Health Agency of Canada on Poverty and Violence Against Women and a study out of the London-Middlesex Health Unit in 2000 describe significant impacts of abuse upon women including physical injuries (broken bones, head and/or internal injuries), psychological and psychiatric impacts such as low self-esteem, anxiety, self abusive behaviour, depression, post traumatic stress disorders.^{113, 114}

The issues of violence against women, domestic violence and other forms of violence such as sexual assault require a multi-system and multi-disciplinary approach by the community to

- prevent the occurrence of violence in the home and the community, through a multitude of public education and awareness strategies
- educate the community and professionals in all human services about the signs of domestic violence and abuse of women and children and to create an environment of support for victims and provide early intervention and support
- address the impacts of all forms of violence and help female and male victims of all ages cope with the trauma, disruption and harm that it causes and to deal with the poverty that may be associated with it,
- create safety for the victims who may face further violence,
- advocate and partner with community allies, including all members of the justice system for continued learning and understanding of the complexities of violence
- hold the perpetrators to account and where possible provide them with treatment through evidence-based programming.

In recommending strategies to invest in emergency response programs for women who are abused and for other victims of violence and in programs which provide support and counselling, United Way of Peel Region is making a contribution to the network of services that are addressing this major social issue. This strategy also includes emergency programs (outside of the hospital system) that offer support to persons with mental health and related concerns such volunteer distress lines. By investing in programs that provide counselling to perpetrators, United Way of Peel Region is helping create increased safety for women who have been abused and their children.

Investments that complement the funding from the Ministry of Community and Social Services and the Ministry of the Attorney General enable the community agencies with expertise in this sector to provide a more comprehensive response to those women who experience domestic abuse and other victims. The programs support women to find pathways out of the poverty that they either are experiencing or at risk of falling into through counselling, outreach, housing search support and life planning. These strategies create possibilities.

In addition, through its commitment to collaboration described above in the enabler section of this report United Way can also invest in supporting collaborative efforts to address the issue of domestic violence in all its complexity. Included in this should be an emphasis upon the above noted elements of public and professional education and the development of a data system that would enable us to monitor and evaluate the breadth of the problem and our response to it among other roles.

The strategies for investment include support for responses to elder abuse, a problem which has only recently begun to receive attention. Peel has developed a collaborative response to this issue through its Peel Elder Abuse Prevention Network. United Way of Peel Region is investing in an emergency response and follow-up program. The annual occurrences of Elder abuse reported to Peel regional Police has risen from 3.6 per 100,000 population in 2007 to 4.9 in 2010.¹¹⁵ At the present time the LHIN's have not given priority to this issue, but this may change as public education and awareness of its presence and its impact increases. As more information about elder abuse becomes documented within the health sector, it is likely that the LHIN's will give it a higher priority. Therefore while United Way continues its current investments, on-going discussions with the LHIN's about the need for funding for effective public education and services need to be held.

Given the diversity of our community and the vulnerability of immigrants to the impact of domestic violence, sexual abuse and assault compounded by increased isolation as described in the Public Health Agency of Canada's resource guide¹¹⁶, these strategies also provide considerable opportunities for joint or collaborative programs which combine ethno-specific expertise and issue specific-expertise and can be supported through the commitment to inclusion, anti-racism, diversity and equity.

C4. STRATEGIES FOR MENTAL HEALTH:

STRATEGY # 4: INVEST IN SOCIAL SUPPORT PROGRAMS FOR PERSONS WITH COMPLEX NEEDS.

STRATEGY # 5: INVEST IN PROGRAMS FOR THE MENTAL HEALTH NEEDS OF IMMIGRANTS AND RACIALIZED PERSONS SUPPORTED AND INFORMED BY PARTNERSHIPS OR COLLABORATION BETWEEN ETHNO-SPECIFIC AND MENTAL HEALTH ORGANIZATIONS.

STRATEGY #6: INVEST IN PROGRAMS WHICH INCREASE AWARENESS OF MENTAL HEALTH AND ITS IMPACT VIA PUBLIC EDUCATION, HEALTH PROMOTION AND ANTI-STIGMA APPROACHES.

“People with mental illness often live in chronic poverty. Conversely poverty can be a significant risk factor for poor physical and mental health. The relationship between poverty and mental illness is both straightforward and complex in its pervasive reach.”¹¹⁷ People with serious mental illness face many problems including difficulty in obtaining an education and/or maintaining employment and therefore end up living in poverty and not being able to find their way out of poverty. Lack of housing, access to community supports and services and health care are among the challenges they must overcome.

There is also a significant link between mental health of children and youth and poverty. Lipman and Boyle of McMaster have reported that the “odds of child or youth from a family living in poverty having a mental health problem are three times that of a child from a family that is not living in poverty.”¹¹⁸

Much of the data available about the extent of mental health problems in Peel is reliant upon self-reported surveys which are not always reliable because of the stigma associated with mental illness. Notwithstanding in a 2005 study of Peel and Ontario residents, people in Peel with the lowest level of household income reported poorer mental health than those with higher income.¹¹⁹

According to the Report to the Minister of Health and Long Term Care of December 2010, called “Respect, Recovery, Resilience”, “one in five Ontarians – 20% of the population – will experience a serious mental illness or have substance abuse issues in their lifetime.” The same report outlines substantial costs to the public and private sector attributable to mental illness. “The private sector spends at least 2.1 billion on disability claims, drug costs and employee assistance programs for people with mental health and addictions problems. Mental Health

disability claims have overtaken cardiovascular disease as the fastest growing category of disability costs in Canada.”¹²⁰

Hence it makes sense with “From Poverty to Possibility” a core theme for this investment plan, that United Way of Peel Region prioritize strategies to address the theme of mental health. In the consultation with donors and the review of the CSR policies of the top 30 donors to United Way of Peel Region, 9 identified health as a priority and one specified mental health.

Given the current state of data available within Peel Region and for that matter in the province it is difficult to present a particular picture of the extent of mental illness in the community. This is a challenge that has been identified as an issue in the Peel Health report on “A Picture of Health 2008”.¹²¹

As a result of increasing public attention being brought to the issue of Mental Health by leaders like Michael Wilson and Senator Michael Kirby together with the work of the Mental Health Commission of Canada, more and more public attention is being paid to mental health and addictions and their impact upon individuals, families and our communities. The provincial legislature created a Select Committee on Mental Health and Addictions in 2008 and reported its findings in 2009 with many recommendations to reform the system and to increase the public investment in mental health prevention and in co-ordinated and comprehensive services and supports to persons with mental illness and/or addictions and their families. The Ministry of Health and Long Term Care and the Ministry of Children and Youth Services have made mental health a priority. These Ministries have the primary responsibility for the mental health system in Ontario including funding. The investments of United Way in mental health should be complementary to the services funded by government.

The three strategies proposed for United Way focus on two key groups who are living in poverty or at risk of living in poverty: persons with a combination of homelessness, addictions, mental illness and justice system involvement and recent immigrants and racialized persons, as per the earlier cited analysis of those persons at greatest risk of living in poverty.¹²²

The first strategy recognizes that persons who have a combination of challenges to overcome require particular and persistent support to enable them to find possibilities to stabilize their lives and to move out of poverty. Persons who have a combination of experience with the justice system, homelessness, mental illness and/or addictions have unique needs and present particular problems and they are not often readily or easily served within the mainstream support systems. They require help to navigate these systems and support to develop the life skills and life strategies that will enable them to find and maintain sustainable housing and employment. Community based organizations are well positioned to offer supports to this population.

The second strategy in the area of mental health recognizes the importance of diversity and racism. Given the significant levels of immigration that has driven Peel’s growth over the past 20 years (in 2006 44% are

immigrants) and as Peel's population in 2006 was made up of 50% visible minorities¹²³, these are important issues in Peel.

The Framework for a Mental Health Strategy for Canada developed in 2009 by the Mental Health Commission of Canada has identified the goal of “mental health system responds to the diverse needs of all people in Canada.”¹²⁴ It recommends that development of cultural competency and cultural safety, ensuring that mental health professionals have the ability to understand work with other cultures and that members of each cultural group have the ability to deal with their issues knowing their individual needs will be attended to but also in the context of their culture. Different cultures have different approaches to mental health and some do not even have the direct translation for mental health, mental illness or depression.¹²⁵ In Peel these warrant special attention in the delivery and offering of mental health services and so it is recommended that collaborative efforts or partnerships between and among ethno-specific agencies and mental health organizations be developed to have culturally responsive programs.

As part of these programs, United Way of Peel Region will encourage programs that have a particular focus on supporting those who have experienced racism. In their Roots of Youth Violence, McMurtry and Curling provide an informative discussion of the existence of racism in Ontario and its impact upon those who experience it. It affects one's self-identity in negative ways and closes off opportunities for persons of color.¹²⁶ From the information gathered through the consultation held in this project, this is an issue that is present in Peel and there was support for United Way of Peel giving it more attention.

In their report Respect, Recovery, Resilience, the Provincial Minister of Health and Long Terms Care's Advisory Group on a 10 year Mental Health Strategy stressed the importance of stopping the stigmatization of mental illness and the discriminatory practices employed to isolate and ignore those facing its challenges. Barriers and biases need to be broken down through education and training for human service professionals including educators, employers, landlords and others. Families need to be provided with helpful information about how they support persons with mental illness and how to help create a positive caring environment around them.¹²⁷

In the Framework for a Mental Health Strategy for Canada, the Mental Health Commission of Canada has set out a “Call to Action” urging all communities, sectors, businesses and corporations and people to become involved in creating caring communities that are inclusive, tolerant and supportive of persons with mental illness at all stages of their recovery process and that are able to create the kinds of conditions that will be conducive to the prevention of mental illness. “Mental health is everyone's business. Not only can everyone benefit from improved mental health at every stage of their lives, but virtually no one is left untouched” by the impact of mental health problems and illnesses. Thus we all have a stake in working to improve health and social outcomes for people.”¹²⁸

For these reasons, United Way of Peel Region needs to invest in programs which provide public education about mental health, mental health promotion and anti-stigma work so that it may make a contribution to the national movement. These efforts will pave the way for “Possibilities from Poverty” for those affected by mental illness and poverty.

C5. PROGRAMS NOT PRIORIZED IN THIS INVESTMENT STRATEGY

As part of this project’s mandate and in keeping with the intention of United Way of Peel Region to narrow its focus to enable it to invest more deeply in fewer areas of focus, difficult choices have had to be made to identify where United Way investment can have the greatest impact for changing the lives of those living in poverty or at risk of living in poverty. These decisions are **not** a reflection of the United Way’s view of the value or quality of the programs not prioritized. In the transition phase over the next nine months, United Way of Peel Region will work with these programs and other funders in order to reduce as much as possible the negative impact of them not receiving United Way funding beyond March 31, 2013.

A. Programs for Seniors

Seniors will continue to be able benefit and access the services invested in by United Way of Peel Region through the other strategies outlined in this report (mental health, elder abuse through victims of violence, food security, neighbourhoods and inclusion of persons with disabilities).

However it is recommended that United Way no longer invest in programs for seniors that are not aligned with this strategy. While it recognized that the seniors’ population in Peel will continue to grow at a rapid rate over the next 20 years¹²⁹, the current seniors’ population (over the age of 65) in Peel makes up 10.5% of the population while children and youth 0 to 24 make up 34% of the population.¹³⁰ Over the next five years this difference will change gradually, before the high growth spurt in seniors occurs in the 2020’s.

The provincial government has made our aging population a priority for its health care planning and investment and in the past few provincial budgets have made commitments for new funding in community health and support programs for seniors, based upon a population formula that appears to recognize the growth in Peel over the next decade. The community agencies serving seniors in Peel have developed a strong collaborative called Metamorphosis which is undertaking some leading edge initiatives on a collaborative basis to improve their services and to strengthen their ability to serve seniors. In addition the Region of Peel has identified Seniors as a priority for this term of Council.

It is also noteworthy that in the review of the Corporate Social Responsibility Policies of the top 30 Corporate Donors to United Way of Peel Region, Seniors were not explicitly mentioned although health in general or health services were mentioned by some.

For these reasons it is recommended that United Way of Peel not invest in programs for seniors.

B. Programs for Immigrants and Settlement

The responsibility for funding for settlement services for new immigrants has been assumed by the Federal government in partnership with the provinces. The province through its Ministries of Citizenship and Immigration and Training, Colleges and Universities has taken the lead in supporting immigrants in their efforts to find employment appropriate to their skills, credentials and experience.

Through its approach to inclusion, anti-racism, diversity and equity described above as an enabler across all three focus areas within the over-all From Possibility to Poverty theme, United Way will encourage and support a range of services under each of the strategies outlined in this report. This will enable United Way to be responsive and comprehensive in its support to immigrant families without duplicating the funding support available from the two levels of government. Therefore United Way of Peel Region will not support programs for newcomer and immigrant settlement as a separate strategy or investment.

C. Counselling for Couples and For Divorce

Over the years, United Way of Peel Region has invested substantially in counselling programs for couples and for those considering or experiencing divorce in two Family Service agencies. The outcome reports from these programs appear to provide positive results in the areas of reduced family stress and improved relationships and although in one case they are limited.¹³¹ There is a connection between poverty and divorce both as a factor leading to divorce because the increased tension created by the realities of poverty¹³² and as a potential consequence of divorce in light of the fact that 43% of women experience a decrease in income as a result of divorce (although not all fall to the poverty level)¹³³. The divorce rate in Ontario appears to have either stabilized around 35% from 1998 to 2004 while the poverty rate in Peel rose from 11.5% in 2001 to 15.5% in 2006.¹³⁴

At the same time public attitudes to divorce are more accepting and there appears to be a lower threshold of tolerance for marriage when individual needs are not being met. Divorce has become normalized and lost its stigma.¹³⁵ There are many forms of family structure now (eg two parent families, same-sex parent families, single parent families, blended families, common-law families).

As McMurtry and Curling describe in their Roots of Youth Violence report,

“As the portrait of the Canadian family continues to change, social programs, policies, and structures, often based upon the nuclear family model, are failing to serve a growing number of families. Many single parents cope with the daunting task of raising children alone very well, but many need additional support to do so, especially if they are dealing with additional stresses. When those supports are provided children can be raised with hope and bright expectations. In the result, it is not the structure of the family, but rather the stresses bearing on the family relationships that can create immediate risk factors for violence involving youth.”¹³⁶

In choosing the priorities for the investment strategies for the United Way emphasis is being placed upon support to children and youth and to parents to help them strengthen their relationship with their children through parenting support and parent training programs as described in the All That Kids Can Be section of this report (See pages 35 -37). A 2006 World Health Organization report on Preventing Child Maltreatment identifies “protective Factors” to support the child and avoid maltreatment as “Good parenting, strong attachment between parents and children, positive non-physical disciplinary techniques”¹³⁷ are likely to be protective factors. The focus seems to be on the relationship with the child. Strategies for preventing child maltreatment are listed as training in parenting and home visitation programs for very new mothers. The emphasis is on the parent child or parent/youth relationship not on the marital relationship in terms of recommended strategies in both of the WHO report and in the Roots of Youth Violence.

In order to strengthen United Way’s investments in the other strategies, it is recommended that United Way not continue its investments in couple and divorce counselling.

Recommendation #12: That In order to build From Poverty to Possibility, the following strategies be adopted in the Healthy People, Strong Communities Focus Area:

Strategy # 1: To invest in programs which support the integration in daily living of persons with disabilities.

Strategy # 2: Invest in emergency response programs for mental Health concerns, abused women and children; other victims of violence and elder abuse.

Strategy # 3: Invest in programs providing support and counselling to women who have been victimized by domestic abuse, other victims of violence and perpetrators of abuse.

Strategy # 4: Invest in social support programs for persons with complex needs.

Strategy # 5: Invest in programs for the mental health needs of immigrants and racialized persons supported and informed by partnerships or collaboration between ethno-specific and mental health organizations.

Strategy #6: Invest in programs which increase awareness of mental health and its impact via public education, health promotion and anti-stigma approaches.

APPENDIX # I

CONSULTATIONS FOR NEW INVESTMENT STRATEGY

Type of meeting	Location	Meeting Date	No of Participants
Agency meeting	CD Boardroom Mississauga	26 March	40
Agency meeting	Century Gardens Lawn Bowling Club - Brampton	27 March	28
Community Advisory Group Meetings (Collaboratives, Funders, Leaders)	CD Board room-Mississauga	23 April	14
		3 May	12
UNITED WAY Staff consultation	CD Board room Mississauga	April 10	30
Community Consultation Meeting	Community Century Garden -Brampton	14 May	62
Campaign Cabinet consultation	William Davis Centre, Brampton	April 13	13
Funders Consortium consultation	Region of Peel, Brampton	April 17	12
CI Cabinet & Allocations Committee	UNITED WAY Board room	April 25	9
UNITED WAY Youth Advisory Committee Consultation	United Way Board Room	7 May	8
Community meeting for update on New Investment Strategy- Brampton	CD Boardroom- Brampton	18 June	18
Community meeting for update on New Investment Strategy- Caledon	Caledon Community Complex-Caledon	19 June	7
Community meeting for update on New Investment Strategy- Caledon	CD Boardroom-Mississauga	20 June	21
UNITED WAY Tri Council meeting (Community Advisory Councils)	CD Boardroom-Mississauga	19 April	43

APPENDIX #2

RESPONSES TO THE SURVEY MONKEY: 32 COMPLETED SURVEYS (RAW DATA IS AVAILABLE)

Note: Although there are notes for each of these consultations, due to time constraints in completing the project, no summaries have been developed. The essence of the discussions and the feedback is reflected where appropriate in the report.

Key Informant Interviews

12 Key Informant interviews were also held with key community stakeholders that included sector experts, funders, and community leaders.

APPENDIX #3

FOOTNOTES FOR PART I: INTRODUCTION; PART II: THEME FOR THE INVESTMENT STRATEGY AND PART III:

ENABLERS FOR THE THREE FOCUS AREAS (1-50)

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